

Amendment No. 68

Assembly Amendment to Assembly Bill No. 201	(BDR 39-325)
<b>Proposed by:</b> Assembly Committee on Health and Human Services	
<b>Amends:</b> Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes	

Adoption of this amendment will:

(1) REMOVE the 2/3s majority vote requirement from A.B. 201.

(2) REMOVE the unfunded mandate from A.B. 201.

ASSEMBLY ACTION			Initial and Date	SENATE ACTION			Initial and Date		
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>		Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>		Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>		Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red-strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.



ASSEMBLY BILL No. 201—COMMITTEE ON  
HEALTH AND HUMAN SERVICES(ON BEHALF OF THE JOINT INTERIM STANDING COMMITTEE  
ON HEALTH AND HUMAN SERVICES)

FEBRUARY 20, 2023

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to planning for the provision of behavioral health care. (BDR 39-325)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.  
Effect on the State: Yes.~~[CONTAINS UNFUNDED MANDATE (§§ 3, 9)  
(Not Requested by Affected Local Government)]~~

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~[omitted material]~~ is material to be omitted.

AN ACT relating to behavioral health; requiring the ~~[Commission on Behavioral]~~ **Department of Health and Human Services** to provide certain oversight and make certain recommendations concerning the children's behavioral health system of care; ~~[requiring the formulation and operation of]~~ **adding certain members to the subcommittee on the mental health of children of the Commission on Behavioral Health; prescribing certain duties of a regional behavioral health policy board; 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 one legislative measure for each regular session of the Legislature; clarifying the authority of the State Board of Health to require the licensing of certain facilities; requiring the Joint Interim Standing Committee on Health and Human Services to conduct a study of the feasibility of formulating and operating a** comprehensive state ~~[plans]~~ **plan** to provide behavioral health services for adults and children; ~~[requiring the certification of persons and entities who receive federal or state money to provide such services; requiring the adoption of clinical standards of care for the provision of such services; revising certain duties of the Commission, regional behavioral health policy boards and mental health consortiums of this State;]~~ and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires : (1) the ~~[Commission on Behavioral Health to establish policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual disabilities, persons with developmental disabilities, persons with substance use disorders and persons with co-occurring disorders. (NRS 433.314)]~~ **Division of Public and Behavioral Health of the Department of Health and Human Services to perform certain duties relating to the provision of behavioral health services in this State; and (2) the Division of Child and Family Services of the Department to administer provisions governing mental health services for children. (NRS 433.331-433.374, chapter 433B of NRS)** Section 2 of this bill requires the ~~[Commission]~~ **Department** to: (1) track the spending of federal and state money on the children's behavioral health system of care, which consists of certain behavioral health services for children and their families; (2) quantify and track the costs avoided through such expenditures; and (3) perform certain duties to provide oversight for and make recommendations concerning the reinvestment of the money saved through such avoided costs in the children's behavioral health system of care.

~~[— Existing law requires the Division of Public and Behavioral Health of the Department of Health and Human Services to: (1) formulate and operate a comprehensive state plan for programs for alcohol or other substance use disorders; (2) coordinate the efforts to carry out the state plan and coordinate all state and federal financial support of programs for alcohol or other substance use disorders in this State; and (3) certify or deny the certification of detoxification technicians or any facilities or programs on the basis of the standards established by the State Board of Health. Existing law makes a detoxification technician or facility or program that has not obtained such certification ineligible to receive state and federal money for programs for alcohol or other substance use disorders. (NRS 458.025) Sections 3 and 9 of this bill require the Division of Public and Behavioral Health and the Division of Child and Family Services of the Department, respectively, to: (1) formulate and operate comprehensive state plans to provide behavioral health services for adults and children, as applicable; and (2) coordinate the efforts to carry out the state plans and coordinate all state and federal financial support of behavioral health services for children and adults, as applicable, in this State. Sections 3 and 9 require a person or entity that provides behavioral health services to be certified by the Division of Public and Behavioral Health or the Division of Child and Family Services, as applicable, in order to receive federal or state money for the provision of behavioral health services for adults or children, as applicable. Section 13 of this bill allows a person or entity that provides behavioral health services and is not so certified to continue to receive such money until July 1, 2024. Sections 3 and 9 also require the Board and the Division of Child and Family Services to adopt regulations prescribing clinical standards of care for the provision of behavioral health services for adults and children, respectively. Sections 4-6 of this bill: (1) eliminate certain duties of the Commission that are similar to duties prescribed by sections 3 and 9; and (2) instead require the Commission to make recommendations to the Division of Public and Behavioral Health and the Division of Child and Family Services, as appropriate, concerning the performance of the duties prescribed by sections 3 and 9. Sections 7, 10 and 12 of this bill make conforming changes to replace references to duties eliminated by sections 4-6.]~~

