

2023 Policy Priorities for Community Organizations in Nevada

American Academy of Pediatrics: NV Chapter

Children's Advocacy Alliance

NV Children's Behavioral Health Consortium Priorities

NV Conservation League

NV Division of Public and Behavioral Health

NV Public Health Association

NV State Education Association

NV Statewide Maternal and Child Health Coalition

NV Tobacco Prevention Coalition

NV Women's Lobby

Partners for a Healthy NV

Prevent Child Abuse NV

Southern NV Forum

Advocacy Agenda

GUN VIOLENCE PREVENTION

The American Academy of Pediatrics has been involved for decades in advocacy efforts to address gun violence as a public health issue and advance policies that keep children, families and communities safe.

- Ban the sale of assault weapons and high capacity magazines.
- Enact a state law to require a license to buy a gun (no exceptions or loopholes).
- Implement waiting periods for purchasing guns.
- Mandate education of parents and students enrolled in school on safe firearm storage at home.

HEALTH CARE ACCESS & COVERAGE

One of the Academy's long-standing advocacy priorities is ensuring children have access to high-quality, age-appropriate, affordable health insurance. This includes working with state policymakers to protect and strengthen Medicaid.

- Require Nevada to offer 12 months of continuous eligibility for all children enrolled in Medicaid/CHIP as well as 12 months of continuous eligibility postpartum for pregnant individuals with Medicaid/CHIP coverage.
- Grant Medicaid benefits to all youth through age 26 regardless of immigration status in Nevada.
- Prohibit payers from refusing to pay for services provided through telehealth because of the technology used.
- Add Fetal Alcohol Spectrum Disorders (FASD) as a definition of developmental disability.

MENTAL HEALTH

- Fund one psychologist for every 500 students and one counselor per 250 students in Nevada schools.
- Require schools to refer students to counselors to determine if they're in a mental health crisis before meting out punishment.
- Bolster the Pediatric Mental Health Care Access (PMHCA) program in Nevada, called the PAL Line.

OBESITY PREVENTION & TREATMENT

- Require 30 minutes of quality physical education a day.
- Fund school universal free lunch.
- Mandate that schools provide free, safe and appealing water sources.
- Taxes should be added to sugary drinks and banned from schools.
- Require insurance providers to cover AAP's recommended treatment.

OTHER CHAPTER MEMBER PRIORITIES

- Eliminate nonmedical exemptions to school entry immunization requirements.
- Vigorously enforce laws prohibiting the sale of tobacco and e-cigarettes to minors.
- Strengthen laws to prevent minors from being prosecuted for prostitution.
- Waive the cost of state IDs and ease access to documents like birth certificates for homeless youth.
- Use alternatives to incarceration to keep young people in their communities and out of secure confinement.
- Set medically accurate mandatory sex education standards.
- Set school start time after 8:30 AM for middle and high school.

Nevada



A State Child Health Policy Agenda for 2023

Priorities and recommendations to foster child health and well-being, achieve health equity, eliminate health disparities, optimize lifespan outcomes, strengthen families, support our communities, and enhance the position of Nevada as a leading state for children.

Nevada Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

Policy Goals

PROMOTE HEALTHY CHILDREN

All children, adolescents, and young adults from birth to the age of 26 years must have access to the highest-quality health care, so they can thrive throughout their lifespan. Policymakers must ensure that all children, regardless of their race, ethnicity, income, family composition or immigration status have:

- equitable, non-discriminatory access to affordable and high-quality health care coverage,
- insurance with comprehensive, pediatric-appropriate benefits,
- access to needed primary and subspecialty pediatric care and mental health services,
- access to necessary COVID-19 services, supports, and treatments, and
- comprehensive, family-centered care in a medical home.

PROMOTE SECURE FAMILIES

Together we can work to advance efforts to ensure that parents can give their children the best foundation for the future.

Policymakers must ensure that all families have:

- work that provides a stable and adequate income and family-friendly benefits, including paid family medical and sick leave,
- safe, secure, and non-discriminatory housing,
- affordable and safe high-quality childcare,
- access to adequate, healthy, nutritious foods throughout the year, and
- resources to support family placement and permanency within the child welfare system.

PROMOTE STRONG COMMUNITIES

Strong communities are the building blocks for secure families and healthy children.

Policymakers must ensure that communities:

- are safe from violence and environmental hazards,
- provide high-quality early education, especially in segregated urban, suburban, and rural communities,
- support public health systems that protect children from infectious diseases and support maternal and child health, and
- respond effectively when disasters and public health emergencies occur.

ENSURE OUR STATE IS A LEADER FOR CHILDREN

Child health and well-being must be elevated and maintained as a priority in our state. Policymakers must develop and implement policies that:

- acknowledge racism as a public health crisis and work towards reducing racism through interdisciplinary partnerships with organizations that have developed campaigns against racism,
- fund and support public health and health services to help children grow into healthy adults,
- address environmental health and climate change issues that affect children, and
- address factors that make some children more vulnerable than others, such as race, ethnicity, religion, immigration status, sexual orientation or gender identity, and disability.

American Academy of Pediatrics Nevada Chapter



The Nevada Chapter of the American Academy of Pediatrics (Nevada AAP) is a professional association for pediatricians who live and work in Nevada and have dedicated their professional lives to the health of all infants, children, adolescents, and young adults.

NevadaAAP.org



Children's Advocacy ALLIANCE

2023 Legislative Agenda

The Children's Advocacy Alliance serves as an independent voice for Nevada's children and families – dedicated to achieving public policy wins in the areas of child safety, health, and school readiness. We bring people together to identify issues and build consensus around solutions, leveraging our collective strength toward real changes in policy and practice. Through this work, we have identified the following policy priorities for the 2023 Nevada Legislative Session.

Leading: Policies that we are taking the most active role in getting across the finish line. We are researching these policies, drafting white papers/opinion pieces, having conversations with legislators, and lobbying for these policies during the legislative session/interim session in the building.

Active Support: A more behind the scenes role that supports a policy through research, writing supplemental materials (white papers/opinions/etc.), providing public comment/letters of support, and is typically done in partnership with the identified organizations/advocates that are leading the policy.

Passive Support: Policies that we are supporting in the background through public comment, newsletter/social media shoutout, or partnership as other organizations are leading.

Children's Safety

- Revise Nevada's **Independent Living Programs** for former foster youth to increase positive outcomes for youth and maximize available local, state, and federal resources by opting into the federal Title IV-E funded Extended Foster Care program and maintaining Nevada's Voluntary Court Jurisdiction program.
- Increase Chaffee funding for youth receiving the monthly stipend. There is a great need to increase the Mandate monthly stipends youth transitioning from the foster care system. Currently, youth receive \$773 each month to help with daily living costs. The rising cost of living has exacerbated the need to increase the amount of the monthly stipend.
- Mandate the creation of multidisciplinary teams to review CSEC cases.
- Mandate the use of risk assessments tools for youth impacted by CSEC.
- Creation of a Safe Harbor Law.
- Extend the ability to testify by alternative means to all victims under the age of 18.
- Amend NRS 201.300 (2) (a)(1) to include the word "patronize" making the buyer of a child subject to the same criminal penalties as the trafficker.

Education

- Increase the state's **child care development fund contribution** to maintain slots for Nevada's child care subsidy and QRIS programs.

Child Care Subsidies

- Set reimbursement rates at or above the 75th percentile of a recent market rate survey;
- Set high reimbursement rates that fully cover or come close to covering the estimated true cost of providing care;
- Restore investments from 2.5 million to 10 million that were invested in previous years.

Universal Pre-K – Meeting with Assemblywoman Thomas

- Minimum age for permanent expulsion from school

Every Child Having Access to a High Quality School - Athar Haseebullah ACLU/Out of School Time - NAN



Children's Advocacy ALLIANCE

Children's Health

Leading

- Establish **12-month continuous eligibility** for children on Medicaid.
- Expand Medicaid coverage to include **12-month eligibility for post-partum care**.
- Expand Medicaid coverage for pregnant women to 200% of the poverty level

Active Support

- State appropriation to expand **Home Visiting Programs** in our state and use of Medicaid to support home visiting services.
- Paid Family Leave policies providing a minimum of 6 weeks of paid leave to new parents.

Children's Mental Health

- Expansion of Infant and Early Childhood Mental Health services
- Increase funding for mental health services in schools

Passive Support

Early Intervention Services

- Allow children with less severe delays to qualify for EI services and allow children to qualify through a wide variety of medical conditions and risk factors, which may include low birthweight and prematurity;
- Access a variety of funding streams beyond the federal Part C allocation to ensure that sufficient resources are available to provide eligible infants and toddlers with timely therapies and treatments; Intervention Service

Home Visiting

- Use state dollars or Medicaid to support home visiting services.

2023 Legislative Priorities

The Children’s Advocacy Alliance is an independent voice for Nevada’s children and families, dedicated to achieving public policy wins in the areas of child safety, health, and school readiness. Through this work, we have identified the following priorities for the 2023 Nevada Legislative Session.



Child Safety



Health



School Readiness

TIER I SUPPORT: These are the policies that we spearhead across the finish line through research, drafting white papers/opinion pieces, legislative discussion and convening for these policies during the legislative session/interim session in the building.

Increase state investment in Chaffee funding for youth receiving the monthly stipend.

Expand access to resources and services for children in non-parental care

Establish 12-month continuous eligibility for children on Medicaid.

Expand Medicaid coverage to include 12-month eligibility for post-partum care.

Encourage Medicaid funding for pregnant people to 200% of the poverty level, per 2021 policy.

Increase the state's child care development fund contribution for Nevada's child care subsidy and Quality Rating and Improvement System (QRIS) programs.

Set high reimbursement rates that cover the true cost of providing quality child care including those with special needs and children in non-traditional care.

TIER II SUPPORT: We support through research, supplemental materials, and provide public comment/letters of support, in partnership with organizations or advocates leading the charge.

Revise Nevada’s Independent Living Programs for former foster youth.

Mandate the creation of multidisciplinary teams to review Commercial Sexual Exploitation of Children (CSEC) cases.

Mandate the use of evidence-based risk assessments tools for youth impacted by CSEC.

Creation of a Safe Harbor Law. Extend the ability to testify by alternative means to all victims under the age of 18.

Amend NRS 201.300 (2) (a)(1) to include the word “patronize” making the buyer of a child subject to the same criminal penalties as the trafficker.

Providing a minimum of 6 weeks of **Paid Family Leave** to new parents.

Update NRS to **Fetal Alcohol Spectrum Disorder** to allow more children to receive services.

