

Northern Region Behavioral Health Policy Board
NRS 433C Regional Behavioral Health Authority (RBHA) Concept

- **Aligns with national Roadmap to the Ideal Crisis System framework** – establishes an accountable entity for a community/catchment area with responsibility for designing, financing, and operating best practice crisis system, with the goal of ensuring people-centered services.
- **Braided funding model** – Allows for accountability and oversight of all funding streams braided under one umbrella with the goal of providing greater system efficiency to individuals and families in need of behavioral health care across the continuum. Further, a Regional Behavioral Health Authority will increase community oversight and use of federal block grants to deliver community-based services to individuals with serious mental illness and substance use disorders.
- **Allows for increased community oversight and participation in Medicaid-managed care** – Senate Bill 420, which passed in the 2021 Nevada Legislature, will allow for a managed public insurance option for rural areas in 2026. Enabling Regional Behavioral Health Authorities will increase community-based participation in the review and approval of competitive bids with managed care organizations in the regional behavioral health service areas.
- **Allows for opportunities to develop additional services** through an informed, transparent, and democratic process with diverse leadership and community representatives.
- **Potential for quality assurance system and cost savings through system oversight** – establishes a common thread with a macro focus to support continuity of care, resource management, and increased communication between service providers.
- **Offers communities access to necessary data** - to provide evidence-based decision making models and to track, identify, and address and behavioral health needs in the communities.
- **Supports state behavioral health authority** - with additional value-based infrastructure to address program capacity, contract management and funding coordination, data collection, quality improvement, etc.
- **Allows for cross-jurisdictional sharing efforts** to obtain grant funding for regional projects.

Background:

In response to efforts at deinstitutionalization and development of community-based mental health services, all states in the U.S., including Nevada, supported a legal process to develop local mental health authorities in 1975. For multiple reasons, Nevada remains one of the only states who has been unable to bring a community-based mental health system to fruition.

Problem:

Current language in NRS 433C regarding local mental health authorities, including the 10% funding requirement, has circumvented counties and regions from moving forward in developing community-based behavioral health infrastructure. Lack of local or regional behavioral health infrastructure inhibits local participation and oversight in development and provision of community-based behavioral health services. This lack of local oversight causes issues with accountability regarding quality of treatment and coordination of behavioral health services.

Proposed solution:

Modernize the existing law in NRS 433C, focused on local mental health authorities, to allow counties and local community stakeholders to participate in Regional Behavioral Health Authorities.

Why now:

- Nevada's communities continue to navigate the impact of COVID-19 on the behavioral health system and resources. Regional stakeholders have identified gaps in state infrastructure and their ability to respond.
- As a result of COVID-19, counties have become acutely aware of the need for an increase in our local public behavioral health infrastructure to mitigate and/or prevent potential public and behavioral health crises in response to future pandemics.
- Regional infrastructure is crucial to align state initiatives with community needs and resources for a successful crisis response system.
- Nevada has the opportunity and funding to support regional board infrastructure development.
- Regional Behavioral Health Authorities (RBHAs) will support the sustainability of community-based crisis response which aligns with The 988 Implementation Act.

Concerns:

- Counties responsible for funding – ensure there are no unintended impacts to counties
- Equitable distribution of block grants - impact current providers
- Liability - what would counties be responsible for/ what could you get sued for?
- Administrative costs pulling from current funding – how does region measure cost-savings through greater system efficiency?
- Policy Board bandwidth – ensuring Board has capacity to take on oversight

Regional Behavioral Health Authorities Modeled in Other States:

