



Children's Mental Health

2019 Legislative Bill Summary Report

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INTRODUCTION

This report includes a selection of legislative bills passed during Nevada's 80th Session that specifically address children's mental health. The bills reviewed in this document are separated into four categories which include Mental and Behavioral Health, Safety, Education, and Healthcare. For each bill included in this review, there is a summary of the bill, discussion points on the bill's potential impact on children's mental health, and discussion points on health equity issues that may be impacted by the bill. For the purposes of this document, the author has defined health equity as the ability for all children; regardless of race, social economic status, sex, gender, origin, etc.; to be able to receive services.

This legislative review of select bills that relate to children's mental health provides a brief insight into how these new policies will impact the well-being of children and families in Nevada. In addition, by examining these bills through a health equity lens, will hopefully minimize the number of barriers to maximize access to services for all children in the state.



MENTAL & BEHAVIORAL HEALTH



Assembly Bill 66

Authorizes establishment and funding of certified crisis stabilization centers and expansion of other behavioral health services.

BILL SUMMARY

Establishes psychiatric hospitals to provide "crisis stabilization" services. This bill defines "crisis stabilization services" to mean behavioral health services designed to de-escalate or stabilize a behavioral crisis, and avoid admission of a patient to another inpatient mental health facility or hospital. Medicaid must include these hospitals in the network of providers under contract. These crisis stabilization centers will serve as psychiatric emergency centers. Crisis Stabilization programs must be reimbursable under Medicaid to the same extent as other facilities. This bill encourages licensed non-emergency secured behavioral health transportation to be used to transport. In addition, DPBH may issue a psychiatric center to be endorsed as a crisis stabilization center.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Less families will have to wait extended lengths for Emergency Department hospital beds or detained in jail due to a mental health crisis. Instead, families will be able to access appropriate crisis treatment and hopefully continue to receive care in an outpatient setting.

IMPACT ON HEALTH EQUITY

- Patients in a mental health crisis will have access to quick and effective treatment to stabilize. This will prevent inadequate and inappropriate usage of jails and hospitalizations used to treat a mental health crisis. Jails are not equally represented in the population, as many minorities are overrepresented in jails.
- Patients will receive more effective care for mental health crisis as this bill specifically states that crisis stabilization centers must accept all patients, without regard to:
 - race, ethnicity, gender, socioeconomic status, sexual orientation, or place of residence of the patient;
 - Any social conditions that affect the patient;
 - The ability of the patient to pay; or
 - Whether the patient is admitted to the psychiatric hospital voluntarily or under an emergency admission.

Assembly Bill 76

Revises provisions governing the Regional Behavioral Health Policy Boards

BILL SUMMARY

AB76 allows the Commission on Behavioral Health to employ an administrative assistant to join the behavioral health board, thus changing the qualifications to appoint to the board. This bill eliminates the Southern Behavioral Health Region; places Esmeralda and Nye Counties within the Rural Behavioral Health Region; and creates the new Clark Behavioral Health Region. It determines the method of filling vacancies on the behavioral health board. Before, all vacancies were filled in the same manner as the original appointment. This method has changed to the following: If a member who was appointed pursuant to subsection 2,3,4,5, or 6, the vacancy must be filled in the same manner as the original appointment for the remainder of the term; a member who was appointed pursuant to subsection 7, the policy board shall, by majority vote, appoint a member to fill the vacancy for the remainder of the unexpired term; and a member who was appointed pursuant to subsection 8, the policy board shall, by majority vote, appoint a member to fill the vacancy for the remainder of the unexpired term. In addition, if the appointing authority feels as though one of the members is neglecting to fulfill their duties during their 2-year term, he or she may remove that member from the policy board. The new vacancy must be filled for the remainder of the unexpired term by majority vote.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Through any of the restructuring of the board, decisions, policies, or recommendations should be geared toward children and adults separately.
- They need to have people on the board that represent children. Not all policies will affect adults and children the same way.

IMPACT ON HEALTH EQUITY

- Employing an administrative assistant to the behavioral health board creates more time and efficiency for board member to oversee providers, thus ensuring more quality work.
 - *Recommendation:* boards need to ensure that when discussing children's mental health needs, that health equity is addressed.
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Assembly Bill 85

Revises provisions governing behavioral health crisis hold practices.

