

ASSEMBLY BILL NO. 76—COMMITTEE ON
HEALTH AND HUMAN SERVICES

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

PREFILED NOVEMBER 20, 2018

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to regional behavioral health policy boards. (BDR 39-470)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: No.

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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 the Commission on Behavioral Health to employ certain persons to assist the regional behavioral health policy boards; revising the counties that comprise certain behavioral health regions; creating the Clark Behavioral Health Region; revising the appointing authority to and members of a regional behavioral health policy board; revising the duties of a regional health policy board; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law creates four behavioral health regions and a regional behavioral health policy board for each region, consisting of 13 members who possess certain qualifications. (NRS 433.428, 433.429) **Section 2** of this bill: (1) removes Mineral County from the Northern Behavioral Health Region; (2) removes Lincoln County from the Rural Behavioral Health Region; and (3) instead places those counties in the Southern Behavioral Health Region. **Section 2** additionally removes Clark County and a portion of Nye County from the Southern Behavioral Health Region and instead newly creates the Clark Behavioral Health Region consisting of Clark County and that portion of Nye County. **Section 3** of this bill revises the appointing authority and members of the regional behavioral health policy boards created for each behavioral health region.

Existing law prescribes the duties of the policy boards, which include: (1) advising the Department of Health and Human Services, the Division of Public and Behavioral Health of the Department and the Commission on Behavioral Health



concerning certain issues; and (2) submitting an annual report to the Commission. (NRS 433.4295) **Section 4** of this bill additionally requires the policy boards to advise the Department, Division and Commission concerning redundant, conflicting or obsolete federal, state and local laws and regulations that relate to behavioral health. **Section 4** also requires each behavioral health policy board to: (1) establish an electronic repository of data and information concerning behavioral health and behavioral health services in the behavioral health region; (2) track and compile data concerning persons admitted involuntarily to mental health facilities, hospitals and programs of community-based or outpatient services; and (3) identify and coordinate with other entities that address issues relating to behavioral health. Additionally, **section 4** revises the contents of the annual report that each policy board is required to submit to the Commission.

Section 1 of this bill authorizes the Commission on Behavioral Health to employ an administrative assistant and a data analyst to assist the policy boards in carrying out their duties. (NRS 433.314)

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

Section 1. NRS 433.314 is hereby amended to read as follows:
433.314 **1.** The Commission shall:

~~{1-}~~ **(a)** Establish policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual disabilities, persons with developmental disabilities, persons with substance use disorders or persons with co-occurring disorders, including services to prevent mental illness, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders, and services provided without admission to a facility or institution;

~~{2-}~~ **(b)** Set policies for the care and treatment of persons with mental illness, persons with intellectual disabilities, persons with developmental disabilities, persons with substance use disorders or persons with co-occurring disorders provided by all state agencies;

~~{3-}~~ **(c)** Review the programs and finances of the Division;

~~{4-}~~ **(d)** Report at the beginning of each year to the Governor and at the beginning of each odd-numbered year to the Legislature:

~~{a-}~~ **(1)** Information concerning the quality of the care and treatment provided for persons with mental illness, persons with intellectual disabilities, persons with developmental disabilities, persons with substance use disorders or persons with co-occurring disorders in this State and on any progress made toward improving the quality of that care and treatment; and

~~{b-}~~ **(2)** In coordination with the Department, any recommendations from the regional behavioral health policy boards created pursuant to NRS 433.429. The report must include, without limitation:



~~{(1)}~~ *(I)* The epidemiologic profiles of substance use and abuse, problem gambling and suicide;

~~{(2)}~~ *(II)* Relevant behavioral health prevalence data for each behavioral health region created by NRS 433.428; and

~~{(3)}~~ *(III)* The health priorities set for each behavioral health region;

~~{5}~~ *(e)* Hear appeals, conduct investigations and issue orders pursuant to NRS 641.325, 641A.289, 641B.460 and 641C.800; and

~~{6}~~ *(f)* Review and make recommendations concerning regulations submitted to the Commission for review pursuant to NRS 641.100, 641A.160, 641B.160 and 641C.200.

2. The Commission may employ an administrative assistant and a data analyst to assist the regional behavioral health policy boards created by NRS 433.429 in carrying out their duties.

Sec. 2. NRS 433.428 is hereby amended to read as follows:

433.428 ~~{Four}~~ *Five* behavioral health regions are hereby created as follows:

1. The Northern Behavioral Health Region consisting of Carson City and the counties of Churchill, Douglas, Lyon ~~{Mineral}~~ and Storey;

2. The Washoe Behavioral Health Region consisting of the county of Washoe;

3. The Rural Behavioral Health Region consisting of the counties of Elko, Eureka, Humboldt, Lander, ~~{Lincoln}~~ Pershing and White Pine; ~~{and}~~

4. The Southern Behavioral Health Region consisting of the counties of ~~{Clark}~~ Esmeralda ~~{and Nye}~~, *Lincoln and Mineral and the portion of the county of Nye that is north of the 38th parallel of north latitude; and*

5. The Clark Behavioral Health Region consisting of the county of Clark and the portion of the county of Nye that is south of the 38th parallel of north latitude.

