MEETING NOTICE AND AGENDA

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

Date and Time of Meeting: Wednesday, September 11, 2024

8:30 a.m. to 9:45 a.m.

Meeting Location:

7150 Pollock Dr; Lincoln Room 27
Las Vegas, NV 89119

Meeting Virtual Location:

Microsoft Teams Need help?

Join the meeting now

Meeting ID: 293 090 329 572
Passcode: tBHNH3
Dial in by phone
+1 775-321-6111,,759461643# United States, Reno
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For organizers: Meeting options | Reset dial-in PIN
Thank you for planning to attend this Teams meeting.

Public comments may be submitted by email at mgarrison@dhhs.nv.gov.

Please include your name and the corresponding agenda item number, if applicable, with any comments submitted. 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).

- All participants joining virtually, please remain muted unless speaking.
- All Interagency Coordinating Council (ICC) members joining virtually, please ENGAGE CAMERAS for duration of meeting; raise your hand virtually to be recognized by Chair to speak.
- All general public participants, please withhold remarks until Public Comment.
- For anyone commenting, state and spell your name with each comment.

AGENDA

I. Call to Order, Welcome, and Announcements

Jenna Weglarz-Ward, Ph.D., ICC Chair

II. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, dial 1 775-321-6111. When prompted to provide the Meeting ID, enter 759 461 643#. Comments will be limited to five (5) minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

III. Approval of the minutes from December 6, 2023, and January 29, 2024, Meetings (For Possible Action)

Jenna Weglarz-Ward, Ph.D., ICC Chair

IV. Aging and Disability Services Division (ADSD) Updates (Information Only)

a. **Nevada Early Intervention Data System (NEIDS) (Information Only)**
   Sarah Horsman, Health Program Managers
b. **Nevada Early Intervention System Analysis Results Presentation**
   Stephen Pawlowski, Health Management Associates
   Rique Robb, ADSD Deputy Administrator
c. **Update on Policy 27.2 Nevada Early Intervention Services (NEIS) Intake and Eligibility (For Possible Action)**
   Sarah Horsman, Health Program Managers
d. **Early Intervention In-Person and Telehealth Report (Information Only)**
   Sarah Horsman, Health Program Managers
e. **Early Intervention Program Updates and Highlights (Information Only)**
   Sarah Horsman, Health Program Managers

V. ICC Interest Survey Results and Updates for ICC Subcommittees (Information Only)

a. **Child Find Subcommittee**
b. **Family Support Resource Subcommittee**
c. **Equity Subcommittee**
d. **New Membership Subcommittee**
e. **Ad hoc By-Law Subcommittee**

Jenna Weglarz-Ward, Ph.D., ICC Chair
Mary Garrison, IDEA Part C Office

VI. IDEA Part C Information and Reports (Information Only)

a. **Project Assist Updated Log (Information Only)**
b. **Complaint Log (Information Only)**
c. **The Center for IDEA Early Childhood Data Systems (DaSy) and Early Childhood Technical Assistance (ECTA) Part C and 619 Target Setting Guide (Information Only)**
d. **Nevada Early Intervention Professional Development Center Upcoming Trainings for Families and Professionals (Information Only)**
e. **Medicaid Recoupment in Early Intervention by ICC Request (Information Only)**
f. **Part C Determination Letter and Response (Information Only)**
   1. **Process for Finding of "Needs Assistance"**
g. **Early Intervention Delayed Services (Information Only)**
h. **2024 Annual Family Survey (Information Only)**

IDEA Part C Office Staff

VII. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, dial 1 775-321-6111. When prompted to provide the Meeting ID, enter 759 461 643#. Comments will be limited to five (5) minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

VIII. Schedule Next Quarterly Meeting <u>(For Possible Action)</u>

Jenna Weglarz-Ward, Ph.D., ICC Chair

IX. Adjournment

Jenna Weglarz-Ward, Ph.D., ICC Chair

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.

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:

- IDEA Part C Office, 1000 E Williams St, Ste 105, Carson City
- Northern Nevada Public Health, 1001 E. Ninth St, Reno
- Northeastern Nevada Early Intervention Services, 1020 Ruby Vista Drive, Ste 102, Elko
- Southern Nevada Health District, 280 S. Decatur Blvd, Las Vegas
- Nevada State Library and Archives, 100 Stewart St, Carson City
- Division of Public and Behavioral Health, 4150 Technology Way, 1st Floor, Carson City
- Grant Sawyer State Office, 555 E. Washington Ave, Las Vegas
- Division of Welfare and Supportive Services, 2505 Chandler Ave, Suite 1, Las Vegas
- Legislative Building, 401 S. Carson St, Carson City
- Carson City Health and Human Services, 900 E. Long St, Carson City
- 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/

DRAFT MEETING MINUTES

Nevada Early Intervention Interagency Coordinating Council (ICC)

December 6, 2023, 9:00 am

Meeting Location:

This meeting was help virtually via Microsoft Teams

MINUTES

I. Call to Order, welcome, and announcements:

Dr. Jenna Weglarz-Ward stated, thank you everyone for being here. Everyone's continuing to put their name and affiliation in the chats, which is really appreciated that for the minutes. This is our interim meeting for our Nevada early intervention ICC, and you can see the agenda here and it was there, it is posted but we're going to start with public comment. Is there any public comment from anyone?

A quorum of members was present, and the meeting was called to order at 11:30 am.

Members Present: Julie Dame, Sarah Horsman-Ploeger, Lisa Hunt, Crystal Johnson, Robin Kincaid, Rhonda Lawrence, Sandra LaPalm, Janice Lee, Brittany Toth, Dr. Jenna Weglarz-Ward

Members Absent: Assemblywoman Tracy Brown-May, Catherine Nielsen, Karen Shaw

Public Attendees: Linda Anderson, Nevada Public Health Foundation; David Cassetty, Division of Insurance; Andre' Haynes, Armed Forces Chamber; Randi Humes, Aging and Disability Services Division (ADSD); Jessica Roew, ADSD

Support Staff: Mary Garrison, Lori Ann Malina-Lovell, Jalin McSwyne, Iandia Morgan, Pam Silva, Melissa Slayden

II. Public Comment:

Mary Garrison stated, I would like to share an update with the council regarding membership. As I have shared in the past, I continue to check with the Governors Board Committee to ensure that they have the members who are wanting to join and to see if they've approved any of those. Each time I check it seems like that's getting pushed out an additional month. As of today, I was advised that the Governor will be reviewing memberships on December 8th, 2023. This continues to be the pattern. I spoke with Dr. Jenna Weglarz-Ward about this and let her know that suggest if in January we still do not have those appointments, the Council should consider writing a letter requesting assistance from the

Governor in ensuring that we have a full council to assist our Early Intervention System. If anybody has missed consistent meetings, I am removing them from the membership list. If I am unable to get in contact with members, since there are some individuals who I have tried to reach out to by phone and email and I am unable to reach them, I will remove those members. I will send an updated list to the council of members that are active, with their membership date. We do ask that if you are due to renew your membership in July of 2024, you may want to start that process of renewing that now to ensure that we have approval in time. Are there any questions for me?

Lori Ann Malina Lovell shared; I have the privilege of being the Clinical Program Planner 1/Program Manager over the IDEA Part C Office. I have been serving as the Part C Coordinator for five (5) years and I wanted to share with the Council that our Part C office concluded our Differentiated Monitoring and Supports with the Department of Education, Office of Special Education Programs (OSEP). This occurred over two (2) weeks during November, and our office wanted to thank everyone who participated in that federal monitoring. It was quite rigorous and we appreciated all of the voices that came to the table.
Some of the takeaways from that monitoring included areas of strength, areas that we are doing well and would like to continue performing well in, such as the monitoring processes that we have adopted since the previous federal monitoring six (6) years ago, and areas of improvement that we will look to continue honing in some of our procedures. We were encouraged by OSEP to continue mirroring our program after the Part B/619 program.
The Part B office provides services for children ages three (3) to 21 in the school district. I wanted to share with everyone and offer our gratitude to the Part B office in the Office of Inclusion with the Department of Education. They have been a huge support for our team, helping us with our MOU and our transition practices, as well as our dispute resolution. We look forward to continued work with them to evolve in those areas. We also appreciate that the model that we have for our Part C office is reflecting as a mirrored model with the Part B office. So, the Part B/619 program is within the Office of Inclusion in the Department of Ed. They monitor and provide general supervision to school districts and schools within those school districts, very similar to how our lead agency, the IDEA Part C office, is housed within the Directors Office, monitoring and providing general supervision for the Early Intervention System, or 11 Early Intervention, state, and community partner programs. We wanted to emphasize how we feel that we are fulfilling that vision. Thank you for letting me share out about our DMS process.

We also wanted to thank Robin Kincaid and Nevada PEP for their participation. It's our understanding that you all performed a parent panel to gather family feedback and perspectives on the system. As well, many thanks to our Director's Office fiscal team and the Aging and Disability Services Division leadership that were also part of the DMS process. If anyone has any questions about the DMS process, please let us know. We look forward to sharing out the final report from OSEP, which is expected at the end of March or early April 2024.

Jenna Weglarz-Ward stated, Crystal, I see your question and I think I can address it now. Crystal's asking if her membership expires, does it roll over until reappointment occurs? It is my understanding that it does not roll over, that you need to be reappointment, but that may just be the practice that other councils use.

I know on the ECAC for example, which is the Early Childhood Advisory Council, if you're in reappointment, if you are not appointed, then you're not. You're not technically a member, and you are not counted towards quorum.

You can come to meetings as a public member until your reappointment goes through. Mary, can we verify that information? Mary Garrison answered, yes. I'm looking at my membership list again and this needs to be cleaned up a bit so I can send it out to you all, but it looks like Crystal, your appointment

expires on February 29th, 2024, so I would suggest if you were going to renew, submit your request now if you can. Again, I'll be continuing to follow up.

I agree with Jenna, my understanding is that does not roll over. We are required to resubmit our request for appointment or renewal.

Crystal Johnson responded, I'm just concerned because of our dwindling size of our committee and getting meeting quorum and being able to get membership participation because of the delays with the Governor's office and doing all of that. It's just going to continue to put us in a worse situation, because I know I have been able to come and participate in all meetings, and I know that we're making progress, and I just would hate to see that negatively affect us even more so. Jenna Weglarz-Ward agreed, and I think we're seeing that on other councils and boards across the state as well, which is why I think if nothing happens in the December round of appointments that we will need to make a very strong case as to why this needs to happen and the consequences if we don't have a full council.

Crystal Johnson stated, I had mentioned this, I think a little bit in our last meeting. We've had a lot of growth in our Childcare Development Program. We have a lot of new staff, and so I want to internally talk to leadership because there might be somebody that is better served on this council based on what their position is doing versus what I'm doing. I want to make sure that whoever we get to submit is going to be the best person to contribute.

I'll work on that on my end simultaneously.

Jenna Weglarz-Ward stated, I have one public comment to make too. I'll share this with you all in case you did not notice, but the federal agencies across the Department of Education and Health and Human Services issued an updated inclusion policy statement last week, which was released on Tuesday. I encourage you all to read it and we can discuss in a future agenda if needed. We do have a public comment at the end as well, so I'll open that up.

Now I'm going to turn it over to Lori Ann again for agenda item four (4).

III. Review and Revision of ICC By-Laws Approved, July 2014 (For Possible Action)

- **a. ICC Strategic Planning: Determine Priorities/Outcomes of the ICC for the Next Five (5) Years (For Possible Action)**
- **b. ICC Equity Subcommittee Priorities/Outcomes and Steps Needed to Complete Outcomes**
- **c. ICC Child Find Subcommittee Priorities/Outcomes and Steps Needed to Complete Outcomes**
- **d. ICC Family Supports and Resource Subcommittee Priorities/Outcomes and Steps Needed to Complete Outcomes**

Co-chair Jenna Weglarz-Ward shared that the work on the bylaws started in October 2023, during the ICC retreat.

-Janice Lee continued to take notes on the changes requested to the by-laws.
- We were updating some language related to children with disabilities and their families and updating legislation, either state or federal, that's changed since 2014.
-Janice Lee requested the council could slowly scroll through the document to discuss each line.
-Robin Kincaid reminded the council that the by-laws have not been updated since 2014.
-Assemblywoman Tracy Brown-May asked if using the age limitation of three (3) years old could be hindering the council's ability to fill positions.
-Jenna shared that the topic of increasing the age range of children was discussed in length during the October Retreat.
-The ICC focuses on ages zero (0) to three (3) and had discussed moving their focus to zero (0)

to five (5).
-Jenna shared that they chose not to change this since the purview of the ICC truly is children under the age of three (3).
-Jenna shared that if the council wanted to make changes to membership, they must go through legislation first and then that would reflect in our bylaws.
-The council reviewed the current by-laws and notated the changes that had been requested based on their knowledge from the October ICC Retreat.
-Crystal Johnson asked if quorum includes vacancies on the council, or the current active membership.
-Jenna stated that it is quorum of appointed members.
-The council would like to look at the laws relating to councils to better understand what is required in their by-laws.
-Notation of all edits, requests, and questions are attached to these minutes.

IV. Discuss Concerns and Suggestions for Presenting Questions Regarding Nevada Revised Statutes (NRS) 239B.022-239B.026 for the Early Intervention Population (For Possible Action)

Lori Ann Malina Lovell shared an update regarding the Sexual Orientation and Gender Identity (SOGI) information requested of Early Intervention families at the time of intake.
-Specific information pertaining to this new requirement is available in the May 2023 meeting minutes.
-Sarah Horsman shared that programs are currently using a standardized script to ask these questions.
-Lori Ann asked if the council would consider approving a letter that could be distributed to the Department of Health and Human Services (DHHS), Directors Office, Director Richard Whitley, requesting the requirement be removed for the Early Intervention population, or a script provided by the council be approved.
-Assemblywoman Tracy Brown-May reviewed the legislative requirements and shared that there may be a way to correct this requirement, but suggested training of staff asking the questions as the best option for quick change.
-Janice Lee and Robin Kincaid offered to draft a script for staff to use. The script would be reviewed and approved by the council during the January 2024 meeting.

MOTION: Brittany Toth
SECOND: Assemblywoman Tracy Brown-May
PASSED: Three (3) Abstentions: Sarah Horsman, Julie Dame, Sandra LaPalm. All other in favor.

V. ICC Strategic Planning: Determine Priorities/Outcomes of the ICC for the Next Five (5) Years (For Possible Action)

a. ICC Equity Subcommittee Priorities/Outcomes and Steps Needed to Complete Outcomes
b. ICC Child Find Subcommittee Priorities/Outcomes and Steps Needed to Complete Outcomes
c. ICC Family Supports and Resource Subcommittee Priorities/Outcomes and Steps Needed to Complete Outcomes

-Co-chair, Jenna Weglarz-Ward, asked for advice from the Part C Office on how the council can move forward with completing the strategic plans for the council and subcommittees.
-Mary Garrison stated that the original plan from the council was that interim meetings would be used to update the by-laws. Mary suggested scheduling a retreat for some time after the April 2024 meeting, where it would be in person so strategic planning can be conducted.

VI. Public Comment:

-Robin Kincaid asked if the council could have an update on the OSEP Differentiated Monitoring and Supports (DMS) Report.
-Lori Ann shared that the report is expected sometime after March 2024.

VII. Adjournment:

The meeting was adjourned at 11:00 am.

BY-LAWS

NEVADA EARLY INTERVENTION
INTERAGENCY COORDINATING COUNCIL

AUTHORIZATION

The Nevada Early Intervention Interagency Coordinating Council exists by authority of Part C of the Individuals with Disabilities Education Act (IDEA) of 2004, Public Law 108-446, and is appointed by the Governor. The Lead Agency for Part C in Nevada is the Nevada Department of Health and Human Services, IDEA Part C Office. The Council must advise and assist the lead agency in the performance of its responsibilities based on section 635(a)(10) and section 641 of the Act.

Commented [PET1]: 641 is the section that speaks to the State Interagency Coordinating Council

The following by-laws replace and supersede the by-laws approved on the 23rd day of November 2009. These by-laws constitute the rules under which the Nevada Early Intervention Interagency Coordinating Council will operate.

ARTICLE I

Commented [JL2]: Add general formatting and organization changes; definitions section; find and replace for terminology/language;

NAME, VISION, MISSION, AND VALUES

1.1 Name:
The name of the council shall be the Nevada Early Intervention Interagency Coordinating Council (hereinafter referred to as ICC or Council).

1.2 Vision Statement:
All children with developmental disabilities or special needs in Nevada will be provided opportunities and supports to participate as fully as possible in the typical places and activities of their families and communities in order to achieve optimal health and development.

All children under the age of 3 with disabilities and/or developmental delays in Nevada will be provided opportunities, supports, and services to participate equitably in activities of their communities to reach their maximum potential.
(include family partnership)
Commitment to: e.g. equity, inclusion, diversity

1.3 Mission Statement:
The mission of the ICC is to support the ongoing development and implementation of quality statewide early intervention services for children with disabilities and/or developmental delays their families. To accomplish this mission, the ICC will:

- Advise and assist the state lead agency in the development, implementation, and evaluation of policies and procedures.

- Commit to a Part C service system where all providers and stakeholders at the state and local levels participate in a comprehensive partnership to maximize outcomes for children and families.
- Communicate the importance of early intervention and how early intervention works, by creating materials that are accessible to its target audience including legislators, medical practitioners, families, childcare providers, businesses, and communities.
- Support new empirically based trends and best practices in early intervention to maximize services, increase parent participation, and develop innovative services and delivery options.

1.4 Guiding Values:

Nevada's ICC shall support and implement the following values in Council functions and activities:

- Families are supported, empowered, and connected with the early intervention system, resources, and other families and community supports, in order to fully participate in the decisions made regarding their child's special needs.
- Parents are recognized as leaders and partners. Efforts will be made to increase representation and involvement of families at every level, especially from underserved communities and culturally diverse backgrounds.
- Creative, flexible, and collaborative approaches to services allow for individual child, family, and community differences. Council members work together to reach decisions and resolve differences using information and feedback from all members.

Commented [JL3]: Continue to align language in this section (e.g. inclusive pronouns, "special needs"). Discussed either another point or section regarding a clear commitment to equity and diversity.

ARTICLE II

COMMITTEE MEMBERS, POWERS, AND MEETINGS

Section 1 - Membership

The ICC must be composed as follows;

(A) At least 20 percent of the members must be parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least 1 parent member must be a parent of an infant or toddler with a disability or a child with a disability aged 6 or younger. [Note: To avoid a potential conflict of interest, it is recommended that parent representatives who are selected to serve on the ICC not be employees of any agency involved in providing early intervention services.];

(B) At least 20 percent of the members must be public or private providers of early intervention services [Not less than half shall be public providers];

(C) At least 1 member must be from the State legislature;

(D) At least 1 member must be involved in personnel preparation;

(E) At least 1 member must be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies;

Commented [MG4]: Can we consider expanding this requirement to parents of children who are over the age of 12

Commented [PET5R4]: This already allows parents of children over the age of 12 but it's a federal requirement that 20% are parents of 12 or younger. So there must be at least 20% and that cannot be reduced.

(F) At least 1 member shall be from the State educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency;
(G) At least 1 member shall be from the agency responsible for the State medicaid program;
(H) At least 1 member shall be from a Head Start agency or program in the state;
(I) At least 1 member shall be from a State agency responsible for child care;
(J) At least 1 member shall be from the agency responsible for the State regulation of health insurance;
(K) At least 1 member shall be from the Office of the Coordinator of Education of Homeless Children and Youth;
(L) At least 1 member shall be from the State Foster Care agency;
(M) At least 1 member shall be from the agency responsible for children's mental health; and
(N) The council may include other members, including a representative from the Bureau of Indian Affairs (BIA), or where there is no BIA- operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council;
(O) A representative of the federally sponsored Parent Training and Information Center;
(P) A representative from the Nevada Governor's Council on Developmental Disabilities;
(Q) A representative from the Nevada Center for Excellence in Developmental Disabilities;
(R) A representative from the Nevada Disability, Advocacy and Law Center.

Appointment
All members of the ICC shall be appointed by the Governor.

Orientation
An orientation to the ICC will be provided to all new appointees. Orientations will be designed and facilitated by IDEA Part C Office personnel within the lead agency.
(add a certain amount of time – within 60 days of appointment?)
(add who will provide orientation – Chairs? Or a Part C Office representative?)

Participation in ICC meetings by all members is critical to the success of the ICC in meeting its mission.

As established and agreed upon by the ICC, each member is expected to:
1. Consistently attend and actively participate in ~~all~~ Council meetings;
2. Promote and support the ICC Vision, Mission, and Guiding Values;
3. Provide written and oral comment to the Council and other relevant agencies on issues affecting the Council;
4. Provide written and oral comment on the continuous development and improvement of a statewide system of integrated, comprehensive, interagency programs providing quality early childhood care and services to all children, including infants and toddlers with disabilities and their families;
5. Assist with the development and functioning of ~~task forces and/or other~~ committees established by the Council to explore designated topics relating to the statewide system;

6. To review and provide comments on documents such as those concerning policies, applications for funding, rule making, and proposed legislation;
7. Gather information and take action on substantive issues of concern identified by Council members and other contributors ~~stakeholders~~.

Section 2 – is this section even necessary?

The ICC shall have the power to perform any and all acts necessary and proper and convenient to accomplish the purposes of the Individuals with Disabilities Education Act of 2004 and any other powers applicable to ICC and as authorized or directed by the Governor of the State of Nevada. The co-chairperson(s) of the ICC shall be elected by the membership.

The ICC Strategic Planning Summit will take place every three years to create a three-year plan and the ICC will meet face-to-face once a year to review and update strategies identified at the Summit and review annually the ICC By-Laws.
The ICC will create a Strategic Plan every five years. The Strategic Plan will be reviewed annually.

IDEA Part C Office staff will review previous meeting minutes to carry items over to the next meeting.

Written notice of meetings shall be provided to all ICC members and shall include time and place of meetings. Special meetings of the ICC may be called by the chair/co-chair or upon the request of two thirds of the Council's membership and must be in compliance with the Open Meeting Law.

Draft copies of meeting minutes and agendas will be provided to Council members prior to the next scheduled Council meeting. At that next meeting, the draft meeting minutes will be considered and edited, as necessary. A majority vote will approve the minutes. Approved minutes of the Council meetings shall be made available on the Nevada EIS publications website at http://dhhs.nv.gov/Programs/IDEA/NICC/ for public inspection.

Public participation is deemed vital to the effective functioning of the ICC. Within appropriate constraints determined by the co-chair, a portion of each meeting of the ICC shall be set aside for public participation. All ICC meetings are subject to the Open Meeting Law.

Commented [JL6]: Is this necessary? Redundant – Open Meeting Law?

Section 3

The ICC shall meet quarterly and in such places as it deems necessary.

Section 4

A. A quorum shall be required for transaction of all business.

B. A quorum is made up of a simple majority of the ICC members. A simple majority will carry the vote and the minority position will be recorded in the minutes. In the event of a tie vote the Council co-chairperson shall cast the deciding vote.

C. ICC members shall inform the ICC co-chair at least twenty-four (24) hours in advance of an anticipated absence.

D. Meetings will be held via remote technology system, wherein members of the Council may participate in a meeting by means of conference telephone or similar communications equipment by means of which all persons participating can hear each other. Participation in a meeting pursuant to this shall constitute presence at such meeting. The votes of ICC members participating by way of communication equipment shall be included on matters submitted to a vote. A physical meeting location may also be offered in addition to the remote access, in the co-chairs' discretion.

Section 5 (Agenda Items)

So far as practical, and where not in conflict with applicable law, Robert's Rules of Order shall be complied with at the meetings.

The agenda will be provided in compliance with Open Meeting Law (NRS Chapter 241) requirements.

Additionally, the Council will comply with the following provisions:

1. The Council shall limit discussion to items on the proposed agenda.
2. Agenda items shall be transmitted by ICC members and Staff to the Council co-chairs at least 45 working days prior to any scheduled meeting. The co-chairs in conjunction with staff, shall then develop an agenda that will clarify items for discussion, information and decision.
3. Persons or organizations desiring to address the Council may be placed on the agenda by making such request in writing to [DPBH staff] for approval by a Council co-chair at least 45 working days prior to the Council meeting. The co-chair may allot a specified time period for the requested presentation.
4. Non-Council members not scheduled as part of the proposed agenda may be heard by the Council during the portions designated as "Public Comment" at the beginning and end of the agenda.

Section 6 – Budget/Financial?

IDEA Part C Coordinator shall annually prepare an ICC budget for review by the Council at their annual face-to-face meeting, and review at other quarterly meetings.

Expenses for travel, lodging and per diem incurred in the performance of ICC duties shall be reimbursed in the amount and manner prescribed by law upon the authorization of the Governor of the State of Nevada. Expenses shall include child care stipends for parent

Commented [JL7]: Does this need a different term? "conduct business" instead of "transaction of all business"

Commented [JL8]: B. refer to appropriate NRS definition, OML

Commented [JL9]: Separate this into a different item/bullet? Voting and how decisions are made?

Commented [MG10]: Can we add the Part C Coordinator? Or administrative staff?

Commented [PET11R10]: Yes.

Commented [JL12]: Language here on voting as well. Is this repetitive and/or does voting language have its own section?

Commented [MG13]: Should we include a section regarding Teams meetings? Quarterly meetings are offered via Teams or in a designated location. Should that be a new section?

Commented [PET14R13]: I think you can just revise this section to explain that, rather than have two similar sections.

Commented [MG15]: This has become a Part C responsibility. Any tips on how to get members more active in this process?

Commented [JL16]: In the past, it was the Co-Chairs' responsibility to develop the agenda; in recent meetings, the Part C Office took on the responsibility.

Commented [JL17]: Should be Department of Health and Human Services (DHHS)?

Commented [MG18]: People send items to our office, or me.

Commented [PET19R18]: But the co-chairs still approve those requests, correct?

Commented [JL20]: Take this out? That way we're not required to meet in person?

representatives, and interpretation services as needed. All ICC members shall serve as a function of their profession without additional compensation for their services.

Section 7 (Conflicts of Interest)

No member of the ICC may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest, as set forth by NRS Chapter 281A.

Section 8 (Nomination Committee)

Upon the occurrence of multiple vacancies in the ICC and/or multiple applicants, the co-chairs may request a nomination committee be convened to review applicant's information and provide a recommendation to the ICC. The final recommendation will be forwarded to the Governor of the State of Nevada with a request for appointment.

ARTICLE III

OFFICERS AND STAFF

Section 1

Agency co-chair
The officers of the ICC shall include an Agency co-chair elected by the ICC from among the members of the ICC. The Agency co-chair may not be a representative of the lead agency. In the event of permanent inability of the Agency co-chair to act, the ICC shall elect a new Agency co-chair from among members of the ICC.

A. The duties of the co-chair shall include the following:

a) to call, approve the agenda, and preside over the Council meetings, in conjunction with the Parent co-chair(s);
b) to submit reports, as necessary, to appropriate state or federal agencies;
c) to serve as official spokesperson for the Council;
d) to establish and dissolve task force groups or committees as necessary;
e) to sign all documents on behalf of the Council;
f) assure that members reporting to the Council on family and agency issues at each meeting select and share concise information on those issues and other important topics for inclusion with the minutes;
g) act as a mentor to the Parent co-chair(s).

Section 2

Parent co-chair(s)
The Council may select one or two parent representatives to serve as Parent co-chair(s) with alternating responsibilities.

Commented [MG21]: They also include travel expenses.

Commented [PET22R21]: That's stated - "expenses for travel"

Commented [JL23]: conflict of interest forms signed with application process

Commented [JL24]: –allowed to do that without other approvals

Commented [JL25]: Provide clarification for this? Add term of the co-chair? Included in another section. Suggested change the term to two years, since Council term is for three years – your appointment on the Council would expire before the Co-Chair term would expire. And make same change below. Should Agency co-chair and Parent co-chair have similar/same duties, and is that reflected here in the bylaws?

Commented [JL26]: Term limits for Parent co-chair here, but not for Agency co-chair. Clarify there should be Co-Chairs, including a Parent and Other (should be "Agency" or some other term). Consider one set of Co-Chair duties?

Commented [JL27]: Unsure about this term …

A. The duties of the Parent co-chair(s) shall include the following:

a) To call and preside over the Council meetings and to carry out all duties of the Agency co-chair as contained in Section 1.
b) The term of office for the Parent co-chairperson(s) shall be for three years, and also preferably staggered when there are two Parent co-chairs.
c) There shall be no limit on the number of times an individual may be selected to serve as co-chairperson unless such selection violates other provisions of these By-Laws.
d) Should a vacancy in the office of co-chair occur between elections, the council shall select another individual to fill the unexpired term for that office.

Section 3

Commented [JL28]: Support ICC gets from lead agency

The lead agency shall provide clerical and administrative support services to the ICC standing committees and special committees, in accordance with Part C of the IDEA of 2004 to assist in the performance of the council's functions.

ARTICLE IV

TERM OF OFFICE AND DUTIES

Section 1

Commented [JL29]: Some duplication from previous section

All members of the ICC shall hold office at the pleasure of the Governor of the State of Nevada for a staggered three-year term of appointment, except to fill a vacancy remaining in an unexpired term. Members representing private providers of early intervention services shall rotate every three years to provide equal opportunity to serve on the Council. Members may be appointed only for two consecutive terms unless approved by consensus of the Council, and in all cases subject to reappointments by the Governor.

Commented [JL30]: Is this a Nevada Board & Councils rule/statute? Or ICC's? This has not been practiced with ICC, for two consecutive term limits.

Co-chair terms will be for three years with a possibility of approval of additional terms upon the consensus of the Council.

Commented [JL31]: Change to two to align with above

Any Council member with three (3) consecutive unexcused absences in a year, considered lack of participation without just cause, may be called for review by the Council for possible recommendations to the Governor for appointment of a different person to the Council. A two-thirds majority vote of the full Council membership is required to ratify a recommendation to the governor that a member be removed/terminated.

Commented [JL32]: Lots in this section, consider some organizational change for this portion? Have not practiced this with this Council for some time. Should have expectations in Bylaws about attendance. Suggestion for a "Removal" section and a "Resignation" section. Consider a "Leave" section? Need to define what is an excused absence? Re: 2/3 vote – is that in NRS? Need more research on this.

a) A Council member may resign, be removed from the Council, or become ineligible to serve due to her/his loss of qualification as set out in these by-laws.
b) Resignations shall be submitted in writing to the Governor through the IDEA Part C Office and the co-chairs.

Appointments to fill a vacancy on the Council for any reason are made by the Governor. The Council, through the IDEA Part C Office, shall inform the Governor within forty-five (45) calendar days of any vacancy, and if possible the recommended replacement.

Consideration will be given to maintaining a balanced geographic representation and maintaining federal law representation requirements.

Section 2

Commented [JL33]: Paused here on 12/6/23, to resume at future scheduled meeting. 1/18/24 meeting agenda already set.

The duties of the ICC shall be the following:

(A) Advise and assist the Nevada Department of Health and Human Services to develop and implement policies that constitute the statewide system;

(B) Disseminate information about the activities of the Council and its actions to local, private and public service providers, parents, advocacy organizations, state agency personnel and other interested parties;

(C) Assist the Nevada Department of Health and Human Services in achieving full participation, coordination, and cooperation of all appropriate public agencies in the State;

(D) Assist the Nevada Department of Health and Human Services in the implementation of a statewide system that includes:
1) seeking information from service providers, service coordinators, parents, and others about any Federal, State or local policies that impede timely service delivery; and
2) taking steps to ensure that any policy problems identified under paragraph (C) (1) of this section are resolved;

(E) Assist the Nevada Department of Health and Human Services with Nevada's Part C, State Performance Plan for the purposes of
1) implementing the Part C State Performance Plan ,
2) evaluating system and service information gathered quarterly, and
3) advising the lead agency, and other stakeholder agencies, on system strengths as well as issues of concern, and on recommended actions or needed systemic changes identified by the State Performance Plan;

(F) To the extent appropriate, assist the Nevada Department of Health and Human Services in the resolution of system disputes.

(G) Advise and assist the Nevada Department of Health and Human Services in the performance of the responsibilities set out in federal law, particularly the identification of the source of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of the interagency agreements;

(H) Advise and assist the Nevada Department of Health and Human Services in the preparation of applications and amendments to those applications;

(I) Advise and assist the Nevada Department of Health and Human Services and the Nevada Department of Education regarding the transition of toddlers with disabilities to services provided under Part B and other appropriate services to facilitate a smooth, seamless system of transition for children with disabilities; and

(J) Provide input to the Annual Performance Report to the Governor and to the U. S. Department of Education of the status of early intervention programs operated within the State for infants or toddlers with disabilities and their families.

(K) Coordinate and collaborate with the State Advisory Council on Early Childhood Education and Care for children, if applicable, and other State interagency early learning initiatives, as appropriate.

Section 3

The ICC may address appropriate agencies in the state with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the state.

ARTICLE V

COMMITTEES

Section 1

The ICC may establish standing committees and/or special committees as deemed necessary to carry out the function of the Council. Members appointed to these committees may come from outside the Council, but said committees will be chaired by an ICC member. Committee meetings are subject to the Open Meeting Law.

These committees are intended to be task specific. They are expected to review issues and topics as assigned by the Council and to make recommendations to the Council.

Commented [MG34]: The Part C Office would like to recommend the ICC approve of workgroups within the state that do not have a majority of ICC members. This will prevent the need to follow OML, which has proved to be detrimental to having the council subcommittees complete work.

Commented [PET35R34]: It will not prevent OML applying. Any subcommittee created by a public body subject to the OML, is also subject to the OML.

Commented [MG36]: Workgroups

Commented [PET37R36]: Workgroups and subcommittees are treated the same under OML.

ARTICLE VI

SAVING CLAUSE

Section 1

Should any provision contained in these by-laws, or any amendments hereafter, be found to be unlawful or contrary to public policy in any court of competent jurisdiction, or in any way in irreconcilable conflict with the Individuals with Disabilities Education Act of 2004 (or any rule or regulation incidental thereto having the effect of law), or any authority having jurisdiction in such matters, said decision or ruling shall in no way be construed so as to affect any of the remaining provisions of these by-laws or any amendments thereto.

ARTICLE VII

AMENDMENTS

Section 1

These by-laws may be altered, amended or repealed by a majority of the ICC members at any regular scheduled meeting of the ICC.

Commented [MG38]: Would need to be completed in January since this is a voting item and would need to be added to an agenda.

Commented [PET39R38]: That's correct. This needs to be agendized for approval.

Section 2

Inconsequential or immaterial provisions of these by-laws may be suspended from time to time in the best interests of ICC.

ADOPTED AND APPROVED this _____ day of _____.

_____, Agency Co-chair

_____, Parent Co-chair

APPROVED AS TO FORM:

_____
Deputy Attorney General for
Nevada State Attorney General

DRAFT MEETING MINUTES

Nevada Early Intervention Interagency Coordinating Council (ICC)

April 30, 2024, 1:00 pm

Meeting Location:

This meeting was help virtually via Microsoft Teams

MINUTES

I. Call to Order, Welcome, and Announcements

Chair, Jenna Weglarz-Ward, welcomed all on the call. A quorum of members was present, and the meeting was called to order at 1:05 pm.

Members Present: David Cassetty, Julie Dame, Sarah Horsman, Lisa Hunt, Robin Kincaid, Sandra LaPalm, Brittany Toth, Jenna Weglarz-Ward

Members Absent: Assemblywoman Tracy Brown-May, Amy Hendrickson, Rhonda Lawrence, Janice Lee, Catherine Nielsen

Public Attendees: Janet Alexander, Capability Health and Human Services (CHHS); Christa Allen, Therapy Management Group (TMG); Dana Aronson, Theraplay; Abbie Chalupnik, Aging and Disability Services (ADSD); Karen Frisk, NEIS Rural Frontier; Catherine Guzy, NV Department of Education; Andre' Haynes, Armed Forces Chamber; George Hernandez, ADSD; Jennifer Lagana, The Arc Nevada; Marnie Lancz, TMG; Jennifer Loiacano, TMG; Elyse Monroy-Marsala; Betsy Newman, NEIS Reno; Julie Ortiz, TMG; Danielle Race, NEIS Las Vegas; Rique Robb, NEIS; Jessica Roew, NEIS Rural Frontier; Sabrina Schnur, Debra Stewart, MD Developmental Agency; Fatima Taylor, NEIS Las Vegas; Lindsey Wood-Lopez, NEIS Las Vegas; Phone Attendees: 702-818-0264, 216-409-4006, 702-241-8505, 702-302-2266, 702-759-2849

Part C Office Attendees: Mary Garrison, Jennifer Kellogg, Jalin McSwyne; Maya Raimondi, Pamela Silva, Melissa Slayden

II. Public Comment

Jenna Weglarz-Ward stated, if anyone has public comment, please go ahead and raise your hand or make a comment in the chat. Hearing none, I will move forward with the approval of minutes from December 6, 2023, and January 29, 2024.

III. Approval of the minutes from December 6, 2023, and January 29, 2024, Meetings (For Possible Action)

Mary Garrison shared that the council would only be able to approve the January 29, 2024, meeting minutes as the December 6, 2024, minutes are not complete. Jenna Weglarz-Ward stated, for item number three (3), we will just be approving the minutes from January 29, 2024, and I will entertain a motion to approve the minutes. They are included in the packet and available on the Part C website.

Robin Kincaid asked to have page four (4), paragraph two (2), corrected to say SOGI instead of soggy.

MOTION: Robin Kincaid
SECOND: Brittany Toth
PASSED: Unanimously

IV. Letter for the Department of Health and Human Services, Directors Office, with Suggested Script to Present Questions Regarding Nevada Revised Statutes (NRS) 239B.022-239B.026 for the Early Intervention Population (Information Only)

Co-Chair, Jenna Weglarz-Ward, shared the letter that she wrote to share with the Directors Office asking that SOGI information not be collected for the Early Intervention population, or that they use the suggested script when requesting this information during intake.

Brittany Toth requested a correction to add a quotation mark or remove. She also suggested changing the grammar to “I prefer not to disclose”

Melissa Slayden suggested adding IDEA to the section that references Part C.

V. ICC Subcommittees (For Possible Action)

Co-Chair, Jenna Weglarz-Ward, asked if any attending members would like to self-nominate themselves for any of the ICC Subcommittees. Jenna explained that the Child Find, Family Support Resource, and Equity Subcommittees are long term, and the New Membership and By-Law Subcommittees would be short term. Mary Garrison shared that she would create an interest survey for councilmembers and stakeholder to find out who is interested in positions within each subcommittee.

a. Child Find Subcommittee

1. **Membership Confirmation**
2. **Chair Nomination (For Possible action)**

-There was no interest from the council on chairing this subcommittee.

b. Family Support Resource Subcommittee

1. **Membership Confirmation**
2. **Chair Nomination (For Possible action)**

-Robin Kincaid self-nominated to be the chair of the Family Support Resource Subcommittee. Robin shared that she would recruit members, specifically parents.
-Julie Dame requested to be added to the Family Support Resource Subcommittee.
-Lisa Hunt is interested in being the co-chair.

MOTION: Sandra LaPalm
SECOND: Lisa Hunt
PASSED: Unanimously

c. Equity Subcommittee

1. **Membership Confirmation**

2. **Chair Nomination (For Possible action)**

-Co-Chair, Jenna Weglarz-Ward, asked if Andre' Haynes is still interested in co-chairing this subcommittee.
-Andre' would like to continue to co-chair and will be an active ICC member during the September 2024 appointments.

MOTION: Robin Kincaid
SECOND: Julie Dame
PASSED: Unanimously

d. New Membership Subcommittee

1. **Create Membership Subcommittee to garner interest and review potential new members (For Possible action)**
2. **Chair Nomination (For Possible action)**

-Brittany Toth self-nominated for the New Membership Subcommittee.
-Jenna shared that additional membership would be requested through the interest survey.

e. Ad hoc By-Law Subcommittee

1. **Create ad hoc ICC By-Law Subcommittee to revise ICC By-Laws (For Possible action)**
2. **Chair Nomination (For Possible action)**

-Robin Kincaid would like to be a participant on the By-Law Subcommittee.

VI. Aging and Disability Services Division Updates (Information Only)

a. Nevada Early Intervention Data System (NEIDS) (Information Only)

-Sarah Horman shared system went live December 3, 2023, with legacy systems only being accessed for past records and Part C monitoring.
-There are some identified issues with insurance payments.
-ADSD and the Part C office are still working with the vendor.
-Due to backend issues, there has been some backlog.
-Community Providers had issues with receiving Medicaid and private insurance reimbursements.
-ADSD and the Part C Office have a monthly Open Hours Meeting to address non-urgent issues and for Community Providers to receive answers to their questions. The same is done for State Programs.
-There have also been reporting challenges.

Sarah Horman stated, another thing I wanted to address that I know was a requested item, which is also under the Part C updates, I wanted to share on the ADSD side, how we're working to increase Medicaid revenue. On the service agreement side and with our state providers, we have made it a requirement that everybody is credentialed through the Council for Affordable Quality Healthcare (CQH), which is a centralized portal where providers must be credentialed by insurance and Medicaid and have to re-test every quarter.

We require that for state to check Medicaid enrollment every month to verify and update the NEIDS system.

On the state side, we require Developmental Specialists to update the electronic verification system every month and then to update NEIDS as required. We also issued the same requirement to Community Providers, and they were given the option of who would be the designated person to check for their program.

Every year we require Community Providers to sign our billing guidelines and to look at our scopes of work. We have been strengthening the language in that service agreement to ensure we're billing to full capacity.

ADSD has worked with Medicaid for years, and they have agreed for fee for service. They have removed the prior authorization requirement, so it's in line with what a lot of states have been doing and which they honor the IFSP as the prior authorization for Medicaid. That provides a lot of benefits to the family and to the program. We're still working with the managed care organizations, but we know that Medicaid has a plan to expand managed care organizations.

b. Process for closing Community Partners (Information Only)

-Fatima Taylor shared a high-level overview for the ADSD process of closing a Community Provider.
-Program closures are typically due to either a contract has expired with no intent to renew, the contract has been terminated, or the provider has chosen not to renew.
-ADSD assigns a closeout team.
-The closeout team will coordinate and collaborate with ADSD Children Services, Quality Assurance (QA) team, and the IDEA Part C office.
-QA contacts families to give them a choice in new program.
-Children are transitioned to new programs.
-Weekly meetings are conducted.
-Team reviews transfers with new program to ensure compensatory services are understood.
-State holds all physical records.

Robin Kincaid asked if this process is outlines in a written policy and how are the families notified that there's an impending closure of a program that's serving them?

-Fatima shared the process is outlined in the Service Agreement.
-Families are notified by phone call and written communication via email from the QA team.

Jenna Weglarz-Ward asked, in addition to the families, are there any processes involved that help providers transition to a new program?

-Lori Ann Malina-Lovell addressed this question.
-The Part C Office offers leaving staff assistance in locating hiring providers and sharing resumes and letters of recommendation.
-The program that is closing out, they still will need to do their invoice process for their final months or weeks of providing services in our system.
-Part C does the final payment from our federal funding to reimburse.

c. Early Intervention In-Person and Telehealth Report (Information Only)

Due to staff shortages on the Management Analyst team, this report was not provided.
-Providers are required to disclose to ADSD if Telehealth is the only form of Service Delivery.

d. Early Intervention Program Highlights (Information Only)

Written program updates were provided to the council.