BILL SUMMARY

Requires the State Board of Health to make regulations concerning the involuntary administration of medication to certain persons with mental illness, the completion of a medical examination before admitting a person to a mental health facility, and the reporting of certain information concerning emergency admissions. The bill further authorizes the Board to adopt regulations requiring a public or private mental health facility or hospital to adopt a plan to discharge patients admitted to the facility or hospital. The bill replaces the term “person with mental illness” with the term “person in a mental health crisis” and defines that term to mean any person who has a mental illness and has a diminished capacity that presents a substantial likelihood of serious harm to himself or herself or others. It requires the immediate release of a person admitted to a public or private mental health facility on a voluntary basis upon his or her request and standardizes the time periods a person may be detained to no longer than 72 hours in specified cases related to emergency admissions. A judge has a period of 6 judicial days to hear a petition for an involuntary, court-ordered admission and for the court to release a person admitted as an emergency admission who is determined not to be a person in a mental health crisis.

IMPACT ON CHILDREN’S MENTAL HEALTH

- It is unclear if this bill relates to children as The Nevada Revised Statute’s definition of a person does not include age and the definition of a “child” includes the term “person”.
 - **NRS 0.039 “Person” defined.** Except as otherwise expressly provided in a particular statute or required by the context, “person” means a natural person, any form of business or social organization and any other nongovernmental legal entity including, but not limited to, a corporation, partnership, association, trust or unincorporated organization. The term does not include a government, governmental agency or political subdivision of a government. (Added to NRS by [1985, 499](#))
 - **NRS 392.287 “Child” defined.** “Child” means a person under the age of 18 years or, if a pupil, until graduation from high school. The term does not include a child who remains under the jurisdiction of the court pursuant to [NRS 432B.594](#).
- It is important that if a single parent is being put under 72 hold, that there are appropriate provisions for the child in order to limit trauma that could be caused by this experience.

IMPACT ON HEALTH EQUITY

- Providing families with a standard education regarding mental health holds would allow families to understand procedures regarding their loved one whom is under patient hold.
 - Persons implementing involuntary holds should be trained on cultural differences in presentation of mental health crisis within populations.
 - Patients will be able to access their right to counsel after 72 hours, enhancing patient rights.
 - Changing the terminology of “mental illness” to “person with mental health crisis” helps to reduce the stigma associated with mental health needs, encouraging awareness and likelihood of seeking services.
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Assembly Bill 260

Revises provisions governing mental health.

BILL SUMMARY

Revises provisions relating to confidential communications made by law enforcement or public safety personnel who participate in peer support counseling sessions. This measure prohibits a court from issuing an order or subpoena requiring the disclosure of confidential communications made during such a peer support counseling session.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Law enforcement or public safety personnel may be more likely to utilize peer counseling as a method of maintaining their mental health. This may alleviate stress that is brought home after a stressful encounter at work. Prolonged stress may not only be mentally harmful to the officer, but also the officer's family, including children.

IMPACT ON HEALTH EQUITY

- Victims or perpetrators of crime may not be able to obtain proper evidence for their cases involving these officers if officer chooses to discuss the matters during a peer counseling session because the information is confidential from courts. This could result in the increased mistrust between officers and civilians that have been historically racially profiled and targeted by police.
 - "Peer Counseling" must be defined and parameters must be established between peers. This will help to define when a "peer counseling session" is taking place and determine what is or is not confidential. Neglecting to clearly define when a "peer counseling session" is taking place could cause confusion, as many peers have the dual relationship of co-worker and personal friendship.
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Assembly Bill 378

Revises provisions to ensure assistance for suicidal juveniles.

BILL SUMMARY

Clarifies that a facility or hospital may accept for emergency admission to evaluate, observe, or treat any person deemed to be a threat to him or herself or others for whom a proper application has been made, regardless of whether a parent or legal guardian has consented to the admission. The person who applies for emergency admission shall attempt to obtain the consent of a parent or guardian before making the application when practicable. The bill also clarifies that a school police officer can make an application for the involuntary court-ordered admission of such a person. This bill requires Nevada's Department of Education to include in its model a plan for the management of a crisis or suicide procedure for responding to a student who is determined to be a threat to him or herself or others.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Children will be able to get more prompt emergency mental health treatment during a crisis by not having to wait for parental consent. This could decrease the likelihood of the youth having the time to carryout harm against themselves or others.
- Consequences of transporting a child from a familiar environment, such as school, to an unfamiliar environment, such as a psychiatric hospital, without the presence of a parent could be traumatic.
- Parents may be the last to know when their child has been admitted for evaluation. The delaying of parental notification could mean longer separation of the child from their families, increasing the negative effect on the child's mental health.

