



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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MEETING NOTICE AND AGENDA

Name of Organization: Nevada Early Intervention Interagency Coordinating Council (ICC)

Date and Time of Meeting: Tuesday, May 23, 2023
10:00 AM

To attend virtually:

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Pursuant to NRS 241.020(3)(a) as amended by Assembly Bill 253 of the 81st Legislative Session, this meeting will be convened using a remote technology system and there will be no physical location for this meeting. The meeting can be listened to via telephone or viewed live over the Internet.

Public comments may be submitted by email at mgarrison@dhhs.nv.gov by 2:00 p.m. on Monday, May 22, 2023. Please include your name and the corresponding agenda item number, if applicable, with any comments submitted. Written comments should contain no more than 300 words. Public comments received by the deadline will be posted on the board's website before the start of the meeting and noted for the record as each action item is heard by council ([Meetings \(nv.gov\)](#)).

AGENDA

I. **Call to Order, welcome, and announcements**

Lori Ann Malina-Lovell, Nevada Part C Coordinator

II. **Public Comment** (No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)

III. **Approval of the Minutes from the January 30, 2022, Meeting (For Possible Action):**

Lori Ann Malina-Lovell, Nevada Part C Coordinator

IV. Aging and Disability Services Division Updates

- a. **Early Intervention System Analysis**
- b. **NEIS Health Screening & Guidance**
- c. **Nevada Early Intervention Data System (NEIDS)**
- d. **Legislative Updates**
Sarah Horsman-Ploeger and Fatima Taylor, Health Program Managers
- e. **Early Intervention In-Person and Telehealth Report**
Randi Humes, ADSD Management Analyst III
- f. **Early Intervention Program Highlights (Information)**
Sarah Horsman-Ploeger and Fatima Taylor, Health Program Managers

V. Developmental Disabilities Awareness Day 2023 (Information Only)

Catherine M. Nielsen, Executive Director, Nevada Governor's Council on Developmental Disabilities

VI. Nevada Early Intervention Professional Development Center (Information Only)

Lori Ann Malina-Lovell, Nevada Part C Coordinator

VII. IDEA Part C Information and Reports (Information Only):

- a. **Part C Updates**
- b. **Complaint Log and Family Concerns**
- c. **Nevada Pyramid Model**
- d. **Early Intervention Family Survey 2023**
- e. **Implementation requirements set forth by Nevada Revised Statutes (NRS) 239B.022-239B.026, related to the collection of Sexual Orientation and Gender Identity and Expression (SOGI) data**
IDEA Part C Office Staff

VIII. Interagency Coordinating Council (ICC) Future Meeting Scheduling and Agenda Items (For Possible Action)

- a. ICC 2023 Retreat, July 27-28, 2023, Reno, NV
- b. October 2023 Quarterly Meeting
Lori Ann Malina-Lovell, Nevada Part C Coordinator

IX. Public Comment *(No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)*

X. Adjournment

Lori Ann Malina-Lovell, Nevada Part C Coordinator

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

Parking fees may apply at meeting locations. Please check the websites of the specific locations to determine if permits are required and for prevailing rates.

We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, or if you would like a copy of the agenda and meeting packet sent to you, please notify Mary Garrison at mgarrison@dhhs.nv.gov as soon as possible and at least two days in advance of the meeting.

Agenda Posted at the Following Locations:

- Aging and Disability Services Division, Carson City Office, 3427 Goni Road, 104, Carson City
- Aging and Disability Services Division, Reno Office, 9670 Gateway Drive, Ste 200, Reno
- Advanced Pediatric Therapies, 1625 E. Prater Way Ste 107, Sparks
- Clark County Public Library, 1401 E. Flamingo, Las Vegas
- Desert Resource Center, 1391 S. Jones Blvd., Las Vegas
- Capability Health and Human Services-South, 7281 W Charleston Blvd., Las Vegas
- Elko County Public Library, 720 Court, Elko
- IDEA Part C Office, 1000 E Williams St, Ste 105, Carson City
- IDEA Part C Office, 4220 South Maryland Parkway, Building A, Ste 121, Las Vegas
- Northeastern Nevada Early Intervention Services, 1020 Ruby Vista Drive, Ste 102, Elko
- Northwestern Nevada Early Intervention Services, 3427 Goni Road, Ste 104, Carson City
- Northwestern Nevada Early Intervention Services, 2667 Enterprise Rd., Reno
- Nevada PEP, 7211 W. Charleston Blvd, Las Vegas
- Nevada Disabilities Advocacy Law Ctr., 1865 Plumas St., #2, Reno
- Positively Kids, 2480 E Tompkins Ave #222, Las Vegas NV
- Southern Nevada Early Intervention Services, 1161 S. Valley View Blvd., Las Vegas
- State of Nevada, Department of Education, 700 E. 5th St., Carson City
- Therapy Management Group, 10587 Double R Blvd, Suite 101, Reno
- UNR/NCED, University of Nevada, Reno
- Downtown Reno Library, 301 S. Center, Reno
- In addition, the agenda was mailed to groups and individuals as requested, posted at Nevada Early Intervention Services Programs and on the Web at <https://notice.nv.gov/>, <http://adsd.nv.gov/>, and <http://dhhs.nv.gov/Programs/IDEA/ICC/Meetings/>

Joe Lombardo
Governor



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HEALTH AND HUMAN SERVICES**
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Richard Whitley, MS
Director

DRAFT MEETING MINUTES

Name of Organization: Nevada Early Intervention Interagency Coordinating Council (ICC)

Date and Time of Meeting: January 30, 2023
10:00 AM

Meeting was held virtually at:

Microsoft Teams meeting

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Public comments may be submitted by email at mgarrison@dhhs.nv.gov by 2:00 p.m. on Friday, January 27, 2023. Please include your name and the corresponding agenda item number, if applicable, with any comments submitted. Written comments should contain no more than 300 words. Public comments received by the deadline will be posted on the board's website before the start of the meeting and noted for the record as each action item is heard by council ([Meetings \(nv.gov\)](#)).

MINUTES

I. **Call to Order, welcome, and announcements.**

Interim chair, Lori Ann Malina-Lovell, welcomed all on the call. A quorum of members was present, and the meeting was called to order at 10:09 am.

Members Present: Dawn Brooks, Assemblywoman Tracy Brown-May, Andre' Haynes, Sarah Horsman-Ploeger, Lisa Hunt, Rhonda Lawrence, Sandra LaPalm, Janice Lee, Catherine Nielsen, Kate Osti, Keana Sullivan

Members Absent: Valeria Gundersen, Kellie Hess, Kristin Hoxie, Crystal Johnson, Robin Kincaid, Karen Shaw, Brittany Toth, Jenna Weglarz-Ward

Public Attendees: Sherri Alexander, Aging and Disability Services Division (ADSD); Robert Burns, Therapy Management Group (TMG); Karen Frisk, Nevada Early Intervention Services (NEIS)-Northeast; Sheila Garner, NEIS-Las Vegas; Stephanie Gerow, Public Attendee; Daniel Guo, Yahasoft; Erin Hawley, Yahasoft; Randi Humes, ADSD; Devon Kawata, ADSD; Patricia Knight, ADSD; Jennifer Loiacano, TMG; Kelcy Meyer, Division of Child and Family Services (DCFS); Elizabeth Newman, NEIS-Carson; Julie Ortiz, Advanced Pediatric Therapies (APT); Danielle Race, ADSD; Monique Robinson, MDDA; Jessica Roew, NEIS-Carson; Roy, Public Attendee; Debra Stewart, MDDA; Fatima Taylor, NEIS-Las Vegas; Lindsay Wood-Lopez, NEIS-Las Vegas

Part C Staff Present: Mary Garrison, Lori Ann Malina-Lovell, Jalin McSwyne, Melissa L. Slayden, Pam Silva

I. **Public Comment**

Ms. Malina-Lovell asked at this time, if anyone would like to provide public comment, please raise your hand.

