

Behavioral Health Planning & Advisory Council Legislative Sub-Committee

By Sondra Cosgrove

Reports: Nevada Children's Behavioral Health Consortiums legislative priorities,
Southern Regional Behavioral Health Policy Board's Bill Draft Request (BDR),
Synopsis of the August 27, 2018 Legislative Health Care Committee Meeting

Nevada Children's Behavioral Health Consortiums Legislative Priorities

- The Nevada Legislature created the Children's Mental Health Consortiums to study the Mental Health Needs of all children in Nevada and to develop recommendations for service delivery reform. (NRS433B.333-335)
- The State-wide Consortiums had the opportunity to present to the Legislative Committee on Child Welfare and Juvenile Justice on April 5, 2017. Each Regional Consortia's presented their 2018 priorities. Those priorities are outlined below as well as what the Consortiums would ask the Legislative Committee to consider during their work session.
- *Submitted on behalf of the Nevada Children's Behavioral Health Consortium. Dan Musgrove – Vice Chair*

Clark County Children's Mental Health Consortium Legislative Priorities

- **Priority 1. Re-structure the public children's behavioral health financing and delivery system to ensure quality, accountability, and positive outcomes for Clark County's children and families.**
- Legislative Ask:
- Implement a model of integrated, local system management of all publicly funded children's behavioral health services in Clark County with oversight by the CCCMHC in coordination with the regional mental health boards.
- Re-structure Medicaid policies and funding to support a single, accountable entity in Clark County that uses a wraparound approach to manage the care for youth with serious emotional disturbance.

- **Priority 2. Provide mobile crisis intervention and stabilization services to Clark County youths in crisis.**
- Legislative Ask:
- Provide stable funding for DCFS to maintain an evidence-based mobile crisis intervention program with fidelity that meets the needs of Clark County youth experiencing severe psychiatric crises Recommend that DHHS develop interagency protocols and policies to ensure 24-7 access to evidence-based mobile crisis intervention services and seamless transition to appropriate inpatient or community-based care for all uninsured, privately insured and publicly insured youths with severe psychiatric crises, including those enrolled in Medicaid or other managed care programs.

- **Priority 3. Expand access to family peer support services for the families of Clark County's children at risk for long-term institutional placement.**
- Legislative Ask:
- Expand funding to provide family-to-family peer support for Clark County youths with serious emotional disturbance at risk for long-term residential treatment by implementing a pilot project for 200 youths discharged from psychiatric hospitalization and referred from the CCSD Mental Health Transition Team.
- As part of the pilot project established under Assembly Bill 307 of the 2015 Nevada Legislature, intensive levels of family-to-family peer support for at least 50 Clark County youth was to be created. The CCCMHC would ask for an audit of the results of the department's efforts to meet the goals of AB307 and what successes have been achieved.

- **Priority 4. Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children identified with behavioral health care needs.**
- Legislative Ask:
- *Recommend the Nevada Office of Suicide Prevention in collaboration with Clark County School District and the Nevada Institute for Children's Research and Policy, conduct a comprehensive survey of Clark County public, charter, and private schools that will determine the degree to which mental health and/or suicide prevention screening has been implemented. (revised 2017).*
- *The Department of Education Social Workers in Schools Program should support the implementation of an effective model of school-based mental health and suicide prevention screening that is: (1) Evidence-based; (2) Cost-effective; (3) Utilizes active parental consent; and (4) Includes procedures and resources to link identified students with needed services. (revised 2017)*

Rural Children's Mental Health Consortium Legislative Priorities

- **Priority 1: Address Work Force Development to Provide Mental Health Professionals to Rural Nevada**

- Legislative Ask:
- Develop and fund clinical internships, and ensure licensure reciprocity for qualified individuals coming in from other states willing to work in children's mental health.

- **Priority 2: Promote Appropriate Mental Health Providers to Public Schools**

- Legislative Ask:
- Expand school based services in rural counties for mental health programs. Support the Social Workers in Schools Grant Program and allow expansion into more rural schools.

- **Priority 3: Support a System of Care Designed for Nevada's Rural Region**

- Legislative Ask:
- Divert Juvenile Justice referrals who have mental health and expand mental health services to tribal youth

- **Priority 4: Promote Adequate Technology to Support the Use of Telehealth Services in Nevada's Rural Regions**

- Legislative Ask:
- Fund appropriate bandwidth capabilities and provide up-to-date equipment for delivery of telehealth services to Rural Nevada locations

- **Priority 5: Create a Rural Children’s Mobile Crisis Response Team (RMCRT)**
- Legislative Ask:
- Continue to support crisis services to Nevada rural and frontier youth

- **Priority #6: Promote Prevention and Intervention: Addressing Behavioral Health Issues Early**
- Legislative Ask:
- Expand pilot programs that have shown success in early prevention for rural youth (*HSI public health approach*)

- **Priority #7: Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially to Those Out-of-State Through Increased Local Service Array**
- Legislative Ask:
- Development of existing “regional grass roots collaborative efforts” to expand community based wraparound type services.