IMPACT ON HEALTH EQUITY

- Parents may be the last to know when their child has been admitted for evaluation. People of color and other minority groups may feel especially affected due to systems already making these groups feel inferior or as though they are not entitled to rights.
 - School safety officers should be trained on mental health presenting symptoms of culturally different groups
 - Schools educating mostly minority and low SES students should train school police officers on factors that could contribute to behavioral health issues, which may not be truly a threat to him/herself or others.
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Assembly Bill 387

Revises provisions governing services to families of children with mental illness or serious emotional disturbance.

BILL SUMMARY

This bill creates a taskforce to explore other pathways for families on the verge of seeking services for their child with mental illness or serious emotional disturbances through relinquishment of custody to the Department of Family Services, despite the absence of abuse or neglect. The taskforce is obligated to gather Data from cases of children going into the system for mental illness [To be reported in 2020], Identify how services will be paid for, and Include at least one clinical case where a child has been admitted to the hospital for mental health issues. The must turn in an annual report to the Department of Health and Human Services.

IMPACT ON CHILDREN'S MENTAL HEALTH

- If successful, the taskforce will come up with ways that children would be able to receive mental health services without parents having to relinquish their custody
- Parents would not have to be listed in the child welfare system as negligent to get their children services, which could have negative outcomes for parents.
- A limitation is that the recommendations of the taskforce are not guaranteed to be funded or implemented, therefore the work done by the taskforce may not result in change.
- Another limitation is that this taskforce is a new group that will likely include individuals that already work on groups with similar missions. This could put a strain on time and resources and may not be the most effective approach.

IMPACT ON HEALTH EQUITY

- Children may have access to mental health care while remaining in the custody of their parents/ guardians. This especially affects African American children, who are disproportionately represented in child welfare systems.
 - This taskforce must consider barriers that may affect select groups or groups that may need care the most (undocumented families, low income, under-insured, minorities, non-English speaking, homeless, rural families, etc.). These groups are the most under-served and have the highest need for access to mental health services.
 - This taskforce must be diversified to include people who have expertise in equity-related issues in order to create recommendations that decrease barriers for higher-risk populations such as minorities and families without health insurance. People who have expertise in these issues are more likely to include health equity factors within their recommendations.
 - Implementations should consider different cultural groups and their needs in order to encourage family participation.
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Senate Bill 204

Revises provisions relating to the mental health of pupils

BILL SUMMARY

This bill mandates a policy for prevention of suicide for all private and public schools that serve grades 7 through 12 in NV. Schools must adopt a model and a plan to address the needs of students which scientific research deems high risk for suicide. Their model must address a response to crisis, emergency, or suicide at the school. Their model must also include Prevention and Intervention plans. School personnel who interact with students daily must be trained to identify warning signs of suicide and how to make referrals. Failure to adopt a policy for prevention of suicide could result in the revoking of a license to operate a school. The selected policy will go under review every 5 years. Section 10 makes the implementation of this bill optional in the policy for private schools.

IMPACT ON CHILDREN'S MENTAL HEALTH

- There will be a protocol in place to respond to children attempting suicide and those affected by suicide in schools. This will help to address mental health needs of students with suicide ideation and those who are deemed “high risk” for suicide. This protocol will create protective factors where more people in the school will have the knowledge and skills to identify a student of concern and take the appropriate actions to get that student help.

IMPACT ON HEALTH EQUITY

- Protocol must highlight suicide warning signs for students with disabilities, mental illness, or substance use disorders that differ from the general student population due to their unique behavioral health presentation.
 - Cultural competency must be considered when training school personnel of suicide warning signs.
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Senate Bill 216

Revises provisions relating to autism spectrum disorders. (BDR 38-33)

BILL SUMMARY

Establishes the Nevada Commission on Autism Spectrum Disorders. It eliminates the requirement that the statewide standard developed by the Aging and Disability Services Division (ADSD) of the Department of Health and Human Services (DHHS) for measuring outcomes and assessing people with autism spectrum disorder who receive services through the state, or a local government use a standardized assessment instrument. The bill also requires the plan of treatment developed for participants in the Autism Treatment Assistance Program, ADSD, DHHS, to ensure participants receive appropriate service after reaching 20 years of age.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Youth with Autism may have ongoing services even after the age of 20. Treatment plans must include preparations for transitioning the person from one provider of treatment to another or from one public program to another, as the needs of the person require through the age of 19 years.
- More youth with autism may be able to have access to services.