Lori Ann stated, at this time, I would like to enter public comment on behalf of the Part C office. For the record, this is Lori Ann Malina-Lovell, Part C Coordinator with the IDEA Part C office. The public comment that I would like to share is to inform the ICC and the public of the challenges that have been facing the IDEA Part C office within these last four (4) months. We have experienced a critical staff shortage and that has been due to staff being on sick leave, hospitalization and on bereavement leave. We have also experienced flooding to our office, and that occurred on the day after Christmas, December 26, 2022, in the Carson City location. A parking lot drain was backed up and slush and heavy rains flooded into our office and into the entire building which we share with Medicaid. For that reason, our staff have not been able to work in the Carson City office and have had to work remotely. This has posed several problems, especially with obtaining data and the time that it takes to gather that through our current TRAC Data System, which is in process of being transitioned over to a new data system. That is expected to go live in September 2023, and will be a more current and modern up to date system. We have also had succession challenges, with two (2) of our staff retiring. Fortunately, we felt that we were able to send them off with honor. With new hires and onboarding, we filled those two (2) positions in December and January. We do have two (2) new staff and they are Lauren Roscoe, Development Specialist IV, and Pamela Silva, Development Specialist IV. You will be hearing from Pam and Lauren in the months ahead as we have our meetings. That is the good news that came out of these recent months. Nonetheless, we have been facing challenges, which we will continue to share throughout this meeting. Despite all of this, we were so grateful to be able to spend our time here with you this morning.

Are there any other public comments today? At that this time we'll close this section of the meeting hearing none, and we'll move forward to the next section, which is approval of the minutes from our most recent meeting on October 20, 2022. You are welcome to make any suggestions for any edits that you see are necessary. You can put that into the chat, or you may interject and turn on your mic.

II. **Approval of the Minutes from the October 20, 2022, Meeting (For Possible Action):**

This is Mary Garrison for the record, I wanted to let you know that I will be updating these minutes in addition to what you see today. With the flood damage that occurred in our Carson City office, which Lori

Ann shared, all my written notes from this meeting were locked in a storage container. I was unable to go back and check those notes, so in your April meeting, I will have an updated version of these minutes. Those updates will include the information that I could not gather from my written notes. If you have questions about that, please let me know. Ms. Garrison reviewed the minutes with the council and corrections were notated. Lori Ann Malina-Lovell stated, thank you very much, Mary, and to all our administrative team who assisted with the tedious minute taking. We appreciate you all very much. Thank you to everyone for your patience. At this time, we are seeking a motion to approve the minutes from the October 20, 2022, ICC meeting.

Corrections Noted: Note placed in the chat by Randi Humes to request that the spelling of her name be corrected throughout the report. Mary acknowledged that she had received the message and would be making that correction.

MOTION: Approve minutes with corrections as noted in the discussion

BY: Assemblywoman Tracy Brown-May

SECOND: Janice Lee

ABSTAINED: Rhonda Lawrence, not in attendance for October 20, 2022, meeting

VOTE: PASSED

III. **Discuss, Nominate and Approve New Nevada Early Intervention Interagency Coordinating Council (ICC) Parent Representative Co-Chair and Agency Co-Chair (For Possible Action)**

a. **Nominate ICC APR/SSIP Certification Signer if a co-chair/parent co-chair is not approved.**

Mary Garrison stated Andre', I know that you are on the call. I'm going to give a brief introduction regarding this topic. As a Council, we are looking to nominate two (2) new Co-chairs, one (1) being a parent representative and one (1) being a general member of the Council. We had two (2) individuals who showed interest in this position, one (1) being Mr. Andre Haynes and then one (1) being our parent representative from the northeast part of our state. Her name is Kelly Hess. I don't see Kelly on today's call. And Andre, we are looking to move you around into another position. I am going to hold off on nominating you until we get you transitioned over into that new position. I did create a survey where you guys can nominate those members who have shown interest. I did put Kelly on there. I did not include Andre. As I said, we're waiting to see about another position that he can fill in as well on the ICC so I can submit that survey to you in our chat right now. I don't know how the Council wants to move forward though, just because I don't see Kelly on today's call. Mary further clarified the bylaws for the ages of children whose parent is serving in the role of parent representative. The bylaw that requires us to have Andre moved into a new position specifically states that the child of a parent must be under the age of 12 to be on the ICC. Mary stated Andre, who is one of our current parent representatives on the ICC has a son who has qualified him as a member who has recently aged out and his membership is due to expire in June of 2023. Mary stated in that time, I have been working with the Governor's boards to see if we can have him assigned to another position because he does want to continue his work with the ICC as well as the ICC Equity Subcommittee, so we're looking at some other options of roles within our ICC that Andre can move to. So, we'll be picking up that discussion and seeing what our board members say we can do going forward. But I'm working on that with them for you so that we can get Andre reassigned. I don't see it being a problem. I'll tell you that it's just a matter of time as we transition into a new Governor and that group is reassembled within his office and ensuring that we get a response from them.

Lori Ann Malina-Lovell thanked Mary for her comments and then led a discussion on ways that the need for members could be addressed. Lori Ann stated at this time the ICC could brainstorm about ways to approach

this. One suggestion would be to see if there are any other parents here who would like to nominate themselves or nominate someone. And what we could do is take the names moving forward and have an election in the April meeting as Kelly is not present. Another way to approach this is to look at the other side that we need for the general members. If there's anyone who would like to nominate themselves or someone else on the Council.

And then yet another way to approach this is to have someone among yourselves that would be considered as the interim chair, so perhaps there is an individual who would not want to be that official lead or Co-lead going forward but is willing to assist in the interim. So myself, as the Part C coordinator am defaulted to being the interim. The aim of this role is for it to be with one of you, and so we're (remove this word) we'd like to open the floor to you, those of you on the ICC to see how you'd like to approach this. Does anyone have any suggestions?

There was a question regarding the responsibilities of this role. Lori Ann stated that this person would certify our annual performance report and what that entails is signing off on a form that goes to OSEP, saying that the ICC approves our annual performance report. We do that every January annually and other notable responsibilities for the co-chairs include facilitating our quarterly meetings, just as you've seen me doing that today and as you have seen Sherry Waugh facilitating meetings in the past. A group of early intervention programs needed some support, and the ICC wrote a letter of support that was made out to the legislature so those are some of the kinds of things you might be interested in hearing about that co-chairs fulfill. Mary clarified a question in the chat regarding whether the interim chair could be a state employee and stated that yes, it absolutely can.