Existing law establishes a regional behavioral health policy board for each of the five behavioral health regions of this State. (NRS 433.428, 433.429) Existing law requires each regional behavioral health policy board to: (1) advise the Department, the Division of Public and Behavioral Health and the Commission on Behavioral Health regarding certain matters relating to behavioral health in the region; and (2) submit an annual report to the Commission concerning the behavioral health needs of the region and certain duties of the policy board. (NRS 433.4295) **Section 8** of this bill additionally requires each regional behavioral health policy board to advise the Division of Child and Family Services regarding behavioral health for children in the region over which the policy board has jurisdiction. **Section 8** also requires a regional behavioral health policy board to additionally submit the annual report to the Division of Public and Behavioral Health and the Division of Child and Family Services.

Existing law establishes a mental health consortium for each county whose population is 100,000 or more (currently Clark and Washoe Counties) and another behavioral health consortium for the jurisdiction consisting of all other counties in this State. (NRS 433B.333) **Section 10.5 of this bill establishes a statewide mental health consortium to represent all**

58 mental health consortia established by existing law. Section 10.5 also prescribes the  
59 membership of the statewide mental health consortium. Section 11.3 of this bill  
60 prescribes the powers and duties of the statewide mental health consortium, which  
61 include representing all regional mental health consortia and taking certain other  
62 actions related to the mental health of children.

63 Existing law requires each mental health consortium to: (1) prepare and submit to the  
64 Director of the Department a long-term strategic plan for the provision of mental health  
65 services to children with emotional disturbance in the jurisdiction of the consortium; and (2)  
66 annually submit to the Director of the Department and the Commission certain reports relating  
67 to the long-term strategic plan. (NRS 433B.335) Section 11 of this bill exempts the  
68 statewide mental health consortium from those requirements. Sections 6 and 11.6 of this  
69 bill make conforming changes to clarify that only a mental health consortium that  
70 represents a particular region is required to submit a long-term strategic plan. Section  
71 11 [of this bill] additionally requires each mental health consortium that represents a  
72 particular region to submit the long-term strategic plan and the annual reports to the  
73 Administrator of the Division of Child and Family Services.

74 Existing law requires the Commission to appoint a subcommittee on the mental  
75 health of children to review each long-term strategic plan submitted by a mental health  
76 consortium that represents a particular region. (NRS 433.317) Section 6 requires that  
77 subcommittee to include two members of the statewide mental health consortium.

78 Existing law prescribes the number of legislative measures which may be requested  
79 by various departments, agencies and other entities of this State for each regular session  
80 of the Legislature. (NRS 218D.100-218D.220) Section 12.3 of this bill authorizes the  
81 statewide mental health consortium and each regional mental health consortium to  
82 request the drafting of not more than one legislative measure for each regular session of  
83 the Legislature. Section 12.5 of this bill makes a conforming change to indicate the  
84 proper placement of section 12.3 in the Nevada Revised Statutes.

