

Amendment No. 3

Assembly Amendment to Assembly Bill No. 48 (BDR 39-336)

Proposed by: Assembly Committee on Health and Human Services**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will REMOVE all appropriations from A.B. 48.

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 underlining* is newly added transitory language.

EGO/BJE



Date: 4/7/2011

A.B. No. 48—Revises provisions governing children's mental health consortia.
(BDR 39-336)



ASSEMBLY BILL NO. 48—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE CLARK COUNTY CHILDREN'S
MENTAL HEALTH CONSORTIUM)

PREFILED DECEMBER 14, 2010

Referred to Concurrent Committees on Health
and Human Services and Ways and Means

SUMMARY—Revises provisions governing children's mental health consortia.
(BDR 39-336)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Contains Appropriation not included in
Executive Budget.

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

AN ACT relating to mental health; authorizing mental health consortia to perform certain activities relating to children's mental health; authorizing mental health consortia to accept and expend money for certain purposes; ~~making an appropriation to the Department of Health and Human Services for the administrative costs of the consortia;~~ and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law: (1) 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 (2) requires each consortium to establish a long-term strategic plan for the provision of mental health services to children with emotional disturbance within the jurisdiction of the consortium. (NRS 433B.333, 433B.335) **Section 2** of this bill authorizes each mental health consortium to implement the plan and to engage in other activities to improve the provision of mental health services to children with emotional disturbance and their families. **Section 3** of this bill authorizes each consortium to apply for and accept gifts, grants, donations and bequests and enter into contracts to carry out the activities of the consortium.

Section 4 of this bill requires each consortium to submit to the Director of the Department of Health and Human Services and to the Commission on Mental Health and Developmental Services any request for an allocation for the administrative expenses of the consortium for consideration as part of the Department's biennial budget request.

~~Section 5 of this bill makes an appropriation to the Department for the administrative costs of carrying out the statutory duties of the consortia for the 2011-2013 biennium.~~

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

Section 1. Chapter 433B of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. *1. A mental health consortium established by NRS 433B.333 may:*

(a) Participate in activities within the jurisdiction of the consortium to:

(1) Implement the provisions of the long-term strategic plan established by the consortium pursuant to NRS 433B.335; and

(2) Improve the provision of mental health services to children with emotional disturbance and their families, including, without limitation, advertising the availability of mental health services and carrying out a demonstration project relating to mental health services.

(b) Take other action to carry out its duties set forth in this section and NRS 433B.335 and section 3 of this act.

2. To the extent practicable, a mental health consortium shall coordinate with the Department to avoid duplicating or contradicting the efforts of the Department to provide mental health services to children with emotional disturbance and their families.

Sec. 3. *1. A mental health consortium established by NRS 433B.333 may:*

(a) Enter into contracts and agreements to carry out the provisions of this section and NRS 433B.335 and section 2 of this act; and

(b) Apply for and accept gifts, grants, donations and bequests from any source to carry out the provisions of this section and NRS 433B.335 and section 2 of this act.

2. Any money collected pursuant to subsection 1:

(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund; and

(b) Except as otherwise provided by the terms of a specific gift, grant, donation or bequest, must only be expended, under the direction of the consortium which deposited the money, to carry out the provisions of this section and NRS 433B.335 and section 2 of this act.

3. The Administrator shall administer the account maintained for each consortium.

4. Any interest or income earned on the money in an account maintained pursuant to this section must be credited to the account and does not revert to the State General Fund at the end of a fiscal year.

5. Any claims against an account maintained pursuant to this section must be paid as other claims against the State are paid.

Sec. 4. NRS 433B.335 is hereby amended to read as follows:

433B.335 *1. Each mental health consortium established pursuant to NRS 433B.333 shall prepare and submit to the Director of the Department a 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 long-term strategic plan 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 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 within the jurisdiction of the consortium;

(d) Criteria for eligibility for those services;

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

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

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

(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;

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

(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 January 31 of each even-numbered year, each mental health consortium shall submit to the Director of the Department and the Commission:

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

(b) A description of any revisions to the long-term strategic plan adopted by the consortium during the immediately preceding year ~~to~~; and

(c) Any request for an allocation for administrative expenses of the consortium.

5. In preparing the biennial budget request for the Department, the Director of the Department shall consider the list of priorities *and any request for an allocation* submitted pursuant to subsection 4 by each mental health consortium. On or before September 30 of each even-numbered year, the Director of the

Department shall submit to each mental health consortium a report which includes a description of:

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

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

(c) Any request for an allocation for administrative expenses of the consortium that was included in the biennial budget request for the Department.

6. On or before January 31 of each odd-numbered year, each consortium shall submit to the Director of the Department and the Commission:

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

(b) A description of any revisions to the long-term strategic plan adopted by the consortium during the immediately preceding year ~~of~~; and

(c) A report of all expenditures made from an account maintained pursuant to section 3 of this act, if any.

~~Sec. 5. *1.* There is hereby appropriated from the State General Fund to the Department of Health and Human Services for administrative expenses of the consortia established by NRS 433B.333:~~

~~For the Fiscal Year 2011-2012\$75,000~~

~~For the Fiscal Year 2012-2013\$75,000~~

~~2. The money appropriated by subsection 1 must be used to carry out the administrative duties and functions of the consortia pursuant to NRS 433B.335.~~

~~3. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 21, 2012, and September 20, 2013, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 21, 2012, and September 20, 2013, respectively.] (Deleted by amendment.)~~

Sec. 6. This act becomes effective on July 1, 2011.