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

Lori Ann Malina-Lovell and Maya Raimondi shared an update. An update regarding the DEC Conference presentation will be provided during the fall ICC meeting.

a. Cohort One Graduation (Information Only)

b. Nevada Early Intervention Professional Development Center Conference Presentations (Information Only)
   1. Aging and Disability Services Division (ADSD) Conference 2024
   2. Future Conferences

c. Sustainability (Information Only)

d. Evaluation and Outcomes (Information Only)

VIII. IDEA Part C Information and Reports (Information Only)

a. Project Assist Updated Log (Information Only)

Mary Garrison shared the new log and asked the council to send any feedback before the launch on May 1, 2024.

b. Complaint Log (Information Only)

The complaint log was shared by Iandia Morgan. Two (2) new complaints were noted.
-Lori Ann shared that the Office of Special Education Programs (OSEP) advised our state to follow the Dispute Resolution process that Nevada's Part B office completes in relation to the sharing of complaint information on their website.

c. State Fiscal Year (SFY) Quarter One (1) and Two (2) Yellow Bar Report (Information Only)

Melissa Slayden shared an update on the first quarter of the Yellow Bar Report. The second quarter was not available due to reporting issues in NEIDS.

Robin Kincaid asked if we should share with families that our data is not reliable, so if they are not receiving services, they need to exercise their parent rights?
-Sarah Horsman shared that the information is reliable, it is the reporting that has been difficult to produce.

Robin shared her concern that without the ability to provide this data, it impedes the council's ability to assist the system where it is needed.

Due to loss of quorum, a motion was requested by co-chair, Jenna Weglarz-Ward, to end the meeting.

MOTION: David Cassetty
SECOND: Robin Kincaid
PASSED: Unanimously

Meeting was adjourned at 3:00 pm. A survey was provided to council members to schedule the next quarterly meeting and ICC Strategic Planning Retreat

d. Medicaid Recoupment in Early Intervention (Information Only)

e. Part C Determination Letter and Response (Information Only)
   1. Process for Finding of "Needs Assistance"

f. Early Intervention Delayed Services (Information Only)

g. 2024 Annual Family Survey (Information Only)
IDEA Part C Office Staff

IX. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. To provide public comment telephonically, dial 1 775-321-6111. When prompted to provide the Meeting ID, enter 45659548#. Comments will be limited to five (5) minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

X. Schedule Next Quarterly Meeting/Retreat <u>(For Possible Action)</u>

a. **Possible dates: Week of August 12, 2024, August 19, 2024, September 2, 2024, September 9, 2024**
b. **Topics: DMS Monitoring Report from OSEP, Health Management Associates ADSD System Study Results, APR targets**

Jenna Weglarz-Ward, Ph.D., ICC Chair

XI. Adjournment

Jenna Weglarz-Ward, Ph.D., ICC Chair

HEALTH MANAGEMENT ASSOCIATES

Nevada Early Intervention System Evaluation

PRESENTED TO

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Research and Consulting in the Fields of Health and Human Services Policy, Health Economics and Finance, Program Evaluation, Data Analysis, and Health System Restructuring

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Attachment 2. Community Partners - Interview Questions

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Attachment 6. 2022 Community Partner Rate Models

Attachment 7. American Community Survey Population Demographics (2018 – 2022 5-Year Estimates) by NEIS Region and School District

Introduction

"There is an urgent and substantial need to identify as early as possible those infants and toddlers in need of services to ensure that intervention is provided when the developing brain is most capable of change."[1]

An infant's brain doubles in size during the first year of life and, by a toddler's third birthday, their brain will be 80 percent of its adult size.[2] The first three years of a child's life are pivotal because "sensory pathways such as hearing, language, and higher cognitive function all peak by the first three years of life" while the experience an infant or toddler has with their parents or caregivers "dramatically influences brain development, social-emotional and cognitive skills, and future health and success in school and life."[3] Experts estimate that between 16 and 18 percent of children under three years old have disabilities or developmental delays that may require early intervention (EI) or other supports such as services provided through maternal home visiting programs to limit or eliminate the impacts of such delays and disabilities.[4]

The federal government provides funding through Part C of the Individuals with Disabilities Education Act (IDEA).[5] The 1986 reauthorization of IDEA recognized "an urgent and substantial need:

1. To enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child's first 3 years of life;
2. To reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age;
3. To maximize the potential for individuals with disabilities to live independently in society;
4. To enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities; and
5. To enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, particularly minority, low-income, inner city, and rural children, and infants and toddlers in foster care." [6]

IDEA Part C aims to promote a statewide multidisciplinary and interagency EI system that is continuously enhanced to provide higher quality EI services, and expanded and improved upon to ensure traditionally underserved children such as those who are racial or ethnic minorities or from low-income communities have the same level of access to services as all other children.[7]

Early intervention covers an expansive array of services to address the broad range of physical, cognitive, communication, social, emotional, and adaptive delays and disabilities among eligible children. Figure 1 describes each EI service as defined in federal regulation.

Figure 1: Early Intervention Services Required Under IDEA Part C[8]

Service	Select Service Provisions
Assistive technology device	Any device, piece of equipment, or system used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability.
Assistive technology service	Evaluation, acquisition, and training/ technical assistance for children and families, as well as providers, to utilize assistive technology.
Audiology services	Conduct hearing evaluations, provide auditory training, speech reading and listening device orientation and training, assistance in selecting, fitting, and dispensing appropriate listening and vibrotactile devices.
Family training, counseling, and home visits	Assist the family of the infant or toddler with a disability in understanding the special needs of the child and enhancing the child's development.
Health services	Services necessary to enable an otherwise eligible child to benefit from other EI services, which may include intermittent catheterization, tracheostomy care, tube feeding, consultation by physicians and other service providers concerning the special health care needs of children in the course of providing other EI services. Does not include surgical procedures, services that are purely medical in nature (unrelated to the provision of EI services specifically), or similar services.
Medical services	Services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
Nursing services	Assessment of health status, provision of nursing care to prevent health problems or improve functioning, and the administration of medications, treatments, and other physician-prescribed regimens.
Nutrition services	Conducting assessments of nutritional history and dietary intake, feeding skills and challenges, and development of appropriate plans to address the nutritional needs of children.
Occupational therapy	Services that address the functional needs of children related to adaptive development, behavior, play, including sensory, motor, and postural development; includes adaptation of the environment and assistance with orthotic devices to facilitate development, promote acquisition of functional skills, and prevent or minimize the impact of future impairment, delay in development, or loss of functional ability.
Physical therapy	Services that address the sensorimotor function of children through enhancement of musculoskeletal status, perceptual and motor development, cardiopulmonary status; the service includes individual or group services and treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Service	Select Service Provisions
Psychological services	Administers psychological and developmental tests, interprets assessment results, obtains and interprets information about child behavior and family conditions, and provides psychological counseling to children and families, as well as consultation on child development, parent training, and education programs.
Service coordination (case management)	Assists children and families to receive the services, rights, and procedural safeguards within IDEA Part C. Assists families in obtaining EI services, including making referrals, scheduling appointments, coordinating evaluations and assessments, facilitating and participating in the IFSP development and review, and other activities.
Sign language and cued language services	Includes teaching sign and cued language, auditory/ oral language, and providing oral transliteration services and interpretation.
Social work services	Makes home visits to evaluate a child's living conditions, prepares social and emotional development assessments, provides counseling with parents and other family members, and identifies and coordinates community resources to enable the child and their family to receive maximum benefit from EI services.
Special instruction	Designs learning activities to promote a child's acquisition of skills across developmental areas; designs curriculum, provides families with information, skills and other support needed to enhance the skill development of the child.
Speech language pathology	Diagnoses specific speech-related disorders and delays, provides or makes referrals for habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
Transportation	Includes the cost of travel and other costs necessary to enable a child and their family to receive EI services.
Vision services	Evaluates and assesses visual functioning and diagnoses specific visual disorders and delays affecting early childhood development; makes referrals to other medical professionals necessary to habilitate or rehabilitate a child's visual functioning.

In Nevada, just four of these services – special instruction, physical therapy, occupational therapy, and speech language pathology – accounted for 90 percent of all authorized service hours based on active Individualized Family Service Plans (IFSPs) in July 2023.

As discussed in Part I of this report, federal regulations specify minimum components that must be present for states to receive federal Part C funds, including the designation of a lead agency that is the single line of authority for the system, a child find system that provides information about EI services and increases EI program awareness, a policy for how services will be delivered, and other requirements.[9] However, federal regulations give states broad authority in designing their EI program structure in terms of where the lead agency is housed, what type of entities (whether public, private, or a combination of both) will deliver EI services, and the eligibility standards for children to receive EI services.

About Nevada Early Intervention Services

Nevada has designated its Department of Health and Human Services (DHHS) as the lead agency for IDEA Part C. Several DHHS divisions and teams collectively administer, monitor, and support the state's Part C program named Nevada Early Intervention Services (NEIS):

- The ***IDEA Part C Office*** is generally responsible for monitoring services for compliance with federal regulations, developing and communicating NEIS policies and procedures, facilitating dispute resolution, maintaining the comprehensive system of personnel development (CSPD), federal data reporting, and monitoring the federal Part C grant for appropriate use.
- The ***Aging and Disability Services Division (ADSD),*** through its Children's Services office, provides services both with its own staff and through contracts with Community Partners and collaborates with the IDEA Part C Office and other NEIS stakeholders to continuously expand EI services, devise workforce development strategies, support training and professional development of the EI workforce, and assist with financial oversight.
- The ***Quality Assurance (QA) team*** within ADSD performs quality monitoring and service oversight through direct service observations. Additionally, at the time of the evaluation, the QA team was responsible for conducting provider payment reviews and developing and delivering training to EIS programs and professionals as needed or requested.
- The ***Management Analyst team*** within ADSD monitors changes in federal and state laws and analyzes and reports on systems data.

Additionally, five contracted Community Partner organizations provide the full array of services described above in Figure 1 to approximately half of the state's EI caseload, which totaled 3,962 active cases as of October 2023.

NEIS Service Population

Approximately 107,000 children under three years old reside in Nevada based on the U.S. Census Bureau's American Community Survey 5-Year estimates, which provide a rolling five-year estimated population count covering the period of January 1, 2018 through December 31, 2022.[10] Figure 2 illustrates changes in Nevada's total population and the number of children under three years old since 2017. As the figure shows, although Nevada's total population grew 7.5 percent between 2017 and 2022, the number of children under three year *decreased* 1.7 percent. [11]

Figure 2: Total Population and Population of Children Under 3 in Nevada, 2013-2017 ACS Estimates Compared to 2018-2022 ACS Estimates

	2013-2017 ACS Estimates	2018-2022 ACS Estimates	Change
Total Population	2,887,725	3,104,817	7.5%
Children Under 3	108,724	106,862	(1.7%)

The decrease in the number of young children in Nevada reflects broader national declines in birth rates since the Great Recession of 2007-2009.[12] As recently as 2020, 43 states reported their lowest birth rates in three decades, with Nevada having the seventh sharpest decline in birth rate between 2010 and 2020 (a decrease of 23.9 percent).[13] According to the Annie E. Casey Foundation, "the U.S. child population is decreasing in size, increasing in diversity and changing substantially at the state and city levels."[14]

Despite the small decline in the number of young children in Nevada, NEIS referrals and caseloads have been increasing. The statewide caseload reached 3,602 in April 2020 before dropping to a low of 3,196 in January 2021 during the COVID-19 pandemic and rebounding to 3,962 in October 2023. Similarly, the number of referrals to NEIS declined between fiscal years 2019 and 2020 (from 7,088 to 6,504), but increased to 7,515 in fiscal year 2023, the highest referral volume in the history of the program.

Federal regulations require states to establish policies and practices that ensure "traditionally underserved groups, including minority, low-income, homeless, and rural families, and children with disabilities who are wards of the State" have access to culturally competent services within their local geographical areas.[15] A recent U.S. Government Accountability Office (GAO) report recommended states utilize demographic data and program information to measure potential access disparities and develop strategies in response.[16] For example, Massachusetts developed surveys to ask families that previously received EI services whether they experienced any form of racism while receiving EI services. Following collection of the family survey data, Massachusetts shared the results with EIS programs in the state and developed training for EIS programs to address its findings.[17]

Geographically, Nevada is characterized by expansive rural and frontier areas with a few more densely populated urban areas. As illustrated in Figure 3, 74.8 percent of the children under three years in Nevada live in Clark County, 15.1 percent live in Washoe County, and the remaining 10 percent live in rural and frontier counties.

Fig. 3: Population Estimates of Children Under 3 and Land Area by County (2018-2022 ACS Estimates)

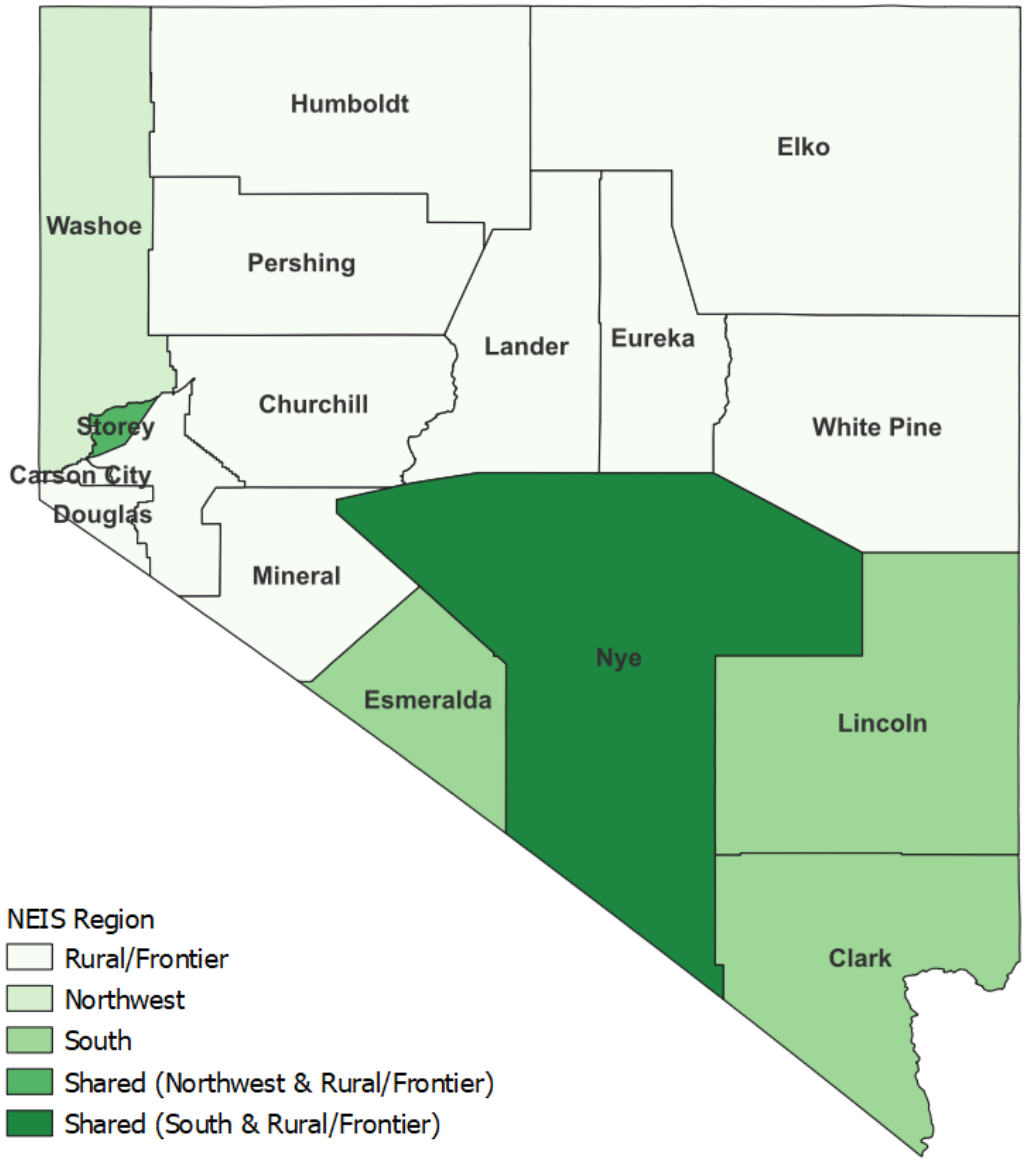
County	Population Under 3	Pct. of Total Population	Sq. Mileage of Land Mass[18]	Pct. of Total Sq. Mileage
Nevada	**106,862**		**109,827**	
Clark	79,902	74.8%	7,910	7.2%
Washoe	16,119	15.1%	6,342	5.8%
Elko	2,236	2.1%	17,179	15.6%
Lyon	1,871	1.8%	1,994	1.8%
Carson City	1,808	1.7%	143	0.1%
Nye	1,275	1.2%	18,147	16.5%
Churchill	960	0.9%	4,929	4.5%
Douglas	955	0.9%	710	0.6%
Humboldt	708	0.7%	9,648	8.8%

County	Population Under 3	Pct. of Total Population	Sq. Mileage of Land Mass[18]	Pct. of Total Sq. Mileage
White Pine	251	0.2%	8,876	8.1%
Pershing	196	0.2%	6,037	5.5%
Mineral	173	0.2%	3,756	3.4%
Lander	121	0.1%	5,494	5.0%
Lincoln	113	0.1%	10,634	9.7%
Storey	98	0.1%	263	0.2%
Eureka	64	0.1%	4,176	3.8%
Esmeralda	12	0.0%	3,589	3.3%

Nevada has the ninth-lowest population density in the country with only 28.3 residents per square mile.[19] However, Nevada is the second most urbanized state in the country, with 94.1 percent of its population residing in areas with census block densities of at least 2,000 housing units or 5,000 residents.[20] This has important implications for service delivery in the many rural areas of the state that are geographically harder to reach and costlier to serve due to limited availability of EI personnel living in or willing to travel to these areas, increased travel expenses, and lower caseloads.

NEIS is generally organized into three county-based service delivery regions, where some counties may intermittently be supported by more than one NEIS region. The map in Figure 4 illustrates the three NEIS regions and the counties they support.

Figure 4: Map of NEIS' Regions



A family's assignment to a region is generally determined by the zip code in which they reside. Figure 5 compares the estimated population of children under three years in each region to the NEIS caseload as of October 2023. As the table illustrates, there are proportionately fewer children served in the south region compared to the northwest and rural/ frontier regions. Factors such as the strength of child find strategies within these regions and public awareness about NEIS may contribute to these service rate differences.

Figure 5: Percent of Children Under 3 Receiving Early Intervention Services as of October 2023, by NEIS Region[21]

	Pop. Under 3 (2018 – 2022 ACS Estimates)	Percent of Pop. Under 3	Total Regional Caseload	Pct. of Caseload	Sq. Mileage of Land Mass[22]	Pct. of Total Sq. Mileage
South	81,365	76.1%	2,703	68.2%	44,456	40.5%
Northwest	22,180	20.8%	1,106	27.9%	24,174	22.0%
Rural/ Frontier	3,316	3.1%	153	3.9%	41,197	37.5%
Total	**106,862**		**3,962**		**109,827**	

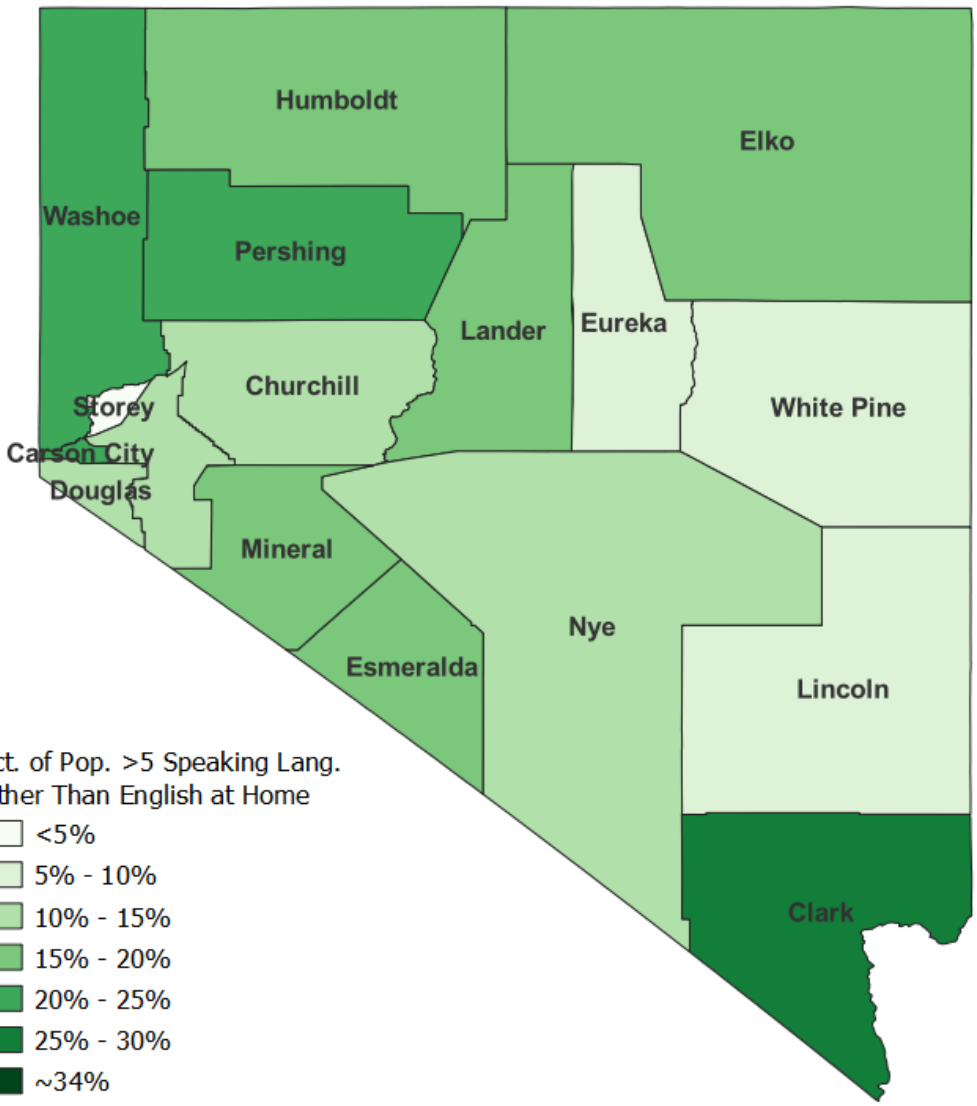
Nevada's children and families are diverse in terms of race/ ethnicity, language, income, and household composition, necessitating careful planning to ensure NEIS services are tailored to their needs. Statewide, nearly three-in-five children under three years old (57.2 percent) are identified as racial or ethnic minorities as depicted in Figure 6.

Figure 6: Children Under Three Years in Nevada by Race/ Ethnicity[23]

Area	Children Under 3 (2018 – 2022 ACS Estimates)	Pct. of Children Under 3
White/ Caucasian	46,594	42.8%
Hispanic	34,956	32.1%
Black/ African American	9,653	8.9%
Asian	8,054	7.4%
Two or More Races	6,706	6.2%
American Indian/Alaska Native	1,175	1.1%
Other	1,010	0.9%
Native Hawaiian/Other Islander	710	0.7%

Federal regulations require services to be delivered in a culturally-responsive manner, including the use of linguistically appropriate materials and services. In Nevada, 30 percent of the population older than five years (the age threshold at which the ACS begins measuring language preferences) speak a language other than English at home. Of the non-English speaking population, 70 percent speak Spanish at home. As Figure 7 illustrates, the highest concentration of children who live in non-English speaking households are in Clark, Washoe, Carson City, and Pershing counties.

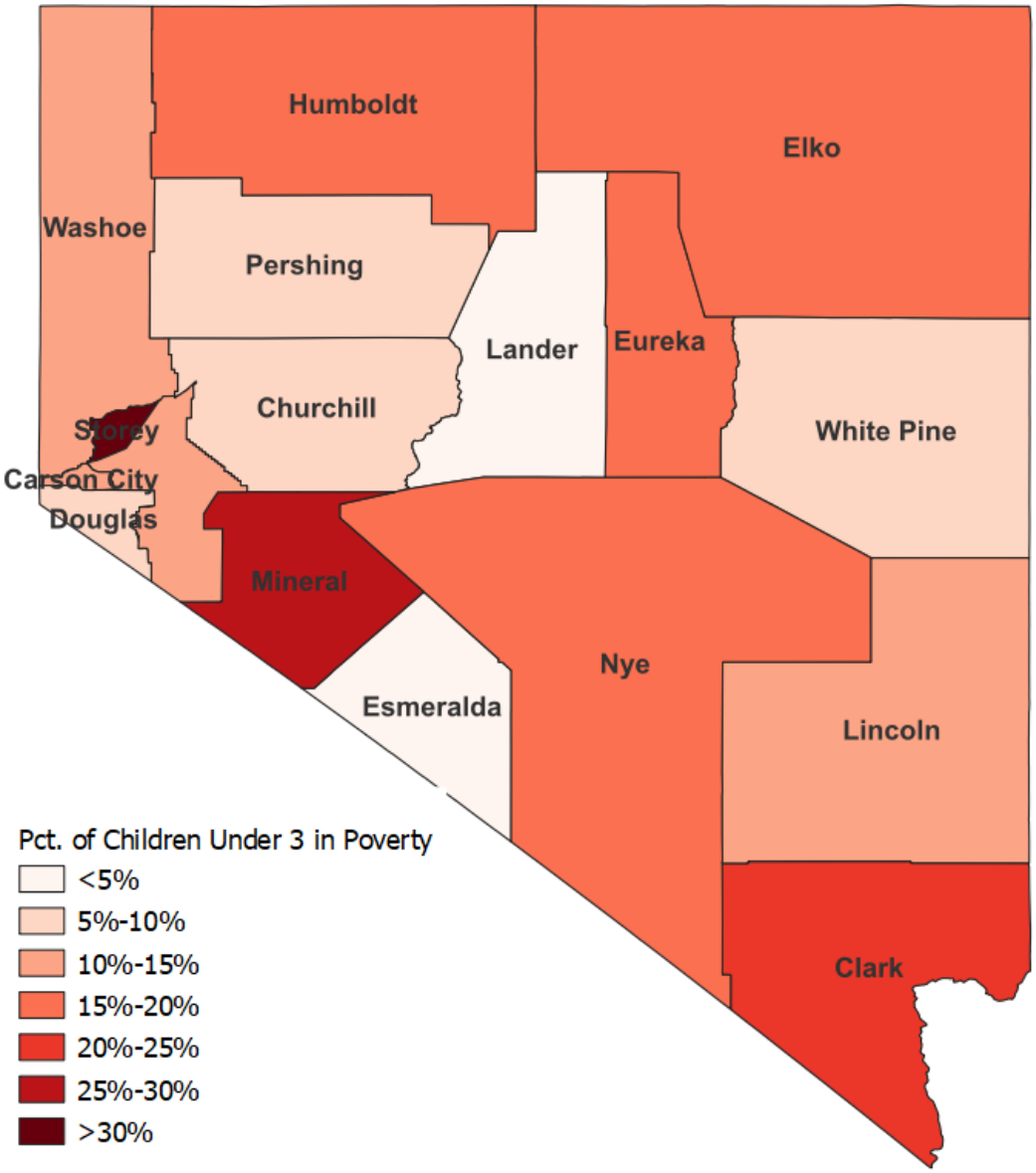
Figure 7: Proportion of Nevada's Population Over 5 Years Old Speaking a Language Other than English at Home by County[24]



The national Early Childhood Technical Assistance (ECTA) Center recommends that EI programs employ procedures that ensure assessments and screenings are conducted in an appropriate language for the child and their family to "obtain a non-biased picture of the child's abilities, in order to determine whether certain patterns of development and behavior are caused by a disability or are simply the result of cultural and linguistic differences."[25] Nevada utilizes translators as needed (including sign language translators) to fulfill its obligations to support non-English-speaking families. Additionally, materials for families are published in English and Spanish, including the Parent Handbook, Parent Rights & Responsibilities, and Child Find Brochures.[26]

Almost one-in-five young children in Nevada (18 percent) live in poverty. Poverty rates for children under three years are highest in Storey, Mineral, and Clark Counties as illustrated in Figure 8.

Figure 8: Poverty Rates for Children Under Three Years by County[27]



DHHS divisions supporting NEIS are making concerted efforts to understand the nature of potential service disparities that may exist today and to design stakeholder-informed strategies that reduce and eventually eliminate service disparities (see Part III for more information). For example, NEIS has implemented a number of initiatives that focus on ensuring equity and inclusion for children and families receiving EI services, as well as EI professionals delivering services on behalf of NEIS, including:[28]

- Providing training to NEIS partners on equity-based topics
- Inclusion of an equity-focused agenda item on each monthly technical assistance call hosted by the IDEA Part C Office for EIS programs and administrators; for example, the February 2023 monthly technical assistance call agenda included themes celebrating Black History Month while other agendas encouraged inclusion of various groups, such as the transgender community

- The IDEA Part C Office provides training and other advisory or policy guidance designed to ensure EIS programs operate with uniform expectations and training specifically focused on equity-based topics
- The IDEA Part C Office provides written and verbal technical assistance annually during the months of February and March and more frequently as needed to all EI programs regarding annual comprehensive monitoring
- Issuing policy directives such as an August 2023 memorandum from the IDEA Part C Office and ADSD to all EIS programs that underscored the importance of involving families in determining the service modality of their preference (in-person or telehealth), noting a recent survey of families demonstrated "an overwhelming preference for in person service" while emphasizing the importance of remaining transparent in an EIS program's ability or inability to provide in person services as a matter of maintaining equity
- The Interagency Coordinating Council's (ICC) Equity Subcommittee held their initial meeting in October 2021 to begin addressing disparities within NEIS for families and EI personnel; however, based on subcommittee agendas published to the ICC's public website as of May 2024, the Equity Subcommittee has not met since August 2022
- Translating materials in languages other than English and Spanish (such as Chinese and Burmese)
- Promoting equity in the workforce through initiatives such as the Professional Development Center, which is expected to produce 65 new endorsements for developmental specialists at no cost to them

Additionally, according to the IDEA Part C Office, they provide technical assistance to EIS programs to prepare them for annual monitoring, including a review of monitoring procedures, materials such as child record review forms, corrective action procedures, and scheduling of monitoring to promote understanding of expectations for compliance with federal regulations.

Evaluation Goals and Data Sources

At the time of the evaluation, NEIS was confronted with many of the same issues facing EI systems nationally, such as EI staffing shortages, growing referral and caseload volumes, and system funding challenges. As described throughout this report, DHHS has taken several steps in recent years to enhance NEIS, such as:

- Completing a Community Partner rate study in 2022 and implementing the recommended rate increase in July 2023.
- Investing a large portion of one-time federal early intervention funds included in the American Rescue Plan Act (ARPA) to replace legacy case management systems and software with a one-stop case management software solution that will provide online, role-based access to EIS programs, DHHS, and families and caregivers to monitor IFSP development and service delivery while supporting provider billing and robust data tracking and reporting.

- Using ARPA relief funding to develop an alternative pathway for developmental specialists to obtain a required endorsement that has traditionally been completed through costly university curriculum at the expense of developmental specialists.

To guide further areas of emphasis, ADSD contracted with the Burns & Associates division of Health Management Associates (HMA-Burns) to complete an evaluation of NEIS, and to assist in identifying policies or practices that can be strengthened or implemented to support and improve service quality and access for Nevada's children and families. The Human Services Research Institute (HSRI) assisted HMA-Burns with stakeholder engagement, including administering and analyzing results of a family survey and conducting system informant interviews. The overarching objectives of the evaluation were to:

- Document the existing governance and administrative structure of NEIS as well as the scope of responsibilities of each NEIS partner, including DHHS divisions and teams that support NEIS, Community Partners, the Interagency Coordinating Council (ICC), and others
- Assess the extent to which program administration, governance, and service delivery protocols effectively support service access and quality
- Evaluate differences in service costs between EIS programs facilitated by ADSD and those facilitated by Community Partners
- Measure and benchmark NEIS policies and system performance indicators to national policies and data to provide context for NEIS performance
- Assess other access related issues, including eligibility policies in comparison to other states, and evaluate system data to determine if service disparities may exist at any stage of the EI case lifecycle, from child find and referral through transitioning from Part C into other programs

Multiple sources of primary and secondary data were gathered to establish evaluation criteria, assess NEIS' performance, and identify areas where NEIS can make strategic improvements that may lead to improved service access and quality. Evaluation criteria was identified through a detailed review of federal regulations governing IDEA Part C, NEIS' written policies and procedures (such as the IDEA Part C Manual and ADSD Comprehensive Provider Billing Guide), Community Partner contracts, national best practices promoted by organizations like the ECTA Center and the Early Childhood Personnel Center (ECPC), and similar practices or recommendations found through research into emerging EI policies and procedures.

Population demographics data published by the U.S. Census Bureau through its American Community Survey (based on the ACS 2018-2022 5-Year estimates) were evaluated to better understand the service population, including the total number of potentially eligible children under three years and various demographic characteristics of children and families in Nevada.

State Performance Plan data, which illustrates key compliance related outcomes (such as the timeliness of IFSP development and initial service delivery) and quality-based outcomes (such as the proportion of children exiting the program with improved skills), were evaluated and compared to national results.

Additional NEIS child and program level data were analyzed, including provider performance report cards, caseload and referrals data, IFSP data, and transition data to quantify various parts of the EI case cycle in Nevada, and to measure potential differences and disparities by key demographic factors, such as a child's race or ethnicity, the language spoken in the child's home, the region in which a child's family resides, and the type of provider that delivers services.

Multiple stakeholders were engaged throughout the evaluation to ensure evaluation conclusions were informed by the perspectives and needs of system stakeholders. Stakeholder engagement was primarily supported through surveys and follow-up interviews with a broad range of NEIS stakeholders and partners, as well as state EI program administrators, including:

- Representatives from ADSD and the IDEA Part C Office
- Community Partners and contractors delivering EI services (see Attachments 1 and 2 for the Community Partner survey and follow-up interview questions)
- Family members and caregivers of children currently or formerly receiving services through NEIS (see Attachments 3 and 4 for the family survey instrument and the analysis of survey results)
- Part C Coordinators in five benchmark states, including California, New Mexico, Georgia, Utah, and Colorado (see Attachment 5 for the interview questions)
- Other system informants from select agencies and universities in Nevada
- Additional research into benchmark states' standards, national research, and other publications was conducted to provide a national context to NEIS performance

This report includes three parts:

- ***Part I: Service Delivery Structure*** details NEIS' administrative, supervisory, and service delivery structure, highlights key partnerships with agencies supporting NEIS, discusses Nevada's eligibility policies, and compares Nevada's system and service structure to benchmark states and other national criteria.
- ***Part II: Workforce Recruitment and Retention*** describes requirements for staff delivering services and workforce challenges faced by EIS programs in Nevada.
- ***Part III: Service Quality and Accessibility Outcomes*** discusses recent system outcomes reported in Nevada's Annual Performance Report (APR) from federal fiscal year 2021 (the most recent available at the time of the evaluation) and compares NEIS' outcomes to national averages across a five-year reporting timeframe. This section also considers differences in performance across demographic groups.

Attachments accompany the report and include more detailed ACS analyses, the rate model produced by the 2022 rate study and implemented in July 2023, and survey and interview protocols used in the evaluation.

A Special Thanks to Evaluation Contributors

DHHS and HMA-Burns express their sincere gratitude for the many individuals that volunteered their time and expertise to provide their perspectives about the evaluation and their ideas about how NEIS can continue to strategically improve. It is expected that the results of the evaluation will generate meaningful improvements within NEIS that will directly benefit the thousands of children and families it serves today, and thousands more it will serve far into the future.

Part I: Nevada's Early Intervention System

"The primary focus of state monitoring activities is on improving educational results and functional outcomes for all children with disabilities; and ensuring that states meet the program requirements of IDEA"[29]

The Nevada Early Intervention Services system encompasses all aspects of early intervention service administration and delivery in Nevada, including intake and eligibility determinations, Individualized Family Service Plan development, service coordination, the full range of EI services, service monitoring, and transition supports and services before a child reaches the age of three. Federal statutes and regulations provide states with broad authority to design an EI system that complies with the minimum requirements of IDEA Part C. As a result, state programs vary in terms of program administration, eligibility standards, service delivery, and other system components.

This section describes the key administrative, supervisory, and service delivery structures and processes in place at the time of the evaluation. This section also discusses Nevada's eligibility policies and compares such policies and other system features to best practice recommendations from national authorities and advocacy organizations. The section concludes with recommendations designed to improve system efficiency and effectiveness.

NEIS Program Administration and General Supervision

Recent guidance issued by the U.S. Department of Education's Office of Special Education Programs (OSEP) reaffirmed "the importance of general supervision and the expectation that monitoring the implementation of IDEA will improve early intervention and educational results and functional outcomes for children with disabilities and their families."[30] According to OSEP's formal guidance, "each state has the flexibility to develop its own model of general supervision and may elect to address the underlying Federal requirements in other ways" while OSEP further emphasizes the importance of policies and practices that promote high-quality EI outcomes.[31]

Minimum IDEA Part C federal requirements for state EI programs include: [32]

- A designated lead agency that is the single line of authority in the state for its EI system. The lead agency is responsible for the general supervision and monitoring of the EI program, including monitoring child outcomes and other compliance requirements, as well as training, technical assistance, and enforcement actions as needed to ensure program compliance among EI Service programs (EIS programs) which deliver EI services to children and families.
- An Interagency Coordinating Council (ICC) comprised of parents, early childhood advocates, child care providers, EI service providers, state agency representatives, and others to strategically advise the lead agency on policies related to equitable access, child find strategies, training and workforce development, and other key strategic areas.
- A child find system that provides information about EI services to interested individuals and increases public awareness about EI services to ensure children with developmental delays or

other qualifying disabilities are identified and referred for EI services or other appropriate services.

- Eligibility criteria that clearly define the level of developmental delay that qualifies a child for EI services, and an evaluation and assessment process that is both timely and comprehensive in identifying the eligibility and service needs for each child referred to the system.
- A policy for how services will be delivered and the development of a sufficient network of EIS programs able to deliver EI services to children through a qualified workforce.
- A comprehensive system of personnel development that provides training and support to EIS programs and personnel while promoting standards that support a qualified and well-trained workforce that can best support high quality outcomes for children receiving services.
- Other policies and practices to support the EI system, including the establishment of interagency agreements that establish financial responsibility and service provision responsibilities of agencies across the state (for example, agreements between the IDEA Part C Office and the Part B office for handling the transition of children between programs as they age out of Part C).

Otherwise, federal regulations give states broad authority to structure their EI programs. Neither federal regulations nor nationally-endorsed best practices espouse a particular structure for housing a lead agency within a specific state department or coordinating the delivery of EI services with public and private organizations and individuals.

DHHS Early Intervention Support Structure

Nevada has designated its Department of Health and Human Services as the state's lead agency for IDEA Part C. Across the country, state health departments are the most common designated lead agency, reported by 18 out of 51 states (including the District of Columbia) participating in the IDEA Infant & Toddler Coordinators Association's 2022 Tipping Points Survey.[33] Other designated Part C lead agencies include the education department (reported by 11 states), human services departments (6 states), developmental disabilities departments (5 states), early childhood departments (2 states), and other arrangements and departments (9 states).

As referenced previously, the IDEA Part C Office and ADSD, both within DHHS, share responsibility for system administration, service delivery, and monitoring.

The responsibilities of the IDEA Part C Office include:

- Maintaining the Nevada IDEA Part C Manual and other policies and system directives consistent with federal IDEA Part C regulations and evidence-based best practices
- Applying for and providing oversight of federal IDEA Part C grant funding, assuring funds are used only for the purposes outlined in law
- Providing technical assistance and readiness activities prior to approving contracted EIS programs for service

- Facilitating dispute resolution requests, including investigating complaints from families, EI professionals, and other stakeholders; providing mediation; and conducting due process hearings
- Continuously monitoring all EIS programs for compliance with IDEA Part C requirements and issuing enforcement actions as needed, including comprehensive monitoring, complaint investigations, and focused monitoring. Monitoring activities also include verifying individual child records and overseeing implementation of corrective actions when issued
- Providing technical assistance and enforcement mechanisms through the sanctions matrix when EIS programs are noncompliant with IDEA Part C regulations
- Collecting and reporting system performance data at the EIS program and system levels to demonstrate compliance with federal regulatory requirements and to demonstrate the effectiveness of NEIS in achieving state targets for quality-based outcome measures
- Providing training, technical assistance, and other support and resources to EIS programs
- Conducting Community Partner billing reviews to identify potential billing errors and potential recoupment (an activity that was until recently performed by the Quality Assurance team within ADSD)
- Maintaining the state's CSPD, including the personnel qualification standards required to deliver EI services, and facilitating strategies that build and reinforce a workforce and provider network sufficiently staffed with qualified EI personnel with the training and experience needed to deliver high quality services.

Generally, states contract with providers to deliver services within an assigned catchment area. States may contract with private for-profit or nonprofit organizations; public entities such as state agencies, local school districts, special education schools (such as schools for the deaf and blind), and local county boards; or some combination of different provider types. Nevada has adopted a hybrid approach.–ADSD has responsibility for service delivery through its contracts with Community Partners while also directly managing three EIS programs. ADSD directly employs staff to provide service coordination and special instruction and contracts with Reliable Health Care Services (Reliable), a health services staffing agency, for the delivery of therapies and other EI services for the three programs it directly manages.

ADSD also assists in the collection of provider performance data, approves payments to Community Partners, provides training and technical assistance to EIS programs, and participates in general NEIS planning. The IDEA Part C Manual further describes ADSD's activities, including:

- Collaborating and coordinating with the IDEA Part C Office to ensure implementation of the statewide system of early intervention services
- Implementing procedures to ensure the statewide availability of early intervention services for Part C eligible children and families and that those services are provided in a timely manner in accordance with IDEA Part C regulations and state policy

- Identifying and coordinating all available resources to ensure compliance with payor of last resort requirements
- Collaborating with other divisions and agencies to assign financial responsibility

The Quality Assurance team within ADSD provides several supports for NEIS. The QA team members assigned to NEIS include experienced developmental specialists who are responsible for the following tasks:

- Performing home visit observations of EI professionals to monitor fidelity to evidence-based practices
- Providing coaching and training to developmental specialists in implementing evidence-based EI practices
- Hosting trainings
- Monitoring Plans of Improvement as needed
- Collaborating in the development and implementation of policies and procedures related to quality assurance
- Attending ICC meetings and participating on subcommittees

The DHHS Management Analyst (MA) team within ADSD provides support to multiple DHHS divisions, but does not have a dedicated team or position specific to NEIS. Supports provided to NEIS by the MA team include:

- Compiling and analyzing EI program data about caseloads and financial data
- Supporting ADSD and the IDEA Part C Office with contract oversight and fiscal monitoring
- Providing analysis of state and federal regulations that may impact NEIS and preparing reports to summarize findings
- Overseeing data entry and data collection about EIS programs, and providing technical assistance that support program and fiscal integrity
- Collaborating with NEIS stakeholders to build data-driven reports that support compliance and programmatic improvements

The IDEA Part C Manual lists overlapping responsibilities across these units that at times results in a lack of clarity. For example, the IDEA Part C Manual notes that the IDEA Part C Office provides training and technical assistance regarding research-based EI service and compliance practices, which is also an emphasis of the QA team within ADSD. Due in part to these ambiguities, in 2022, the IDEA Part C Office, ADSD (including the Children's Services office, the QA team, and the MA Team) were tasked with identifying their key roles and responsibilities within NEIS. Figure 9 summarizes the activities each unit identified in their self-assessments, although these roles and responsibilities were not further documented or adopted into a formal policy or other agreement.

