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SECOND REPRINT

A.B. 201

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.

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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 behavioral health; requiring the Department of Health and Human Services to provide certain oversight and make certain recommendations concerning the children’s behavioral health system of care; 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; requiring a mental health consortium to submit certain documents to the Administrator of the Division of Child and Family Services of the Department; clarifying the authority of the State Board of Health to require the licensing of certain facilities; requiring the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs to conduct a study of the feasibility of formulating and operating a comprehensive state plan to provide behavioral health services; and providing other matters properly relating thereto.

**Legislative Counsel’s Digest:**

1 Existing law requires: (1) the Division of Public and Behavioral Health of the  
2 Department of Health and Human Services to perform certain duties relating to the  
3 provision of behavioral health services in this State; and (2) the Division of Child  
4 and Family Services of the Department to administer provisions governing mental  
5 health services for children. (NRS 433.331-433.374, chapter 433B of NRS)



6 **Section 2** of this bill requires the Department to: (1) track the spending of federal  
7 and state money on the children's behavioral health system of care, which consists  
8 of certain behavioral health services for children and their families; (2) quantify and  
9 track the costs avoided through such expenditures; and (3) perform certain duties to  
10 provide oversight for and make recommendations concerning the reinvestment of  
11 the money saved through such avoided costs in the children's behavioral health  
12 system of care.

13 Existing law establishes a regional behavioral health policy board for each of  
14 the five behavioral health regions of this State. (NRS 433.428, 433.429) Existing  
15 law requires each regional behavioral health policy board to: (1) advise the  
16 Department, the Division of Public and Behavioral Health and the Commission on  
17 Behavioral Health regarding certain matters relating to behavioral health in the  
18 region; and (2) submit an annual report to the Commission concerning the  
19 behavioral health needs of the region and certain duties of the policy board. (NRS  
20 433.4295) **Section 8** of this bill additionally requires each regional behavioral  
21 health policy board to advise the Division of Child and Family Services regarding  
22 behavioral health for children in the region over which the policy board has  
23 jurisdiction. **Section 8** also requires a regional behavioral health policy board to  
24 additionally submit the annual report to the Division of Public and Behavioral  
25 Health and the Division of Child and Family Services.

26 Existing law establishes a mental health consortium for each county whose  
27 population is 100,000 or more (currently Clark and Washoe Counties) and another  
28 behavioral health consortium for the jurisdiction consisting of all other counties in  
29 this State. (NRS 433B.333)

30 Existing law requires each mental health consortium to: (1) prepare and submit  
31 to the Director of the Department a long-term strategic plan for the provision of  
32 mental health services to children with emotional disturbance in the jurisdiction of  
33 the consortium; and (2) annually submit to the Director of the Department and the  
34 Commission certain reports relating to the long-term strategic plan. (NRS  
35 433B.335) **Section 11** of this bill requires each mental health consortium to submit  
36 the long-term strategic plan and the annual reports to the Administrator of the  
37 Division of Child and Family Services.

38 Existing law requires the Commission to appoint a subcommittee on the mental  
39 health of children to review each long-term strategic plan submitted by a mental  
40 health consortium that represents a particular region. (NRS 433.317) **Section 6** of  
41 this bill requires that subcommittee to include two members recommended by and  
42 upon agreement of the mental health consortia.

43 Existing law: (1) requires a medical facility or facility for the dependent to  
44 obtain a license from the Division of Public and Behavioral Health; and (2)  
45 authorizes the State Board of Health to adopt regulations requiring the licensing of  
46 other types of facilities that provide any type of medical care or treatment. (NRS  
47 449.030, 449.0303) **Section 12.8** of this bill clarifies that the authority of the State  
48 Board to require such licensing includes the authority to require the licensing of  
49 facilities that provide behavioral health care or treatment.

50 Existing law requires the Division of Public and Behavioral Health to formulate  
51 and operate a comprehensive state plan for programs for alcohol or other substance  
52 use disorders. (NRS 458.025) **Section 13.5** of this bill requires the Legislative  
53 Committee on Senior Citizens, Veterans and Adults With Special Needs to study,  
54 during the 2023-2024 interim, the feasibility of formulating and operating a similar  
55 comprehensive state plan for the provision of behavioral health services in this  
56 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  
2 thereto the provisions set forth as sections 2 and 3 of this act.

