

Amendment No. 129

Senate Amendment to Senate Bill No. 131

(BDR 39-660)

Proposed by: Senate Committee on Health and Education**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) *green bold italic underlining* is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) *green bold dashed underlining* is newly added transitory language.

CLP/SLP



Date: 4/2/2009

S.B. No. 131—Revises provisions governing mental health consortiums that provide mental health services to children with emotional disturbance. (BDR 39-660)



SENATE BILL NO. 131—SENATOR CEGAVSKE

FEBRUARY 12, 2009

Referred to Committee on Health and Education

SUMMARY—Revises provisions governing mental health consortiums that provide mental health services to children with emotional disturbance. (BDR 39-660)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to mental health; revising provisions governing the membership of mental health consortiums; revising provisions governing the plans required of each mental health consortium for the provision of services to children with emotional disturbance; authorizing each mental health consortium to request one legislative measure for a regular legislative session; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes a mental health consortium in each county whose population is 100,000 or more (currently Clark and Washoe Counties) and one mental health consortium in the region that comprises all other counties ~~and prescribes the membership of each mental health consortium~~. (NRS 433B.333) Section 1 of this bill revises the membership of a mental health consortium to include a representative of an agency which provides services for the treatment and prevention of substance abuse.

Each consortium is required to submit to the Department of Health and Human Services a recommended plan for the provision of mental health services to children with emotional disturbance within the jurisdiction of the consortium. The Department may reject the plan and require the consortium to revise and resubmit the plan. (NRS 433B.335) Section 2 of this bill revises the required contents of the plan by requiring a long-term strategic plan which is effective for 10 years and which includes the strategies and goals of the consortium for providing services to children with emotional disturbance. Section 2 also removes the authority of the Department to reject the plan. Section 2 further requires each consortium to submit to the Director of the Department and the Commission on Mental Health and Developmental Services in even-numbered years any revisions to the long-term strategic plan and a prioritized list of services and costs necessary to implement the plan. The list of priorities and costs submitted by each consortium must be considered by the Director in preparing the biennial budget request for the Department. In odd-numbered years, each consortium must submit a report regarding the status of the long-term strategic plan and any revisions made to the plan.

Section 3 of this bill authorizes each mental health consortium to submit a request for one legislative measure for a regular legislative session. (Chapter 218 of NRS)

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 433B.333 is hereby amended to read as follows:

433B.333 1. A mental health consortium is hereby established in each of the following jurisdictions:

(a) A county whose population is 100,000 or more; and

(b) The region consisting of all counties whose population are less than 100,000.

2. In a county whose population is 100,000 or more, such a consortium must consist of at least the following persons appointed by the Administrator:

(a) A representative of the Division;

(b) A representative of the agency which provides child welfare services;

(c) A representative of the Division of Health Care Financing and Policy of the Department;

(d) A representative of the board of trustees of the school district in the county;

(e) A representative of the local juvenile probation department;

(f) A representative of the local chamber of commerce or business community;

(g) A private provider of mental health care;

(h) A provider of foster care; ~~and~~

(i) A parent of a child with an emotional disturbance ~~;~~ and

(j) A representative of an agency which provides services for the treatment and prevention of substance abuse.

3. In the region consisting of counties whose population are less than 100,000, such a consortium must consist of at least the following persons appointed by the Administrator:

(a) A representative of the Division of Mental Health and Developmental Services of the Department;

(b) A representative of the agency which provides child welfare services in the region;

(c) A representative of the Division of Health Care Financing and Policy of the Department;

(d) A representative of the boards of trustees of the school districts in the region;

(e) A representative of the local juvenile probation departments;

(f) A representative of the chambers of commerce or business community in the region;

(g) A private provider of mental health care;

(h) A provider of foster care; ~~and~~

(i) A parent of a child with an emotional disturbance ~~;~~ and

(j) A representative of an agency which provides services for the treatment and prevention of substance abuse.