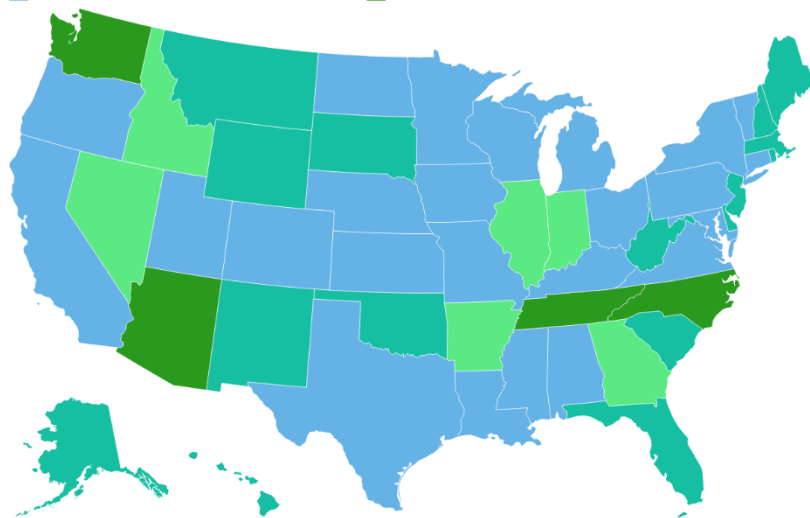
In 2022, the Northern Region Behavioral Health Policy Board conducted an analysis of regional behavioral health authorities. This analysis sorted state models into the following categories:

- States with local/regional behavioral health authorities - housed at nonprofit community mental health centers, county behavioral health agencies, human services districts, and/or public health districts
- States with centralized state behavioral health authority – these states have a centralized behavioral health agency only. Some state agencies in this category may offer field offices for direct services in local communities.
- States with hybrid state authority/local community governing board coordination – models most similar to Nevada’s current system of a centralized State Behavioral Health

50 State/Regional/Local Behavioral Health Authorities

2022 Northern Nevada Regional Behavioral Health Policy Board conducted a review of state, regional, and local behavioral health authority models in all 50 states.

■ Centralized State Behavioral Health Authority
 ■ Hybrid State Authority/Community Board Coordination
■ Local/Regional Behavioral Health Authorities
 ■ Primarily Managed Care Models



Map: Nevada Northern Region Behavioral Health Policy Board • Created with Datawrapper

Nebraska’s Model

The Northern Region Behavioral Health Policy Board is looking to Nebraska’s Regional Behavioral Health Authority model as an option for RBHA implementation in Nevada.

In 1974, Nebraska’s Legislature organized a statewide regional system (six regions) to coordinate and oversee the delivery of a full range of behavioral health services to youth and adults. The regions are local units of government that the state behavioral health authority partners with to do planning and service implementation. The regions purchase services from providers in their area. If necessary, services are purchased from other service providers across the state.

Each region is governed by a Regional Governing Board (RGB), a local unit of government organized under the Inter-local Cooperation Act. It's authority is based on [Nebraska Revised Statute §71-801 through §71-818 \(Nebraska Behavioral Health Services Act, the Inter-local Agreement\)](#) and the Board's bylaws. The Act outlines the Roles and Responsibilities for the RGB.

The RGB consists of elected officials, county commissioners or supervisors, one from each of the 16 counties in the region. These individuals represent their county and participate in the decision making of the board.

The RGB is by statute responsible for the development and coordination of both adult and child publicly funded behavioral health services within the region. The RGB appoints a regional administrator who is responsible for the administration and management of Region V Systems. The RGB also appoints a Behavioral Health Advisory Committee.

The RGB appoints a Behavioral Health Advisory Committee (BHAC), comprised of 15-20 members, responsible for advising the Board on behavioral health issues and funding allocations. Consideration for membership is given to geographic location, direct and indirect consumers, cultural diversification, and the community at large.

