

Assembly Bill No. 366—Assemblymen Araujo, Bustamante Adams, Frierson, Thompson, Yeager; Paul Anderson, Benitez-Thompson, Carlton, Joiner, Monroe-Moreno, Oscarson and Sprinkle

Joint Sponsors: Senators Woodhouse, Ford, Ratti, Gansert, Kieckhefer; Cancela, Hardy, Harris and Manendo

CHAPTER.....

AN ACT relating to mental health; creating four behavioral health regions in this State; creating a regional behavioral health policy board for each region to advise the Division of Public and Behavioral Health and the Commission on Behavioral Health of the Department of Health and Human Services regarding certain behavioral health issues; authorizing each regional behavioral health policy board to request the drafting of not more than one legislative measure for each regular session of the Legislature; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 5 of this bill creates the Northern, Washoe, Rural and Southern Behavioral Health Regions, each consisting of certain cities and counties in this State. **Section 6** of this bill creates a regional behavioral health policy board for each of the four regions. **Section 6** also provides that the membership of each policy board consists of 13 persons, including: (1) six members appointed by the Governor or his or her designee; (2) three members appointed by the Speaker of the Assembly; (3) three members appointed by the Majority Leader of the Senate; and (4) one member appointed by the Legislative Commission. **Section 10** of this bill staggers the terms for the appointed members of each policy board.

Section 7 of this bill requires each policy board to: (1) advise the Department, the Division of Public and Behavioral Health and the Commission on Behavioral Health of the Department on certain regional behavioral health issues; (2) promote improvements in the delivery of behavioral health services in the behavioral health region; (3) coordinate and exchange information with other policy boards to provide unified recommendations to the Department, Division and Commission regarding behavioral health services in their respective behavioral health region; (4) review data collection and reporting standards relating to behavioral health information; and (5) submit a report to the Commission which includes the priorities and needs of the policy board's behavioral health region. **Section 8** of this bill revises the requirements of the report submitted by the Commission annually to the Governor and biennially to the Legislature to include: (1) recommendations from each policy board; (2) the epidemiologic profiles of substance use and abuse, problem gambling and suicide; (3) relevant behavioral health prevalence data for each behavioral health region; and (4) the health priorities set for each behavioral health region. **Sections 8.3 and 8.7** of this bill authorize each policy board to request for each regular session of the Legislature the drafting of not more than one legislative measure which relates to matters within the scope of a policy board.



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

Section 1. Chapter 433 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 7, inclusive of this act.

Sec. 2. *As used in sections 2 to 7, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 and 4 of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“Behavioral health region” means a behavioral health region created by section 5 of this act.*

Sec. 4. *“Policy board” means a regional behavioral health policy board created by section 6 of this act.*

Sec. 5. *Four behavioral health regions are hereby created as follows:*

1. The Northern Behavioral Health Region consisting of Carson City and the counties of Churchill, Douglas, Lyon, Mineral and Storey;

2. The Washoe Behavioral Health Region consisting of the county of Washoe;

3. The Rural Behavioral Health Region consisting of the counties of Elko, Eureka, Humboldt, Lander, Lincoln, Pershing and White Pine; and

4. The Southern Behavioral Health Region consisting of the counties of Clark, Esmeralda and Nye.

Sec. 6. *1. A regional behavioral health policy board is hereby created for each behavioral health region.*

2. Each policy board consists of 13 members as follows:

(a) Six members appointed by the Governor or his or her designee as follows:

(1) One member who represents the criminal justice system;

(2) Two members who have extensive experience in the delivery of social services in the field of behavioral health, including, without limitation, directors or officers of social service agencies in the behavioral health region; and

(3) Three members who represent the interests of one or more of the following:

(I) Hospitals, residential long-term care facilities or facilities that provide acute inpatient behavioral health services;



(II) Community-based organizations which provide behavioral health services;

(III) Administrators or counselors who are employed at facilities for the treatment of abuse of alcohol or drugs; or

(IV) 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.

at least one member of the policy board appointed by the Governor or his or her designee for each region pursuant to this subparagraph must be a behavioral health professional who has experience in evaluating and treating children.

(b) Three members appointed by the Speaker of the Assembly as follows:

(1) One 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;

(2) One member who is a psychiatrist or doctor of psychology with clinical experience and who is licensed to practice in this State; and

(3) One member who represents private or public insurers who offer coverage for behavioral health services.

(c) Three members appointed by the Majority Leader of the Senate as follows:

(1) One member who has received behavioral health services in this State or a family member of such a person or, if such a person is not available, a person who represents the interests of behavioral health patients or the families of behavioral health patients;

(2) One member who represents providers of emergency medical services or fire services and who has experience providing emergency services to behavioral health patients, which may include, without limitation, a paramedic or physician; and

(3) One member who represents law enforcement agencies and who has experience with and knowledge of matters relating to people in need of behavioral health services.

