

ASSEMBLY BILL NO. 265—ASSEMBLYMEN GORELOW;  
C.H. MILLER, MONROE-MORENO AND PETERS

MARCH 7, 2023

JOINT SPONSOR: SENATOR NGUYEN

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to mental health.  
(BDR 39-96)

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; revising the duties of the Commission on Behavioral Health; creating a statewide mental health consortium; prescribing the membership, powers and duties of the statewide mental health consortium; revising requirements governing the disbursement of certain money; 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:**

1 Existing law creates the Commission on Behavioral Health within the  
2 Department of Health and Human Services. (NRS 232.361) The Commission is  
3 required to: (1) establish certain policies for the treatment and care of persons with  
4 mental illness, intellectual disabilities, developmental disabilities, substance use  
5 disorders and co-occurring disorders; and (2) report to the Governor and  
6 Legislature information concerning the treatment and care of persons with such  
7 conditions. (NRS 433.314) Existing law authorizes the Commission to perform  
8 certain additional activities to improve the treatment and care of persons with such  
9 conditions, including: (1) taking appropriate steps to increase the availability and to  
10 enhance the quality of such treatment and care; (2) promoting programs for such  
11 treatment; and (3) creating a plan to coordinate services for such treatment and to  
12 provide continuity in the care and treatment provided. (NRS 433.316) **Sections 1**



**and 2** of this bill instead require the Commission to carry out such activities primarily for adults with such conditions.

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 7** of this bill: (1) creates a statewide mental health consortium to represent all regional mental health consortia established by existing law; and (2) prescribes the membership of the statewide mental health consortium. **Sections 5 and 6** of this bill require the statewide mental health consortium to: (1) represent all regional mental health consortia; (2) establish certain policies for the treatment and care of children with emotional disturbance, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders; (3) appoint a subcommittee to review the long-term plan of each mental health consortium and develop a statewide plan for the provision of services for the mental health of children; and (4) report to the Governor and Legislature information concerning the treatment and care of children with emotional disturbance, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders. **Sections 5 and 15** of this bill transfer the duty to create a subcommittee on the mental health of children from the Commission to the statewide mental health consortium. **Section 6** authorizes the statewide mental health consortium to perform similar activities to improve the treatment and care of children with emotional disturbance, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders to the activities that the Commission is authorized to perform for adults. The activities authorized by **section 6** include the creation of a plan to coordinate services for the treatment of children with emotional disturbance, children with intellectual disabilities, children with developmental disabilities, children with substance use disorders and children with co-occurring disorders. **Sections 3 and 11** of this bill require certain money for programs to serve persons with mental illness, intellectual disabilities and developmental disabilities to be disbursed in a manner that supports that plan. **Section 9** of this bill makes a conforming change by clarifying the authority of a regional mental health consortium to carry out certain activities.

Existing law requires each regional 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 5** requires the statewide mental health consortium to appoint a subcommittee to review each long-term strategic plan and develop a statewide plan for the provision of mental health services to children. **Section 8** of this bill requires each regional mental health consortium to submit its long-term strategic plan and certain information concerning the implementation of the long-term strategic plan to the statewide mental health consortium. **Section 8** exempts the statewide mental health consortium from the requirement to develop a long-term strategic plan. **Section 10** of this bill makes conforming changes to clarify that only a mental health consortium that represents a particular region is required to submit such a long-term strategic 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 12** 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 13** of this bill makes a conforming



67 change by indicating the proper placement of **section 12** in the Nevada Revised  
68 Statutes.