85 Existing law: (1) requires a medical facility or facility for the dependent to obtain a  
86 license from the Division of Public and Behavioral Health; and (2) authorizes the State  
87 Board of Health to adopt regulations requiring the licensing of other types of facilities  
88 that provide any type of medical care or treatment. (NRS 449.030, 449.0303) Section 12.8  
89 of this bill clarifies that the authority of the State Board to require such licensing  
90 includes the authority to require the licensing of facilities that provide behavioral health  
91 care or treatment.

92 Existing law requires the Division of Public and Behavioral Health to formulate and  
93 operate a comprehensive state plan for programs for alcohol or other substance use  
94 disorders. (NRS 458.025) Section 13.5 of this bill requires the Joint Interim Standing  
95 Committee on Health and Human Services to study, during the 2023-2024 interim, the  
96 feasibility of formulating and operating a similar comprehensive state plan for the  
97 provision of behavioral health services to adults and children in this State.

---

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

1 **Section 1.** Chapter 433 of NRS is hereby amended by adding thereto the  
2 provisions set forth as sections 2 and 3 of this act.

3 **Sec. 2. 1. ~~The [Commission]~~ Department shall:**

4 *(a) Track the spending of federal and state money on the children's*  
5 *behavioral health system of care;*

6 *(b) ~~[Using an evidence-based method of calculating averted expenses~~*  
7 *~~prescribed by the Department, quantify]~~ Quantify and track the costs avoided*  
8 *through the expenditures described in paragraph (a) over time;*

9 *(c) Solicit, compile and analyze information and hold public hearings*  
10 *concerning;*

(1) The use of federal and state money spent on the children's behavioral health system of care; and

(2) Ways to reinvest the money saved through the avoided costs quantified pursuant to paragraph (b) in the children's behavioral health system of care in a manner that addresses the behavioral health needs of children in this State and reduces the involvement of such children in the child welfare and juvenile justice systems; ~~and~~

(d) On or before ~~August 1~~ June 30 of every even-numbered year ~~to~~

~~(1) Compile a report which includes, without limitation,~~ present at a meeting of the Joint Interim Standing Committee on Health and Human Services concerning:

~~(1)~~ (1) The costs that are projected to be avoided through the expenditure of federal and state money on the children's behavioral health system of care during the immediately following 2 years; and

~~(2)~~ (2) Recommendations for the reinvestment of such avoided costs in accordance with subparagraph (2) of paragraph (c); and

~~(2) Submit the~~

(e) On or before December 31 of every even-numbered year, submit a report compiled pursuant to subparagraph (1) of the information described in paragraph (d) to the Governor, ~~the Director of the Department~~ and the Director of the Legislative Counsel Bureau for transmittal to the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means at the beginning of the next regular session of the Legislature.

2. For the purposes of this section, the children's behavioral health system of care consists of:

(a) Respite care for families and caregivers;

(b) Community-based and in-home behavioral health services for children;

(c) Services for children in a behavioral health crisis, including, without limitation, mobile crisis services and services for in-home stabilization;

(d) Services to promote the coordination of behavioral health care between families and providers, including, without limitation, high fidelity wraparound;

(e) Family-to-family peer support services;

(f) Specialty services for children with an emotional disturbance and dual diagnoses;

(g) Behavioral health services identified in the state plan for foster care and adoption assistance established pursuant to 42 U.S.C. § 671; and

(h) Any other services prescribed by regulation of the Division of Child and Family Services of the Department.

3. As used in this section:

(a) "Child with an emotional disturbance" has the meaning ascribed to it in NRS 433B.045.

(b) "High fidelity wraparound" means an evidence-based, structured and team-oriented process for developing and implementing a plan to meet all of the behavioral health needs of a child with complex behavioral health issues in collaboration with the family of the child.