Figure 9: EI Roles and Responsibilities Documented by DHHS Divisions

EI Role/ Activity	IDEA Part C Office	ADSD	Mgmt Analyst Team	Quality Assurance Team
Monitoring EIS programs	✓	✓		✓
Developing policy for EIS programs	✓	✓		✓
Compiling, analyzing, and reporting EI program data	✓	✓	✓	✓
Enforcing policies and obligations on EIS programs (including supporting roles)	✓	✓	✓	
Working with EIS programs to correct non-compliance if identified	✓			✓
Surveying families for satisfaction	✓			✓
Providing training and technical assistance/ training to EIS programs (including state-facilitated service staff)	✓	✓	✓	✓
Policy development	✓			
Maintaining the Central Directory (Project ASSIST)	✓			
Supporting the ICC	✓			
Overseeing system funding	✓	✓		
Providing services directly		✓		
Overseeing timelines for DS endorsement obtainment and the EIS program level		✓		
Performing contract oversight of Community Partner EIS programs		✓		

As the figure illustrates, certain functions, such as monitoring EIS programs, policy development, and providing training and technical assistance to EIS programs are shared across DHHS divisions and teams. DHHS staff interviewed as part of this evaluation expressed an ongoing lack of certainty about the scope of their various shared responsibilities while also expressing a desire for improved clarity in the objectives of certain activities and improved collaboration across DHHS divisions and teams in documenting and carrying out their responsibilities.

The lack of clearly articulated roles and responsibilities has created some confusion, system inefficiencies, and the perception that collaboration across DHHS units needs to be improved. For example, Community Partners interviewed as part of the evaluation reported that they did not generally differentiate between DHHS divisions, especially when receiving requests for information related to their EIS programs for compliance and performance reporting. They also reported an observable lack of coordination and collaboration across DHHS units that has resulted in duplicative information requests and sometimes conflicting technical assistance or training.

Other NEIS Partners with Administrative Support Roles

A key responsibility of the IDEA Part C Office is to establish and maintain agreements with state and local agencies, delineating the roles and responsibilities of each agency with respect to coordinating payments and funding for EI services, and sharing information and resources to support children identified as having a developmental delay or disability who may require early intervention services. Figure 10 highlights the primary agreements in place at the time of the evaluation.

Figure 10: System Partnerships and Agreements

Partnership	Description of Agreement
Nevada Department of Education (NDE), Part B Office[34]	• Supports broad collaboration and communication between the Part C and Part B Offices, especially in ensuring the effective transition of eligible children from Part C into Part B through transition planning activities and joint participation by Part C and Part B in development of transition plans and Individual Education Plans as appropriate. • Requires Part C EIS programs to comply with the EI conditional licensing contract created by NDE's teacher licensure requirements and the accompanying endorsement requirement for early intervention personnel.
DHHS' Division of Health Care Financing & Policy (DHCFP) [35]	• Provides for Medicaid reimbursement for service coordination (targeted case management) provided by NEIS. • Provides for Medicaid reimbursement for ADSD for providing community outreach, such as educating individuals or groups regarding the eligibility criteria for EI services and identifying and providing guidance to individuals who are potentially eligible for Medicaid services.
Early Hearing and Detection Intervention (EHDI) [36]	• Supports collaboration between EHDI and NEIS to reduce the number of hearing screened infants who are lost to follow-up and/or lost to documentation. • Ensures that information is collected regarding the eligibility of children with hearing loss as well as their referral to appropriate services. • Specifies information sharing and response time requirements to ensure families identified as having a child with hearing loss are contacted and provided with screening services.

The IDEA Part C Office holds additional agreements with the DHHS Division of Welfare and Supportive Services for coordination of care and with the DHHS Division of Child and Family Services (DCFS) for service provision and coordination of care.

NEIS is further supported by the Interagency Coordinating Council (ICC), which includes 28 membership slots across multiple stakeholder groups. Figure 11 reports the type of stakeholders that compose the ICC as well as the number of vacancies as of December 2023.[37]

Figure 11: ICC Composition and Number of Vacancies (as of December 2023)

Stakeholder Type	Number of Slots	Vacancies
State Legislature	1	0
Personnel Preparation	2	0
Head Start Agency	1	0
Parent Representatives	7	2
Private/Public Provider	5	3
State Education Agency for Preschool Services	1	1
State Agency Involved in the Provision of, or Payment for Early Intervention Services	1	1
State Medicaid Agency	1	1
State Child Care Agency	1	0
State Foster Care Agency	1	1
State Health Insurance Agency	1	1
State Mental Health Agency	1	0
Office of the Coordinator of Education of Homeless Children	1	1
Native American Representative	1	0
Advocacy	3	0
Total	**28**	**11**

As the figure suggests, the ICC includes an array of EI system stakeholders who offer a broad array of perspectives, including parents, providers, Head Start delegates, representatives from multiple state agencies, advocacy group representatives, and others. However, at the time of the evaluation, 11 of the 28 available ICC slots were vacant, mostly resulting in a lack of representation of parents, providers, and key state agency representatives.

The ICC's purpose is to "advise and assist the Nevada Department of Health and Human Services in the development of and implementation of a statewide system of early intervention services" for children with developmental delays or disabilities and their families.[38] The ICC's primary function is to advise the IDEA Part C Office in the performance of its responsibilities, including: [39]

- Identifying fiscal resources and other supports for EI services
- Assisting with the assignment of financial responsibility to appropriate agencies
- Promoting the use of intra- and inter-agency agreements for child find, program monitoring, and transition-related activities
- Assisting with the preparation and submission of the Part C application and amendments

- Advising and assisting Nevada's Department of Education's Part B office regarding the transition of toddlers with disabilities to Part B services or other supports (such as special education preschool)
- Creating and disseminating accessible information about the EI system to stakeholders, including legislators, medical practitioners, families, child care providers, businesses, and communities
- Supporting a system where all providers and stakeholders at the state and local levels are able to participate in partnerships that maximize outcomes for children and families
- Providing input to the Annual Performance Report (APR) submitted to the Governor and the U.S. Department Education about the status of EI Service Programs in Nevada
- Coordinating and collaborating with the State Advisory Council on Early Childhood Education and Care for Children and other state interagency early learning initiatives, as appropriate

Additionally, the ICC holds a triennial strategic planning summit to create a three-year plan and meets every year in between to review and update strategies from each summit. In its December 2023 meeting, the ICC began a five-year strategic planning process that includes subcommittees responsible for evaluating strategies for equity, child find, and family supports.[40] Although federal regulations do not require a strategic plan, such an endeavor aligns with national ECTA Center's recommendations to use a written plan to drive ongoing system improvement and to base such plans on data and stakeholder input.[41]

Given the flexibility federal regulations offer states in designing their early intervention systems, state structures vary. A summary of EI system structures among the seven benchmark states included for comparison purposes in the evaluation follow:[42]

- **Arizona:** The Arizona Department of Economic Security (DES) is the state's lead agency through the Arizona Early Intervention Program (AzEIP). DES is the state's human services authority, administering programs such as home and community-based services for individuals with developmental disabilities, Adult Protective Services, the state's child care subsidy, and various other benefit programs such as the Supplemental Assistance Nutrition Program (SNAP). AzEIP oversees EIS programs across Arizona's 22 catchment areas that may be served by one or more EIS programs. EIS programs include privately-contracted community-based providers and two public programs operated by the Arizona Schools for the Deaf and the Blind and the DES Division of Developmental Disabilities. Service coordination is performed by EIS programs.
- **California:** The Department of Developmental Services (DDS) is California's lead agency through its Early Start program and additionally oversees the state's services for individuals with intellectual and developmental disabilities. Early Start services are provided through 21 community-based non-profit agencies known as Regional Centers that are responsible for a defined geographic catchment area. Regional Centers provide assessments, determine eligibility for services, provide support coordination, and contract with community-based providers to deliver EI services.

- **Colorado:** Early Intervention Colorado oversees contracts with twenty private non-profit organizations that perform all EI service-related functions, including service coordination. Early Intervention Colorado was reorganized in 2022 within a newly-established cabinet-level agency, the Department of Early Childhood, which also administers Colorado's universal preschool program, home visiting programs, and child care subsidies. Early Intervention Colorado is facilitated through 20 county-based catchment areas containing one or more counties. Each catchment area is served by a single EIS program.
- **Georgia:** The Georgia Department of Public Health (DPH) is the state's lead agency through its Babies Can't Wait (BCW) EI program. BCW supervises 18 local health care districts comprised of one or more counties. Services are delivered and coordinated within each region by private community providers and independent contractors. Three regional offices are responsible for providing supervision and technical assistance and training.
- **New Mexico:** The New Mexico Early Childhood Education & Care Department (ECECD) is the lead agency of the state's Family Infant Toddler (FIT) EI program. FIT was formerly part of the New Mexico Developmental Disabilities Supports Division (DDSD) but was reorganized under ECECD when it was created as a cabinet-level agency in 2020. The creation of the new department was intended to "create a more cohesive, equitable, and effective early childhood system" to improve coordination across a "continuum of programs from prenatal to five." EIS programs supporting FIT are private providers and a public program operated by its statewide school for the deaf and blind, and are monitored by three regional coordinators who oversee a county-based regional catchment area.
- **Oregon:** The Oregon Department of Education is Oregon's lead agency through its Early Intervention/ Early Childhood Special Education (EI/ECSE) program. EI/ECSE supervises nine EIS programs that provide EI services in a county-based catchment area of one or more counties. Across the nine regions, one EIS program is a school district, one is operated by a university, and the remaining regions are operated by educational service districts.
- **Utah:** The state recently combined its Department of Health, where its Baby Watch Early Intervention Program (BWEIP) was housed, with its Department of Human Services. Within this reorganization, a new Office of Early Childhood was established to administer BWEIP as well as maternal home visiting and other early childhood programs. BWEIP delivers EI services through 15 local EI programs that serve a geographic catchment area, including one program facilitated directly by the lead agency with state staff. Other EIS programs include private providers and some school districts serving children within their boundaries. The Utah Schools for the Deaf and the Blind's Parent Infant Program also operates an EIS program.

As described above, benchmark states locate their lead agencies within a range of state departments, including health, human services, and education departments. Three benchmark state EI programs (Colorado, New Mexico, and Utah) recently reorganized within early childhood-focused departments or divisions. These states report that co-locating EI with other early childhood programs – such as maternal

and child home visiting programs and child care subsidies – will improve coordination and access across programs that support young children and their families.

All benchmark states manage EIS programs through regional service areas usually comprised of on one or more counties. Services are delivered through a combination of private community-based providers (like Community Partners in Nevada), school districts, local health districts, and other public entities. Some states designate a single program for each regional service area. Like Nevada, Utah manages an in-house EIS program with a reporting line to the Part C Coordinator. According to Utah's Part C leadership, the monitoring and supervisory practices are the same for the EIS program managed by their office as they are for contracted programs. They additionally noted that the direct operation of an EIS program ensures they maintain firsthand experience and knowledge of service delivery, allowing them to better support other contracted EIS programs across the state.

Nevada's Early Intervention Service Programs

Federal regulations define EIS programs as entities designated by the lead agency for reporting outcomes for the children they serve.[43] An EIS program may be a public agency (including the lead agency or another public body) or a private organization or individual.[44] All of Nevada's EIS programs:

- Receive and evaluate referrals and determine eligibility
- Develop goals and service plans within the IFSP and periodically revise IFSPs as appropriate
- Consult with parents, other service providers, and community organizations to ensure the effective provision of services in the child's community
- Coordinate and deliver services as identified in the IFSP
- Train parents and others regarding the provision of EI services
- Respond to requests for data and other information from the IDEA Part C Office and ADSD through its Children's Services office and QA team
- Participate in technical assistance training, receive coaching and feedback from the IDEA Part C Office and ADSD, and carry out corrective actions as needed to bring programs into compliance

At the time of the evaluation, there were ten EIS programs in the state, including three programs operated by ADSD and seven programs operated by private Community Partners contracted by ADSD as illustrated in Figure 12.

Figure 12: NEIS Programs by Region (as of December 2023)

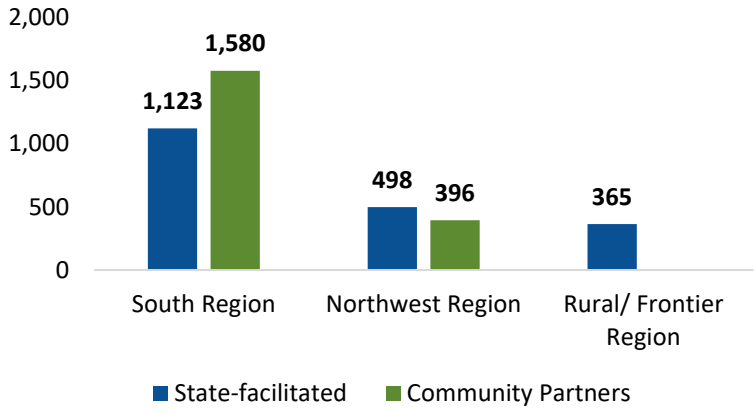
Provider Type/ Name	South	Northwest	Rural/ Frontier
State-Facilitated EIS Programs			
NEIS-South	✓		
NEIS-Northwest (Reno)		✓	

Provider Type/ Name	South	Northwest	Rural/ Frontier
NEIS- Rural/Frontier			✓
Community Partner-Facilitated EIS Programs			
Advanced Pediatric Therapies, LLC		✓	
Capability Health and Human Services	✓	✓	
Theraplay Solutions	✓		
MD Developmental Agency	✓		
Therapy Management Group	✓	✓	
Total EIS Programs	**5**	**4**	**1**

As the figure shows, five Community Partner organizations deliver services in the south and northwest regions. Two of these organizations have EIS programs in both regions. Two additional Community Partners ended their contract with ADSD in late 2022 and early 2023 with their caseloads (totaling about 330 children) redistributed among the other programs. Loss of EI providers is not uncommon nationally, as one-in-four states participating in the IDEA Infant & Toddler Coordinators Association's (ITCA's) 2022 Tipping Points Survey reported losing EI providers in the previous three fiscal years due to fiscal constraints.[45]

As described previously, NEIS is divided into three regions that broadly encompass the Las Vegas metropolitan area as well as Esmeralda, southern Nye, and Lincoln counties in the south region, Reno in the northwest region, and Carson City and all other counties in the rural/ frontier region. Figure 13 presents the distribution of the state's caseload as of October 2023.

Figure 13: Distribution of Overall Caseload as of October 2023 by Region and Provider Type



As the figure shows, Community Partners have a greater proportion of the caseload in the urban south region (58.4 percent) and a smaller proportion of the caseload in the northwest region (44.3 percent). At the time of the evaluation, Community Partners did not provide services in the rural/ frontier region, but some expressed a willingness to do so.

System Funding

Although federal Part C regulations place a wide array of requirements on state early intervention programs, federal Part C funds cover only a fraction of the cost of administering these programs, shifting

primary funding responsibility to the states.[46] As a result, "states continually struggle with the need to adjust or expand the array of resources to support an integrated early intervention system" and "are faced with financing systems that are unstable, inadequate, and complex."[47] As described in this section, annual service costs range from $9,500 to $13,000 per child. Although the total federal Part C grant amount has increased nationally from $375 million in 2000 to $496 million in 2022, per child funding decreased over the same period, from $1,819 to $1,222 per child as illustrated in Figure 14.[48]

Figure 14: Total Federal Part C Grant and Average per Child Served Nationally (2000 - 2022)

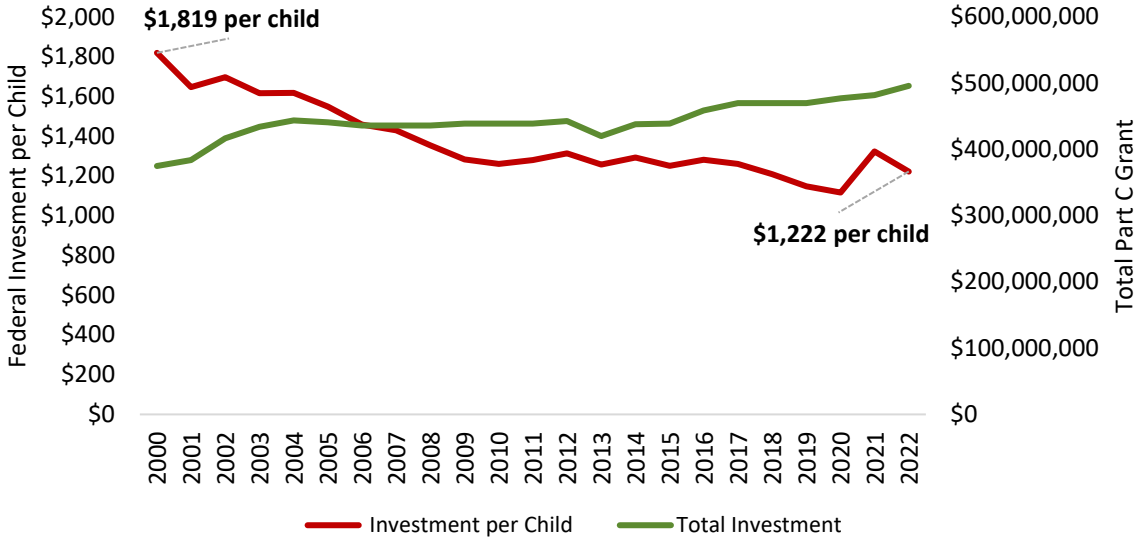


Figure 15 reports national early intervention funding based on a 2023 survey administered by the IDEA Infant and Toddler Coordinators Association (ITCA).[49] Nationally, the Part C grant represents only about 11 percent of all EI system funding, while state funds (which may include state general funds, state special education funds, and other state funding streams) represent close to half of all EI spending. Medicaid provides 16.8 percent of EI spending through payment for covered services (such as therapies and service coordination) provided to children enrolled in the state Medicaid program. Other funds from local sources (such as school districts or municipal, tribal, and county governments) account for almost five percent of EI spending.

Figure 15: ITCA 2023 Finance Survey – Reported Revenues by Major Fund Source

Fund Source	Reported Revenues	Percent of Total Reported Revenue
State Only Funds	$1,864,541,807	45.7%
Medicaid	$682,978,397	16.8%
Federal Part C	$454,549,975	11.2%
Local Government	$197,597,089	4.8%
Part C ARPA	$188,015,398	4.6%

Fund Source	Reported Revenues	Percent of Total Reported Revenue
All Other Sources	$687,832,544	16.9%
Total	**$4,075,515,210**	

Nevada's 2023-2025 legislatively-approved budget for NEIS reports actual spending of $32.1 million in fiscal year 2022 and an approved budget of $36.6 million in fiscal year 2024, as reflected in Figure 16. Similar to the national totals presented in Figure 15, federal IDEA Part C grant dollars in Nevada represent only about 11 percent of NEIS' funding for the 2024-2025 budget period.

Figure 16: 2021-2025 Legislatively-Approved Budget Details for NEIS (IDEA Part C Office and ADSD) [50]

Fund Source	2021-2022 Actual	2022-2023 Work Program	2023-2024 Leg. Approved	2024-2025 Leg. Approved
IDEA Part C Office				
Federal Part C Grant	$3,438,814	$4,226,703	$4,326,843	$4,007,958
Fed. IDEA Amer. Rescue Plan Act	$90,265	$1,766,652	$540,600	$16,800
Transfer in ARPA	$0	$378,368	$324,450	$0
Sub-Total IDEA Part C Office	**$3,529,079**	**$6,371,723**	**$5,191,893**	**$4,024,758**
ADSD				
State General Funds	$31,905,219	$34,819,097	$32,214,543	$32,775,115
Reversions	($3,615,775)	$0	$0	$0
Medicaid Medical Services	$293,137	$497,973	$367,021	$367,606
Medical Services – Private	$88,737	$208,339	$140,168	$140,273
Medicaid Targeted Case Mgt.	$436,343	$628,234	$653,890	$653,890
Medicaid Admin. Charges	$2,624,881	$2,618,654	$2,689,012	$2,702,369
Prior Year Refunds	$13,876	$0	$0	$0
Transfer in ARPA	$415,393	$425,268	$0	$0
Transfer from Education	$0	$246,268	$0	$0
Transfer from IDEA Part C Compliance	$2,491,695	$2,869,501	$2,500,582	$2,510,942
Sub-Total ADSD	**$34,653,506**	**$42,313,334**	**$38,565,216**	**$39,150,195**
Less: Intra-agency transfer from Part C to ADSD for Compliance	($2,491,695)	($2,869,501)	($2,500,582)	($2,510,942)
Total Part C and ADSD Funding	**$32,161,811**	**$39,443,833**	**$36,064,634**	**$36,639,253**
Part C Grant as Percent of Total	**10.7%**	**10.7%**	**12.0%**	**10.9%**

National research notes that "one of the most important funding sources for EI services is Medicaid, and states vary in the extent to which they take advantage of Medicaid funding."[51] In Nevada, Medicaid funding in the 2023-2024 legislatively-approved budget accounts for only $3.7 million of the $36.6 million total budget. At 10.3 percent of the total NEIS budget, the Medicaid contribution is 6.5 percentage points lower than the national average. Of this total, nearly $3.3 million represents funding to support the following activities: [52]

- Performing Medicaid administrative duties which may include monitoring providers for compliance with the Nevada Medicaid Services Manual, informing Medicaid recipients about their Medicaid appeal rights and procedures, and similar activities.
- Medicaid outreach for potentially eligible populations that NEIS may encounter through its child find and service delivery activities, which may include dissemination of information regarding eligibility for Medicaid waiver programs.
- Providing targeted case management (support coordination) for children receiving services through NEIS who are Medicaid eligible.
- The funding also pays for other Medicaid-related administrative duties carried out by ADSD, such as monitoring providers for compliance with the Medicaid Services Manual, identifying and reporting to DHCFP issues that may impair service access or quality, and informing Medicaid recipients about their Medicaid appeal rights and related procedures.
- Additional Medicaid funding of approximately $367,021 in the 2023-2024 legislatively-approved budget pays for Medicaid-allowable services delivered through NEIS, such as therapies, audiology services, and similar services. Nearly half of the children with active IFSPs as of July 2023 were Medicaid eligible (48.4 percent), and of these, 94.4 percent had consents to bill Medicaid for NEIS services approved by their families.

Unlike Medicaid services that generally require recipients to have household income and assets below set thresholds, early intervention programs do not have income limits.[53] Federal regulations therefore allow states to institute family cost participation policies requiring families to contribute to the cost of services (excluding service coordination) based on a sliding fee schedule tied to family income.[54] For example, Utah charges a flat monthly fee (when not covered by a family's private insurance) based on family size and income. Figure 17 illustrates Utah's monthly family cost participation charges for a family of four in state fiscal year 2024.[55]

Figure 17: Utah's Family Cost Participation Requirements for a Family of Four

Annual Income	Monthly Fee	Annual Income	Family Cost
<$55,800	Exempt	$180,000 - $209,999	$80
$55,800 - $55,999	$10	$210,000 - $239,999	$100
$60,000 - $74,999	$20	$240,000 - $269,999	$120
$75,000 – 89,999	$30	$270,000 - $299,999	$140

Annual Income	Monthly Fee	Annual Income	Family Cost
$90,000 - $119,999	$40	$300,000 - $329,999	$160
$120,000 - $149,999	$50	$330,000 - $359,999	$180
$150,000 - $179,999	$60	>$359,999	$200

Although three of the benchmark states considered as part of this evaluation – California and Utah in addition to Georgia – have family cost participation requirements, the majority of states – including Nevada – do not charge families for services. Among the 43 states participating in ITCA's 2023 Finance Survey, 31 states (72 percent) do not have family cost participation requirements.[56] Ten of the 12 states with family cost participation requirements reported cost participation revenues averaging $1.37 million in 2023.

Commercial insurance plans may cover some of the services, such as therapies, delivered through early intervention programs. Since federal regulations make Part C the payor of last resort and state early intervention systems often have limited resources, states frequently require providers to first seek payment from a child's commercial insurance before billing the state program. However, states and providers must first seek consent from the family before attempting to bill their insurance.[57] In Nevada, ADSD seeks this consent from families receiving state-facilitated services while Community Partners seek consent from the families they serve. Families may decline to provide consent without any impact on their access to services. For children and families with active IFSPs as of July 2023, more than 97 percent provided insurance information for state-facilitated EIS programs, and of these, 91.1 percent provided consent to bill their public or private insurance for EI services. Rates of insurance disclosures to Community Partners were somewhat lower, with 92.4 percent of their IFSPs reporting insurance, and 88.5 percent consenting to bill their public and private insurance.

Policies related to families' consent to bill their insurance are somewhat more common than family cost participation policies. Of the 43 states participating in ITCA's 2023 Finance Survey, 18 states (42 percent) reported having policies related to private insurance. The details of these policies vary and a number of states impose stricter requirements than Nevada's standards. For example, in Georgia, families that decline consent are responsible for 100 percent of the cost of their services.

Service Costs

Nevada's Community Partners cited low pay and high caseloads as the most common causes of staff turnover. The challenges faced by Community Partners were exacerbated by payment rates that had not been adjusted since 2012, resulting in funding differences between Community Partner programs and state-facilitated programs. In response, DHHS commissioned HMA-Burns to perform an evaluation of the monthly Community Partner case rate in 2022 to establish a payment rate that would reflect current costs. The rate study was funded by DHHS through federal American Rescue Plan Act (ARPA) grant funds (the rate models produced during the rate study are included as Attachment 6). The increased payment rate was implemented in July 2023 concurrently with a contract change that requires Community

Partners to enhance their efforts to seek reimbursement from private and public insurance programs when families provide consent to do so.

Community Partners are paid through a monthly per-child case rate designed to cover all direct services as well as program support costs (such as the cost of supervising EI professionals, providing training, travel expenses between EI families visited by EI professionals, and similar activities) and administrative costs (such as the payroll costs of Community Partners' management and support functions, facility costs, and similar expenses). This payment model offers flexibility to providers to design IFSPs to best meet the needs of the child and family without needing to achieve a specific billing target and reduces administrative requirements related to billing. However, this model can also result in under-delivery of services as providers are paid the same amount regardless of the amount of service authorized or delivered. Nationally, this payment model is uncommon. Among the seven benchmark states selected for comparison during the evaluation, at least six of the seven utilize a fee-for-service payment structure as opposed to a monthly per-child case rate as with NEIS.

Community Partners were surveyed as part of the rate study to collect information about their personnel costs, operating and administrative costs, and service details (such as caseloads, mileage, and service lengths). Recognizing that provider costs are, in large measure, a function of the rates they are paid, the rate study also included supplemental research to identify independent published data sources to estimate key cost drivers. For example, the U.S. Department of Labor's Bureau of Labor Statistics (BLS) provides Nevada-specific wage estimates for hundreds of occupations. The rate models developed as part of the rate study used these BLS wage estimates to ensure that the wage assumptions reflect actual market costs. The rate models incorporated other independent data sources to estimate the costs of health insurance, worker's compensation, vehicles, and other factors.

Separate rate models were developed for the more urban parts of the state currently served by Community Partners as well as the rural/ frontier region. The rate model for the rural/ frontier region recognizes the greater distances traveled in rural areas and the consequent smaller caseloads (as more time spent traveling means less time available to serve families).

Prior to the rate study, ADSD paid providers $565 per child per month. Additionally, providers were contractually required to bill Medicaid and children's private insurance for eligible services when granted consent from children's parents. Any revenues received from these other payors were retained by providers in addition to the case rate. In short, the $565 payment was designed to be the *net* cost to ADSD after accounting for other revenues. Community Partners reported receiving an additional 9 percent of their revenues through Medicaid or private insurance, resulting in effective average revenue of $621 per child per month.

The rate study recommended increasing ADSD's payment rate to about $795 per month, representing an approximate 28 percent rate increase over the effective prior rate of $621 per child per month after considering private and Medicaid insurance collections. However, this payment is meant to represent the *gross* cost of service delivery. That is, the rate study recommended that providers be required to offset revenues received from other payors from the rate billed to ADSD. For example, if a provider

receives $100 in payments from a child's private insurance, they would bill ADSD $695 (the $795 rate less the $100 receipt). Thus, the increased payment rate was coupled with contractual changes specifying how providers seek reimbursement from other payors, requiring Community Partners to document the results of these attempts, and adjust claims submitted to ADSD.

This evaluation also analyzed the costs of state-facilitated programs administered directly by ADSD. NEIS is supported by a robust administrative support structure, including personnel in the IDEA Part C Office, ADSD, and other units that contribute administratively or programmatically to the entire EI system, including activities that benefit Community Partners. This analysis therefore considered only costs limited to the state-facilitated services, including the costs of developmental specialists employed by the state, their supervisors, and professional staff contracted with the state as well as administrative functions and related operating costs that directly support the state-facilitated services. Specifically, this analysis considered:

- Fiscal year 2023 ADSD personnel, program support, and administrative costs directly benefitting ADSD's state-facilitated services.
- Reliable Health Care Services (Reliable) invoice data and staff rosters to calculate total wages, benefit costs, payroll taxes, travel-related expenses, and administrative expenses for Reliable's fiscal year 2023 contract. Reliable holds a statewide contract to provide personnel for nearly all state-facilitated EI services, excluding developmental specialists who are employed directly by ADSD.
- Fiscal year 2023 independent contractor invoices for specialists contracted directly by ADSD outside of the Reliable contract.

Figure 18 reports the total cost per member per month for state-facilitated services compared to the results of the Community Partner rate study.

Figure 18: Comparison of Cost Components Across EIS Programs (Per Child, Per Month)

Service Cost	State Facilitated	Community Partner Rate Model – Urban	Community Partner Rate Model – Rural/ Frontier
Therapists (OTs, PTs, and SLPs)	$620.64	$516.67	$665.91
Other Services and Program Support	$265.22	$158.98	$204.90
Administration	$194.19	$119.23	$153.67
Totals	**$1,080.05**	**$794.88**	**$1,024.48**

As the figure shows, the calculated cost of state-facilitated EIS programs are 36 percent higher than the rate model established for Community Partner services delivered in urban areas, but only about five percent higher than the rate model developed for the rural/ frontier region. However, most state-facilitated services are delivered in the more densely populated regions in the south and northwest which collectively comprise 96.1 percent of the October 2023 state-facilitated caseload. After

accounting for this mix of urban and rural cases, state-facilitated services in fiscal year 2023 are 35.8 percent higher than Community Partner-facilitated services. The cost difference is primarily attributed to higher program support and administrative costs in state-facilitated programs and lower caseloads among developmental specialists employed by state-facilitated programs. As detailed below, the rate model resulting from the 2022 rate study included wage assumptions for developmental specialists, physical therapists, and occupational therapists similar to the wages paid by state-facilitated programs today, but somewhat lower than the wages paid to speech language pathologist by state-facilitated programs.

Part I Conclusions and Recommendations

NEIS' system structure and the roles and responsibilities of key DHHS divisions should be clarified through formal written policies based on broad stakeholder input

The ECTA Center's *System Framework* provides recommended practices and attributes of high-quality EI systems designed to answer one question: "what does a state need to put into place in order to encourage/support/require local implementation of evidence-based practices that result in positive outcomes for young children with disabilities and their families?"[58] Within the ECTA Center's System Framework, several key attributes of a high-quality EI system are described, including:

- State staff or representatives use and promote strategies that facilitate clear communication and collaboration and build and maintain relationships between and among Part C stakeholders and partners.
- Lead agencies evaluate the structure of entities assigned for state, regional, and local implementation on an ongoing basis and revise as needed to ensure equitable delivery of services.
- There is an ongoing process for reviewing and revising, as necessary, the designation of roles and responsibilities.

As described previously, federal regulations provide states broad authority to design an EI system structure that best meets the needs of the children and families within the state and this evaluation does not recommend any specific changes to NEIS' organization. However, in keeping with the ECTA Center's recommendations, Nevada should review its operating structure to ensure it supports effective and efficient operations that create the conditions for high-quality EI services for the nearly 4,000 children enrolled in NEIS. Nevada's Community Partners surveyed as part of the evaluation reported confidence in leadership within the IDEA Part C Office and ADSD in their intentions and efforts to build a stronger EI system, specifically noting the high degree of responsiveness and technical assistance they receive from all DHHS divisions.

However, Community Partners also identified areas they feel should be addressed to improve coordination across DHHS divisions. Specifically, although there is some awareness among Community Partners of the general roles, responsibilities, and separation of duties of the IDEA Part C Office, ADSD (including its Children's Services office), ADSD's QA team, and ADSD's MA team, Community Partners do

not generally distinguish between supervision and monitoring activities imposed by different DHHS divisions. They reported sometimes receiving duplicate requests for the same type of information from different DHHS personnel, while also at times receiving conflicting guidance that may be difficult to resolve in the absence of a clear single line of authority. Some Community Partners also noted an observable lack of collaboration between DHHS divisions that they find to be a barrier to system improvement.

DHHS staff expressed similar concerns about the relative lack of clarity in key administrative and oversight responsibilities. For example, compliance reviews conducted by the IDEA Part C Office and reviews conducted by ADSD through its QA team share some areas of focus, but are distinct enough to necessitate improved written policies to fully address the objectives of these divisions and the scope of these reviews for each. Although the IDEA Part C Office maintains various agreements as described previously and has differentiated its roles and responsibilities from ADSD's within the IDEA Part C Manual, more recent efforts by the DHHS teams that support NEIS to document their roles and responsibilities yielded a connected but not particularly well-coordinated system where several key responsibilities were identified as overlapping.

Therefore, DHHS should re-evaluate the NEIS system structure, including the roles and responsibilities of each DHHS division or team supporting NEIS with respect to compliance monitoring, quality oversight, training and technical assistance, and similar administrative and oversight responsibilities shared by DHHS divisions and teams today. In doing so, DHHS should:

- Ensure roles and responsibilities are appropriately grouped when activities are similar. For example, the Part C Office and ADSD jointly provide compliance oversight of Community Partner programs through compliance and quality monitoring and contract oversight. Additionally, training and technical assistance activities are performed jointly by the Part C Office and ADSD and Community Partners reported sometimes receiving conflicting guidance. Given the importance of compliance monitoring, training, and technical assistance to supporting service quality, DHHS should identify opportunities to ensure such activities are not unnecessarily duplicated across operating units.
- Establish roles and responsibilities that are agreed upon by responsible administrators and DHHS staff, and clearly documented within written policies (such as the IDEA Part C Manual) or other written agreements shared across NEIS, including with Community Partners.

ADSD should ensure the regional service delivery structure and caseload distributions are optimized in providing children and families with provider choice

As described previously, Nevada is one of a small number of states that have state-facilitated early intervention programs. One state that also administers a state-facilitated program noted a key benefit of directly facilitating service is that they have a first-hand understanding of the rules and requirements imposed on contracted providers. The ADSD-administered program is the only option in the rural/frontier region and is the primary provider in the northwest region. However, some Community Partners interviewed as part of the evaluation expressed a willingness to expand services to rural parts

of the state, though they would require additional information about potential caseloads and related factors to adequately analyze a potential expansion.

Outside of the rural/frontier region, families have multiple options. The ADSD-administered program is the primary provider in the northwest region, but there are also three contracted Community Partners serving this area. In the south region, there is an ADSD-administered program serving more than 40 percent of enrolled children as well as four contracted Community Partners. In other states reviewed as part of this evaluation, there are typically one or two contractors serving a given geographic region.

Therefore, ADSD should evaluate the extent to which the existing provider network structure is optimal, including whether to continue administering programs directly and whether to maintain the number of contractors. Such an evaluation should consider the benefits and tradeoffs between providers' financial stability (that is, a larger number of providers results in lower organizational caseloads and consequently smaller budgets), family choice (for example, offering options to families given them an opportunity to find a provider that best meets their needs), the need for quality control and service monitoring, and if changes may facilitate efficiencies or broaden access and provider choice in regions served by only one provider type today.

ADSD should explore options to increase funding from other sources to supplement state funds

State and local funds account for more than half of NEIS' spending while the federal Part C grant provides only 10 to 12 percent of the program's funding. To support the growing demand for services and ensure long-term program sustainability, the state should consider opportunities to increase funding from other sources, including:

- Adopting a family cost participation policy in which families contribute to the cost of the services received by their child. Family cost participation should only apply to higher-income families. For example, some states with family cost participation policies exempt families earning less than 250 or 300 percent of the federal poverty level. Although most states with family cost participation policies charge families a percentage of the cost of services (usually on a sliding scale), Nevada should consider a fixed amount (or amounts on a sliding scale) because providers are paid a fixed monthly amount that is not tied to the specific services an individual child receives. Key policy considerations would include whether ADSD or the early intervention program serving the family would be responsible for collections and how to address non-payment.
- Requiring families to provide permission to bill any other insurance plan that the child has. Such a policy should be crafted to protect families from negative consequences due to lifetime benefit limits and increased out-of-pocket expenses due to deductibles or copayments. Families that do not cooperate with this requirement would be responsible for paying the entire cost of services (based on the monthly case rate for Community Partners).
- Evaluating options for maximizing use of Medicaid dollars for service delivery. As noted above, Medicaid accounts for only 9.1 percent of NEIS funding compared to a national average of 16.8 percent. The change in Community Partners' contracts that increases accountability for billing

other responsible payers, including Medicaid, may increase Medicaid payments. If, however, Medicaid collections continue to lag the national average, a thorough analysis should be undertaken to determine whether there are any structural barriers to seeking Medicaid reimbursement.

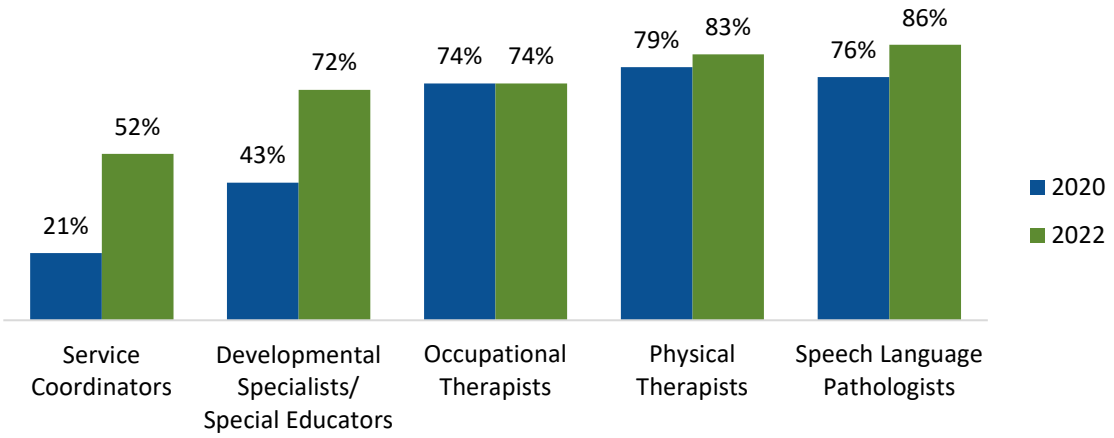
Part II: Workforce Recruitment and Retention

"With all the attention recently to the teacher and child care worker shortages in communities across America, the sector facing the most severe crisis has received comparatively little notice from policy makers, the media or the general public: those providing critical early intervention therapies for children under age 3 with developmental delays."[59]

The delivery of high quality and accessible early intervention services require a skilled workforce of developmental specialists, therapists, audiologists, psychologists, and other practitioners. EI programs nationally often struggle to compete for qualified personnel who may be offered some combination of higher pay, lower caseloads, a more stable day-to-day work location, and virtual work options. These challenges were illustrated in a recent national survey of Part C programs, in which state Part C coordinators reported difficulties in competing for personnel with private sector and public school systems that may provide salaried or contract positions, as well as challenges presented by travel demands.[60]

According to ITCA, all states in 2022 reported staff shortages among one or more key EI personnel category, as illustrated in Figure 19.[61]

Figure 19: Proportion of States Reporting Staffing Shortages by EI Personnel Type



As the chart indicates, about three-quarters of states reported therapist shortages in 2020, while comparatively fewer states reported shortages among service coordinators and developmental specialists (21 percent and 43 percent, respectively). However, by 2022, reported shortages grew to 52 percent for service coordinators and 72 percent for developmental specialists.

At the time of the evaluation, Nevada was experiencing many of the same struggles as EI programs nationally. A 2022 study published by the Nevada Health Workforce Research Center cited pervasive

workforce shortages in "medicine, nursing, behavioral health, public health, and many other health professions" amid increased competition for the same healthcare workforce, an aging population, and a geographic maldistribution of health professionals across the state.[62] Against this backdrop, Nevada's EI system is like most EI systems across the country in struggling to build a workforce sufficiently sized and experienced to meet the needs of children receiving early intervention services. For example, according to a recent report issued by the U.S. Government Accountability Office (GAO), 46 out of 50 states reported a lack of qualified service providers among the top three challenges confronting their EI systems in 2023.[63] Community Partners in Nevada reported turnover rates as high as 100 percent among their EI personnel, citing low pay and high caseloads as the top two causes of turnover. As "most of the challenges and inequities in the (EI) system connect back to workforce issues," NEIS' workforce development and support strategies are critical.[64]

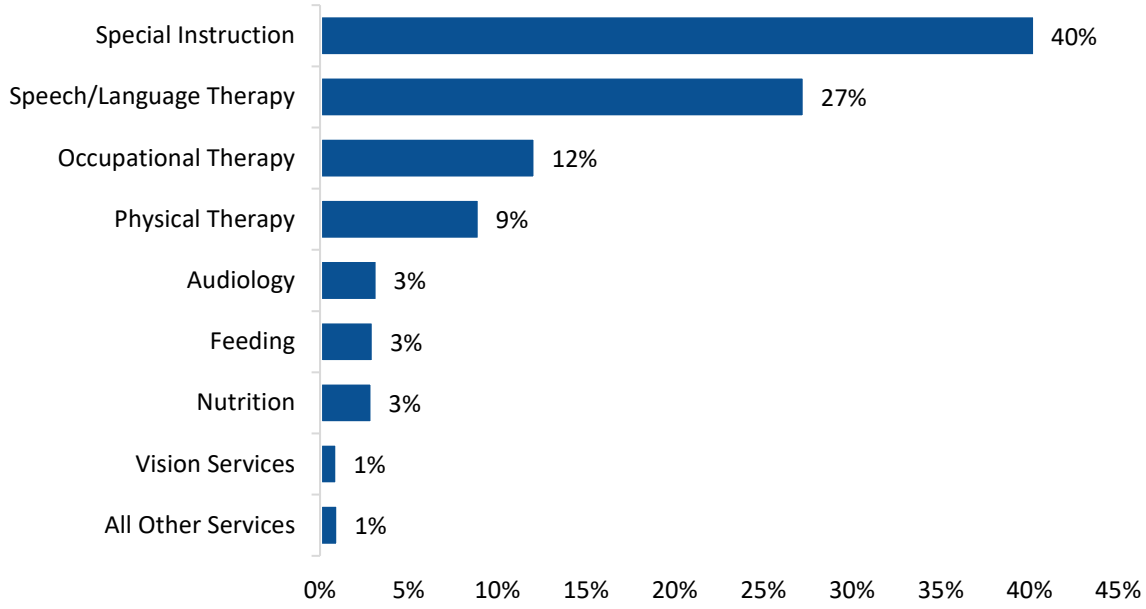
Representatives from several public agencies that partner with NEIS were interviewed as part of this evaluation and agreed with the scope and nature of challenges facing the NEIS workforce today. Representatives cited high turnover among EI professionals, limited service authorization levels, and long wait times as challenges experienced by families receiving services.

