

Northern Regional Behavioral Health Policy Board Bill AB 9

Although the Northern Regional Behavioral Health Policy Board focused on multiple priorities in 2022 writing their 82nd legislative session BDR was one of their main focuses. The original bill priority was the language change of NRS 433C enabling the development of a Regional Behavioral Health Authority. The Northern Regional Behavioral Health Policy Board spent the past two years researching other states who utilized a regional behavioral health authority plus researching local Nevada documents and reports such as the 2014 Guinn Center Report - Mental Health Governance: A Review of State Models & Guide for Nevada Decision Makers. As well as the 2013 DHHS DPBH - Comprehensive Gaps Analysis of Behavioral Health Services, we also looked at the newest report the Investigation of Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities - DOJ October 4th, 2022. Unfortunately, these are still relevant in that they read true to the issues Nevada is still facing when it comes to our overall behavioral health services.

Those documents and more aided in the discovery of behavioral health authorities in other states and helped the Board to see why Nevada needs to establish a behavioral health authority. The Coordinator and Board spent more time researching enabling language on how Nevada could stand up a regional behavioral health authority in statute or even if a regional behavioral health authority could work in Nevada. The Board and Coordinator even researched the already established 1975 language already scripted into statute as a possibility to work from.

Following the broader research, the board did intensive community outreach and research on community-based local behavioral health authority models. With that, the Northern Board identified a drastic change to the governance of our behavioral health system was premature. With advice from DHHS, DPBH, and local community stakeholders more modern language was needed as well as more county buy-in. It was noted that there are infrastructure and capacity challenges that need to be addressed now prior to a potential change in governance. This proposed language is the first step towards formalizing community and statewide behavioral health systems and sustaining the essential Regional Behavioral Health Coordinator.

During this time the Northern Regional Board also heard several other proposed Bill Draft requests from professional groups, providers, and key stakeholders related to the behavioral health workforce shortage, community health worker models, as well as affordable and supportive housing solutions. Bu this Board ultimately voted to take the lead on exploring infrastructure solutions and has put forth a bill draft that does just that builds infrastructure first within the Board and provides enabling language to move forward in the future with the potential for a behavioral health authority model. It also helps to provide staffing for the board to fulfill their duties in accordance with NRS 433.

As the Board and Coordinator began working with the LCB, holes began to emerge in the original BDR385 language. The Board and Coordinator worked on developing more enabling language for the Behavioral Health Authority bill, but it still was not solid. This new endeavor would require more concise language to be researched and scripted.

Fast forward to January 5th, 2023, the Northern Regional Behavioral Health Policy Board voted to accept newly re-edited language added to NRS Chapter 433. This new language increases the Board's duties to be executed by the Regional Behavioral Health Policy Boards with a higher level of collaboration and cohesion between the Boards the Coordinators and the Behavioral Health Regions each board represents and solidifying their relationship in the statute. (AB9 is attached for the full version)

Here are the tentative changes to expand the Boards duties within NRS 433.425 to .4295:

- Employ such staff as is necessary to carry out the provisions of NRS 433.425 to .4295
- Encourage cooperation between entities that provide behavioral health in said region
- Identify behavioral health needs of communities – evaluate, resolve, and develop plans and objectives relating to such needs
- Meet with behavioral health providers, and participate in the development and implementation of long-range plans
- Develop cooperative working relationships with agencies and providers of Behavioral Health services and or programs
- Perform such other duties as assigned by Board

These proposed solutions for building infrastructure will aid in moving closer to a regional authority model as well as sustain the relationship between the Regional Policy Boards, their Coordinators, and the regions they serve.

SUMMARY—Revises provisions governing regional behavioral health policy boards.
(BDR 39-385)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.

Effect on the State: Yes.