~~Sec. 3. 1. The Division.~~

~~(a) Shall formulate and operate a comprehensive state plan to provide behavioral health services for adults which must include, without limitation,~~

~~(1) A survey of the need for behavioral health services for adults, including, without limitation, a survey of the providers needed to provide services and a plan for the development and distribution of services and programs throughout this State.~~

~~(2) A plan for programs to educate the public on issues relating to behavioral health disorders and behavioral health services for adults.~~

~~(3) A survey of the need for persons who have professional training in fields of behavioral health and other persons involved in the provision of behavioral health services for adults, and a plan to provide the necessary services. In developing and revising the state plan, the Division shall consider, without limitation, the amount of money available from the Federal Government for behavioral health services for adults and the conditions attached to the acceptance of that money, and the limitations of legislative appropriations for programs for behavioral health services for adults.~~

~~(b) Shall coordinate the efforts to carry out the state plan and coordinate all state and federal financial support of behavioral health services for adults in this State.~~

~~(c) Must be consulted in the planning of projects and advised of all applications for grants from within this State which are concerned with behavioral health services for adults, and shall review the applications and advise the applicants concerning the applications.~~

~~(d) Shall certify or deny certification of providers of behavioral health services for adults on the basis of the standards established by the State Board of Health pursuant to subsection 2, and publish a list of certified providers. Any providers of behavioral health services for adults which are not certified are ineligible to receive state or federal money to provide such services.~~

~~(e) Upon request from a provider of behavioral health services for adults which is self supported, may certify the provider and add the provider to the list described in paragraph (d).~~

~~2. The State Board of Health shall adopt regulations to carry out the provisions of this section. The regulations:~~

~~(a) Must prescribe clinical standards of care for the provision of behavioral health services for adults; and~~

~~(b) May prescribe the fees for the certification of providers of behavioral health services for adults. A fee prescribed pursuant to this paragraph must be calculated to produce the revenue estimated to cover the costs related to the certifications, but in no case may a fee for a certificate exceed the actual cost to the Division of issuing the certificate.~~

~~3. As used in this section:~~

~~(a) "Behavioral health services for adults" means any services for adults with mental illnesses, intellectual disabilities, developmental disabilities or similar conditions. The term does not include services for adults with alcohol or other substance use disorders, except to the extent that an alcohol or other substance use disorder is co-occurring with a condition described in this section.~~

~~(b) "Provider of behavioral health services for adults" means any person or entity that provides behavioral health services for adults, including, without limitation, a facility, a provider of health care or other services or a community based service or program. (Deleted by amendment.)~~

**Sec. 4.** [NRS 433.314 is hereby amended to read as follows:

~~433.314 1. The Commission shall:~~

~~(a) [Establish policies] Recommend to the Division and the Division of Child and Family Services of the Department, as applicable, for inclusion in the state plans formulated pursuant to NRS 458.025 and sections 3 and 9 of this act;~~

~~(1) Policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual disabilities, persons with developmental disabilities, persons with substance use disorders or persons with co-occurring disorders, including services to prevent mental illness, intellectual~~

1 ~~disabilities, developmental disabilities, substance use disorders and co-occurring~~  
2 ~~disorders, and services provided without admission to a facility or institution;~~

3 ~~— [(b) Set policies] and~~

4 ~~— [(2) Policies for the care and treatment of persons with mental illness,~~  
5 ~~persons with intellectual disabilities, persons with developmental disabilities,~~  
6 ~~persons with substance use disorders or persons with co-occurring disorders~~  
7 ~~provided by all state agencies;~~

8 ~~— [(c)] (b) If a data dashboard is established pursuant to NRS 439.245, use the~~  
9 ~~data dashboard to review access by different groups and populations in this State to~~  
10 ~~behavioral health services provided through telehealth, as defined in NRS 629.515,~~  
11 ~~and evaluate policies to make such access more equitable;~~

12 ~~— [(d)] (c) Review the programs and finances of the Division;~~

13 ~~— [(e)] (d) Report at the beginning of each year to the Governor and at the~~  
14 ~~beginning of each odd-numbered year to the Legislature;~~

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

20 ~~— [(2) In coordination with the Department, any recommendations from the~~  
21 ~~regional behavioral health policy boards created pursuant to NRS 433.429. The~~  
22 ~~report must include, without limitation:~~

