

(Reprinted with amendments adopted on April 24, 2023)

FIRST REPRINT

A.B. 265

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; adding certain members to the subcommittee on the mental health of children of the Commission on Behavioral Health; creating a statewide mental health consortium; prescribing the membership, powers and duties of the statewide mental health consortium; authorizing the statewide 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 establishes a regional mental health consortium in each county
2 whose population is 100,000 or more (currently Clark and Washoe Counties) and
3 one regional mental health consortium in the region that comprises all other
4 counties. (NRS 433B.333) **Section 7** of this bill: (1) creates a statewide mental
5 health consortium to represent all regional mental health consortia established by
6 existing law; and (2) prescribes the membership of the statewide mental health
7 consortium. **Section 9** of this bill prescribes the powers and duties of the statewide
8 mental health consortium, which include representing all regional mental health
9 consortia and taking certain other actions related to the mental health of children.

10 Existing law requires each regional mental health consortium to prepare and
11 submit to the Director of the Department of Health and Human Services a long-
12 term strategic plan for the provision of mental health services to children with
13 emotional disturbance within the jurisdiction of the consortium and certain other



14 materials relating to the plan. (NRS 433B.335) **Section 8** of this bill requires each
15 regional mental health consortium to submit its long-term strategic plan and certain
16 information concerning the implementation of the long-term strategic plan to the
17 Administrator of the Division of Child and Family Services of the Department.
18 **Section 8** exempts the statewide mental health consortium from the requirement to
19 develop a long-term strategic plan. **Sections 2.5 and 10** of this bill make
20 conforming changes to clarify that only a mental health consortium that represents
21 a particular region is required to submit such a long-term strategic plan.

22 Existing law requires the Commission on Behavioral Health to appoint a
23 subcommittee on the mental health of children to review each long-term strategic
24 plan submitted by a mental health consortium that represents a particular region.
25 (NRS 433.317) **Section 2.5** requires that subcommittee to include two members of
26 the statewide mental health consortium.

27 Existing law prescribes the number of legislative measures which may be
28 requested by various departments, agencies and other entities of this State for each
29 regular session of the Legislature. (NRS 218D.100-218D.220) **Section 12** of this
30 bill authorizes the statewide mental health consortium and each regional mental
31 health consortium to request the drafting of not more than 1 legislative measure for
32 each regular session of the Legislature. **Section 13** of this bill makes a conforming
33 change by indicating the proper placement of **section 12** in the Nevada Revised
34 Statutes.

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

1 **Section 1.** (Deleted by amendment.)

2 **Sec. 2.** (Deleted by amendment.)

3 **Sec. 2.5.** NRS 433.317 is hereby amended to read as follows:

4 433.317 1. The Commission shall appoint a subcommittee on
5 the mental health of children to review the findings and
6 recommendations ~~[of each mental health consortium]~~ submitted *by*
7 *mental health consortia* pursuant to NRS 433B.335 and to create a
8 statewide plan for the provision of mental health services to
9 children. *The members of the subcommittee must include, without*
10 *limitation:*

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

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

17 2. The members of the subcommittee appointed pursuant to
18 this section serve at the pleasure of the Commission. The members
19 serve without compensation, except that each member is entitled,
20 while engaged in the business of the subcommittee, to the per diem
21 allowance and travel expenses provided for state officers and
22 employees generally if funding is available for this purpose.

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



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

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

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

4 **Sec. 7.** NRS 433B.333 is hereby amended to read as follows:

5 433B.333 1. A mental health consortium is hereby
6 established in each of the following jurisdictions:

7 (a) A county whose population is 100,000 or more; and

8 (b) The region consisting of all counties whose population are
9 less than 100,000.

10 2. In a county whose population is 100,000 or more, such a
11 consortium must consist of at least the following persons appointed
12 by the Administrator:

13 (a) A representative of the Division;

14 (b) A representative of the agency which provides child welfare
15 services;

16 (c) A representative of the Division of Health Care Financing
17 and Policy of the Department;

18 (d) A representative of the board of trustees of the school district
19 in the county;

20 (e) A representative of the local juvenile probation department;

21 (f) A representative of the local chamber of commerce or
22 business community;

23 (g) A private provider of mental health care;

24 (h) A provider of foster care;

25 (i) A parent of a child with an emotional disturbance; and

26 (j) A representative of an agency which provides services for the
27 treatment and prevention of substance use disorders.