AN ACT relating to behavioral health; authorizing a regional behavioral health policy board to employ certain staff; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to provide certain assistance to a regional behavioral health policy board; authorizing a regional behavioral health policy board to engage in certain activities; prescribing certain duties of a regional behavioral health policy board; ~~requiring each mental health consortium to submit a long-term strategic plan to the respective regional behavioral health policy boards;~~ and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law divides this State into five behavioral health regions and creates a regional behavioral health policy board for each region. (NRS 433.428, 433.429) Existing law requires each policy board to perform certain duties related to the oversight of behavioral health services in the behavioral health region and make certain recommendations concerning such services. (NRS 433.4295) **Section 2** of this bill authorizes a policy board to employ such staff as is necessary to

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carry out the responsibilities of the policy board. **Section 2** requires the Division of Public and Behavioral Health of the Department of Health and Human Services to provide any additional personnel, facilities, equipment and supplies required by the policy board to perform its duties.

~~Section 3 of this bill authorizes a policy board to: (1) enter into certain contracts and agreements; (2) apply for and accept gifts, grants, donations and bequests; and (3) award competitive grants to governmental entities and nonprofit organizations for the provision of behavioral health services. Section 3 also authorizes a policy board to participate in other activities as necessary to address the behavioral health needs of the behavioral health region, carry out its duties or improve behavioral health services in the behavioral health region. Section 3 additionally prescribes requirements governing the accounting of gifts, grants, donations and bequests accepted by a policy board.~~ **Section 4** of this bill makes a conforming change to indicate the proper placement of **sections 2 and 3** in the Nevada Revised Statutes. **Section 5** of this bill requires a policy board to: (1) coordinate with the Department to increase awareness of issues relating to behavioral health and avoid duplication of efforts; ~~and (2) evaluate and monitor behavioral health services provided to recipients of Medicaid and recipients of insurance provided pursuant to the Children's Health Insurance Program by managed care organizations in the behavioral health region.~~

~~Existing law establishes certain mental health consortiums within this State to develop and carry out a long-term strategic plan for the provision of mental health services to children with emotional disturbance in the jurisdiction of the consortium. (NRS 433B.333-433B.339) Under existing law, each mental health consortium is required to submit its long-term strategic plan to the Director of~~

~~the Department of Health and Human Services. (NRS 433B.335) Section 6 of this bill requires each consortium to also submit its long-term strategic plan to each policy board whose behavioral health region is within the jurisdiction of the respective consortium. Section 3 authorizes a policy board to perform certain activities to carry out such a long-term strategic plan.~~

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 and 3 of this act.

Sec. 2. 1. *A policy board may employ such staff as is necessary to carry out the provisions of NRS 433.425 to 433.4295, inclusive, and sections 2 and 3 of this act.*

2. The staff of a policy board may:

~~*(a) Coordinate and maximize the integration of services and programs for mental health and substance use disorder, including, without limitation, opioid use disorder, within the behavioral health region;*~~

(b) Encourage cooperation between state, local and tribal governmental entities and other persons and entities that provide behavioral health services in the behavioral health region;

(c) Identify the behavioral health needs of the community within the behavioral health region, evaluate the quality of behavioral health services in the behavioral health region, resolve

problems relating to such needs and services and develop plans and objectives relating to such needs and services;

(d) Meet with providers of behavioral health services within the behavioral health region and participate in the development and implementation of long-range plans for the provision of behavioral health services in the behavioral health region;

(e) Develop cooperative working relationships with law enforcement agencies, providers of social services, advocacy agencies, providers of behavioral health services and other relevant persons and entities within the behavioral health region; and

(f) Perform such other duties as are assigned by the policy board.

3. The Division shall provide any additional personnel, facilities, equipment and supplies required by the policy board to carry out the provisions of NRS 433.425 to 433.4295, inclusive, and sections 2 and 3 of this act.