23 ~~— [(I) The epidemiologic profiles of substance use disorders, addictive~~  
24 ~~disorders related to gambling and suicide;~~

25 ~~— [(II) Relevant behavioral health prevalence data for each behavioral~~  
26 ~~health region created by NRS 433.428; and~~

27 ~~— [(III) The health priorities set for each behavioral health region; and~~

28 ~~— [(f)] (e) Review and make recommendations concerning regulations submitted~~  
29 ~~to the Commission for review pursuant to NRS 641.100, 641A.160, 641B.160 and~~  
30 ~~641C.200.~~

31 ~~— 2. The Commission may employ an administrative assistant and a data analyst~~  
32 ~~to assist the regional behavioral health policy boards created by NRS 433.429 in~~  
33 ~~carrying out their duties.] (Deleted by amendment.)~~

34 **Sec. 5. [NRS 433.316 is hereby amended to read as follows:**

35 ~~— 433.316 The Commission may:~~

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

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

41 ~~— 3. Review findings of investigations of complaints about the care of any~~  
42 ~~person in a public facility for the treatment of persons with mental illness, persons~~  
43 ~~with intellectual disabilities, persons with developmental disabilities, persons with~~  
44 ~~substance use disorders or persons with co-occurring disorders.~~

45 ~~— 4. Accept, as authorized by the Legislature, gifts and grants of money and~~  
46 ~~property.~~

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

52 ~~— 6. Promote programs for the treatment of persons with mental illness, persons~~  
53 ~~with intellectual disabilities, persons with developmental disabilities, persons with~~



~~substance use disorders or persons with co-occurring disorders and participate in and promote the development of facilities for training persons to provide services for persons with mental illness, persons with intellectual disabilities, persons with developmental disabilities, persons with substance use disorders or persons with co-occurring disorders.~~

~~7. [Create a plan to coordinate the] *Make recommendations to the Division and the Division of Child and Family Services of the Department, as applicable, for inclusion in the state plans formulated pursuant to NRS 458.025 and sections 2 and 9 of this act to coordinate services 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 provided in this State and to provide continuity in the care and treatment provided.*~~

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

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

~~10. Establish programs to prevent or postpone the commitment of residents of this State to facilities 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.~~

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

~~12. Take any other action necessary to promote mental health in this State.]~~  
**(Deleted by amendment.)**

**Sec. 6.** 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]~~ by mental health consortia pursuant to NRS 433B.335 and to create a statewide ~~[make recommendations to the Division of Child and Family Services of the Department concerning the state]~~ plan for the provision of mental ~~[to provide behavioral]~~ health services to ~~[for]~~ children [formulated pursuant to section 9 of this act.] The members of the subcommittee must include, without limitation:

(a) The Chair of the statewide mental health consortium established pursuant to subsection 4 of NRS 433B.333; and

(b) A member of the statewide mental health consortium appointed pursuant to subparagraph (2) of paragraph (c) of subsection 4 of NRS 433B.333, other than the Chair of the statewide mental health consortium.

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. 7.** ~~[NRS 433.395 is hereby amended to read as follows:~~

~~433.395 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 mental illness.~~

~~2. The Administrator shall disburse any donations, gifts and grants received pursuant to this section to programs that provide services to persons with mental illness in a manner that supports the state plan to [coordinate services] provide behavioral health services for adults created by the [Commission] Division pursuant to [subsection 7 of NRS 433.316. 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 mental illness in consideration of the nature and value of the donation, gift or grant.] section 3 of this act and the state plan to provide behavioral health services for children created by the Division of Child and Family Services of the Department pursuant to section 9 of this act.~~

~~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.~~  
**(Deleted by amendment.)**

**Sec. 8.** NRS 433.4295 is hereby amended to read as follows:

433.4295 1. Each policy board shall:

(a) Advise the Department, *the Division, the Division of Child and Family Services* and *the Commission, as appropriate*, regarding:

(1) The behavioral health needs of adults and children in the behavioral health region;

(2) Any progress, problems or proposed plans relating to the provision of behavioral health services and methods to improve the provision of behavioral health services in the behavioral health region;

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

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

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

(b) Promote improvements in the delivery of behavioral health services in the behavioral health region.