(d) One member who is a Legislator, appointed by the Legislative Commission.

3. In making appointments, preference must be given to persons who reside in the behavioral health region served by the policy board.

4. Each member of the policy board serves without compensation for a term of 2 years and may be reappointed. The appointing authority may remove a member from the policy board



if the appointing authority determines the member has neglected his or her duties. Any vacancy in the membership of a policy board must be filled in the same manner as the original appointment.

5. Each policy board shall meet not later than 60 days after all appointments to such board have been made and elect one member of the policy board to act as the Chair for the biennium. The Director of the Department or his or her designee shall preside over the election of the Chair for each policy board at each board's first meeting. Each policy board shall thereafter meet at least quarterly at the call of the Chair.

6. As used in this section, "social services agency" means any public agency or organization that provides social services in this State, including, without limitation, welfare and health care services.

Sec. 7. Each policy board shall:

1. Advise the Department, Division and Commission regarding:

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

(b) 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;

(c) 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; and

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

2. Promote improvements in the delivery of behavioral health services in the behavioral health region.

3. Coordinate and exchange information with the other policy boards to provide unified and coordinated recommendations to the Department, Division and Commission regarding behavioral health services in the behavioral health region.

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

5. In coordination with existing entities in this State that address issues relating to behavioral health services, submit an annual report to the Commission which includes, without



limitation, the specific behavioral health needs of the behavioral health region. Such a report 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.

Sec. 8. NRS 433.314 is hereby amended to read as follows:
433.314 The Commission shall:

1. Establish policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders, including services to prevent mental illness, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders, and services provided without admission to a facility or institution;
2. Set policies for the care and treatment of persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders provided by all state agencies;
3. Review the programs and finances of the Division; and
4. Report at the beginning of each year to the Governor and at the beginning of each odd-numbered year to the Legislature on ~~the~~:

(a) Information concerning the quality of the care and treatment provided for persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders in this State and on any progress made toward improving the quality of that care and treatment ~~H~~; and

(b) In coordination with the Department, any recommendations from the regional behavioral health policy boards created pursuant to section 6 of this act. The report must include, without limitation:

- (1) The epidemiologic profiles of substance use and abuse, problem gambling and suicide;*
- (2) Relevant behavioral health prevalence data for each behavioral health region created by section 5 of this act; and*
- (3) The health priorities set for each behavioral health region.*

Sec. 8.3. Chapter 218D of NRS is hereby amended by adding thereto a new section to read as follows:

1. *For a regular session, each regional behavioral health policy board created by section 6 of this act may request the drafting of not more than 1 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 1 preceding the regular session.

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

3. The Legislative Counsel shall not assign a number to a request for the drafting of a legislative measure submitted pursuant to this section to establish the priority of the request until sufficient detail has been received to allow complete drafting of the legislative measure.

Sec. 8.7. NRS 218D.100 is hereby amended to read as follows:

218D.100 1. The provisions of NRS 218D.100 to 218D.220, inclusive, *and section 8.3 of this act* apply to requests for the drafting of legislative measures for a regular session.

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

(a) Exceeds the number of requests authorized by NRS 218D.100 to 218D.220, inclusive, *and section 8.3 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 8.3 of this act* but is not in a subject related to the function of the requester.

3. The Legislative Counsel shall not:

(a) Assign a number to a request for the drafting of a legislative measure to establish the priority of the request until sufficient detail has been received to allow complete drafting of the legislative measure.

(b) 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.

(c) 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. 9. The provisions of subsection 1 of NRS 218D.380 do not apply to any provision of this act which adds or revises a requirement to submit a report to the Legislature.



Sec. 10. As soon as practicable on or after July 1, 2017, the Governor or his or her designee, the Speaker of the Assembly, the Majority Leader of the Senate and the Legislative Commission, shall make the appointments required by subsection 2 of section 6 of this act to each of the four regional behavioral health policy boards created by section 6 of this act. Notwithstanding the provisions of section 6 of this act, members appointed by the:

1. Governor or his or her designee to serve on a regional behavioral health policy board must be appointed to serve the following initial terms:

- (a) Three persons for an initial term of 1 year.
- (b) Three persons for an initial term of 2 years.

2. Speaker of the Assembly to serve on a regional behavioral health policy board must be appointed to serve the following initial terms:

- (a) One person for an initial term of 1 year.
- (b) Two persons for an initial term of 2 years.

3. Majority Leader of the Senate to serve on a regional behavioral health policy board must be appointed to serve the following initial terms:

- (a) Two persons for an initial term of 1 year.
- (b) One person for an initial term of 2 years.

4. Legislative Commission to serve on a regional behavioral health policy board must be appointed to serve an initial term of 2 years.

Sec. 11. This act becomes effective on July 1, 2017.