Lori Ann Malina-Lovell again asked the ICC members if there was anyone that would like to nominate themselves or anyone else on the council? Or if there was anyone who's interested in being an interim who could assist us in certifying our annual performance report, which is required of our state. Catherine Nielsen identified herself by her full name and stated I would not mind taking on the interim portion for you guys. Lori Ann thanked her stating Catherine is with the Governor's Council on Developmental disabilities, and she's so graciously and generously offered to be the interim lead for the ICC.

MOTION: For Catherine Nielsen to be interim Co-chair.

BY: Sarah Horsman-Ploeger

SECOND: Lisa Hunt, parent representative

VOTE: PASSED

IV. Aging and Disability Services Division Updates

i. Early Intervention Updates

Sarah Horsman-Ploeger shared that a lot of the EI programs continue to experience a lot of the effects of the pandemic, particularly labor shortages. This has increased wage demands in this labor market, so we try to help programs and come together as a system as much as we can to help each other out. And one thing that programs can request is a referral rotation hold. We currently have one program out of rotation that we evaluate on a weekly basis, and we will continue to update ICC as we evaluate those referral rotation holds requests. I know Randi is going to share some data, but our caseload is currently equal at the 50/50 split, meaning 50% of the caseload statewide is for state programs and 50% for community providers. That number did go up a little bit, particularly in the north when (removed space and comma) the Continuum, one of our community providers, did close their doors for business at the end of October beginning of November. A lot of those cases were dispersed among providers and the state took a large portion of those. We continue to have

COVID protocols in our home visits and in visits with families. However, we're moving away from calling it COVID protocols and moving towards long term universal health screenings and infection disease mitigation. So currently masks are still required by staff when they're interacting with families due to the medically fragile nature of infants and toddlers, and not a high vaccination rate there, and we have our physicians in both Las Vegas and in the North evaluating county and local infection disease spread, but as of right now, since we see ourselves as more of a healthcare provider, that masks are still required and we do require screenings prior to any visits and if families or staff have two or more symptoms, those are reasons that may be rescheduled or moved to telehealth. We do have a new Community provider in the southern region, and they will be entering rotation soon. And we continue to be working with Part C Office and with ADSD with Yahoo software developers who are moving for a new case management data system. That probably might be on the agenda, so I won't speak too much about that, but that's moving along. And then finally, just as a reminder to stakeholders that early intervention services both for the Community providers and the state are coming out of state general funds. We have a fixed budget and sometimes not money to do and purchase items that we may need. We are very grateful that the Part C Office does have excess federal funds that they get to share with ADSD so that all programs may be able to get training materials and all of that. We're working with them right now to order what programs need. Those are the main updates from ADSD. The developers are taking in information that is needed to make the Nevada specific system. They already have an off the shelf product but what things our state needs to be able to function efficiently and effectively, we have not got down to, we're not quite at the stage of the project to do any user testing or any data migration or storage. We're still in the preliminary stages there and I don't want to speak incorrectly. I will get the correct information to ICC, but I believe we do have a go live date.

Good morning, everybody, and to the Council this morning. For the record, Randi Humes, management analyst with early intervention services. Today I'm presenting our quarterly updates for the requested report that identified children who are receiving in home services versus telehealth services. We are providing an update today from our last reporting, which was back in September. The data that you see today in our report were generated at the end of December. At that time, the data indicated that there were 2967 children identified in the system with 8382 ongoing services. This is across all our programs in the EI system. So, it is a comprehensive number. If we look down at the bottom of the report there, we see tables one (1) and two (2). Tables one (1) and two (2) are a comparison showing our most current data compared to our last quarter as generated in September, we see in our December related data here that we have those 2967 children with those 8382 services. When we look at our split between in person and telehealth related services, we see 16.5% of those services identified as being provided in a telehealth related platform and 83.5% of those services being provided in person to the child and family. The Table two (2) there compares our data that we identified in September. We see those numbers as a slightly different variation being 23.7% telehealth in 76.2% in person. We do see that we have grown in terms of providing more in person services since returning to home related services and community-based services. When providing a comparison to our original data set, which was generated approximately a year ago, we do see we have an 85% increase from that original data set, showing that we are moving back towards providing those services in home. We've had a very nice increase compared to our data from approximately one (1) year ago. We have some data notes located on page two (2) as well for any possible questions and we will go ahead and open it up to the Council to see if you have any current questions about our report as provided today. Thank you. Question from Assemblywoman Tracy Brown-May clarifying the age of children served by early intervention. Randi Humes answered, so, this report, specific to early intervention services under Part C, is for children ages 0 up to age three (3). They exit from our services once they turn three (3) and we collaborate with the school district for ongoing services thereafter.

Lori Ann Malina-Lovell thanked Randi for the report. Lori Ann stated we appreciate the updates and all the tedious work that goes into generating the data for us. It's wonderful hearing that in person (removed comma) services are on the rise, and we hope to continue seeing those trends.

- i. **Early Intervention Program Highlights (Information Only)**
- ii. **Programs Highlights**

Lori Ann Malina-Lovell stated the next part of the ADSD portion includes program highlights and that includes state and community partner programs. Mary has those on the screen there for you. And for those of you who may not be joining us via video, these highlights are also a part of your packet.

This is Mary Garrison for the record. We don't have every program represented with these highlights, but I did include the ones that we did receive. We always like to open this up in the event that there are any members of our community or state programs who would like to share any updates with the Council.

V. Overview of timeline and comment period of Part C application (Information only)

Posting and comment period starts March 1, 2023. Comment period ends March 31, 2023. Due Date is May 3, 2023.

Melissa Slayden stated, we have some set dates from OSEP for our application and comment period. This is different from our Annual Performance Report (APR), which is data. This is our grant application. So, we need to match a number that OSEP provides in our ask, and that includes the money that we spend for all of our activities for Part C salaries and for those Part C services that we transfer over to ADSD in our Memorandum of Understanding (MOU). Our application is due May 3, 2023. It must be posted no later than 60 days before that. We're giving ourselves a little buffer this year. The first 30 days of that sixty-day viewing period for the application must be held for comment. From March 1st to March 31st, we will have the application on our website for you to view. We will also have a SurveyMonkey link. From March 1st to March 31st, you will have time to do that and then it will still be up in April. We must leave it up for that full 60 days and then we will have it off to OSEP by the due date May 3, 2023. We are preparing for budget spending for next fiscal year that starts on July 1, 2023. That is when we are given our NOGA (notice of grant award). So yes, those things will happen, and all at once. But that is not the link to the SurveyMonkey for the application. We will be sending out reminders to program staff and administrative staff within the system and to our ICC members as stakeholders. We'll make sure that you know when that application hits our website.

VI. Overview of timeline and activities of Nevada IDEA Part C Family Survey 2023 (Information only)

Melissa Slayden stated after the December one (1) count this year I feel like lots of our data has kind of hit the stone wall because of the changes that we've had for access to our network and that sort of thing. We will be sending out address corrections and contact information corrections and at the end of this week and the beginning of next week hoping that we can get those returned and corrected and for mailing addresses and for emails for families participating in our system so that we can send out beginning on February 13, 2023. We will look at preparing the list serve so that we can send out a be on the lookout notice. The survey will be sent to all families that have an e-mail and have received at least six (6) months of service in this fiscal year, because those are the rules from OSEP.