~~[Section 1.]~~ Sec. 2. NRS 433B.335 is hereby amended to read as follows:

433B.335 1. ~~[On or before July 1 of each year, each]~~ *Each* mental health consortium established pursuant to NRS 433B.333 shall prepare *and submit to the Director of the Department* a ~~[recommended]~~ *long-term strategic* plan for the provision of mental health services to children with emotional disturbance in the jurisdiction of the consortium. *A plan submitted pursuant to this section is valid for 10 years after the date of submission, and each consortium shall submit a new plan upon its expiration.*

2. In preparing the ~~recommended~~ *long-term strategic* plan ~~it~~ *pursuant to subsection 1*, each mental health consortium must be guided by the following principles:

(a) The system of mental health services set forth in the plan should be centered on children with emotional disturbance and their families, with the needs and strengths of those children and their families dictating the types and mix of services provided.

(b) The families of children with emotional disturbance, including, without limitation, foster parents, should be active participants in all aspects of planning, selecting and delivering mental health services at the local level.

(c) The system of mental health services should be community-based and flexible, with accountability and the focus of the services at the local level.

(d) The system of mental health services should provide timely access to a comprehensive array of cost-effective mental health services.

(e) Children and their families who are in need of mental health services should be identified as early as possible through screening, assessment processes, treatment and systems of support.

(f) Comprehensive mental health services should be made available in the least restrictive but clinically appropriate environment.

(g) The family of a child with an emotional disturbance should be eligible to receive mental health services from the system.

(h) Mental health services should be provided to children with emotional disturbance in a sensitive manner that is responsive to cultural and gender-based differences and the special needs of the children.

3. The *long-term strategic* plan prepared pursuant to ~~this section~~ *subsection 1* must include:

(a) An assessment of the need for mental health services in the jurisdiction of the consortium;

(b) *The long-term strategies and goals of the consortium for providing mental health services to children with emotional disturbance within the jurisdiction of the consortium;*

(c) A description of the types of services to be offered to children with emotional disturbance ~~based on the amount of money available to pay the costs of such mental health services~~ within the jurisdiction of the consortium;

~~(e)~~ (d) Criteria for eligibility for those services;

~~(d)~~ (e) A description of the manner in which those services may be obtained by eligible children;

~~(e)~~ (f) The manner in which the costs for those services will be allocated;

~~(f)~~ (g) The mechanisms to manage the money provided for those services;

~~(g)~~ (h) Documentation of the number of children with emotional disturbance who are not currently being provided services, the costs to provide services to those children, the obstacles to providing services to those children and recommendations for removing those obstacles;

~~(h)~~ (i) Methods for obtaining additional money and services for children with emotional disturbance from private and public entities; and

~~(i)~~ (j) The manner in which family members of eligible children and other persons may be involved in the treatment of the children.

4. On or before ~~July 15~~ *January 31* of each *even-numbered* year, each mental health consortium shall submit ~~the recommended plan prepared pursuant to this section to the Department. If the Department disapproves the plan, the Department shall submit the plan to the consortium for revision and resubmission~~ to the *Director of the* Department ~~it~~ *and the Commission on Mental Health and Developmental Services created pursuant to NRS 232.361:*

1 (a) A list of the priorities of services necessary to implement the long-term
2 strategic plan submitted pursuant to subsection 1 and an itemized list of the costs
3 to provide those services; and

4 (b) A description of any revisions to the long-term strategic plan adopted by
5 the consortium during the immediately preceding year.

6 5. In preparing the biennial budget request for the Department, the Director
7 of the Department shall consider the list of priorities submitted pursuant to
8 subsection 4 by each mental health consortium. On or before September 30 of
9 each even-numbered year, the Director of the Department shall submit to each
10 mental health consortium a report which includes a description of:

11 (a) Each item on the list of priorities of the consortium that was included in
12 the biennial budget request for the Department; and

13 (b) Each item on the list of priorities of the consortium that was not included
14 in the biennial budget request for the Department and an explanation for the
15 exclusion.