Proposed changes to update and modernize NRS 433C:

Regional Behavioral Health Authority Proposed Changes to NRS 433C

NRS 433C.110	Purposes of chapter.
NRS 433C.120	Definitions.
NRS 433C.130	Responsibility of Department for developing and administering preventive and other services for mental health.
NRS 433C.140	Administration by Division; standards and regulations governing county programs.
NRS 433C.150	Power of county to establish program.
NRS 433C.160	County mental health advisory board: Composition; terms of members.
NRS 433C.170	County board: Duties.
NRS 433C.180	County director: Appointment.
NRS 433C.190	County director: Duties.
NRS 433C.200	Establishment of joint community programs by counties.
NRS 433C.210	Agreement for joint program: Provisions.
NRS 433C.220	Provisions of chapter applicable to joint programs.
NRS 433C.230	Contract with hospital, clinic, laboratory or other institution.
NRS 433C.240	Expenses: Charge against county.
NRS 433C.250	Legislative appropriations; payment of claims.
NRS 433C.260	Reimbursement by State for expenditures by county.
NRS 433C.270	Services included in county program.
NRS 433C.280	Eligibility for reimbursement: Requirements.
NRS 433C.290	Reimbursement for expenditures for certain items; investigation and audit of expenditures.
NRS 433C.300	Amount of reimbursement; disbursements through Division.
NRS 433C.310	Reimbursement for joint programs.
NRS 433C.320	Expenditures subject to reimbursement; reimbursement prohibited for certain expenditures.
NRS 433C.330	Claims for reimbursement.
NRS 433C.340	Fees charged according to ability to pay; limitation.
NRS 433C.350	Nevada Conference of County Community Mental Health Programs: Establishment; organization; meetings; purposes.

NRS 433C.110 Purposes of chapter. The Legislature declares that the purposes of this chapter are:

1. To encourage and provide financial assistance to counties *to develop a local or regional behavioral health authority for* ~~in~~ the establishment and development of mental health services, including services to persons with intellectual disabilities and persons with developmental disabilities, through locally controlled community mental health programs.
2. To promote the improvement and, if necessary, the expansion of already existing services which help to conserve the mental health of the people of Nevada. It is the intent of this chapter that services to individuals be rendered only upon voluntary application.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1625](#); [1999, 2603](#); [2013, 679](#); [2017, 2807](#))

NRS 433C.120 Definitions. As used in this chapter, unless the context requires otherwise:

1. “~~County~~ *Regional advisory* board” means a ~~county mental health advisory~~ *Regional Behavioral Health Advisory* board.
2. “~~County~~ *d* Director” means the director of ~~a county program~~ *Regional Behavioral Health Authority*.
3. “County program” means a county community mental health program.
4. “Governing body” means the board of county commissioners.

5. “Service” means a mental health service.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1625](#))

NRS 433C.130 Responsibility of Department for developing and administering preventive and other services for mental health. The Department is designated as the official state agency responsible for developing

and administering preventive and outpatient mental health services. The Department shall function in the following areas:

1. Assisting and consulting with local health authorities, local governments and all law enforcement agencies in this State in providing community mental health services, which services may include prevention, rehabilitation, case finding, diagnosis and treatment of persons with mental illness, and consultation and education for groups and individuals regarding mental health.
 2. Coordinating mental health functions with other state agencies.
 3. Participating in and promoting the development of facilities for training personnel necessary for implementing such services.
 4. Collecting and disseminating information pertaining to mental health.
 5. Performing such other acts as are necessary to promote mental health in the State.
- (Added to NRS by [1961, 615](#); A [1963, 936](#); [1965, 373](#); [1969, 925](#); [2013, 3036](#); [2015, 1817](#))

NRS 433C.140 Administration by Division; standards and regulations governing ~~county programs~~ Regional Behavioral Health Authorities. The Division shall, subject to the supervision of the Commission, administer this chapter. The Commission shall adopt guidelines for ~~county programs~~ **Regional Behavioral Health Authorities** and regulations necessary thereto, but these standards and regulations must be adopted only after consultation with and approval of the ~~county~~ **Regional Behavioral Health Authority** director of each ~~program~~ **Authority** being so administered. These standards and regulations must support and maximize local responsibility for and control of ~~county programs~~ **Authority** within the framework of general guidelines.