Allow children with less severe delays to qualify for **Early Intervention** services.

Ensure that sufficient resources are available to provide eligible infants and toddlers with timely therapies and treatments.

Ensure that sufficient resources are available to provide eligible infants and toddlers with timely therapies and treatments.

Use state dollars or Medicaid to **support home visiting services.**

Expand **Infant and Early Childhood Mental Health services.**

Increase funding for **mental health services in schools.**

Sustainable child care workforce wage increase for childcare workers, work conditions, PD, to ensure a comprehensive childcare workforce.

Restore state investments in from 2.5 million to 10 million

Explore regulatory barriers preventing potential providers living in rental properties from opening or expanding home based childcare

Advocate for universal Pre-K.

Ensure every child has access to a high quality education.

Expand access and investments in high quality out-of-school activities.

Set the minimum age to be eligible for permanent expulsion from school to 16.

Increased investment in mental health resources for teachers and students.

NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUMS PRIORITIES

The Nevada Legislature created the Children's Mental Health Consortium's during the 2001 Special Session to study the Mental Health Needs of all children in Nevada and to develop recommendations for service delivery reform. (NRS433B.333-335)

Clark County Children's Mental Health Consortium Priorities:

1. SUSTAINABLE FUNDING FOR THE MOBILE CRISIS RESPONSE TEAM (MCRT)

The MCRT has been an incredible asset to our community and should have a stable funding source to ensure that it continues to operate on a 24-hour basis to offer these much-needed services to youth and families.

Next Steps: Increased and sustained funding should be included in the state's budget to ensure that MCRT can sustain and expand services to youth throughout urban and rural Clark County. This service is especially crucial given the increase of youth and families with mental and behavioral health needs due to the COVID-19 pandemic.

2. FAMILY PEER-TO-PEER SUPPORT SHOULD BE EXPANDED

The community identified the need for peer-to-peer support services for families. Currently there are very few options available. Therefore, support to expand this current resource is essential.

Next Steps: Funding for family peer support should be restored and increased due to the devastating effects of COVID-19 on families in Clark County, particularly because of the well-known increase of children and youth with mental healthcare needs in Clark County. One method to expand these services would be to include Family Peer Support in the state Medicaid Plan as a covered service.

3. FULLY IMPLEMENT THE BUILDING BRIDGES MODEL OF CARE TO SUPPORT YOUTH AND FAMILIES TRANSITIONING FROM RESIDENTIAL CARE BACK INTO THE COMMUNITY

It is essential for youth and families to have the appropriate supports in places when exiting residential care to prevent re-entry. The Building Bridges model provides a guide to best practices that should be implemented in the community.

Next Steps: The CCCMHC has expressed concern over the past several years about the limited number of residential treatment beds for youth in our community. While it is our goal that every child would be able to receive the treatment they need in community-based settings, this has not possible with the current resources available in our community. We need to ensure that we have the ability to provide both quality residential care treatment services as well as community-based services so our youth and families are supported as they return to the community. In addition, CCCMHC will follow the current DOJ investigation and determine if action is needed as more information is available.

4. MORE SERVICE ARRAY OPTIONS SO YOUTH AND FAMILIES CAN ACCESS CARE AT EARLIER STAGES TO REDUCE THE NEED FOR CRISIS SERVICE INTERVENTION

NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUMS PRIORITIES

Youth may not always have access to the level of care they need in a timely manner which then escalates to a crisis situation. To prevent escalation, when possible, youth and families need access to quality intensive home services, respite care, individual and family therapy, and care coordination services (such as wraparound).

Next Steps: Investments need to be made by the state and local entities in order to increase available treatment services as well as support services (early childhood education programs, afterschool programs, etc.) in order to provide comprehensive supports to families and youth with mental and behavioral health needs.

Rural Children's Mental Health Consortium:

Goal 1: Expand and sustain the Nevada System of Care to rural and frontier Nevada.

Objective 1A: Facilitate youth, family, and provider voice through all stages of the expansion and sustainability.

Objective 1B: Establish the RCMHC as a SOC point-of-contact for youth, family, and provider voice.

Objective 1C: Support statewide implementation of the Child and Adolescent Needs and Strengths (CANS) as a common assessment tool to increase assessment and access to coordinated care.

Objective 1D: Support Nevada SOC expansion activities including, but not limited to: "No Wrong Door" approach, Tiered Care Coordination, and the SOC Provider Designation System.

Goal 2: Increase access to mental and behavioral health care.

Objective 2A: Identify barriers for youth and families in accessing mental and behavioral health care and coordinate appropriate solutions.

Objective 2B: Facilitate the development and implementation of a health equity plan in accordance with recommendations from the Substance Abuse and Mental Health Services Administration's (SAMHSA) national standards for culturally and linguistically appropriate services (national CLAS standards).

Objective 2C: Facilitate an organized provider continuum with the expansion of services according to the System of Care recommended • Conduct and/or facilitate an in-depth analysis of the current capacity to meet the need and identify gaps in access to treatment, areas in need of enhancement, and • In progress • The Consortium completed a Memorandum of Understanding with the Nevada SOC to serve as the designated point-of- RCMHC Annual Report | January 2021 p.7 service array (see Stroul, B., et al., 2015, p. 5).

Goal 3: Increase access to treatment in least restrictive environment.

Objective 3A: Divert youth in need of care from juvenile justice systems to community based care.

Objective 3B: Divert youth in need of care from hospitals or other psychiatric emergency care to community-based care.

NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUMS PRIORITIES

Objective 3C: Increase access to an array of transitional services for youth returning to their homes after inpatient care.

Goal 4: Increase health promotion, prevention, and early identification activities.

Objective 4A: Facilitate community-based youth, parent, and caregiver training (in-person and online).

Goal 5: Develop, strengthen, and implement statewide policies and administrative practices that strengthen equity in access to mental and behavioral health care for youth and families.

Objective 5A: Advocate for a unified and integrated system for children's mental health.

Next steps: Ensure insurance coverage of mental health services for youth and families through legislative policies. Continue to expand and fund state provided insurance coverage to indigent rural youth. Remove insurance barriers to mental health services such as number limited therapy visits, medication prior authorizations, excluded benefits, etc. by enacting required minimum coverage benefits.

Washoe County Children's Mental Health Consortium Priorities:

Recommendation 1

Commit funding, infrastructure, and legislative support to maintain and expand existing programs and services that benefit youth and families in Washoe County.

1.a. It takes many resources and providers to effectively respond to a youth experiencing an Acute Mental Health Crisis. Often, with appropriate and compassionate care, crisis stabilization occurs between 1-7 days. The Consortium requests Acute Care Reimbursement set at a daily rate be given to providers to offset expenses that are not reimbursable, cover uninsured patients, and assist families that can't afford deductibles or copays. The Consortium envisions this funding to be made available regardless of the patient's insurance status.

1.b. Washoe County is currently experiencing a critical lack of available residential or inpatient treatment options for youth to remain in the community. Specialized populations (e.g., under 12 years old, dual diagnosis, aggressive behaviors, etc.) are at an even greater disadvantage for options. In addition, staffing shortages are preventing utilization of all available beds. The Consortium requests Supplemental Payments to providers in Washoe County to offset real costs for residential treatment and care. The Consortium envisions this funding to be made available regardless of the patient's insurance status.

1.c. The Consortium continues to advocate for the ongoing sustainability of System of Care principles and values throughout the service array available to youth and families in Washoe County. To this end, the Consortium requests a dedicated paid position for a SOC representative to assist the Consortium Chair in surveying the community, tracking implementation, compiling information, and developing strategies to strengthen Washoe County's System of Care.

NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUMS PRIORITIES

1.d. Families in Washoe County continue to struggle from a lack of safe and affordable Respite Care for children with behavioral needs including SED, autism, physical disability, and high-risk behavior. The Consortium recognizes Neuro Restorative Rehabilitation Center offers medical based respite care. In 2019, the Consortium requested the development of a taskforce to establish funding support. Now, the Consortium is requesting that funding be allocated to support and sustain Planned and Crisis Respite Services for non-foster care youth and families.

1.e. The Consortium recognizes NAMI of Northern Nevada's Family to Family model. The Consortium also notes CASAT has developed a successful Peer Support model including training and certification for substance use. The Consortium supports efforts to expand this effort to include Mental Health Peer Support and Family Peer Support to reduce stigma and enable families to meet youth mental health needs more effectively.

1.f. The Mobile Crisis Response Team is currently available on a telehealth basis to families in Washoe County 24 hours a day, 7 days a week. Funding was committed to expanding MCRT at the end of 2021. Though the Consortium is pleased with this expansion, we recognize that 24/7 In Person Mobile Crisis Response is an unmet need in Washoe County. The Consortium requests infrastructure and funding be implemented to sustain 24/7 In Person Mobile Crisis Response to Washoe County families. The Consortium supports investigating partnerships and funding options with community agencies to support the 24/7 availability, offering competitive salaries to retain staff, and consider strategies to reduce duplicative workload (for example, streamlined single assessments from trusted community partners).

Recommendation 2

Promote innovative programs to respond effectively to the ongoing and increasing youth mental health crisis in Washoe County.

2.a. Washoe County families deserve compassionate, least restrictive care when they have a youth experiencing a mental health crisis. Therefore, The Consortium requests the creation of an Intensive In-Home Crisis Stabilization Program. We believe an effective program will use criteria to determine eligibility, criteria to determine which in home interventions to offer, and the program will comprehensively support the family system through the crisis. The Consortium respectfully submits a model being implemented in Maryland for consideration: <https://www.sheppardpratt.org/care-finder/care-and-connections-for-families/>

2.b. In Washoe County, youth are routinely routed into Emergency Departments and then held there for several days to several weeks as the hospital staff scramble to find suitable and safe discharge plans for youth. The Consortium supports every effort to safely prevent youth from needing to enter the Emergency Department due to a mental health crisis. The Consortium requests exploration of a pilot for children with an emphasis or special point of entry for under 12 to access a Triage and Stabilization

NEVADA CHILDREN’S BEHAVIORAL HEALTH CONSORTIUMS PRIORITIES

Center located in close vicinity to the pediatric emergency department at Renown Hospital in order to divert youth from the Emergency Room and into appropriate care.

2.c. Renown Health and UNR School of Medicine are developing a multi leveled plan to address the need for youth and family focused mental health providers and the need for increased services in our community. The Center for Excellence in Adolescent Mental Health will be a multidisciplinary training site for all classifications of mental health providers and a centralized service center for youth and families to receive comprehensive behavioral health care. The Consortium requests funding to support our known local partners in developing The Center for Excellence in Adolescent Mental Health.