We will also be sending out postcards the third week of February to have families be on the lookout and to know that the survey will be coming. This also serves as a primary address check for our office. It does get quite costly to send out the surveys. With the flooding this year, we're putting all the printing and envelope

stuffing out to the mail services room. We don't know what kinds of delays may be associated with that, but our Xerox is in the pod with Mary's notes and all my stuff. We'll get those out through the letters and through postcards for those primary address checks and just so that families know that it's coming. Then we'll give it just a couple of weeks so that we can see any bad returns that we will get. And then the beginning of March, the survey will go out. It'll come back or close out by about April 21, 2023. Families will have about six (6) to seven (7) weeks to respond. We're hoping that during this time, our staff are sure to remind families. We will have a couple of e-mail blasts that go out through the list serve during that time. Last year, we found that we got a boost in responses after every reminder. We want to make sure that we're not overwhelming families. I know if I get too many reminders, I usually turn it all off. We're looking to increase our responses this year. We will be sending the reminders, and then of course, making sure that contact information is correct within the TRAC system so that we can get the surveys to families. This will allow us to receive hard copies through May 1st and then in May we will do our analysis for reporting and then we will share the preliminary data with you all in July at the ICC meeting then with a draft family survey report by October. Please be sure to remind your families to take that survey if they get the chance. Thank you.

Update on Part C office flooring repairs

Lori Ann Malina-Lovell requested that Melissa Slayden give an update on the status of the floor repairs in the Carson City office. Melissa stated the carpet has been pulled up. Most of the glue has been removed and we found a huge crack in the flooring in both units so concrete must be repoured. I think that Irma and Mary may be able to move into their suite before Dr. Pam Silva and I are able to join them at the office because it's on our side that the crack has happened. We've added a couple of weeks with that need for a concrete pour before the adhesive and carpeting process.

VII. ICC By-Laws, Roberts Rules of Order Cheat Sheet, and Open Meeting Law Manual (Information Only)

Mary Garrison stated we have had some discussions in the recent past about an ICC retreat. I am happy to report that the Part C office will be hosting an ICC retreat this year where we will have the opportunity to have an agency outside of the state of Nevada. We will have some technical assistance at that retreat to assist with the review of our bylaws, the Roberts Rules of Order, as well as Open Meeting Law. We're going to take the time during that retreat to review all of those things and make any update suggestions to our ICC by-laws. We will also do strategic and action planning for the future of the ICC, as well as review of our subcommittees and requests for additional subcommittees if that's what the Council finds is needed during that retreat. Because we are in legislative session this year, we had initially looked at April. We do know that that is not a good time, not for legislation, and not for our office as we work through program monitoring. So, we are going to look around July, but you will have further discussion regarding that later in today's meeting. I did include a copy of the current bylaws, a cheat sheet on Roberts Rules of Order, as well as the Open Meeting Law manual. This is for your information only. At this time, I would suggest over the next six (6) months that you look and notate anything that you may want to have changed on those bylaws or anything that you may have questions about when we do have that technical assistance facilitating the retreat. Mary called for any questions regarding the information that was shared in the information packet and there were none.

MOTION: ICC retreat on the July 20-21, 2023, or alternative dates of the 27-28th that would take place in Northern Nevada.

BY: Assemblywoman Tracy Brown-May

SECOND: Catherine Nielson
VOTE: PASS

VIII. Review, Discuss, and Approve the State Performance Plan (SPP)/Annual Performance Report (APR) Indicators 1-11 (Indicator 11: State Systemic Improvement Plan (SSIP)) Due to the Office of Special Education Programs (OSEP) February 1, 2023; ICC APR for Submission to Governor's Office (For Possible Action):

Lori Ann Malina-Lovell stated at this point in time, we will be moving into reviewing our State Performance Plan SPP, Annual Performance Report, APR. Going forward, we will simply call this the APR and we will also be covering the State Systemic Improvement Plan or SSIP for short, which really is indicator 11 as we go through this report.

I'm reading an executive summary for you at this time. In the interest of time, we'll be covering the results from indicators one (1) through 11 for you. As you may know, these indicators are required to be reported on by all States and territories receiving Part C funds.

Indicator one (1) is the number of infants and toddlers with IFSPs who received EI services or early intervention services in a timely manner. And for Nevada, during this past federal fiscal year, that result was 92.03%. We did not meet the target and slippage occurred.

For Indicator two (2), this is surrounding the percent of infant and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. This met the target and no slippage occurred.

For Indicator three (3), this is the percent of infants and toddlers with IFSPs who demonstrate improved positive social emotional skills, including social relationships.

This is the percent of families participating in Part C, who report that early intervention services have helped their family to a know their rights, (B) effectively communicate their children's needs, and (C) help their children develop and learn.

The results were:

A 97.49% did not meet target but no slippage occurred.

B 93.87% did not be target but no slippage occurred

C 96.37% met Target but no slippage.

Indicator five (5) is regarding the percent of infants and toddlers ages birth to one with IFSPs or Individualized Family Service Plans.

The result was 1.3% and we met the target for this, with no slippage occurring.

Indicator six (6) is regarding percent of infants and toddlers ages birth to three (3) years with an active IFSP
The result was 3.05%. Nevada met the target and no slippage occurred.

Indicator seven (7) is regarding the percent of eligible infants and toddlers with IFSP's for whom and initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. This did not meet the target and slippage occurred.

This data is in process of being updated.

Consistent with any opt out policy adopted by the state, the State Educational Agency (SEA) and the Local Educational Agency (LEA), where the toddler resides, at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services and conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine (9) months prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

The results were for Indicator 8a 96.77%. This did not meet the target, and slippage occurred.

For indicator 8b, this is in the process of being updated.

Melissa Slayden stated sorry to interrupt for 8b. Last year it was at 72%. We had been at 100%, meeting our target every year but in our last fiscal reporting FY20, that dropped to 72%. This year we will not make 100%, which is always our target on indicator 8b. And I think that we're sitting between a 97 and a 98%, but that means that we still missed kids, so we did not meet target, but there will not be slippage. Thank you.

Lori Ann Malina-Lovell thanked Melissa for this information and resumed her presentation of the indicators.

Lori Ann Malina-Lovell stated as this data is in the process of being verified and updated, it appears that the result is approximately 97 to 98%. This does not meet the target, but no slippage will have occurred.

Indicator 8c the result was 90.7%. This did not meet the target and slippage occurred.

For indicators nine (9) and ten (10) as it has occurred in the past years for our APR, we have "not applicable" marked here for Indicator nine (9), resolution sessions, and Indicator ten (10), mediation. And that is because OSEP would like us to report on these indicators if we have ten (10) or more complaints that need resolution or instances needing mediation, and Nevada did not have those numbers. We did have approximately two (2) complaints during that fiscal year which were resolved.