This section describes the NEIS workforce, evaluates challenges associated with developmental specialists and therapists (although it is recognized that providers also face issues in staffing other services such as audiologists and vision specialists), and discusses NEIS' comprehensive system of personnel development.

Nevada's Early Intervention Workforce

As highlighted earlier in Figure 1, Part C covers a broad array of services. However, four services – special instruction (delivered by developmental specialists), speech/ language therapy, occupational therapy, and physical therapy – accounted for almost 90 percent of all IFSP authorized service hours for IFSPs active as of July 2023, as illustrated in Figure 20.

Figure 20: Distribution of IFSP Authorized Time by Service (July 2023 IFSPs)



As described in greater detail in Part I, Nevada's EI supports are delivered by staff through one of the following models:

- Employed or contracted by Community Partners
- Employed or contracted directly with ADSD, primarily including developmental specialists serving state-facilitated programs, but also including a small number of other specialists such as speech language pathologists, registered dieticians, a senior physician, and licensed psychologists
- Employed by Reliable Healthcare Services through a statewide contract that provides the majority of licensed specialists (excluding developmental specialists) for state-facilitated programs

Differences in operating structures and budgeting approaches have led to pay differences between staff across Community Partner and state-facilitated programs. However, the July 2023 rate increase for Community Partners should moderate these differences and positively impact recruitment and retention.

Developmental Specialists

Special instruction services in Nevada are delivered by developmental specialists and represent 40 percent of authorized IFSP service hours in Nevada. Special instruction services include:[65]

- Designing learning environments and activities that promote the child's acquisition of skills
- Curriculum planning and preparation of training materials and environments

- Providing families with information and training to enhance skill development of their child
- Working directly with the child to enhance their development

Federal regulations do not prescribe the qualifications for developmental specialists, but rather define qualified EI personnel to include those "who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services."[66] Developmental specialists in Nevada are required to have a bachelor's degree in early childhood, special education, psychology, social work, or a closely related field and one year of experience in providing EI services in a paraprofessional capacity.

Upon hire as a developmental specialist, individuals are required to complete an Early Childhood – Developmentally Delayed endorsement within three years. This requirement is supported by a long-standing cooperative agreement with the Nevada Department of Education.[67] The statutory authority underlying the cooperative agreement is based on Nevada regulations that require teachers instructing children under eight years old who have disabilities or developmental delays to complete 18 semester hours in topics that include foundations of early childhood special education, assessment of children who have disabilities under eight years old, and working with families of children who have disabilities.

Amongst the seven benchmark states, there is some variability in the qualification requirements for staff providing special instruction:

- In **Arizona**, *developmental special instructionists* must hold a bachelor's degree in early childhood or a closely related field and complete the knowledge components of the Standards of Practice within Arizona within three years of hire.[68] While a master's degree is not required, a higher rate is paid for services provided by developmental special instructionists with a master's degree in early childhood or a closely related field.
- **California's** 21 regional EIS programs have been given authority to determine personnel qualification requirements for individuals delivering special instruction. However, the state's ICC published recommended personnel standards that include two qualification levels.[69] *Early intervention assistants* are paraprofessionals who assist early intervention specialists in carrying out their duties. They must have an associate's degree and a California Community College Early Intervention Assistant Certificate, or an associate's degree in Child Development and the equivalent of 12 credit hours toward the California Child Development permit and coursework that meet general EI competencies (including supervised fieldwork in early intervention). *Early intervention specialists* must hold a bachelor's degree in early childhood or a closely related field.
- In **Colorado**, special instruction services are delivered by *developmental interventionists* who have a qualifying bachelor's degree and an endorsement in either Early Childhood Education or Early Childhood Special Education from the Colorado Department of Education.[70] A waiver to the requirement is in place for individuals with master's degrees in Early Childhood Special Education.[71] Colorado's personnel standards also permit other appropriately licensed

professionals to deliver special instruction, including OT, PTs, SLPs, infant mental health specialists, board certified behavior analysts, and others.[72]

- **Georgia** employs a tiered rate structure for special instruction that emphasizes a career pathway.[73] *Early intervention assistants* must have a Child Development Associates (CDA) certificate, a technical certificate of credit in Early Childhood Exceptionalities, or an associate's degree in a related field. Early intervention assistants receive supervision from early intervention specialists. *Early interventionists* may provide services under the direct supervision of early intervention specialists and must have a bachelor's degree, have two years of experience in serving children or families, and complete competency training or pass the PRAXIS II exam within six months of hire. *Early intervention specialists* must have a master's degree in early childhood or a closely related field, have two years of experience serving families and children, and complete competency training or pass the PRAXIS II exam within six months of hire.
- **New Mexico** provides four levels of certification for individuals authorized to deliver special instruction services based on educational milestones:[74] *Developmental specialist I basic* requires a high school diploma or GED, and a certificate reflecting 45 hours of entry level coursework in EI or a statement of when such coursework will be completed. *Developmental specialist I advanced* requires an associate's degree in early childhood or a related field. *Developmental specialist II* requires a bachelor's degree in early childhood. *Developmental specialist III* requires a master's degree in early childhood.
- **Oregon's** personnel standards provide a tiered qualification framework for individuals delivering special instruction.[75] *Early intervention assistants* must have a high school diploma or equivalent as well as experience working with young children.[76] *Early intervention specialists* must have a bachelor's degree in early childhood or a closely related field and hold an Oregon Teacher Standards and Practices Commission (TSPC) license or endorsement in early intervention and early childhood special education or a closely related field. *Early intervention specialist supervisors* must have a master's degree in early childhood or a related field and obtain a TSPC administrative endorsement within 12 months of employment.
- In **Utah**, all individuals who provide direct services or serve as program directors or support coordinators are required to obtain the *early intervention specialist* credential, which is a training certificate that signifies completion of Baby Watch's Early Intervention Specialist training program. The training needed to complete the early intervention specialist credential is free to EI personnel in Utah. Individuals delivering special instruction must hold a bachelor's degree in a field of study closely related to early intervention.[77] The credential must be renewed every five years, at which time individuals holding the credential must have completed 75 professional development hours.[78]

As described above, some states minimally require a bachelor's degree to deliver special instruction services, while other states (like California, Georgia, New Mexico, and Oregon) more clearly promote a

career pathway for individuals delivering special instruction by supporting individuals who may not have a bachelor's degree.

In comparison, Nevada's IDEA Part C Manual does not provide a clear career pathway for developmental specialists who do not yet have a bachelor's degree. According to the IDEA Part C Office, the public service intern position referenced in the IDEA Part C Manual at the time of the evaluation could be utilized to support an individual delivering special instruction under the supervision of a qualified developmental specialist. However, the IDEA Part C Manual does not specify the allowed scope of services for these positions.

Similarly, the IDEA Part C Manual includes a behavioral aide/ teacher's assistant position with a scope of responsibility that includes assisting "in accomplishing educational objectives by: providing instructional assistance on a one-to-one basis or in a specific setting, including individual interaction, practicing skills, etc." While this description more clearly aligns with the duties of developmental specialists, it lacks clarity in the broader responsibilities allowed in delivering special instruction or the requirements for supervising these positions.

Nevada's endorsement requirement is similar to some states in the benchmark study, but may differ in the rigor of the endorsement curriculum and fieldwork requirements as well as in the timeframes it allows individuals to obtain the endorsement or certification. Nevada's endorsement requires 18 additional college credit hours that would likely require at least one year to complete, and likely longer for staff working full-time. In comparison, Utah also requires a credential, but it is attainable within six months, while individuals delivering special instruction in California, Georgia, and New Mexico are not subject to an endorsement requirement. According to the IDEA Part C Office, individuals with a qualifying master's degree in early childhood or a related field are exempt from the endorsement requirement. At the time of this evaluation, however, this allowance was not documented in the IDEA Part C Manual and so may not be broadly understood by the EIS programs.

Further, some states tie provider reimbursement for special instruction to the qualification of the development specialist. This approach recognizes the higher costs associated with employing more highly-qualified staff while also supporting a career ladder that enables individuals to begin delivering services before they have completed their bachelor's degree, building a workforce of qualified staff at an earlier stage in their careers.

As described previously in Part I, Nevada has both state-facilitated early intervention programs and contracted Community Partners delivering services. Differences in how these programs are funded appears to have created disparities in pay and potentially caseloads among developmental specialists employed in each type of program.

State-facilitated programs directly employ developmental specialists. The state's Division of Human Resources Management (DHRM) has established four developmental specialist classification levels, ranging from the Developmental Specialist I who acts in a trainee capacity to Developmental Specialist IV who supervises and directs the activities of all lower-level developmental specialists.[79] Compensation and benefits for developmental specialists in state-facilitated programs reflect the state-approved salary

schedule and the benefits offered to all state employees so, as state employee wages and benefits are periodically updated, the budgets for state-facilitated programs are adjusted accordingly.

In comparison, Community Partners budget based on the approved monthly case rate they receive from ADSD. Although this payment rate was evaluated in 2022 and the recommended increase was implemented in July 2023, the prior case rate had been in place for more than a decade, limiting providers' abilities to increase the wages of developmental specialists and other staff.

DHHS payroll records show that, in 2023, developmental specialists employed by state-facilitated programs earned an average of $30.54 per hour, or about $63,500 annually. In comparison, survey data from Community Partners revealed they paid their developmental specialists an average of $22.97 per hour in 2023, or about $47,800 per year, 25 percent less than developmental specialists employed in state-facilitated programs. The rate models resulting from the 2022 rate study assumed an average hourly wage for developmental specialists of $32.02, which would bring wages in-line with those paid by state-facilitated programs. However, at the time of the evaluation, the new rate had not been in effect long enough to measure the impact on staff wages.

Developmental specialists in state-facilitated EIS programs both provide special instruction and act as service coordinators, serving as the single point of contact for families in obtaining services they need.[80] Given this dual role, developmental specialists in state-facilitated programs are budgeted to carry a caseload of 19 children, a standard based on previous caseload standards that were lower for developmental specialists working in rural areas and somewhat higher for developmental specialists in urban areas. [81]

In comparison, developmental specialists employed by Community Partners managed caseloads averaging 32 children in the south region and 25 children in the northwest region. The difference in development specialist caseloads in state-facilitated programs and Community Partners could be influenced by service models in which there are separate staff in developmental specialist and service coordination roles (that is, if developmental specialists are not responsible for service coordination, they could manage larger caseloads). However, only one Community Partner reported a separate service coordinator job title within the provider survey administered as part of the rate study. The rate models resulting from the rate study assume average caseloads of 30 children per developmental specialist in urban areas.

The lower wages and higher caseloads experienced by developmental specialists working for Community Partners could contribute to high turnover rates amongst these staff. Community Partners reported average developmental specialist turnover rates of 95.5 percent in the 2023 provider survey, compared to 30.9 percent just one year earlier as part of the 2022 provider survey. In comparison, state-employed developmental specialists had turnover rates of 44.8 percent in 2022 and 38.8 percent in 2023, less than half the turnover rate for Community Partners.

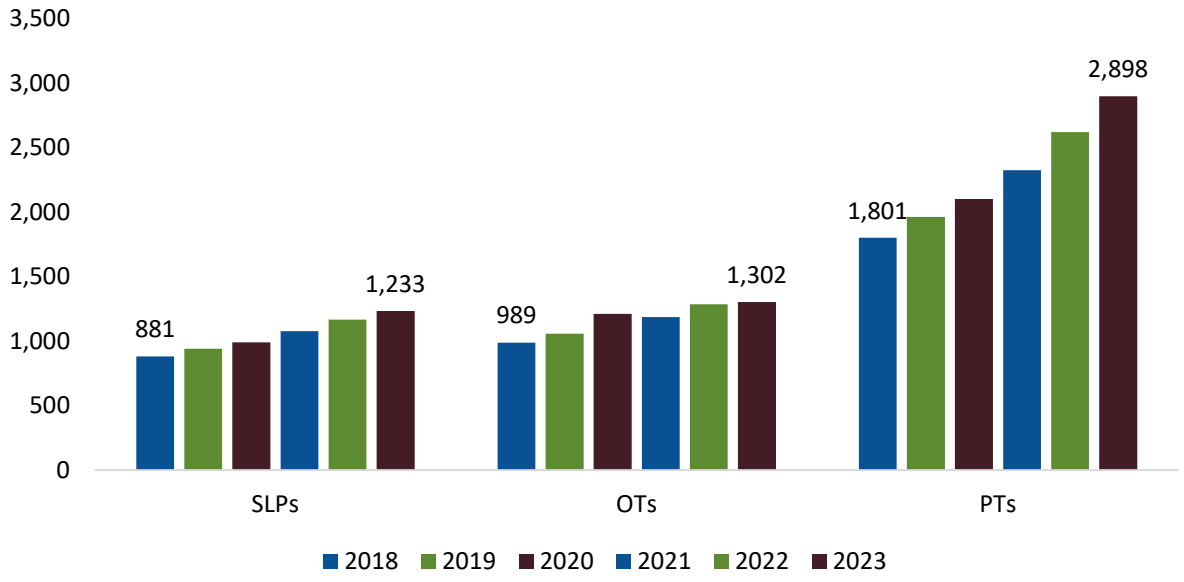
Community Partners participating in the 2023 provider survey cited low wages and high caseloads as the first and second drivers of turnover for developmental specialists in fiscal year 2023. Similarly, developmental specialists who left state employment in fiscal year 2023 most frequently cited finding a

higher paying job as their reasons for leaving. One Community Partner also cited the cost of the endorsement needed to continue working as a developmental specialist as a primary reason for turnover. Some Community Partners reported losing staff to state-facilitated programs and believe more should be done to ensure individuals are not disincentivized in their employment with Community Partners in favor of state employment.

Therapists

Speech language pathologists (SLPs), occupational therapists (OTs), and physical therapists (PTs) collectively deliver close to half of all IFSP authorized services (as previously reported in Figure 20), with SLPs delivering the majority of approved therapy hours. Figure 21 demonstrates steady growth in the total number of active SLP, OT, and PT licenses in Nevada between 2018 and 2023.[82]

Figure 21: Number of Active Licenses in Nevada by Therapy Type, 2018 - 2023



Despite the increases in licensed therapists across the state, all EIS programs reported staffing shortages and significant challenges in recruiting and retaining therapists. Some Community Partners specifically cited challenges in their ability to compete with private clinics that may offer higher wages, an office-based environment that does not require travel between appointments as EI services do, and more telework opportunities.

As with developmental specialists, therapist wages differed significantly between state-facilitated programs and Community Partners, as illustrated in Figure 22.

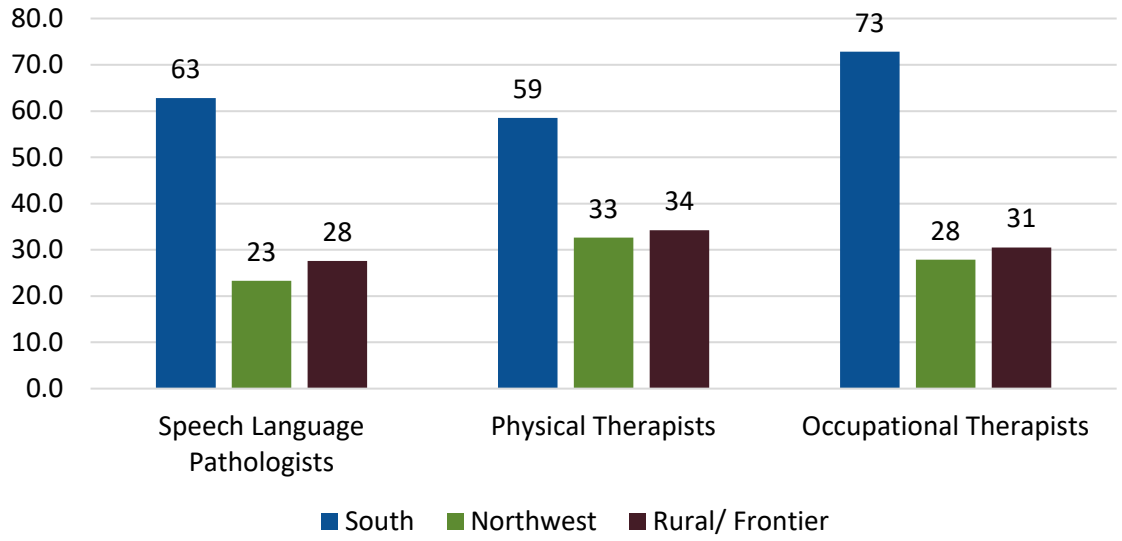
Figure 22: Average Therapist Wage Comparisons

	Comm. Partners		State-Facilitated (Reliable)			
	Rate Model	2023 Survey	Statewide	South Region	Rural/ Frontier Region	Northwest Region
Sp. Language Pathologists	$44.06	$46.12	$55.73	$51.82	$57.60	$53.87
Physical Therapists	$54.88	$41.65	$56.80	$56.98	$56.00	$55.78
Occupational Therapists	$58.07	$42.36	$56.18	$54.94	$56.63	$55.86

As the table shows, the wages paid by Reliable are significantly higher than those reported by Community Partners. The wage assumptions in the rate model implemented in July 2023 are based on Nevada-specific wage data published by the Bureau of Labor Statistics. For OTs and PTs, these wage assumptions are very close to the actual wages paid by Reliable, indicating that Reliable generally pays competitive wages.

Among therapists serving state-facilitated EIS programs in state fiscal year 2023, caseloads varied widely by NEIS region. Figure 23 illustrates actual caseload variations on an FTE-basis across regions.

Figure 23: State-Facilitated Therapist Caseload Averages Across Regions in Fiscal Year 2023 on an FTE-Basis



As the figure shows, therapist caseloads in the south region in fiscal year 2023 were generally about double the caseloads in the northwest and rural/ frontier regions. Caseloads among therapists in the northwest and rural/ frontier regions were similar despite more total cases and greater population density in the northwest region. This may be attributed to the relatively higher levels of services delivered to children in the northwest region compared to both the south and rural/ frontier regions.

For example, children in the northwest region were authorized to receive an average of 60 minutes of SLP services per month (based on IFSPs active as of July 2023) compared to 41 minutes in the south region and 28 minutes in the rural/ frontier region (see Figure 42 for additional information).

Community Partners participating in the Community Partner Survey administered as part of this evaluation reported median caseloads of 56 for SLPs, 63 for OTs, and 31 for PTs, representing caseload averages that were more aligned with the south region for SLPs and OTs, and with the northwest and rural/ frontier regions for PTs.

An alternative approach to comparing caseload averages across EIS programs is to consider staffing levels that represent the number of therapists needed per child within the NEIS caseload, regardless of whether a child receives a particular therapy service. This approach aligns with the Community Partner rate model, which (for example) funds one SLP for every 80 children in urban areas and one SLP for every 64 children in rural areas. Figure 24 compares the staffing levels assumed for each therapist type within the Community Partner rate model to the staffing levels calculated from monthly caseload reports for state-facilitated programs.

Fig. 24: Comparison of Staffing Levels (Number of Children per Therapist) Assumed in the Community Partner Rate Model and Calculated from State-Facilitated Monthly Caseload Tracking Reports

Therapist Type	Comm. Partner Rate Model (Urban)	State-Facilitated
Speech Language Pathologists	80	62
Physical Therapists	160	169
Occupational Therapists	120	146

As the figure shows, Community Partner and state-facilitated programs are roughly aligned in their PT staffing levels, while state-facilitated programs have somewhat lower staffing levels for OTs (that is, more children per OT) and somewhat higher staffing levels for SLPs.

Community Partners reported therapist turnover rates notably higher than rates measured for therapists employed through Reliable. In 2023, Community Partners reported average turnover rates of 25 percent for PTs, 75 percent for OTs, and 55 percent for SLPs compared to the 28 percent turnover rate for therapists they reported in 2022. In comparison, Reliable staffing records indicate that occupational therapists and speech language pathologists had turnover rates of 21 percent and 17 percent, respectively, and no turnover among physical therapists.

Community Partners report that a combination of large caseloads, low pay, and emotional burnout contribute to high turnover rates among therapists. They stated it has been increasingly difficult to compete with other employers that offer higher pay and the ability to work in an office or clinical setting, or from home providing virtual care, rather than commuting between families' homes. One

Community Partner reported paying an enhanced wage to therapists working in areas where some staff did not feel comfortable delivering services.

While it is too early to fully measure the impact of the July 2023 rate increase because providers have not fully estimated the effect on their revenues, increasing the wages of the staff providing direct services was a key goal of the rate study.

The Comprehensive System of Personnel Development

Federal Part C regulations require states to establish a comprehensive system of personnel development that includes strategies for establishing and maintaining EI personnel qualification standards and for training EI personnel in pre- and in-service requirements.[83] According to the Early Childhood Technical Assistance Center, an effective CSPD is the "primary mechanism by which the state ensures that infants, toddlers, and young children with disabilities and their families, are provided services by knowledgeable, skilled, competent, and highly qualified personnel, and that sufficient numbers of these personnel are available in the state to meet service needs" while acting as a central forum for developing strategies for recruitment and retention.[84]

Federal regulations provide only a high-level framework outlining the general factors to address within a state's CSPD. Within ECTA's System Framework, states with high quality CSPDs are characterized as having written, multi-year CSPDs. Some states, like Arizona, have developed comprehensive written recruitment and retention plans for the state's early intervention programs to use as a guide and resource in building and developing their workforces.[85] For example, Arizona's Recruitment & Retention guide incorporates recruitment tips and strategies, sample interview questions, resources for accessing scholarships for early care educators in the state, and other factors, while focusing more broadly on recruitment and retention for both Part C and Part B. [86]

The national Early Childhood Personnel Center (ECPC) cites the following characteristics of sound CSPDs:[87]

- Adopting policies and procedures to annually review EI personnel standards to ensure such standards are based on core knowledge and skills needed for working with young children and their families while reflecting state needs and evidence-based practices
- Recruitment and retention strategies are based on data, current research, and stakeholder input, and employ targeted and discipline-specific strategies that are monitored when implemented to measure effectiveness
- Supports an online recruitment system
- Links personnel data to child and family outcomes

Additionally, the ECPC recommends various strategies for recruitment and retention, including the development of "a career pipeline for EI/ECSE/SPEC teachers and providers beginning in high school to community college to university."[88]

Nevada does not have a formal written CSPD. Instead, the state's CSPD is carried out by the IDEA Part C Office in collaboration with ADSD, Community Partners, Reliable, and other system stakeholders, and is composed of a variety of activities related to recruitment, training, and support of EI personnel, including:

- Participating in technical assistance and receiving coaching from ECTA, including up-to-date and national best practice information
- As funding is available, sponsoring professional development opportunities as it did in September 2022 by paying for 30 EI professionals to attend a national conference
- Delivering trainings to EIS programs about matters related to the equitable delivery of EI services, evidence-based practices, family engagement, data collection, and other regulatory topics
- Offering technical assistance to EIS programs for recruiting qualified individuals, including providing resume reviews if requested
- Providing technical assistance formally through monthly calls in which a variety of service-related matters are discussed in an open forum
- Receiving guidance from the ICC in workforce development strategies and training needs

A recent major CSPD initiative in Nevada arose from a significant staffing shortage of developmental specialists following the COVID-19 pandemic. As discussed earlier in this section, developmental specialists are required to obtain an endorsement for special education within three years of hire by an EI program. Historically, most developmental specialists sought endorsement through an accredited university curriculum at their own expense, placing a financial strain on these staff.

In response, the IDEA Part C Office, in collaboration with NEIS stakeholders, developed the Nevada Early Intervention Professional Development Center which is designed to support recruitment and retention initiatives for EI personnel across the State. The 2023-2024 Professional Development Program Catalog was the first initiative to be implemented as part of this new effort. The catalog details the alternative pathway to developmental specialist endorsement at no cost to developmental specialists.[89] The catalogue includes information regarding no cost access to textbooks, webinars, flexible distance learning and work release time at the discretion of an EIS program's management, and access to professional academic research platforms. Additionally, the program is designed to emphasize providing early intervention to children under three-years old compared to university-based curriculum which primarily focuses on the special education needs of children from three to eight years old according to stakeholders interviewed during the evaluation.

The program was initially funded by DHHS through federal American Rescue Plan Act (ARPA) grant funds, while funding to continue supporting the program is not yet determined. The effort was coordinated across the IDEA Part C Office, ADSD, and the ICC, and included direct input from developmental specialists, Community Partners, national and statewide technical assistance organizations, and other stakeholders. Community Partners surveyed as part of this evaluation pointed

to the program as a positive tool for attracting and retaining developmental specialists. Twenty developmental specialists in the first cohort graduated in April 2024. The second cohort began in August 2023 with 27 developmental specialists expected to graduate in September 2024. The third cohort will begin in March 2024 with 20 developmental specialists with an expected graduation in April 2025.

Part II Conclusions and Evaluation Recommendations

The IDEA Part C Office should develop and document a written CSPD that is informed by and accessible to NEIS stakeholders and system partners

A 2022 study published by the Nevada Health Workforce Research Center identified a number of strategies for building the state's healthcare workforce generally, including: [90]

- ***"Grow your own":*** adopt strategies such as providing loan repayment and forgiveness programs, creating scholarship programs, and creating and supporting innovative higher education partnerships and programs
- ***"Stretch the existing workforce":*** expand team-based models of care; increase utilization of non-physician clinicians practicing at the top of their scope of practice to improve efficiency and effectiveness of care; and address a wide range of work environment issues, including salary, benefits, childcare, career ladders
- ***"Beg, steal, borrow or barter":*** ensure licensure compacts and reciprocity laws favor migration to Nevada, support J-1 visa waiver programs, and reengage inactive licensees and recent retirees

NEIS system partners within DHHS are aware of and continuously respond to workforce shortages through strategies such as the recent implementation of the 2023-2024 Professional Development Catalog that provides a cost-free pathway to endorsement for developmental specialists (a *grow your own* strategy). Additionally, the July 2023 rate increase was intended to support, among other goals, the ability of Community Partners to offer competitive wages and benefits (a *beg, steal, borrow or barter* strategy in the sense that the rate increase may allow Community Partners to recruit EI practitioners from other programs). However, more can be done to comprehensively document and strategize solutions within a comprehensive, stakeholder-informed, written CSPD plan that reflects current and long-term recruitment and retention strategies unique to each EI professional.

As stated previously, although a CSPD framework within NEIS exists that considers multiple strategies, there is not a unified written plan as recommended by national EI authorities. Given the emphasis these national organizations place on CSPDs as the primary tool states should rely upon in building a qualified and sufficiently sized workforce, the IDEA Part C Office should begin developing a written CSPD and may look to states like Arizona for ideas on what major subjects should be addressed. The plan should consider the current challenges presented in this section and throughout the report, while including provisions for continuously reassessing those challenges as the labor market changes in the coming years.

The IDEA Part C Office should consider all available options for stretching the EI workforce by reviewing personnel standards to ensure they are responsive to the changing labor market and growing service population in Nevada

At the time of the evaluation, NEIS' personnel standards were documented within the IDEA Part C Manual, which had not been revised since 2014. However, as described previously, Community Partners reported turnover rates as high as 100 percent for developmental specialists in 2023. Recognizing the significant staffing challenges faced by NEIS today, the IDEA Part C Office should reevaluate its personnel requirements generally, but especially for developmental specialists.

As reported previously, other benchmark states have less rigorous requirements for individuals delivering special instruction services, and several benchmark states have implemented clearly-documented tiered qualification requirements for different levels of special instruction, creating a career pathway that may begin with a paraprofessional level of training (such as an individual with an associate's degree in an early childhood focused curriculum) who are supervised by higher-qualified individuals with more experience. As referenced previously, the IDEA Part C Manual includes provisions for paraprofessionals who have not yet obtained a college degree to assist in the delivery of EI services, though the scope of their allowed job duties is not detailed.

The IDEA Part C Office should therefore consider revising its personnel standards with a particular focus on the benefits and drawbacks of establishing a career pathway for developmental specialists, including use of qualified paraprofessionals working under the supervision of higher qualified developmental specialists. At a minimum, the IDEA Part C Office should revise the IDEA Part C Manual to specify exceptions to documented qualification requirements. For example, according to the IDEA Part C Office, endorsement requirements may be waived for individuals with a qualifying master's degree in early childhood education or a closely related field. However, this allowance is not documented within the personnel standards of the IDEA Part C Manual and, consequently, may not be a widely known.

Additionally, the IDEA Part C Office should work with system partners to clarify allowances and personnel rules to describe the use of occupational therapy assistants and physical therapy assistants, which would both expand the pool of potential staff and lower provider costs. In doing so, the IDEA Part C Office should consider the specific allowable roles and responsibilities of these staff and the level and nature of supervision needed to support high-quality service delivery while ensuring compliance with licensing rules.

ADSD and the IDEA Part C Office should adopt formal strategies to continuously monitor the health of the NEIS workforce

ADSD and the IDEA Part C Office should collaborate to adopt policies and procedures for more routinely monitoring the health of the EI provider workforce through tools like annual (or other periodic) surveys of Community Partners. Such surveys could include standard questions about average wage levels, benefits provided, turnover rates, average caseloads, and similar factors that provide information about the health of the provider workforce. In the short-term, this data collection would be used to determine whether Community Partners increase their staff's wages given the July 2023 rate increase.

Further, providers can only pay the wages that their payments permit so stagnant rates will produce stagnant wages. Data collected from workforce surveys recommended above may be used as early indicators of the need to reevaluate Community Partner rates in the future (for example, if wage levels begin to fall or turnover rates continue to increase in comparison to state-facilitated EIS program staff).

Data from Community Partner surveys should be coupled with data collection from DHHS payroll records and Reliable employment data in order to monitor disparities in wages or benefits across provider types to inform workforce planning and recruitment strategies.

Finally, the state should seek to gain insights directly from staff providing services. For example, NEIS could develop an online survey to collect information about job satisfaction and concerns. In addition to asking their own staff to complete the survey, ADSD would request that Reliable and the contracted Community Partners similarly encourage their staff to participate.

DHHS partners can consider workforce retention and recruitment strategies that other states have adopted or reported as being effective

A recent article issued by the Hechinger Report identified several opportunities to address the national EI staffing shortage, including expanding mentoring opportunities and apprenticeships that create pipelines from related fields (such as teaching assistant roles), offering perks like loan repayment assistance programs, and building more culturally relevant training and curriculum using research and literature from a more diverse array of scholars and EI practitioners.[91] Building on this article and approaches adopted by other states to support their early intervention workforces, Nevada could additionally consider other strategies as part of its future CSPD and workforce planning such as:

- Sponsorship of a statewide website where job postings for EI positions are included on behalf of Community Partners and state-facilitated programs[92]
- Participation in job fairs (and similar events, such as national professional conferences) to promote employment within NEIS[93]
- Development of a student loan repayment assistance program similar to other existing initiatives in Nevada. For example, the Nevada State Office of Rural Health through the Nevada Health Service Corps has a loan repayment program for physicians and other healthcare professionals to "encourage health practitioners to practice in areas of Nevada in which a shortage of that type of practitioner exists".[94]
- Exploration of additional partnerships with high schools, community colleges, and universities in the state to promote the EI profession. For example, one respondent to ITCA's 2022 Tipping Points survey indicated that their EI program staff attend job recruitment fairs and have "more than 20 letters of collaboration with colleges and universities in the state to support student awareness and the requirements for and jobs in early intervention"[95] while another state was offering scholarships for some disciplines.

Part III: Service Quality and Accessibility Outcomes

"The science is clear that the first years of children's lives set the foundation for their healthy development. A young child's race, gender, location, language, and ability should not determine their access to needed services, experiences, and outcomes."[96]

Federal regulations require states to develop a coordinated early intervention system that enhances its overall capacity to provide quality early intervention services and expands and improves upon existing EI services for all eligible children.[97] NEIS is supported by an integrated system of EIS programs and professionals, state and Community Partner program administrators and support staff, DHHS divisions (including the IDEA Part C Office and ADSD), the ICC, and other system stakeholders that plan and implement IDEA Part C on behalf of the thousands of children and families receiving services. These partnerships are designed to ensure NEIS services are available throughout the state.

In recent years, NEIS and EI programs across the country have experienced provider closures, staffing shortages, increasing service costs, and rising caseloads.[98] Amid these challenges, federal agencies like OSEP and national EI advocacy organizations continually emphasize the importance of ensuring EI is equitable and accessible to all children, requiring states to evaluate existing EI practices to expand service rolls for all eligible children. For example:

- The U.S. Department of Health and Human Services and the U.S. Department of Education issued a November 2023 *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs* calling for states to "make explicit plans to meet the needs of underserved children and families that affirm the diversity of their experiences; consider the specific intersections of poverty, race and ethnicity, language, and disability; promote belonging; and support their ability to navigate the systems that serve their children."[99]
- OSEP's Differentiated Monitoring and Support reviews, which NEIS was undergoing at the time of the evaluation, emphasize the importance of general supervision in "improving educational results and functional outcomes for all children with disabilities"[100]
- The ECTA Center issued a 2023 fact sheet about advancing race-based equity initiatives in EI and preschool special education, stating that "evidence shows racial disparities in developmental screening and early intervention referral and identification with these disparities (is) getting larger over time."[101]

This section evaluates recent State Performance Plan/ Annual Performance Report (SPP/APR) results in comparison to national averages to provide context about key quality and access-related measurements. Additionally, various quantitative analyses and service outcomes are described in relation to major elements of the EI case cycle, including referrals, eligibility determinations, IFSP authorizations, and transition-related activities. As available, outcomes and analyses for each part of the case cycle are presented by key demographic characteristics of children, including race and ethnicity, language spoken at home, and the region in which a child resides and receives EI services. This section also evaluates differences in outcomes along the case cycle based on provider type.

Statewide Annual Performance Report Outcomes

Federal regulations require states to continuously track, measure, and publicly report key service outcomes as part of their State Performance Plan/ Annual Performance Report(APR).[102] States annually submit the APR to OSEP. As part of its review, OSEP may find that system performance meets the requirements and purpose of IDEA Part C or it may impose interventions and supervision to improve performance.[103]

Service outcomes reported in the APR are influenced by interrelated factors that must be considered when assessing system performance. For example, Nevada's eligibility standards are among the most stringent in the country. ITCA established a classification structure that groups state early intervention systems into three broad categories based on the level of inclusiveness or restrictiveness in each state's definition of developmental delay when eligibility is determined through a formal evaluation that measures delay:[104]

- **Category A (16 states):** includes evaluation results that are within one standard deviation of normal levels in one domain, 20-22 percent delay in two or more domains, or a 25 percent delay in one domain, and may include children who are at risk of a delay
- **Category B (18 states):** includes evaluation results that are 1.3-1.5 standard deviations from normal levels in one or more domains, a 25 percent delay in two or more domains, or a 30-33 percent delay in one domain
- **Category C (16 states):** includes evaluation results that are 1.5 or more standard deviations from normal levels in one or more domains, a 33 percent delay in two or more domains, or a 40 percent or greater delay in one domain.

Nevada's evaluation standards place it in Category C, the most restrictive group. Therefore, children served through NEIS, on average, have higher levels of developmental delay than children in most EI systems across the country. Key child outcomes that represent the system's ability to support children and families in achieving goals and high-quality outcomes, such as the extent to which children exiting the system are functioning within age expectations in select developmental areas, will naturally lag national averages as a result.

Figure 25 highlights the outcomes for eight primary APR indicators (including sub-indicators, as applicable to the measure) reported in Nevada's most recent APR. The figure includes Nevada's outcome measures in federal fiscal years 2016 and 2021, comparing each indicator to the national average.

Figure 25: Nevada's SPP/APR Results (Federal Fiscal Years 2016 and 2021)

Indi-cator	Description	FFY2016		FFY2021	
		Nevada	Nat'l Avg.	Nevada	Nat'l Avg.
1	Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	97.9%	93.3%	92.0%	94.7%
2	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in community-based or home settings.	98.6%	97.4%	99.5%	96.7%
3(A1)	Percent of infants and toddlers with IFSPs who substantially increased their rate of growth in *positive social-emotional skills* by the time they turned 3 or exited the program	70.9%	64.8%	75.0%	62.7%
3(A2)	Percent of infants and toddlers with IFSPs who were functioning within age expectations in *positive social-emotional skills* by the time they turned 3 or exited the program	44.5%	56.4%	35.2%	50.9%
3(B1)	Percent of infants and toddlers with IFSPs who substantially increased their rate of growth in *acquisition and use of knowledge and skills* by the time they turned 3 or exited the program	79.2%	71.2%	76.1%	68.7%
3(B2)	Percent of infants and toddlers with IFSPs who were functioning within age expectations in *acquisition and use of knowledge and skills* by the time they turned 3 or exited the program	40.4%	47.6%	33.9%	41.7%
3(C1)	Percent of infants and toddlers with IFSPs who substantially increased their rate of growth in *use of appropriate behaviors to meet their needs* by the time they turned 3 or exited the program	77.5%	73.3%	75.9%	70.8%
3(C2)	Percent of infants and toddlers with IFSPs who were functioning within age expectations in *use of appropriate behaviors to meet their needs* by the time they turned 3 or exited the program	49.6%	56.7%	37.8%	51.4%
4A	Percent of families participating in Part C who report that early intervention services have helped the family know their rights	98.1%	89.3%	97.5%	87.8%
4B	Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	94.8%	90.1%	93.9%	88.6%

Indi-cator	Description	FFY2016		FFY2021	
		Nevada	Nat'l Avg.	Nevada	Nat'l Avg.
4C	Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	97.1%	91.6%	96.4%	89.1%
5	Percent of infants and toddlers birth to one with IFSPs compared to national data.	1.1%	1.4%	1.3%	1.5%
6	Percent of infants and toddlers birth to three with IFSPs compared to national data.	3.0%	3.4%	3.1%	3.9%
7	Percentage of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	99.9%	96.5%	95.9%	94.1%
8A	Percent of children exiting Part C who have an IFSP with transition steps and services	95.1%	96.3%	96.8%	95.2%
8B	Percent of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	100.0%	97.3%	55.0%	96.9%
8C	Percent of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	97.9%	95.5%	94.6%	95.8%

Key observations from the table include:

- ***Service rates.*** Indicators 5 and 6 measure the proportion of children under 1 and children under 3 receiving EI services, respectively. Likely due in part to its restrictive eligibility criteria, Nevada ranked somewhat below national averages for both the proportion of infants under 1 served (1.3 percent in Nevada compared to 1.5 percent nationally) and the overall population of children under 3 served (3.1 percent compared to 3.9 percent).
- ***Timeliness.*** Indicator 1 measures the proportion of children who receive all of their EI services timely, while indicator 7 measures the proportion of children who received an initial evaluation, assessment, and initial IFSP meeting within 45 days of system referral. Nevada experienced declines on both measures between 2016 and 2021 likely due, at least in part, to COVID-19-related issues and workforce challenges described in Part II. Although Nevada's performance on Indicator 1 exceeded the national average in 2016 and it still achieved 92.0 percent timeliness in

2021, this result was 2.7 percentage points lower than the national average. Nevada's 95.9 percent timeliness rate on Indicator 7 exceeded the national average by 1.8 percentage points.

- ***Natural environments.*** Federal regulations specify that EI services should be delivered in natural environments such as the child's home and other community settings to the maximum extent possible.[105] Since 2016, Nevada increased the proportion of services delivered in natural settings by 0.9 percentage points (Indicator 2), reaching 99.5 percent in 2021, 2.8 percentage points higher than the national average. Although a large majority of respondents (88 percent) in the family survey conducted as part of this evaluation reported most often receiving services in their homes or another community-based location of their choosing, this result is notably less than the 2021 APR figures.
- ***Skill development.*** Indicator 3 represents data derived from Child Outcome Summary Forms (COSF) completed by providers for children turning three years or otherwise exiting the program. These measures focus on three specific outcome areas.[106]

  1. **Positive social-emotional skills**, which can be demonstrated through the child's relationships with their caregivers and peers, participation in social games, and expression of emotions.
  2. **Acquisition and use of knowledge and skills**, which may include improved usage of sounds, words, and sentences in communicating, engaging in purposeful play, demonstrating an interest in learning, and understanding questions asked and directions given.
  3. **Use of appropriate behaviors to meet needs**, which is demonstrated through activities like increased independence in eating and drinking, dressing, diapering, toileting, and washing as well as improved skills in communicating needs.

  As part of its multi-year State Systemic Improvement Plan (SSIP), NEIS adopted a State-Identified Measurable Result (SIMR) to implement strategies that "increase the statewide percentage of infants and toddlers exiting early intervention services who demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships)."[107] For this measurement (Indicator 3[A1]), Nevada exceeded the national average by 12.3 percentage points, with three quarters of all children who exited the program demonstrating a substantial increase in their rate of growth in positive social-emotional skills. Nevada also performed better than most states in the proportion of children who substantially increased their rates of growth in acquisition and use of knowledge and skills (7.4 percentage points above the national average for Indicator 3[B1]) and use of appropriate behaviors to meet their needs (5.1 percentage points above the national average for Indicator 3[C1]).

  However, Nevada's results were lower than national averages for children who were functioning within age expectations for positive social-emotional skills (Indicator 3[A2]), application and use of knowledge and skills [Indicator 3[B2]), and use of appropriate behavior to meet needs (Indicator 3[C2]). In 2021, Nevada's outcomes for these indicators were 15.7 percentages points, 7.8 percentage points, and 13.6 percentage points below the national averages, respectively.

Overall, Nevada produced larger gains for the children who received services, but still a smaller proportion of children were functioning at age level. This may be due to the state' stringent eligibility standards. That is, on average, children served by Nevada tend to have more significant delays, meaning there is more room for growth while still not fully progressing to age expectations. This was true across all states based on ITCA's eligibility classifications. States like Nevada with the most restrictive eligibility criteria (classified by ITCA into eligibility category C) performed, on average, lower in Outcome 3 measurements related to functioning (measures 3(A2), 3(B2), and 3(C2)), while outperforming states with less restrictive eligibility requirements in the proportion of children substantially increasing their rate of growth in measures 3(A1), 3(B1), and 3(C1) as seen in Figure 26.

Figure 26: Average Federal Fiscal Year 2021 Child Outcomes (Indicator 3) by ITCA Eligibility Classification

	% Demonstrating Substantial Growth			% Functioning within Age Expectations		
ITCA Eligibility Classification	Indicator 3(A1)	Indicator 3(B1)	Indicator 3(C1)	Indicator 3(A2)	Indicator 3(B2)	Indicator 3(C2)
A	63%	68%	69%	52%	43%	51%
B	59%	67%	71%	56%	47%	57%
C	66%	71%	73%	44%	35%	46%

- ***Family perceptions of services.*** Indicators 4A through 4C measure the proportion of families reporting that early intervention services helped their family know their rights, effectively communicate their children's needs, and helped their children develop and learn. For each measure in Nevada, at least 93.9 percent of families responded affirmatively in 2021. Additionally, the state outperformed the national averages on each measure by a significant degree: by 9.7 percentage points for helping families know their rights, by 5.3 percentage points for helping families to effectively communicating their children's needs, and by 7.3 percentage points for teaching families to help their children develop and learn.
- ***Part C Exits and Transitions.*** Indicator 8 measures the effectiveness of transition-related activities, including the percent of children who had an IFSP with transition steps and services (Indicator 8A), the percent who had notification sent to the state education agency (SEA) and local education agency (LEA) at least 90 days prior to their third birthday when potentially eligible for Part B services (Indicator 8B), and the percent who had a transition conference at least 90 days (and not sooner than 9 months) prior to the child's third birthday (Indicator 8C). Nevada performed in line with national averages for Indicator 8A (96.8 percent in Nevada compared to 95.2 percent nationally) and Indicator 8C (94.6 percent compared to 95.8 percent). However, Nevada performed far below national averages in Indicator 8B (55.0 percent in Nevada compared to 96.9 percent nationally). According to Nevada's 2021 APR, the IDEA Part C Office experienced critical staffing shortages as a result of the COVID-19 pandemic and were unable to file monthly reports with LEAs and SEAs within required timeframes.