Sec. 3. NRS 433.429 is hereby amended to read as follows:

433.429 1. A regional behavioral health policy board is hereby created for each behavioral health region.

2. Each policy board consists of *not less than 7 members and not more than 13 members* ~~{as follows:~~

~~—(a) Six members appointed by the Governor or his or her designee as follows:~~

~~—(1) One} appointed pursuant to this section.~~

3. The Speaker of the Assembly shall appoint to each policy board one member who represents the criminal justice system . {

~~—(2) Two members}~~

4. The Majority Leader of the Senate shall appoint to each policy board one member who represents law enforcement



1 *agencies and who has experience with and knowledge of matters*
2 *relating to persons in need of behavioral health services.*

3 *5. The Governor shall appoint to each policy board one*
4 *member who [have] has extensive experience in the delivery of*
5 *social services in the field of behavioral health, including, without*
6 *limitation, directors or officers of social service agencies in the*
7 *behavioral health region . [; and*

8 ~~— (3) Three members who represent the interests of one or~~
9 ~~more of the following:~~

10 ~~— (I) Hospitals.]~~

11 *6. The Legislative Commission shall appoint to each policy*
12 *board one member who is a Legislator.*

13 *7. The Administrator shall appoint to each policy board:*

14 *(a) One member who represents the interests of hospitals,*
15 *residential long-term care facilities or facilities that provide acute*
16 *inpatient behavioral health services;*

17 ~~— (II) Community based organizations which provide~~
18 ~~behavioral health services;~~

19 ~~— (III) Administrators or counselors who are employed at~~
20 ~~facilities for the treatment of abuse of alcohol or drugs; or~~

21 ~~— (IV) Owners or administrators of residential treatment~~
22 ~~facilities, transitional housing or other housing for persons who are~~
23 ~~mentally ill or suffer from addiction or substance abuse.~~

24 ~~➔ At least one member of the policy board appointed by the~~
25 ~~Governor or his or her designee for each region pursuant to this~~
26 ~~subparagraph must be a behavioral health professional who has~~
27 ~~experience in evaluating and treating children.~~

28 ~~— (b) Three members appointed by the Speaker of the Assembly as~~
29 ~~follows:~~

30 ~~— (1) One member who is a health officer of a county or who is~~
31 ~~in a position with duties similar to those of such a health officer;~~

32 ~~— (2) One member who is a psychiatrist or doctor of~~
33 ~~psychology with clinical experience and who is licensed to practice~~
34 ~~in this State; and~~

35 ~~— (3) One member who represents private or public insurers~~
36 ~~who offer coverage for behavioral health services.~~

37 ~~— (c) Three members appointed by the Majority Leader of the~~
38 ~~Senate as follows:~~

39 ~~— (1) One member who has received behavioral health services~~
40 ~~in this State or a family member of such a person or, if such a~~
41 ~~person is not available, a person who represents the interests of~~
42 ~~behavioral health patients or the families of behavioral health~~
43 ~~patients;~~

44 ~~— (2) One member who represents providers of emergency~~
45 ~~medical services or fire services and who has experience providing~~



~~emergency services to behavioral health patients, which may include, without limitation, a paramedic or physician; and~~

~~— (3) One member who represents law enforcement agencies and who has experience with and knowledge of matters relating to people in need of behavioral health services.~~

~~— (d) One member who is a Legislator, appointed by the Legislative Commission.~~

~~— 3.] (b) One member who represents the interests of administrators or counselors who are employed at facilities for the treatment of abuse of alcohol or drugs; and~~

~~(c) One member who represents providers of emergency medical services or fire services and who has experience providing emergency services to behavioral health patients, which may include, without limitation, a paramedic or physician.~~

~~8. The members appointed to a policy board pursuant to subsections 2 to 7, inclusive, may appoint to the policy board:~~

~~(a) One member who represents the interests of community-based organizations which provide behavioral health services.~~

~~(b) One member who represents the interests of owners or administrators of residential treatment facilities, transitional housing or other housing for persons with a mental illness or persons who abuse alcohol or drugs.~~

~~(c) One member who is a health officer of a county or who holds a position with similar duties, or, if no such person is available, an employee of a city, county or Indian tribe who has experience in the field of public health.~~

~~(d) One member who is a psychiatrist or a psychologist who holds the degree of doctor of psychology, has clinical experience and is licensed to practice in this State or, if no such person is available, a provider of health care, as defined in NRS 629.031, who has experience working with persons with a mental illness or persons who abuse alcohol or drugs.~~

~~(e) One member who represents private or public insurers who offer coverage for behavioral health services or, if no such person is available, another person who has experience in the field of insurance or working with insurers.~~

~~(f) One member who has received behavioral health services in this State, including, without limitation, services for substance use disorders, or a family member of such a person or, if such a person is not available, a person who represents the interests of behavioral health patients or the families of behavioral health patients.~~

~~9. If the members of a policy board described in subsections 2 to 7, inclusive, appoint both a member described in paragraph (a) of subsection 8 and a member described in paragraph (b) of~~



subsection 8, at least one of those members must be a behavioral health professional who has experience in evaluating and treating children.