(c) Coordinate and exchange information with the other policy boards to provide unified and coordinated recommendations to the Department, *the Division, the Division of Child and Family Services* and *the Commission* regarding behavioral health services in the behavioral health region.

(d) Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes.

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

(f) To the extent feasible, track and compile data concerning persons placed on a mental health crisis hold pursuant to NRS 433A.160, persons admitted to mental health facilities and hospitals under an emergency admission pursuant to NRS

433A.162, persons admitted to mental health facilities under an involuntary court-ordered admission pursuant to NRS 433A.200 to 433A.330, inclusive, and persons ordered to receive assisted outpatient treatment pursuant to NRS 433A.335 to 433A.345, inclusive, in the behavioral health region, including, without limitation:

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

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

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

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

(i) In coordination with existing entities in this State that address issues relating to behavioral health services, submit an annual report to the Commission, *the Division and the Division of Child and Family Services* which includes, without limitation:

(1) The specific behavioral health needs of the behavioral health region;

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

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

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

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

3. *As used in this section, "Division of Child and Family Services" means the Division of Child and Family Services of the Department.*

**Sec. 9.** ~~[Chapter 433B of NRS is hereby amended by adding thereto a new section to read as follows:~~

~~1. *The Division:*~~

~~(a) *Shall formulate and operate a comprehensive state plan to provide behavioral health services for children which must include, without limitation:*~~

~~(1) *A survey of the need for behavioral health services for children, including, without limitation, a survey of the providers needed to provide services and a plan for the development and distribution of services and programs throughout this State.*~~

~~(2) *A plan for programs to educate the public on issues relating to behavioral health disorders and behavioral health services for children.*~~

~~(3) *A survey of the need for persons who have professional training in fields of behavioral health and other persons involved in the provision of behavioral health services for children, and a plan to provide the necessary services.*~~

~~➔ *In developing and revising the state plan, the Division shall consider, without limitation, the amount of money available from the Federal Government for behavioral health services for children and the conditions attached to the*~~

~~acceptance of that money, and the limitations of legislative appropriations for behavioral health services for children.~~

~~(b) Shall coordinate the efforts to carry out the state plan and coordinate all state and federal financial support of behavioral health services for children in this State.~~

~~(c) Must be consulted in the planning of projects and advised of all applications for grants from within this State which are concerned with behavioral health services for children, and shall review the applications and advise the applicants concerning the applications.~~

~~(d) Shall certify or deny certification of providers of behavioral health services for children on the basis of the standards established by the Division pursuant to subsection 2 and publish a list of certified providers. Any providers of behavioral health services for children which are not certified are ineligible to receive state or federal money to provide such services.~~

~~(e) Upon request from a provider of behavioral health services for children which is self-supported, may certify the provider and add them to the list described in paragraph (d).~~

~~2. The Division shall adopt regulations to carry out the provisions of this section. The regulations:~~

~~(a) Must prescribe clinical standards of care for the provision of behavioral health services for children; and~~

~~(b) May prescribe the fees for the certification of providers of behavioral health services for children. A fee prescribed pursuant to this paragraph must be calculated to produce the revenue estimated to cover the costs related to the certifications, but in no case may a fee for a certificate exceed the actual cost to the Division of issuing the certificate.~~

~~3. As used in this section:~~

~~(a) "Behavioral health services for children" means any services for children with mental illnesses, emotional disturbances, intellectual disabilities, developmental disabilities or similar conditions. The term does not include services for children with alcohol or other substance use disorders, except to the extent that an alcohol or other substance use disorder is co-occurring with a condition described in this section.~~