Figure 27 illustrates regional performance in each of the APR indicators (excluding indicator 8B which measures the IDEA Part C Office's efficiency in providing notifications to LEAs and the SEA about children who are potentially eligible for Part B).

Figure 27: Nevada's SPP/APR Results (Federal Fiscal Year 2021) by Region

Indi-cator	Description	North-west	South	Rural/ Frontier
1	Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	85.7%	92.1%	92.9%
2	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in community-based or home settings.	99.5%	99.7%	100.0%
3(A1)	Percent of infants and toddlers with IFSPs who substantially increased their rate of growth in *positive social-emotional skills* by the time they turned 3 or exited the program	43.4%	73.9%	69.0%
3(A2)	Percent of infants and toddlers with IFSPs who were functioning within age expectations in *positive social-emotional skills* by the time they turned 3 or exited the program	29.3%	30.7%	39.6%
3(B1)	Percent of infants and toddlers with IFSPs who substantially increased their rate of growth in *acquisition and use of knowledge and skills* by the time they turned 3 or exited the program	72.9%	74.6%	75.8%
3(B2)	Percent of infants and toddlers with IFSPs who were functioning within age expectations in *acquisition and use of knowledge and skills* by the time they turned 3 or exited the program	27.4%	29.9%	37.4%
3(C1)	Percent of infants and toddlers with IFSPs who substantially increased their rate of growth in *use of appropriate behaviors to meet their needs* by the time they turned 3 or exited the program	76.1%	73.6%	75.0%
3(C2)	Percent of infants and toddlers with IFSPs who were functioning within age expectations in *use of appropriate behaviors to meet their needs* by the time they turned 3 or exited the program	30.1%	33.1%	43.1%
4A	Percent of families participating in Part C who report that early intervention services have helped the family know their rights	96.0%	99.0%	100.0%

Indi-cator	Description	North-west	South	Rural/ Frontier
4B	Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	94.8%	95.6%	93.5%
4C	Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	98.0%	97.6%	93.8%
5	Percent of infants and toddlers birth to one with IFSPs compared to national data.	1.7%	0.9%	1.7%
6	Percent of infants and toddlers birth to three with IFSPs compared to national data.	3.9%	2.5%	3.9%
7	Percentage of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	93.8%	96.0%	95.7%
8a	Percent of children exiting Part C who have an IFSP with transition steps and services	100.0%	96.4%	95.0%
8c	Percent of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	81.1%	95.0%	75.8%

Key observations related to regional results include:

- ***Service rates.*** The northwest and rural/ frontier regions served identical proportions of children under 1 and under 3, while the south region had markedly lower service rates.
- ***Skill development.*** The percentage of children who substantially increased their rate of growth in positive social-emotional skills was considerably lower in the northwest region (43.4 percent) than in the rest of the state.
- ***Part C exits and transitions.*** More than 95 percent of children in fiscal year 2021 exited NEIS with a transition plan in place, including 100 percent in the northwest region. The proportion of children who had a transition conference when found eligible for Part B services was notably higher in the south region (95.0 percent) than in the rural/ frontier and northwest regions (75.8 percent and 81.1 percent, respectively).

Comparing state-facilitated and Community Partner facilitated programs in federal fiscal year 2021:

- Community Partners delivered timely IFSP services 97.2 percent of the time compared to 89.9 percent of the time for state-facilitated programs.

- State-facilitated programs outperformed Community Partners in the proportion of children exiting Part C who were functioning within age expectations, with the largest variance in the proportion who used appropriate behavior to meet their needs (41.4 percent for state-facilitated programs compared to 28.6 percent for Community Partner programs).
- 81.6 percent of children exiting Community Partner programs showed substantial rates of growth in the acquisition and use of knowledge and skills compared to 67.2 percent of children exiting state-facilitated programs.
- 81.4 percent of children exiting state-facilitated programs did so with a transition conference completed, much lower than the 96.1 percent of children exiting Community Partner programs.

According to ADSD, although each program is held to the same requirements, there can be inconsistencies in how individual EI professionals or EIS programs might be measuring and reporting outcome-based measures, especially the key child outcome measures represented in Indicator 3. Additionally, some EIS program representatives believe the IDEA Part C Office should provide more accessible training, particularly regarding Child Outcome Summary Form measurements, and provide more written guidance to prepare providers for monitoring.

System Referrals

In 2022, EI programs across the country served an average of four percent of children under three years old, but some experts estimate that as many as 18 percent may have a developmental delay or disability that may qualify them for EI services.[108] A variety of factors likely contribute to the gap between the number of potentially eligible children and the number actually served. Disabilities or delays in infants and toddlers may go undetected by families, pediatricians, child care providers, and other primary referral sources. Therefore, child find activities such as public awareness campaigns that include the dissemination of accessible brochures directly to families or through primary referral sources (especially hospitals and physicians) are critical to building awareness among families with young children.

Federal regulations require state early intervention programs to support a comprehensive child find system to identify children who may be eligible for EI services.[109] Child find activities must be coordinated with other state agencies, like the state's education and social services departments, Head Start and Early Head Start programs, maternal home visiting programs, and other state agencies and programs that serve young children and their families.[110] Federal regulations identify the primary referral sources to which public awareness programs should be targeted, including parents, physicians and hospital workers, child care program workers, child welfare agency workers, employees from local education areas and school districts, and public health officials.[111]

According to Nevada's IDEA Part C Manual, its comprehensive child find system includes a public awareness program and strategies to locate, screen, and evaluate infants and toddlers under three years with known or suspected developmental delays.[112] The IDEA Part C Manual identifies multiple system partnerships with state and local agencies and service organizations, including programs like Head Start and other child care programs, maternal and child health and home visiting programs, the Children's Health Insurance Program (CHIP), and others.[113]

NEIS' unduplicated referral counts from fiscal years 2019 through 2023 are illustrated in Figure 28, demonstrating that referrals have recovered and are now exceeding pre-COVID-19 levels.

Figure 28: Referral Volume, State Fiscal Years 2019 - 2023

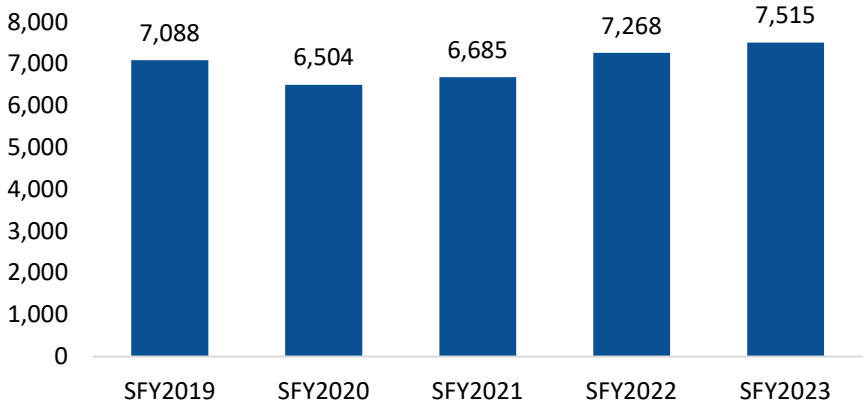
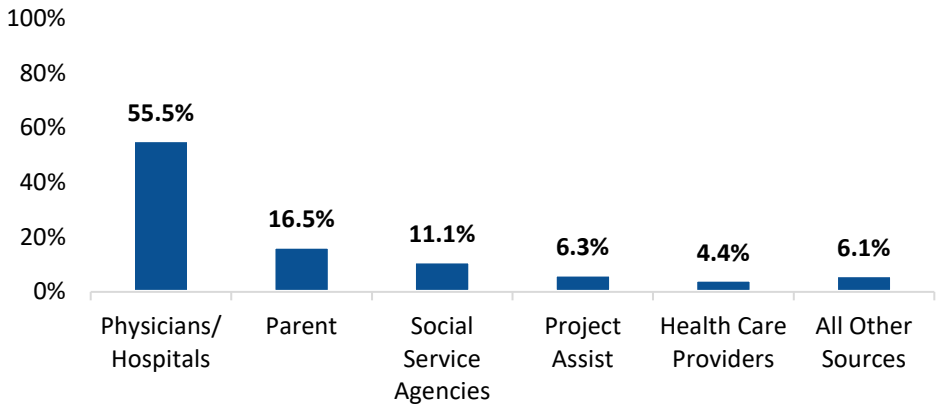


Figure 29 illustrates the proportion of referrals in Nevada by source. In fiscal year 2023, more than half (55.5 percent) of NEIS referrals came from physicians, pediatricians, and hospitals compared to 51 percent nationally in fiscal year 2022 (the most recent year in which national data was available). [114] . During the same timeframes, 26.0 percent of referrals nationally came from parents and other family members, compared to 16.5 percent in Nevada. An additional 6.3 percent of Nevada's referrals in fiscal year 2023 are from Project ASSIST, Nevada's early intervention central resource directory for individuals seeking information about available supports for children with developmental delays or disabilities and their families.[115]

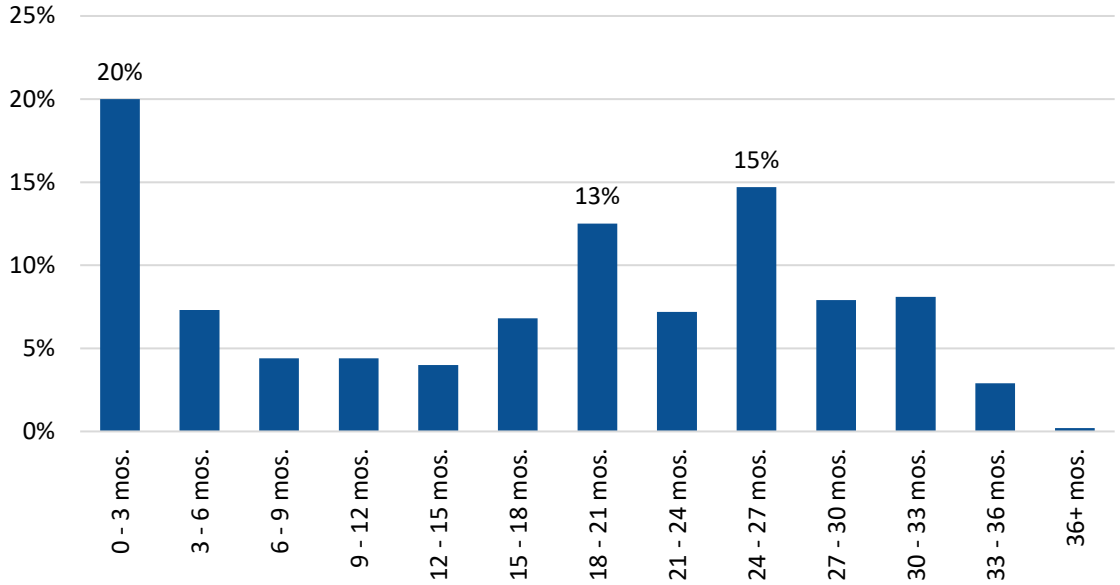
Figure 29: Nevada EI System Referrals by Primary Referral Source, Fiscal Year 2023



Families participating in the evaluation's family survey reported learning about EI services most frequently from their pediatrician (52.2 percent of respondents) or a hospital (17.3 percent), while 6.6 percent learned about the program from another parent and 4.5 percent learned about it from an online search.

Figure 30 presents NEIS' fiscal year 2023 referral volume by age group. One-in-five referrals were for infants under three months old, likely representing children with known developmental disabilities. The next largest peaks in the chart reflect children between 18 and 21 months (13 percent of total referrals) and 24-27 months (15 percent), likely related to scheduled pediatrician visits and when speech-related developmental delays often begin to present.

Figure 30: Nevada EI System Referrals by Age, Fiscal Year 2023



Children and families from diverse racial and ethnic backgrounds are "less likely to be diagnosed by their pediatric provider with [a developmental disability] and less likely to receive services despite accounting for a child's objective developmental assessment."[116] In Nevada, however, referral rates for children of Hispanic/ Latino decent and children who are Black or African American (6.1 percent and 6.9 percent, respectively) were considerably higher than the 4.8 percent referral rate for White/ Caucasian children, as illustrated in Figure 31.

Figure 31: Proportion of Population Under 3 Referred to NEIS by Race/ Ethnicity (Fiscal Year 2022 and 2022-ACS 5-Year Estimated Population Counts)

Race/ Ethnicity	Total Referrals	Population Under 3	Referral Rate
White/ Caucasian	2,143	45,047	4.8%
Hispanic/ Latino	2,100	34,643	6.1%
Black/ African American	654	9,435	6.9%
Asian	253	8,122	3.1%
Two or More Races	503	6,734	7.5%
Native Hawaiian or Other Pacific Islander	52	1,186	4.4%
American Indian or Alaska Native	35	685	5.1%

Federal regulations require states to provide consents, notices of safeguards, evaluations, and assessments in the native language used by the child's family when feasible, and additionally require policies and practices to support the delivery of culturally-competent services.[117] Additional challenges may exist in identifying and properly assessing developmental delays in children who live in non-English speaking households when EIS programs do not have staff "who are conversant in a child's first language and skilled in distinguishing language proficiency from disabilities."[118]

In fiscal year 2022, the referral rate for children from English-speaking families was considerably higher than for children from families that speak another language. As Figure 32 illustrates, although only 70.2 percent of Nevada's residents 5 years and older speak English at home, this cohort represented 91% of the total referrals in fiscal year 2022. An estimated 8.9 percent of all children from English-speaking families were referred to NEIS in fiscal year 2022 compared to only 2.5 percent of children from Spanish-speaking families and only 0.5 percent of children from families speaking languages other than English or Spanish.

Figure 32: Proportion of Population Under 3 Referred to NEIS by Language Spoken at Home (Fiscal Year 2022 and 2022-ACS 5-Year Estimated Population Counts)

Language Spoken at Home	Total Referrals	Proportion of Total Referrals	Population Under 3	Percent of Total Population	Referral Rate
English	6,682	91.7%	75,017	70.2%	8.9%
Spanish	551	7.6%	21,800	20.4%	2.5%
All Other Languages	53	0.7%	10,045	9.4%	0.5%

Responses to the family survey suggest accessibility to information about NEIS may not be as accessible for non-English speaking families as it is for English-speaking families, which may partially account for lower rates of referral among non-English speaking families. While 99 percent of English survey respondents reported that all information was available in English, only 78 percent of Spanish survey respondents reported that all information was available in Spanish and an additional 16 percent

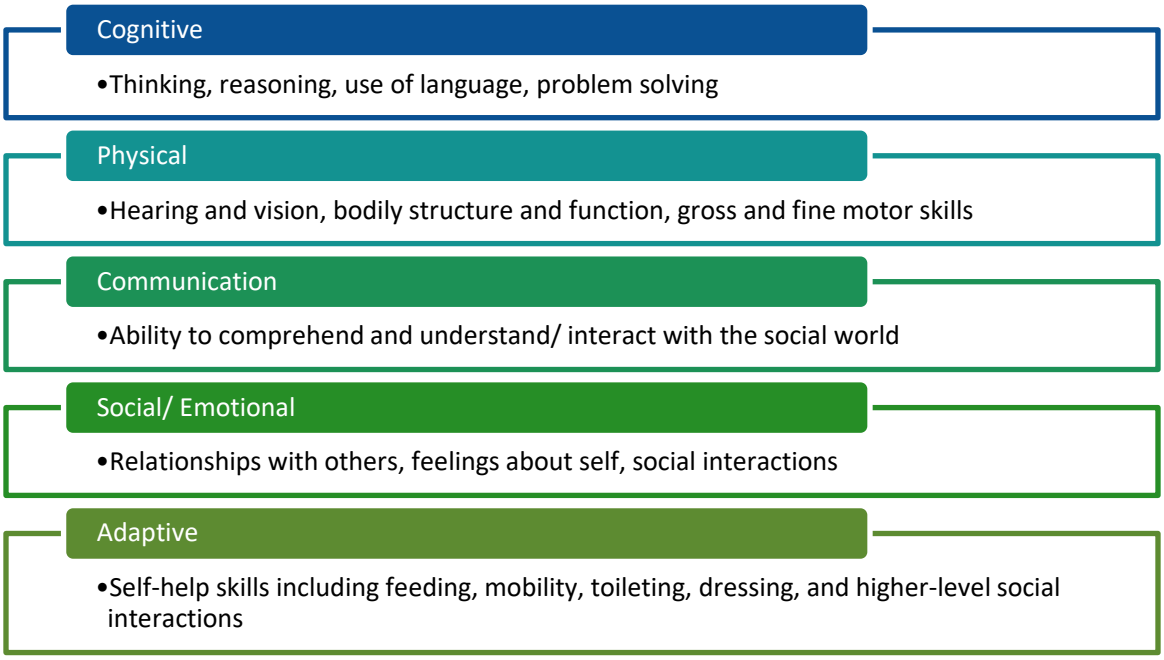
indicated that some, but not all information was available in Spanish. However, 91 percent of Spanish survey respondents reported that they were able to communicate with the people providing EI services in their preferred language, suggesting language gaps are more prevalent in written NEIS materials than in the availability of Spanish-speaking EI professionals in Nevada.

Eligibility Determinations

Once a child is referred to NEIS, they must be evaluated for eligibility for services. Federal regulations allow states flexibility in defining their eligibility standards.[119] Nevada's IDEA Part C Manual recognizes three primary pathways to eligibility for EI services:

- ***Qualifying conditions.*** Children born with or who have developed certain conditions that may lead to or cause a developmental delay, such as spina bifida, autism, down syndrome, blindness, deafness, and several additional diagnosed conditions are automatically eligible for EI services.[120] The IDEA Part C Office publishes a listing of the most common conditions for automatic eligibility and notes that all referrals are reviewed by physicians employed or contracted by ADSD to make the final determinations "based on diagnosis, observation, and other supporting documentation."[121]
- ***Informed clinical opinion.*** Children may be determined eligible through the informed clinical opinion of a qualified clinician such as a physician or psychologist when the child does not have a condition that automatically qualifies them. For example, a physical therapist may identify abnormal muscle development impacting a child's motor skills development and refer the child to EI for services. Informed clinical opinion may also be identified through a review of a child's medical and other records.
- ***Formal evaluation.*** The most common eligibility pathway in Nevada is through a formal evaluation of a child's development compared to known developmental milestones at the same age level. Consistent with research-based recommendations that support the use of multiple evaluation tools in state EI systems as opposed to a single tool, Nevada has approved several instruments that EIS programs can utilize when performing written developmental evaluations, including the Developmental Assessment of Young Children (DAYC-2) and Battelle Developmental Inventory (BDI-2).[122] These instruments must be completed by a multi-disciplinary team of qualified EI personnel that also performs an assessment of the child and family's needs (such as language needs), documents the child's medical and family history, and gathers additional information from the child's other caregivers, medical providers, social workers, and educators. To be found eligible through a formal evaluation process, a child must demonstrate a 50 percent delay in one developmental area or a 25 percent delay in two of the developmental areas outlined in Figure 33.[123]

Figure 33: Developmental Domains Measured by Multi-Disciplinary Evaluation Team to Determine Eligibility for EI Services



As shown in Figure 34, about 80 percent of all children determined eligible for services in fiscal years 2021 through 2023 were made through a formal evaluation and assessment while more than 13 percent were determined through a qualifying condition.

Figure 34: Proportion of Eligibility Determinations Made by Eligible Pathway (Fiscal Years 2021-2023)

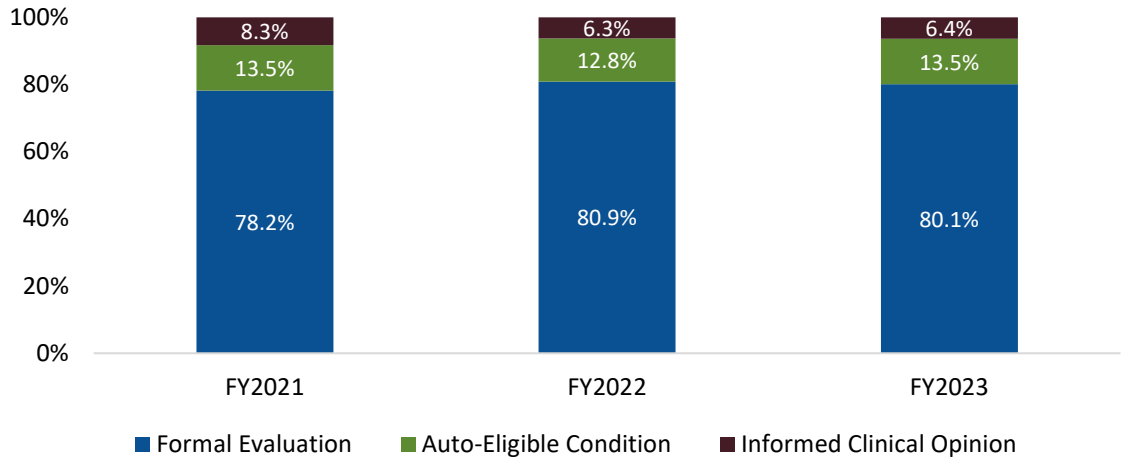


Figure 35 represents the proportion of children served by states within each ITCA eligibility classification (Nevada and the seven benchmark states selected for the evaluation are emphasized).[124] States in Category C served a weighted average of 3.1 percent of the population under three years old, while states in Category A averaged 3.3 percent. However, states in Category B have an overall service rate of

4.1 percent due in large measure to the relatively high services rates in California and New York. Thus, while eligibility criteria influences service rates, there are other contributors as well, including child find policies, regional differences (for example, northeastern states tend to have higher service rates regardless of eligibility standards), population demographics, and other factors. Thus, although Nevada's eligibility standards are more restrictive than the 34 states classified in Categories A and B, it served a higher proportion of children under three years than 23 other states at the time of ITCA's reporting.

Figure 35: ITCA State Eligibility Classification by Proportion of Children Under 3 Served (FFY2021)

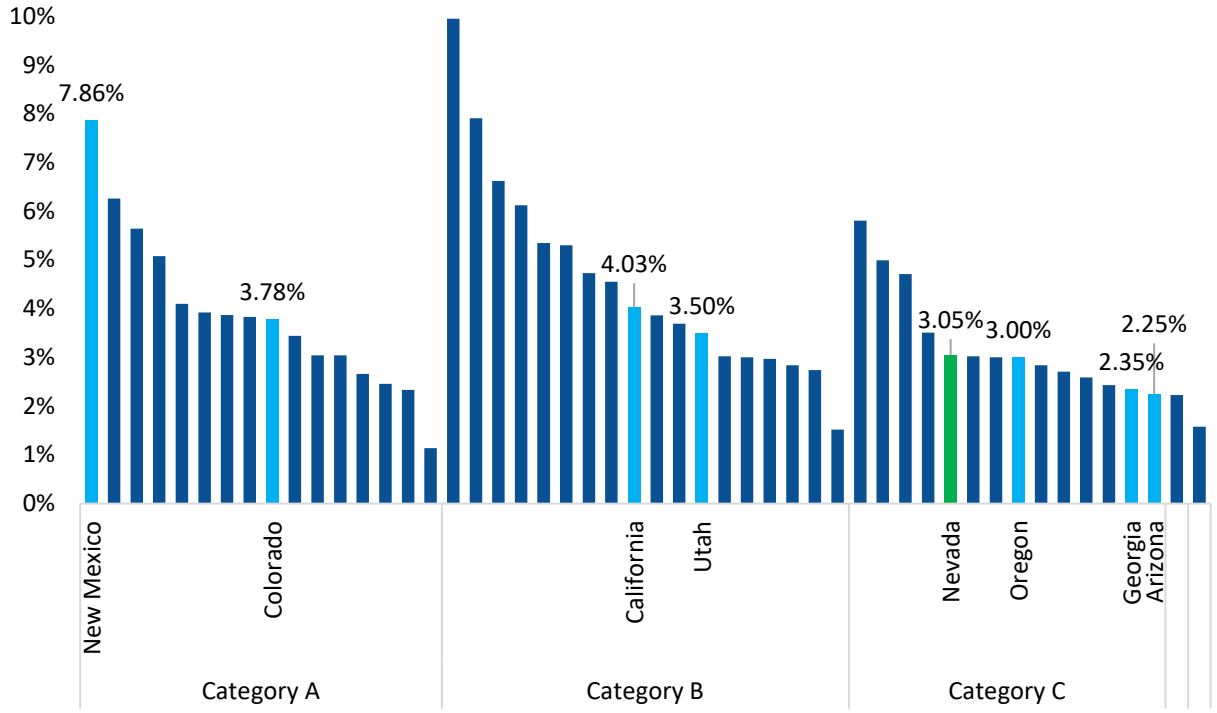


Figure 36 reports the eligibility criteria of the seven benchmark states included in the evaluation as well as each state's service rate for children under 3 years old. As the figure indicates, three of the seven benchmark states as well as Nevada are assigned to Category C and have the lowest service rates. Considering these states, Nevada and Oregon have markedly higher service rates than Arizona and Georgia. Colorado and New Mexico are both assigned to Category A, but have significantly different service rates. In fact, New Mexico had the highest service rate in the country in 2022 and is one of only eight states to provide EI services to children who are at-risk of developmental delay.[125]

Figure 36: Benchmark State Eligibility Requirements and Service Levels Compared to Nevada

State	ITCA Classification	Population Under 3 Served (FFY2021)	Evaluation Eligibility
Nevada	C	3.05%	25 percent delay in two domains, or 50 percent delay in one or more domains
Arizona	C	2.25%	50 percent delay in one or more domains
California	B	4.03%	33 percent in two domains, or 50 percent in one domain
Colorado	A	3.78%	33 percent delay in one or more domains
Georgia	C	2.35%	2 standard deviations below the mean in one or more domains, or 1.5 standard deviations below the mean in at least 2 domains
New Mexico	A	7.86%	25 percent delay in one or more domains, or at risk of developmental delay
Oregon	C	3.00%	2 standard deviations below the mean in one or more domains, or 1.5 standard deviations below the mean in at least 2 domains
Utah	B	3.50%	1.5 standard deviations below the mean in one or more domains

Figure 37 below reports eligibility rates by referral source between fiscal years 2021 and 2023. As the figure shows, referrals from hospitals are found to be eligible 94 percent of the time, while referrals from day care facilities in fiscal year 2023 were only eligible 45 percent of the time. More than 80 percent of referrals made by physicians, pediatricians, and parents were found eligible over the past three fiscal years.

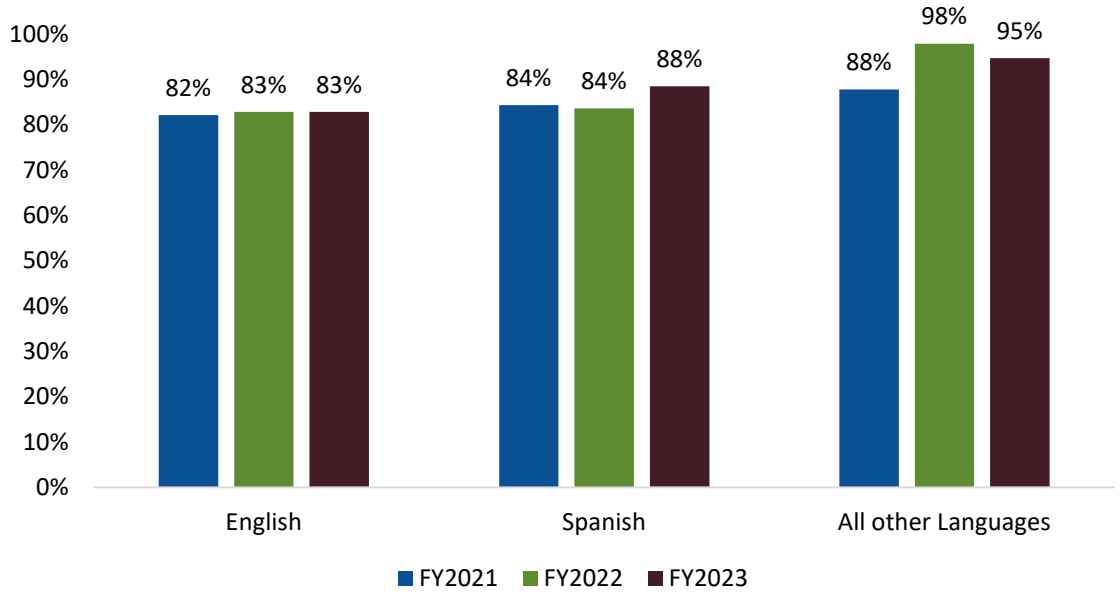
Figure 37: Rates of Eligibility by Referral Source for Children with an Eligibility Determination (State Fiscal Years 2021 – 2023)

Referral Source	SFY2021	SFY2022	SFY2023
Physician/Pediatrician	83.0%	85.2%	84.4%
Parent	80.7%	82.6%	83.6%
Hospital	93.8%	93.8%	94.2%
Social Service Agencies	72.4%	74.2%	75.5%
Project Assist	85.2%	86.0%	81.3%
Health Care Providers	90.4%	85.6%	81.9%
Other/Friends/Relatives	90.9%	86.5%	87.1%
Newborn Hearing	100.0%	100.0%	100.0%
Public/Community Health Facilities	79.4%	78.5%	90.3%
Day Care Facility	64.5%	69.6%	45.0%

Referral Source	SFY2021	SFY2022	SFY2023
No Source Noted	90.5%	83.3%	84.6%
Screening and Monitoring	72.7%	76.0%	100.0%
School District (Local Education Agencies)	88.9%	80.0%	75.0%
Total	**84.2%**	**84.7%**	**84.3%**

When referred, children from families that speak a language other than English or Spanish were more likely to be found eligible for EI services, as illustrated in Figure 38.

Figure 38: Eligibility Rates by Language Preference (Fiscal Years 2021 - 2023)



An analysis of the rates of eligibility from state fiscal years 2021 through 2023 found that children who are racial or ethnic minorities were more likely to be found eligible for EI services than children who are White/ Caucasian. For example, 86-87 percent of Hispanic, Black or African American, Asian, and children with two or more races were eligible for EI in fiscal year 2023 compared to 78 percent of children identified as White/ Caucasian.

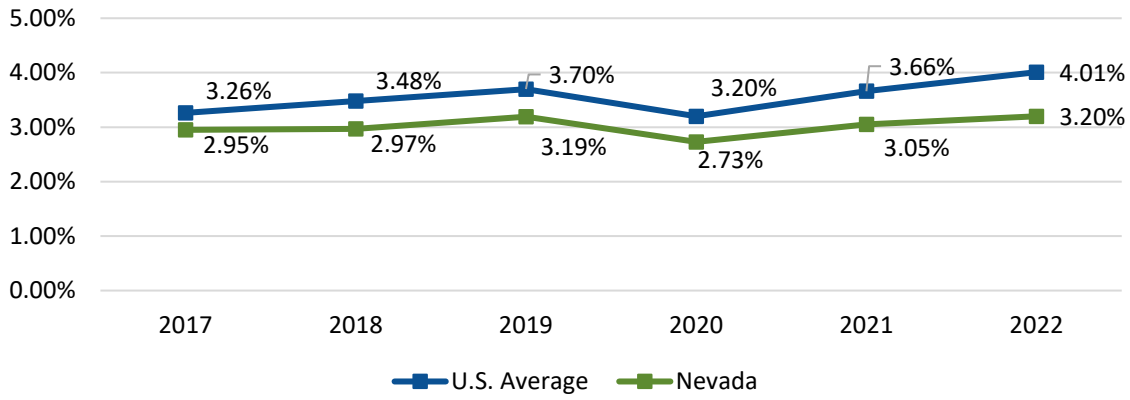
Figure 39 reports eligibility rates by region and provider type over the past three fiscal years. As the table illustrates, the rural/ frontier region had the lowest eligibility rate in fiscal years 2022 and 2023. In fiscal year 2023, 74.8 percent of referrals in the rural/ frontier region were determined eligible compared to 84.6 percent statewide. Because there is only a state-facilitated program in the rural/ frontier region, state-facilitated programs had a lower overall eligibility rate compared to Community Partners. At the regional level, however, there were not consistent differences between state-facilitated programs and Community Partners.

Figure 39: Eligibility Rates by Region, Provider Type, and Fiscal Year

Fiscal Year	Statewide		South		Northwest		Rural/ Frontier
	State-Facilitated	Comm. Providers	State-Facilitated	Comm. Providers	State-Facilitated	Comm. Providers	State-Facilitated
2021	80.6%	87.7%	84.9%	87.7%	73.2%	87.8%	77.7%
2022	84.8%	84.6%	90.0%	85.0%	83.4%	83.3%	76.9%
2023	84.6%	83.9%	88.8%	85.1%	84.6%	79.5%	74.8%

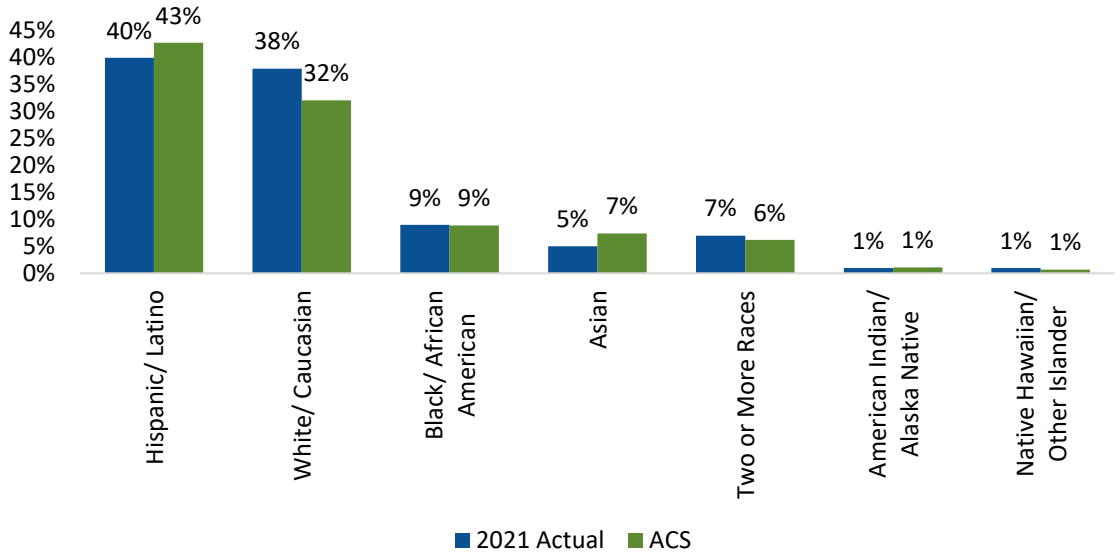
The overall proportion of children served in Nevada has been relatively stable between 2017 and 2022, averaging 3 percent over the six-year period, compared to national averages of 3.55 percent over the same timeframe. However, the gap between Nevada's service population and national averages has slowly increased since 2017 when Nevada served 0.31 percentage points children fewer than the national service level compared to 2022, when it served 0.81 percentage points fewer children than the national average. In 2022, Nevada would have had to increase its service rate by 25 percent to match the national average. Figure 40 reports the service levels for Nevada in comparison to national averages from 2017 through 2022.

Figure 40: Comparison of Population Under 3 Served in Nevada to National Averages, 2017 - 2022



IDEA requires states measure "disproportionate representation of racial and ethnic groups in special education and related services."[126] Figure 41 compares the racial/ ethnic composition of children served by NEIS to overall population figures. As the chart shows, children who are White/ Caucasian are over-represented in the service figures as they comprise 38 percent of the NEIS population although they represent only 32 percent of the total children under 3 in the state. In comparison, childern who are Hispanic/ Latino or Asian are somewhat under-represented in the NEIS caseload counts.

Figure 41: Comparison of 2021 Child Counts to ACS Distribution of Children in Nevada by Race/ Ethnicity

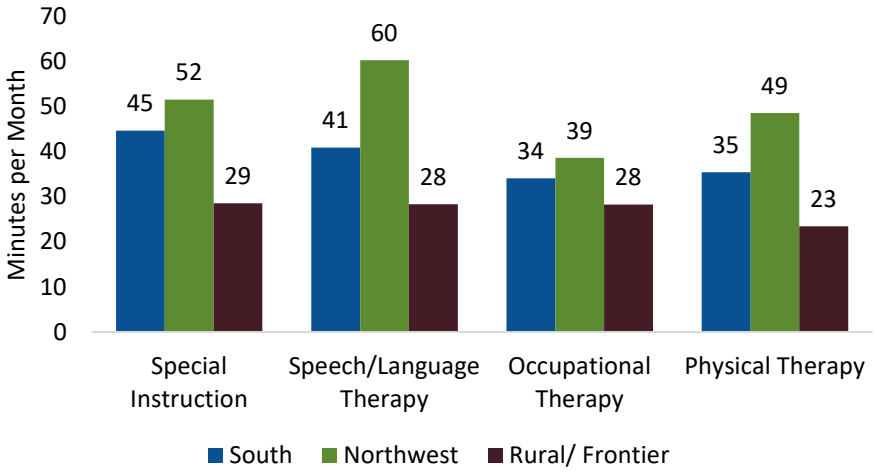


Individualized Family Service Plan (IFSP) Authorizations

At the time of the evaluation, NEIS was integrating the Nevada Early Intervention Data System (NEIDS), a new case management system that will enable service utilization tracking at the child level, which will substantially improve the system's ability to monitor service delivery in relation to IFSP authorizations. Given the recency of NEIDS development and implementation, actual utilization data was not available. Therefore, the evaluation analyzed IFSP authorizations in July 2023 to identify potential disparities.

Figure 42 reports the average approved time (in minutes per month) for special instruction and physical, occupational, and speech therapies by NEIS region. Children in the rural/ frontier region have the lowest average authorizations for all core services, while children in the northwest region have the highest average authorizations. For speech and physical therapies, children in the rural/ frontier region are authorized for less than half the time children in the northwest region receive. Community Partners authorized

Figure 42: Average Authorized IFSP Hours by Core Service and Region (July 2023 IFSPs)



more service hours than state-facilitated EIS programs, with state-facilitated programs authorizing an average of 2.09 hours per month for all approved services compared to 2.48 hours per month authorized by Community Partners.

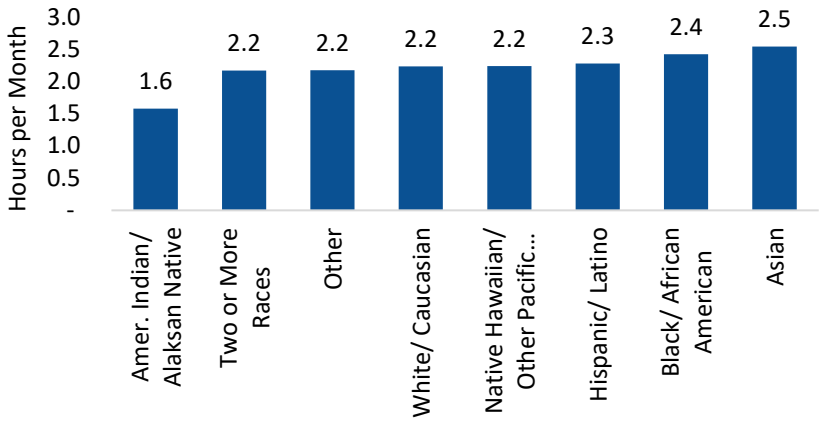
Figure 43 reports the proportion of children with approved services by service type and the child's race/ ethnicity.

Figure 43: IFSPs in July 2023 by Race/ Ethnicity and Presence of Four Key Services[127]

Race/ Ethnicity	IFSPs	Sp. Ins.	SLP	PT	OT
Hispanic/ Latino	1,415	99%	74%	31%	42%
White/ Caucasian	1,143	98%	67%	30%	40%
Black/ African American	381	99%	76%	26%	50%
Asian	162	99%	78%	27%	47%
Two or More Races	350	98%	76%	23%	46%
American Indian/ Alaska Native	15	100%	47%	20%	60%
Other	40	100%	58%	38%	33%
Native Hawaiian/ Other Islander	31	97%	84%	26%	35%

A review of the data does not suggest that children from racial/ ethnic minorities are authorized for fewer service hours although this analysis does not account for differences in assessed needs. Nearly every child receives special instruction. As previously noted, speech therapy is the most common therapy, authorized in 72 percent of IFSPs. Among the largest population groups (those with at least 100 children), 67 percent of children who are White/ Caucasian have an authorization for SLP compared to 74 percent or more for other racial/ ethnic groups. For occupational therapy, children who are White/ Caucasian again had the lowest authorization rate at 40 percent compared to 42 to 50 percent for each of the other large populations. Children who are White/ Caucasian do have relatively higher authorization rates for physical therapy, but this is the least used early intervention service overall.

Figure 44: Average IFSP Authorized Hours per Month by Race/ Ethnicity (July 2023 IFSPs)



Total authorized hours are similar across racial/ ethnic groups as well, with the average across the larger cohorts ranging from 2.2 to 2.4 hours per month. Figure 44 presents this comparison.

Similarly, IFSP authorizations do not suggest disparities based on a family's language. Figure

45 reports the percentage of authorizations that include key services, demonstrating that Spanish-speaking families are more likely than English-speaking families to be authorized for each service except OT.

Figure 45: IFSPs in July 2023 by Language Preference and Presence of Four Key Services on IFSPs

Language Spoken at Home	IFSPs	Sp. Ins.	SLP	PT	OT
English	3,168	98%	72%	28%	43%
Spanish	349	99%	74%	34%	40%
All Other Languages	20	100%	85%	20%	45%

On average, the total number of authorized hours differed only slightly by language, ranging from 2.2 hours per month for children whose families speak Spanish to 2.3 hours for children whose families speak English.