2.d. A Qualified Residential Treatment Program is a specific category of non-foster family home setting, for which public child welfare agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive federal Title IV-E funding for the placement. QRTPs are a subset of licensed group care facilities; they do not wholly replace them. The Consortium requests support and funding be allocated to Washoe County to provide QRTP settings for identified special populations (e.g., pregnant youth, etc.)

Next Steps:

1. Washoe County is facing unprecedented housing and rental market increases. More and more renting families are being evicted for no cause and are finding it impossible to get rehoused in a safe and timely way. The consortium notes that a mechanism for pass through dollars that families could use to meet their basic needs is a critical need.
2. We are also closely watching the issue of Mental Health Parity and the way providers in our community are fleeing to private practice in preference of cash pay clients because insurance reimbursements continue to be inadequate. And, on the flip side, families often cannot afford to use their insurance as more and more of them are put on high deductible insurance plans.
3. We continue to seek the support of DCFS and DHHS in developing an enhanced data collection and sharing system. We believe a formal process for ongoing collection and reporting of state and county-level data across each of the Department’s Divisions related to (1) children’s mental health service utilization, (2) an analysis of utilization vs. need, and (3) an assessment of current state-funded program capacity to provide services that meet the need will greatly improve the Consortium’s ability to advocate for the well-being of youth and families in Washoe County.

Information provided by each regional consortia based on their strategic plans.

Submitted on behalf of the Nevada Children’s Behavioral Health Consortium

Ellen Richardson-Adams – Chair

eadams@health.nv.gov

702-486-6238

Nevada Conservation League 2023 Policy Priorities

- 1) Reducing Wildlife-Vehicle Collisions and Improving Habitat Connectivity (AB 112)
 - a. Every year, collisions between motorists and wildlife cause over 200 human fatalities and more than 26,000 injuries and cost taxpayers more than \$8 billion. Millions of animals die as well. Targeted investments in wildlife-friendly transportation infrastructure will make roads safer for both humans and wildlife. AB 112 would establish and fund an account to support the development of wildlife crossings in Nevada.
- 2) Developing a Nevada Clean Truck Incentive Program
 - a. Transportation is the single largest source of greenhouse gas emissions in Nevada. Although medium and heavy-duty vehicles make up only 5% of vehicles on the road, they're responsible for 30% of carbon pollution from the transportation sector. We're recommending the state uses federal funds to create an incentive program for medium and heavy-duty (MHD) electric vehicles that support Nevada's small business owners, fleets in underserved communities, and electrification of school and transit buses.
- 3) Increasing Access to Outdoor Education and Recreation (AB 128)
 - a. Low-income communities and communities of color often face significant barriers to accessing public lands, open spaces, and parks. The AB 128 would provide funding for the Outdoor Education and Recreation Grant Program, which will provide high-quality outdoor education and recreation opportunities for underserved students across our state.
- 4) Including Beneficial Electrification
 - a. More and more studies show that fossil-fueled appliances release a range of harmful climate and air pollution – pollution that has been linked to asthma, lung disease, and cancer. We are supporting policy that makes clear that electric utilities can include beneficial electrification measures as part of their Energy Efficiency Plan, making the choice to go electric more accessible. This is incentive-based and entirely voluntary for families. Additionally, the bill will help Nevada's utilities leverage existing federal funding to the benefit of customer savings while supporting local jobs.
- 5) Defense: Stop Pro-Fossil Fuel Legislation
 - a. Rather than seeking legislation, we hope to ensure that any bill that moves through the legislative process does not prolong or encourage the use of fossil fuels in our state. To meet our state's ambitious, but necessary, climate goals and stave off the worst impacts of the climate crisis, we must invest in local renewable energy and energy efficiency projects and reduce fossil fuel use across the board.



Nevada's Behavioral Health Community Integration Strategic Plan

STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

Plan Summary - January 1, 2023

In June of 2022, the Nation celebrated the 23rd year since the Olmstead ruling. Through the Olmstead lawsuit, the Supreme Court interpreted the Americans with Disabilities Act and found that unnecessary segregation of people with disabilities is unlawful and upheld that people with disabilities have a right to live and receive services in the most integrated setting appropriate.

In 2018, Nevada developed a Behavioral Health Community Integration (BHCI) Strategic Plan to guide system improvements. In alignment with the Department of Health and Human Services (DHHS), the mission of the BHCI Plan is to ensure that Nevadans have the opportunity to achieve optimal quality of life in the community of their choice. The vision is that Nevadans, regardless of age or ability, will enjoy a meaningful life led with dignity and self-determination. Since the 2018 Plan was developed, many improvements and system changes have taken place. Yet, considerable work is still required to reach this vision. Under the direction of DHHS, the Division of Public and Behavioral Health convened a cross-agency Steering Committee to update the 2018 BHCI Plan, concluding this work at the end of 2022.

The resulting 2023 BHCI Plan is informed by existing plans, state experts, and peer-reviewed publications. It documents progress made and sets forward important strategies to strengthen the systems and supports for people with behavioral health disabilities to live and receive services in integrated, community-based settings that reflect their choices.

The term *behavioral health disabilities* is used as an umbrella term that encompasses both mental health and substance use disorders, including severe emotional disturbance (SED) or serious mental illness (SMI). People with developmental or intellectual disabilities often have co-occurring behavioral health disabilities.

DHHS principles guide the Plan, with the additional principle of equity added by the BHCI Steering Committee. Achieving health equity—in which individuals have a fair and just opportunity to attain their highest levels of health—is an important aspect of the Plan. Individuals with behavioral health disabilities often face challenges reaching their highest levels of health, and this issue is only compounded when they are also part of other groups who face

current and historical barriers to health equity. A key path to achieving equity involves engaging individuals and families impacted by behavioral health disabilities, elevating their voice, and ensuring they have opportunities for meaningful input related to planning, designing, and improving systems.

Recognizing that individuals, agencies, and organizations are working to strengthen Nevada's systems for behavioral health, the Plan is intended to unite divisions, departments, organizations, and providers toward a shared strategic direction.

Guiding Principles

- **Independence:** People should have options and the ability to select the manner in which they live
- **Access:** People's needs are identified and met quickly
- **Dignity:** People are viewed and respected as human beings
- **Integration:** People can live, work, and play as part of their community
- **Quality:** Services and supports achieve desired outcomes
- **Sustainability:** Services and supports can be delivered over the long term so individuals can be self-sufficient
- **Equity:** Systems and services will center the priorities of people with diverse backgrounds and identities and include marginalized and under-represented groups in planning, strategies, and resource allocation toward equitable outcomes.

Plan Goals

The Plan works toward the following goals for all Nevadans.

1. Ensure there is a continuum of high-quality support and care so individuals can attain or maintain stability, recovery, and resilience.
2. Ensure individuals have equitable access to appropriate, timely services in the most integrated setting based on their plan for self-determination.
3. Ensure that systems and services prevent inappropriate incarceration, hospitalization, institutionalization, or placement.

To accomplish these goals, the Plan identified specific strategies under four system levers that are critical to Plan success. System issues are beyond the direct scope of any one agency and require cross-sector, cross-agency attention. Improvements to these system issues also have impacts beyond behavioral health.

- A. Workforce Development and Sufficient Provider Network
- B. Sustainable Funding and Reimbursement
- C. Authority, Oversight, and Coordination
- D. Prevention and Upstream Interventions

The Plan is intended to improve systems and support across the lifespan. Three sections of the Plan are dedicated to the issues and strategies relevant to specific age groups.

Priorities for Children, Youth, and their Families

The Priorities for Children and Youth section of the Plan describes issues and strategies for:

- A. Accessible Community-Based Services
- B. Appropriate Diversion from Institutional Settings
- C. Transitions Back to the Community from Institutional Settings

Priority for Young Adults in Transition

This priority highlights the challenges faced by individuals who must navigate the transition from child-serving to adult-serving systems. The Priority for Young Adults in Transition section of the Plan describes issues and strategies for:

- A. Coordinated Transitions between Child and Adult-Serving Systems Paired with Specialty Services and Supports

Priorities for Adults

Building from the 2018 Plan, the priorities for adults were confirmed with additions of Access to Early Serious Mental Illness Services and Transportation. The Priorities for Adults section of the Plan describes issues and strategies for:

- A. Access to a Crisis Continuum
- B. Access to Early Serious Mental Illness Services
- C. Assertive Community Treatment Services
- D. Supportive Housing
- E. Transportation
- F. Deflection and Diversion from Criminal Justice Systems

All sections and priorities include description of strengths and gaps. Strategies to advance BHCI are summarized in the following pages, with more detail in the full 2023 BHCI Plan.

The BHCI Plan is intended to guide the period from 2023–2026 and should be updated in 2026 or sooner, should there be considerable shifts in the context for BHCI implementation.

Summary of Strategies for System Priorities

A. Workforce Development and Sufficient Provider Network

1. Elevate and support the efforts of the Nevada Healthcare Workforce and Pipeline Development Workgroup.
2. Consider adopting models used by other states—such as Nebraska’s Behavioral Health Education Center—to pursue and monitor workforce goals
3. Continue to expand efforts to support primary care providers, who can serve as critical behavioral health workforce extenders.
4. Recruit, support, and retain a diverse workforce, inclusive of race/ethnicity, culture, language, and other dimensions of identity and experience.
5. Modify Medicaid’s State Plan to allow community health workers to work under behavioral health providers.
6. Adjust Medicaid rules and procedures to facilitate increased participation from behavioral health providers.
7. Explore other options for expanding the workforce that can serve individual with behavioral health disabilities.
8. Improve access to and routinely analyze high-quality workforce data.
9. Expand student loan repayments.
10. Increase salaries of clinical staff and higher education faculty to be more competitive.

B. Sustainable Funding and Reimbursement

1. Increase efforts to leverage federal Medicaid funding as a key path to sustainability.
2. Explore feasibility and appropriateness of all Medicaid authorities.
3. Ensure that Medicaid reimbursement rates and policies support providers in performing necessary behavioral health services.
4. Fully fund and certify all CCBHCs, including those currently funded by SAMHSA.
5. Monitor the proportion of behavioral health expenditures dedicated to community-based, rather than institutional care to ensure that Nevada is prioritizing the former.
6. Consider reinvesting resources saved through diversion and deflection from criminal and juvenile justice settings to community-based behavioral health services
7. Leverage Title IV-E funding to expand services for children in foster care and those at risk of removal.
8. Operationalize enforcement of Nevada’s 2021 law regarding mental health parity for health care insurers
9. Through SUPPORT Act Planning Grant, continue improvement and awareness of substance use treatment and expansion of services through the 1115 demonstration waiver.

