

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Eighty-first Session
February 9, 2021**

The Senate Committee on Health and Human Services was called to order by Chair Julia Ratti at 3:34 p.m. on Tuesday, February 9, 2021, Online. [Exhibit A](#) is the Agenda. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Julia Ratti, Chair
Senator Pat Spearman, Vice Chair
Senator Dallas Harris
Senator Joseph P. Hardy
Senator Ben Kieckhefer

GUEST LEGISLATORS PRESENT:

Assemblywoman Robin L. Titus, Assembly District No. 38

STAFF MEMBERS PRESENT:

Megan Comlossy, Policy Analyst
Eric Robbins, Counsel
Vickie Polzien, Committee Secretary

OTHERS PRESENT:

Dorothy Edwards, Behavioral Health Coordinator, Washoe Regional Behavioral Health Policy Board, Division of Public and Behavioral Health, Department of Health and Human Services
Sean O'Donnell, Executive Director, Foundation for Recovery
Natalie Powell, Director, Nevada Certification Board
Linda Lang, Director, Nevada Statewide Coalition Partnership
Nancy Bowen, CEO, Nevada Primary Care Association
Don Gibson, Behavioral Health Peace Officer, Carson City Sheriff's Office
Rachel Dunfee, Healthy Communities Coalition
Joelle Gutman Dodson, Washoe County Health District

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Vince Collins, Director of Operations, The Gay and Lesbian Community Center
of Southern Nevada
Mala Wheatley, Director, Pacific Behavioral Health
Suzanne Strosser
Erin Been
Joe Joanne Culver
John Piro, Chief Deputy Public Defender, Clark County Public Defender's Office
Trey Delap Director, Group Six Partners
Kendra Bertschy, Washoe County Public Defender's Office
Stephanie Woodard, Psy.D., Senior Advisor on Behavioral Health, Division of
Public and Behavioral Health, Department of Health and Human Services
Margot Chappel, Deputy Administrator, Division of Public and Behavioral Health,
Department of Health and Human Services
Allison Stephens, Nevada PEP
Joanna Jacob, Clark County
Debra Kamka, Director of Operations, Quest Counseling and Consulting
Gwen Taylor, Executive Director, Access For Community & Cultural Education
Programs & Trainings
Taylor Allison, Chair, Northern Regional Behavioral Health Policy Board
Jessica Flood, Coordinator, Northern Regional Behavioral Health Policy Board
Katie Ryan, Dignity Health - St. Rose Dominican
Jim Hoffman, Nevada Attorneys for Criminal Justice
Joan Hall, President, Nevada Rural Hospital Partners
JoAnne Malay, Deputy Administrator, Clinical Services and Mental Health,
Division of Public and Behavioral Health, Department of Health and
Human Services

CHAIR RATTI:

I will open the hearing on Senate Bill (S.B.) 69.

SENATE BILL 69: Revises provisions relating to behavioral health. (BDR 39-431)

DOROTHY EDWARDS (Behavioral Health Coordinator, Washoe Regional Behavioral
Health Policy Board, Division of Public and Behavioral Health, Department
of Health and Human Services):

I will read from my written testimony ([Exhibit B](#)).

CHAIR RATTI:

There are four one-page summaries with helpful information on each of the bill components submitted as exhibits by Washoe Regional Behavioral Health ([Exhibit C](#), [Exhibit D](#), [Exhibit E](#) and [Exhibit F](#)).

SEAN O'DONNELL (Executive Director, Foundation for Recovery):

I will read from my written presentation ([Exhibit G](#)) to present S.B. 69.

NATALIE POWELL (Director, Nevada Certification Board):

I will provide a brief history of the Nevada Certification Board (NCB) ([Exhibit H](#)) and read from my written presentation ([Exhibit I](#)).

States may maintain up to two International Certification & Reciprocity Consortium (IC&RC) Boards if needed. These boards can license or certify behavioral health service providers in prevention, treatment and recovery.