Parents and caregivers participating in the family survey provided additional insight into the extent to which they feel that services meet their needs. The survey asked families if they agreed that the EI professionals providing services *understood* their family and child's needs. Overall, families reported very high levels of agreement with this statement. Considering subgroups of individuals:

- 93 percent of English survey respondents and 91 percent of Spanish survey respondents agreed
- 90 percent or more of families in each racial/ ethnic group with at least 20 respondents agreed
- Although still very high, families with a child under 1-year old at the time of the survey had the lowest rate of agreement at 88 percent
- By region, 88 percent of respondents receiving services in the rural/ frontier region, 92 percent of respondents in the south region, and 97 percent of respondents in the northwest region agreed

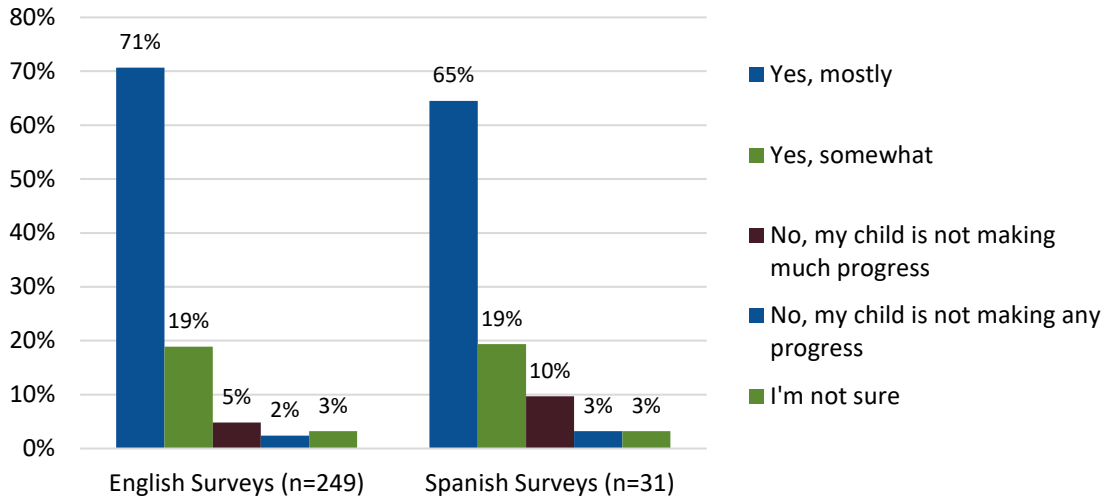
Next, family survey participants were asked to report if they agreed that the EI professionals providing services were *meeting* the family and child's needs. English survey respondents were more likely to agree with the statement (86 percent) compared to Spanish speaking respondents (78 percent). There were similarly modest differences based on other respondent characteristics:

- 89 percent of respondents who are White/ Caucasian or Black/ African American agreed, compared to 83 percent of respondents who are Asian and 85 percent of respondents who are Hispanic/ Latino
- By region, 82 percent of respondents receiving services in the rural/ frontier region agreed, compared to 85 percent of respondents in the south region and 90 percent of respondents in the northwest region

The family survey asked if respondents were satisfied with the progress their child had made through NEIS services. A very large majority – 89 percent – reported being at least somewhat satisfied. Levels of

satisfaction were somewhat higher among English survey respondents with 71 percent reporting they were mostly satisfied with their early intervention services compared to 65 percent of Spanish survey respondents as illustrated in Figure 46.

Figure 46: Level of Satisfaction with EI Services by Family Survey Language



Levels of satisfaction differed across other demographic attributes of survey respondents. For example:

- Among racial and ethnic groups with at least 20 responses, the range of respondents reporting they were mostly satisfied with EI services was 68 percent among Hispanic/ Latino respondents, 73 percent among White/ Caucasian respondents, and 77 percent among Asian respondents
- By region, 65 to 66 percent of respondents in the rural/ frontier and south regions reported being mostly satisfied with services, while a much higher proportion (81 percent) of respondents in the northwest region reported being mostly satisfied

Among parents and guardians participating in the family survey with children who had already exited NEIS at the time the survey was administered, 71 percent reported that they were mostly satisfied with the progress their child made through NEIS, while 17 percent reported their child did not make much or any progress.

Respondents were asked to report the aspects of NEIS they thought were working well and noted the following:

- Good routine and consistency
- Providers are friendly, reassuring, and responsive to their needs
- Respondents appreciate the flexibility to receive services in locations convenient to the family

Reported challenges and areas of dissatisfaction included:

- Long waits for specific services (where more than one-in-ten respondents reported receiving their first services more than six weeks after their IFSP was approved)

- Service cancellations and lack of availability of therapists except for in an office or clinical setting
- Limitations in the nature or quality of feedback offered by providers
- Short service visits

Transition Activities

As discussed in Part I, early intervention services are only available until a child's third birthday. However, many children will continue to need services to support their development. To ensure adequate planning, federal regulations require that the Part C lead agency attempt to convene a transition conference with the child's family and the local educational agency not fewer than 90 days and not more than nine months before a child's third birthday in order to develop a transition plan. Transition plans document services that may be needed by the child or their family after early intervention services end. Federal regulations additionally require IDEA Part C and Part B administrators to maintain an interagency agreement describing how both parties will ensure the Part C lead agency notifies the local educational agency (such as a school or district office) and state educational agency (the Nevada Department of Education) not fewer than 90 days before the child's third birthday if the child is potentially eligible for services under Part B.[128] Part B services are available to children age 3 to 21 years old with special needs, and provide therapeutic services and preschool services for children with disabilities, including children who may have transitioned out of Part C after reaching their third birthday.[129]

As previously described in Part I, the IDEA Part C Office holds a cooperative agreement with the Nevada Department of Education's (NDE) IDEA Part B Office to address federal requirements related to transitioning between Part C and Part B. The agreement, in part, requires the IDEA Part C Office to provide monthly notifications to each LEA and to NDE about children who are potentially eligible for Part B services. The agreement also specifies that the IFSP must include specific transition steps to support the smooth transition of the child, including:[130]

- Discussions with and training for parents about transition related factors and services
- Written guidance on how to support the child in their transition
- Identification of the services or activities that the child or their family will require as part of their transition from Part C

The agreement further specifies that transition conferences will include the EI service coordinator, the child's family, the LEA, and other members of the IFSP team. As described previously, NEIS' most recent APR data showed that 96.8 percent of children who exited Part C had an IFSP with transition steps and services while 94.6 percent of children exiting Part C had a transition conference that occurred at least 90 days (and not more than nine months) before the child's third birthday for children who were potentially eligible for Part B. However, due to critical staffing shortages during the COVID-19 pandemic, only 55.0 percent of children who exited Part C had a timely notification sent by the IDEA Part C Office to the SEA and LEA (compared to 72.7 percent in 2020, and 100 percent between 2016 and 2019). A lack

of timely notification to the SEA and appropriate LEA about a child's potential eligibility for Part B services may result in service disruptions and unnecessary delays as children transition out of Part C.

Among parents or caregivers participating in the family survey, 91 percent reported they were informed about their rights to a transition plan after their child ages out of NEIS. However, a lower proportion of Spanish survey respondents - 81 percent - reported having been informed about their rights to a transition plan. Among parents or caregivers whose child was turning three within the next three months at the time the survey was administered, 91 percent reported that their transition plans were helpful in determining what to do after they leave NEIS. In comparison, only 60 percent of parents whose child had already exited NEIS at the time of the family survey reported that the child's transition plan was helpful in figuring out to do next, while 27 percent felt the transition plan was not helpful.

As of the most recent Part C exit data reported to OSEP (representing federal fiscal year 2021), children exiting NEIS were far less likely to exit to Part B in comparison to national averages, as detailed in Figure 47.

Figure 47: OSEP Fiscal Year 2021 Exit Code Summary (United States Average Compared to Nevada)

Exit Code	U.S. Avg.	Nevada
Part B eligibility not determined	18.1%	37.0%
Part B eligible, exiting Part C	32.0%	19.2%
Withdrawal by parent	15.7%	16.5%
Attempts to contact unsuccessful	10.2%	14.3%
Moved out of state	3.2%	5.8%
Complete prior to reaching max age for Part C	8.9%	5.6%
Not eligible for Part B, exit with referrals to other programs	3.8%	1.1%
Not eligible for Part B, exit with no referrals	3.8%	0.4%
Deceased	0.2%	0.1%
All other exit codes	4.1%	0.0%

Relatedly, 37.0 percent of children exiting early intervention services in Nevada have not had a Part B eligibility determination compared to 18.1 percent nationally. Among parents and guardians participating in the family survey who had already exited NEIS at the time the survey was administered, 59 percent reported that they did not continue receiving other services after exiting, while 35 percent reported continuing to receive services within a few weeks of exiting NEIS.

Figure 48 reports the proportion of children referred to NEIS between fiscal years 2021 and 2023 who exited NEIS at any time during fiscal year 2023 by region and exit code. Children in the northwest region were most likely to exit without a Part B eligibility determination: 38.8 percent compared to 27.6 percent in the south region and 16.4 percent in the rural/ frontier region.

Figure 48: Exit Codes by NEIS Region in Fiscal Year 2023 (Among Children Referred to NEIS between State Fiscal Years 2021 and 2023)

Exit Code	Statewide	South	Northwest	Rural/ Frontier
Part B eligible, exiting Part C	27.2%	29.5%	17.4%	32.2%
Part B eligibility not determined	28.9%	27.6%	38.8%	16.4%
Withdrawal by parent	15.9%	17.3%	13.1%	11.8%
Attempts to contact unsuccessful	12.6%	13.2%	11.4%	11.5%
Complete prior to reaching max age for Part C	6.6%	3.8%	11.8%	15.5%
Moved out of state	6.3%	6.5%	5.0%	7.9%
Not eligible for Part B, exit with referrals to other programs	1.3%	1.2%	1.2%	2.0%
Not eligible for Part B, exit with no referrals	0.8%	0.7%	0.7%	2.0%
Deceased	0.2%	0.1%	0.4%	0.7%
All other exit codes	0.1%	0.1%	0.1%	0.0%

Figure 49 illustrates the proportion of children exiting from each provider type in fiscal year 2023 by exit code. As the table shows, differences in the proportion of children exiting by exit code were most pronounced in the proportion whose Part B eligibility was not determined for some reason (including parent refusal) and among children completing IFSP goals before reaching age three.

Figure 49: Exit Codes by Provider Type in Fiscal Year 2023 (Among Children Referred to NEIS between State Fiscal Years 2021 and 2023)

Exit Code	State-Facilitated	Community Partner
Part B eligible, exiting Part C	25.7%	28.3%
Part B eligibility not determined	24.8%	31.5%
Withdrawal by parent	15.0%	16.5%
Attempts to contact unsuccessful	13.8%	11.9%
Complete prior to reaching max age for Part C	9.1%	4.9%
Moved out of state	8.8%	4.7%
Not eligible for Part B, exit with referrals to other programs	1.4%	1.2%
Not eligible for Part B, exit with no referrals	0.8%	0.9%
Deceased	0.6%	0.0%
All other exit codes	0.1%	0.1%

Figure 50 reports fiscal year 2023 exit codes broken out by the child's race/ ethnicity and highlights some notable differences. For example, Black/ African American children were most likely to exit the program after unsuccessful attempts to contact the child's family (representing one-in-five children),

White/ Caucasian children had a significantly higher rate of children exiting before their third birthday, and almost one-in-four Asian children were withdrawn by their parent.

Figure 50: Exit Codes by Race/ Ethnicity in Fiscal Year 2023 (Among Children Referred to NEIS between SFY2021 and SFY2023)

Exit Code	Hispanic/ Latino	White/ Caucasian	Black/ African American	Asian	Two or More Races	Native Hawaiian/ Other Pacific Islander	American Indian or Alaska Native
Part B eligible, exiting Part C	27.2%	27.1%	24.2%	30.4%	32.1%	10.5%	28.6%
Part B eligibility not determined	29.6%	27.5%	29.7%	25.3%	31.1%	47.4%	7.1%
Withdrawal by parent	16.7%	15.3%	14.6%	23.4%	12.8%	10.5%	7.1%
Attempts to contact unsuccessful	13.5%	10.0%	20.1%	5.1%	10.8%	26.3%	35.7%
Complete prior to reaching max age for Part C	5.0%	11.4%	2.9%	4.4%	2.7%	0.0%	7.1%
Moved out of state	5.1%	6.4%	7.6%	7.6%	8.4%	5.3%	14.3%
Not eligible for Part B, exit with referrals to other programs	1.7%	1.0%	0.5%	1.9%	1.0%	0.0%	0.0%
Not eligible for Part B, exit with no referrals	0.5%	1.1%	0.5%	1.9%	1.0%	0.0%	0.0%
Deceased	0.4%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
All other exit codes	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Nearly two-in-five parents and caregivers participating in the family survey (39 percent) reported receiving continued services after exiting NEIS through a public school or preschool program, while 24 percent reported not pursuing additional services after exiting and an additional 18 percent reported receiving continued services through a private or Medicaid provider.

Figure 51 summarizes exit codes broken-out by the family's language. Of note, children from Spanish-speaking households were more likely to exit to Part B than English-speaking households (32.6 percent compared to 26.6 percent).

Figure 51: Exit Codes by Language Spoken at Home in Fiscal Year 2023 (Among Children Referred to NEIS between SFY2021 and SFY2023)

Exit Code	English	Spanish	All Other Languages
Part B eligible, exiting Part C	26.6%	32.6%	25.6%
Part B eligibility not determined	28.8%	29.3%	33.3%
Withdrawal by parent	16.2%	13.0%	17.9%
Attempts to contact unsuccessful	12.9%	10.3%	10.3%
Complete prior to reaching max age for Part C	6.6%	6.3%	5.1%
Moved out of state	6.5%	4.8%	7.7%
Not eligible for Part B, exit with referrals to other programs	1.2%	2.1%	0.0%
Not eligible for Part B, exit with no referrals	0.8%	0.9%	0.0%
Deceased	0.2%	0.3%	0.0%
All other exit codes	0.1%	0.3%	0.0%

Part III Conclusions and Recommendations

The IDEA Part C Office should review and revise its IDEA Part C Manual and other policy guidance so it is centrally accessible to all EIS programs and personnel

The IDEA Part C Manual describes the purpose of EI services, cites applicable regulations, identifies the Lead Agency and its authorities, and discusses contracting and service delivery requirements, personnel qualification requirements to deliver EI services, and many other system functions such as child find, the ICC, and monitoring and enforcement. While the IDEA Part C Manual reflects the legal provisions and citations of the IDEA Part C regulations, it does not detail operating procedures and generally does not describe how specific provisions are implemented in practice. For example, the IDEA Part C Manual specifies that the state "has policies and practices that have been adopted to ensure underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the state, are meaningfully involved in the planning and implementation of all the requirements of the Part C EIS in Nevada," but does not actually detail or provide reference to these policies or practices.

EIS programs interviewed as part of the evaluation reported they do not use the IDEA Part C Manual as an operating reference document but instead regard it primarily as a recitation of IDEA Part C statutes and regulations. These EIS programs feel that the IDEA Part C Manual could be revised to provide more clarification around subjects like how compliance reviews are conducted, how compliance findings are applied consistently across EIS programs, and similar factors that impact their daily operations.

Additionally, EIS programs requested improvements to how program policies, technical guidance, and trainings are developed, shared, and implemented. Program guidelines are often provided through

compliance and quality reviews, monthly technical assistance calls, and coaching sessions designed to provide targeted training to EIS programs. However, these policies and guidance materials are not accessible in a single location, resulting in a mixed understanding of system policies in the absence of global, accessible, written system guidance. Therefore, the IDEA Part C Office should consider:

- Collecting system stakeholder input about how the IDEA Part C Manual can be improved and made more effective as a reference document or supplemented by other written policies and guidance, and find additional methods for archiving and making accessible all policy advisories and similar guidelines that EIS programs are expected to follow
- Consulting with stakeholders to Identify additional standardized training that should be made available to all EIS programs and staff. For example, EIS programs cited a previous on-boarding training hosted by the IDEA Part C Office that they valued, but that is no longer available. Similarly, some EIS programs noted a lack of training or inconsistent training in COSF processes, which can generate APR reporting errors. Such training should be standardized and available at all times as it is in states such as Georgia. The ADSD QA team reports that DHHS is considering a broad adoption of an online learning management system for all ADSD providers (including EIS programs) where such training could be housed and accessed.

The IDEA Part C Office has already begun making progress to address parts of the above recommendations. For example, at the time of the evaluation, the IDEA Part C Office was collaborating with ADSD's Quality Assurance team on a new eight-part EI professional series to begin in 2024. The IDEA Part C Office is projected to facilitate the first two parts of the series, which will cover federal regulations and case law. Additionally, the IDEA Part C Office believes that the EI system's Nevada Early Intervention Data System (NEIDS) may be a suitable location to list TA documents for programs.

DHHS should leverage evaluation findings and other internal analyses and develop strategies for monitoring and resolving access disparities

At the time of the evaluation, Nevada was in the process of implementing NEIDS, the new NEIS case management system for use by all EIS programs. The NEIDS system will replace legacy systems and other manual tracking processes, and is expected to improve data quality and reporting capability while reducing duplicative processes in place today that increase administrative burdens on EIS programs. NEIDS is expected to include a web-based referral portal, detailed service logging, case management, billing functionality, and a role-based access platform where parents, EIS program personnel, and DHHS administrators will be able to access information relevant to their roles and responsibilities.

The new system will provide many additional opportunities for utilizing data for quality and access monitoring while reducing current redundancies and inefficiencies in data collection, automating certain outcome calculations (such as the timeliness of service delivery or IFSP development), and the ability to monitor actual service utilization and delivery. For example, at the time of the evaluation, DHHS was unable to measure the extent to which authorized services were delivered. In the future, DHHS divisions supporting NEIS can use actual service delivery data to monitor whether disparities exist on the basis of key demographic factors, such as the child's race or ethnicity, type of provider delivering services, or region in which the child lives.

DHHS divisions supporting NEIS should utilize findings from the evaluation to monitor the extent to which service disparities – primarily based on where children live in Nevada, the language spoken at home, and the type of provider delivering services – are addressed through an in-depth root cause analysis in order to develop a fitting response strategy. Additionally, although the evaluation did not find significant disparities in factors like race and ethnicity, some access related issues tied to a family's language were identified and should be further analyzed with systems data. As part of its data collection and monitoring of potential service disparities, NEIS could consider collecting family income data at the time of referral or eligibility determination to ensure it is able to measure service disparities by factors like income and poverty in recognition of the federal regulations that designate low income families as a traditionally underserved group within EI.

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34 CFR §303.404(d).

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Attachment 1: Community Partner Engagement Survey

Nevada Early Intervention System Evaluation
Provider Survey

1. **Please provide the following contact information:**

Agency Name	
Contact name of individual responsible for completing survey	
Title of contact	
Phone number for contact	
Email address for contact	

2. **Using the definitions provided below, report *total hours paid* and *total wages paid* in the most recently completed fiscal year for each specialty listed in the table.**

   - ***Total Hours Paid:*** *The total is inclusive of paid time off (e.g., holidays) and overtime hours. If staff in these position titles are salaried and actual hours worked are not tracked and cannot be estimated, assume that a full-time employee works 2,080 hours per year.*
   - ***Total Wages Paid:*** *Report actual wages paid, inclusive of overtime pay, shift differentials, paid time off (holidays, vacation pay, etc.), and all other cash compensation. Do not include reimbursement of expenses such as mileage, benefit expenses (such as employer-paid health insurance) or payroll taxes.*

Specialty	Total hours paid	Total wages paid
Service Coordinators		
Developmental Specialists		
Physical Therapists		
Occupational Therapists		
Speech Language Pathologists		

3. **Report the unique number of individuals employed as of the first and last days of the most recently completed fiscal year for each specialty listed in the table. For specialties not listed that you would like to report, use the "Other" lines and please include the job titles.**

Specialty	Number employed as of the first day of the fiscal year	Of these, number still employed as of last day of fiscal year
Service Coordinators		
Developmental Specialists		
Physical Therapists		
Occupational Therapists		
Speech Language Pathologists		
Other 1:		
Other 2:		
Other 3:		

4. **Report the average active caseload for each of the specialties listed in the table. Do not report the cumulative number of children served during the year, or individuals who are not part of the EI program. For specialties not listed that you would like to report, use the "Other" lines and please include the job titles.**

Specialty	Avg. active caseload as of the last day of the fiscal year
Service Coordinators	
Developmental Specialists	
Physical Therapists	
Occupational Therapists	
Speech Language Pathologists	
Other 1:	
Other 2:	
Other 3:	

5. **Describe any challenges you have in <u>hiring</u> individuals in each of the following specialties. For specialties not listed that you would like to report, use the "Other" lines and please include the job titles. Use as much space as needed and please be as detailed as possible.**

Service Coordinators	
Developmental Specialists	
Physical Therapists	
Occupational Therapists	
Speech Language Pathologists	
Other 1:	
Other 2:	
Other 3:	

6. **Describe any challenges you have in <u>retaining</u> individuals in each of the following specialties. For specialties not listed that you would like to report, use the "Other" lines and please include the job titles. Use as much space as needed and please be as detailed as possible.**

Service Coordinators	
Developmental Specialists	
Physical Therapists	
Occupational Therapists	
Speech Language Pathologists	
Other 1:	
Other 2:	
Other 3:	

7. Rank the top the top <u>two</u> reasons individuals in the following specialties cited for leaving employment in the past 1 – 2 years:

Reasons	Service Coordinators (rank 1st and 2nd)	Developmental Specialists (rank 1st and 2nd)	Physical Therapists (rank 1st and 2nd)	Occupational Therapists (rank 1st and 2nd)	Speech Language Pathologists (rank 1st and 2nd)
Pay is too low					
Limited benefits					
Workload/ caseload too overwhelming					
Lack of educational or professional growth opportunities					
Lack of opportunity to promote/ advance career					
More favorable opportunities in other State programs (such as Department of Education)					
Emotional burnout					
Paid endorsement requirement			N/A	N/A	N/A
Other reason(s):					
If other, please specify for each specialty:					

.

8. **What are the primary barriers children within your service area face in accessing Early Intervention services? Please include as much detail as possible.**

9. **What strategies do you feel would be most effective in removing any identified barriers to access? Please include as much detail as possible.**

10. **Describe the primary barriers to expanding services to rural parts of Nevada. Please include as much detail as possible.**

11. **What are the primary barriers to improving service quality for children and families in your service area? Please include as much detail as possible.**

12. **What strategies do you feel would be most effective in improving service quality within your service area? Please include as much detail as possible.**

Attachment 2: Community Partners - Interview Questions

All Provider Questions

1. What would you say is working well with the Early Intervention system as it is today?
2. Considering the basic case cycle, in what ways could the system be improved in the following areas:
    a. Child find/ referral?
    b. Parent/ family engagement?
    c. Service delivery?
    d. Transition?
3. The survey requested data about your workforce in the most recent fiscal year. In July, new rates went into effect. Do you expect these rates will have an impact on:
    a. Wages/ compensation/ benefits?
    b. Ability to hire?
    c. Caseloads?
    d. Other?
4. In what ways is the State providing appropriate levels of support to providers, especially as it relates to improving service access and quality?
5. In what ways can the State provide improved support to providers, especially as it relates to improving service access and quality?
    a. Are there other measures of access your agency has found useful?
    b. Are there other measures of service quality your agency has found useful?
6. Is there anything else you would like to comment on with regard to the system evaluation, including matters related to:
    a. Current system structure
    b. Workforce retention and recruitment
    c. Service outcomes
    d. Transitions from Part C

Attachment 3: Family Engagement Survey

NV EI Family Survey

Nevada Aging and Disability Services Division is evaluating its service delivery system and interested in your feedback. If your child receives or has received Early Intervention services in Nevada, we ask you to complete this survey to tell us about your experience. We're working with a contractor to administer this survey. They will share findings from this survey with us but will not identify you. Your information will be kept confidential. Please fill out one survey for each of your children that is receiving or previously received Early Intervention services in Nevada. Thank you for helping us to understand your experience with Early Intervention services.

1. Would you prefer to read this in:
    a. English
    b. Spanish
2. Does/did your child receive Early Intervention services?
    a. Yes, we are currently receiving services
    b. Yes, we did receive services in the past
    c. No
    d. I don't know

CF: Please answer the following questions about your child's current services and providers to help us understand your experiences with Early Intervention services.
T: Please answer the following questions about your child's most recent Early Intervention services and providers to help us understand your experiences with Early Intervention services and transitioning.

1. How did you first find out about Early Intervention services?
    a. Pediatrician's office
    b. Hospital
    c. Daycare/Preschool
    d. Another parent
    e. Online search
    f. Other: _____
    g. I don't remember
2. CF: What services does your child receive? (please check all that apply)
    a. Occupational Therapy
    b. Physical Therapy
    c. Developmental Specialist Services or Service Coordinator
    d. Speech Therapy
    e. Behavior Therapy
    f. Hearing Services
    g. Vision Services
    h. Nutrition Services
    i. Feeding Services

j. Nursing Services
k. Other: _____
l. I don't know

3. T: What services did your child receive? (please check all that apply)
    a. Occupational Therapy
    b. Physical Therapy
    c. Developmental Specialist Services
    d. Speech Therapy
    e. Behavior Therapy
    f. Hearing or Vision Services
    g. Nutrition Services
    h. Nursing Services
    i. Other: _____
    j. I don't know
4. CF: From what providers does your child currently receive Early Intervention services? (please check all that apply)
    a. Advanced Pediatric Therapies, LLC (APT)
    b. Capability Health and Human Services-North (CHH-North)
    c. Continuum
    d. Northwest Early Intervention Services-Northwest Region (NEIS NW)
    e. Therapy Management Group-North (TMG-North)
    f. Northwest Early Intervention Services-Northeast Region (NEIS NE)
    g. Northwest Early Intervention Services-Carson City (NEIS-CC)
    h. Capability Health and Human Services-South (CHH-South)
    i. MD Developmental Agency (MDDA)
    j. Nevada Northwest Early Intervention Services-South (NEIS South)
    k. Foundation for Positively Kids
    l. Theraplay Solutions
    m. Therapy Management Group-South (TMG-South)
    n. I don't know
5. T: From what providers did your child most recently receive Early Intervention services? (please check all that apply)
    a. Advanced Pediatric Therapies, LLC (APT)
    b. Capability Health and Human Services-North (CHH-North)
    c. Continuum
    d. Nevada Northwest Early Intervention Services-Northwest Region (NEIS NW)
    e. Therapy Management Group-North (TMG-North)
    f. Nevada Northwest Early Intervention Services-Northeast Region (NEIS NE)
    g. Nevada Northwest Early Intervention Services-Carson City (NEIS-CC)
    h. Capability Health and Human Services-South (CHH-South)
    i. MD Developmental Agency (MDDA)
    j. Nevada Northwest Early Intervention Services-South (NEIS South)
    k. Foundation for Positively Kids
    l. Theraplay Solutions

m. Therapy Management Group-South (TMG-South)
n. I don't know

6. If you changed providers for any reason, please share why.
    a. Open-ended
7. CF: How long did it take to get services after your child's Individualized Family Service Plan (IFSP) was developed?
    a. Less than 2 weeks
    b. Less than 1 month (but more than 2 weeks)
    c. Less than 6 weeks (but more than 1 month)
    d. More than 6 weeks
8. CF: How long has your child been receiving services?
    a. Less than 1 month
    b. Less than 6 months (but more than 1 month)
    c. Less than 1 year (but more than 6 months)
    d. More than 1 year
    e. More than 2 years
9. CF: In the past year, how did your child most often receive services?
    a. In-person at home or another place chosen by me
    b. In-person at the providers office
        i. Approximately how close is the providers office where you most often receive services to your home?
            1. Less than a mile away
            2. 1-5 miles away
            3. 6-10 miles away
            4. 11-20 miles away
            5. More than 20 miles away
            6. I don't know
    c. Virtually
    d. Other: _____
10. CF: Is information from Early Intervention available to you in your preferred language?
    a. Yes, all information
    b. Some, but not all information
    c. No
11. CF: Are you able to communicate with the people providing services to your child in your preferred language?
    a. Yes, mostly
    b. Sometimes
    c. No
12. CF: Do you feel that the people providing services to your child understand your family/child needs?
    a. Yes, mostly
    b. Sometimes
    c. No

13. CF: Do you feel that the people providing services to your child are meeting your child's needs?
    a. Yes, mostly
    b. Sometimes
    c. No
14. CF: Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?
    a. Yes
    b. No
    c. I don't know
15. CF: If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?
    a. Yes
        i. Is the plan helpful to figure out what to do next?
            1. Yes
            2. No
            3. I don't know
    b. No
    c. I don't know
    d. My child is not turning 3 within the next 3 months
16. T: Why did your child stop receiving Early Intervention services?
    a. My child met their goals
    b. My child turned 3
    c. I withdrew from Early Intervention services
    d. Other: _____
17. T: After you child stopped receiving Early Intervention services, did they continue receiving other services?
    a. Yes, right away
    b. Yes, but there was a gap of weeks
    c. Yes, but there was a gap of months
    d. No (please explain)
        i. Open-ended
18. T: When Early Intervention ended, where did you continue receiving services or start receiving services? (please check all that apply)
    a. Preschool/Daycare
    b. Head Start
    c. Public school
    d. Private or charter school
    e. Regional Centers
    f. Autism Treatment Assistance Program (ATAP)
    g. Medicaid provider(s)
    h. Private provider(s)
    i. Free community resources
    j. Other: _____

k. I chose to not pursue services after Early Intervention

19. T: When you child stopped receiving Early Intervention services, did your child's transition plan help you figure out what to do next?
    a. Yes
    b. Somewhat
    c. No
20. CF: Are you satisfied with the progress your child is making through Early Intervention services?
    a. Yes, mostly
    b. Yes, somewhat
    c. No, my child is not making much progress
    d. No, my child is not making any progress
    e. I'm not sure
21. T: Are you satisfied with the progress your child made through Early Intervention services?
    a. Yes, mostly
    b. Yes, somewhat
    c. No, my child is not making much progress
    d. No, my child did not make any progress
    e. I'm not sure
22. CF: What is working will with your child's Early Intervention services?
    a. Open-ended
23. T: What worked well when your child transitioned from Early Intervention services?
    a. Open-ended
24. CF: What is not working so well with your child's Early Intervention services?
    a. Open-ended
25. T: What did not work so well when your child transition from Early Intervention services?
    a. Open-ended

Please answer the following questions about you and your child.

26. What is **your** age?
    a. Under 25
    b. 25-34
    c. 35-44
    d. 45-74
    e. 75 or older
27. What is **your child's** age?
    a. Under 1
    b. 1
    c. 2
    d. 3
    e. Over 3
28. What is **your** race and ethnicity? (please check all that apply)
    a. American Indian or Alaska Native

b. Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian)
c. Black or African American
d. North African or Middle Eastern
e. Pacific Islander (Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander)
f. White
g. Hispanic/Latino (Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other Spanish/Hispanic/Latino)
h. Other: _____
i. I prefer not to say

29. What is **your child's** race and ethnicity? (please check all that apply)
    a. American Indian or Alaska Native
    b. Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian)
    c. Black or African American
    d. Pacific Islander (Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander)
    e. White
    f. Hispanic/Latino (Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other Spanish/Hispanic/Latino)
    g. Other: _____
    h. I prefer not to say
30. What is your zip code? __
    a. Open-ended_____
31. What is the primary language spoken at home?
    a. English
    b. Spanish
    c. Other: _____
32. What is your annual household income?
    a. Less than $15,000
    b. $15,001–$25,000
    c. $25,001–$50,000
    d. $50,001–$75,000
    e. Over $75,000
    f. No earned income
    g. I prefer not to say
33. What is your highest level of education?
    a. No high school diploma/GED
    b. High school diploma/GED
    c. Vocational school or certificate program
    d. Some college
    e. College degree or higher
34. Would you be interested/ willing to discuss your experiences with our research team?

a. Yes
    i. Name: _____
    ii. Preferred contact (phone number, e-mail address): _____
    iii. Preferred language: _____
b. No

Attachment 4: Family Engagement Survey Analysis

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
All Respondent Demographic Details

	All Responses		English Surveys		Spanish Surveys	
	Responses	% of Total	Responses	% of Total	Responses	% of Total
Total Responses	355	N/A	321	N/A	34	N/A
Respondent Region						
South	220	66%	192	63%	28	90%
Northwest	77	23%	74	24%	3	10%
Northeast/ Rural	37	11%	37	12%	0	0%
Total Responses	**334**	**100%**	**303**	**100%**	**31**	**100%**
Age of Respondent						
Under 25	27	8%	25	8%	2	6%
25-34	145	41%	132	41%	13	38%
35-44	155	44%	140	44%	15	44%
45-74	27	8%	23	7%	4	12%
75 or older	0	0%	0	0%	0	0%
Total Responses	**354**	**100%**	**320**	**100%**	**34**	**100%**
Primary Language Spoken at Home						
English	290	82%	290	91%	0	0%
Spanish	45	13%	13	4%	32	94%
Other	18	5%	16	5%	2	6%
Total Responses	**353**	**100%**	**319**	**100%**	**34**	**100%**
Child's Age						
Under 1	35	10%	29	9%	6	18%
1	65	18%	56	17%	9	26%
2	207	58%	191	60%	16	47%
3	46	13%	43	13%	3	9%
Over 3	2	1%	2	1%	0	0%
Total Responses	**355**	**100%**	**321**	**100%**	**34**	**100%**
Race/ Ethnicity of Respondent						
White	183	49%	182	54%	1	3%
Hispanic/Latino	105	28%	71	21%	34	94%
Asian	40	11%	40	12%	0	0%
Black or African American	25	7%	25	7%	0	0%
Pacific Islander	9	2%	9	3%	0	0%
American Indian or Alaska Native	4	1%	4	1%	0	0%
Other	3	1%	2	1%	1	3%
North African or Middle Eastern	1	0%	1	0%	0	0%
Total Race/ Ethnicity Selections	**370**	**N/A**	**334**	**N/A**	**36**	**N/A**

*More than one may apply per respondent.

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
All Respondent Demographic Details

	All Responses		English Surveys		Spanish Surveys	
	Responses	**% of Total**	**Responses**	**% of Total**	**Responses**	**% of Total**
Race/ Ethnicity of Respondent's Child						
White	194	45%	190	48%	4	11%
Hispanic/Latino	115	27%	85	22%	30	81%
Asian	47	11%	46	12%	1	3%
Black or African American	42	10%	41	10%	1	3%
Pacific Islander	15	3%	15	4%	0	0%
Other	12	3%	11	3%	1	3%
American Indian or Alaska Native	5	1%	5	1%	0	0%
Total Race/ Ethnicity Selections	**430**	**N/A**	**393**	**N/A**	**37**	**N/A**
Annual Household Income						
Less than $15,000	29	11%	26	11%	3	12%
$15,001–$25,000	32	12%	19	8%	13	52%
$25,001–$50,000	52	20%	45	19%	7	28%
$50,001–$75,000	35	13%	33	14%	2	8%
Over $75,000	118	44%	118	49%	0	0%
Total Responses	**266**	**100%**	**241**	**100%**	**25**	**100%**
Highest Level of Respondent Education						
No high school diploma/GED	19	5%	9	3%	10	30%
High school diploma/GED	59	17%	52	16%	7	21%
Vocational school or certificate program	30	9%	27	8%	3	9%
Some college	61	17%	54	17%	7	21%
College degree or higher	182	52%	176	55%	6	18%
Total Responses	**351**	**100%**	**318**	**100%**	**33**	**100%**

*More than one may apply per respondent.

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

	All Responses		English Surveys		Spanish Surveys	
	Responses	**% of Total**	**Responses**	**% of Total**	**Responses**	**% of Total**
Total Responses	291	N/A	258	N/A	33	N/A
How did you first find out about Early Intervention services?						
Pediatrician's office	151	52.2%	133	51.6%	18	58.1%
Hospital	50	17.3%	43	16.7%	7	22.6%
Daycare/Preschool	2	0.7%	0	0.0%	2	6.5%
Another parent	19	6.6%	18	7.0%	1	3.2%
Online search	13	4.5%	13	5.0%	0	0.0%
I don't remember	10	3.5%	9	3.5%	1	3.2%
Other	44	15.2%	42	16.3%	2	6.5%
Total Responses	**289**	**100%**	**258**	**100%**	**31**	**100%**
What services does your child receive?*						
Speech Therapy	217	76%	194	76%	23	74%
Special Instruction/ Service Coordination	165	57%	154	60%	11	35%
Occupational Therapy	149	52%	131	51%	18	58%
Physical Therapy	101	35%	88	34%	13	42%
Nutrition Services	47	16%	42	16%	5	16%
Feeding Services	31	11%	30	12%	1	3%
Hearing Services	25	9%	24	9%	1	3%
Behavior Therapy	19	7%	17	7%	2	6%
Vision Services	18	6%	17	7%	1	3%
Other	8	3%	8	3%	0	0%
Nursing Services	1	0%	1	0%	0	0%
Total Unique Responses	**287**	**N/A**	**256**	**N/A**	**31**	**N/A**

*More than one may apply per respondent.

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

	All Responses		English Surveys		Spanish Surveys	
	Responses	**% of Total**	**Responses**	**% of Total**	**Responses**	**% of Total**
How long has your child been receiving services?						
Less than 1 month	21	7%	17	7%	4	13%
Less than 6 months (but more than 1 month)	96	34%	87	35%	9	29%
Less than 1 year (but more than 6 months)	73	26%	63	25%	10	32%
More than 1 year	70	25%	63	25%	7	23%
More than 2 years	23	8%	22	9%	1	3%
Total Unique Responses	**283**	**100%**	**252**	**100%**	**31**	**100%**
In the past year, how did your child most often receive services?						
In-person at home or another place chosen by me	256	88%	227	88%	29	88%
Other	16	5%	14	5%	2	6%
Virtually	12	4%	10	4%	2	6%
In-person at the providers office	7	2%	7	3%	0	0%
Total Unique Responses	**291**	**100%**	**258**	**100%**	**33**	**100%**
Is information from Early Intervention available to you in your preferred language?						
Yes, all information	277	97%	252	99%	25	78%
Some, but not all information	7	2%	2	1%	5	16%
No	2	1%	0	0%	2	6%
Total Unique Responses	**286**	**100%**	**254**	**100%**	**32**	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

	All Responses		English Surveys		Spanish Surveys	
	Responses	**% of Total**	**Responses**	**% of Total**	**Responses**	**% of Total**
Are you able to communicate with the people providing services to your child in your preferred language?						
Yes, mostly	282	99%	253	100%	29	91%
Sometimes	4	1%	1	0%	3	9%
No	0	0%	0	0%	0	0%
Total Unique Responses	**286**	**100%**	**254**	**100%**	**32**	**100%**
Do you feel that the people providing services to your child understand your family/child needs?						
Yes, mostly	265	93%	236	93%	29	91%
Sometimes	19	7%	16	6%	3	9%
No	2	1%	2	1%	0	0%
Total Unique Responses	**286**	**100%**	**254**	**100%**	**32**	**100%**
Do you feel that the people providing services to your child are meeting your child's needs?						
Yes, mostly	244	85%	219	86%	25	78%
Sometimes	32	11%	26	10%	6	19%
No	10	3%	9	4%	1	3%
Total Unique Responses	**286**	**100%**	**254**	**100%**	**32**	**100%**
Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?						
Yes	259	91%	233	92%	26	81%
No	18	6%	15	6%	3	9%
I don't know	7	2%	4	2%	3	9%
Total Unique Responses	**284**	**100%**	**252**	**100%**	**32**	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

	All Responses		English Surveys		Spanish Surveys	
	Responses	**% of Total**	**Responses**	**% of Total**	**Responses**	**% of Total**
If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?						
Yes	67	74%	57	75%	10	71%
No	14	16%	12	16%	2	14%
I don't know	9	10%	7	9%	2	14%
Total Unique Responses	**90**	**100%**	**76**	**100%**	**14**	**100%**
Is the plan helpful to figure out what to do next?						
Yes	60	91%	51	91%	9	90%
No	2	3%	2	4%	0	0%
I don't know	4	6%	3	5%	1	10%
Total Unique Responses	**66**	**100%**	**56**	**100%**	**10**	**100%**
Are you satisfied with the progress your child is making through Early Intervention services?						
Yes, mostly	196	70%	176	71%	20	65%
Yes, somewhat	53	19%	47	19%	6	19%
No, my child is not making much progress	15	5%	12	5%	3	10%
No, my child is not making any progress	7	3%	6	2%	1	3%
I'm not sure	9	3%	8	3%	1	3%
Total Unique Responses	**280**	**100%**	**249**	**100%**	**31**	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Age of Respondent							
Under 25	8	5	0	1	1	3	**18**
Pct. in Sub-Group	44%	28%	0%	6%	6%	17%	**100%**
25-34	63	23	0	4	6	1	**97**
Pct. in Sub-Group	65%	24%	0%	4%	6%	1%	**100%**
35-44	64	19	2	12	4	3	**104**
Pct. in Sub-Group	62%	18%	2%	12%	4%	3%	**100%**
45-74	7	2	0	1	1	2	**13**
Pct. in Sub-Group	54%	15%	0%	8%	8%	15%	**100%**
75 or older	0	0	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Age of Respondent's Child							
Under 1	9	16	0	2	0	1	**28**
Pct. in Sub-Group	32%	57%	0%	7%	0%	4%	**100%**
1 Year	23	16	0	3	2	1	**45**
Pct. in Sub-Group	51%	36%	0%	7%	4%	2%	**100%**
2 Year	104	16	2	13	11	7	**153**
Pct. in Sub-Group	68%	10%	1%	8%	7%	5%	**100%**
3 Year	6	1	0	0	0	0	**7**
Pct. in Sub-Group	86%	14%	0%	0%	0%	0%	**100%**
Over 3	0	0	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Race/ Ethnicity of Respondent							
American Indian or Alaska Native	2	0	0	0	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	**100%**
Asian	15	7	0	3	3	0	**28**
Pct. in Sub-Group	54%	25%	0%	11%	11%	0%	**100%**
Black or African American	10	2	0	1	0	1	**14**
Pct. in Sub-Group	71%	14%	0%	7%	0%	7%	**100%**
North African or Middle Eastern	1	0	0	0	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	**100%**
Pacific Islander	5	1	0	0	0	0	**6**
Pct. in Sub-Group	83%	17%	0%	0%	0%	0%	**100%**
White	67	24	0	12	6	6	**115**
Pct. in Sub-Group	58%	21%	0%	10%	5%	5%	**100%**
Hispanic/Latino	51	13	2	2	3	4	**75**
Pct. in Sub-Group	68%	17%	3%	3%	4%	5%	**100%**
Did Not Disclose	41	16	1	6	5	3	**72**
Pct. in Sub-Group	57%	22%	1%	8%	7%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Race/ Ethnicity of Respondent's Child							
American Indian or Alaska Native	2	0	0	0	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	**100%**
Asian	18	10	0	2	2	0	**32**
Pct. in Sub-Group	56%	31%	0%	6%	6%	0%	**100%**
Black or African American	15	4	0	3	0	2	**24**
Pct. in Sub-Group	63%	17%	0%	13%	0%	8%	**100%**
North African or Middle Eastern	6	5	0	1	0	0	**12**
Pct. in Sub-Group	50%	42%	0%	8%	0%	0%	**100%**
Pacific Islander	73	25	0	11	9	5	**123**
Pct. in Sub-Group	59%	20%	0%	9%	7%	4%	**100%**
White	52	16	2	5	3	4	**82**
Pct. in Sub-Group	63%	20%	2%	6%	4%	5%	**100%**
Hispanic/Latino	8	3	0	0	1	0	**12**
Pct. in Sub-Group	67%	25%	0%	0%	8%	0%	**100%**
Did Not Disclose	8	3	0	0	1	0	**12**
Pct. in Sub-Group	67%	25%	0%	0%	8%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Annual Household Income							
Less than $15,000	12	2	0	2	0	2	**18**
Pct. in Sub-Group	67%	11%	0%	11%	0%	11%	**100%**
$15,001–$25,000	14	5	1	1	1	0	**22**
Pct. in Sub-Group	64%	23%	5%	5%	5%	0%	**100%**
$25,001–$50,000	24	8	0	2	2	2	**38**
Pct. in Sub-Group	63%	21%	0%	5%	5%	5%	**100%**
$50,001–$75,000	7	5	0	1	1	0	**14**
Pct. in Sub-Group	50%	36%	0%	7%	7%	0%	**100%**
Over $75,000	48	15	0	6	5	2	**76**
Pct. in Sub-Group	63%	20%	0%	8%	7%	3%	**100%**
No earned income	2	1	0	0	0	0	**3**
Pct. in Sub-Group	67%	33%	0%	0%	0%	0%	**100%**
I prefer not to say	41	16	1	6	5	3	**72**
Pct. in Sub-Group	57%	22%	1%	8%	7%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Highest Level of Respondent Education							
No high school diploma/GED	8	2	0	0	0	3	**13**
Pct. in Sub-Group	62%	15%	0%	0%	0%	23%	**100%**
High school diploma/GED	31	5	1	1	2	2	**42**
Pct. in Sub-Group	74%	12%	2%	2%	5%	5%	**100%**
Vocational school/ Cert.	17	3	0	1	2	0	**23**
Pct. in Sub-Group	74%	13%	0%	4%	9%	0%	**100%**
Some college	26	11	0	3	2	2	**44**
Pct. in Sub-Group	59%	25%	0%	7%	5%	5%	**100%**
College degree or higher	59	27	1	13	7	2	**109**
Pct. in Sub-Group	54%	25%	1%	12%	6%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Region in Which Respondent's Family Resides							
South	88	28	2	13	10	5	**146**
South Pct. Sub-Group	60%	19%	1%	9%	7%	3%	**100%**
Northwest	30	12	0	3	2	3	**50**
Pct. in Sub-Group	60%	24%	0%	6%	4%	6%	**100%**
Northeast/ Rural	18	5	0	0	1	1	**25**
Pct. in Sub-Group	72%	20%	0%	0%	4%	4%	**100%**
Region Not Identified	15	5	0	3	0	1	**24**
Pct. in Sub-Group	63%	21%	0%	13%	0%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