C. Authority, Oversight, and Coordination

1. Establish a single Nevada Behavioral Health Authority to ensure clear lines of leadership, oversight, and accountability
2. Create a DHHS oversight body for community integration that is responsible for reviewing progress for this BHCI Plan across all division.

3. Continue development and expansion of the Children’s System of Care.
4. Exercise robust oversight of community-based providers.
5. Exercise robust oversight and quality assurance in institutional settings.
6. Elevate family choice and voice within the Behavioral Health Authority governance structure, ensuring opportunities for meaningful input related to planning, designing, and improving systems.
7. Continue work toward universal screenings and assessments for behavioral health.
8. Improve the process for making and tracking SMI/SED determinations.

D. Prevention and Upstream Interventions

1. Invest in early intervention.
2. Continue investment in Nevada’s Multi-Tiered Systems of Support and Social-Emotional Learning in all K–12 schools.
3. Increase support for families.
4. Increase the number of people trained to offer trauma-informed approaches across sectors and over the lifespan.
5. Attend to social determinants of health and their roles in both prevention and promotion.
6. Expand culturally relevant strategies, co-designed by and for communities.

Summary of Strategies for Children, Youth, and their Families

A. Accessible Community-Based Services

1. Continue to stand up the array of essential community-based services.
2. Expand the use of behavioral health screening and assessment tools across settings.
3. Set up high quality residential treatment to bring Nevada beds to national standards.
4. Use authority and oversight to ensure that services and supports for children and youth are evidence-based whenever possible.
5. Strengthen pathways for engaging the voices of children and their families in program planning and improvements.
6. Develop training and certification for family peer support providers and include these services in Medicaid's service array.
7. Expand resources for early intervention by further integrating behavioral health into primary care.
8. Improve mobile crisis response and stabilization to meet the needs of children and their families, which differ from the needs of adults.
9. Continue and expand collaboration for integration across settings.
10. Based on input from families that have navigated systems, work to address and take down barriers to service access.
11. Work toward integrated data systems and data sharing agreements among child-serving agencies.
12. Continue to develop and expand evidence-based practices for services to youth in foster care through the FFPSA and Title IV-E Plan.

B. Appropriate Diversion from Institutional Settings

1. Provide oversight and management to properly assess children and youth at risk of being institutionalized.
2. Support emerging crisis response and stabilization services, with attention to national best practices for children and youth.
3. Provide oversight to routinely and systematically assess why children are placed under institutional care to prevent future unnecessary placements.
4. Periodically assess the sufficiency of Nevada's PRTF capacity.
5. Engage juvenile justice partners to deflect and divert children with behavioral health issues into more appropriate settings.

C. Transitions Back to the Community from Institutional Settings

1. Ensure successful discharge planning.
2. Establish policies and procedures for meaningfully including children and their families into discharge and transition planning.
3. Oversee quality assurance in any institutional setting that provides behavioral health services.
4. Follow up with children with recent discharges to verify they are receiving appropriate community-based services.
5. Reimburse community-based providers for engaging in the discharge planning of their patients from institutional settings.
6. Track and measure progress related to child and youth transitions to the community.

Summary of Strategies for Young Adults in Transition

A. Coordinated Transitions between Child and Adult-Serving Systems Paired with Specialty Services and Supports

1. Establish a well-coordinated inter-agency plan to address Nevada's bifurcated systems.
2. Implement specialty mental health teams.
3. Create more opportunities for independent living.
4. Expand the authority of children's MCTs to serve young adults in transition.
5. Create drop-in centers tailored to young adults in transition.
6. Consider policy changes to allow child-serving systems to serve individuals into their early twenties.
7. Support young adults in transition with community engagement and competitive integrated employment.
8. Continue implementing a virtual Intensive Outpatient Program targeting young adults in transition in rural areas.

Summary of Strategies for Adults

A. Access to a Crisis Continuum

1. Implement a Call Center Hub.
2. Complete the Mobile Crisis Planning Grant and implement designated MCTs.
3. Implement crisis stabilization units (CSUs).
4. Implement all CRS services in accordance with the National Guidelines.
5. Utilize National Guidelines for Children and Youth to ensure that children's MCTs and CSUs are tailored according to best practices.
6. Establish and use authority and oversight to ensure services and supports for children, youth, and adults are aligned with evidence-based practices.
7. Establish clear protocols for post-crisis follow-up care.
8. Ensure resources are available for referrals to persons in crisis.

B. Access to Early Serious Mental Illness Services

1. Develop sustainable funding mechanisms via Medicaid and other payers to maintain and expand ESMI services in Nevada.
2. Ensure rural areas statewide have access to ESMI services.
3. Expand eligibility for ESMI services in terms of diagnostic categories of mental illness.

C. Assertive Community Treatment Services

1. Pursue sustainable funding for ACT services via Medicaid and other insurers.
2. Ensure adequate reimbursement for all ACT teams statewide.
3. Tailor the ACT model to ensure availability of ACT services statewide, including in rural areas.

D. Supportive Housing

1. Define and begin building a statewide supportive housing initiative.
2. Leverage Medicaid, as well as other tools, to sustainably finance the required supports and services that individuals with behavioral health disabilities required to maintain independent living in the community.
3. Develop appropriate incentives for developers to target lower income levels.
4. Implement appropriate preferences to support Olmstead efforts.
5. Explore opportunities to engage a SOAR coordinator for Nevada, connecting individuals facing homelessness to SSI/SSDI income supports and benefits.

E. Transportation

1. Assess the extent to which the new Medicaid service, Non-Emergency Secure Behavioral Health Transports, improved access to behavioral health services.
2. Determine what transportation-related barriers remain for individuals and families facing behavioral health disabilities and how best to address them.

F. Deflection and Diversion from Criminal Justice Systems

1. Continue implementation of the Sequential Intercept Model across all intercepts.
2. Develop data systems to be able to routinely monitor successes and challenges with Sequential Intercept Model implementation.
3. Assess the impact of NRS 176A.7 and expand the associated programs and interventions that have had the most impact.
4. Expand statewide agreements through a summit on behavioral health in justice settings.
5. Strengthen systems of support for people post-release.
6. Review the degree to which the application of cultural competence and cultural safety guidance has been effective.
7. Consider a pilot and related study to determine if trauma-informed approaches in Nevada jails and prisons can improve outcomes for people with SMI.

The 2023 BHCI Plan is the work of many people who contributed time, information, and expertise. The Nevada Department of Health and Human Services' Division of Public and Behavioral Health would like to recognize the Core Team, Steering Committee, and Subject Matter Experts that provided information, guidance, and important perspectives.

Support for this process was provided by Judy Bartlett, Vanessa Helfrick Paulus, Isabel Meza, Sarah Marschall, and Kelly Marschall.

Questions can be directed to Vanessa Helfrick Paulus or Sarah Marschall through Social Entrepreneurs, Phone: (775) 324-4567.

Access to the full 2023 BHCI Plan is available at www.socialent.com.



Overarching NPHA Advocacy and Policy Priorities

The mission of the Nevada Public Health Association (NPHA) is to serve as the voice for public health in Nevada in order to improve health and achieve health equity in Nevada. In keeping with its mission and our vision of a healthy Nevada, NPHA organizes its advocacy and policy activities around five overarching advocacy and policy priorities:

- Building public health infrastructure and capacity
- Creating health equity
- Ensuring the right to health and health care
- Promoting evidence-based policymaking
- Advocating for Health in All Policies

As an affiliate of the American Public Health Association (APHA), NPHA's overarching goals and related advocacy efforts are closely aligned with APHA's advocacy and policy agenda.

2022 NPHA Advocacy Agenda

During 2022 and consistent with NPHA's overarching advocacy and policy goals, NPHA will focus its advocacy efforts on the following issue areas and current policy priorities:

- Advocating for permanent sources of flexible funding for public health to address current and emerging threats to public health, including pandemic preparedness
- Building public health capacity, infrastructure, and preparedness in Nevada, including the establishment of independent city, county or regional health districts in rural areas of the state
- Supporting efforts to expand and diversify dedicated revenue streams to support public health, health care, and human services in Nevada
- Ensuring access to affordable, high-quality clinical and preventive health services for all Nevada residents, including oral health services, substance use treatment, and behavioral health care
- Supporting policies and budget recommendations to reduce greenhouse gas emissions and mitigate the effects of climate change, including implementation of the State Climate Strategy
- Advocating for education on reproductive health, sexually transmitted infections, and healthy relationships in Nevada's public schools

NV State Education Association 2023 Policy Priorities

- A 20% increase in educator pay.
- At least \$20/hour for the workers who make our school run.
- Average class sizes of 20 students in core academic subjects.
- Creation of a restorative practices monitoring committee including educators from across the state, legislators, and NDE to gain a clear understanding of the impact of the laws, ensure consistent implementation, and secure protection for all students and educators.
- Greater autonomy regarding student grading and enforcing student attendance requirements.
- Adequate time during work hours for lesson planning and collaborations with other teachers and reduction of excessively burdensome paperwork.
- Allowing active educators to serve on their elected school boards and/or appointing an NSEA member to serve in an advisory capacity at school board meetings.
- Time for 20—a 20% raise, a \$20 minimum wage, and an average class size of 20 students.
- Implementation of recommendations of the Teacher Recruitment and Retention Task Force.
- Create a broader Educator Recruitment and Retention Task Force.
- Addressing the need for more diversity in the education profession, so education employees reflect the student population more consistently.
- New, progressive revenue for schools to meet or exceed the recommendations of the Funding Commission. This could include a new wealth tax, millionaire tax, and expanded gaming and mining taxes.

- Adjusting the new funding formula to allow cost of living increases and fair collective bargaining across the state, including adjusting walled-off ending fund balance to 8.3%.
- Reinstatement of the successful Zoom and Victory School models.
- Elimination of private school vouchers (Opportunity Scholarships).
- Require same standards for teachers at charter schools as traditional public schools.
- Stronger controls for charter schools, including online charters.
- Streamlining Nevada's assessment systems.
- Ending college and career readiness assessment graduation requirement and replacing it with meaningful proficiency exams developed by Nevada educators.
- Ensuring the Nevada Educator Performance Framework is a valid measure of instructional practice, leadership, and professional responsibilities.
- Reliance on the professional teachers in the classroom to assess students and to design and deliver instruction.
- Protecting and strengthening collective bargaining for educators, including restoring ending fund balance provisions to 8.3%.
- Extend summer unemployment eligibility to 9-11 month education support professionals.
- Defending Nevada PERS defined benefit status and provide equity in retirement accrual for education support professionals.
- Ensuring every educator and retired educator has access to quality, affordable health care including affordable prescription coverage.
- Paid parental leave for all educators.
- Ensuring a living wage for all education employees and prohibiting outsourcing of public jobs.