3       **Sec. 2. 1. The Department shall:**

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

6       (b) *Quantify and track the costs avoided through the*  
7 *expenditures described in paragraph (a) over time;*

8       (c) *Solicit, compile and analyze information and hold public*  
9 *hearings concerning:*

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

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

18       (d) *On or before June 30 of every even-numbered year, present*  
19 *at a meeting of the Joint Interim Standing Committee on Health*  
20 *and Human Services concerning:*

21       (1) *The costs that are projected to be avoided through the*  
22 *expenditure of federal and state money on the children's*  
23 *behavioral health system of care during the immediately following*  
24 *2 years; and*

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

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

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

35       (a) *Respite care for families and caregivers;*

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

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



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

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

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

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

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

12 3. *As used in this section:*

13 (a) *“Child with an emotional disturbance” has the meaning*  
14 *ascribed to it in NRS 433B.045.*

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

20 **Sec. 3.** (Deleted by amendment.)

21 **Sec. 4.** (Deleted by amendment.)

22 **Sec. 5.** (Deleted by amendment.)

23 **Sec. 6.** NRS 433.317 is hereby amended to read as follows:

24 433.317 1. The Commission shall appoint a subcommittee on  
25 the mental health of children to review the findings and  
26 recommendations of each mental health consortium submitted  
27 pursuant to NRS 433B.335 and to create a statewide plan for the  
28 provision of mental health services to children. *The members of the*  
29 *subcommittee must include, without limitation, two members*  
30 *recommended by and upon agreement of the mental health*  
31 *consortia established pursuant to NRS 433B.333.*

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

38 **Sec. 7.** (Deleted by amendment.)

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

40 433.4295 1. Each policy board shall:

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

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



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

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

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

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

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

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

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

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

31 (f) To the extent feasible, track and compile data concerning  
32 persons placed on a mental health crisis hold pursuant to NRS  
33 433A.160, persons admitted to mental health facilities and hospitals  
34 under an emergency admission pursuant to NRS 433A.162, persons  
35 admitted to mental health facilities under an involuntary court-  
36 ordered admission pursuant to NRS 433A.200 to 433A.330,  
37 inclusive, and persons ordered to receive assisted outpatient  
38 treatment pursuant to NRS 433A.335 to 433A.345, inclusive, in the  
39 behavioral health region, including, without limitation:

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

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

44 (g) If a data dashboard is established pursuant to NRS 439.245,  
45 use the data dashboard to review access by different groups and



1 populations in this State to behavioral health services provided  
2 through telehealth, as defined in NRS 629.515, and evaluate policies  
3 to make such access more equitable.

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

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

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

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

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

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

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

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

32 **Sec. 9.** (Deleted by amendment.)

33 **Sec. 10.** (Deleted by amendment.)

34 **Sec. 10.5.** (Deleted by amendment.)

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

36 433B.335 1. Each mental health consortium established  
37 pursuant to NRS 433B.333 shall prepare and submit to the Director  
38 of the Department *and the Administrator* a long-term strategic plan  
39 for the provision of mental health services to children with  
40 emotional disturbance in the jurisdiction of the consortium. A plan  
41 submitted pursuant to this section is valid for 10 years after the date  
42 of submission, and each consortium shall submit a new plan upon its  
43 expiration.



1 2. In preparing the long-term strategic plan pursuant to  
2 subsection 1, each mental health consortium must be guided by the  
3 following principles:

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

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

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

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

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

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

24 (g) The family of a child with an emotional disturbance should  
25 be eligible to receive mental health services from the system.

26 (h) Mental health services should be provided to children with  
27 emotional disturbance in a sensitive manner that is responsive to  
28 cultural and gender-based differences and the special needs of the  
29 children.