~~(b) "Provider of behavioral health services for children" means any person or entity that provides behavioral health services for children, including, without limitation, a facility, a provider of health care or other services or a community based service or program.] (Deleted by amendment.)~~

**Sec. 10.** [NRS 433B.130 is hereby amended to read as follows:

~~433B.130 1. The Administrator shall:~~

~~(a) Administer, in accordance with the [policies established by the Commission,] state plan to provide behavioral health services for children formulated pursuant to section 9 of this act, the programs of the Division for the mental health of children.~~

~~(b) Establish appropriate policies to ensure that children in division facilities have timely access to clinically appropriate psychotropic medication that are consistent with the provisions of NRS 432B.197 and NRS 432B.4681 to 432B.469, inclusive, and the policies adopted pursuant thereto.~~

~~(c) Upon an order of a juvenile court pursuant to NRS 62D.180 or 62D.185, accept and provide services to a child who has been determined to be incompetent by the juvenile court.~~

~~2. The Administrator may:~~

~~(a) Appoint the administrative personnel necessary to operate the programs of the Division for the mental health of children.~~

~~(b) Delegate to the administrative officers the power to appoint medical, technical, clerical and operational staff necessary for the operation of any division facilities.~~

~~3. If the Administrator finds that it is necessary or desirable that any employee reside at a facility operated by the Division or receive meals at such a facility, perquisites granted or charges for services rendered to that person are at the discretion of the Director of the Department.~~

~~4. The Administrator may enter into agreements with the Administrator of the Division of Public and Behavioral Health of the Department or with the Administrator of the Aging and Disability Services Division of the Department for the care and treatment of consumers of the Division of Child and Family Services at any facility operated by the Division of Public and Behavioral Health or the Aging and Disability Services Division, as applicable. (Deleted by amendment.)~~

**Sec. 10.5. 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.

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

4 (a) The Administrator as an ex officio, nonvoting member. The  
5 Administrator may designate an alternate who is an employee of the Division or  
6 another person to attend any meeting of the consortium in his or her place.

7 (b) The following voting members:

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

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

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

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

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

18 (2) In addition to the members appointed pursuant to subparagraph (1),  
19 one parent or legal guardian of a child with an emotional disturbance from each  
20 mental health consortium established by subsection 1.

21 5. The statewide mental health consortium established pursuant to  
22 subsection 4 shall annually elect a Chair from among its voting members.

23 **Sec. 11.** NRS 433B.335 is hereby amended to read as follows:

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

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

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

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

41 (c) The system of mental health services should be community-based and  
42 flexible, with accountability and the focus of the services at the local level.

43 (d) The system of mental health services should provide timely access to a  
44 comprehensive array of cost-effective mental health services.

45 (e) Children and their families who are in need of mental health services  
46 should be identified as early as possible through screening, assessment processes,  
47 treatment and systems of support.

48 (f) Comprehensive mental health services should be made available in the least  
49 restrictive but clinically appropriate environment.

50 (g) The family of a child with an emotional disturbance should be eligible to  
51 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, *the Administrator* 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 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 mental health consortium established by subsection 1 of NRS 433B.333 shall submit to the Director of the Department, *the Administrator* 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. 11.3. 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 by subsection 4 of NRS 433B.333 shall:

(a) Represent all mental health consortia established by 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 established by subsection 4 of NRS 433B.333 may:

(a) Create a document that consolidates the strategies, goals and services in the long-term strategic plan prepared 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 by subsection 1 of NRS 433B.333.

4. To the extent practicable, a 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 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. 11.6. NRS 433B.339 is hereby amended to read as follows:**

433B.339 1. A 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:

(a) Enter into contracts and agreements to carry out the provisions of this section, ~~and~~ NRS 433B.335 and 433B.337 ~~and~~ 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. 12.** ~~[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 state plan to [coordinate] provide behavioral health services for adults created by the [Commission on] Division of Public and Behavioral Health of the Department pursuant to [subsection 7 of NRS 433.316. 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.] section 3 of this act and the state plan to provide behavioral health services for children created by the Division of Child and Family Services of the Department pursuant to section 9 of this act.~~

~~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.] (Deleted by amendment.)~~

**Sec. 12.3.** 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 by subsection 4 of NRS 433B.333 and each mental health consortium established by subsection 1 of NRS 433B.333 may request the drafting of not more than one legislative measure which relates to matters within the scope of the consortium.