IMPACT ON HEALTH EQUITY

- This commission includes at least one parent with a child that has autism for under age 5 and one parent for over age 12 to include input on decision-making, who have personal experience with the barriers to treatment for their child(ren).
 - The Commission must ensure there are enough trained providers to meet the population needs.
 - The Commission must ensure that equitable services are provided in rural areas as well.
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Senate Bill 270

Requires the Department of Health and Human Services to establish and administer the Nevada Crisis Response System.

BILL SUMMARY

Requires the Department of Health and Human Services, to the extent that money is available, to establish and administer the Nevada Housing Crisis Response System to prevent and address homelessness in the state. This is meant to be achieved by: (1) Coordinating with local governments and nonprofit organizations; (2) Providing a system to respond to crises 24 hours per day, seven days per week; (3) Developing prevention and assistance programs; and (4) Generally assisting people who are transient, at imminent risk of homelessness, or homeless. The Department may adopt regulations to carry out the provisions of the bill, including regulations that require a person or entity that accepts money from the Department to participate in the Nevada Housing Crisis Response System. Finally, the Department must submit an annual report to the Legislature concerning activities and services to prevent homelessness in the state.

IMPACT ON CHILDREN'S MENTAL HEALTH

- This system aims to help children faced with homelessness. Children faced with unstable housing conditions endure an increased exposure to unhealthy stress levels. These children do not have their basic living needs fulfilled, which may take a toll on their physical and mental health.

IMPACT ON HEALTH EQUITY

- These crisis response teams must include members of diverse cultural backgrounds to advocate for minority groups who are most faced with inadequate financial and social resources.
 - Eligibility standards to receive services should include families who have unhealthy structural issues with their housing such as lead-exposure in the home, as this can lead to further health issues and potential financial burdens.
 - Services must be able to help those at-risk for homelessness in rural areas, undocumented families, those recently released from jail, and other vulnerable populations, because these groups have the most barriers to receiving adequate housing and are at high risk for homelessness.
 - Services should include funding for housing for low SES populations that have inadequate access to affordable housing and financial resources.
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Senate Bill 424

Revises provisions governing services for persons with a mental illness.

BILL SUMMARY

Creates an appeal process to the Division of Public and Behavioral Health if a recipient of community-based living arrangement services or providers feel as though services are not a good match for client needs. Individual contracts may not fulfill the client's needs. An appeal process due to progression or regression of client's needs will help to cater to the client's treatment. Current services are based on service treatment plan hours, which may not always be enough. The goal is to maximize client's individual care plan towards independence. The appeals process would consider the types of services that would apply and ensure the right for the client to take part in an appeal process to keep the client in control.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Families with children living in group homes or other community-based living arrangements will have an opportunity to give their input on the child's treatment. This will create an increased feeling of autonomy for the family.

IMPACT ON HEALTH EQUITY

- Adding an appeals process may maximize a client's individual care based on assessment, rather than contract. This will affect marginalized groups who are made to feel as though they have no rights regarding their health decisions. This could also include senior citizens.
 - Appeals process may include guidelines on what services may be a good match for client populations based on cultural or religious values of the family.
 - The right for the client to take part in the appeal process, should include translators and advocates whom can help the client fully understand the appeals process.
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Senate Bill 425

Requires the Director of the Department of Health and Human Services to amend the State Plan for Medicaid to provide certain additional home and community-based services.

BILL SUMMARY

Requires the Department of Health and Human Services to amend the State Plan for Medicaid to provide certain additional home and community-based services. This bill aims to help with homelessness and to help maintain/acquire stable housing. The additional home and community-based services include tenancy support services, such as advocacy with landlords and eviction prevention. Services also address Housing Case Management, such as direct tenancy supports, finding furniture, and teaching housekeeping skills. The bill requires a neutral third party to screen eligible clients for services. Clients will have to be Medicaid eligible. Those administering services cannot discriminate based on diagnosis.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Families will gain resources to acquire and maintain stable housing. Unstable housing conditions can lead to increased unhealthy stress in children.
- Families will receive case management services and advocacy on their behalf, linking them to community resources. This will help to increase stable housing for children and decrease stress caused by not having their basic living needs fulfilled.