30 3. The long-term strategic plan prepared pursuant to subsection  
31 1 must include:

32 (a) An assessment of the need for mental health services in the  
33 jurisdiction of the consortium;

34 (b) The long-term strategies and goals of the consortium for  
35 providing mental health services to children with emotional  
36 disturbance within the jurisdiction of the consortium;

37 (c) A description of the types of services to be offered to  
38 children with emotional disturbance within the jurisdiction of the  
39 consortium;

40 (d) Criteria for eligibility for those services;

41 (e) A description of the manner in which those services may be  
42 obtained by eligible children;

43 (f) The manner in which the costs for those services will be  
44 allocated;



1 (g) The mechanisms to manage the money provided for those  
2 services;

3 (h) Documentation of the number of children with emotional  
4 disturbance who are not currently being provided services, the costs  
5 to provide services to those children, the obstacles to providing  
6 services to those children and recommendations for removing those  
7 obstacles;

8 (i) Methods for obtaining additional money and services for  
9 children with emotional disturbance from private and public entities;  
10 and

11 (j) The manner in which family members of eligible children  
12 and other persons may be involved in the treatment of the children.

13 4. On or before January 31 of each even-numbered year, each  
14 mental health consortium shall submit to the Director of the  
15 Department, *the Administrator* and the Commission:

16 (a) A list of the priorities of services necessary to implement the  
17 long-term strategic plan submitted pursuant to subsection 1 and an  
18 itemized list of the costs to provide those services;

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

22 (c) Any request for an allocation for administrative expenses of  
23 the consortium.

24 5. In preparing the biennial budget request for the Department,  
25 the Director of the Department shall consider the list of priorities  
26 and any request for an allocation submitted pursuant to subsection 4  
27 by each mental health consortium. On or before September 30 of  
28 each even-numbered year, the Director of the Department shall  
29 submit to each mental health consortium a report which includes a  
30 description of:

31 (a) Each item on the list of priorities of the consortium that was  
32 included in the biennial budget request for the Department;

33 (b) Each item on the list of priorities of the consortium that was  
34 not included in the biennial budget request for the Department and  
35 an explanation for the exclusion; and

36 (c) Any request for an allocation for administrative expenses of  
37 the consortium that was included in the biennial budget request for  
38 the Department.

39 6. On or before January 31 of each odd-numbered year, each  
40 consortium shall submit to the Director of the Department, *the*  
41 *Administrator* and the Commission:

42 (a) A report regarding the status of the long-term strategic plan  
43 submitted pursuant to subsection 1, including, without limitation,  
44 the status of the strategies, goals and services included in the plan;





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

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

6 **Sec. 11.3.** (Deleted by amendment.)

7 **Sec. 11.6.** (Deleted by amendment.)

8 **Sec. 12.** (Deleted by amendment.)

9 **Sec. 12.3.** (Deleted by amendment.)

10 **Sec. 12.5.** (Deleted by amendment.)

11 **Sec. 12.8.** NRS 449.0303 is hereby amended to read as  
12 follows:

13 449.0303 The Board may adopt regulations requiring the  
14 licensing of a facility other than those required to be licensed  
15 pursuant to NRS 449.029 to 449.2428, inclusive, if the:

16 1. Facility provides any type of medical care or treatment ~~( )~~,  
17 *including, without limitation, behavioral health care or treatment*;  
18 and

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

21 **Sec. 13.** (Deleted by amendment.)

22 **Sec. 13.5.** 1. During the 2023-2024 interim, the Legislative  
23 Committee on Senior Citizens, Veterans and Adults With Special  
24 Needs created by NRS 218E.750 shall study the feasibility of  
25 formulating and operating a comprehensive plan to provide  
26 behavioral health services in this State. In conducting the study, the  
27 Committee may collaborate with:

28 (a) The Commission on Behavioral Health;

29 (b) Personnel of the Department of Health and Human Services  
30 or any division thereof;

31 (c) Any regional behavioral health policy board created by NRS  
32 433.429; and

33 (d) Any other state or local governmental entity that provides or  
34 performs duties relating to behavioral health services in this State.

35 2. On or before September 1, 2024, the Legislative Committee  
36 on Senior Citizens, Veterans and Adults With Special Needs shall  
37 submit a report of the results of the study conducted pursuant to  
38 subsection 1 and recommendations for legislation resulting from the  
39 study to:

40 (a) The Governor; and

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

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



- 1     **Sec. 15.** (Deleted by amendment.)
- 2     **Sec. 16.** This act becomes effective on July 1, 2023.

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