The NCB was granted permission to apply to IC&RC by the State Board of Examiners for drug, alcohol and gambling counselors. In 2016, we received permission to be a secondary board and were accepted into the IC&RC.

Our task was to provide a voluntary certification process for peer recovery support and prevention specialists that would meet or exceed IC&RC standards.

In 2018, the NCB was asked by the Division of Public and Behavioral Health to provide a similar voluntary certification process for community health workers. We now provide voluntary certification for three occupations in community and behavioral health.

In terms of our mission, vision and the importance of certification, refer to [Exhibit I](#) for contact information and links to the NCB and IC&RC websites.

In 2017, we held an IC&RC-endorsed pilot or grandfathering period for our peer specialist certification process. The purpose of the pilot was to allow certification for peer specialists already working in the field and well established, and work out any issues in our certification process.

During the pilot period, we certified 59 peer recovery and support specialists. Since this pilot, we have certified an additional 91 peers, making a total of 150 specialists working in the State. Additionally, we have 242 peers who have

started the application process with the NCB. The application process can take up to a year to complete. Applications consist of proof of a high school diploma or equivalency, and a minimum of 46 hours of State-approved specialized training in IC&RC peer domains.

Our two State-approved training organizations are Foundation for Recovery and the Center for the Application of Substance Abuse Technologies, at the University of Nevada, Reno.

Also required are 500 hours of supervised experience in those peer domains and passing the IC&RC peer recovery examination. To be a certified peer recovery specialist, you need lived experience in substance abuse, mental health or process addiction, along with a required minimum of two years in recovery. We want people to be stable so they can help others. The IC&RC peer domains require demonstration in proficiency and include advocacy, ethical responsibility, mentoring in education and recovery and wellness support.

LINDA LANG (Director, Nevada Statewide Coalition Partnership):
I will read from written testimony ([Exhibit J](#)).

CHAIR RATTI:

There is a proposed conceptual amendment to S.B. 69 ([Exhibit K](#)) under my name.

SENATOR KIECKHEFER:

Mr. O'Donnell, is there a section that pertains to applicability related to compensation, such as Alcoholics Anonymous (AA) sponsors?

MR. O'DONNELL:

What I presented included the conceptual amendment which made the clarification that certification would apply to those using those titles or those compensated to provide these services.

SENATOR KIECKHEFER:

Are these services billable under Medicaid or commercial insurance, and is State Medicaid billing for them now?

MR. O'DONNELL:

Yes.

SENATOR KIECKHEFER:

Is certification a qualification for billing services? If one is not certified, can they bill for services?

MR. O'DONNELL:

To my knowledge, certification is not required to bill for services.

SENATOR KIECKHEFER:

Ms. Powell, is a high school diploma or equivalency required to become certified?

MS. POWELL:

A high school diploma or equivalency is required for each of our certifications.

SENATOR KIECKHEFER:

As this is specifically outlined as nonclinical and lived experience, why should that be a requirement and possible barrier?

MS. POWELL:

It is a requirement of the IC&RC and an international requirement we subscribe to. We wanted to standardize the process and are happy to help with the GED process if that is a barrier.

SENATOR KIECKHEFER:

Ms. Lang, is the Youth Risk Behavior Surveillance System (YRBSS) individually identifiable or aggregated?

MS. LANG:

No, that is the reason for the minimum required response rate of 60 percent. [Exhibit F](#) shows the response rates across the various counties and how close we are to not reaching that 60 percent. We cannot go through individual school districts much lower than 60 percent before the data can be identified. The school districts that participate can receive this data and use it as they wish.

SENATOR KIECKHEFER:

On an aggregated basis, not with the individual identifiable information, correct?

MS. LANG:

Correct, no individual information.

SENATOR SPEARMAN:

Ms. Powell, why is lived experience important?