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

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

2     433.314 1. The Commission shall:

3     (a) Establish policies to ensure adequate development and  
4 administration of services for ~~{persons}~~ *adults* with mental illness,  
5 ~~{persons}~~ *adults* with intellectual disabilities, ~~{persons}~~ *adults* with  
6 developmental disabilities, ~~{persons}~~ *adults* with substance use  
7 disorders or ~~{persons}~~ *adults* with co-occurring disorders, including  
8 services to prevent mental illness, intellectual disabilities,  
9 developmental disabilities, substance use disorders and co-occurring  
10 disorders, and services provided without admission to a facility or  
11 institution;

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

17     (c) If a data dashboard is established pursuant to NRS 439.245,  
18 use the data dashboard to review access by different groups and  
19 populations in this State to behavioral health services provided  
20 through telehealth, as defined in NRS 629.515, and evaluate policies  
21 to make such access more equitable;

22     (d) Review the programs and finances of the Division;

23     (e) Report at the beginning of each year to the Governor and at  
24 the beginning of each odd-numbered year to the Legislature:

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

32     (2) In coordination with the *statewide mental health*  
33 *consortium established by subsection 4 of NRS 433B.333 and the*  
34 Department, any recommendations from the regional behavioral  
35 health policy boards created pursuant to NRS 433.429. The report  
36 must include, without limitation:

37     (I) The epidemiologic profiles of substance use disorders,  
38 addictive disorders related to gambling and suicide ~~{}~~ *among*  
39 *adults*;



(II) Relevant behavioral health prevalence data for each behavioral health region created by NRS 433.428; and

(III) The health priorities set for *adults in* each behavioral health region; and

(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 433.316 is hereby amended to read as follows:

433.316 The Commission may:

1. Collect and disseminate information pertaining to mental health, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders.

2. Request legislation pertaining to mental health, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders.

3. Review findings of investigations of complaints about the care of any person in a public facility for the 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.

4. Accept, as authorized by the Legislature, gifts and grants of money and property.

5. Take appropriate steps to increase the availability of and to enhance the quality of the care and treatment of ~~{persons}~~ *adults* with mental illness, ~~{persons}~~ *adults* with intellectual disabilities, ~~{persons}~~ *adults* with developmental disabilities, ~~{persons}~~ *adults* with substance use disorders or ~~{persons}~~ *adults* with co-occurring disorders provided through private nonprofit organizations, governmental entities, hospitals and clinics.

6. Promote programs for the treatment of ~~{persons}~~ *adults* with mental illness, ~~{persons}~~ *adults* with intellectual disabilities, ~~{persons}~~ *adults* with developmental disabilities, ~~{persons}~~ *adults* with substance use disorders or ~~{persons}~~ *adults* with co-occurring disorders and participate in and promote the development of facilities for training persons to provide services for ~~{persons}~~ *adults* with mental illness, ~~{persons}~~ *adults* with intellectual disabilities, ~~{persons}~~ *adults* with developmental disabilities, ~~{persons}~~ *adults* with substance use disorders or ~~{persons}~~ *adults* with co-occurring disorders.

7. Create a plan to coordinate the services for the treatment of ~~{persons}~~ *adults* with mental illness, ~~{persons}~~ *adults* with intellectual disabilities, ~~{persons}~~ *adults* with developmental



1 disabilities, ~~{persons}~~ *adults* with substance use disorders or  
2 ~~{persons}~~ *adults* with co-occurring disorders provided in this State  
3 and to provide continuity in the care and treatment provided.

4 8. Establish and maintain an appropriate program which  
5 provides information to the general public concerning mental  
6 illness, intellectual disabilities, developmental disabilities, substance  
7 use disorders and co-occurring disorders and consider ways to  
8 involve the general public in the decisions concerning the policy on  
9 mental illness, intellectual disabilities, developmental disabilities,  
10 substance use disorders and co-occurring disorders.

11 9. Compile statistics on mental illness and study the cause,  
12 pathology and prevention of that illness.

13 10. Establish programs to prevent or postpone the commitment  
14 of residents of this State to facilities for the treatment of persons  
15 with mental illness, persons with intellectual disabilities, persons  
16 with developmental disabilities, persons with substance use  
17 disorders or persons with co-occurring disorders.

18 11. Evaluate the future needs of this State concerning the  
19 treatment of mental illness, intellectual disabilities, developmental  
20 disabilities, substance use disorders and co-occurring disorders and  
21 develop ways to improve the treatment already provided.

22 12. Take any other action necessary to promote mental health  
23 in this State.