(Added to NRS by [1971, 1018](#); A [1973, 1406](#); [1975, 1626](#); [1985, 2274](#))

NRS 433C.150 Power of county to establish program. The governing body of any county may by ordinance or resolution establish ~~a county community mental health program~~ **a regional behavioral health authority on its own or in partnership with other counties**, which may cover the entire area of the county **or counties within the regional behavioral health authority**.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1626](#))

Regional behavioral health authority; power and duties. Each regional behavioral health authority shall be responsible for the development and coordination of publicly funded behavioral health services within the behavioral health region pursuant to rules and regulations adopted and promulgated by the Department (Division), which may include:

- (a) administration and management of the regional behavioral health authority*
- (b) integration and coordination of the public behavioral health system within the behavioral health region*
- (c) comprehensive planning for the provision of an appropriate array of community-based behavioral health services and continuum of care for the region*
- (d) submission for approval by the division of an annual budget and a proposed plan for the funding and administration of publicly funded behavioral health services within the region (including review and approval of managed care contracts for the delivery of behavioral health services).*
- (e) submission of annual reports and other reports as required by the division*
- (f) initiation and oversight of contracts for the provision of publicly funded behavioral health services, and*
- (g) coordination with the division in conducting audits of publicly funded behavioral health programs and services.*

(From Nebraska law re: Regional Behavioral Health Authority, [NE Code § 71-809 \(2013\)](#))

NRS 433C.160 ~~Mental~~ Regional Behavioral Health Authority Advisory Board: Composition; terms of members.

1. The ~~county program~~ **Regional Behavioral Health Authority** shall have a ~~mental-regional advisory board~~. **The regional behavioral** health advisory board ~~of 7 to 15 members appointed by the governing body. The composition~~

of the county board shall be representative of providers of mental health services, recipients or consumers of mental health services, agencies and occupations having a working involvement with mental health services and the general public, but such representation need not be in any fixed proportion. ~~consists of:~~

(a) Representatives selected by the following entities from their elected members:

(1) Two representatives of the board of county commissioners, city or town which participated in establishing the Regional Behavioral Health Authority, to be appointed by the governing body of the county, city or town in which they reside.

(b) The following representatives, selected by the elected representatives of the regional advisory board pursuant to paragraph (a), who shall represent the regional advisory board at large and who must be selected based on their qualifications without regard to the location within the regional behavioral health service area of their residence:

(1) One representative for each participating county in the regional behavioral health authority professionally qualified in the field of behavioral health

(2) One advocate for persons with serious mental illness, substance use, and other behavioral health disorders, including persons with intellectual disabilities or persons with developmental disabilities

2. The term of each member of the advisory board shall be for 3 years, but of the members first appointed approximately one-third shall be appointed for a term of 1 year, one-third for a term of 2 years and one-third for a term of 3 years.

(Added to NRS by [1965, 764](#); A [1971, 1019](#); [1975, 1626](#))

NRS 433C.170 ~~County board~~ Regional Advisory Board: Duties. The ~~county board~~ Regional Advisory Board shall:

1. Review and evaluate communities' needs, services, facilities and special problems in the fields of **mental behavioral** health, intellectual disabilities and developmental disabilities.

2. Advise the ~~Regional governing body~~ Behavioral Health Authority as to programs of community **mental behavioral** health services and facilities and services to **persons with mental-serious mental illness, substance use, and other behavioral health disorders**, persons with intellectual disabilities, and persons with developmental disabilities and, ~~when requested by the governing body, make recommendation regarding the~~

3. ~~a~~Appointment of a **county Regional Behavioral Health Authority** director.

3. Obtain reports from the Boards of Health of participating counties and the Regional Behavioral Health Policy Board overseeing the counties participating in the Regional Behavioral Health Authority.

3. After adoption of a program, continue to act in an advisory capacity to the ~~county~~ Regional Behavioral Health Authority director.