IMPACT ON HEALTH EQUITY

- The utilization of public systems (jails, hospitals, shelters, etc.) will decrease due to the increased availability of stable housing support. This will positively affect African American families as there is an overwhelming disproportionate percentage of African Americans in jails.
 - Services should include bilingual advocates for non-English speaking clients. This will increase access to information and services that could serve non-English speaking families.
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Senate Bill 483

Revises provisions governing the Statewide Program for Suicide Prevention

BILL SUMMARY

This bill requires the Office of Suicide Prevention (OSP) to establish a program to provide training at no charge to family members of persons at risk of suicide; including family members of veterans, members of the military and other persons who are at risk of suicide. This program includes, without limitation, trainings in recognizing and productively interacting with persons at risk of suicide and the way to refer those persons to individuals professionally trained in suicide intervention and prevention.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Reduces the rate of suicide in children through prevention, as families will be trained on suicide awareness and intervention practices.
- Families will be more able to recognize, handle, and appropriately refer a child during crisis.

IMPACT ON HEALTH EQUITY

- Trainings must be available in multiple locations to decrease transportation barriers that families with low income may face. If there is not a training location that is easy to get to, families may not be able to receive the trainings that would positively impact them. This also includes families living in rural areas, as these families may have to travel hundreds of miles to gain access to services.
- *Recommendation:* The program may want to include transportation services to families who don't have access to transportation for trainings due to low income or geographic distances (i.e. live in rural areas where there is limited public transportation).
- Trainings should be available in multiple languages so that non-English speaking families can have access to the training information.
- The program should consider providing childcare during training times to accommodate families that cannot afford childcare but would still like to participate in the training.
- Trainings must consider cultural differences in suicidal warning signs, as they may present differently.



SAFETY



Assembly Bill 133

Revises provisions governing certain homeless populations. AN ACT relating to public welfare; revising the definition of the term “runaway or homeless youth” for certain purposes; requiring every county to provide care, support and relief to a runaway or homeless youth; and providing other matters properly relating thereto.

BILL SUMMARY

Redefines the term “runaway or homeless youth” to mean a person who is under 24 years of age (rather than the current age of 18 and under) living in certain situations outside of a permanent home. The measure further adds runaway or homeless youth who lack other means of support to the list of individuals to whom every county is currently required to provide care, support, and relief. This bill Removes the term “runaway” from the phrase “runaway or homeless youth” and clarifies that counties “may” appropriate money to provide care, support, and relief to homeless youth. If such funding is appropriated, the board of county commissioners is required to establish and approve policies and standards, prescribe uniform standards of eligibility, appoint agents who will develop regulations, and administer a program to provide such services to homeless youth.

IMPACT ON CHILDREN’S MENTAL HEALTH

- Homeless youth may be able to access services, decreasing the unhealthy stress of having inadequate resources.
- Increases the age of youth from 18 years to 24 years old, thus increasing the pool of qualified individuals to obtain services.

IMPACT ON HEALTH EQUITY

- Money should be allocated to programs supporting employment, transportation, housing needs, and other resources to further address risk-factors affecting homeless youth.
 - *Recommendation:* Programs should include youth who "couch surf" with family and friends, as eligible for services.
 - Programs under this bill should consider neighborhood conditions that affect homeless youth and the influence of those conditions on how the youth engages with its community. Areas of high-crime, gang violence, etc. may put additional risks upon homeless youth safety and mental health.
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Assembly Bill 322

Makes an appropriation to the Eighth Judicial District to support the operation of juvenile assessment centers. (BDR S-713)

BILL SUMMARY

This bill allocates \$3,000,000 of funding in the 8th Judicial district (located in Clark County) towards operating juvenile assessment centers, funding mental health professionals for each center, funding regional prevention teams to help students with support services at schools in the district and funding any support services not covered by Medicaid (including substance abuse) within the centers.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Youth will have access to more supportive services while in the juvenile assessment center. This can help youth with the increased stress of being in a detention center and working through behavioral issues that may have caused their legal troubles.