24 **Sec. 3.** NRS 433.395 is hereby amended to read as follows:

25 433.395 1. Upon approval of the Director of the Department,  
26 the Administrator may accept:

27 (a) Donations of money and gifts of real or personal property;  
28 and

29 (b) Grants of money from the Federal Government,  
30 ➤ for use in public or private programs that provide services to  
31 persons in this State with mental illness.

32 2. The Administrator shall disburse any donations, gifts and  
33 grants received pursuant to this section to programs that provide  
34 services to persons with mental illness in a manner that supports the  
35 plan to coordinate services created by the Commission pursuant to  
36 subsection 7 of NRS 433.316 ~~{-}~~ *and the plan to coordinate services*  
37 *created by the statewide mental health consortium pursuant*  
38 *to subsection 8 of section 6 of this act.* In the absence of a plan to  
39 coordinate services, the Administrator shall make disbursements to  
40 programs that will maximize the benefit provided to persons with  
41 mental illness in consideration of the nature and value of the  
42 donation, gift or grant.

43 3. Within limits of legislative appropriations or other available  
44 money, the Administrator may enter into a contract for services



1 related to the evaluation and recommendation of recipients for the  
2 disbursements required by this section.

3 **Sec. 4.** Chapter 433B of NRS is hereby amended by adding  
4 thereto the provisions set forth as sections 5 and 6 of this act.

5 **Sec. 5.** *The statewide mental health consortium established*  
6 *by subsection 4 of NRS 433B.333 shall:*

7 *1. Represent all mental health consortia established by*  
8 *subsection 1 of NRS 433B.333 before the Legislature, Commission*  
9 *and Department.*

10 *2. Review, make recommendations for and approve programs*  
11 *proposed by the Division to prevent the placement of children in*  
12 *facilities located outside of the home or home state of the child for*  
13 *the treatment of emotional disturbance, intellectual disabilities,*  
14 *developmental disabilities, substance use disorders or co-*  
15 *occurring disorders.*

16 *3. Evaluate the future needs of this State concerning the*  
17 *treatment of children with emotional disturbance, children with*  
18 *intellectual disabilities, children with developmental disabilities,*  
19 *children with substance use disorders and children with co-*  
20 *occurring disorders and develop ways to improve the treatment*  
21 *currently provided.*

22 *4. Establish policies to ensure the adequate development and*  
23 *administration of services for children with emotional disturbance,*  
24 *children with intellectual disabilities, children with developmental*  
25 *disabilities, children with substance use disorders and children*  
26 *with co-occurring disorders, including, without limitation:*

27 *(a) Services to prevent emotional disturbance, intellectual*  
28 *disabilities, developmental disabilities, substance use disorders and*  
29 *co-occurring disorders; and*

30 *(b) Services provided without admission to a facility or*  
31 *institution.*

32 *5. Establish policies for the care and treatment of children*  
33 *with emotional disturbance, children with intellectual disabilities,*  
34 *children with developmental disabilities, children with substance*  
35 *use disorders and children with co-occurring disorders provided*  
36 *by all state agencies.*

37 *6. Review the programs and financial records of the Division.*

38 *7. Report at the beginning of each year to the Governor and,*  
39 *at the beginning of each odd-numbered year, to the Director of the*  
40 *Legislative Counsel Bureau for transmittal to the Legislature:*

41 *(a) Information concerning the quality of the care and*  
42 *treatment provided for children with emotional disturbance,*  
43 *children with intellectual disabilities, children with developmental*  
44 *disabilities, children with substance use disorders and children*



1 with co-occurring disorders in this State and on any progress  
2 made toward improving the quality of that care and treatment; and

3 (b) In coordination with the Commission and the Department,  
4 any recommendations from the regional behavioral health policy  
5 boards created by NRS 433.429. The report must include, without  
6 limitation:

7 (1) The epidemiologic profiles of substance use disorders,  
8 addictive disorders related to gambling and suicide among  
9 children;

10 (2) Relevant behavioral health prevalence data for each  
11 behavioral health region created by NRS 433.428; and

12 (3) The health priorities set for children in each behavioral  
13 health region.