And finally, we have Indicator 11 which is surrounding our State Systemic Improvement Plan, as I had mentioned earlier and that is our SSIP. It is required of all states to have this Systemic Improvement Plan. Ours began in 2013/ 2014 federal fiscal years. We have completed all stages of the first step, and we have started into this second round. Continuing with our State Identified Measurable Result, which is our SIMR. The SIMR statement that we have remains as, infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social emotional skills, including social relationships. And with the result being 68.96%, we met the target with no slippage.

As you continue to read on, you'll see additional information related to our data collection and reporting as well as the supports and systems that we have in place as we continue to provide general supervision to the early intervention services system in Nevada as the lead agency. And so that is a summary there for you within the executive summary. Lori Ann invited questions on the summary as presented.

Melissa Slayden stated when we look at our indicators each year, typically we break them up between our liaisons so that they are leads for each of those different pieces of data that come from different kinds of sources. For indicator one (1), that's a monitoring data piece and there's a very small, limited number of records that we can look at that include the information that's pertinent to indicator one (1). In indicators five (5) and six (6), that's the number of children that we have in the system. So, every fall I reach out to the demographer and gain a series of spreadsheets that shows the age range for each county in our state and the overall population of our state with projections. I have used these for the last few years. You know that Mary

Knight and Shari Fyfe used those before and Nevada went through such tremendous growth during the COVID-19 pandemic, that infectious disease period we recently survived or hopefully made it through. Well, OSEP didn't use our demographers population estimates, so the national outlook for population in Nevada, the numbers that they used do not reflect the population growth that we had. We were anticipating with these two (2) indicators; Child Find Indicators five (5) and six (6), that we would not have met the target and we would have had slippage. And really, we're talking estimates, it's one (1) demographer estimate that works nationally versus the Nevada demographer who works locally. When you look at populations, it's always going to be some sort of estimate. No one's out there actually head counting all the time.

The denominators were reduced by like 10,000 and 15,000. We were able to meet the 1.3% to meet our target with our original numbers, but from our state demographer we did not meet that target. We didn't meet either of these. We did bring this to OSEP earlier this month to explain to them that we thought that their numbers were wrong, and they said that we could choose to ignore it, or we could explain the way it reflects in our data. We chose that we don't get to change the numbers on five (5) and six (6). These are entered in different data reports throughout the year. These were prefilled for us. We cannot manipulate them, but we can explain how they don't match what we thought they were going to look like, which was much worse and not much worse. But there was slippage. I think that we graciously accepted the numbers from OSEP and told them that our numbers looked different, but I think that this will give us support in the next few years. I think we're going to see that national outlook for population in Nevada is going to catch up with where we actually are, and I don't want it to hurt us later. Let's keep up with the Child Find activities and find those kids that need services. For now, we've met targets and we have no slippage for this reporting year.

MOTION: For the APR moving forward for submittal to OSEP on or by February 1, 2023, with the certification by our interim Co-chair, Catherine Nielsen.

By Assemblywoman Tracy Brown-May

SECOND: Dawn Brooks

VOTE: PASS

Lori Ann Malina-Lovell stated, thank you to everyone and thank you to the Part C office for all your hard work as well as to the entire Early Intervention System of programs, providers, families, and stakeholders who worked very hard to ensure that we have all the elements needed for this year's Annual Performance Report.

Mary Garrison added thanks to the Council members as well and let Catherine know that the Part C office would be in touch to talk a little bit more about what is needed for certification. Mary went on to clarify that this is not the final draft that gets submitted on February 1st. The next steps are after states and territories submit their Annual Performance Reports, OSEP will review those and sometimes they will make corrections or comments that we must acknowledge. And then we go through what is called a clarification period and that is held during April. At that time, we will make our edits according to OSEP and then we will submit the final report and that is the report that is sent to the Governor's office and approved here within the Director's office.

Melissa Slayden answered a question regarding when the report would be available. Melissa stated we did have to take about an hour to an hour and a half on Friday afternoon last week to be able to remediate the version that you're seeing after our submission on Wednesday. Then we also need to take the time to remediate that document before we can make it publicly available because we do want to make sure that all our documents are accessible by folks. Lori Ann Malina-Lovell added that as those are updated, we will provide those onto our website under the public publications page. Mary Garrison further added for the record,

I also will distribute that to our ICC members via e-mail so that they have it in easily accessible form that is remediated.

IX. IDEA Part C Information and Reports (Information Only):

- a. **Introduction of Lauren Roscoe and Pam Silva, New Part C Liaisons**
- b. **Complaint Log**

Lori Ann Malina-Lovell introduced the two (2) new Part C staff. We have Lauren Roscoe who is our new DS IV. I believe she may be out this morning. She needed to take some leave today. We'll have to take a moment during the next meeting to say hello to Lauren when she's able to join us, but we do have with us Doctor Pamela Silva who is our new Developmental Specialist IV, and she is there in our Northern region with our Carson City office.

Pam Silva stated good morning. I come from a long background in developmental services with NEIS, I worked there for 15 years and joined the Part C office three (3) weeks ago. I'm very happy to be here and meet everyone and looking forward to working with all of you.

Complaints:

Lori Ann Malina-Lovell stated regarding our complaint log, we want to share with you as we do at every quarterly meeting when there are any new complaints in the system. And I wanted to let you know that we did receive an employee complaint from Capability Health and Human services, and we did discuss at the last meeting in October and that was regarding Telehealth services were being utilized for most families and families were allegedly not being given a choice between telehealth and in person services, and so they weren't receiving their procedural safeguards and so that investigation has been completed, and the complaint report is in final draft awaiting Deputy Attorney General or DAG approval and prepared to go out to the program. Then we had another complaint that came in from a family from NEIS Elko, which is in the northeastern part of our state. This was regarding physical therapy services that were previously being received in person, but then had to be moved to telehealth based on availability of physical therapists there in the Northeastern region. And so that complaint investigation is still underway, and we should have an update for you regarding that during our next April meeting.

X. Schedule Future 2023 Meetings (For Possible Action):

Assemblywoman Tracy Brown-May stated I just wanted to go back to the conversation we had at the last meeting relative to some possible training with the Legislative Council Bureau during the session as part of the April meeting and scheduling that I didn't know if that was part of this conversation as well. I just didn't want to lose that.

Discussion was held to incorporate the Legislative training into the April meeting.

Sarah Horsman-Ploeger stated for the record, I agree with the Assemblywoman Brown-May. Many of you know Patrick from Legislative Council Bureau just gave a training to ADSD leadership, and it was extremely helpful and beneficial. If we could do it earlier and I think the virtual option would allow more accessibility for parents and families.

Catherine Nielsen stated Thank you, Assemblywoman Brown-May for bringing up Legislative Day on the 8th. We also have a training on the 7th on how to interact with the legislature and we're bringing in all that

information. It's all parents, family members, etc. I'm wondering if there's not a way that I can share some of that with you guys. We already have the day put together.

MOTION: To have the quarterly ICC meeting on April 5th with legislative training.

By Catherine Nielsen

SECOND: Assemblywoman Tracy Brown-May

VOTE: PASS

XI. Public Comment *(No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)*

Sarah Horsman-Ploeger requested to make a comment. Sarah stated just to throw it out to stakeholders and anybody else, we have a long-standing difficulty with finding providers willing to travel to our rural and frontier areas as some of those require like hours on the road. We are constantly recruiting for all positions in our rural regions if anybody knows any providers.