MR. O'DONNELL:

Lived experience for peer recovery support specialists is the crux of what makes these services work. I have training in learned experience of confidentiality, tools for motivational interviewing, advocacy and mentorship. This could be learned in a class setting; however, as a peer recovery support specialist with lived experience in incarceration or homelessness, one could relate to an individual removing the power differential. A peer recovery support specialist is seen as a peer having had similar life experiences who can help to navigate systems and rebuild a life relating to one another because of those lived experiences.

SENATOR SPEARMAN:

Cultural competency was a topic discussed last Session. Speaking with people who understand where you are and what you have been through and the power differential, there would be no judgement, correct?

MR. O'DONNELL:

Yes. A great example of that is the concept of matching someone in need of help with someone experiencing similar circumstances. If someone is seeking peer recovery support, you would attempt to match them with a specialist based on those same experiences. As a member of the LGBTQ community myself, it may be more beneficial to work directly with other members of that community as they are able to relate with their experiences.

SENATOR SPEARMAN:

It is important to speak with someone having that lived experience and credibility within your community and have them represent those communities present in Nevada.

Senate Bill No. 204 of the 80th Session pertaining to suicide prevention had elements suggesting a nexus between what you are doing and what the school system is attempting. Ms. Lang, I would like to speak with you offline to collaborate to boost support for your program.

MS. LANG:

I would be happy to meet with you offline and will reach out to you. I am familiar with that bill and the report required.

SENATOR SPEARMAN:

We have had many suicides in Clark County, and we need to do better with that. Some elements would be very helpful if implemented with what you are suggesting.

CHAIR RATTI:

"For the record, the bill would include peer experiences in behavioral health as much as substance abuse disorder." The provisions in this bill around evidence-based prevention are based on S.B. No. 204 of the 80th Session.

SENATOR HARDY:

I am unsure of the difference between the 46 hours versus the 500 hours of supervised experience. Is tuition required for the 500 hours, and are applicants able to be peer recovery specialists while waiting for certification? What is the process for certification?

MS. POWELL:

The 46 hours of instruction are classroom hours in advocacy, mentoring and education, recovery and wellness support, and ethical responsibility. It is weighted more heavily toward ethical responsibility.

The 500 hours are supervised experience working in the IC&RC peer domains. I can provide the matrix of the tasks pertaining to these domains if necessary. The IC&RC is a resource for us. They complete a job analysis of certifications and credentials every five to seven years. They have nationwide or international subject matter experts researching this field and updating the examinations in keeping with best evidence-based practices.

Traditionally, peers are eligible for hire by agencies prior to certification. We have advisory committees for each certification made up of those in the field who are subject matter experts. Previously, peers felt there was sufficient employment available to have people perform these supervised hours before becoming certified. As the proposed amendment, [Exhibit K](#), shows, we will be providing for the possibility of an internship. Interns could complete those hours by either volunteering or mentoring. Many agencies will pay peers for this

experience. We have not had any issue with peers finding paid or volunteer positions to accomplish those hours.

There is a differentiation between an AA sponsor and a peer recovery support specialist. We are not able to take peer experience working as a sponsor or with AA or Narcotics Anonymous (NA) group meetings and 12-step programs.

SENATOR HARDY:

The concept of interns theoretically gives people a chance to pay tuition or have remuneration while working toward their certifications in order to support themselves during those 500 hours. With two years of sobriety and working in the community, there is a step down in the level of living. An internship also provides the possibility of an income.

Ms. POWELL:

In practice, that is happening. This peer recovery support specialist position is seen as the beginning of a clear career ladder. Many move on to become licensed counselors and social workers. It is an entry-level start, but they would be making as much as peers in any position they previously or currently hold.

We charge \$165 to initially certify, \$80 of which covers the test given by IC&RC, and the remaining goes to processing. Most peers have agencies that will cover this cost. This certifies them for 2 years, and within that 2 years, the renewal obligations are to complete 20 additional hours of continued education units. Six of those hours must be in ethics to keep that in the forefront, and the remaining 14 hours are anything within the other IC&RC peer domains. The renewal fee is \$100.