- Require governmental employers to provide contact information for all members of the bargaining unit to recognized unions semiannually.

NEVADA STATE EDUCATION ASSOCIATION **TIME FOR 20**



2022-2023 LEGISLATIVE PRIORITIES



ABOUT NSEA

The Nevada State Education Association has been the voice of Nevada educators for over 120 years. NSEA serves as a representative to teachers and other licensed staff and education support professionals (ESPs) across the state. The primary mission of NSEA is to advocate for and empower members by providing a united political and professional voice to ensure the right to quality public education. NSEA is extremely active in promoting opportunities for professional awareness, growth, and empowerment. We take pride in serving as a well-balanced, democratic organization serving the best interests of our members while meeting the needs of the students we teach and the communities we serve.

NSEA'S CORE VALUES

Member Driven

We believe in a member-driven organization, created and democratically governed by members. As stewards of the organization, members determine the legislative agenda, provide financial oversight, and craft the guiding principles of the organization.

Justice

We believe in the protection of member rights. We believe that the collective bargaining process is essential for the fair and just treatment of members.

Equality

We believe public education is the basis for a strong and healthy society which results from quality schools, quality educators, quality education resources, and quality communities.

TIME FOR 20



For decades, Nevada has struggled with overcrowded classrooms and a shortage of educators to teach our kids and make our schools run. With the additional challenges of the last two years, we have reached a new crisis point. There are thousands of vacant positions across the state in addition to the structural educator shortage with the largest class sizes in the country. Nevada needs bold action to address the crisis in public schools. It's time to adequately fund public education in Nevada. It's Time for 20!

- The Economic Policy Institute reports public school teachers earned 23.5% less than other college-educated professionals – a record high.
- According to the National Education Association's Ranking of the States, Nevada public school teachers make nearly \$7500 below the national average and \$27,000 less than neighboring California.
- Nevada has some of the largest class sizes in the country, with some of the highest concentrations of at-risk students and English learners.
- Educator safety is a growing concern, as horrific violence in classrooms dominates the news.
- A substitute teacher shortage has left countless classrooms with no teacher at all, forcing remaining staff to cover additional classes.
- A chronic bus driver shortage has caused serious delays, sometimes stranding students for hours. Multiple districts have canceled routes and adjusted schedules to mitigate the issue.
- Thousands of education support professionals across the state earn significantly below a living wage, with starting salaries as low as \$10 to \$11 per hour.
- Prices are climbing at the fastest pace in 40 years, with CPI as high as 9% in 2022. Home and rent prices have skyrocketed across Nevada, with average rents up 20-25% over the last year alone.

There have been recent efforts across the country to raise educator pay to address the educator shortage. In 2022, New Mexico increased educator pay by an average of 20%. When talking about low education funding, Nevada is frequently compared to Mississippi, but this may no longer be fair to Mississippi, as they passed legislation to raise teacher pay by more than 10% in 2022!

It's Time for 20 to invest in our educators and to truly meet this moment of crisis in Nevada schools.

To address these concerns, NSEA SUPPORTS:

- A 20% increase in educator pay.
- At least \$20/hour for the workers who make our school run.
- Average class sizes of 20 students in core academic subjects.



RESPECT EDUCATORS ACT



In the wake of the horrific event at El Dorado High School earlier in 2022, Vickie Kreidel, a teacher and President of the NEA of Southern Nevada said, “The young woman who was attacked, her life will never be the same. You can’t cross your fingers and hope for the best. What happened shows that’s not going to work. They haven’t done enough. Whatever talks have happened is not enough. It is too late for committees. It is too late for town halls.”

High-profile school violence events are not new and not limited to Clark County or the 2013 shooting at Sparks Middle School, which took the life of teacher Michael Landsberry. NSEA has consistently heard alarming concerns about personal safety from our members across the state. That’s why we have a long history of engagement on the issue of educator safety and student disciplinary practice. NSEA spearheaded the creation of the progressive student discipline system decades ago and during the 2019 session, we were the only stakeholder group raising public concerns during the discussion of implementing restorative justice in AB168. We believe a strong restorative discipline system could reduce incidents where educators sustain injuries. However, this system needs to be proactive, implemented district-wide, and will require much greater attention and significant new resources.

Last interim, NSEA proposed an Educator Bill of Rights to improve educator safety and to respect educator voice, but our proposal was largely disregarded. Since the pandemic, the situation in schools seems to have deteriorated further. A delayed and poor statewide implementation of AB168 has left many schools and school districts unsure about the student discipline system, opting for little to no student discipline at all. The pandemic has exacerbated mental health issues. And a historic educator shortage, with thousands of vacant positions across the state in addition to the structural shortage with the largest class sizes in the country, makes it nearly impossible to implement even the best plans for school safety and student discipline. Meaningful resources for student mental health and a real investment in implementation of restorative justice system are long overdue.

The Respect Educators Act would elevate the safety, well-being, and autonomy of educators in their work. This includes real accountability for any violence committed against educators and giving educators the tools necessary to deal with disruptive behavior. The Respect Educators Act also calls for the creation of a monitoring committee including educators from across the state, legislators, and NDE to gain a clear understanding of the impact of the laws, ensure consistent implementation, and secure protection for all students and educators.

Educator voice in the classroom and at the worksite is also a key component of the Respect Educators Act. This includes guaranteeing educators have their professional judgment and discretion respected by school and district administrators; are treated with civility and respect; are not required to complete excessively burdensome paperwork; are afforded adequate time during the work week for lesson planning and collaborations with other teachers; have greater autonomy regarding student grading; are able to better enforce student attendance requirements; and have fair work evaluations.

To address these concerns, NSEA SUPPORTS:

- Creation of a restorative practices monitoring committee including educators from across the state, legislators, and NDE to gain a clear understanding of the impact of the laws, ensure consistent implementation, and secure protection for all students and educators.
- Greater autonomy regarding student grading and enforcing student attendance requirements.
- Adequate time during work hours for lesson planning and collaborations with other teachers and reduction of excessively burdensome paperwork.
- Allowing active educators to serve on their elected school boards and/or appointing an NSEA member to serve in an advisory capacity at school board meetings.



EDUCATOR RETENTION, PIPELINE, AND CLASS SIZE



NSEA believes retaining and attracting qualified teachers in every classroom and other educators to keep schools running is critical for all Nevadans. Shortages of teachers and other educators impacted school districts across Nevada before COVID-19, but our current shortage is now an unprecedented crisis, compromising the basic operation of too many of our schools.

The number of students in a class makes a real difference for students and teachers alike. For students, smaller class size can help close the racial achievement gap, lead to earlier identification of learning disabilities, improve high school graduation rates, improve student behavior, and allow for more engagement in lessons. For educators, smaller class size improves educator morale as it allows for more individual and differentiated instruction, less time on paperwork, and stronger classroom management as teachers become more aware of individual students' strengths or weaknesses.

NSEA supported AB266 last session to ensure a more accurate reflection of the realities of Nevada's classrooms and move Nevada toward actively addressing overcrowded classrooms by requiring school boards to determine the number of job vacancies based on how many teachers are needed in order to achieve the recommended ratio of pupils per licensed teacher. We are hopeful this data spurs decision makers to take bold action to address our shortage of educators.

While there rightfully has been a great deal of focus on the teacher shortage, Nevada schools also face a shortage of education support professionals, a critical component of the family of educators in our schools who perform numerous critical functions for learning to take place. Over the past two years, Nevada school districts have tried to weather an unprecedented shortage of bus drivers and other education support professionals, however, the situation appears only to be getting worse. NSEA proposes using the model of the Teacher Recruitment and Retention Task Force to address the very real issue of recruitment and retention for our other education employees who make schools run.

NSEA also appreciates the importance of having educators reflect the diverse student populations they are working with. We supported efforts last session to provide additional support to classroom education support professionals pursuing their teaching credential.

To address these concerns, the NSEA SUPPORTS:

- Time for 20–a 20% raise, a \$20 minimum wage, and an average class size of 20 students.
- Implementation of recommendations of the Teacher Recruitment and Retention Task Force.
- Create a broader Educator Recruitment and Retention Task Force.
- Addressing the need for more diversity in the education profession, so education employees reflect the student population more consistently.

SCHOOL FINANCE



For decades, NSEA has led the charge against chronic underfunding of public education in Nevada, from the instigation of the IP1 room tax in 2008 and qualification of the Education Initiative in 2014 to our 5 major Red for Ed rallies in Carson City in recent years. NSEA's efforts have been a large part of creating a social and political consensus – Nevada needs to invest significantly more in public education.

In 2021, the Commission on School Funding published Preliminary Recommendations Regarding Optimal Funding, setting a goal to reach “adequate” funding by increasing education investment by \$2B over the next 10 years. That’s why NSEA called for the passage of 2021’s AJR1, the mining tax that would have generated over \$400M. Instead, a new tax on gross revenues of mining was adopted to generate an estimated \$85M/year. These monies will be added to the new education funding plan along with \$70M/year in existing net proceeds starting in 2023. For the current biennium, while better-than-projected state revenue was used to backfill general fund cuts, total per-pupil funding actually decreased by \$115 from FY21 to FY22.

School districts across the state have seen their funding levels frozen in place with the implementation of the new funding formula, despite skyrocketing costs with inflation over 8% in the last year. With new restrictions on collective bargaining also written into the funding formula, many local education unions have been unable to bargain meaningful raises. This has further exacerbated the educator recruitment and retention issue plaguing our state.

The Funding Commission recommended increasing education spending by \$200M in additional every year. It is clear Nevada is falling short of what is needed to reach adequacy, especially with skyrocketing costs. NSEA looks forward to continuing our fight against chronic underfunding of public education.

To address these concerns, NSEA SUPPORTS:

- Time for 20—a 20% raise, a \$20 minimum wage, and an average class size of 20 students.
- New, progressive revenue for schools to meet or exceed the recommendations of the Funding Commission. This could include a new wealth tax, a millionaire tax, and expanded gaming and mining taxes.
- Adjusting the new funding formula to allow cost of living increases and fair collective bargaining across the state, including adjusting walled-off ending fund balance to 8.3%.