What services does your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing Services	Vision Services	Nutrition Services	Feeding Services	Nursing Services
Age of Respondent										
Under 25	11	11	12	17	2	2	1	4	1	1
Pct. in Sub-Group	55%	55%	60%	85%	10%	10%	5%	20%	5%	5%
25-34	61	44	69	82	8	15	8	15	12	0
Pct. in Sub-Group	53%	38%	59%	71%	7%	13%	7%	13%	10%	0%
35-44	61	37	66	90	9	5	7	23	15	0
Pct. in Sub-Group	50%	31%	55%	74%	7%	4%	6%	19%	12%	0%
45-74	11	5	10	16	0	2	1	2	1	0
Pct. in Sub-Group	61%	28%	56%	89%	0%	11%	6%	11%	6%	0%
75 or older	0	0	0	0	0	0	0	0	0	0
Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

What services does your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing Services	Vision Services	Nutrition Services	Feeding Services	Nursing Services
Age of Respondent's Child										
Under 1	15	24	18	4	1	5	1	8	5	0
Under 1	44%	71%	53%	12%	3%	15%	3%	24%	15%	0%
1 Year	24	29	35	37	1	8	6	13	7	1
Pct. in Sub-Group	44%	54%	65%	69%	2%	15%	11%	24%	13%	2%
2 Year	99	44	101	157	16	11	10	23	16	0
Pct. in Sub-Group	55%	24%	56%	87%	9%	6%	6%	13%	9%	0%
3 Year	6	1	4	8	1	0	0	0	1	0
Pct. in Sub-Group	75%	13%	50%	100%	13%	0%	0%	0%	13%	0%
Over 3	0	0	0	0	0	0	0	0	0	0
Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

What services does your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing Services	Vision Services	Nutrition Services	Feeding Services	Nursing Services
Race/ Ethnicity of Respondent										
American Indian or Alaska Native	2	0	0	1	0	1	0	0	0	0
Pct. in Sub-Group	100%	0%	0%	50%	0%	50%	0%	0%	0%	0%
Asian	14	10	19	28	0	0	1	4	3	0
Pct. in Sub-Group	47%	33%	63%	93%	0%	0%	3%	13%	10%	0%
Black or African American	10	2	11	14	1	1	0	1	1	0
Pct. in Sub-Group	56%	11%	61%	78%	6%	6%	0%	6%	6%	0%
North African or Middle Eastern	1	0	0	1	0	0	0	0	0	0
Pct. in Sub-Group	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%
Pacific Islander	4	3	3	4	1	2	3	2	2	0
Pct. in Sub-Group	67%	50%	50%	67%	17%	33%	50%	33%	33%	0%
White	72	54	91	107	10	19	11	24	15	1
Pct. in Sub-Group	51%	38%	65%	76%	7%	13%	8%	17%	11%	1%
Hispanic/Latino	49	30	39	65	9	3	3	13	7	0
Pct. in Sub-Group	56%	34%	44%	74%	10%	3%	3%	15%	8%	0%
Did Not Disclose	6	5	7	7	0	0	0	3	2	0
Pct. in Sub-Group	55%	45%	64%	64%	0%	0%	0%	27%	18%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

What services does your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing Services	Vision Services	Nutrition Services	Feeding Services	Nursing Services
Race/ Ethnicity of Respondent's Child										
American Indian or Alaska Native	2	0	0	1	0	1	0	0	0	0
Pct. in Sub-Group	100%	0%	0%	50%	0%	50%	0%	0%	0%	0%
Asian	16	13	23	31	0	0	2	5	6	0
Pct. in Sub-Group	46%	37%	66%	89%	0%	0%	6%	14%	17%	0%
Black or African American	16	5	16	22	1	1	0	2	2	0
Pct. in Sub-Group	53%	17%	53%	73%	3%	3%	0%	7%	7%	0%
North African or Middle Eastern	0	0	0	0	0	0	0	0	0	0
Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-
Pacific Islander	80	56	93	113	13	19	13	29	17	1
Pct. in Sub-Group	667%	467%	775%	942%	108%	158%	108%	242%	142%	8%
White	54	36	49	72	9	4	3	13	8	0
Pct. in Sub-Group	36%	24%	33%	48%	6%	3%	2%	9%	5%	0%
Hispanic/Latino	6	5	7	8	0	0	0	3	2	0
Pct. in Sub-Group	6%	5%	7%	8%	0%	0%	0%	3%	2%	0%
Did Not Disclose	6	5	7	8	0	0	0	3	2	0
Pct. in Sub-Group	50%	42%	58%	67%	0%	0%	0%	25%	17%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

What services does your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing Services	Vision Services	Nutrition Services	Feeding Services	Nursing Services
Annual Household Income										
Less than $15,000	11	6	6	17	0	4	0	3	1	0
Pct. in Sub-Group	61%	33%	33%	94%	0%	22%	0%	17%	6%	0%
$15,001–$25,000	15	10	10	19	3	2	2	4	2	0
Pct. in Sub-Group	54%	36%	36%	68%	11%	7%	7%	14%	7%	0%
$25,001–$50,000	23	13	20	29	4	2	0	4	5	0
Pct. in Sub-Group	58%	33%	50%	73%	10%	5%	0%	10%	13%	0%
$50,001–$75,000	9	8	17	15	3	0	0	2	2	0
Pct. in Sub-Group	43%	38%	81%	71%	14%	0%	0%	10%	10%	0%
Over $75,000	42	31	65	72	3	13	9	15	12	0
Pct. in Sub-Group	45%	33%	70%	77%	3%	14%	10%	16%	13%	0%
No earned income	3	1	2	3	0	0	0	1	1	1
Pct. in Sub-Group	100%	33%	67%	100%	0%	0%	0%	33%	33%	33%
I prefer not to say	46	33	43	57	6	3	6	16	7	0
Pct. in Sub-Group	65%	46%	61%	80%	8%	4%	8%	23%	10%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

What services does your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing Services	Vision Services	Nutrition Services	Feeding Services	Nursing Services
Highest Level of Respondent Education										
No high school diploma/GED	10	9	8	13	0	2	1	4	2	0
Pct. in Sub-Group	59%	53%	47%	76%	0%	12%	6%	24%	12%	0%
High school diploma/GED	26	14	24	39	7	2	2	9	4	1
Pct. in Sub-Group	53%	29%	49%	80%	14%	4%	4%	18%	8%	2%
Vocational school/ Cert.	14	10	11	15	2	2	2	2	2	0
Pct. in Sub-Group	61%	43%	48%	65%	9%	9%	9%	9%	9%	0%
Some college	31	16	22	37	4	3	2	6	3	0
Pct. in Sub-Group	66%	34%	47%	79%	9%	6%	4%	13%	6%	0%
College degree or higher	62	46	90	101	5	15	10	21	17	0
Pct. in Sub-Group	45%	34%	66%	74%	4%	11%	7%	15%	12%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

What services does your child receive?

Region in Which Respondent's Family Resides	**Occupational Therapy**	**Physical Therapy**	**Sp. Instruction/ Serv. Coord.**	**Speech Therapy**	**Behavior Therapy**	**Hearing Services**	**Vision Services**	**Nutrition Services**	**Feeding Services**	**Nursing Services**
South	103	57	8	138	16	11	8	20	18	0
South Pct. Sub-Group	47%	26%	4%	62%	7%	5%	4%	9%	8%	0%
Northwest	17	25	0	41	1	9	4	8	6	0
Pct. in Sub-Group	22%	32%	0%	53%	1%	12%	5%	10%	8%	0%
Northeast/ Rural	16	12	0	23	2	4	5	12	3	1
Pct. in Sub-Group	43%	32%	0%	62%	5%	11%	14%	32%	8%	3%
Region Not Identified	13	7	3	15	0	1	1	7	4	0
Pct. in Sub-Group	11%	6%	2%	12%	0%	1%	1%	6%	3%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

From what providers does your child currently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Northwest Early Intervention Services-Northeast Region (NEIS Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Age of Respondent												
Under 25	0	2	1	5	1	1	0	0	0	1	0	0	0	12
Pct. in Sub-Group	0%	9%	4%	22%	4%	4%	0%	0%	0%	4%	0%	0%	0%	52%
25-34	1	7	0	15	13	9	1	4	3	6	2	3	12	47
Pct. in Sub-Group	1%	6%	0%	12%	11%	7%	1%	3%	2%	5%	2%	2%	10%	38%
35-44	2	9	0	10	12	4	3	6	5	13	2	9	13	36
Pct. in Sub-Group	2%	7%	0%	8%	10%	3%	2%	5%	4%	10%	2%	7%	10%	29%
45-74	1	1	0	3	0	3	1	0	0	1	2	1	3	2
Pct. in Sub-Group	6%	6%	0%	17%	0%	17%	6%	0%	0%	6%	11%	6%	17%	11%
75 or older	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

From what providers does your child currently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Northwest Early Intervention Services-Northeast Region (NEIS Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Age of Respondent's Child												
Under 1	0	3	0	4	1	2	1	1	2	2	1	2	4	11
Under 1	0%	9%	0%	12%	3%	6%	3%	3%	6%	6%	3%	6%	12%	32%
1 Year	3	3	0	11	3	4	1	0	1	4	0	1	3	21
Pct. in Sub-Group	5%	5%	0%	20%	5%	7%	2%	0%	2%	7%	0%	2%	5%	38%
2 Year	0	13	1	17	21	10	3	9	5	15	5	10	20	63
Pct. in Sub-Group	0%	7%	1%	9%	11%	5%	2%	5%	3%	8%	3%	5%	10%	33%
3 Year	1	0	0	1	1	1	0	0	0	0	0	0	2	2
Pct. in Sub-Group	13%	0%	0%	13%	13%	13%	0%	0%	0%	0%	0%	0%	25%	25%
Over 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

From what providers does your child currently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Northwest Early Intervention Services-Northeast Region (NEIS Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Race/ Ethnicity of Respondent												
American Indian or Alaska Native	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Pct. in Sub-Group	50%	0%	0%	0%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Asian	0	1	0	1	3	0	0	0	1	4	0	1	11	10
Pct. in Sub-Group	0%	3%	0%	3%	9%	0%	0%	0%	3%	13%	0%	3%	34%	31%
Black or African American	0	0	0	1	5	0	0	0	0	2	1	3	1	5
Pct. in Sub-Group	0%	0%	0%	6%	28%	0%	0%	0%	0%	11%	6%	17%	6%	28%
North African or Middle Eastern	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%
Pacific Islander	0	0	0	1	1	0	0	0	0	0	1	0	0	3
Pct. in Sub-Group	0%	0%	0%	17%	17%	0%	0%	0%	0%	0%	17%	0%	0%	50%
White	1	10	1	26	9	14	4	7	2	10	2	4	12	50
Pct. in Sub-Group	1%	7%	1%	17%	6%	9%	3%	5%	1%	7%	1%	3%	8%	33%
Hispanic/Latino	2	7	0	2	11	3	2	3	3	8	2	6	7	33
Pct. in Sub-Group	2%	8%	0%	2%	12%	3%	2%	3%	3%	9%	2%	7%	8%	37%
Did Not Disclose	1	8	0	8	7	4	1	3	6	7	1	5	10	25
Pct. in Sub-Group	1%	9%	0%	9%	8%	5%	1%	3%	7%	8%	1%	6%	12%	29%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

From what providers does your child currently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Northwest Early Intervention Services-Northeast Region (NEIS Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Race/ Ethnicity of Respondent's Child												
American Indian or Alaska Native	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Pct. in Sub-Group	50%	0%	0%	0%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Asian	0	0	0	1	3	0	0	0	1	6	1	1	10	14
Pct. in Sub-Group	0%	0%	0%	3%	8%	0%	0%	0%	3%	16%	3%	3%	27%	38%
Black or African American	0	1	0	2	6	1	0	0	1	4	1	3	3	8
Pct. in Sub-Group	0%	3%	0%	7%	20%	3%	0%	0%	3%	13%	3%	10%	10%	27%
North African or Middle Eastern	0	0	0	1	1	1	0	0	0	3	1	0	0	6
Pct. in Sub-Group	0%	0%	0%	8%	8%	8%	0%	0%	0%	23%	8%	0%	0%	46%
Pacific Islander	1	12	1	26	10	13	4	6	2	11	2	4	13	55
Pct. in Sub-Group	1%	8%	1%	16%	6%	8%	3%	4%	1%	7%	1%	3%	8%	34%
White	2	8	0	5	11	4	2	7	3	7	2	6	8	34
Pct. in Sub-Group	2%	8%	0%	5%	11%	4%	2%	7%	3%	7%	2%	6%	8%	34%
Hispanic/Latino	0	1	0	2	2	1	0	1	1	0	0	0	1	4
Pct. in Sub-Group	0%	8%	0%	15%	15%	8%	0%	8%	8%	0%	0%	0%	8%	31%
Did Not Disclose	0	1	0	2	2	1	0	1	1	0	0	0	1	4
Pct. in Sub-Group	0%	8%	0%	15%	15%	8%	0%	8%	8%	0%	0%	0%	8%	31%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

From what providers does your child currently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Northwest Early Intervention Services-Northeast Region (NEIS Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Annual Household Income												
Less than $15,000	1	0	1	3	2	1	0	0	1	0	2	2	0	7
Pct. in Sub-Group	5%	0%	5%	15%	10%	5%	0%	0%	5%	0%	10%	10%	0%	35%
$15,001–$25,000	0	2	0	2	6	2	0	0	0	0	1	1	4	13
Pct. in Sub-Group	0%	6%	0%	6%	19%	6%	0%	0%	0%	0%	3%	3%	13%	42%
$25,001–$50,000	1	1	0	2	4	2	2	3	1	3	2	3	3	14
Pct. in Sub-Group	2%	2%	0%	5%	10%	5%	5%	7%	2%	7%	5%	7%	7%	34%
$50,001–$75,000	1	1	0	2	1	1	0	1	1	1	0	1	3	8
Pct. in Sub-Group	5%	5%	0%	10%	5%	5%	0%	5%	5%	5%	0%	5%	14%	38%
Over $75,000	0	8	0	17	6	7	2	4	0	8	0	1	10	34
Pct. in Sub-Group	0%	8%	0%	18%	6%	7%	2%	4%	0%	8%	0%	1%	10%	35%
No earned income	0	0	0	1	0	1	0	0	0	1	0	0	0	0
Pct. in Sub-Group	0%	0%	0%	33%	0%	33%	0%	0%	0%	33%	0%	0%	0%	0%
I prefer not to say	1	8	0	8	7	4	1	3	6	7	1	5	10	25
Pct. in Sub-Group	1%	9%	0%	9%	8%	5%	1%	3%	7%	8%	1%	6%	12%	29%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

From what providers does your child currently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Northwest Early Intervention Services-Northeast Region (NEIS Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Highest Level of Respondent Education												
No high school diploma/GED	2	3	0	1	0	2	0	0	2	1	1	0	0	5
Pct. in Sub-Group	12%	18%	0%	6%	0%	12%	0%	0%	12%	6%	6%	0%	0%	29%
High school diploma/GED	1	2	1	6	7	4	0	1	1	3	2	0	4	22
Pct. in Sub-Group	2%	4%	2%	11%	13%	7%	0%	2%	2%	6%	4%	0%	7%	41%
Vocational school/ Cert.	1	1	0	0	5	1	0	3	0	0	0	3	4	8
Pct. in Sub-Group	4%	4%	0%	0%	19%	4%	0%	12%	0%	0%	0%	12%	15%	31%
Some college	0	2	0	9	4	1	0	2	1	3	2	1	5	19
Pct. in Sub-Group	0%	4%	0%	18%	8%	2%	0%	4%	2%	6%	4%	2%	10%	39%
College degree or higher	0	11	0	17	10	9	5	4	4	13	1	9	16	41
Pct. in Sub-Group	0%	8%	0%	12%	7%	6%	4%	3%	3%	9%	1%	6%	11%	29%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long did it take to get services after your child's Individualized Family Service Plan (IFSP) was developed?

	Less than 2 weeks	Less than 1 month (but more than 2 weeks)	Less than 6 weeks (but more than 1 month)	More than 6 weeks	Total
Age of Respondent					
Under 25	9	5	3	2	**19**
Pct. in Sub-Group	47%	26%	16%	11%	**100%**
25-34	49	41	16	10	**116**
Pct. in Sub-Group	42%	35%	14%	9%	**100%**
35-44	33	59	16	14	**122**
Pct. in Sub-Group	27%	48%	13%	11%	**100%**
45-74	10	6	1	1	**18**
Pct. in Sub-Group	56%	33%	6%	6%	**100%**
75 or older	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	**0%**
Age of Respondent's Child					
Under 1	13	15	3	3	**34**
Under 1	38%	44%	9%	9%	**100%**
1 Year	22	15	10	7	**54**
Pct. in Sub-Group	41%	28%	19%	13%	**100%**
2 Year	64	78	23	15	**180**
Pct. in Sub-Group	36%	43%	13%	8%	**100%**
3 Year	3	3	0	2	**8**
Pct. in Sub-Group	38%	38%	0%	25%	**100%**
Over 3	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long did it take to get services after your child's Individualized Family Service Plan (IFSP) was developed?

	Less than 2 weeks	Less than 1 month (but more than 2 weeks)	Less than 6 weeks (but more than 1 month)	More than 6 weeks	Total
Race/ Ethnicity of Respondent					
American Indian or Alaska Native	1	0	0	1	**2**
Pct. in Sub-Group	50%	0%	0%	50%	**100%**
Asian	13	8	6	3	**30**
Pct. in Sub-Group	43%	27%	20%	10%	**100%**
Black or African American	10	5	3	0	**18**
Pct. in Sub-Group	56%	28%	17%	0%	**100%**
North African or Middle Eastern	0	1	0	0	**1**
Pct. in Sub-Group	0%	100%	0%	0%	**100%**
Pacific Islander	3	3	0	0	**6**
Pct. in Sub-Group	50%	50%	0%	0%	**100%**
White	49	58	17	18	**142**
Pct. in Sub-Group	35%	41%	12%	13%	**100%**
Hispanic/Latino	32	39	9	7	**87**
Pct. in Sub-Group	37%	45%	10%	8%	**100%**
Did Not Disclose	28	38	8	7	**81**
Pct. in Sub-Group	35%	47%	10%	9%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long did it take to get services after your child's Individualized Family Service Plan (IFSP) was developed?

	Less than 2 weeks	Less than 1 month (but more than 2 weeks)	Less than 6 weeks (but more than 1 month)	More than 6 weeks	Total
Race/ Ethnicity of Respondent's Child					
American Indian or Alaska Native	1	0	0	1	**2**
Pct. in Sub-Group	50%	0%	0%	50%	**100%**
Asian	12	10	9	4	**35**
Pct. in Sub-Group	34%	29%	26%	11%	**100%**
Black or African American	13	11	5	1	**30**
Pct. in Sub-Group	43%	37%	17%	3%	**100%**
North African or Middle Eastern	6	3	3	0	**12**
Pct. in Sub-Group	50%	25%	25%	0%	**100%**
Pacific Islander	54	59	21	16	**150**
Pct. in Sub-Group	36%	39%	14%	11%	**100%**
White	36	43	9	7	**95**
Pct. in Sub-Group	38%	45%	9%	7%	**100%**
Hispanic/Latino	1	6	3	2	**12**
Pct. in Sub-Group	8%	50%	25%	17%	**100%**
Did Not Disclose	1	6	3	2	**12**
Pct. in Sub-Group	8%	50%	25%	17%	**100%**
Annual Household Income					
Less than $15,000	11	4	2	1	**18**
Pct. in Sub-Group	61%	22%	11%	6%	**100%**
$15,001–$25,000	13	11	3	1	**28**
Pct. in Sub-Group	46%	39%	11%	4%	**100%**
$25,001–$50,000	15	14	7	4	**40**
Pct. in Sub-Group	38%	35%	18%	10%	**100%**
$50,001–$75,000	6	11	4	0	**21**
Pct. in Sub-Group	29%	52%	19%	0%	**100%**
Over $75,000	27	37	15	15	**94**
Pct. in Sub-Group	29%	39%	16%	16%	**100%**
No earned income	2	0	0	1	**3**
Pct. in Sub-Group	67%	0%	0%	33%	**100%**
I prefer not to say	28	38	8	7	**81**
Pct. in Sub-Group	35%	47%	10%	9%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long did it take to get services after your child's Individualized Family Service Plan (IFSP) was developed?

	Less than 2 weeks	Less than 1 month (but more than 2 weeks)	Less than 6 weeks (but more than 1 month)	More than 6 weeks	Total
Highest Level of Respondent Education					
No high school diploma/GED	6	10	0	1	**17**
Pct. in Sub-Group	35%	59%	0%	6%	**100%**
High school diploma/GED	21	20	3	4	**48**
Pct. in Sub-Group	44%	42%	6%	8%	**100%**
Vocational school/ Cert.	11	8	3	1	**23**
Pct. in Sub-Group	48%	35%	13%	4%	**100%**
Some college	15	20	7	5	**47**
Pct. in Sub-Group	32%	43%	15%	11%	**100%**
College degree or higher	46	53	23	16	**138**
Pct. in Sub-Group	33%	38%	17%	12%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long did it take to get services after your child's Individualized Family Service Plan (IFSP) was developed?

	Less than 2 weeks	Less than 1 month (but more than 2 weeks)	Less than 6 weeks (but more than 1 month)	More than 6 weeks	Total
Region in Which Respondent's Family Resides					
South	64	80	18	9	**171**
South Pct. Sub-Group	37%	47%	11%	5%	**100%**
Northwest	16	16	14	14	**60**
Pct. in Sub-Group	27%	27%	23%	23%	**100%**
Northeast/ Rural	16	11	3	4	**34**
Pct. in Sub-Group	47%	32%	9%	12%	**100%**
Region Not Identified	9	12	2	0	**23**
Pct. in Sub-Group	39%	52%	9%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long has your child been receiving services?

	Less than 1 month	Less than 6 months (but more than 1 month)	Less than 1 year (but more than 6 months)	More than 1 year	More than 2 years	Total
Age of Respondent						
Under 25	2	7	6	3	2	**20**
Pct. in Sub-Group	10%	35%	30%	15%	10%	**100%**
25-34	9	40	29	27	10	**115**
Pct. in Sub-Group	8%	35%	25%	23%	9%	**100%**
35-44	8	38	33	33	8	**120**
Pct. in Sub-Group	7%	32%	28%	28%	7%	**100%**
45-74	2	5	2	5	3	**17**
Pct. in Sub-Group	12%	29%	12%	29%	18%	**100%**
75 or older	0	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	-	**0%**
Age of Respondent's Child						
Under 1	3	20	10	1	0	**34**
Under 1	9%	59%	29%	3%	0%	**100%**
1 Year	5	14	16	20	0	**55**
Pct. in Sub-Group	9%	25%	29%	36%	0%	**100%**
2 Year	12	56	43	45	20	**176**
Pct. in Sub-Group	7%	32%	24%	26%	11%	**100%**
3 Year	1	0	1	3	3	**8**
Pct. in Sub-Group	13%	0%	13%	38%	38%	**100%**
Over 3	0	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long has your child been receiving services?

	Less than 1 month	Less than 6 months (but more than 1 month)	Less than 1 year (but more than 6 months)	More than 1 year	More than 2 years	Total
Race/ Ethnicity of Respondent						
American Indian or Alaska Native	1	0	0	0	1	**2**
Pct. in Sub-Group	50%	0%	0%	0%	50%	**100%**
Asian	0	15	4	9	2	**30**
Pct. in Sub-Group	0%	50%	13%	30%	7%	**100%**
Black or African American	2	6	3	5	1	**17**
Pct. in Sub-Group	12%	35%	18%	29%	6%	**100%**
North African or Middle Eastern	0	1	0	0	0	**1**
Pct. in Sub-Group	0%	100%	0%	0%	0%	**100%**
Pacific Islander	2	0	3	0	1	**6**
Pct. in Sub-Group	33%	0%	50%	0%	17%	**100%**
White	7	39	39	42	13	**140**
Pct. in Sub-Group	5%	28%	28%	30%	9%	**100%**
Hispanic/Latino	9	32	20	17	8	**86**
Pct. in Sub-Group	10%	37%	23%	20%	9%	**100%**
Did Not Disclose	6	29	24	16	6	**81**
Pct. in Sub-Group	7%	36%	30%	20%	7%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long has your child been receiving services?

	Less than 1 month	Less than 6 months (but more than 1 month)	Less than 1 year (but more than 6 months)	More than 1 year	More than 2 years	Total
Race/ Ethnicity of Respondent's Child						
American Indian or Alaska Native	1	0	0	0	1	**2**
Pct. in Sub-Group	50%	0%	0%	0%	50%	**100%**
Asian	0	14	6	12	3	**35**
Pct. in Sub-Group	0%	40%	17%	34%	9%	**100%**
Black or African American	2	9	6	9	2	**28**
Pct. in Sub-Group	7%	32%	21%	32%	7%	**100%**
North African or Middle Eastern	2	1	4	4	1	**12**
Pct. in Sub-Group	17%	8%	33%	33%	8%	**100%**
Pacific Islander	8	44	41	42	12	**147**
Pct. in Sub-Group	5%	30%	28%	29%	8%	**100%**
White	9	34	24	20	8	**95**
Pct. in Sub-Group	9%	36%	25%	21%	8%	**100%**
Hispanic/Latino	1	4	4	1	2	**12**
Pct. in Sub-Group	8%	33%	33%	8%	17%	**100%**
Did Not Disclose	1	4	4	1	2	**12**
Pct. in Sub-Group	8%	33%	33%	8%	17%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long has your child been receiving services?

	Less than 1 month	Less than 6 months (but more than 1 month)	Less than 1 year (but more than 6 months)	More than 1 year	More than 2 years	Total
Annual Household Income						
Less than $15,000	3	4	4	5	2	**18**
Pct. in Sub-Group	17%	22%	22%	28%	11%	**100%**
$15,001–$25,000	1	10	9	5	3	**28**
Pct. in Sub-Group	4%	36%	32%	18%	11%	**100%**
$25,001–$50,000	5	10	8	12	3	**38**
Pct. in Sub-Group	13%	26%	21%	32%	8%	**100%**
$50,001–$75,000	0	7	7	4	2	**20**
Pct. in Sub-Group	0%	35%	35%	20%	10%	**100%**
Over $75,000	7	31	20	27	9	**94**
Pct. in Sub-Group	7%	33%	21%	29%	10%	**100%**
No earned income	0	0	2	1	0	**3**
Pct. in Sub-Group	0%	0%	67%	33%	0%	**100%**
I prefer not to say	6	29	24	16	6	**81**
Pct. in Sub-Group	7%	36%	30%	20%	7%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long has your child been receiving services?

	Less than 1 month	Less than 6 months (but more than 1 month)	Less than 1 year (but more than 6 months)	More than 1 year	More than 2 years	Total
Highest Level of Respondent Education						
No high school diploma/GED	1	0	7	5	4	**17**
Pct. in Sub-Group	6%	0%	41%	29%	24%	**100%**
High school diploma/GED	8	12	14	9	5	**48**
Pct. in Sub-Group	17%	25%	29%	19%	10%	**100%**
Vocational school/ Cert.	1	11	4	5	2	**23**
Pct. in Sub-Group	4%	48%	17%	22%	9%	**100%**
Some college	3	20	9	9	3	**44**
Pct. in Sub-Group	7%	45%	20%	20%	7%	**100%**
College degree or higher	8	46	35	40	9	**138**
Pct. in Sub-Group	6%	33%	25%	29%	7%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

How long has your child been receiving services?

	Less than 1 month	Less than 6 months (but more than 1 month)	Less than 1 year (but more than 6 months)	More than 1 year	More than 2 years	Total
Region in Which Respondent's Family Resides						
South	10	60	45	44	11	**170**
South Pct. Sub-Group	6%	35%	26%	26%	6%	**100%**
Northwest	5	17	15	13	9	**59**
Pct. in Sub-Group	8%	29%	25%	22%	15%	**100%**
Northeast/ Rural	4	8	8	11	3	**34**
Pct. in Sub-Group	12%	24%	24%	32%	9%	**100%**
Region Not Identified	2	11	5	2	0	**20**
Pct. in Sub-Group	10%	55%	25%	10%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

In the past year, how did your child most often receive services?

	In-person at home or another place chosen by me	In-person at the providers office	Virtually	Total
Age of Respondent				
Under 25	15	1	2	**18**
Pct. in Sub-Group	83%	6%	11%	**100%**
25-34	107	1	3	**111**
Pct. in Sub-Group	96%	1%	3%	**100%**
35-44	106	3	5	**114**
Pct. in Sub-Group	93%	3%	4%	**100%**
45-74	16	0	1	**17**
Pct. in Sub-Group	94%	0%	6%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	31	0	1	**32**
Under 1	97%	0%	3%	**100%**
1 Year	50	0	3	**53**
Pct. in Sub-Group	94%	0%	6%	**100%**
2 Year	156	5	7	**168**
Pct. in Sub-Group	93%	3%	4%	**100%**
3 Year	8	0	0	**8**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

In the past year, how did your child most often receive services?

	In-person at home or another place chosen by me	In-person at the providers office	Virtually	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	25	0	1	**26**
Pct. in Sub-Group	96%	0%	4%	**100%**
Black or African American	15	0	1	**16**
Pct. in Sub-Group	94%	0%	6%	**100%**
North African or Middle Eastern	1	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	4	0	0	**4**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	134	4	3	**141**
Pct. in Sub-Group	95%	3%	2%	**100%**
Hispanic/Latino	74	1	6	**81**
Pct. in Sub-Group	91%	1%	7%	**100%**
Did Not Disclose	75	0	3	**78**
Pct. in Sub-Group	96%	0%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

In the past year, how did your child most often receive services?

	In-person at home or another place chosen by me	In-person at the providers office	Virtually	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	29	0	3	**32**
Pct. in Sub-Group	91%	0%	9%	**100%**
Black or African American	25	1	2	**28**
Pct. in Sub-Group	89%	4%	7%	**100%**
North African or Middle Eastern	7	0	3	**10**
Pct. in Sub-Group	70%	0%	30%	**100%**
Pacific Islander	139	5	4	**148**
Pct. in Sub-Group	94%	3%	3%	**100%**
White	81	1	6	**88**
Pct. in Sub-Group	92%	1%	7%	**100%**
Hispanic/Latino	11	0	0	**11**
Pct. in Sub-Group	100%	0%	0%	**100%**
Did Not Disclose	11	0	0	**11**
Pct. in Sub-Group	100%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

In the past year, how did your child most often receive services?

	In-person at home or another place chosen by me	In-person at the providers office	Virtually	Total
Annual Household Income				
Less than $15,000	13	1	3	**17**
Pct. in Sub-Group	76%	6%	18%	**100%**
$15,001–$25,000	24	1	1	**26**
Pct. in Sub-Group	92%	4%	4%	**100%**
$25,001–$50,000	33	0	4	**37**
Pct. in Sub-Group	89%	0%	11%	**100%**
$50,001–$75,000	18	1	0	**19**
Pct. in Sub-Group	95%	5%	0%	**100%**
Over $75,000	88	2	0	**90**
Pct. in Sub-Group	98%	2%	0%	**100%**
No earned income	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
I prefer not to say	75	0	3	**78**
Pct. in Sub-Group	96%	0%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

In the past year, how did your child most often receive services?

	In-person at home or another place chosen by me	In-person at the providers office	Virtually	Total
Highest Level of Respondent Education				
No high school diploma/GED	15	0	2	**17**
Pct. in Sub-Group	88%	0%	12%	**100%**
High school diploma/GED	39	3	1	**43**
Pct. in Sub-Group	91%	7%	2%	**100%**
Vocational school/ Cert.	20	0	2	**22**
Pct. in Sub-Group	91%	0%	9%	**100%**
Some college	43	1	1	**45**
Pct. in Sub-Group	96%	2%	2%	**100%**
College degree or higher	125	1	5	**131**
Pct. in Sub-Group	95%	1%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

In the past year, how did your child most often receive services?

	In-person at home or another place chosen by me	In-person at the providers office	Virtually	Total
Region in Which Respondent's Family Resides				
South	151	1	7	**159**
South Pct. Sub-Group	95%	1%	4%	**100%**
Northwest	54	3	2	**59**
Pct. in Sub-Group	92%	5%	3%	**100%**
Northeast/ Rural	29	1	2	**32**
Pct. in Sub-Group	91%	3%	6%	**100%**
Region Not Identified	22	2	1	**25**
Pct. in Sub-Group	88%	8%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is information from Early Intervention available to you in your preferred language?

	Yes, all information	Some, but not all information	No	Total
Age of Respondent				
Under 25	19	0	1	**20**
Pct. in Sub-Group	95%	0%	5%	**100%**
25-34	112	4	0	**116**
Pct. in Sub-Group	97%	3%	0%	**100%**
35-44	119	2	1	**122**
Pct. in Sub-Group	98%	2%	1%	**100%**
45-74	17	1	0	**18**
Pct. in Sub-Group	94%	6%	0%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	31	2	1	**34**
Under 1	91%	6%	3%	**100%**
1 Year	54	0	1	**55**
Pct. in Sub-Group	98%	0%	2%	**100%**
2 Year	175	5	0	**180**
Pct. in Sub-Group	97%	3%	0%	**100%**
3 Year	8	0	0	**8**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is information from Early Intervention available to you in your preferred language?

	Yes, all information	Some, but not all information	No	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	30	0	0	**30**
Pct. in Sub-Group	100%	0%	0%	**100%**
Black or African American	18	0	0	**18**
Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	1	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	6	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	142	0	0	**142**
Pct. in Sub-Group	100%	0%	0%	**100%**
Hispanic/Latino	79	7	2	**88**
Pct. in Sub-Group	90%	8%	2%	**100%**
Did Not Disclose	79	1	2	**82**
Pct. in Sub-Group	96%	1%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is information from Early Intervention available to you in your preferred language?

	Yes, all information	Some, but not all information	No	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	35	0	0	**35**
Pct. in Sub-Group	100%	0%	0%	**100%**
Black or African American	30	0	0	**30**
Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	12	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	149	1	0	**150**
Pct. in Sub-Group	99%	1%	0%	**100%**
White	89	5	2	**96**
Pct. in Sub-Group	93%	5%	2%	**100%**
Hispanic/Latino	12	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	**100%**
Did Not Disclose	12	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	**100%**
Annual Household Income				
Less than $15,000	17	1	0	**18**
Pct. in Sub-Group	94%	6%	0%	**100%**
$15,001–$25,000	26	2	0	**28**
Pct. in Sub-Group	93%	7%	0%	**100%**
$25,001–$50,000	39	1	0	**40**
Pct. in Sub-Group	98%	3%	0%	**100%**
$50,001–$75,000	20	1	0	**21**
Pct. in Sub-Group	95%	5%	0%	**100%**
Over $75,000	93	1	0	**94**
Pct. in Sub-Group	99%	1%	0%	**100%**
No earned income	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
I prefer not to say	79	1	2	**82**
Pct. in Sub-Group	96%	1%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is information from Early Intervention available to you in your preferred language?

	Yes, all information	Some, but not all information	No	Total
Highest Level of Respondent Education				
No high school diploma/GED	15	2	0	**17**
Pct. in Sub-Group	88%	12%	0%	**100%**
High school diploma/GED	49	0	0	**49**
Pct. in Sub-Group	100%	0%	0%	**100%**
Vocational school/ Cert.	23	0	0	**23**
Pct. in Sub-Group	100%	0%	0%	**100%**
Some college	43	3	1	**47**
Pct. in Sub-Group	91%	6%	2%	**100%**
College degree or higher	135	2	1	**138**
Pct. in Sub-Group	98%	1%	1%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is information from Early Intervention available to you in your preferred language?

Region in Which Respondent's Family Resides

	Yes, all information	Some, but not all information	No	Total
South	165	5	2	**172**
South Pct. Sub-Group	96%	3%	1%	**100%**
Northwest	58	2	0	**60**
Pct. in Sub-Group	97%	3%	0%	**100%**
Northeast/ Rural	34	0	0	**34**
Pct. in Sub-Group	100%	0%	0%	**100%**
Region Not Identified	20	0	0	**20**
Pct. in Sub-Group	100%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you able to communicate with the people providing services to your child in your preferred language?

	Yes, mostly	Sometimes	No	Total
Age of Respondent				
Under 25	20	0	0	**20**
Pct. in Sub-Group	100%	0%	0%	**100%**
25-34	114	2	0	**116**
Pct. in Sub-Group	98%	2%	0%	**100%**
35-44	121	1	0	**122**
Pct. in Sub-Group	99%	1%	0%	**100%**
45-74	17	1	0	**18**
Pct. in Sub-Group	94%	6%	0%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	33	1	0	**34**
Under 1	97%	3%	0%	**100%**
1 Year	55	0	0	**55**
Pct. in Sub-Group	100%	0%	0%	**100%**
2 Year	177	3	0	**180**
Pct. in Sub-Group	98%	2%	0%	**100%**
3 Year	8	0	0	**8**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you able to communicate with the people providing services to your child in your preferred language?

	Yes, mostly	Sometimes	No	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	30	0	0	**30**
Pct. in Sub-Group	100%	0%	0%	**100%**
Black or African American	18	0	0	**18**
Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	1	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	6	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	142	0	0	**142**
Pct. in Sub-Group	100%	0%	0%	**100%**
Hispanic/Latino	85	3	0	**88**
Pct. in Sub-Group	97%	3%	0%	**100%**
Did Not Disclose	78	4	0	**82**
Pct. in Sub-Group	95%	5%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you able to communicate with the people providing services to your child in your preferred language?

	Yes, mostly	Sometimes	No	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	35	0	0	**35**
Pct. in Sub-Group	100%	0%	0%	**100%**
Black or African American	30	0	0	**30**
Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	12	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	150	0	0	**150**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	93	3	0	**96**
Pct. in Sub-Group	97%	3%	0%	**100%**
Hispanic/Latino	11	1	0	**12**
Pct. in Sub-Group	92%	8%	0%	**100%**
Did Not Disclose	11	1	0	**12**
Pct. in Sub-Group	92%	8%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you able to communicate with the people providing services to your child in your preferred language?

	Yes, mostly	Sometimes	No	Total
Annual Household Income				
Less than $15,000	18	0	0	**18**
Pct. in Sub-Group	100%	0%	0%	**100%**
$15,001–$25,000	27	1	0	**28**
Pct. in Sub-Group	96%	4%	0%	**100%**
$25,001–$50,000	40	0	0	**40**
Pct. in Sub-Group	100%	0%	0%	**100%**
$50,001–$75,000	21	0	0	**21**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over $75,000	94	0	0	**94**
Pct. in Sub-Group	100%	0%	0%	**100%**
No earned income	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
I prefer not to say	78	4	0	**82**
Pct. in Sub-Group	95%	5%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you able to communicate with the people providing services to your child in your preferred language?

	Yes, mostly	Sometimes	No	Total
Highest Level of Respondent Education				
No high school diploma/GED	15	2	0	**17**
Pct. in Sub-Group	88%	12%	0%	**100%**
High school diploma/GED	49	0	0	**49**
Pct. in Sub-Group	100%	0%	0%	**100%**
Vocational school/ Cert.	23	0	0	**23**
Pct. in Sub-Group	100%	0%	0%	**100%**
Some college	47	0	0	**47**
Pct. in Sub-Group	100%	0%	0%	**100%**
College degree or higher	136	2	0	**138**
Pct. in Sub-Group	99%	1%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you able to communicate with the people providing services to your child in your preferred language?

	Yes, mostly	Sometimes	No	Total
Region in Which Respondent's Family Resides				
South	168	4	0	**172**
South Pct. Sub-Group	98%	2%	0%	**100%**
Northwest	60	0	0	**60**
Pct. in Sub-Group	100%	0%	0%	**100%**
Northeast/ Rural	34	0	0	**34**
Pct. in Sub-Group	100%	0%	0%	**100%**
Region Not Identified	20	0	0	**20**
Pct. in Sub-Group	100%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child understand your family/child needs?

	Yes, mostly	Sometimes	No	Total
Age of Respondent				
Under 25	20	0	0	**20**
Pct. in Sub-Group	100%	0%	0%	**100%**
25-34	109	7	0	**116**
Pct. in Sub-Group	94%	6%	0%	**100%**
35-44	109	11	2	**122**
Pct. in Sub-Group	89%	9%	2%	**100%**
45-74	18	0	0	**18**
Pct. in Sub-Group	100%	0%	0%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	30	3	1	**34**
Under 1	88%	9%	3%	**100%**
1 Year	52	3	0	**55**
Pct. in Sub-Group	95%	5%	0%	**100%**
2 Year	168	11	1	**180**
Pct. in Sub-Group	93%	6%	1%	**100%**
3 Year	7	1	0	**8**
Pct. in Sub-Group	88%	13%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child understand your family/child needs?

	Yes, mostly	Sometimes	No	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	1	1	0	**2**
Pct. in Sub-Group	50%	50%	0%	**100%**
Asian	28	2	0	**30**
Pct. in Sub-Group	93%	7%	0%	**100%**
Black or African American	17	1	0	**18**
Pct. in Sub-Group	94%	6%	0%	**100%**
North African or Middle Eastern	1	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	6	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	131	9	2	**142**
Pct. in Sub-Group	92%	6%	1%	**100%**
Hispanic/Latino	79	9	0	**88**
Pct. in Sub-Group	90%	10%	0%	**100%**
Did Not Disclose	75	7	0	**82**
Pct. in Sub-Group	91%	9%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child understand your family/child needs?

Race/ Ethnicity of Respondent's Child

	Yes, mostly	Sometimes	No	Total
American Indian or Alaska Native	1	1	0	**2**
Pct. in Sub-Group	50%	50%	0%	**100%**
Asian	32	3	0	**35**
Pct. in Sub-Group	91%	9%	0%	**100%**
Black or African American	28	2	0	**30**
Pct. in Sub-Group	93%	7%	0%	**100%**
North African or Middle Eastern	12	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	139	9	2	**150**
Pct. in Sub-Group	93%	6%	1%	**100%**
White	87	9	0	**96**
Pct. in Sub-Group	91%	9%	0%	**100%**
Hispanic/Latino	11	1	0	**12**
Pct. in Sub-Group	92%	8%	0%	**100%**
Did Not Disclose	11	1	0	**12**
Pct. in Sub-Group	92%	8%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child understand your family/child needs?