SENATOR HARDY:

Would this make it illegal for peers to work in the community without certification?

Ms. POWELL:

There is a grandfathering period giving an applicant until 2023 to become certified as a recovering intern or a certified peer recovery support specialist. There are allowances for those who volunteer, specifically for professionals who volunteer as peers, such as lawyers providing legal advice.

For individuals practicing as peer recovery support specialists without being certified by 2023, there is no criminal penalty; there would be a civil penalty, and these people would be subject to a fine. If they continue to incur fines, they could be held in contempt of court. At this point, that would be as far as it would go.

SENATOR HARDY:
Is there a fiscal note?

Ms. POWELL:
There is no fiscal note at this time, or it has been cleared.

CHAIR RATTI:
There have been many amendments to this bill. We will get information about the two-thirds majority vote requirement and the fiscal note as we get closer to work session.

"For the record, the proposed amendment only includes those who will be compensated, and that is intentional to exclude AA, NA, any of the 12-step groups and any other volunteer-driven groups supporting folks in recovery."

SENATOR SPEARMAN:
How do you know if someone is practicing and has not been certified? Is there anything in place to identify those continuing to practice without certification?

CHAIR RATTI:
It would be the same process as any other certification and licensing, mostly a complaint-driven process.

NANCY BOWEN (CEO, Nevada Primary Care Association):
The Nevada Primary Care Association supports S.B. 69. Our members work is affected by at least two provisions in this bill: the sections dealing with peer support specialists and the YRBSS. Healthcare centers have been working diligently to expand substance abuse disorder services across the State. State and federal investments have encouraged the certification providers be able to administer medication-assisted treatment to expand options for our community. Peer support specialists have benefited by the programs in our healthcare centers.

Clarifying the definition, scope and responsibilities in *Nevada Revised Statutes* (NRS) will allow this provider type to further develop and produce results. Our members are reliant on federal grants to provide services to uninsured residents. Between 2015 and 2020, we brought more than \$188 million in grant funding to Nevada. Securing these grants required current and accurate data. One of the most important data sources we use is the YRBSS. It is critical for Nevada to do everything necessary to support the collection of this data.

DON GIBSON (Behavioral Health Peace Officer, Carson City Sheriff's Office):

I work full time with mental health clinicians and respond to all community crisis calls related to mental health. The primary focus for my unit is jail and emergency room diversion. My unit supports S.B. 69 and values the support of our community coalition, Partnership Carson City. Partnership Carson City is an instrumental stakeholder for the health of our community and proven leader in raising the quality of life for individuals who suffer from mental illness and substance abuse.

RACHEL DUNFEE (Healthy Communities Coalition):

I am an LGBTQ junior in Silver City and a Stand Tall prevention program team member who supports S.B. 69. I have been involved with Healthy Communities Coalition (HCC) as a Stand Tall member for five years which is a great opportunity for youths to get involved in their community. Stand Tall is a place where everyone is welcome no matter their past identity, sexual orientation or walk of life. Stand Tall is a wonderful way to be educated on the dangers of tobacco, cannabis, e-cigarettes and alcohol in youth.

Programs such as Stand Tall create an open conversation for youths who struggle with addiction. Diversity is important in these prevention groups as everyone has different experiences. We focus on prevention and touch on a variety of subjects from prevention to mindfulness and exploring artistic opportunities. This program not only teaches youths about prevention, it helps them teach the rest of the community. Supporting coalitions means supporting the worlds next generation, teaching us values to last a lifetime.

JOELLE GUTMAN DODSON (Washoe County Health District):

Washoe County Health District supports S.B. 69. The implementation of peer recovery support specialists in Washoe County is part of the Washoe County Health District's Community Health Improvement Plan. The certification for peer

recovery support specialists will ensure a better standard of practice, elevate the workforce, help protect the public and set the standard for employers.