28 3. In the region consisting of counties whose population are
29 less than 100,000, such a consortium must consist of at least the
30 following persons appointed by the Administrator:

31 (a) A representative of the Division of Public and Behavioral
32 Health of the Department;

33 (b) A representative of the agency which provides child welfare
34 services in the region;

35 (c) A representative of the Division of Health Care Financing
36 and Policy of the Department;

37 (d) A representative of the boards of trustees of the school
38 districts in the region;

39 (e) A representative of the local juvenile probation departments;

40 (f) A representative of the chambers of commerce or business
41 community in the region;

42 (g) A private provider of mental health care;

43 (h) A provider of foster care;

44 (i) A parent of a child with an emotional disturbance; and



1 (j) A representative of an agency which provides services for the
2 treatment and prevention of substance use disorders.

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

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

10 (b) *The following voting members:*

11 (1) *A representative of the Division of Health Care*
12 *Financing and Policy of the Department, appointed by the*
13 *Administrator of that Division;*

14 (2) *A representative of the Department of Education,*
15 *appointed by the Superintendent of Public Instruction; and*

16 (3) *A representative of the Division of Child and Family*
17 *Services of the Department, appointed by the Administrator.*

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

21 (1) *Not more than three members from each mental health*
22 *consortium established by subsection 1; and*

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

27 **5. The statewide mental health consortium established**
28 **pursuant to subsection 4 shall annually elect a Chair from among**
29 **its voting members.**

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

31 433B.335 1. Each mental health consortium established
32 ~~[pursuant to]~~ **by subsection 1 of** NRS 433B.333 shall prepare and
33 submit to the Director of the Department **and the Administrator** a
34 long-term strategic plan for the provision of mental health services
35 to children with emotional disturbance in the jurisdiction of the
36 consortium. A plan submitted pursuant to this section is valid for 10
37 years after the date of submission, and each consortium shall submit
38 a new plan upon its expiration.

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

43 (a) The system of mental health services set forth in the plan
44 should be centered on children with emotional disturbance and their



1 families, with the needs and strengths of those children and their
2 families dictating the types and mix of services provided.

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

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

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

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

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

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

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

25 3. The long-term strategic plan prepared pursuant to subsection
26 1 must include:

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

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

32 (c) A description of the types of services to be offered to
33 children with emotional disturbance within the jurisdiction of the
34 consortium;

35 (d) Criteria for eligibility for those services;

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

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

40 (g) The mechanisms to manage the money provided for those
41 services;

42 (h) Documentation of the number of children with emotional
43 disturbance who are not currently being provided services, the costs
44 to provide services to those children, the obstacles to providing



1 services to those children and recommendations for removing those
2 obstacles;

3 (i) Methods for obtaining additional money and services for
4 children with emotional disturbance from private and public entities;
5 and

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

8 4. On or before January 31 of each even-numbered year, each
9 mental health consortium *established by subsection 1 of NRS*
10 *433B.333* shall submit to the Director of the Department , *the*
11 *Administrator* and the Commission:

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

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

18 (c) Any request for an allocation for administrative expenses of
19 the consortium.

20 5. In preparing the biennial budget request for the Department,
21 the Director of the Department shall consider the list of priorities
22 and any request for an allocation submitted pursuant to subsection 4
23 by each mental health consortium ~~§~~ *established by subsection 1 of*
24 *NRS 433B.333*. On or before September 30 of each even-numbered
25 year, the Director of the Department shall submit to each mental
26 health consortium *established by subsection 1 of NRS 433B.333* a
27 report which includes a description of:

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

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

33 (c) Any request for an allocation for administrative expenses of
34 the consortium that was included in the biennial budget request for
35 the Department.

36 6. On or before January 31 of each odd-numbered year, each
37 *mental health* consortium *established by subsection 1 of NRS*
38 *433B.333* shall submit to the Director of the Department , *the*
39 *Administrator* and the Commission :

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

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



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

3 **Sec. 9.** NRS 433B.337 is hereby amended to read as follows:

4 433B.337 1. A mental health consortium established by
5 *subsection 1 of NRS 433B.333* may:

6 (a) Participate in activities within the jurisdiction of the
7 consortium to:

8 (1) Implement the provisions of the long-term strategic plan
9 established by the consortium pursuant to NRS 433B.335; and

10 (2) Improve the provision of mental health services to
11 children with emotional disturbance and their families, including,
12 without limitation, advertising the availability of mental health
13 services and carrying out a demonstration project relating to mental
14 health services.

15 (b) Take other action to carry out its duties set forth in this
16 section and NRS 433B.335 and 433B.339.