14 8. Appoint a subcommittee on the mental health of children  
15 to review the long-term strategic plan of each mental health  
16 consortium submitted pursuant to NRS 433B.335 and develop a  
17 statewide plan for the provision of services for the mental health  
18 of children. The members of the subcommittee appointed pursuant  
19 to this subsection serve at the pleasure of the statewide mental  
20 health consortium. The members serve without compensation,  
21 except that each member is entitled, while engaged in the business  
22 of the subcommittee, to the per diem allowance and travel  
23 expenses provided for state officers and employees generally if  
24 funding is available for this purpose.

25 9. Take any other action necessary to promote the mental  
26 health of children in this State.

27 **Sec. 6.** The statewide mental health consortium established  
28 by subsection 4 of NRS 433B.333 may:

29 1. Create a document that consolidates the strategies, goals  
30 and services contained in the long-term strategic plan of each  
31 mental health consortium submitted pursuant to NRS 433B.335.

32 2. Take such other action as is necessary to represent all  
33 mental health consortia established by subsection 1 of  
34 NRS 433B.333.

35 3. Collect and disseminate information pertaining to the  
36 mental health of children and intellectual disabilities,  
37 developmental disabilities, substance use disorders and co-  
38 occurring disorders in children.

39 4. Request legislation pertaining to the mental health of  
40 children and intellectual disabilities, developmental disabilities,  
41 substance use disorders and co-occurring disorders in children.

42 5. Accept, as authorized by the Legislature, gifts and grants  
43 of money and property.

44 6. Take appropriate steps to increase the availability and to  
45 enhance the quality of the care and treatment of children with



emotional disturbance, children with intellectual disabilities, children with developmental disabilities, children with substance use disorders and children with co-occurring disorders provided through private nonprofit organizations, governmental entities, hospitals and clinics.

7. Promote programs for the treatment of children with emotional disturbance, children with intellectual disabilities, children with developmental disabilities, children with substance use disorders or children with co-occurring disorders and participate in and promote the development of facilities for training persons to provide services for children with emotional disturbance, children with intellectual disabilities, children with developmental disabilities, children with substance use disorders and children with co-occurring disorders.

8. Create a plan to coordinate the services for the treatment of children with emotional disturbance, children with intellectual disabilities, children with developmental disabilities, children with substance use disorders and children with co-occurring disorders provided in this State and to provide continuity in the care and treatment provided.

9. Establish and maintain an appropriate program which provides information to the general public concerning emotional disturbance, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders in children and consider ways to involve the general public in the decisions concerning the policy on emotional disturbance, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders in children.

10. Establish programs to prevent or postpone the commitment of children of this State to facilities for the treatment of children with emotional disturbance, children with intellectual disabilities, children with developmental disabilities, children with substance use disorders or children with co-occurring disorders.

11. Evaluate the future needs of this State concerning the treatment of emotional disturbance, intellectual disabilities, developmental disabilities, substance use disorders and co-occurring disorders in children and develop ways to improve the treatment already provided.

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

**Sec. 7.** 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 by subsection 1. The statewide mental health consortium must consist of:***

***(a) The Administrator as an ex officio, nonvoting member. The Administrator may designate an alternate who is an employee***



1 of the Division or another person to attend any meeting of the  
2 consortium in his or her place.

3 (b) The following voting members:

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

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

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

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

14 (1) Not more than three members from each mental health  
15 consortium established by subsection 1; and

16 (2) A parent of a child with an emotional disturbance from  
17 each mental health consortium established pursuant to  
18 subsection 1.

19 **Sec. 8.** NRS 433B.335 is hereby amended to read as follows:

20 433B.335 1. Each mental health consortium established  
21 ~~[pursuant to]~~ by subsection 1 of NRS 433B.333 shall prepare and  
22 submit to the Director of the Department *and the statewide mental*  
23 *health consortium established by subsection 4 of NRS 433B.333* a  
24 long-term strategic plan for the provision of mental health services  
25 to children with emotional disturbance in the jurisdiction of the  
26 consortium. A plan submitted pursuant to this section is valid for 10  
27 years after the date of submission, and each consortium *established*  
28 *by subsection 1 of NRS 433B.333* shall submit a new plan upon its  
29 expiration.