The Health District supports an up-to-date and evidence-based curriculum and programs concerning substance misuse and abuse disorders in our schools. We are supportive of every school participating in the YRBSS. The more students participating in this survey, the more accurate data we have to address the needs of Nevada's youth.

VINCE COLLINS (Director of Operations, The Gay and Lesbian Community Center of Southern Nevada):

The Gay and Lesbian Community Center of Southern Nevada supports S.B. 69. We are initiating our first substance use and overdose data-to-action programs employing a peer support specialist and need this expertise in launching our program. Having a baseline standard for peer support adds to our professional environment for navigating individuals with linkage to care and services. By doing this, we impact the LGBTQ community and the greater community of Las Vegas.

MALA WHEATLEY (Director, Pacific Behavioral Health):

I support S.B. 69. Pacific Behavioral Health provides mental health services to rural counties throughout Nevada. Through our partnership with HCC, we have successfully collaborated with the Lyon County School District to provide much-needed, school-based mental health services to students. The Coalition has provided vital communication, relationships and connections, allowing us to provide mental health services to our youth. The successful connections of Pacific Behavioral Health with Lyon County students is evidence of the collaborative efforts of the HCC and serves as a catalyst for community connections. We have served over 100 students this year and were successful in stabilizing them in their homes and schools, due in part to these collaborative efforts.

SUZANNE STROSSER:

I am an educator at Mission High School in Las Vegas which is the first publically funded recovery high school in the Nation. Mission High School provides comprehensive education to students in recovery from substance use, abuse or dependency. We would use peer recovery support specialists to work through responsible-thinking processes, productively addressing behaviors

interfering with those students' education due to gaps in social and emotional learning from early onset abuse.

Peer support recovery specialists would address student concerns indicated in their weekly recovery check-ins and act as mentors and models as students recover. These relationships are beneficial to our students when they are apprehensive toward obtaining a sponsor during their recovery, after being advised to avoid strangers. Baseline standards are necessary in providing this low-barrier service with safe adults providing effective support to our students.

ERIN BEEN:

I teach health at a high school in the Carson City School District, frequently using local and State coalition provided tools needed to deliver evidence-based substance abuse prevention and mental health curriculum in my classes. I use the YRBSS data to frame evidence-based curriculum and lessons directly identified by youth in the community.

Coalitions like Partnership Carson City are valuable to the community. I would like my students to leave my class with content knowledge, skills and resources. I have reached out to Partnership Carson City to plan lessons and collaborate in developing presentations and projects. Together, we have developed youth opportunities after school in the community, summer workshops, evening programs and extended learning opportunities in relation to substance abuse prevention and mental health. I support S.B. 69.

JOE JOANNE CULVER:

I support S.B. 69 and will read from my written testimony ([Exhibit L](#)).

JOHN PIRO (Chief Deputy Public Defender, Clark County Public Defender's Office):

I agree to removing section 8, subsection 2, "Any violation of this section is a misdemeanor," through the proposed amendment, [Exhibit K](#).

Section 16, subsection 1, paragraph (d) does not raise the criminal penalty but adds the peer recovery support specialist into the growing list of those in an assault or battery constituting a gross misdemeanor rather than a misdemeanor. This list has grown to the point where the exceptions are starting to swallow the rules. We need peer support specialists to be protected from aggressive and dangerous conduct, however do not believe there is a correlation between

increasing penalties and reduction in criminal behavior. The U.S. Department of Justice has studied deterrents in this manner and the best indicator of deterrents is a leniency of punishment, not an increase in penalty.

Increasing the penalty to a gross misdemeanor triggers a jury trial as opposed to a misdemeanor bench trial which increases the cost of prosecuting and defending these cases. Most affected by these misdemeanor trials are the mentally ill and drug-addicted. Removing section 16 language would allow us to give our full support of S.B. 69.

TREY DELAP (Director, Group Six Partners):

I will read from my written testimony in opposition to S.B. 69 ([Exhibit M](#)).