Washoe County Children's Mental Health Consortium Legislative Priorities

- **Priority 1: Develop Access to Care**

- Legislative Ask:
Help to fund programs and providers that can *decrease out-of-home placements and serve children and their families in the community. The Home In Nevada Team (HINT) model*

- **Priority 2: Helping families help themselves**

- Legislative Ask: *Increase family support programs and involvement for Family engagement to provide information, support and training to develop Family Voice as in Nevada PEP.*

- **Priority 3: Helping youth succeed in school**

- Legislative Ask:
- Increasing supportive services to address children's mental health needs in the school district such as the Safe Schools Professional Program; and additional trainings from the office of Suicide Prevention

- **Priority 4: Helping Youth in Transition**

- Legislative Ask:
- Increase youth support and involvement as they transition to adulthood
- *Submitted on behalf of the Nevada Children's Behavioral Health Consortium. Dan Musgrove – Vice Chair*

Southern Regional Behavioral Health Policy Board Bill Draft Request Recommendation

- Revise language from Assembly Bill 366 (2017) to adjust regional[policy] board membership (where there are no qualified persons for a specific appointment), increase the board's duties to try to more effectively coordinate and amass information, including revising the requirement to submit an annual report and perhaps seek funding to add staff to the board and/or develop a first rate website as well as track Legal 2000 data. Further, clarify whether the boards are to meet during the legislative session.
- <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/13061>

Legislative Committee on Health Care
(Nevada Revised Statutes 439B.200)

WORK SESSION DOCUMENT



August 27, 2018

Prepared by the Research Division
Legislative Counsel Bureau

<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/12997>

A. Proposals Relating to Access to Care and Public Health

1. Send a letter to the Senate Committee on Finance, the Assembly Committee on Ways and Means, and the Director of the Department of Health and Human Services (DHHS):
 - a. Expressing the LCHC's support for Federally Qualified Health Centers (FQHCs) and maintaining or increasing the \$500,000 per annum appropriation from tobacco settlement

revenue to fund a Health Center Incubator Project for expanded access to care, which was made during the 2017 Legislative Session; and

Nancy Bowen, Executive Director, Nevada Primary Care Association

- b. Encouraging a review of opportunities to partner with FQHCs to leverage state funding to receive matching federal dollars to increase satellite sites, possibly through school-based clinics.

Sondra Cosgrove, President, League of Women Voters of Nevada

2. Propose legislation to:

- a. Prohibit state funding from being allocated or subgranted to an FQHC with executive staff or board members who have been convicted of a felony or had their health care professional license revoked within the last 12 years; and

Senator Patricia (Pat) Spearman, Senate District 1 (Requested by a constituent and facility dietician.)

- b. Amend [NRS 372A.290](#) to redirect a portion of marijuana excise taxes to build public health infrastructure and capacity that supports foundational public health services in Nevada at a rate of \$5 per capita:

(1) Require DHHS to establish a Public Health Improvement Fund:

- (a) The Fund must be utilized to improve the public health and must be allocated based on population to public health agencies operating under [Chapter 439](#) of NRS;
- (b) The interest and income earned on the money in the Fund must, after deducting any applicable charges, be credited to the Fund. All claims against the Fund must be paid as other claims against the state are paid;
- (c) The money in the Fund remains in the Fund and does not revert to the State General Fund at the end of any fiscal year; and
- (d) All money that is deposited or paid into the Fund is hereby appropriated to be used for any purpose authorized by the Legislature or by the Division of Public and Behavioral Health (DPBH), DHHS, for expenditure or allocation in accordance with the provisions of this bill. Money expended from the Fund must not be used to supplant existing methods of funding that are available to public agencies.

(2) Use of the Fund and duties of the Division:

- (a) Conduct or require eligible public health agencies to conduct a community needs assessment to establish the public health needs of their community;
- (b) Establish a process to evaluate the health and health needs of the residents and establish a system to rank them for prioritizing funding; and
- (c) Allocate money for direct expenditure by the health agencies operating under [Chapter 439](#) of NRS in accordance with their identified needs and priorities relating to public health.

Various public health presenters, including: Kevin Dick, Health Officer, Washoe County Health District; Joseph P. Iser, M.D., Chief Health Officer, Southern Nevada Health District; Nicola (Nicki) Aaker, M.S.N., M.P.H., R.N., Director, Carson City Health and Human Services; and John Packham, Ph.D., Nevada Public Health Association (NPHA).

16. Send a letter to the Senate and Assembly Committees on Education and the Senate and Assembly Committees on Health and Human Services encouraging them to develop a joint study regarding barriers to, and strategies to best provide, intervention services for children with autism, including the impact of:
 - a. Raising the reimbursement rates for registered behavior technicians (RBTs) so employers can raise wages;
 - b. Changing the compulsory education law to allow children diagnosed with autism to attend school half-day so they can receive intensive 1:1 applied behavioral analysis services in their homes during the day;
 - c. Mandating in-school access to insurance-funded RBTs for eligible children;
 - d. Allowing Medicaid to reimburse for technicians who are in training; and
 - e. Creating a statewide magnet school program to produce RBTs.

Marc Tedoff, Owner, Applied Behavior Analysis Institute

**PROPOSED REGULATION OF THE
BOARD OF EXAMINERS FOR MARRIAGE AND FAMILY
THERAPISTS AND CLINICAL PROFESSIONAL COUNSELORS**

LCB File No. R094-18

July 19, 2018

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted-material] is material to be omitted.

AUTHORITY: §§1, 6-8, 11-14, 22 and 26-31, NRS 641A.160; §§2-5 and 15, NRS 641A.160 and 641A.260; §9, NRS 641A.160 and 641A.210; §10, NRS 641A.160, 641A.180, 641A.220 and 641A.231; §§16, 17 and 19-21, NRS 641A.160, 641A.287 and 641A.288; §18, NRS 641A.160, 641A.287, 641A.288 and 641A.310; §§23-25, NRS 641A.160 and 641A.310.

A REGULATION relating to mental health; establishing requirements relating to courses or programs of continuing education for licensees; revising provisions relating to administration of the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors; revising provisions relating to licensure as a marriage and family therapist, marriage and family therapist intern, clinical professional counselor or clinical professional counselor intern; revising provisions relating to the supervision of an intern; revising requirements relating to the professional responsibility of a licensee; eliminating the endorsement of a license of a clinical professional counselor or a clinical professional counselor intern which authorizes the licensee to assess and treat couples or families; and providing other matters properly relating thereto.