(Added to NRS by [1965, 765](#); A [1975, 1626](#); [1999, 2604](#); [2013, 679](#); [2017, 2807](#))

NRS 433C.180 Regional Behavioral Health Authority ~~County~~ director: Appointment. The ~~county board regional advisory board~~, with the approval of a majority of the governing body, shall:

1. ~~a~~Appoint a **Regional Behavioral Health Authority ~~County~~ Director who shall be responsible for the administration and management of the regional behavioral health authority**; who ~~must~~ may be a person professionally qualified in the field of **psychiatric-mental behavioral** health. ~~The choice of appointing a physician or one who is not a physician rests with the county regional advisory board, and in making such choice the county board shall consider the duties that the county director is expected to perform.~~

2. **The regional advisory body may appoint a clinical director to oversee the clinical operations of the Regional Behavioral Health Authority. The clinical director must be a person professionally qualified in the field of behavioral health.**

(Added to NRS by [1965, 765](#); A [1971, 1019](#); [1975, 1627](#))

NRS 433C.190 Regional Behavioral Health Authority ~~County~~ director: Duties. The ~~county~~ director shall:

1. Serve as chief executive officer of the ~~county~~ Regional Behavioral Health Authority ~~program~~ and be accountable to the **regional advisory** board.

2. Exercise administrative responsibility and authority over the ~~county~~ Regional Behavioral Health Authority **including** programs and facilities furnished, operated or supported in connection therewith, and over services to persons with **serious mental illness, substance use, and other behavioral health disorders**, intellectual disabilities or persons with developmental disabilities, except as administrative responsibility is otherwise provided for in this title.

3. Recommend to the *regional advisory board*, after consultation with the ~~county board~~ *Regional Behavioral Health Policy Board and Boards of Health of the participating counties*, the providing of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable to accomplish the purposes of this chapter.

4. Submit an annual report to the ~~governing body~~ *regional advisory board* reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.

5. Carry on such studies as may be appropriate for the discharge of his or her duties, including *oversight of control and prevention, treatment, and recovery services for* ~~of psychiatric~~ *serious mental illness, substance use, and other behavioral health* disorders and the treatment of intellectual disabilities and developmental disabilities.

(Added to NRS by [1965, 765](#); A [1971, 1020](#); [1975, 1627](#); [1999, 2604](#); [2013, 679](#); [2017, 2807](#))

NRS 433C.200 Establishment of joint community programs by counties. The governing body of any county may by agreement with the governing body or bodies of any other county or counties establish ~~joint community mental health programs~~ *a Regional Behavioral Health Authority to offer joint community programs*.

NRS 433C.210 Agreement for joint ~~program~~ county participation in Regional Behavioral Health Authority: Provisions.

1. Any agreement between two or more counties for the establishment of ~~joint county programs~~ *a Regional Behavioral Health Authority* shall ~~may~~ provide:

(a) That each county shall bear its share of the cost of the joint county program in proportion to the population of each county served.

(b) ~~That the county treasurer of one participating county~~ *The Regional Behavioral Health Authority* shall be the custodian of moneys made available for the purposes of *providing of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable to accomplish the purposes of this chapter*. ~~such joint program~~ and that the ~~county treasurer~~ *Regional Behavioral Health Authority* may make payments from such moneys upon warrant of the appropriate officer or body of the ~~counties~~ *for which he or she is county treasurer participating in the Behavioral Health Authority*.

2. Any such agreement may also provide:

(a) For the joint provision and operation of services and facilities or for the provision and operation of services and facilities by one participating county under contract for the other participating counties.

~~(b) For appointments of members of the board for the joint program regional authority by the several participating counties.~~

~~(c) That for specified purposes officers and employees of such joint county programs shall be considered to be officers and employees of one participating county only.~~

(d) For such other matters as are necessary or proper to effectuate the purposes of this chapter.