KENDRA BERTSCHY (Washoe County Public Defender's Office):

The Washoe County Public Defender's Office supports the peer support community, hoping they are able to help the citizens of our community overcome their addictions. For the reasons Mr. Piro stated, we are in opposition. When the enhancement was first established, there was testimony as to the concern of the impact on those with mental health and substance abuse issues. The intent is to ensure we help those involved in recovery; however, our concern is the criminal enhancement.

STEPHANIE WOODARD, PSY.D. (Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Department of Health and Human Services):
Based on conversations with the sponsor on the bill and the conceptual amendment, we are able to remove the fiscal note as it pertains to the development of regulation.

MARGOT CHAPPEL (Deputy Administrator, Division of Public and Behavioral Health, Department of Health and Human Services):
The amendment removes the fiscal note from the Bureau of Healthcare Quality and Compliance as well.

ALLISON STEPHENS (Nevada PEP):

I will read from my written testimony as neutral on S.B. 69 ([Exhibit N](#)), and have provided a reference document on Family Peer Support ([Exhibit O](#)).

JOANNA JACOB (Clark County):

Clark County is neutral on Senate Bill 69. I am representing the Department of Family Services today in a child welfare setting. The child welfare landscape is undergoing a fundamental shift toward preventative services and evidence-based protocols, requiring implementation of some major policy at the federal level. This model could be employed in the child welfare system for a parent in long-term successful and ongoing recovery, who may be able to help other parents struggling with substance abuse disorder or other behavioral health disorders. We are in support of the overall goal and intent of the bill. We have asked to consider a technical fix and offer a proposed amendment ([Exhibit P](#)) to amend in the same requirements as agencies that employ those working with children or families to undergo a background check with the Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child. This would include the screening for any substantiated report of abuse or neglect of a child. This is similar to other background checks in statute.

DEBRA KAMKA (Director of Operations, Quest Counseling and Consulting):

Quest Counseling and Consulting stands neutral on S.B. 69. We have had a 16-year relationship with our community coalition, Join Together Northern Nevada (JTNN), which is a collaborative organization. Along with law enforcement, JTNN created the first prescription drug roundup to address prescription drug abuse, facilitate monthly committees on a variety of drug-related topics and work with all interested parties to provide solutions to community substance use problems. Quest Counseling and Consulting values the YRBSS trend reports published by JTNN and its biennial prevention plan. It provides informational rack cards or prescription drug lockboxes for our clients. Coalitions provide great value and local knowledge in their communities and can address community problems at the local level quickly and in a cost-efficient manner.

GWEN TAYLOR (Executive Director, Access For Community & Cultural Education Programs & Trainings):

We are neutral on S.B. 69. I have worked with the local coalition, JTNN, since 2002. Our community has substance abuse prevention coalitions that respond to community needs such as underage drinking, marijuana and prescription drug use. Through JTNN, we have obtained subgranted general funds and federal grant dollars to reach youth through evidence-based programming in schools, after-school programs, juvenile probation and in churches. We impact youth and

provide jobs to the community through subgranted funds. Join Together Northern Nevada is able to bring the community together to address important drug issues whether facilitating a committee, bringing in a national speaker or organizing a community event.

SENATOR RATTI:

I will close the hearing on S.B. 69 and open the hearing on S.B. 70.

SENATE BILL 70: Revises provisions governing mental health. (BDR 39-418)

ASSEMBLYWOMAN ROBIN L. TITUS (Assembly District No. 38):

Senate Bill 70 addresses several complex, important behavioral healthcare issues in Nevada. This bill results from significant stakeholder engagements, meetings, time and effort on the part of the Northern Regional Behavioral Health Policy Board and its Coordinator, Jessica Flood. We met weekly for the better part of a year to develop this piece of legislation and proposed amendment ([Exhibit Q](#)).