10. In making appointments, preference must be given to persons who reside in the behavioral health region served by the policy board.

~~[4.]~~ **11.** Each member of the policy board serves without compensation for a term of 2 years and may be reappointed. The appointing authority may remove a member from the policy board if the appointing authority determines the member has neglected his or her duties. ~~[Any vacancy in the membership of a policy board must be filled in the same manner as the original appointment.~~

~~—5.]~~ **12.** *If a vacancy occurs during the term of:*

(a) A member who was appointed pursuant to subsection 2, 3, 4, 5 or 6, the vacancy must be filled in the same manner as the original appointment for the remainder of the unexpired term.

(b) A member who was appointed pursuant to subsection 7, the policy board shall, by majority vote, appoint a member to fill the vacancy for the remainder of the unexpired term.

(c) A member who was appointed pursuant to subsection 8, the policy board may, by majority vote, appoint a member to fill the vacancy for the remainder of the unexpired term.

13. Each policy board shall meet not later than 60 days after all appointments to such board have been made and elect one member of the policy board to act as the Chair for the biennium. The Director of the Department or his or her designee shall preside over the election of the Chair for each policy board at each board's first meeting. ~~[Each]~~ *Except as otherwise provided in subsection 14, each* policy board shall thereafter meet at least quarterly at the call of the Chair.

~~[6.]~~ **14.** *A policy board is not required to meet during any legislative session. If a policy board meets during a legislative session, the member of the policy board who is a Legislator is excused from attendance.*

15. As used in this section, "social services agency" means any public agency or organization that provides social services in this State, including, without limitation, welfare and health care services.

Sec. 4. NRS 433.4295 is hereby amended to read as follows:

433.4295 **1.** Each policy board shall:

~~[1.]~~ **(a)** Advise the Department, Division and Commission regarding:

~~[(a)]~~ **(1)** The behavioral health needs of adults and children in the behavioral health region;

~~[(b)]~~ **(2)** Any progress, problems or proposed plans relating to the provision of behavioral health services and methods to improve



the provision of behavioral health services in the behavioral health region;

~~{(e)}~~ (3) Identified gaps in the behavioral health services which are available in the behavioral health region and any recommendations or service enhancements to address those gaps;

~~and~~

~~—(d)~~ (4) *Any federal, state or local law or regulation that relates to behavioral health which it determines is redundant, conflicts with other laws or is obsolete and any recommendation to address any such redundant, conflicting or obsolete law or regulation; and*

(5) Priorities for allocating money to support and develop behavioral health services in the behavioral health region.

~~{2-}~~ (b) Promote improvements in the delivery of behavioral health services in the behavioral health region.

~~{3-}~~ (c) Coordinate and exchange information with the other policy boards to provide unified and coordinated recommendations to the Department, Division and Commission regarding behavioral health services in the behavioral health region.

~~{4-}~~ (d) Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes.

~~{5-}~~ (e) *To the extent feasible, establish an organized, sustainable and accurate electronic repository of data and information concerning behavioral health and behavioral health services in the behavioral health region that is accessible to members of the public on an Internet website maintained by the policy board. A policy board may collaborate with an existing community-based organization to establish the repository.*

(f) *To the extent feasible, track and compile data concerning persons admitted to mental health facilities and hospitals pursuant to NRS 433A.145 to 433A.197, inclusive, and to mental health facilities and programs of community-based or outpatient services pursuant to NRS 433A.200 to 433A.330, inclusive, in the behavioral health region, including, without limitation:*

(1) *The outcomes of treatment provided to such persons; and*

(2) *Measures taken upon and after the release of such persons to address behavioral health issues and prevent future admissions.*

(g) *Identify and coordinate with other entities in the behavioral health region and this State that address issues relating to behavioral health to increase awareness of such issues and avoid duplication of efforts.*



(h) In coordination with existing entities in this State that address issues relating to behavioral health services, submit an annual report to the Commission which includes, without limitation ~~[-the]~~:

(1) *The* specific behavioral health needs of the behavioral health region ~~[-Such a]~~;

(2) *A description of the methods used by the policy board to collect and analyze data concerning the behavioral health needs and problems of the behavioral health region and gaps in behavioral health services which are available in the behavioral health region, including, without limitation, a list of all sources of such data used by the policy board;*

(3) *A description of the manner in which the policy board has carried out the requirements of paragraphs (c) and (g) of subsection 1 and the results of those activities; and*

(4) *The data compiled pursuant to paragraph (f) of subsection 1 and any conclusions that the policy board has derived from such data.*

2. A report *described in paragraph (h) of subsection 1* may be submitted more often than annually if the policy board determines that a specific behavioral health issue requires an additional report to the Commission.

Sec. 5. (Deleted by amendment.)

Sec. 6. This act becomes effective on July 1, 2019.