PUBLIC EDUCATION, THE GREAT EQUALIZER



Public schools are available to every child, and that's where 90% of Nevada students are educated. A high-quality public education system helps address inequalities in opportunity and disparities in resources across families and communities. Efforts to defund public schools are directly related to calls to allow public resources to pay for private schools or privately-operated charter schools exacerbates inequality.

Backroom dealmaking at the end of the 2021 Legislative Session led to the giveaway of millions of dollars in public funds to those profiting from education, including unaccountable charter schools and private schools. This deal included an additional \$5M for Opportunity Scholarships, backdoor vouchers for private schools, while also deleting language we won in 2019 to phase out the program.

Charter schools were initially promoted by educators who sought to innovate within the local public school system to better meet the needs of their students. Over the last 25 years, charter schools have grown dramatically to include large numbers of charters that are privately managed, largely unaccountable, and not transparent as to their operations or performance.

The explosive growth of charters has been driven by deliberate, billionaire-backed efforts to ensure that charters are exempt from the basic safeguards and standards that apply to public schools. This growth has undermined local public schools and communities, without producing any overall increase in student learning and growth. While charters are prohibited from discriminating, they continue to serve far fewer students in poverty, English language learners, and students with disabilities. Recent efforts to diversify charter school student populations unfortunately won't address the structural inequity that is built into the system of charter schools and their relationship to neighborhood public schools.

Last session, NSEA proposed legislation to require all teachers who provide instruction at charter schools to be licensed. However, this legislation was met with resistance from the charter industry and was watered down to only require 80% of charter teachers to be licensed. Other small charter reforms were passed, but charter school expansion has been left in the hands of the pro-charter Authority.

The institution of public education that we are protecting is fundamentally about equity—giving opportunity and leveling the playing field for all students in the state. NSEA has been a strong supporter of the state's Zoom School and Victory School programs, providing additional resources to schools in Nevada's poorest communities, with large concentrations of English language learners and low-income and at-risk students. Unfortunately, these model programs were phased out by the new funding formula with resources converted to small student weights, distributed across the state.

To address these concerns, NSEA SUPPORTS:

- Reinstatement of the successful Zoom and Victory School models.
- Elimination of private school vouchers (Opportunity Scholarships).
- Require same standards for teachers at charter schools as traditional public schools.
- Stronger controls for charter schools, including online charters.

MORE LEARNING, LESS TESTING



A top concern of classroom educators has been too many standardized tests shifting the focus in the classroom away from student learning toward a culture of high-stakes testing. NSEA has been actively working to reduce the burden of standardized testing, helping pass a bill to require reviews of student assessments in 2017 and again in 2021. While small changes have been made over the last several years, the current crisis calls for a more substantive overhaul of state testing requirements. With colleges and universities across the country moving away from testing requirements for admissions, it no longer makes sense to require all high school students to take the ACT or another college and career readiness assessment. Instead, meaningful proficiency exams should be developed by Nevada educators.

Last session NSEA continued our advocacy for meaningful teacher evaluations based on practice and professional responsibilities, and not student data. We supported AB57 to pause the use of student data in teacher evaluations during this school year. While this legislation was crafted to address the impacts of the COVID-19 pandemic, the lesson has been learned—student data does not belong in a teacher’s evaluation. Educators want to be held accountable with fair, timely, rigorous, and valid measures. Evaluation structures that depend on student data are not a fair or valid measure, because student growth is dependent on many factors not under a teacher’s control.

Meeting the demands of the teaching profession requires tremendous will, ability, creativity, organization and preparation. It also requires continuous learning, feedback, and support. To ensure high-quality teaching, it is necessary to have meaningful evaluations that provide a format for constructive assistance. Over the past 10 years, Nevada has worked to build this framework to measure teachers’ instructional practice and leadership as well as professional responsibilities. Unfortunately, Nevada’s schools and teachers have suffered through competing political emphasis on the use of student data, first with the use of test scores as part of an educators’ evaluations and now measuring growth. These competing priorities have compromised the entire accountability system—relegating proven educational practice including student engagement, lesson planning including differential instruction, scaffolding, professional development opportunities, and classroom management.

Given these developments, NSEA SUPPORTS:

- Streamlining Nevada’s assessment systems.
- Ending college and career readiness assessment graduation requirement and replacing it with meaningful proficiency exams developed by Nevada educators.
- Ensuring the Nevada Educator Performance Framework is a valid measure of instructional practice, leadership, and professional responsibilities.
- Reliance on the professional teachers in the classroom to assess students and to design and deliver instruction.

MEMBER RIGHTS



As the representative of teachers and other licensed educators and education support professionals across the state, NSEA is committed to the well-being and protection of our members. This includes safety and rights in the workplace, our collective bargaining rights, access to life's necessities like healthcare and security in retirement, and educator voice on decisions impacting us.

The new funding formula passed in 2019 included language to increase district ending fund balance walled off from collective bargaining up to 16.6% of annual operating costs. Historically, for school districts, the Nevada Administrative Code provided for 8.3%. NSEA believes this historical language is appropriate, as school district budgets have a high level of predictability given state funding. Last session, NSEA expressed our grave concern that ending fund balance would effectively be removed as a source of funds to justify any union proposal with a cost, slanting the collective bargaining process in favor of employers. NSEA introduced SB124 to address this issue, but the bill died without receiving a hearing. However, we continued to apply pressure on this issue, and got language added to the funding formula implementation bill (SB439) to lower ending fund balance walled off from collective bargaining to 12%. It should be restored to 8.3%.

One of NSEA's biggest victories last legislative session came in March, when Governor Sisolak signed an emergency regulation allowing for unemployment benefits to be available to education support professionals (ESPs) during the summer of 2021. However, 9-11 month education employees don't get paid during the summer months and are once again ineligible for unemployment benefits. Meanwhile, when it comes to retirement benefits, education support professionals only accrue three-fourths of a year of service for each school year, while licensed educators like teachers accrue the full year.

Since the COVID-19 pandemic, educators across the state have become increasingly concerned with accessing quality, affordable healthcare. This affects active educators, and especially retirees who are not eligible for Medicare or are living in areas without good health provider options. We believe that healthcare is a right, and that the state should ensure those who have served to educate our kids have access to the healthcare they need to live with dignity.

NSEA's Time for 20 campaign is both about worker dignity and addressing the record vacant positions at school districts. NSEA is concerned some employers may opt to contract out public jobs instead of paying living wages. Education Support Professionals are a critical component of the family of educators in our schools. Students have a range of needs that must be met for learning to take place. When trusted educators are replaced by private contractors, the overall quality and safety of our public education system is compromised.

NSEA takes pride in engaging our members in the democratic process. This includes participating in school board elections. However, educators are not able to serve as trustees on their school board, blocking one of the most important voices from school governance.

To that end, NSEA SUPPORTS:

- Protecting and strengthening collective bargaining for educators, including restoring ending fund balance provisions to 8.3%.
- Extend summer unemployment eligibility to 9-11 month education support professionals.
- Defending Nevada PERS defined benefit status and provide equity in retirement accrual for education support professionals.
- Ensuring every educator & retired educator has access to quality, affordable health care including affordable prescription coverage.
- Paid parental leave for all educators.
- Ensuring a living wage for all education employees and prohibiting outsourcing of public jobs.
- Require governmental employers to provide contact information for all members of the bargaining unit to recognized unions semiannually.

State Action Plan Table

State: Nevada

All validations have been addressed. Please click "Finish" to complete the form.

Women/Maternal Health

Priority Need: Improve preconception and interconception health among women of childbearing age
NPM: NPM 1 Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Complete 

Population Domain: Women/Maternal Health

Priority Need: Improve preconception and interconception health among women of childbearing age

NPM

NPM 1 Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

- Increase the percent of women, ages 18 through 44, receiving a preventive medical visit in the past year to 70% by 2025
- Increase the percent of women receiving prenatal care in first trimester to 80% by 2025

Strategies

- Collaborate with public and private partners to provide women, ages 18 through 44, with information on the benefits available to link them to appropriate health care coverage options
- Collaborate with public and private partners to engage (through outreach) and educate (e.g. website, materials, etc.) women, ages 18 through 44, communities, and health care professionals, regarding women's health, including early prenatal care and screenings
- Collaborate with public and private partners to conduct training focused on rape and sexual assault prevention
- Partner to conduct and/or fund survey activities that ask questions regarding pre and interconception care
- Collaborate with MCH Coalition and other partners to improve health literacy, including health promotion campaigns and dissemination of health information (including translation/interpretation)
- Collaborate with public and private partners to conduct data collection, surveying, and other activities to improve maternal health and birth outcomes
- Collaborate with public and private partners to provide women, ages 18 through 44, communities and health care professionals with information to reduce disparity in perinatal outcomes

ESMs

Status


ESM 1.1 - Percent of pregnant women who received prenatal care beginning in the first trimester

Active

NOMs

- NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
- NOM 3 - Maternal mortality rate per 100,000 live births
- NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
- NOM 5 - Percent of preterm births (<37 weeks)
- NOM 6 - Percent of early term births (37, 38 weeks)
- NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.2 - Neonatal mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.4 - Preterm-related mortality rate per 100,000 live births
- NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy
- NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations
- NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
- NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Priority Need: Reduce substance use during pregnancy
NPM: NPM 14.1 Percent of women who smoke during pregnancy

Complete 

Population Domain: Women/Maternal Health
Priority Need: Reduce substance use during pregnancy

| | |
|--|---------------|
| NPM | |
| NPM 14.1 Percent of women who smoke during pregnancy | |
| Objectives | |
| <ul style="list-style-type: none"> • Reduce the number of women who smoke during pregnancy to 1.5% by 2025 • Reduce the percent of children ages 0-17 who live in households where someone smokes to 13% by 2025 • Increase the percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits to 97% by 2025 • Reduce the percent of women using substances during pregnancy to 3.5% by 2025 | |
| Strategies | |
| <ul style="list-style-type: none"> • Collaborate with public and private partners such as The Tobacco Control Program (TCP) and Medicaid to promote smoking cessation programs. • Disseminate educational materials to partners for statewide distribution and engage partners through outreach to encourage promotion of smoking cessation resources • Collaborate with public and private partners to improve outcomes related to substance use • Collaborate with public and private partners to conduct data collection, surveying, and other activities to improve maternal health and birth outcomes, including continuation of Nevada PRAMS | |
| ESMs | Status |
| ESM 14.1.1 - Percent of PRAMS respondents who report that a doctor, nurse, or other health care worker asked if they were smoking cigarettes during any prenatal care visits | Active |
| NOMs | |

- NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
- NOM 3 - Maternal mortality rate per 100,000 live births
- NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
- NOM 5 - Percent of preterm births (<37 weeks)
- NOM 6 - Percent of early term births (37, 38 weeks)
- NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.2 - Neonatal mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.4 - Preterm-related mortality rate per 100,000 live births
- NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
- NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Priority Need: Improve preconception and interconception health among women of childbearing age

SPM: SPM 1 Percent of mothers who reported late or no prenatal care

Complete 

Population Domain: Women/Maternal Health

Priority Need: Improve preconception and interconception health among women of childbearing age

| |
|--|
| SPM |
| SPM 1 Percent of mothers who reported late or no prenatal care |
| Objectives |
| <ul style="list-style-type: none"> • Increase the percent of pregnant women/new mothers receiving prenatal care in first trimester to 76%. |
| Strategies |
| <ul style="list-style-type: none"> • Collaborate with public and private partners to engage (outreach) and educate (e.g. website, materials, etc.) women, ages 18 through 44, communities, and health care professionals, regarding women's health, including early prenatal care and screenings. |

Priority Need: Reduce substance use during pregnancy

SPM: SPM 2 Percent of women who used substances during pregnancy

Complete 

Population Domain: Women/Maternal Health

Priority Need: Reduce substance use during pregnancy


| |
|---|
| SPM |
| SPM 2 Percent of women who used substances during pregnancy |
| Objectives |
| <ul style="list-style-type: none"> • Reduce the percent of women who used substances during pregnancy to 3.5% by 2025. |
| Strategies |
| |

- Collaborate with public and private partners to promote use of the State's Tobacco Quitline for pregnant women and new mothers.
- Disseminate educational materials to partners for statewide distribution.
- Collaborate with public and private partners to improve outcomes related to substance use

Perinatal/Infant Health

Priority Need: Promote Breastfeeding

NPM: NPM 4 A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Complete 

Population Domain: Perinatal/Infant Health

Priority Need: Promote Breastfeeding

NPM

NPM 4 A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objectives

- Increase the percent of children who are ever breastfed to 87% by 2025
- Increase the percent of children who are exclusively breastfed at 6 months to 30% by 2025
- Decrease the percent of PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends to 0.5% by 2025

Strategies

- Partner with MCH Coalition and MCH stakeholders on activities and website postings to increase awareness, community-wide support and business education of breastfeeding, safe sleep, etc. (includes FIMR)
- Collaborate with public and private partners such as WIC, faith-based and breastfeeding coalitions, community based programs, and local health authorities to improve access to breastfeeding supports for new mothers
- Collaborate with public and private partners to conduct data collection, surveys, and other activities to improve breastfeeding rates
- Collaborate with public and private partners to provide website maintenance and updates to...

ESMs

Status

ESM 4.1 - Percent of Nevada PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends

Active

NOMs

- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Priority Need: Promote Safe-Sleep

NPM: NPM 5 A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved ...

Complete 

Population Domain: Perinatal/Infant Health

Priority Need: Promote Safe-Sleep

NPM

NPM 5 A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Objectives

- Increase the percent of infants placed to sleep on their backs to 84% by 2025.
- Increase the percent of infants placed to sleep on a separate approved sleep surface to 40% by 2025.
- Increase the percent of infants placed to sleep without soft objects or loose bedding to 48% by 2025.

Strategies

- Provide staff support and training to home visitors on promotion of safe sleep practices
- Collaborate with public and private partners to conduct data collection, surveys, and other activities to understand current safe sleep practices
- Collaborate with public and private partners to promote safe sleep resources to the community such as media campaigns
- Collaborate with Cribs for Kids (C4K) to support providing educational resources to parents and caregivers on the importance of safe sleep behaviors

ESMs

Status

ESM 5.1 - Percent of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and /or environment

Active

NOMs

- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

Priority Need: Increase developmental screening

NPM: NPM 6 Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed scr...

Complete 

Population Domain: Child Health

Priority Need: Increase developmental screening

NPM

NPM 6 Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

- Increase the percent of children, ages 9 through 35 months, who receive a developmental screening using a parent-completed screening tool to 35% by 2025

Strategies

- Collaborate with public and private partners to communicate the importance of developmental screenings, including referral to appropriate health professionals
- Collaborate with Title V MCH public and private partners, families of CYSHCN, and providers to conduct outreach to educate individuals, families and communities regarding the benefits of the medical home portal for CYSHCN
- Collaborate with Title V MCH partners to train providers on the parent-completed screening tool
- Collaborate with public and private partners on community events, trainings and other events/activities which include information about the importance of developmental screenings
- Collaborate with Title V MCH partners to promote use of the Medical Home Portal to provide resources for families and health care providers


| ESMs | Status |
|--|--------|
| ESM 6.1 - Percent of Medicaid enrolled children, ages 9 through 35 months, who received a developmental screening using a standardized tool. | Active |

NOMs

- NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)
- NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Priority Need: Promote a Medical Home

NPM: NPM 11 Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Complete 

Population Domain: Child Health

Priority Need: Promote a Medical Home

NPM

NPM 11 Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

- Increase the percent of children with special health care needs with a medical home in the past year to 53.3% by 2020
- Increase the percent of children without special health care needs with a medical home in the past year to 54.8% by 2020
- Increase the number of WIC, Home Visiting, and other program participants that received information on the benefits of a medical home by 20% by 2025
- Increase the number of unique users of Nevada's medical home portal to 9,000 by 2025

Strategies

- Partner to support the utilization of Medical Home Portal including awareness, professional development, Nevada 2-1-1 activities, etc.
- Partner to identify and conduct outreach to CYSHCN groups, including families to promote the availability and benefits of Medical Home Portal

| ESMs | Status |
|--|--------|
| ESM 11.1 - Number of Nevada Medical Home Portal website views. | Active |


NOMs

- NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
- NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
- NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
- NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Adolescent Health

Priority Need: Improve care coordination among adolescents

NPM: NPM 10 Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Complete 

Population Domain: Adolescent Health

Priority Need: Improve care coordination among adolescents

| | |
|--|---------------|
| NPM | |
| NPM 10 Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. | |
| Objectives | |
| <ul style="list-style-type: none"> • Increase the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year to 77% by 2025 • Reduce pregnancies among adolescent females, ages 15 to 19, to 16 pregnancies per 1,000 by 2025 • Reduce repeat birth rate among adolescent females, ages 15 to 19, to 12 repeat births per 1,000 by 2025 | |
| Strategies | |
| <ul style="list-style-type: none"> • Collaborate with public and private partners to provide adolescents, ages 12 through 17, with information on the benefits available and link them to appropriate health care coverage options • Collaborate with public and private partners to conduct outreach, education, and eligibility assistance to promote utilization of family planning and link women to appropriate health services, vaccinations, screenings (breast and cervical cancer, substance use/misuse, behavioral/mental health, postpartum depression, etc.), LARC, and use of 1-key question • Collaborate with public and private partners on activities focused on teen pregnancy prevention, bullying, rape and sexual assault prevention, suicide, and other factors that negatively impact health • Coordinate with partners and local health authorities to enhance the quality of adolescent clinic environments | |
| ESMs | Status |
| ESM 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen | Active |
| NOMs | |

- NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000
- NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000
- NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000
- NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
- NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
- NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
- NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)
- NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza
- NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine
- NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
- NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine
- NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Priority Need: Increase transition of care for adolescents and CYSHCN

NPM: NPM 12 Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to p...

Complete 

Population Domain: Adolescent Health

Priority Need: Increase transition of care for adolescents and CYSHCN

NPM

NPM 12 Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Objectives

- Increase percent of children with special health care needs ages 12 through 17, who received services necessary to transition from pediatric to adult health care to 16% by 2025
- Increase percent of children without special health care needs ages,12 through 17, who received services necessary to transition from pediatric to adult health care to 17% by 2025

Strategies

- Coordinate with partners and local health authorities to improve the messaging of transition care.
- Collaborate with public and private partners to provide adolescents, ages 12 through 17, with information on the benefits available and link them to appropriate health care coverage options
- Conduct health transition trainings among health care providers to support transition efforts and gather information regarding changes in knowledge, practices, and policy.

ESMs

Status

| | |
|--|--------|
| ESM 12.1 - Percent of participants reporting a change in knowledge who completed the Project ECHO online course using Got Transitions Six-Core Elements of Health Care Transition | Active |
| ESM 12.2 - Percent of participants reporting intent to change practices or policies who completed the Project ECHO online course using Got Transitions Six-Core Elements of Health Care Transition | Active |

NOMs

- NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Priority Need: Improve care coordination among adolescents

SPM: SPM 3 Repeat teen birth rate

Complete 

Population Domain: Adolescent Health

Priority Need: Improve care coordination among adolescents

| |
|---|
| SPM |
| SPM 3 Repeat teen birth rate |
| Objectives |
| <ul style="list-style-type: none"> • Reduce repeat birth rate among adolescent females, ages 15 to 19, to 12 repeat births per 1,000 by 2025. |
| Strategies |
| <ul style="list-style-type: none"> • Collaborate with the Sexual Risk Avoidance Education (SRAE) Program and the State Personal Responsibility Education Program (PREP). • Collaborate with community partners on educational campaign focused on decreasing teen pregnancy and repeat pregnancy. |

Priority Need: Improve care coordination among adolescents

SPM: SPM 4 Teenage pregnancy rate

Complete 

Population Domain: Adolescent Health

Priority Need: Improve care coordination among adolescents

| |
|---|
| SPM |
| SPM 4 Teenage pregnancy rate |
| Objectives |
| <ul style="list-style-type: none"> • Reduce pregnancies among adolescent females, ages 15 to 19, to 16 pregnancies per 1,000 by 2025 |
| Strategies |
| <ul style="list-style-type: none"> • Collaborate with the State Sexual Risk Avoidance and Education (SRAE) Program and the State Personal Responsibility Education Program (PREP) on positive youth development, Sexually transmitted infection (STI) reduction and teen pregnancy reduction. • Collaborate with community partners on resource sharing related to decreasing teen pregnancy. |

CSHCN

Priority Need: Promote a Medical Home

NPM: NPM 11 Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Complete 

Population Domain: Children with Special Health Care Needs

Priority Need: Promote a Medical Home

NPM

NPM 11 Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

- Increase the percent of children with special health care needs with a medical home in the past year to 35% by 2025
- Increase the percent of children without special health care needs with a medical home in the past year to 50% by 2025
- Increase the number of WIC, Home Visiting, and other program participants that received information on the benefits of a medical home by 20% by 2025
- Increase the number of unique users of Nevada’s medical home portal to 9,000 by 2025

Strategies

- Partner to support the utilization of Medical Home Portal including awareness, professional development, Nevada 2-1-1 activities, etc.
- Partner to identify and conduct outreach to CYSHCN, including families, with the greatest need (e.g. racial/ethnic group, payer, rural/urban) regarding availability and benefits of Medical Home Portal

ESMs

Status

ESM 11.1 - Number of Nevada Medical Home Portal website views.