(Added to NRS by [1965, 765](#); A [1971, 1020](#); [1975, 1627](#))

NRS 433C.220 Provisions of chapter applicable to joint programs. Unless otherwise expressly provided or required by the context, the provisions of this chapter relating to ~~county community mental health programs~~ *regional behavioral health authorities* and the appointment of ~~county regional~~ boards or ~~county regional~~ directors shall ~~may~~ apply to joint ~~county~~ programs.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#))

NRS 433C.230 Contract with hospital, clinic, laboratory or other institution. The *Regional Behavioral Health Authority* ~~County~~ director may, with the approval of a majority of the *regional advisory board* ~~governing body~~, contract for services and facilities with any hospital, clinic, laboratory or other similar institution.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#))

NRS 433C.240 Expenses: Charge against county. The expenses incurred under the provisions of this chapter shall be a charge against the county and shall be audited, levied, collected and paid in the same manner as other charges.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#))

NRS 433C.250 Legislative appropriations; payment of claims. Except as otherwise provided in this chapter:

1. Funds to carry out the provisions of this chapter shall be provided by ~~direct legislative appropriation from the General Fund~~ *funds designated by the Division*. Such funds shall be expended in accordance with the allotment, transfer, work program and budget provisions of [NRS 353.150](#) to [353.246](#), inclusive, and transfers to and from salary

allotments, travel allotments, operating expense allotments, equipment allotments, and other allotments shall be allowed and made in accordance with the provisions of [NRS 353.215](#) to [353.225](#), inclusive, and after separate consideration of the merits of each request.

2. All moneys in any fund available to the Division for carrying out the provisions of this chapter shall be paid out on claims approved by the Administrator as other claims against the State are paid.

(Added to NRS by [1961, 616](#); A [1963, 937](#); [1965, 374, 769](#); [1969, 925](#); [1971, 1018](#); [1975, 1625](#))

NRS 433C.260 Reimbursement by State for expenditures by county. Expenditures made by ~~counties~~ *the Regional Behavioral Health Authority* for ~~county~~ programs, including services to *persons with mental serious mental illness, substance use, and other behavioral health disorders, and* persons with intellectual disabilities or persons with developmental disabilities, pursuant to this chapter must be reimbursed by the State pursuant to [NRS 433C.270](#) to [433C.350](#), inclusive.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#); [1999, 2604](#); [2013, 680](#); [2017, 2807](#))

NRS 433C.270 Services included in county program.

1. A service operated within a ~~county program~~ *Regional Behavioral Health Authority* must be directed to at least one of the following mental health areas:

- (a) Mental illness;
- (b) Intellectual disabilities;
- (c) Developmental disabilities;
- (d) Organic brain and other neurological impairment; and
- (e) Alcohol or other substance use disorders
- (f) *Gambling disorder.*

2. A service is any of the following:

- (a) Diagnostic service *or assessment service*;
 - (b) Emergency service *or Crisis services*;
- (c) Inpatient service;
- (d) Outpatient or partial hospitalization service;
- (e) Residential, sheltered or protective care service;
- (f) Habilitation or rehabilitation service;
- (g) Prevention, consultation, collaboration, education or information service; and
- h) *Peer support specialist services***
- i) *Community health worker***
- j) *family peer support***
- k) *Case management or linkages to care***
- l) *Recovery support services***
- (h) Any other service approved by the Division.

(Added to NRS by [1965, 766](#); A [1971, 1021](#); [1975, 1628](#); [1999, 2604](#); [2013, 680](#); [2017, 2808](#))

NRS 433C.280 Eligibility for reimbursement: Requirements. To be eligible for reimbursement a county, or in the case of joint county programs, two or more counties, shall first:

1. Establish one or more of the services provided for in [NRS 433C.270](#). In-service training necessary to providing such services shall be proper items of expenditures subject to state reimbursement.

2. Annually submit to the Administrator a plan for proposed expenditures. The Administrator shall review such plan to determine compliance with standards established in this chapter and fix the amount subject to state reimbursement. Existing services may qualify pursuant to the provisions of this chapter for reimbursement upon determination by the county board that such services shall be subject to and administered under the provisions of this chapter.

(Added to NRS by [1965, 766](#); A [1971, 1022](#); [1975, 1629](#))

NRS 433C.290 Reimbursement for expenditures for certain items; investigation and audit of expenditures. Expenditures incurred for the items specified in [NRS 433C.270](#) shall be subject to reimbursement in accordance with the regulations of the Division whether incurred by direct or joint operation of such services, by contracting for such services or by other arrangement pursuant to the provisions of this chapter. The Administrator may make such investigations and audits of such expenditures as the Administrator may deem necessary.