16 6. On or before January 31 of each odd-numbered year, each consortium
17 shall submit to the Director of the Department ~~and~~ and the Commission on Mental
18 Health and Developmental Services created pursuant to NRS 232.361:

19 (a) A report regarding the status of the long-term strategic plan submitted
20 pursuant to subsection 1, including, without limitation, the status of the
21 strategies, goals and services included in the plan; and

22 (b) A description of any revisions to the long-term strategic plan adopted by
23 the consortium during the immediately preceding year.

24 ~~Sec. 2.~~ Sec. 3. Chapter 218 of NRS is hereby amended by adding thereto
25 a new section to read as follows:

26 1. Each mental health consortium established pursuant to NRS 433B.333
27 may directly request the Legislative Counsel and the Legal Division of the
28 Legislative Counsel Bureau to prepare not more than one legislative measure for
29 a regular legislative session.

30 2. A request for the drafting of a legislative measure pursuant to this
31 section must be submitted to the Legislative Counsel on or before September 1
32 preceding the commencement of a regular session of the Legislature.

33 3. Each request made pursuant to this section must be on a form prescribed
34 by the Legislative Counsel. The measures requested pursuant to this section must
35 be prefiled on or before December 15 preceding the regular session. A measure
36 that is not prefiled on or before that date shall be deemed withdrawn.

37 ~~Sec. 3.~~ Sec. 4. NRS 218.240 is hereby amended to read as follows:

38 218.240 1. The Legislative Counsel and the Legal Division of the
39 Legislative Counsel Bureau shall prepare and assist in the preparation and
40 amendment of legislative measures when requested or upon suggestion as provided
41 in NRS 218.240 to 218.255, inclusive ~~and~~ , and section ~~2~~ 3 of this act. Except as
42 otherwise provided in those provisions, the Legislative Counsel and the Legal
43 Division of the Legislative Counsel Bureau shall not prepare or assist in the
44 preparation and amendment of legislative measures directly submitted or requested
45 by a natural person, corporation, firm, association or other entity, including an
46 organization that represents governmental agencies, unless the requester, or if the
47 requester is a natural person the office or other position held by the person, is
48 created by the Constitution or laws of this State.

49 2. The Legislative Counsel shall give consideration to and service concerning
50 any measure before the Legislature which is requested by the Governor, the Senate
51 or Assembly, or any committee of the Legislature having the measure before it for
52 consideration.

~~[Sec. 4.]~~ **Sec. 5.** Section ~~[2]~~ 3 of this act is hereby amended to read as follows:

Sec. ~~[2]~~ 3. Chapter 218 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Each mental health consortium established pursuant to NRS 433B.333 may directly request the Legislative Counsel and the Legal Division of the Legislative Counsel Bureau to prepare not more than one legislative measure for a regular legislative session.

2. A request for the drafting of a legislative measure pursuant to this section must be submitted to the Legislative Counsel on or before September 1 preceding the commencement of a regular session of the Legislature.

3. Each request made pursuant to this section must be on a form prescribed by the Legislative Counsel. ~~[The measures requested pursuant to this section must be prefiled on or before December 15 preceding the regular session. A measure that is not prefiled on or before that date shall be deemed withdrawn.]~~

~~[Sec. 5.]~~ **Sec. 6.** On or before January 31, 2010, each mental health consortium established pursuant to NRS 433B.333 as amended by section 1 of this act shall submit to the Director of the Department of Health and Human Services and the Commission on Mental Health and Developmental Services created pursuant to NRS 232.361 the long-term strategic plan required pursuant to NRS 433B.335, as amended by section ~~[4]~~ 2 of this act.

~~[Sec. 6.]~~ **Sec. 7.** 1. This section, ~~and~~ sections 1, ~~[2, 3]~~ to 4, inclusive, and ~~[5]~~ 6 of this act become effective on July 1, 2009.

2. Section ~~[4]~~ 5 of this act becomes effective on July 1, 2011.