IMPACT ON HEALTH EQUITY

- This bill specifically allocates funding for Clark County. Juvenile Assessment Centers that are placed outside of Clark County will not be able to benefit from these services.
 - Many youths are in the juvenile assessment centers due to mental health issues; therefore increasing access to services may help them exit the system. There is a disproportionate percentage of youth within the juvenile assessment centers that are African American and low SES. These services will directly affect these populations and may potentially lower the percentage of these groups placed in detention due to mental health issues.
 - This bill increases access to services to children who do not qualify for Medicaid within schools in the districts, such as undocumented citizens and low SES families. This funding will support services at schools that would not require health insurance.
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Assembly Bill 449

Directs the Legislative Committee on Child Welfare and Juvenile Justice to conduct a study relating to juvenile detention in this State. (BDR S-450)

BILL SUMMARY

This bill directs the Legislative Committee on Child Welfare and Juvenile Justice to conduct a study of juvenile detention in Nevada during the 2019–2020 Interim. The study must consider a regional approach to housing juvenile offenders, review the adequacy of current institutions and facilities to house juvenile offenders, review the adequacy of family and community engagement, and analyze current offerings of educational and health programming in institutions and facilities. The study must review practices in other states, including housing youth offenders tried as adults, as well as sentencing standards and practices. The study must also consider facilities, programs, and services available to youths who are determined to be incompetent. This bill Requires Nevada’s Department of Corrections and state and local facilities for juvenile offenders to provide data. The Committee may seek technical assistance from state and national experts. Additionally, the Committee shall submit its report of findings and recommendations to the director of the Legislative Counsel Bureau.

IMPACT ON CHILDREN’S MENTAL HEALTH

- This study may be able to highlight barriers that youth offenders may be faced with and how to improve those conditions.
- Data concerning use of physical force to restrain juveniles who are detained in juvenile facilities will be required, as well as data concerning physical and sexual assaults of youth within the juvenile facilities.

IMPACT ON HEALTH EQUITY

- Recommendations must consider a culturally competent approach because much of the juvenile system consists of minority youth.
- Data analyzing current offerings of educational and health programming in institutions may result in increased chances to improve income potential and literacy after the youth exit the system.
- The study must report findings on what happens after juveniles exit the system and the outcomes, as it will help to predict and prevent recidivism rates especially among minority groups, who often make up the majority of the juvenile detention population.



EDUCATION



Assembly Bill 114

Revises provisions governing the prevention of suicide. Requiring the State Board of Education to establish a course of study in the prevention of suicide for pupils in certain grades; requiring licensed educational personnel to receive training in certain topics relating to suicide by pupils; and providing other matters properly relating thereto.

BILL SUMMARY

This bill requires the Board of Trustees of each school district and the governing body of each charter school to submit a report to Nevada's Department of Education attempted suicide; courses of study in the prevention of suicide; incidents of suicide; suicidal ideation by pupils; and training for administrators and teachers in the prevention of suicide. The Department is required to compile the information and submit it to the director of the Legislative Counsel Bureau on or before April 1, 2020, for transmission to the Legislative Committee on Education.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Nevada's Department of Education may be able to better allocate suicide prevention resources to schools based on this report. This will help support students and school staff affected by suicide.
- The results of these reports may increase awareness of suicide prevention in schools by being able to evaluate the effectiveness of current suicide protocol in schools.

IMPACT ON HEALTH EQUITY

- Nevada Department of Education will be able to assess the effectiveness of suicide prevention in schools that educate mostly minority and low SES students, who are burdened with additional life stressors such as inadequate access to resources and unhealthy neighborhood conditions.
 - The findings of the reports may highlight gaps in training for administrators and teachers in the prevention of suicide that directly affect students deemed high-risk for suicide such as LGBTQ+ population, students that experience chronic trauma, students that have limited access to resources, etc.
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Assembly Bill 258

Revises provisions governing special education dispute resolution.

BILL SUMMARY

This bill authorizes a pupil, or his or her parent or guardian, who is the subject of a decision or a settlement agreement resulting from a due process hearing to submit a complaint to Nevada's Department of Education if a local educational agency (LEA) or charter school fails to comply with the decision or settlement agreement. If the Department finds merit in the allegations, the Department is required to take measures to ensure the LEA or charter school complies with the decision or settlement agreement and any additional measures determined necessary to ensure that the pupil receives a free and appropriate public education. This bill also requires a pupil with a disability to participate in an alternative assessment to receive an adjusted diploma, rather than pass such an assessment.

IMPACT ON CHILDREN'S MENTAL HEALTH

- This bill ensures that children are protected if school fails to comply with due process decisions, lessening the stress of having to further advocate for their special education needs.
- This bill ensures that a pupil receives free and appropriate public education after the settlement agreement is final, protecting the student's right to receive education.
- This bill allows for students with a disability to have alternative options towards earning their diplomas, which lessens the obstacles that they may face while trying to graduate.