Lori Ann Malina-Lovell thanked Sarah for her comment and stated we can't underscore enough how critical the shortage is in early intervention and how that's really occurring across the nation for this industry and for our field at large. We continue to make steps strategically as a system as we collaborate with our programs and with our stakeholders to perform recruitment and retention activities. As you know, we continue to work toward our Professional Development Center, our PD Center, which did receive funding back in October when we last met. And we look forward to having more updates for you in April, which is when we should be launching our first course for that PD retention initiative.

Catherine Nielsen stated I just want to follow up to the comment that Assemblywoman Brown-May made about legislative day. The registration for that is still open, and you can find that through our Nevada ddcouncil.org website. Again, it's a really great event for family members or people with disabilities, even professionals in the disability community are welcome to come and join us for that day. We're meeting with our representatives and learning how to be a part of the legislative process. So, there's a training on the 7th that's available for anybody and the actual day at the legislative grounds on the 8th, and it is free for anyone that would like to attend. So that's my only comment.

Rhonda Lawrence reported that due to a HRSA grant there has been an increase in the number of assessments that are done and on the timeliness of assessments and getting to adequate resources and services. The reunification rate within the safe Baby support team is much higher than it is for other for children who are just in regular child welfare and this grant is going to establish a statewide office of leadership that I'm the project director of. We're looking for a statewide community coordinator and we're going to ICC tomorrow, just to have the funds reviewed and approved but we're really looking forward to this huge effort. The Carson team had been working with zero to three (3) on establishing a Safe Babies Court team in Carson and so that's going to be hopefully getting off the ground in February. And then we're looking at establishing a new Safe Babies Court team in Clark County. I will have more to report on this. This is an amazing opportunity to implement an evidence-based program that really can lift children and their families who find themselves within child welfare.

XII. Adjournment

Lori Ann Malina-Lovell called the meeting adjourned at 12:17 PM.

Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION
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Dena Schmidt
Administrator

March 20, 2023

Dear families,

We want to share with you our continued efforts to ensure the health and safety of your family, your child and our staff as we move forward in a post-pandemic era. In March 2020, Nevada Early Intervention Services (NEIS) responded to the state-of-emergency at the start of the COVID-19 pandemic with a level of restrictions based on infection spread. Throughout the past three years, we have gradually phased into a return to face-to-face visits with health protocols and procedures as conditions in Nevada improved. NEIS physicians have carefully monitored infection numbers, hospitalizations, vaccination rates statewide and federal/state/county/municipal guidelines to make the safest and most data-based decisions to protect all involved in the delivery of early intervention services.

Based on the most current information we have available, while vaccination rates amongst the birth to three population have not increased significantly, the rates of COVID-19, influenza, and RSV across Nevada have significantly decreased along with hospitalizations. Additionally, neighboring states have begun to lift masking requirements in health care facilities. As such, beginning March 20, 2023, NEIS will lift the masking requirements with the exception that should you request a provider to wear a mask or other personal protective equipment (PPE) in your home or during your child's early intervention visit, they must honor your request. Additionally, we ask that if a provider or staff choose to wear a mask or PPE during your child's early intervention visit or in your home due to their own personal preference, that their decision also be respected.

We will continue to use a universal health screening prior to each visit to determine if an option to reschedule to telehealth method or reschedule face-to-face visit when symptoms have improved, when appropriate. We ask that if you or your child are feeling ill prior to a scheduled early intervention visit, to please contact your service coordinator immediately for rescheduling options. NEIS is requiring the same for our staff; if a provider is feeling ill, they are required to notify you immediately for rescheduling options. Together, with proper hygiene efforts and screenings, we can minimize the spread of disease and infection during early intervention visits.

Please reach out to your service coordinator if you have any questions. Be safe and healthy!

Joe Lombardo
Governor

Richard Whitley, MS
Director



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Dena Schmidt
Administrator

Marzo 20, 2023

Queridas familias,

Queremos compartir con usted nuestros esfuerzos continuos para asegurarnos de la salud y seguridad de su familia, su hijo/a y nuestro personal a medida que avanzamos en una era posterior de la pandemia. En marzo 2020 los Servicios de Intervención Temprana de Nevada (NEIS) respondió al estado de emergencia al comienzo de la pandemia del COVID-19 con un nivel de restricciones basadas en la propagación de la infección.

Durante los últimos tres años, hemos regresado gradualmente a las visitas en persona con protocolos y procedimientos de salud ya que han mejorado las condiciones en Nevada. Los médicos de NEIS han monitoreado cuidadosamente las cifras de infección, hospitalizaciones, tasas de vacunación en todo el estado y directrices federales/estatales/condados/municipales, para tomar las decisiones más seguras y basadas en datos para proteger a todos involucrados en la prestación de servicios de intervención temprana.

Basado en la información más actual que tenemos disponible, aunque las tasas de vacunación entre los niños recién nacidos hasta los tres años no han aumentado significativamente, las tasas de COVID-19, resfriado y RSV en Nevada, han disminuido significativamente junto con las hospitalizaciones.

Adicionalmente, los estados vecinos han comenzado a levantar el requerimiento de usar mascarilla en los centros de atención de salud. Como tal, NEIS levantará el requerimiento de usar mascarilla empezando el 20 de marzo 2023, con la excepción si usted prefiere que su proveedor use su mascarilla u otro equipo de protección personal (PPE) cuando van a su casa o durante la visita de intervención temprana ellos deben de respetar su petición. Adicionalmente hemos pedido que si un proveedor o personal elije usar una mascarilla o PPE durante la visita de intervención temprana en su casa, esa decisión también debe de ser respetada.

Continuaremos utilizando un examen de salud universal antes de cada visita para determinar si una opción de reprogramar al método de telehealth o reprogramar la visita en persona cuando los síntomas hayan mejorado, cuando sea apropiado. Estamos pidiéndole que si usted o su niño están enfermos antes de una visita programada con intervención temprana, por favor contacte a su coordinadora del servicio inmediatamente para opciones de reprogramar. NEIS le está pidiendo lo mismo a nuestro personal, si un proveedor está enfermo están obligados a notificarle inmediatamente para opciones de reprogramar. Juntos con los esfuerzos de higiene y pruebas de detección adecuadas podemos minimizar la propagación de enfermedades e infecciones durante las visitas de intervención temprana.

Por favor si tiene preguntas póngase en contacto con su coordinadora del servicio. Este seguro y saludable!

Joe Lombardo
Governor

Richard Whitley, MS
Director



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Dena Schmidt
Administrator

March 20, 2023

Aging and Disability Services Division - Early Intervention Services Full Re-Entry Plan

The following Early Intervention Services (EI) full re-entry plan is meant for all EI providers across the State of Nevada. Face-to-face services in the natural environment should be utilized as much as possible based on universal health screenings and family preference.