In 2017, the Legislature passed A.B. No. 366 of the 79th Session which created the Northern, Washoe, Rural and Southern Behavioral Health Regions. The bill established a behavioral health policy board for each region. The boards are responsible for improvement and delivery of behavioral health services throughout the State. They are required to advise relevant Executive Branch agencies on regional behavioral health issues, identify gaps in services and coordinate with each other to provide recommendations to the Department of Health and Human Services. Each board is authorized to request one bill draft request with regional, systemic State issues.

In 2019, A.B. No. 76 of the 80th Session was sponsored by the Southern Regional Behavioral Health Policy Board which revised the geographic locations creating a fifth board and establishing the Clark Behavioral Health Region which now consists of Clark County and a portion of Nye County.

The 2021 Legislative Session is the second session in which the behavioral health policy boards have submitted a BDR. In 2019, the Northern Regional Behavioral Health Policy Board sponsored A.B. No. 85 of the 80th Session to address additional gaps and challenges existing in the behavioral healthcare system to better serve vulnerable Nevadans.

TAYLOR ALLISON (Chair, Northern Regional Behavioral Health Policy Board):
I will review the presentation for S.B. 70, Modernizing and Clarifying the Mental Health Crisis Hold Process, from the Northern Regional Behavioral Health Policy Board ([Exhibit R](#)), covering slides 1 through 3.

We are focused on modernizing, standardizing and reducing stigma in Nevada's mental health crisis hold process found in *Nevada Revised Statutes* (NRS) 433A. We are continuing the work initiated by our previous bill, A.B. No. 85 of the 80th Session, which passed with bipartisan support in between Legislative Sessions.

Assembly Bill No. 85 of the 80th Session was brought forth by the Northern Board after the need for policy change was identified in 2018. Individuals in crisis in hospital emergency rooms have waited up to ten days for inpatient beds in psychiatric facilities. There have been various interpretations from courts and providers on when the 72-hour clock begins, and NRS 433A utilized language to create additional stigma of individuals experiencing a mental health crisis.

Jessica Flood established a multiuse disciplinary, statewide mental health crisis hold working group to take a deep dive into the language and address those critical issues. During the process of developing A.B. No. 85 of the 80th Session, stakeholders gained a greater understanding of the issues and gaps in the law and saw the need for continued legislative efforts to update NRS 433A to better reflect the mental health crisis hold system we have today.

Since A.B. No. 85 of the 80th Session passed, the statewide mental health crisis workgroup has continued to meet, working collaboratively with State staff and the Division of Public and Behavioral Health. They worked on regulations mandating hospital reporting of mental health crisis holds, clarifying medical clearance, behavioral health transportation and the process for involuntary administration of medication.

The Navigating Your Way Through a Mental Health Crisis Hold in Nevada booklet emailed to the Senate Health and Human Services Committee reviews the hold process, current law and patient rights. If S.B. 70 passes, the working group will continue to update the packet to reflect modern practice.

JESSICA FLOOD (Coordinator, Northern Regional Behavioral Health Policy Board):
I will provide an overview of mental health crisis holds in the remaining slides of our presentation, [Exhibit R](#), slide 5, labeled Mental Health Crisis Hold while reading from my written presentation ([Exhibit S](#)).

SENATOR HARRIS:

Are there concerns that when a peace officer comes to effectuate an order, the officer may end up arresting the individual? Are there safeguards to ensure the individual will enter into the mental health system, or will peace officers still be able to make an arrest?

MS. FLOOD:

This is not an issue contemplated in the law.

KATIE RYAN (Dignity Health - St. Rose Dominican):

I have provided a letter of support ([Exhibit T](#)) on behalf of Dignity Health - St. Rose Dominican.

MS. BERTSCHY:

The Washoe County Public Defender's Office represented 2,185 individuals during 2020 in involuntary commitment hearings. Unfortunately, the example given earlier by Ms. Flood, happens more than we would like. There are times when individuals involved in mental health crisis end up being arrested rather than taken to a mental health treatment facility. This is something we hope to work on in the future. It is the goal of the stakeholders to decrease interactions of law enforcement with someone experiencing a mental health crisis.