IMPACT ON HEALTH EQUITY

- Increases access to education for low-income students who may also have a learning disability because this bill ensures free and appropriate public education for these students.
 - Ensures that children with disabilities can be accommodated when working towards their diploma.
 - To monitor assessment biases, this bill requires the local educational agency or governing body of a charter school involved in the complaint to pay the cost of the hearing. This also takes away the financial burden from families whom may not be able to afford the hearing costs.
 - The Department of Education monitors actions and ensures that educational agency complies with hearing order, protecting vulnerable populations, such as minorities, who may already feel as though they do not have protected rights.
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Assembly Bill 261

Revises provisions relating to the safety of children in public schools. Requiring the development and provision of training for certain educational personnel in personal safety of children.

BILL SUMMARY

Requires each school district and charter school to report certain information concerning training for administrators and teachers in the personal safety of children, and incidents of child abuse or sexual abuse of a child, to Nevada's Department of Education (NDE) on or before August 1, 2020, and August 1, 2021

IMPACT ON CHILDREN'S MENTAL HEALTH

- By requiring school districts to report that they are following the personal safety training requirements will hopefully increase compliance with the law and increase child self-protection as well as protection of children by school personnel.

IMPACT ON HEALTH EQUITY

Teachers must know what is considered abuse and the reporting criteria. This is especially important when reporting minority students and students with undocumented guardians, as it increases the high percentage of these groups being placed within various social systems.

- Even though the implementation of training is not discussed in this bill, it is recommended that there be cultural competency training for teachers and administrators to better determine when children might be in unsafe environments or experiencing trauma. . This bill defines "personal safety of children" as an age-appropriate recognition of various hazards and dangers that are particular to children, including, without limitation, the danger associated with unsafe persons, both known and unknown to the child, abuse, sexual abuse or exploitation, becoming lost or separated from a parent or guardian, and an awareness of age-appropriate steps a child may take to avoid, lessen or alleviate those hazards and dangers, including, without limitation, reporting threats of harm to a responsible adult. In order to accurately identify behaviors or situations that may be unsafe, it is important to understand how make examinations through with cultural considerations to best serve that child and their family. Therefore, this is additional training that should be provided and included in these reporting practices. .
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Assembly Bill 490

Revises provisions relating to school discipline.

BILL SUMMARY

Requires each public school to collect and report data on the discipline of its students. Suspensions and expulsions are to be reported as separate events, and the data must be made available by subgroups. The bill further requires the superintendent of public instruction to report trends in discipline data to the State Board of Education. Nevada's Department of Education (NDE) and the State Board must also include this information in the annual report of the state of public education. Finally, AB 490 requires NDE to develop and provide guidance to school districts on the collection of discipline data; develop standard definitions for offenses and sanctions; and provide training and professional development on reporting and analyzing discipline data.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Monitored data would be collected on discipline methods against students, which could lead to better insight on disciplinary trainings.
- Based on recommended standard definitions for offenses, the number of students getting suspended or expelled could decrease.

IMPACT ON HEALTH EQUITY

- These reports could expose suspension/expulsion disparities and bias within groups of students. African American children make up a disproportionate percentage of suspension and expulsion rates.
 - These reports could affect young children and children with disabilities or mental/behavioral needs if they are held to equal standards as their typical peers.
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Senate Bill 80

Provides for creation and implementation of plan to provide services to pupils in traumatic situations.

BILL SUMMARY

Requires the Director of the Office for a Safe and Respectful Learning Environment in Nevada's Department of Education to establish the Handle with Care Program and provide training to school officials and other persons who will be involved with the program. This bill requires law enforcement officers and agencies to report to the program certain information about a child who may attend a public school and who has been exposed to a traumatic event. Information about such a child must be forwarded to trained personnel at the school, who are to take appropriate actions to reduce the negative impact of the traumatic event on the child. The bill also changes the name of the Safe-to-Tell Program to the SafeVoice Nevada Program, a program that enables any person to anonymously report dangerous, violent, or unlawful activity in certain circumstances related to public schools.

IMPACT ON CHILDREN'S MENTAL HEALTH

- This bill may decrease stigma against students who experience trauma or live under chronic stress by the student not having to be the one to seek assistance.
- For this bill to be implemented more successfully, it is necessary for officers and school officials to know how to approach students in a more trauma-informed manner to handle behavioral/mental health issues. Otherwise, mandatory reporting of a student's trauma may cause the child to feel distrust of school personnel.