Protocol for Face-to-Face Encounters during Full Re-Entry:

- Masks are no longer required unless the family has requested that staff wear a mask or if staff choose to wear a mask.
- PPE will remain available upon request.
- During the scheduling of each visit, the parent/caregiver will be screened with a series of questions pertaining to ALL members of the household (see attachment "Scheduling Script"). Screenings will be completed by designated and trained staff.
- No restrictions on the number of participants during visits; as space allows
- Everyone will use proper handwashing and/or sanitizing upon entering and exiting the clinic
- At the end of each visit, the clinician will be expected to disinfect shared materials and surfaces
- At the end of each day, shared spaces will be expected to be disinfected

Suggestions for mitigation as we fully re-enter:

- Provider may ask permission to wash hands or using sanitizer when entering and prior to leaving a home
- During oral/feeding assessments and visits, the use of gloves is strongly recommended
- Do not bring in unnecessary items or bags into a family's home
- If using balloons or bubbles, have parent/caregiver participate in the activity by blowing the bubbles or balloons
- Staff who are sick and fail the universal health screener should stay home from work until symptoms have improved; please use CDC guidelines for both families and providers

Special consideration needs to be taken for those children and families that fall into a high-risk category for developing severe illness. If a child or their family member(s) are high-risk, an option of telehealth as a delivery method of services may be requested by the family until it is deemed safe to see them in person. If an employee does not pass the universal health screener, telehealth may be offered to the family. The family is able to decline the telehealth option until a face-to-face option is available again.

All EI employees will be required to self-screen using the universal health screening and if they fail, turn in a copy to their supervisor.

**Nevada Early Intervention Services
Management Analyst Unit**

Report request: Number of children who are receiving in-person services
Report requestor: Interagency Coordinating Council (ICC)
Request date: 04/28/2022 (*requested quarterly updates*)
Data gathered: 03/27/2023
Report completed by: D. Race, MAII

Early Intervention (EI) is a system of services and supports individually designed to help families meet the specific needs of their children. EI programs provide services based on the regulations provided by Part C of the Individuals with Disabilities Act (IDEA) to children under age three. The EI system includes children who are served by Nevada Early Intervention State Programs and Comprehensive Community Provider Programs.

The intention of this report is to show an update from the previous report completed on 12/29/22. The provision of in-person services has continued to increase following the update to the EI system's COVID-19 protocol allowing the return to in-home and community-based services.

Service-related data were collected from TRAC-IV, Nevada's Part C IDEA data system, on 03/27/23. These are point-in-time data and are specific to children who are currently receiving services¹. 2,997 children were identified with 8,276 ongoing services⁴ throughout the early intervention system.

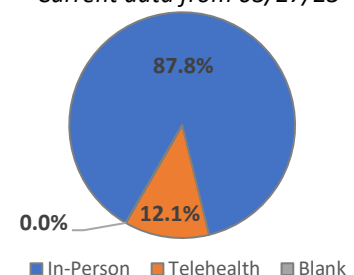
Table 1 and Table 2 below show the comparison of point-in-time data representing the number of services identified as being provided in-person or via a telehealth related platform. Graph 1 and Graph 2 show the comparison of point-in-time data representing the percentage split between the location of services.

Current data indicate that in-person services have increased by 92% from the original data set obtained on 01/31/22 where 3,787 services were identified as being provided in-person. The ratio of services to individual child has remained consistent across the three reporting periods.

†See data notes below for more information.

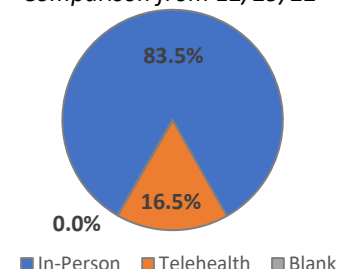
In-Person	2,853	7,270	3:1
Telehealth Related	547	1,005	2:1
Blank	1	1	1:1

GRAPH 1. Services by Location
Current data from 03/27/23



In-Person	2,747	6,998	3:1
Telehealth Related	744	1,382	2:1
Blank	2	2	1:1

GRAPH 2. Services by Location
Comparison from 12/29/22



**Nevada Early Intervention Services
Management Analyst Unit**

†Data Notes:

¹ Includes children in Active status (demographics) who are receiving ongoing services that are in “Current” status. Does not include services previously received or those that have not yet initiated. Report excludes any child who has zero ongoing services initiated but may be in Active status (demographics).

² In-person services include those identified with a service method of “Individual”, “Co-treatment”, and “Consultive”. Telehealth related services include those identified with a service method of “Telehealth” and “Telehealth/Co-Treatment”. Blank indicates that no selection was made by the program; these data are incomplete and cannot be categorized by location.

³ The count of children has been unduplicated per location. The location categories, however, are not mutually exclusive and children may be included in both groups. A child may receive multiple services across locations, and/or they may receive the same service in both locations. For example, a child may receive physical therapy in person but speech therapy via telehealth or a child may receive speech 1x month in-person and 1x month via telehealth. The total child count is unduplicated across all locations.

⁴ The service-related data include ongoing services identified in “Current” status. This report does not include services previously received or assessments needed to identify ongoing service frequency. Service-related data may be duplicated by child if the child receives the same service but with different methods of delivery, i.e., individual and co-treatment.

⁵ Ratio of services to child represents the number of services by location and overall, by an individual child. The ratio reads services:child.

A moratorium was placed on in-person services due to COVID-19 on 3/16/20. Decreases in caseload and services may be related to Governor's directive to shut down all non-essential businesses and engage in social distancing. In-person services slowly resumed with some clinic-based services starting in January 2021. In December 2021 EI initiated a return to community-based services. A pause on in-person services was instituted in January 2022 due to increased test positivity rates. This pause was lifted in February 2022. On 5/20/22, the governor declared an end to the emergency order enacted during the onset of COVID-19. In-person services have continued to increase over time and have been re-introduced to the child's natural environment.



Capability Health and Human Services (CHHS) 2nd Quarter Highlights

- CHHS currently providing EI services to 621 children.
- Renovating space at 6210 W. Oakey Blvd. Las Vegas which will serve as the new home of the CHHS Las Vegas Pediatric Therapy Clinic providing services to children 3 to 18 years of age.
- First annual community awareness event Movin' with Capability during the month of March in support of National Disabilities Awareness Month.

Joe Lombardo
Governor

Richard Whitley, MS
Director



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Dena Schmidt
Administrator

March 30, 2023

Reno NEIS ICC Highlights:

- Recently hired 4 DS's and 1 DSIV
- Two staff members attending the 2023 Biggest Little Easter Egg Hunt on April 1st to represent NEIS
- ADOS training in June to include the Toddler Module
- Reno NEIS was able to accept 5 interns for the spring semester (1 dietician, 1 OT, 3 SLP)
- The Early Intervention Professional Development Center is starting with the first cohort of 29 students and begins April 4th. This will be a 5-week course, then 3-week break, then course 2 will begin. Many of those teaching the courses with Part C are Developmental Specialists throughout the state.
- 24 DS's going through the Pyramid training modules. Currently 1 person is coaching a DS. We are awaiting the Pyramid coach training to increase that number.

Thank you!