Active

NOMs

- NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
- NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
- NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
- NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Priority Need: Increase transition of care for adolescents and CYSHCN

NPM: NPM 12 Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to p...

Complete 

Population Domain: Children with Special Health Care Needs

Priority Need: Increase transition of care for adolescents and CYSHCN

NPM

NPM 12 Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care

Objectives

- Increase the percent of children with special health care needs ages, 12 through 17, who received services necessary to make transitions from pediatric to adult health care to 16% by 2025

Strategies

- Coordinate with partners and local health authorities to improve the messaging about transition from pediatric to adult care to youth with and without special health care needs.
- Collaborate with public and private partners to provide children with special health care needs and their families with information on the benefits available and link them to appropriate health care coverage options
- Conduct health transition trainings among health care providers to support transition efforts and gather information regarding changes in knowledge, practices, and policy.

| ESMs | Status |
|--|--------|
| ESM 12.1 - Percent of participants reporting a change in knowledge who completed the Project ECHO online course using Got Transitions Six-Core Elements of Health Care Transition | Active |
| ESM 12.2 - Percent of participants reporting intent to change practices or policies who completed the Project ECHO online course using Got Transitions Six-Core Elements of Health Care Transition | Active |

NOMs

- NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Nevada Tobacco Prevention Coalition (NTPC) 2023 Policy Priorities

Through 2023, NTPC Will Pursue the Following Strategic Objectives:

- Promote the reduction of tobacco use and initiation among youth and young adults by focusing on legislation and policy changes. Such policies may include:
 - Increasing penalties for tobacco retailer violations.
 - Strengthening enforcement of current law restricting sales to minors by increasing the rate of tobacco compliance checks.
 - Advocating for a mandatory age-restriction training for retailers and clerks to decrease the sales of tobacco to minors.
 - Advocating for tobacco flavoring restrictions.
- Reduce exposure to secondhand smoke and e-cigarette/ vaping emissions by expanding the Nevada Clean Indoor Air Act (NCIAA) to include all indoor workplaces in Nevada, removing current exemptions, and promoting minimum distance policies.
- Promote quitting of tobacco use among adults and young people by expanding access to cessation services.
- Secure tobacco and vaping prevention funding.

For More Information On NTPC's Priorities And Strategic Plan, [Contact Us](#).

Nevada Women's Lobby 2023 Policy Priorities

- Access to mental and physical healthcare, including protection against attacks on reproductive healthcare
- Protection from Domestic and Sexual Violence
- Pay Equity, Paid time off, and Access to Affordable Childcare

Continual Focuses of the Nevada Women's Lobby

- State Budget Impact on Women and Children
 - Nevada is facing a severe budget shortfall caused by COVID-19 meaning vital safety net programs could be impacted. While the influx of federal dollars is improving the outlook, Nevada Women's Lobby is following these budgets closely to restore and enhance programs that are critical to women and families.
 - The Lobby will also be working hard to advocate for alternative solutions including increased revenue to protect our most vulnerable citizens.
- Affordable Housing
 - Housing prices continue to surge across the state, especially in Northern Nevada where the median home price is at \$450,000. Meanwhile, monthly rent prices rise to unaffordable heights, residents in low income apartments are evicted for renovations and demolition, and the unhoused population grows yearly.
 - The Nevada Legislature is taking a close look at our housing laws, including eviction policies, tenant/landlord agreements, and development strategy.
 - Nevada Women's Lobby is working closely with legislators and partner coalitions on these policies to help make housing accessible and affordable for women and families.
- Access to Affordable Health Care and Mental Health Care
 - Nevada Women's Lobby is supporting policies that expand health care for women and families by looking at pharmaceutical costs and insurance coverage.
 - We're also working on expanding mental health care, which has been severely underfunded in the State of Nevada. Policies being proposed could codify the use of telehealth, establish a new national suicide hotline, and restore Medicaid rates that were cut during the 2020 special session.



Partners for a Healthy Nevada (PHN) Policy and Advocacy Priorities

Obesity is significant public health issue. PHN members believe that every person should have a fair and just opportunity to be healthy. Obesity should not be stigmatized simply as the result of personal choices, but as a complex, multi-factorial, chronic disease. We support efforts to help children and adults achieve and maintain health at any size. We seek to work collaboratively to create equitable environments that support healthy eating, physical activity, and the expansion of evidence-based obesity prevention and treatment.

Specifically, PHN supports the following:

- ❖ Strengthening school wellness policies to increase access to healthy foods, limit or restrict access to unhealthy foods, and increase opportunities for physical activity.
- ❖ Making school meals free for all students.
- ❖ Increasing the quality, frequency, and duration of physical education classes and integrating opportunities for physical activity through the school day.
- ❖ Increasing accessibility of healthier food and beverage choices (including water) at schools, restaurants, vending, concessions, and other locations.
- ❖ Improving the availability of healthy foods and beverages and physical activity opportunities in community settings including childcare facilities, afterschool settings, worksites, health care facilities, food pantries, and places of faith.
- ❖ Expanding availability of evidence-based healthy weight management programs and treatments as covered benefits of insurance and health plans.
- ❖ Obesity surveillance efforts to monitor obesity and use data to direct resources to communities at greatest risk.
- ❖ Dedication of sustainable funding to support obesity prevention and treatment efforts statewide.
- ❖ Nutrition incentive programs that make healthy foods, particularly fruits and vegetables, more affordable and accessible.
- ❖ Healthy community design approaches to increase opportunities for physical activity, active transit, and make physical activity safe and accessible for all.

Building Community Commitment to Safe, Stable, Nurturing Relationships and Environments for all Children

As the state leader in the prevention of child maltreatment, it is our goal to protect Nevada's children and strengthen Nevada's families. PCANV supports efforts that prioritize the health and well-being of all children so that no child experiences neglect, physical abuse, mental abuse, and/or sexual abuse.

This document outlines PCANV's key policies that need to be prioritized in order for Nevada to better protect children and families and promote healthy communities.

We unite with our partners to inspire resilience in our communities because all adults share responsibility for the well-being of children.



POLICY PRIORITIES

PREVENT CHILD SEXUAL ABUSE

Support statewide collaboration on the prevention of the sexual abuse of children to improve public policy, programs, and practices that protect children.

The nature of child sexual abuse is omnipresent, affecting all socioeconomic, educational, racial, cultural, rural, and urban areas.

PCANV supports the following actions:

- Implement funding for evidence-informed and culturally competent child sexual abuse prevention and education programs that emphasizes adult and community responsibility.
- Increase Nevada funding for child abuse research and treatment.
- Reinstate funding for The Nevada Task Force on Prevention of Sexual Abuse of Children to ensure quality, research-based, and safe child policies and practices.
- Ensure child welfare employees do not serve more than 20 families at one time.
- Mandate universal background screens for anyone working near children, developing codes of conduct, and appropriately responding to violations and suspected disclosure of child sexual abuse.



PREVENT CHILDHOOD TRAUMA (ACES)

Promote the implementation of evidence based trauma-informed policy and practices in addition to raising awareness about Adverse Childhood Experiences (ACEs) and Toxic Stress. Data should be used to inform and build prevention efforts, change norms, and implement programs that support family-friendly policies.

PCANV supports the following actions:

- Funding of implementation of trauma-informed practices in health offices and schools.
- Champion a state-wide framework for teaching child abuse & neglect prevention and social-emotional learning.
- Eliminate corporal punishment and instead fund policies that teach the Triple P Positive Parenting initiative.
- Fund the CDC's "Essentials for Childhood", an evidence-based framework that helps prevent sexual abuse of children.
- Shift funding to support foster care and kinship care system so that caregivers have more training and tools.
- Include policies that collect data and analyze the abuse and neglect of children within the child welfare system. Create a federally-mandated national data system with an effective management system to keep track of progress.

PROMOTE RESILIENCE

Resilience is the process of healthy adaptation by individuals when faced with adverse circumstances. Promote the protective factors, identify innovations and interventions to support resilient children, families, and communities.

PCANV supports the following actions:

- Strengthen economic support to families with paid family leave and livable wages.
- Support Medicaid and Temporary Assistance for families in need.
- Subsidize childcare, ensure they are high-quality, and support Earned Income Tax Credits (EITC).
- Funding of quality early-education programs that foster children's cognitive, social, and emotional development.
- Expand early support services that place educators in the homes of new parents.
- Train police, attorneys, and judges on an ongoing basis.
- Expand treatment resources in our community to fully meet the needs of Nevada's children and families.
- Secure funding for life skills training and healthy relationship initiatives that serve children, young adults, and public education.
- Support and connect youth to caring adults and activities such as with strong after-school programs.

Southern Nevada Forum

Good Governance: Staff Liaison Dylan Keith, Vegas Chamber

- Restructuring the CCSD to a hybrid appointed and elected board
- Restructuring the Nevada System of Higher Education Board
- Modernization of the Nevada Grants Office

Healthcare: Staff Liaison Zach Bucher, City of Las Vegas

- Addressing Workplace Violence in Healthcare Settings

Education: Staff Liaison Dylan Keith, Vegas Chamber

- Providing funding to Graduate Medical Education in Southern Nevada
- Provide funding for the Interdisciplinary Research and Innovation Building at UNLV
- Provide funding for CSN's dual credit expansion for disadvantaged students

Economic Development and Workforce: Staff Liaison Nick Schneider, Vegas Chamber

- Expand Career Technical Education and create a framework
- Fund the Small Business Development Center
- Expanding film tax credits

Transportation and Infrastructure

- Support enhanced water conservation measures for Southern Nevada
- Improve the reliability and resiliency of Nevada's utility energy infrastructure
- Drive towards Nevada's climate goals and clean energy economy through increased renewable energy development and expansion of Nevada's electric vehicle infrastructure