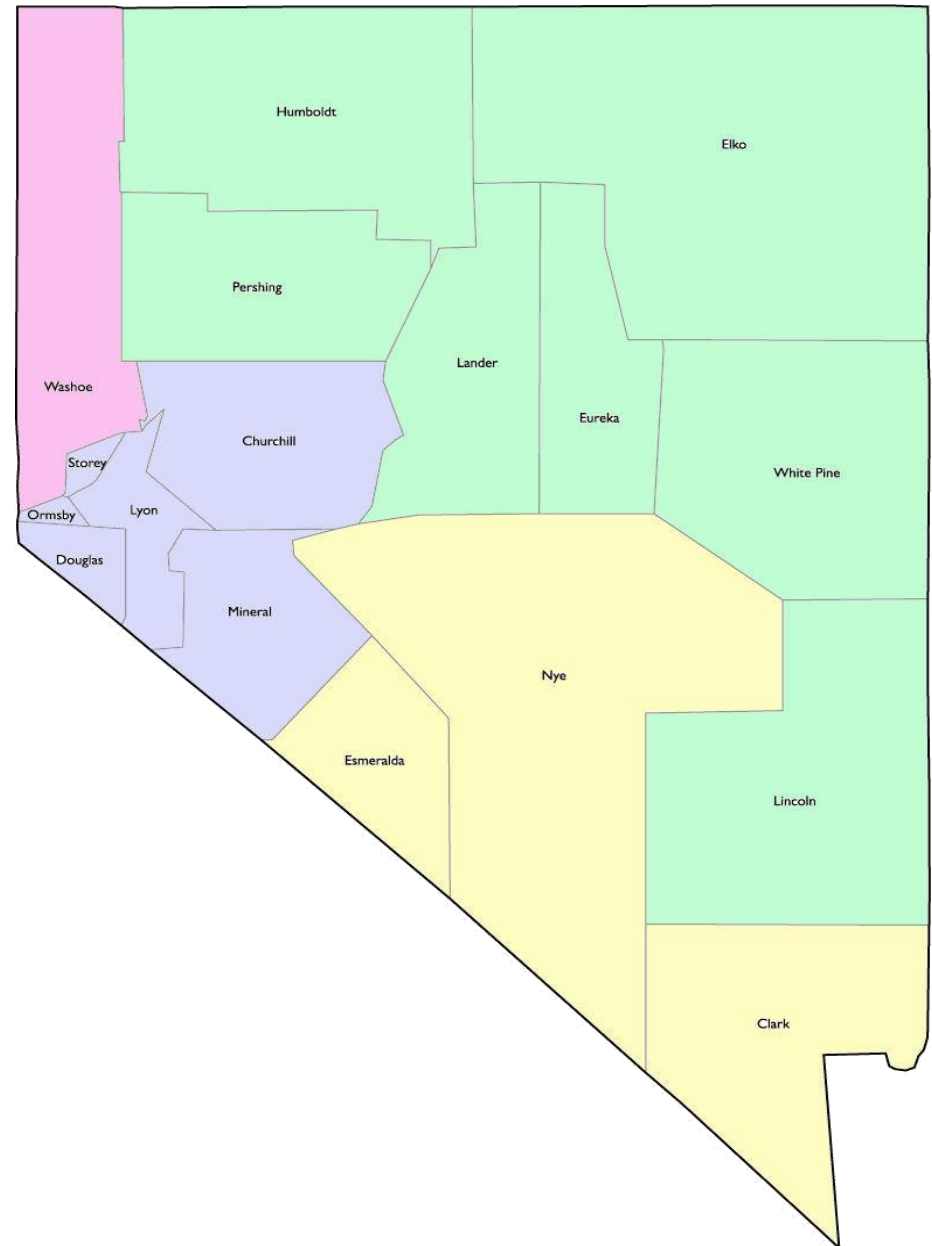


Overview of AB 366

Authorizing Legislation

Background

- AB366 passed in 2017 and introduced the development of BH policy boards
- Nevada is divided into 4 regions
- A policy board will represent each region
- Each policy board consists of 13 members (total of 52 members statewide)



Board Composition

Governor appointees (6)

- One (1) member who represents the criminal justice system
- Two (2) members who have experience in the delivery of social services in the field of behavioral health;
- Three (3) members who represent the interests of one or more of the following:
 - Hospitals, residential long-term care facilities or facilities that provide acute inpatient behavioral health services;
 - Community-based organizations which provide behavioral health services;
 - Administrators or counselors who are employed at facilities for the treatment of abuse of alcohol or drugs; or
 - Owners or administrators of residential treatment facilities, transitional housing or other housing for persons who are mentally ill or suffer from addiction or substance abuse.

The Speaker of the Assembly appoints three members as follows:

- One (1) member who is a health officer of a county or who is in a position with duties similar to those of such a health officer;
- One (1) member who is a psychiatrist or doctor of psychology;
- One (1) member who represents private or public insurers.

The Senate Majority Leader appoints three members as follows:

- One (1) member who has received behavioral health services in Nevada or a family member of such a person, or a person who represents the interests of behavioral health patients or their families;
- One (1) member who represents providers of emergency medical services or fire services; and
- One (1) member who represents law enforcement agencies

The Legislative Commission appoints one (1) Legislator.

Role of the board

1. Advise the Department (DHHS), the Division (DPBH), and the Commission (Behavioral Health Commission) regarding:
 - The behavioral health needs in the region;
 - Any progress, problems or proposed plans relating to behavioral health services and methods to improve services in the region;
 - Identified gaps in the behavioral health services and any recommendations or service enhancements to address those gaps; and
 - Priorities for allocating money to support and develop behavioral health services in the region.
2. Promote improvements in the delivery of behavioral health services.
3. Coordinate and exchange information with the other policy boards to provide unified and coordinated recommendations to the Department, Division and Commission
4. Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes.

Role of the board (continued)

5. In coordination with existing entities, submit an *annual report* to the Commission which includes, without limitation, the specific behavioral health needs of the behavioral health region.
6. Each policy board may *request the drafting of not more than one legislative measure* which relates to matters within the scope of the policy board. The request must be submitted to the Legislative Counsel **on or before September 1st** preceding the regular session.

Additional requirements

- Must meet at least quarterly at the call of the Chair.
- Each member of the policy board serves without compensation for a term of 2 years and may be reappointed
 - Initial term of 1 year designated for 5 members
 - Term limits not specified
- The appointing authority may remove a member if s/he determines the member has neglected his or her duties
- Any vacancies in membership must be filled in the same manner as the original appointment.