Regional Office

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NEIS SOUTH QUARTERLY PROGRAM HIGHLIGHTS October 2022 – December 2022

NEIS South Quarterly Program Highlights

October 1, 2022 - December 31, 2022



Report Areas:

1. Outreach Activities & Community Collaborations
2. Interagency Coordinating Council (ICC) Activities
3. Trainings

1. Outreach Activities & Community Collaborations

- National Night Out
- Hands and Voices Trunk or Treat
- Buddy Walk
- UMC Halloween Safe-Tacular Event and BOOster Bonanza

2. Interagency Coordinating Council (ICC) Activities

3. Trainings

NEIS Staff attended the following:

DAYC-2 Refresher Training

PROGRAM HIGHLIGHTS – APRIL 2023

THERAPY MANAGEMENT GROUP CONTINUES TO PROVIDE SERVICES IN NORTHWESTERN AND SOUTHERN NEVADA.

- TMG is the largest community provider in Nevada.
- TMG is conducting weekly developmental playgroups in both regions.
- TMG has multiple Developmental Specialists who have been accepted into cohort 1 of the EI PD DS Training Series
- TMG is beginning comprehensive monitoring with the Part C office for both regions
- TMG currently has 3 interns from two different universities.

COMMUNITY EVENTS

- Career Fair at Coral Academy
- Career Fair at Nevada State College
- Sensory Story Time at Windmill Library
 - Trained library staff for the implementation of sensory friendly story time across the Las Vegas library system.

TRAININGS THIS QUARTER

- TMG sent 5 staff members to the SOS feeding course.
- TMG is conducting a 12-week DS series training
- TMG conducting an in-house training on Service Coordination and Resources in the community.



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COMPLAINT INVESTIGATION LOG								
Program	Issue	Complaint Number	Date Filed	60 day Timeline	Child Resolution	System Resolution	Complaint Closed	System Resolution
NEIS NE	Failure to provide PT in the natural environment	202203	11/15/22	1/14/2023		Investigation completed 02/23/23. Program working on corrections per plan.		

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIRECTOR'S OFFICE
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MEMORANDUM

To: Department of Health and Human Services Divisions and Staff

From: Department of Health and Human Services Director's Office, Nevada Office of Minority Health and Equity

Re: Implementation requirements set forth by Nevada Revised Statutes (NRS) 239B.022-239B.026, related to the collection of Sexual Orientation and Gender Identity and Expression (SOGI) data

With the passage of Senate Bill 109 from the 2021 Legislative Session, NRS [239B.022-239B.026](#) now requires the collection of sexual orientation and gender identity and expression data by state and local governmental agencies on forms that include questions about race and ethnicity. Through a department-wide form inventory and stakeholder sessions, the Nevada Office of Minority Health and Equity and the Director's Office, Department of Health and Human Services (DHHS), are pleased to offer the following information and guidelines for the implementation of this legislation.

BACKGROUND

[NRS 239B.022-239B.026](#) seeks to identify and better serve members of the LGBTQ+ population utilizing governmental services so that agencies may better serve this historically marginalized and underrepresented group. This information is to be used to carry out governmental services only, including demographic analysis, coordination of services, improvement of services, research, or the fulfillment of reporting requirements. Individuals may choose not to disclose this information for any reason.

Any form requesting information related to race and ethnicity must now also request Sexual Orientation and Gender Identity and Expression (SOGI) information. If an individual chooses not to provide the agency with this information, the individual may not be denied services or governmental assistance.

In December 2021, the Director's Office and the Divisions of DHHS completed an inventory of forms that may be subject to the requirements of this bill. It was noted that more than 100 forms are expected to be impacted by the provisions of this legislation. The Department is responsible for submitting a non-compliance report at the end of each year through 2024. In light of this implementation deadline, it is important to begin identifying any barriers to implementation now.

IMPLEMENTATION STEPS

Please review the following steps and use them to conduct implementation for NRS [239B.022 - 239B.026](#):

1. Review the SB 109 Form Inventory created in December 2021. These forms were captured by the requirements set forth by the legislation and must be updated to comply;
 - a. The form can be found and updated at: [SB109 Inventory - June 24, 2022.xlsx](#)
2. Provide pertinent staff with cultural competency training resources to ensure standardized understanding of SOGI information
3. Begin applying the provided standardized SOGI question language to forms.

4. If necessary, coordinate with Office of Analytics staff, IT staff, as well as any federal, tribal, and community partners who may be impacted by this change.
5. If there is a significant barrier to implementation, please note this in the form inventory and describe the barrier.

Note: A report is due on December 31 of each calendar year on barriers to implementation. Please keep this in mind in your ongoing implementation efforts. Once compiled, the report will detail aggregated findings on sexual orientation and gender identity (SOGI) in DHHS service populations. With this in mind, the Legislature did provide for instances of non-compliance. If the Division is unable to analyze and aggregate data before the report's due date, they must provide reasons for their noncompliance. This permission is only applicable through 2024. The Director's Office will follow-up in the months to come on specific guidance for reporting.

REQUIRED FORM LANGUAGE

The following language was developed in a collaborative stakeholder group comprised of representatives from each Division across DHHS. To ensure data comparability, all Divisions are asked to use the following language as written when updating forms.

QUESTION LANGUAGE TO BE ADDED

This information is used to comply with the requirements set forth by NRS 239B.022 - 239B.026 Only the Department of Health and Human Services will have access to this information. Your responses will be kept private and secure. *(If the form is anonymous, please indicate that)*. The information will not be used for a discriminatory purpose. Providing this information is voluntary.

1. What sex were you assigned at birth, such as on your original birth certificate? (Mark One Answer)
 - a. Male
 - b. Female
 - c. Prefer not to disclose
2. How do you describe yourself? (Mark One Answer)
 - a. Male
 - b. Female
 - c. Transgender Man/Trans Male
 - d. Transgender Woman/Trans Female
 - e. Genderqueer/gender non-conforming
 - f. Different Identity; Please Specify:
 - g. Prefer not to disclose
3. Which of the following best represents your sexual orientation identity? (Mark one Answer)
 - a. Straight or Heterosexual
 - b. Gay
 - c. Lesbian
 - d. Bisexual
 - e. Not listed: Please specify _____
 - f. Prefer not to disclose

LANGUAGE INCLUSIVITY

Please see the attached document detailing the approved Spanish language translation of the questions above. Should additional translations be required for survey materials within your Division, please plan to have those translated based on the provided language.

[Spanish Translation OneDrive Link.](#)

The University of Nevada, Reno houses the Northern Nevada International Center (NNIC). NNIC offers translation services through their Language Bank program for a fee. You can learn more about NNIC and the Language Bank below:

<https://www.unr.edu/nnic>

<https://www.unr.edu/language-bank/translation-services>

STAFF DEVELOPMENT AND CULTURAL COMPETENCY

The Nevada Office of Minority Health and Equity has provided the following training and cultural competency resources for staff related to sexual orientation and gender identity:

The National LGBTQIA+ Health Education Center (a program of the Fenway Institute) has a series of learning resources including webinars, guides, instructional/demonstration videos, and educational pamphlets – many suitable for training purposes. A link is available here:

Clinician Specific Training Resource: Making Health Happen SOGI Cultural Competency Training “Collecting Sensitive Medical Information: SOGI Data” created for clinicians, providers, and public health professionals.

<https://www.makinghealthhappen.org/courses/SOGI-data>