

ASSEMBLY BILL NO. 47—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE RURAL REGIONAL
BEHAVIORAL HEALTH POLICY BOARD)

PREFILED NOVEMBER 16, 2018

Referred to Committee on Health and Human Services

SUMMARY—Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to establish a pilot program to address behavioral health crisis response in certain counties. (BDR S-501)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
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; establishing a pilot program to respond to persons suffering from mental health crises in certain counties; making an appropriation; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Division of Public and Behavioral Health of the Department of Health and Human Services to perform certain duties relating to the provision of mental health services in this State. (NRS 433.331-433.374) **Section 5** of this bill requires the Division to establish a pilot program to respond to persons suffering from mental health crises in certain sparsely populated counties. Specifically, the pilot program provides for the transportation of a person with mental illness who is detained on an emergency basis to a mental health facility: (1) by someone other than a law enforcement officer; (2) within a reasonable time; and (3) in a manner that is safe and dignified. Additionally, the pilot program provides for an initial in-person response to a mental health crisis by trained emergency medical personnel or law enforcement officers working in collaboration with a mental health professional, either in person or through telehealth. The pilot program also provides for a follow-up response by a case manager that is designed to address the ongoing needs of the person who experienced the mental health crisis. **Section 6** of this bill makes an appropriation to the Division to pay certain costs of the pilot program.



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

Section 1. As used in sections 1 to 6, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 2, 3 and 4 of this act have the meanings ascribed to them in those sections.

Sec. 2. “Crisis intervention team training” means training for emergency medical attendants and law enforcement officers regarding:

1. Signs and symptoms of mental health crisis;
2. Mental health treatment options in the local community; and
3. De-escalation and crisis intervention techniques to facilitate interaction and referrals to treatment.

Sec. 3. “Emergency medical attendant” means a person licensed as an attendant or certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to chapter 450B of NRS.

Sec. 4. “Mental health professional” means a psychiatrist, a psychologist, a physician assistant under the supervision of a psychiatrist or an advanced practice registered nurse or clinical social worker who has the psychiatric training and experience necessary for the advanced practice registered nurse or clinical social worker to be authorized to make the certifications described in NRS 433A.170, 433A.195 and 433A.200.

Sec. 5. 1. The Division of Public and Behavioral Health of the Department of Health and Human Services shall establish a pilot program to respond to persons suffering from mental health crises in counties whose population is less than 55,000. The program must provide for:

(a) The transportation of a person with mental illness who is detained pursuant to NRS 433A.150 to a mental health facility by someone other than a law enforcement officer within a reasonable time and in a manner that is safe and dignified;

(b) An initial, in-person response to a person suffering from a mental health crisis by an emergency medical attendant or law enforcement officer who has received crisis intervention team training;

(c) A mental health professional to work in partnership with the emergency medical attendants or law enforcement officers described in paragraph (b) in person or through telehealth during the initial response to a person suffering from a mental health crisis; and

(d) A follow-up response to a person who has suffered a mental health crisis by a case manager. The follow-up response must be designed to address the ongoing needs of the person who suffered



1 the mental health crisis for care and support in a manner that, to the
2 extent possible, allows the person to remain in the least restrictive
3 setting possible.

4 2. The Division shall update the Legislative Committee on
5 Health Care not less than 3 times during the 2019-2020 interim and
6 upon request concerning the progress of the pilot program
7 established pursuant to subsection 1.

8 3. As used in this section:

9 (a) "Person with mental illness" has the meaning ascribed to it
10 in NRS 433A.115.

11 (b) "Telehealth" has the meaning ascribed to it in NRS 629.515.

12 **Sec. 6.** 1. There is hereby appropriated from the State
13 General Fund to the Division of Public and Behavioral Health of the
14 Department of Health and Human Services the following sums:

15 (a) \$150,000 to fund crisis intervention team training for
16 emergency medical attendants and law enforcement officers who
17 respond to mental health crises pursuant to paragraph (b) of
18 subsection 1 of section 5 of this act.

19 (b) \$150,000 to support a mental health professional to:

20 (1) Coordinate the training described in paragraph (a); and

21 (2) Provide the services described in paragraph (c) of
22 subsection 1 of section 5 of this act.

23 (c) \$200,000 to support four case managers to provide the
24 services described in paragraph (d) of subsection 1 of section 5 of
25 this act.

26 (d) \$75,000 for the costs of travel and supplies needed to carry
27 out the provisions of section 5 of this act.

28 2. Any remaining balance of the appropriation made by
29 subsection 1 of this section must not be committed for expenditure
30 after June 30, 2021, by the entity to which the appropriation is made
31 or any entity to which money from the appropriation is granted or
32 otherwise transferred in any manner, and any portion of the
33 appropriated money remaining must not be spent for any purpose
34 after September 17, 2021, by either the entity to which the money
35 was appropriated or the entity to which the money was subsequently
36 granted or transferred, and must be reverted to the State General
37 Fund on or before September 17, 2021.

38 **Sec. 7.** This act becomes effective on July 1, 2019.