17 2. *The statewide mental health consortium established by*
18 *subsection 4 of NRS 433B.333 shall:*

19 (a) *Represent all mental health consortia established by*
20 *subsection 1 of NRS 433B.333 before the Legislature, Commission*
21 *and Department.*

22 (b) *Review, make recommendations for and approve programs*
23 *proposed by the Division to prevent placing children in facilities*
24 *located outside of the home or home state of the child for the*
25 *treatment of emotional disturbance, substance use disorders or co-*
26 *occurring disorders.*

27 (c) *Evaluate the future needs of this State concerning the*
28 *treatment of children with emotional disturbance, substance use*
29 *disorders or co-occurring disorders and develop ways to improve*
30 *the treatment currently provided.*

31 (d) *Take any other action necessary to promote the mental*
32 *health of children in this State.*

33 3. *The statewide mental health consortium established by*
34 *subsection 4 of NRS 433B.333 may:*

35 (a) *Create a document that consolidates the strategies, goals*
36 *and services in the long-term strategic plan prepared by each*
37 *mental health consortium pursuant to NRS 433B.335.*

38 (b) *Take such other action as is necessary to represent all*
39 *mental health consortia established by subsection 1 of*
40 *NRS 433B.333.*

41 4. To the extent practicable, a mental health consortium
42 *established by subsection 1 of NRS 433B.333 and the statewide*
43 *mental health consortium established by subsection 4 of NRS*
44 *433B.333* shall coordinate with the Department to avoid duplicating
45 or contradicting the efforts of the Department to provide mental



1 health services to children with emotional disturbance and their
2 families.

3 **Sec. 10.** NRS 433B.339 is hereby amended to read as follows:
4 433B.339 1. A mental health consortium established by
5 *subsection 1 of NRS 433B.333 and the statewide mental health*
6 *consortium established by subsection 4 of NRS 433B.333* may:

7 (a) Enter into contracts and agreements to carry out the
8 provisions of this section, ~~[and] NRS [433B.335 and] 433B.337 [;]~~
9 and, *if applicable, NRS 433B.335; and*

10 (b) Apply for and accept gifts, grants, donations and bequests
11 from any source to carry out the provisions of this section, ~~[and]~~
12 ~~NRS [433B.335 and] 433B.337 [;]~~ *and, if applicable,*
13 *NRS 433B.335.*

14 2. Any money collected pursuant to subsection 1:

15 (a) Must be deposited in the State Treasury and accounted for
16 separately in the State General Fund; and

17 (b) Except as otherwise provided by the terms of a specific gift,
18 grant, donation or bequest, must only be expended, under the
19 direction of the consortium which deposited the money, to carry out
20 the provisions of this section, ~~[and] NRS [433B.335 and] 433B.337~~
21 ~~[;]~~ *and, if applicable, NRS 433B.335.*

22 3. The Administrator shall administer the account maintained
23 for each consortium.

24 4. Any interest or income earned on the money in an account
25 maintained pursuant to this section must be credited to the account
26 and does not revert to the State General Fund at the end of a fiscal
27 year.

28 5. Any claims against an account maintained pursuant to this
29 section must be paid as other claims against the State are paid.

30 **Sec. 11.** (Deleted by amendment.)

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

33 *1. For a regular session, the statewide mental health*
34 *consortium established by subsection 4 of NRS 433B.333 and each*
35 *mental health consortium established by subsection 1 of NRS*
36 *433B.333 may request the drafting of not more than one*
37 *legislative measure which relates to matters within the scope of the*
38 *consortium.*

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

41 *3. Each request made pursuant to this section must be on a*
42 *form prescribed by the Legislative Counsel. A legislative measure*
43 *requested pursuant to this section must be prefiled on or before*
44 *the third Wednesday in November preceding a regular session. A*



1 *legislative measure that is not prefiled on or before that day shall*
2 *be deemed withdrawn.*

3 **Sec. 13.** NRS 218D.100 is hereby amended to read as follows:
4 218D.100 1. The provisions of NRS 218D.100 to 218D.220,
5 inclusive, *and section 12 of this act* apply to requests for the
6 drafting of legislative measures for a regular session.

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

10 (a) Exceeds the number of requests authorized by NRS
11 218D.100 to 218D.220, inclusive, *and section 12 of this act* for the
12 requester; or

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

17 3. The Legislative Counsel shall not:

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

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

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

27 **Sec. 15.** (Deleted by amendment.)

28 **Sec. 16.** This act becomes effective on July 1, 2023.