(Added to NRS by [1965, 767](#); A [1971, 1022](#); [1975, 1629](#))

NRS 433C.300 Amount of reimbursement; disbursements through Division.

1. Money provided by direct legislative appropriation for purposes of reimbursement as provided by [NRS 433C.260](#) to [433C.290](#), inclusive, must be allotted to the governing body as follows:

(a) The State shall pay to each ~~county~~ **Regional Behavioral Health Authority** ~~a sum equal to 90 percent of the total proposed expenditures as reflected by the plan of proposed expenditures submitted pursuant to [NRS 433C.280](#) if the ~~county~~ Behavioral Health Authority has complied with the provisions of paragraph (b).~~

(b) Before payment under this subsection, the ~~governing body~~ **Regional Behavioral Health Authority** of a county must submit **a plan including the services and expenditures provided by the Regional Behavioral Health Authority, as well as total proposed expenditures associated.** ~~evidence to the Administrator that 10 percent of the total proposed expenditures have been raised and budgeted by the county for the establishment or maintenance of a county program.~~

2. All state and federal moneys appropriated or authorized for the promotion of mental health or for services to persons with intellectual disabilities or persons with developmental disabilities in the State of Nevada must be disbursed through the Division in accordance with the provisions of this chapter and rules and regulations adopted in accordance therewith.

(Added to NRS by [1965, 767](#); A [1969, 926](#); [1971, 1022](#); [1975, 1629](#); [1999, 2605](#); [2013, 680](#); [2017, 2808](#))

NRS 433C.310 Reimbursement for joint programs. Where counties have established joint county programs, expenditures subject to reimbursement are the prorated expenditures of such ~~counties~~ **Regional Behavioral Health Authority** as provided by the agreement establishing the joint program.

(Added to NRS by [1965, 767](#); A [1971, 1023](#); [1975, 1630](#))

NRS 433C.320 Expenditures subject to reimbursement; reimbursement prohibited for certain expenditures.

1. Expenditures subject to reimbursement include:

- (a) Expenditures for the items specified in [NRS 433C.270](#);
- (b) Salaries of personnel;
- (c) Approved facilities and services provided through contract;
- (d) Operation, maintenance and service costs; and
- (e) Such other expenditures as may be approved by the Administrator.

2. Reimbursement may not be made for:

- (a) Expenditures for capital improvements;
- (b) The purchase or construction of buildings;
- (c) Compensation to members of a county board, except for actual and necessary expenses incurred in the performance of official duties;
- (d) Expenditures for a purpose for which state reimbursement is claimed under any other provision of law;
- (e) Expenditures incurred for court procedures under this or any other provision of law; or
- (f) The cost of confinement of any person in excess of 90 days in any 1 calendar year.

3. Reimbursement may not be made to any county or counties which employ a physician in the county program who is not a lawful permanent resident of the United States.

(Added to NRS by [1965, 767](#); A [1971, 1023](#); [1973, 10](#); [1975, 1630](#))

NRS 433C.330 Claims for reimbursement.

1. Claims for state reimbursement shall be made in such form, at such times, and for such periods as the Administrator shall determine.

2. When certified by the Administrator, claims for state reimbursement shall be presented to the State Board of Examiners.

(Added to NRS by [1965, 768](#))

NRS 433C.340 Fees charged according to ability to pay; limitation. Fees for mental health services, including services to persons with intellectual disabilities or persons with developmental disabilities, rendered pursuant to an approved county plan must be charged in accordance with ability to pay, but not in excess of actual cost.

(Added to NRS by [1965, 768](#); A [1975, 1630](#); [1999, 2605](#); [2013, 681](#); [2017, 2808](#))

NRS 433C.350 Nevada Conference of ~~County Community Mental Health Programs~~ *Regional Behavioral Health Authorities*: Establishment; organization; meetings; purposes.

