

ASSEMBLY BILL NO. 273—ASSEMBLYMEN GORELOW,
PETERS, C.H. MILLER; AND NGUYEN

MARCH 15, 2021

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to mental health consortia for children. (BDR 39-355)

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

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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; creating a statewide mental health consortium; prescribing the membership, powers and duties of the statewide mental health consortium; authorizing each mental health consortium to request the drafting of not more than 1 legislative measure for each regular session of the Legislature; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes a regional mental health consortium in each county whose population is 100,000 or more (currently Clark and Washoe Counties) and one regional mental health consortium in the region that comprises all other counties. (NRS 433B.333) **Section 2** of this bill creates a statewide mental health consortium to represent each mental health consortium that represents a particular region. **Section 2** also prescribes the membership of the statewide mental health consortium. **Section 4** of this bill prescribes the powers and duties of the statewide mental health consortium, which include representing all regional mental health consortia and taking certain other actions related to the mental health of children.

Existing law requires each mental health consortium to prepare and submit to the Director of the Department of Health and Human Services a long term strategic plan for the provision of mental health services to children with emotional disturbance within the jurisdiction of the consortium and certain other materials relating to the plan. (NRS 433B.335) **Section 3** of this bill exempts the statewide mental health consortium from this requirement. **Sections 1 and 5** of this bill make conforming changes to clarify that only a mental health consortium that represents a particular region is required to submit such a recommended plan.

Existing law prescribes the number of legislative measures which may be requested by various departments, agencies and other entities of this State for each regular session of the Legislature. (NRS 218D.100-218D.220) **Section 6** of this bill



authorizes the statewide mental health consortium and each regional mental health consortium to request the drafting of not more than 1 legislative measure for each regular session of the Legislature. **Section 7** of this bill makes a conforming change by indicating the proper placement of **section 6** in the Nevada Revised Statutes.

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

Section 1. NRS 433.317 is hereby amended to read as follows:
433.317 1. The Commission shall appoint a subcommittee on the mental health of children to review the findings and recommendations ~~[of each mental health consortium]~~ submitted by *mental health consortia* pursuant to NRS 433B.335 and to create a statewide plan for the provision of mental health services to children.

2. The members of the subcommittee appointed pursuant to this section serve at the pleasure of the Commission. The members serve without compensation, except that each member is entitled, while engaged in the business of the subcommittee, to the per diem allowance and travel expenses provided for state officers and employees generally if funding is available for this purpose.

Sec. 2. 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;

(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 use disorders.



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 Public and Behavioral Health 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;

(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 use disorders.

4. A statewide mental health consortium is hereby established to represent all mental health consortia established pursuant to subsection 1. The statewide mental health consortium must consist of:

(a) The Administrator as an ex officio, nonvoting member. The Administrator may designate a Deputy Administrator of the Division to attend any meeting of the consortium in his or her place.

(b) The following voting members:

(1) A representative of the Division of Health Care Financing and Policy of the Department, appointed by the Administrator of that Division;

(2) A representative of the Department of Education, appointed by the Superintendent of Public Instruction; and

(3) A representative of the Division of Child and Family Services of the Department, appointed by the Administrator.

(c) The following voting members appointed by the mental health consortium established pursuant to subsection 1 of which they are a member:

(1) Not more than three members from each mental health consortium established pursuant to subsection 1; and

(2) In addition to the members appointed pursuant to subparagraph (1), a parent of a child with an emotional disturbance from each mental health consortium established pursuant to subsection 1.



Sec. 3. NRS 433B.335 is hereby amended to read as follows:

433B.335 1. Each mental health consortium established pursuant to **subsection 1 of 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 **established pursuant to subsection 1 of NRS 433B.333** shall submit a new plan upon its expiration.