30 2. In preparing the long-term strategic plan pursuant to  
31 subsection 1, each mental health consortium *established by*  
32 *subsection 1 of NRS 433B.333* must be guided by the following  
33 principles:

34 (a) The system of mental health services set forth in the plan  
35 should be centered on children with emotional disturbance and their  
36 families, with the needs and strengths of those children and their  
37 families dictating the types and mix of services provided.

38 (b) The families of children with emotional disturbance,  
39 including, without limitation, foster parents, should be active  
40 participants in all aspects of planning, selecting and delivering  
41 mental health services at the local level.

42 (c) The system of mental health services should be community-  
43 based and flexible, with accountability and the focus of the services  
44 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 by subsection 1 of NRS 433B.333* shall submit to the Director of the Department and the



~~[Commission:]~~ *statewide mental health consortium established by subsection 4 of NRS 433B.333:*

(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 by 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 by 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 by subsection 1 of NRS 433B.333* shall submit to the Director of the Department and the ~~[Commission:]~~ *statewide mental health consortium established by subsection 4 of NRS 433B.333:*

(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. 9.** 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. To the extent practicable, a mental health consortium *established by subsection 1 or 4 of NRS 433B.333* 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. 10.** NRS 433B.339 is hereby amended to read as follows:

433B.339 1. A mental health consortium established by *subsection 1 or 4 of* 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. 11.** NRS 435.490 is hereby amended to read as follows:

435.490 1. Upon approval of the Director of the Department, the Administrator may accept:

(a) Donations of money and gifts of real or personal property; and



(b) Grants of money from the Federal Government,  
➔ for use in public or private programs that provide services to persons in this State with intellectual disabilities or persons with developmental disabilities.

2. The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with intellectual disabilities or persons with developmental disabilities in a manner that supports the plan to coordinate services created by the Commission on Behavioral Health pursuant to subsection 7 of NRS 433.316 ~~and~~ *and the plan to coordinate services created by the statewide mental health consortium pursuant to subsection 8 of section 6 of this act.* In the absence of a plan to coordinate services, the Administrator shall make disbursements to programs that will maximize the benefit provided to persons with intellectual disabilities or persons with developmental disabilities in consideration of the nature and value of the donation, gift or grant.

3. Within limits of legislative appropriations or other available money, the Administrator may enter into a contract for services related to the evaluation and recommendation of recipients for the disbursements required by this section.

**Sec. 12.** Chapter 218D of NRS is hereby amended by adding thereto a new section to read as follows:

*1. For a regular session, each mental health consortium established by subsection 1 of NRS 433B.333 and the statewide mental health consortium established by subsection 4 of NRS 433B.333 may request the drafting of not more than 1 legislative measure which relates to matters within the scope of the consortium. The request must be submitted to the Legislative Counsel on or before September 1 preceding the regular session.*

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

**Sec. 13.** NRS 218D.100 is hereby amended to read as follows:  
218D.100 1. The provisions of NRS 218D.100 to 218D.220, inclusive, *and section 12 of this act* apply to requests for the drafting of legislative measures for a regular session.

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



(a) Exceeds the number of requests authorized by NRS 218D.100 to 218D.220, inclusive, *and section 12 of this act* for the requester; or

(b) Is submitted by an authorized nonlegislative requester pursuant to NRS 218D.175 to 218D.220, inclusive, *and section 12 of this act* but is not in a subject related to the function of the requester.

3. The Legislative Counsel shall not:

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

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

**Sec. 14.** The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.

**Sec. 15.** NRS 433.317 is hereby repealed.

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### TEXT OF REPEALED SECTION

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#### **433.317 Appointment of subcommittee on the mental health of children; duties; compensation to extent of available funding.**

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 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.