2. Any such request must be submitted to the Legislative Counsel on or before September 1 preceding a regular session.

3. 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 a regular session. A legislative measure that is not prefiled on or before that day shall be deemed withdrawn.

**Sec. 12.5. NRS 218D.100 is hereby amended to read as follows:**

218D.100 1. The provisions of NRS 218D.100 to 218D.220, inclusive, 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 12.3 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 12.3 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. 12.8. NRS 449.0303 is hereby amended to read as follows:**

449.0303 The Board may adopt regulations requiring the licensing of a facility other than those required to be licensed pursuant to NRS 449.029 to 449.2428, inclusive, if the:

1. Facility provides any type of medical care or treatment ~~that~~ **, including, without limitation, behavioral health care or treatment;** and

2. Regulation is necessary to protect the health of the general public.

~~**Sec. 13. [1. Notwithstanding the provisions of sections 3 and 9 of this act, a provider of behavioral health services for adults or a provider of behavioral health services for children who receives federal or state money to provide behavioral health services for adults or behavioral health services for children and is not certified pursuant to section 3 or 9, as applicable, of this act may continue to receive federal or state money to provide such services without such certification until July 1, 2024.**~~

~~2. As used in this section:~~

~~(a) "Behavioral health services for adults" has the meaning ascribed to it in section 3 of this act.~~

~~(b) "Behavioral health services for children" has the meaning ascribed to it in section 9 of this act.~~

~~(c) "Provider of behavioral health services for adults" has the meaning ascribed to it in section 3 of this act.~~

~~(d) "Provider of behavioral health services for children" has the meaning ascribed to it in section 9 of this act.] (Deleted by amendment.)~~

**Sec. 13.5. 1. During the 2023-2024 interim, the Joint Interim Standing Committee on Health and Human Services shall study the feasibility of formulating and operating a comprehensive plan to provide behavioral health services for adults and children in this State. In conducting the study, the Joint Interim Standing Committee may collaborate with:**

**(a) The Commission on Behavioral Health;**

**(b) Any mental health consortium established by NRS 433B.333, as amended by section 10.5 of this act;**

**(c) Personnel of the Department of Health and Human Services or any division thereof;**

**(d) Any regional behavioral health policy board created by NRS 433.429; and**

**(e) Any other state or local governmental entity that provides behavioral health services in this State.**

1 2. On or before September 1, 2024, the Joint Interim Standing  
2 Committee on Health and Human Services shall submit a report of the results  
3 of the study conducted pursuant to subsection 1 and recommendations for  
4 legislation resulting from the study to:

5 (a) The Governor; and

6 (b) The Director of the Legislative Counsel Bureau for transmittal to the  
7 83rd Session of the Nevada Legislature.

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

11 **Sec. 15.** ~~{The provisions of NRS 354.599 do not apply to any additional~~  
12 ~~expenses of a local government that are related to the provisions of this act.}~~  
13 (Deleted by amendment.)

14 **Sec. 16.** ~~{1.}~~ This ~~{section}~~ act becomes effective ~~{upon passage and~~  
15 ~~approval.~~

16 ~~2. Sections 1, 2 and 14 of this act become effective on July 1, 2023.~~

17 ~~3. Sections 2 to 13, inclusive, and 15 of this act become effective.~~

18 ~~(a) Upon passage and approval for the purpose of adopting regulations and~~  
19 ~~performing any other preparatory administrative tasks that are necessary to carry~~  
20 ~~out the provisions of this act; and~~

21 ~~(b) On January 1, 2024, for all other purposes.}~~ on July 1, 2023.