2. In preparing the long-term strategic plan pursuant to subsection 1, each mental health consortium **established pursuant to subsection 1 of NRS 433B.333** 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 **established pursuant to subsection 1 of NRS 433B.333** 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;

(b) A description of any revisions to the long-term strategic plan adopted by the consortium during the immediately preceding year; 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 **established pursuant to subsection 1 of NRS 433B.333**. On or before September 30 of each even-numbered year, the Director of the Department shall submit to each mental health consortium **established pursuant to subsection 1 of NRS 433B.333** 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;



(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; 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 *established pursuant to subsection 1 of NRS 433B.333* 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;

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

(c) A report of all expenditures made from an account maintained pursuant to NRS 433B.339, if any.

Sec. 4. NRS 433B.337 is hereby amended to read as follows:

433B.337 1. A mental health consortium established by *subsection 1 of 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 433B.339.

2. *The statewide mental health consortium established pursuant to subsection 4 of NRS 433B.333 shall:*

(a) Represent all mental health consortia established pursuant to subsection 1 of NRS 433B.333 before the Legislature, Commission and Department.

(b) Review, make recommendations for and approve programs proposed by the Division to prevent placing children in facilities located outside of the home or home state of the child for the treatment of emotional disturbance, substance use disorders or co-occurring disorders.

(c) Evaluate the future needs of this State concerning the treatment of children with emotional disturbance, substance use disorders or co-occurring disorders and develop ways to improve the treatment currently provided.



(d) Take any other action necessary to promote the mental health of children in this State.

3. The statewide mental health consortium may:

(a) Create a document that consolidates the strategies, goals and services created in the plan created by each mental health consortium pursuant to NRS 433B.335.

(b) Take such other action as is necessary to represent all mental health consortia established pursuant to subsection 1 of NRS 433B.333.

4. 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. 5. NRS 433B.339 is hereby amended to read as follows:

433B.339 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~~ 433B.337 ~~;~~ and , if applicable, NRS 433B.335; 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~~ 433B.337 ~~;~~ and, if applicable, NRS 433B.335.

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~~ 433B.337 ~~;~~ and, if applicable, NRS 433B.335.

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. 6. Chapter 218D of NRS is hereby amended by adding thereto a new section to read as follows:

1. For a regular session, the statewide mental health consortium established pursuant to subsection 4 of NRS 433B.333 and each mental health consortium established pursuant to subsection 1 of NRS 433B.333 may request the drafting of 1



1 *legislative measure which relates to matters within the scope of the*
2 *consortium.*

3 2. *Any such request must be submitted to the Legislative*
4 *Counsel on or before September 1 preceding the commencement*
5 *of a regular session.*

6 3. *Each request made pursuant to this section must be on a*
7 *form prescribed by the Legislative Counsel. The legislative*
8 *measures requested pursuant to this section must be prefiled on or*
9 *before the third Wednesday in November preceding a regular*
10 *session. A legislative measure that is not prefiled on or before that*
11 *day shall be deemed withdrawn.*

12 **Sec. 7.** NRS 218D.100 is hereby amended to read as follows:

13 218D.100 1. The provisions of NRS 218D.100 to 218D.220,
14 inclusive, *and section 6 of this act* apply to requests for the drafting
15 of legislative measures for a regular session.

16 2. Except as otherwise provided by a specific statute, joint rule
17 or concurrent resolution, the Legislative Counsel shall not honor a
18 request for the drafting of a legislative measure if the request:

19 (a) Exceeds the number of requests authorized by NRS
20 218D.100 to 218D.220, inclusive, *and section 6 of this act* for the
21 requester; or

22 (b) Is submitted by an authorized nonlegislative requester
23 pursuant to NRS 218D.175 to 218D.220, inclusive, *and section 6 of*
24 *this act* but is not in a subject related to the function of the requester.

25 3. The Legislative Counsel shall not:

26 (a) Honor a request to change the subject matter of a request for
27 the drafting of a legislative measure after it has been submitted for
28 drafting.

29 (b) Honor a request for the drafting of a legislative measure
30 which has been combined in violation of Section 17 of Article 4 of
31 the Nevada Constitution.