IMPACT ON HEALTH EQUITY

- The term "trauma" should be specified, as this can be open to interpretation. Students living in low-income neighborhoods could consider their neighborhood conditions to be traumatic if there is high-crime in that area.
 - These procedures could cause negative impact on children of racial minority because it could increase the probability of involvement of social systems and minority children are over-represented in social systems. In addition, the circumstance could lead to more trauma and stigma against minority students if school staff do not appropriately use the information received about a student.
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Senate Bill 239

Revises provisions relating to bullying in schools.

BILL SUMMARY

Authorizes a school administrator to extend the two- or three-day period for investigating reported cyber-bullying to not more than five days after the report is received in certain circumstances. After the completion of an investigation, any action taken to address the bullying or cyber-bullying must be carried out in a manner that causes the least possible disruption to each victim and, when necessary, the administrator or his or her designee must give priority to protecting the victim over any interest of the perpetrator when determining actions to take.

IMPACT ON CHILDREN'S MENTAL HEALTH

- This would potentially decrease the amount of cyberbullying amongst students.
- Victims of cyberbullying may have additional protections.
- Victims may fear retaliation or become ostracized from their peer group.

IMPACT ON HEALTH EQUITY

- School administrators will have to be trained and practice objectivity in order to prevent indirect victim shaming and personal bias based on the student's social status, economic status, race, or gender.
 - Investigations must include awareness of race, gender, sex, SES, etc. in determining cyberbullying.
 - Action taken to address cyber-bullying should include methods that would prevent retaliations from perpetrator, especially for children who live in low-income neighborhoods that do not have adequate policing.
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Senate Bill 267

An act relating to education; requiring the identification of social and environmental factors that affect the educational experience of pupils at each public school; requiring the consideration of those factors in certain circumstances; and providing other matters properly relating thereto.

BILL SUMMARY

Requires the State Board of Education to adopt regulations requiring the board of trustees of each school district and the governing body of each charter school to identify for each school the social and environmental factors that affect a student's educational experience. These entities must report such factors to Nevada's Department of Education and consider these factors when making decisions concerning the school, including decisions affecting the allocation of money, the provision of integrated student supports, evaluations of school staff, salaries of school staff, and the discipline of students.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Data collected can be used to analyze enhance the educational experiences of students. Positive educational experiences increase the child's learning and impact the future of the child's education level.

IMPACT ON HEALTH EQUITY

- Those providing recommendations must be culturally competent with various groups represented in the school in order to accurately assess the needs of all student groups that attend the school.
 - Reports on discipline of students may raise awareness of low SES students and minority students having disproportionate higher rates of suspensions as a method of discipline.
 - The reporting of the school's findings may impact students' perceptions of how they perceive their school, neighborhood, and themselves.
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HEALTH CARE



Senate Bill 289

Revises provisions relating to the licensing of physicians.

BILL SUMMARY

Authorizes the Board of Medical Examiners to issue a license by endorsement to certain qualified physicians to practice in Nevada if they meet one or more of the following conditions: (1) hold a valid and unrestricted license to practice in the District of Columbia or any state or territory of the United States; (2) are certified in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic association; or (3) is an active member of, or a spouse of the Armed Forces of the United States, a veteran or the surviving spouse of a veteran; or meet certain other requirements. The bill permits an applicant to submit copies of certificates and licenses together with an affidavit explaining why the original documents are not valid. The bill prohibits the Board from denying a license for prior disciplinary and malpractice actions, from imposing additional licensing requirements on an applicant, and from denying a license by endorsement because the physician practices a specialty for which he or she does not see patients. Requires the board to submit to the Legislature on or before January 31 of each year a report on certain licensing activity by the Board during the preceding year. The bill limits the fee charged to an applicant for licensing by endorsement pursuant to this bill to -half of the fee for the initial issuance of a license. Finally, the bill makes an appropriation to the Office of Finance for allocation to the Nevada Health Services Corps to obtain matching federal funds.

IMPACT ON CHILDREN'S MENTAL HEALTH

- Potentially increases the number of licensed physicians in the state, some of which may specialize in pediatric mental health. This may increase children's access to mental and behavioral health services.

IMPACT ON HEALTH EQUITY

- The Board must make sure that these newly licensed physicians do not use discriminatory practices when assessing and treating patients.
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