In section 11, regarding the definition of when someone is involved in involuntary commitment, the intent is not to expand but to capture more people. This will be followed closely as the bill nears enactment to ensure we are focusing on the individuals of need. We support S.B. 70.

JIM HOFFMAN (Nevada Attorneys for Criminal Justice):

I echo the comments by Ms. Bertschy and am in support of S.B. 70 and the amendment.

JOAN HALL (President, Nevada Rural Hospital Partners):

Nevada Rural Hospital Partners supports S.B. 70.

JoANNE MALAY (Deputy Administrator, Clinical Services and Mental Health, Division of Public and Behavioral Health, Department of Health and Human Services):

The Division of Public and Behavioral Health is neutral on this bill. We submitted a fiscal note based on introductory language. Previous language in section 11 was permissible as Northern Nevada Adult Mental Health Services and the Substance Abuse and Mental Health Services Administration are the only current assisted outpatient treatment (AOT) programs. Without additional staff and other essentials, we would not be able to take on the additional workload. The amendment, section 18 resolves the fiscal impact to the satisfaction of the Division. The amendment [Exhibit Q](#), adds that AOT would be ordered in the county where he or she resides, only if such services are available.

Another language amendment, if adopted, resolves further fiscal notes. The language regarding the intended evaluation would be ordered and responsibility for the cost of the examination was amended to state, "other than those identified in section 11, subsection 1, paragraphs (d) and (e)" of S.B. 70.

CHAIR RATTI:

I will close the hearing on S.B. 70.

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CHAIR RATTI:

As there is no public comment, this meeting is adjourned at 6:03 p.m.

RESPECTFULLY SUBMITTED

Vickie Polzien,
Committee Secretary

APPROVED BY:

Senator Julia Ratti, Chair

DATE: _____

EXHIBIT SUMMARY				
Bill	Exhibit Letter	Begins on Page	Witness / Entity	Description
	A	1		Agenda
S.B. 69	B	1	Dorothy Edwards / Department of Health and Human Services	Bill Presentation Testimony
S.B. 69	C	1	Washoe Regional Behavioral Health	Prevention Overview
S.B. 69	D	1	Washoe Regional Behavioral Health	Assuring a Trained Certified Peer Workforce
S.B. 69	E	1	Washoe Regional Behavioral Health	Coalition Infographic
S.B. 69	F	1	Washoe Regional Behavioral Health	Consent Infographic
S.B. 69	G	1	Sean O'Donnell	Bill Presentation Testimony
S.B. 69	H	1	Natalie Powell / Nevada Certification Board	Nevada Certification Board Definitions
S.B. 69	I	1	Natalie Powell / Nevada Certification Board	Bill Presentation Testimony
S.B. 69	J	1	Linda Lang / Nevada Statewide Coalition Partnership	Bill Presentation Testimony
S.B. 69	K	1	Senator Julia Ratti	Proposed Amendment
S.B. 69	L	1	Joanne Culver	Support Statement
S.B. 69	M	1	Trey Delap / GroupSix Partners	Opposition and Concern Statement
S.B. 69	N	1	Allison Stephens / Nevada PEP	Neutral Statement
S.B. 69	O	1	Allison Stephens / Nevada PEP	Family Peer Support At A Glance
S.B. 69	P	1	Joanna Jacob / Clark County	Proposed Amendment
S.B. 70	Q	1	Assemblywoman Robin L. Titus / Northern	Proposed Amendment

			Region Behavioral Health Policy Board	
S.B. 70	R	1	Taylor Allison / Northern Regional Behavioral Health Policy Board	Bill Presentation
S.B. 70	R	4	Jessica Flood / Northern Regional Behavioral Health Policy Board	Bill Presentation
S.B. 70	S	1	Jessica Flood / Northern Regional Behavioral Health Policy Board	Bill Presentation Testimony
S.B. 70	T	1	Lawrence Barnard / Dignity Health - St. Rose Dominican	Support Statement