~~Sec. 3. 1. A policy board may:~~

~~(a) Enter into contracts and agreements for the purpose of carrying out the provisions of NRS 433.425 to 433.4295, inclusive, and sections 2 and 3 of this act or the long-term strategic plan prepared pursuant to NRS 433B.335 by the mental health consortium that has jurisdiction over the behavioral health region.~~

~~(b) Apply for and accept gifts, grants, donations and bequests from any source for the purpose of carrying out the provisions of NRS 433.425 to 433.4295, inclusive, and sections 2 and 3 of this act or the long-term strategic plan prepared pursuant to NRS 433B.335 by the mental health consortium that has jurisdiction over the behavioral health region.~~

~~(c) Award competitive grants to regional, local or tribal governmental entities and nonprofit organizations that provide behavioral health services within the behavioral health region. The policy board shall:~~

~~(1) Ensure that each governmental entity or nonprofit organization that receives a grant pursuant to this paragraph funds and provides behavioral health services in an equitable manner;~~

~~(2) Ensure that each provider of behavioral health services funded pursuant to this paragraph holds any required license, certificate or registration and is otherwise properly qualified to provide such services under Nevada law; and~~

~~(3) Require each governmental entity or nonprofit organization that receives a grant pursuant to this paragraph to submit to the policy board an annual report describing all behavioral health services funded by the grant and all expenditures of money from the grant.~~

~~(d) Participate in other activities as necessary to:~~

~~(1) Address the needs identified in the annual report submitted to the Commission pursuant to NRS 433.4295 or the long-term strategic plan prepared pursuant to NRS 433B.335 by the mental health consortium that has jurisdiction over the behavioral health region;~~

~~(2) Carry out the provisions of NRS 433.425 to 433.4295, inclusive, and sections 2 and 3 of this act or the long-term strategic plan prepared pursuant to NRS 433B.335 by the mental health consortium that has jurisdiction over the behavioral health region; or~~

~~(3) Improve the provision of behavioral health services in the behavioral health region or otherwise address the needs of the behavioral health region with regard to such services.~~

~~2.—Any money accepted 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 policy board that accepted the money to carry out the provisions of NRS 433.425 to 433.4295, inclusive, and sections 2 and 3 of this act.~~

~~3.—The Administrator shall administer the account maintained pursuant to subsection 2 for each policy board.~~

~~4.—The interest and income earned on the money in an account maintained pursuant to subsection 2, after deducting any applicable charges, must be credited to the account. Any money remaining in the account at the end of the fiscal year does not revert to the State General Fund, and the balance in the account must be carried forward to the next fiscal year. All claims against the account must be paid as other claims against the State are paid.~~

Sec. 4. NRS 433.425 is hereby amended to read as follows:

433.425 As used in NRS 433.425 to 433.4295, inclusive, *and sections 2 and 3 of this act*, unless the context otherwise requires, the words and terms defined in NRS 433.426 and 433.427 have the meanings ascribed to them in those sections.

Sec. 5. NRS 433.4295 is hereby amended to read as follows:

433.4295 1. Each policy board shall:

(a) Advise the Department, Division and Commission 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, Division and 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, *including, without limitation, the Department*, to increase awareness of such issues and avoid duplication of efforts.

~~(i) Evaluate and monitor behavioral health services provided to recipients of Medicaid and recipients of insurance provided pursuant to the Children's Health Insurance Program by~~

~~managed care organizations in the behavioral health region and identify gaps in such services and barriers to the effective provision of such services.~~

(j) 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:

(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)]~~ (j) 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, “managed care organization” has the meaning ascribed to it in NRS 695G.050.~~

~~Sec. 6.—NRS 433B.335 is hereby amended to read as follows:~~

~~433B.335—1.—Each mental health consortium established pursuant to NRS 433B.333 shall prepare and submit to the Director of the Department~~ *and each regional behavioral health policy*

~~board created pursuant to NRS 433.429 for a behavioral health region that is within the jurisdiction of the consortium~~ a long-term strategic plan for the provision of mental health services to children with emotional disturbance in the jurisdiction of the consortium. A plan submitted pursuant to this section is valid for 10 years after the date of submission, and each consortium shall submit a new plan upon its expiration.

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

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

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

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

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

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

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

~~(g) The family of a child with an emotional disturbance should be eligible to 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 shall submit to the Director of the Department 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. On or before September 30 of each even-numbered year, the Director of the Department shall submit to each mental health consortium 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 consortium shall submit to the~~

~~Director of the Department 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. 7. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 6, inclusive, of this act become effective:

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

(b) On July 1, 2023, for all other purposes.