1. There is hereby established the Nevada Conference of ~~County Community Mental Health Programs~~ *Regional Behavioral Health Authorities*. The Division shall take appropriate steps to effectuate the establishment of the Conference as provided in this section.

2. The voting membership of the Conference shall consist of the county director of each county program and one member of the county board of each county program to be chosen by such board. The nonvoting membership of the Conference shall consist of the Administrator and such other employees of the Division as the Administrator shall designate, but such employees shall be not less than two nor more than 15 in number.

3. A scheduled meeting of the Conference shall be convened at least once every 6 months. A nonscheduled meeting shall be convened upon the request of two-thirds of the voting membership. Meetings shall be called and chaired by the Administrator or the Administrator's official designee.

4. The Conference may organize itself in such manner and adopt such procedures as it deems appropriate.

5. The purpose of the Conference is to serve as an organized forum for the discussion of the following matters:

- (a) Recommendations for rules of the Division to implement this chapter as provided in [NRS 433C.140](#);
- (b) Coordination and integration of county program services and state services; and
- (c) Such other matters as members may bring before the Conference in connection with county programs or the relationship between county programs and the Division.

6. A resolution, proclamation, recommendation or similar pronouncement of the Conference does not have any legal effect.

(Added to NRS by [1965, 768](#); A [1975, 1631](#))

Recommendations for Northern Region Behavioral Health Policy Board

On August 3, 2022, the Regional Behavioral Health Authority Subcommittee to the Northern Region Behavioral Health Policy Board voted to recommend the full policy board move forward with a Regional Behavioral Health Authority bill draft request (BDR) in the 2023 Legislature that enables community-based behavioral health services.

Below are notes for consideration in the draft BDR language based on the 8/3/22 subcommittee meeting:

- Problem statement: specifically, we had a comment to address the 10% match in the language of 433C as it will be the biggest barrier to counties and communities to lift. For the rewrite on this section potentially remove "limits the ability to move.." and add more of this is a dead stop language or absolute language. Knowing this 10% match will be a huge barrier for regions potentially, counties and communities which will enable them to move forward.
- Section NRS433C.170: Check to see if any duties between policy board and authority overlap. Read language in SB366 to determine duties of policy board.
- Section NRS433C.180-190: Identify language for structure of. Make it broad enough to make each region look a little different in their needs. Making the language enabling so regions can move ahead with this concept or not. Look at regionalizing these positions. The way it is written now is that the Policy board is the Advisory board. Look

at defining and word smithing here a bit more.

- NRS433C.240: This section needs a deeper dive for language; it is like as appropriate or “what is appropriate” something to that extent. It is kind of the expenses incurred as community driven programs. It is a question mark as to how this section should move forward. Potentially here is where we have to separate programs. For instance, if we have a program that is funded from a federal block grant that goes out to providers from the RBHA it is entirely different than if partners come together to pay portions that pay into a regional project that is not part of the state negotiated contracts for the RBHA. Language that applies to just the state contract for community based behavioral health services. Also potentially add language that provides authority for the RBHA to apply for other additional funding elsewhere and out of state if applicable.
- NRS433C.250: 1.) Make sure the citations make sense are they still aligning with the statutes. How would funding look like for this position? Is there seed money to plan and test this RBHA model. What do we need to look for as a board too?
- NRS433C.300: Language change to reflect and is negotiable– potential language - state shall pay each RBHA the total proposed expenditures allocated for each region, but not necessarily all projects – language not committing to any funding or fiscal note
- NRS433.350: This section may need to be removed from this bill draft request. If we are doing a pilot this may be something that doesn’t need to be in here. Eliminate as opposed to a legislation requirement.

Additional Notes:

Board composition: NRS 433C.160 – This section still needs to be reviewed. Feedback from County Commissioners - there is no bandwidth to form another board. Can this be housed under the Board of Health? We will work with NACO to identify a solution with advisory Board composition.

Need to differentiate between programs funded through contract from the State Mental Health Authority and locally funded community-based mental health programs in the language.