	Yes, mostly	Sometimes	No	Total
Annual Household Income				
Less than $15,000	18	0	0	**18**
Pct. in Sub-Group	100%	0%	0%	**100%**
$15,001–$25,000	25	3	0	**28**
Pct. in Sub-Group	89%	11%	0%	**100%**
$25,001–$50,000	38	2	0	**40**
Pct. in Sub-Group	95%	5%	0%	**100%**
$50,001–$75,000	20	1	0	**21**
Pct. in Sub-Group	95%	5%	0%	**100%**
Over $75,000	86	6	2	**94**
Pct. in Sub-Group	91%	6%	2%	**100%**
No earned income	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
I prefer not to say	75	7	0	**82**
Pct. in Sub-Group	91%	9%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child understand your family/child needs?

	Yes, mostly	Sometimes	No	Total
Highest Level of Respondent Education				
No high school diploma/GED	16	1	0	**17**
Pct. in Sub-Group	94%	6%	0%	**100%**
High school diploma/GED	46	3	0	**49**
Pct. in Sub-Group	94%	6%	0%	**100%**
Vocational school/ Cert.	20	3	0	**23**
Pct. in Sub-Group	87%	13%	0%	**100%**
Some college	45	2	0	**47**
Pct. in Sub-Group	96%	4%	0%	**100%**
College degree or higher	127	9	2	**138**
Pct. in Sub-Group	92%	7%	1%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child understand your family/child needs?

	Yes, mostly	Sometimes	No	Total
Region in Which Respondent's Family Resides				
South	158	13	1	**172**
South Pct. Sub-Group	92%	8%	1%	**100%**
Northwest	58	1	1	**60**
Pct. in Sub-Group	97%	2%	2%	**100%**
Northeast/ Rural	30	4	0	**34**
Pct. in Sub-Group	88%	12%	0%	**100%**
Region Not Identified	19	1	0	**20**
Pct. in Sub-Group	95%	5%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child are meeting your child's needs?

	Yes, mostly	Sometimes	No	Total
Age of Respondent				
Under 25	20	0	0	**20**
Pct. in Sub-Group	100%	0%	0%	**100%**
25-34	105	8	3	**116**
Pct. in Sub-Group	91%	7%	3%	**100%**
35-44	96	21	5	**122**
Pct. in Sub-Group	79%	17%	4%	**100%**
45-74	17	1	0	**18**
Pct. in Sub-Group	94%	6%	0%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	28	3	3	**34**
Under 1	82%	9%	9%	**100%**
1 Year	51	4	0	**55**
Pct. in Sub-Group	93%	7%	0%	**100%**
2 Year	152	23	5	**180**
Pct. in Sub-Group	84%	13%	3%	**100%**
3 Year	8	0	0	**8**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child are meeting your child's needs?

	Yes, mostly	Sometimes	No	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	25	5	0	**30**
Pct. in Sub-Group	83%	17%	0%	**100%**
Black or African American	16	2	0	**18**
Pct. in Sub-Group	89%	11%	0%	**100%**
North African or Middle Eastern	0	1	0	**1**
Pct. in Sub-Group	0%	100%	0%	**100%**
Pacific Islander	6	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	126	11	5	**142**
Pct. in Sub-Group	89%	8%	4%	**100%**
Hispanic/Latino	75	12	1	**88**
Pct. in Sub-Group	85%	14%	1%	**100%**
Did Not Disclose	66	10	6	**82**
Pct. in Sub-Group	80%	12%	7%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child are meeting your child's needs?

	Yes, mostly	Sometimes	No	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	28	7	0	**35**
Pct. in Sub-Group	80%	20%	0%	**100%**
Black or African American	27	3	0	**30**
Pct. in Sub-Group	90%	10%	0%	**100%**
North African or Middle Eastern	12	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	132	14	4	**150**
Pct. in Sub-Group	88%	9%	3%	**100%**
White	83	10	3	**96**
Pct. in Sub-Group	86%	10%	3%	**100%**
Hispanic/Latino	9	1	2	**12**
Pct. in Sub-Group	75%	8%	17%	**100%**
Did Not Disclose	9	1	2	**12**
Pct. in Sub-Group	75%	8%	17%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child are meeting your child's needs?

	Yes, mostly	Sometimes	No	Total
Annual Household Income				
Less than $15,000	17	1	0	**18**
Pct. in Sub-Group	94%	6%	0%	**100%**
$15,001–$25,000	24	4	0	**28**
Pct. in Sub-Group	86%	14%	0%	**100%**
$25,001–$50,000	36	3	1	**40**
Pct. in Sub-Group	90%	8%	3%	**100%**
$50,001–$75,000	18	3	0	**21**
Pct. in Sub-Group	86%	14%	0%	**100%**
Over $75,000	81	10	3	**94**
Pct. in Sub-Group	86%	11%	3%	**100%**
No earned income	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
I prefer not to say	66	10	6	**82**
Pct. in Sub-Group	80%	12%	7%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child are meeting your child's needs?

	Yes, mostly	Sometimes	No	Total
Highest Level of Respondent Education				
No high school diploma/GED	14	3	0	**17**
Pct. in Sub-Group	82%	18%	0%	**100%**
High school diploma/GED	42	4	3	**49**
Pct. in Sub-Group	86%	8%	6%	**100%**
Vocational school/ Cert.	21	2	0	**23**
Pct. in Sub-Group	91%	9%	0%	**100%**
Some college	43	4	0	**47**
Pct. in Sub-Group	91%	9%	0%	**100%**
College degree or higher	116	17	5	**138**
Pct. in Sub-Group	84%	12%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Do you feel that the people providing services to your child are meeting your child's needs?

Region in Which Respondent's Family Resides	**Yes, mostly**	**Sometimes**	**No**	**Total**
South	146	22	4	**172**
South Pct. Sub-Group	85%	13%	2%	**100%**
Northwest	54	5	1	**60**
Pct. in Sub-Group	90%	8%	2%	**100%**
Northeast/ Rural	28	3	3	**34**
Pct. in Sub-Group	82%	9%	9%	**100%**
Region Not Identified	16	2	2	**20**
Pct. in Sub-Group	80%	10%	10%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?

	Yes	No	I don't know	Total
Age of Respondent				
Under 25	16	2	1	**19**
Pct. in Sub-Group	84%	11%	5%	**100%**
25-34	109	4	3	**116**
Pct. in Sub-Group	94%	3%	3%	**100%**
35-44	110	9	2	**121**
Pct. in Sub-Group	91%	7%	2%	**100%**
45-74	15	2	1	**18**
Pct. in Sub-Group	83%	11%	6%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	30	2	2	**34**
Under 1	88%	6%	6%	**100%**
1 Year	47	5	2	**54**
Pct. in Sub-Group	87%	9%	4%	**100%**
2 Year	166	10	3	**179**
Pct. in Sub-Group	93%	6%	2%	**100%**
3 Year	8	0	0	**8**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?

	Yes	No	I don't know	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	26	3	1	**30**
Pct. in Sub-Group	87%	10%	3%	**100%**
Black or African American	16	1	1	**18**
Pct. in Sub-Group	89%	6%	6%	**100%**
North African or Middle Eastern	1	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	6	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	134	5	2	**141**
Pct. in Sub-Group	95%	4%	1%	**100%**
Hispanic/Latino	75	9	3	**87**
Pct. in Sub-Group	86%	10%	3%	**100%**
Did Not Disclose	69	10	2	**81**
Pct. in Sub-Group	85%	12%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?

	Yes	No	I don't know	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	32	3	0	**35**
Pct. in Sub-Group	91%	9%	0%	**100%**
Black or African American	28	1	1	**30**
Pct. in Sub-Group	93%	3%	3%	**100%**
North African or Middle Eastern	12	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	138	8	3	**149**
Pct. in Sub-Group	93%	5%	2%	**100%**
White	83	8	3	**94**
Pct. in Sub-Group	88%	9%	3%	**100%**
Hispanic/Latino	11	1	0	**12**
Pct. in Sub-Group	92%	8%	0%	**100%**
Did Not Disclose	11	1	0	**12**
Pct. in Sub-Group	92%	8%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?

	Yes	No	I don't know	Total
Annual Household Income				
Less than $15,000	18	0	0	**18**
Pct. in Sub-Group	100%	0%	0%	**100%**
$15,001–$25,000	24	2	2	**28**
Pct. in Sub-Group	86%	7%	7%	**100%**
$25,001–$50,000	39	1	0	**40**
Pct. in Sub-Group	98%	3%	0%	**100%**
$50,001–$75,000	21	0	0	**21**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over $75,000	85	5	3	**93**
Pct. in Sub-Group	91%	5%	3%	**100%**
No earned income	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
I prefer not to say	69	10	2	**81**
Pct. in Sub-Group	85%	12%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?

	Yes	No	I don't know	Total
Highest Level of Respondent Education				
No high school diploma/GED	15	1	1	**17**
Pct. in Sub-Group	88%	6%	6%	**100%**
High school diploma/GED	46	1	1	**48**
Pct. in Sub-Group	96%	2%	2%	**100%**
Vocational school/ Cert.	22	1	0	**23**
Pct. in Sub-Group	96%	4%	0%	**100%**
Some college	40	4	3	**47**
Pct. in Sub-Group	85%	9%	6%	**100%**
College degree or higher	125	10	2	**137**
Pct. in Sub-Group	91%	7%	1%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Have you been informed about your child aging out of Early Intervention Services at age 3 and your rights to a transition plan?

Region in Which Respondent's Family Resides

	Yes	No	I don't know	Total
South	155	10	5	**170**
South Pct. Sub-Group	91%	6%	3%	**100%**
Northwest	55	3	2	**60**
Pct. in Sub-Group	92%	5%	3%	**100%**
Northeast/ Rural	30	4	0	**34**
Pct. in Sub-Group	88%	12%	0%	**100%**
Region Not Identified	19	1	0	**20**
Pct. in Sub-Group	95%	5%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?

	Yes	No	I don't know	Total
Age of Respondent				
Under 25	6	1	0	**7**
Pct. in Sub-Group	86%	14%	0%	**100%**
25-34	30	4	0	**34**
Pct. in Sub-Group	88%	12%	0%	**100%**
35-44	27	7	0	**34**
Pct. in Sub-Group	79%	21%	0%	**100%**
45-74	2	1	0	**3**
Pct. in Sub-Group	67%	33%	0%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	0	0	0	**0**
Under 1	-	-	-	**0%**
1 Year	3	2	0	**5**
Pct. in Sub-Group	60%	40%	0%	**100%**
2 Year	57	10	0	**67**
Pct. in Sub-Group	85%	15%	0%	**100%**
3 Year	5	2	0	**7**
Pct. in Sub-Group	71%	29%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?

	Yes	No	I don't know	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	10	1	0	**11**
Pct. in Sub-Group	91%	9%	0%	**100%**
Black or African American	5	0	0	**5**
Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Pacific Islander	1	1	0	**2**
Pct. in Sub-Group	50%	50%	0%	**100%**
White	27	8	0	**35**
Pct. in Sub-Group	77%	23%	0%	**100%**
Hispanic/Latino	25	4	0	**29**
Pct. in Sub-Group	86%	14%	0%	**100%**
Did Not Disclose	19	4	0	**23**
Pct. in Sub-Group	83%	17%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?

	Yes	No	I don't know	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	12	1	0	**13**
Pct. in Sub-Group	92%	8%	0%	**100%**
Black or African American	10	0	0	**10**
Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	3	1	0	**4**
Pct. in Sub-Group	75%	25%	0%	**100%**
Pacific Islander	28	10	0	**38**
Pct. in Sub-Group	74%	26%	0%	**100%**
White	25	6	0	**31**
Pct. in Sub-Group	81%	19%	0%	**100%**
Hispanic/Latino	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
Did Not Disclose	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?

	Yes	No	I don't know	Total
Annual Household Income				
Less than $15,000	11	1	0	**12**
Pct. in Sub-Group	92%	8%	0%	**100%**
$15,001–$25,000	6	2	0	**8**
Pct. in Sub-Group	75%	25%	0%	**100%**
$25,001–$50,000	14	1	0	**15**
Pct. in Sub-Group	93%	7%	0%	**100%**
$50,001–$75,000	4	0	0	**4**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over $75,000	13	6	0	**19**
Pct. in Sub-Group	68%	32%	0%	**100%**
No earned income	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
I prefer not to say	19	4	0	**23**
Pct. in Sub-Group	83%	17%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?

	Yes	No	I don't know	Total
Highest Level of Respondent Education				
No high school diploma/GED	5	3	0	**8**
Pct. in Sub-Group	63%	38%	0%	**100%**
High school diploma/GED	15	0	0	**15**
Pct. in Sub-Group	100%	0%	0%	**100%**
Vocational school/ Cert.	7	2	0	**9**
Pct. in Sub-Group	78%	22%	0%	**100%**
Some college	14	3	0	**17**
Pct. in Sub-Group	82%	18%	0%	**100%**
College degree or higher	24	5	0	**29**
Pct. in Sub-Group	83%	17%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

If your child is aging out of Early Intervention Services (Turning 3) within the next 3 months, is there a plan to continue services?

	Yes	No	I don't know	Total
Region in Which Respondent's Family Resides				
South	45	10	1	**56**
South Pct. Sub-Group	80%	18%	2%	**100%**
Northwest	12	1	0	**13**
Pct. in Sub-Group	92%	8%	0%	**100%**
Northeast/ Rural	5	3	0	**8**
Pct. in Sub-Group	63%	38%	0%	**100%**
Region Not Identified	5	0	1	**6**
Pct. in Sub-Group	83%	0%	17%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is the (transition) plan helpful to figure out what to do next?

	Yes	No	I don't know	Total
Age of Respondent				
Under 25	6	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	**100%**
25-34	26	1	3	**30**
Pct. in Sub-Group	87%	3%	10%	**100%**
35-44	25	1	1	**27**
Pct. in Sub-Group	93%	4%	4%	**100%**
45-74	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
75 or older	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	0	0	0	**0**
Under 1	-	-	-	**0%**
1 Year	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
2 Year	51	2	4	**57**
Pct. in Sub-Group	89%	4%	7%	**100%**
3 Year	5	0	0	**5**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over 3	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is the (transition) plan helpful to figure out what to do next?

Race/ Ethnicity of Respondent

	Yes	No	I don't know	Total
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	9	0	1	**10**
Pct. in Sub-Group	90%	0%	10%	**100%**
Black or African American	5	0	0	**5**
Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
Pacific Islander	1	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	**100%**
White	25	1	1	**27**
Pct. in Sub-Group	93%	4%	4%	**100%**
Hispanic/Latino	22	1	2	**25**
Pct. in Sub-Group	88%	4%	8%	**100%**
Did Not Disclose	16	1	2	**19**
Pct. in Sub-Group	84%	5%	11%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is the (transition) plan helpful to figure out what to do next?

	Yes	No	I don't know	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	10	1	1	**12**
Pct. in Sub-Group	83%	8%	8%	**100%**
Black or African American	9	0	1	**10**
Pct. in Sub-Group	90%	0%	10%	**100%**
North African or Middle Eastern	3	0	0	**3**
Pct. in Sub-Group	100%	0%	0%	**100%**
Pacific Islander	26	2	0	**28**
Pct. in Sub-Group	93%	7%	0%	**100%**
White	23	0	2	**25**
Pct. in Sub-Group	92%	0%	8%	**100%**
Hispanic/Latino	2	0	1	**3**
Pct. in Sub-Group	67%	0%	33%	**100%**
Did Not Disclose	2	0	1	**3**
Pct. in Sub-Group	67%	0%	33%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is the (transition) plan helpful to figure out what to do next?

	Yes	No	I don't know	Total
Annual Household Income				
Less than $15,000	11	0	0	**11**
Pct. in Sub-Group	100%	0%	0%	**100%**
$15,001–$25,000	6	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	**100%**
$25,001–$50,000	12	0	2	**14**
Pct. in Sub-Group	86%	0%	14%	**100%**
$50,001–$75,000	4	0	0	**4**
Pct. in Sub-Group	100%	0%	0%	**100%**
Over $75,000	11	1	1	**13**
Pct. in Sub-Group	85%	8%	8%	**100%**
No earned income	0	0	0	**0**
Pct. in Sub-Group	-	-	-	**0%**
I prefer not to say	16	1	2	**19**
Pct. in Sub-Group	84%	5%	11%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is the (transition) plan helpful to figure out what to do next?

	Yes	No	I don't know	Total
Highest Level of Respondent Education				
No high school diploma/GED	5	0	0	**5**
Pct. in Sub-Group	100%	0%	0%	**100%**
High school diploma/GED	15	0	0	**15**
Pct. in Sub-Group	100%	0%	0%	**100%**
Vocational school/ Cert.	7	0	0	**7**
Pct. in Sub-Group	100%	0%	0%	**100%**
Some college	13	0	1	**14**
Pct. in Sub-Group	93%	0%	7%	**100%**
College degree or higher	19	2	3	**24**
Pct. in Sub-Group	79%	8%	13%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Is the (transition) plan helpful to figure out what to do next?

	Yes	No	I don't know	Total
Region in Which Respondent's Family Resides				
South	41	1	3	**45**
South Pct. Sub-Group	91%	2%	7%	**100%**
Northwest	10	1	1	**12**
Pct. in Sub-Group	83%	8%	8%	**100%**
Northeast/ Rural	5	0	0	**5**
Pct. in Sub-Group	100%	0%	0%	**100%**
Region Not Identified	4	0	0	**4**
Pct. in Sub-Group	100%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you satisfied with the progress your child is making through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child is not making any progress	I'm not sure	Total
Age of Respondent						
Under 25	17	2	1	0	0	**20**
Pct. in Sub-Group	85%	10%	5%	0%	0%	**100%**
25-34	90	15	6	1	4	**116**
Pct. in Sub-Group	78%	13%	5%	1%	3%	**100%**
35-44	73	31	8	5	5	**122**
Pct. in Sub-Group	60%	25%	7%	4%	4%	**100%**
45-74	13	5	0	0	0	**18**
Pct. in Sub-Group	72%	28%	0%	0%	0%	**100%**
75 or older	0	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	-	**0%**
Age of Respondent's Child						
Under 1	28	2	2	2	0	**34**
Under 1	82%	6%	6%	6%	0%	**100%**
1 Year	45	5	4	0	1	**55**
Pct. in Sub-Group	82%	9%	7%	0%	2%	**100%**
2 Year	114	45	9	4	8	**180**
Pct. in Sub-Group	63%	25%	5%	2%	4%	**100%**
3 Year	7	1	0	0	0	**8**
Pct. in Sub-Group	88%	13%	0%	0%	0%	**100%**
Over 3	0	0	0	0	0	**0**
Pct. in Sub-Group	-	-	-	-	-	**0%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you satisfied with the progress your child is making through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child is not making any progress	I'm not sure	Total
Race/ Ethnicity of Respondent						
American Indian or Alaska Native	2	0	0	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
Asian	23	4	2	0	1	**30**
Pct. in Sub-Group	77%	13%	7%	0%	3%	**100%**
Black or African American	9	5	1	1	2	**18**
Pct. in Sub-Group	50%	28%	6%	6%	11%	**100%**
North African or Middle Eastern	0	1	0	0	0	**1**
Pct. in Sub-Group	0%	100%	0%	0%	0%	**100%**
Pacific Islander	6	0	0	0	0	**6**
Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
White	103	26	7	3	3	**142**
Pct. in Sub-Group	73%	18%	5%	2%	2%	**100%**
Hispanic/Latino	60	21	4	1	2	**88**
Pct. in Sub-Group	68%	24%	5%	1%	2%	**100%**
Did Not Disclose	53	19	5	3	2	**82**
Pct. in Sub-Group	65%	23%	6%	4%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you satisfied with the progress your child is making through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child is not making any progress	I'm not sure	Total
Race/ Ethnicity of Respondent's Child						
American Indian or Alaska Native	2	0	0	0	0	**2**
Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
Asian	27	5	2	0	1	**35**
Pct. in Sub-Group	77%	14%	6%	0%	3%	**100%**
Black or African American	18	7	2	1	2	**30**
Pct. in Sub-Group	60%	23%	7%	3%	7%	**100%**
North African or Middle Eastern	12	0	0	0	0	**12**
Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
Pacific Islander	107	30	6	3	4	**150**
Pct. in Sub-Group	71%	20%	4%	2%	3%	**100%**
White	66	21	6	1	2	**96**
Pct. in Sub-Group	69%	22%	6%	1%	2%	**100%**
Hispanic/Latino	6	3	1	1	1	**12**
Pct. in Sub-Group	50%	25%	8%	8%	8%	**100%**
Did Not Disclose	6	3	1	1	1	**12**
Pct. in Sub-Group	50%	25%	8%	8%	8%	**100%**
Annual Household Income						
Less than $15,000	14	3	0	0	1	**18**
Pct. in Sub-Group	78%	17%	0%	0%	6%	**100%**
$15,001–$25,000	18	6	3	0	1	**28**
Pct. in Sub-Group	64%	21%	11%	0%	4%	**100%**
$25,001–$50,000	29	6	2	1	2	**40**
Pct. in Sub-Group	73%	15%	5%	3%	5%	**100%**
$50,001–$75,000	17	3	1	0	0	**21**
Pct. in Sub-Group	81%	14%	5%	0%	0%	**100%**
Over $75,000	64	18	5	3	4	**94**
Pct. in Sub-Group	68%	19%	5%	3%	4%	**100%**
No earned income	2	1	0	0	0	**3**
Pct. in Sub-Group	67%	33%	0%	0%	0%	**100%**
I prefer not to say	53	19	5	3	2	**82**
Pct. in Sub-Group	65%	23%	6%	4%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you satisfied with the progress your child is making through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child is not making any progress	I'm not sure	Total
Highest Level of Respondent Education						
No high school diploma/GED	11	5	1	0	0	**17**
Pct. in Sub-Group	65%	29%	6%	0%	0%	**100%**
High school diploma/GED	35	9	2	2	1	**49**
Pct. in Sub-Group	71%	18%	4%	4%	2%	**100%**
Vocational school/ Cert.	19	3	1	0	0	**23**
Pct. in Sub-Group	83%	13%	4%	0%	0%	**100%**
Some college	32	13	0	0	2	**47**
Pct. in Sub-Group	68%	28%	0%	0%	4%	**100%**
College degree or higher	94	23	11	4	6	**138**
Pct. in Sub-Group	68%	17%	8%	3%	4%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Currently Receiving NEIS Supports and Services

Are you satisfied with the progress your child is making through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child is not making any progress	I'm not sure	Total
Region in Which Respondent's Family Resides						
South	96	36	6	2	5	**145**
South Pct. Sub-Group	66%	25%	4%	1%	3%	**100%**
Northwest	47	6	2	1	2	**58**
Pct. in Sub-Group	81%	10%	3%	2%	3%	**100%**
Northeast/ Rural	22	4	4	3	1	**34**
Pct. in Sub-Group	65%	12%	12%	9%	3%	**100%**
Region Not Identified	11	1	0	0	0	**12**
Pct. in Sub-Group	92%	8%	0%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results

Responses from Families Previously Receiving NEIS Supports and Services**

	All Responses	
	Responses	**% of Total**
Total Responses	80	N/A
How did you first find out about Early Intervention services?		
Pediatrician's office	42	53%
Hospital	14	18%
Other	13	16%
Another parent	4	5%
Online search	3	4%
I don't remember	3	4%
Daycare/Preschool	1	1%
Total Unique Responses	**80**	**100%**
What services does your child receive?*		
Speech Therapy	52	67%
Special Instruction/ Service Coordination	40	51%
Physical Therapy	27	35%
Occupational Therapy	24	31%
Nutrition Services	16	21%
Hearing or Vision Services	15	19%
Behavior Therapy	4	5%
Other (please specify)	4	5%
Nursing Services	1	1%
I don't know	0	0%
Total Unique Responses	**78**	**N/A**

*More than one may apply per respondent.

Nevada Early Intervention System Evaluation - Family Engagement Survey Results

Responses from Families Previously Receiving NEIS Supports and Services**

	All Responses	
	Responses	**% of Total**
Why did your child stop receiving Early Intervention services?		
My child turned 3	33	42%
My child met their goals	21	27%
Other	15	19%
I withdrew from Early Intervention services	10	13%
Total Responses	**79**	**100%**
After you child stopped receiving Early Intervention services, did they continue receiving other services?		
No	46	59%
Yes, right away	21	27%
Yes, but there was a gap of weeks	6	8%
Yes, but there was a gap of months	5	6%
Total Responses	**78**	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results

Responses from Families Previously Receiving NEIS Supports and Services**

When Early Intervention ended, where did you continue receiving services or start receiving services?*

	All Responses Responses	% of Total
I chose to not pursue services after Early Intervention	18	24%
Public school	17	23%
Preschool/Daycare	12	16%
Private provider(s)	8	11%
Medicaid provider(s)	5	7%
Head Start	3	4%
Autism Treatment Assistance Program (ATAP)	3	4%
Free community resources	3	4%
Private or charter school	1	1%
Regional Centers	1	1%
Other	21	28%
Total Services Reported	**74**	**N/A**

*More than one may apply per respondent.

When you child stopped receiving Early Intervention services, did your child's transition plan help you figure out what to do next?

Yes	46	60%
No	21	27%
Somewhat	10	13%
Total Responses	**77**	**100%**

Are you satisfied with the progress your child made through Early Intervention services?

Yes, mostly	55	71%
Yes, somewhat	5	6%
No, my child is not making much progress	2	3%
No, my child did not make any progress	11	14%
I'm not sure	5	6%
Total Responses	**78**	**100%**

**Only four Spanish surveys were received from parents who indicated they previously received NEIS supports and services. Response rates are too low to generate meaningful insights and are not reported.

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Age of Respondent							
Under 25	0	3	0	1	0	1	**5**
Under 25 Pct. in Sub-Group	0%	60%	0%	20%	0%	20%	**100%**
25-34	20	7	0	0	1	0	**28**
25-34 Pct. in Sub-Group	71%	25%	0%	0%	4%	0%	**100%**
35-44	18	3	1	1	2	1	**26**
35-44 Pct. in Sub-Group	69%	12%	4%	4%	8%	4%	**100%**
45-74	3	1	0	0	0	1	**5**
45-74 Pct. in Sub-Group	60%	20%	0%	0%	0%	20%	**100%**
75 or older	0	0	0	0	0	0	**0**
75 or older Pct. in Sub-Group	-	-	-	-	-	-	**0%**
Age of Respondent's Child							
Under 1	0	1	0	0	0	0	**1**
Under 1	0%	100%	0%	0%	0%	0%	**100%**
1 Year	1	1	0	1	0	1	**4**
1 Year Pct. in Sub-Group	25%	25%	0%	25%	0%	25%	**100%**
2 Year	16	7	0	0	1	0	**24**
2 Year Pct. in Sub-Group	67%	29%	0%	0%	4%	0%	**100%**
3 Year	23	4	1	1	2	2	**33**
3 Year Pct. in Sub-Group	70%	12%	3%	3%	6%	6%	**100%**
Over 3	1	1	0	0	0	0	**2**
Over 3 Pct. in Sub-Group	50%	50%	0%	0%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Race/ Ethnicity of Respondent							
American Indian or Alaska Native	1	0	0	1	0	0	**2**
Amer. Indian or Alaska Native Pct. in Sub-Group	50%	0%	0%	50%	0%	0%	**100%**
Asian	6	1	1	1	1	0	**10**
Asian Pct. in Sub-Group	60%	10%	10%	10%	10%	0%	**100%**
Black or African American	5	0	0	0	1	0	**6**
Black or African American Pct. in Sub-Group	83%	0%	0%	0%	17%	0%	**100%**
North African or Middle Eastern	0	0	0	0	0	0	**0**
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	-	-	-	**0%**
Pacific Islander	3	0	0	0	0	0	**3**
Pacific Islander Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	**100%**
White	18	12	0	1	0	2	**33**
White Pct. in Sub-Group	55%	36%	0%	3%	0%	6%	**100%**
Hispanic/Latino	11	1	0	0	0	0	**12**
Hispanic/Latino Pct. in Sub-Group	92%	8%	0%	0%	0%	0%	**100%**
Did Not Disclose	10	3	0	0	3	3	**19**
Did Not Disclose Pct. in Sub-Group	53%	16%	0%	0%	16%	16%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Race/ Ethnicity of Respondent's Child							
American Indian or Alaska Native	2	0	0	1	0	0	**3**
Amer. Indian or Alaska Native Pct. in Sub-Group	67%	0%	0%	33%	0%	0%	**100%**
Asian	5	1	1	2	1	0	**10**
Asian Pct. in Sub-Group	50%	10%	10%	20%	10%	0%	**100%**
Black or African American	6	1	0	0	1	0	**8**
Black or African American Pct. in Sub-Group	75%	13%	0%	0%	13%	0%	**100%**
North African or Middle Eastern	3	0	0	0	0	0	**3**
N. African or Middle Eastern Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	**100%**
Pacific Islander	21	11	0	1	0	2	**35**
Pacific Islander Pct. in Sub-Group	60%	31%	0%	3%	0%	6%	**100%**
White	12	1	0	0	0	0	**13**
White Pct. in Sub-Group	92%	8%	0%	0%	0%	0%	**100%**
Hispanic/Latino	3	1	0	0	1	1	**6**
Hispanic/Latino Pct. in Sub-Group	50%	17%	0%	0%	17%	17%	**100%**
Did Not Disclose	3	1	0	0	1	1	**6**
Did Not Disclose Pct. in Sub-Group	50%	17%	0%	0%	17%	17%	**100%**
Annual Household Income							
Less than $15,000	1	0	0	1	0	1	**3**
Less than $15,000 Pct. in Sub-Group	33%	0%	0%	33%	0%	33%	**100%**
$15,001–$25,000	3	1	0	0	0	0	**4**
$15,001–$25,000 Pct. in Sub-Group	75%	25%	0%	0%	0%	0%	**100%**
$25,001–$50,000	7	2	0	0	0	0	**9**
$25,001–$50,000 Pct. in Sub-Group	78%	22%	0%	0%	0%	0%	**100%**
$50,001–$75,000	9	1	0	1	0	0	**11**
$50,001–$75,000 Pct. in Sub-Group	82%	9%	0%	9%	0%	0%	**100%**
Over $75,000	12	8	0	0	1	0	**21**
Over $75,000 Pct. in Sub-Group	57%	38%	0%	0%	5%	0%	**100%**
No earned income	1	0	1	0	0	0	**2**
No earned income Pct. in Sub-Group	50%	0%	50%	0%	0%	0%	**100%**
I prefer not to say	10	3	0	0	3	3	**19**
I prefer not to say Pct. in Sub-Group	53%	16%	0%	0%	16%	16%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Highest Level of Respondent Education							
No high school diploma/GED	8	2	0	0	0	3	**13**
No high school diploma/GED Pct. in Sub-Group	62%	15%	0%	0%	0%	23%	**100%**
High school diploma/GED	31	5	1	1	2	2	**42**
High school diploma/GED Pct. in Sub-Group	74%	12%	2%	2%	5%	5%	**100%**
Vocational school/ Cert.	17	3	0	1	2	0	**23**
Vocational school/ Cert. Pct. in Sub-Group	74%	13%	0%	4%	9%	0%	**100%**
Some college	26	11	0	3	2	2	**44**
Some college Pct. in Sub-Group	59%	25%	0%	7%	5%	5%	**100%**
College degree or higher	59	27	1	13	7	2	**109**
College degree or higher Pct. in Sub-Group	54%	25%	1%	12%	6%	2%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

How did you first find out about Early Intervention services?

	Pediatrician's office	Hospital	Daycare/Preschool	Another parent	Online search	I don't remember	Total
Region in Which Respondent's Family Resides							
South	26	6	1	2	3	2	**40**
South Pct. Sub-Group	65%	15%	3%	5%	8%	5%	**100%**
Northwest	10	6	0	0	0	0	**16**
Pct. in Sub-Group	63%	38%	0%	0%	0%	0%	**100%**
Northeast/ Rural	1	0	0	0	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	**100%**
Region Not Identified	5	2	0	2	0	1	**10**
Pct. in Sub-Group	50%	20%	0%	20%	0%	10%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

What services did your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing or Vision Services	Nutrition Services	Nursing Services
Age of Respondent								
Under 25	4	4	2	3	0	1	3	0
Under 25 Pct. in Sub-Group	57%	57%	29%	43%	0%	14%	43%	0%
25-34	8	10	14	19	2	5	6	1
25-34 Pct. in Sub-Group	28%	34%	48%	66%	7%	17%	21%	3%
35-44	9	8	15	25	2	5	4	0
35-44 Pct. in Sub-Group	29%	26%	48%	81%	6%	16%	13%	0%
45-74	2	3	8	4	0	3	3	0
45-74 Pct. in Sub-Group	22%	33%	89%	44%	0%	33%	33%	0%
75 or older	0	0	0	0	0	0	0	0
75 or older Pct. in Sub-Group	-	-	-	-	-	-	-	-
Age of Respondent's Child								
Under 1	0	1	0	0	0	0	1	0
Under 1	0%	100%	0%	0%	0%	0%	100%	0%
1 Year	2	5	8	1	0	2	4	0
1 Year Pct. in Sub-Group	20%	50%	80%	10%	0%	20%	40%	0%
2 Year	7	10	15	14	0	3	6	0
2 Year Pct. in Sub-Group	27%	38%	58%	54%	0%	12%	23%	0%
3 Year	14	8	14	35	4	8	5	1
3 Year Pct. in Sub-Group	38%	22%	38%	95%	11%	22%	14%	3%
Over 3	0	1	2	1	0	1	0	0
Over 3 Pct. in Sub-Group	0%	50%	100%	50%	0%	50%	0%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

What services did your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing or Vision Services	Nutrition Services	Nursing Services
Race/ Ethnicity of Respondent								
American Indian or Alaska Native	1	1	0	0	0	0	2	0
Amer. Indian or Alaska Native Pct. in Sub-Group	50%	50%	0%	0%	0%	0%	100%	0%
Asian	2	3	4	7	1	0	2	0
Asian Pct. in Sub-Group	20%	30%	40%	70%	10%	0%	20%	0%
Black or African American	1	1	6	7	0	2	0	0
Black or African American Pct. in Sub-Group	14%	14%	86%	100%	0%	29%	0%	0%
North African or Middle Eastern	0	0	0	0	0	0	0	0
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	-	-	-	-	-
Pacific Islander	2	0	2	3	1	0	0	0
Pacific Islander Pct. in Sub-Group	67%	0%	67%	100%	33%	0%	0%	0%
White	14	18	21	23	1	9	10	1
White Pct. in Sub-Group	35%	45%	53%	58%	3%	23%	25%	3%
Hispanic/Latino	6	4	7	9	1	4	4	0
Hispanic/Latino Pct. in Sub-Group	35%	24%	41%	53%	6%	24%	24%	0%
Did Not Disclose	6	7	11	18	0	3	3	0
Did Not Disclose Pct. in Sub-Group	75%	88%	138%	225%	0%	38%	38%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

What services did your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing or Vision Services	Nutrition Services	Nursing Services
Race/ Ethnicity of Respondent's Child								
American Indian or Alaska Native	1	1	1	0	0	0	3	0
Amer. Indian or Alaska Native Pct. in Sub-Group	33%	33%	33%	0%	0%	0%	100%	0%
Asian	2	4	6	6	1	0	4	0
Asian Pct. in Sub-Group	17%	33%	50%	50%	8%	0%	33%	0%
Black or African American	2	2	9	9	1	2	1	0
Black or African American Pct. in Sub-Group	17%	17%	75%	75%	8%	17%	8%	0%
North African or Middle Eastern	2	0	2	3	1	0	0	0
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	-	-	-	-	-
Pacific Islander	16	17	21	25	1	9	12	1
Pacific Islander Pct. in Sub-Group	533%	567%	700%	833%	33%	300%	400%	33%
White	7	4	7	11	1	4	4	0
White Pct. in Sub-Group	16%	9%	16%	26%	2%	9%	9%	0%
Hispanic/Latino	2	2	4	6	0	1	1	0
Hispanic/Latino Pct. in Sub-Group	11%	11%	21%	32%	0%	5%	5%	0%
Did Not Disclose	2	2	4	6	0	1	1	0
Did Not Disclose Pct. in Sub-Group	29%	29%	57%	86%	0%	14%	14%	0%
Annual Household Income								
Less than $15,000	2	1	1	1	0	0	2	0
Less than $15,000 Pct. in Sub-Group	50%	25%	25%	25%	0%	0%	50%	0%
$15,001–$25,000	0	2	3	2	0	1	0	0
$15,001–$25,000 Pct. in Sub-Group	0%	50%	75%	50%	0%	25%	0%	0%
$25,001–$50,000	1	3	5	6	0	1	1	0
$25,001–$50,000 Pct. in Sub-Group	9%	27%	45%	55%	0%	9%	9%	0%
$50,001–$75,000	6	3	6	11	0	3	3	0
$50,001–$75,000 Pct. in Sub-Group	43%	21%	43%	79%	0%	21%	21%	0%
Over $75,000	8	11	13	15	2	5	8	1
Over $75,000 Pct. in Sub-Group	33%	46%	54%	63%	8%	21%	33%	4%
No earned income	0	0	2	3	1	1	0	0
No earned income Pct. in Sub-Group	0%	0%	67%	100%	33%	33%	0%	0%
I prefer not to say	6	7	11	18	0	3	3	0
I prefer not to say Pct. in Sub-Group	43%	50%	79%	129%	0%	21%	21%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

What services did your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing or Vision Services	Nutrition Services	Nursing Services
Highest Level of Respondent Education								
No high school diploma/GED	0	1	1	1	0	0	0	0
No high school diploma/GED Pct. in Sub-Group	0%	50%	50%	50%	0%	0%	0%	0%
High school diploma/GED	4	1	5	4	1	2	3	0
High school diploma/GED Pct. in Sub-Group	44%	11%	56%	44%	11%	22%	33%	0%
Vocational school/ Cert.	1	2	1	5	0	1	0	0
Vocational school/ Cert. Pct. in Sub-Group	14%	29%	14%	71%	0%	14%	0%	0%
Some college	5	5	8	11	1	4	6	1
Some college Pct. in Sub-Group	36%	36%	57%	79%	7%	29%	43%	7%
College degree or higher	12	16	23	29	1	7	7	0
College degree or higher Pct. in Sub-Group	28%	37%	53%	67%	2%	16%	16%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

What services did your child receive?

	Occupational Therapy	Physical Therapy	Sp. Instruction/ Serv. Coord.	Speech Therapy	Behavior Therapy	Hearing or Vision Services	Nutrition Services	Nursing Services
Region in Which Respondent's Family Resides								
South	13	13	1	35	2	7	5	0
South Pct. Sub-Group	27%	27%	2%	73%	4%	15%	10%	0%
Northwest	6	8	0	10	1	5	6	1
Pct. in Sub-Group	35%	47%	0%	59%	6%	29%	35%	6%
Northeast/ Rural	1	1	0	1	0	1	2	0
Pct. in Sub-Group	33%	33%	0%	33%	0%	33%	67%	0%
Region Not Identified	4	5	1	6	1	2	3	0
Pct. in Sub-Group	40%	50%	10%	60%	10%	20%	30%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

From what providers did your child most recently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Nevada Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Nevada Northwest Early Intervention Services-Northeast Region (NEIS	Nevada Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Age of Respondent													
Under 25	0	0	0	1	1	2	0	0	0	0	0	0	4
Under 25 Pct. in Sub-Group	0%	0%	0%	13%	13%	25%	0%	0%	0%	0%	0%	0%	50%
25-34	1	3	1	5	4	1	0	1	0	0	0	1	12
25-34 Pct. in Sub-Group	3%	10%	3%	17%	13%	3%	0%	3%	0%	0%	0%	5%	40%
35-44	1	0	1	8	6	0	0	3	0	5	2	0	3	10
35-44 Pct. in Sub-Group	3%	0%	3%	21%	15%	0%	0%	8%	0%	13%	5%	0%	10%	26%
45-74	0	0	0	1	0	2	0	0	0	3	0	0	0	3
45-74 Pct. in Sub-Group	0%	0%	0%	11%	0%	22%	0%	0%	0%	33%	0%	0%	0%	33%
75 or older	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 or older Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age of Respondent's Child													
Under 1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Under 1	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
1 Year	0	0	0	2	1	2	0	0	0	0	0	0	0	5
1 Year Pct. in Sub-Group	0%	0%	0%	20%	10%	20%	0%	0%	0%	0%	0%	0%	0%	50%
2 Year	0	1	1	3	2	1	0	1	0	2	0	1	3	14
2 Year Pct. in Sub-Group	0%	3%	3%	10%	7%	3%	0%	3%	0%	7%	0%	4%	13%	48%
3 Year	2	2	1	9	6	2	0	3	0	6	2	0	0	10
3 Year Pct. in Sub-Group	5%	5%	2%	21%	14%	5%	0%	7%	0%	15%	5%	0%	0%	23%
Over 3	0	0	0	1	1	0	0	0	0	0	0	0	1	0
Over 3 Pct. in Sub-Group	0%	0%	0%	33%	33%	0%	0%	0%	0%	0%	0%	0%	50%	0%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

From what providers did your child most recently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Nevada Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Nevada Northwest Early Intervention Services-Northeast Region (NEIS	Nevada Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Race/ Ethnicity of Respondent													
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	2
Amer. Indian or Alaska Native Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
Asian	0	0	0	1	2	0	0	0	0	2	0	2	3
Asian Pct. in Sub-Group	0%	0%	0%	10%	20%	0%	0%	0%	0%	20%	0%	22%	30%
Black or African American	0	0	1	0	3	0	0	0	0	1	1	1	2
Black or African American Pct. in Sub-Group	0%	0%	11%	0%	33%	0%	0%	0%	0%	11%	11%	13%	22%
North African or Middle Eastern	0	0	0	0	0	0	0	0	0	0	0	0	0
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-	-	-	-
Pacific Islander	0	0	0	0	0	0	0	0	0	1	0	0	1
Pacific Islander Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%	0%	0%	50%
White	1	0	1	13	4	3	0	2	0	2	0	1	18
White Pct. in Sub-Group	2%	0%	2%	28%	9%	7%	0%	4%	0%	4%	0%	3%	39%
Hispanic/Latino	2	2	0	4	2	1	0	1	0	1	1	1	7
Hispanic/Latino Pct. in Sub-Group	9%	9%	0%	17%	9%	4%	0%	4%	0%	5%	5%	7%	30%
Did Not Disclose	0	3	0	1	2	2	0	3	0	4	0	0	1	6
Did Not Disclose Pct. in Sub-Group	0%	14%	0%	5%	9%	9%	0%	14%	0%	21%	0%	0%	6%	27%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

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Race/ Ethnicity of Respondent's Child													
American Indian or Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	3
Amer. Indian or Alaska Native Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
Asian	0	0	0	2	2	1	0	0	0	2	0	2	3
Asian Pct. in Sub-Group	0%	0%	0%	17%	17%	8%	0%	0%	0%	17%	0%	20%	25%
Black or African American	0	0	1	2	2	1	0	0	0	3	1	0	2
Black or African American Pct. in Sub-Group	0%	0%	8%	17%	17%	8%	0%	0%	0%	25%	8%	0%	17%
North African or Middle Eastern	0	0	0	0	0	0	0	0	0	1	0	0	1
N. African or Middle Eastern Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%	0%	0%	50%
Pacific Islander	1	1	1	13	4	4	0	3	0	2	0	1	19
Pacific Islander Pct. in Sub-Group	2%	2%	2%	26%	8%	8%	0%	6%	0%	4%	0%	3%	38%
White	2	2	0	5	2	1	0	1	0	1	1	1	8
White Pct. in Sub-Group	8%	8%	0%	20%	8%	4%	0%	4%	0%	5%	5%	6%	32%
Hispanic/Latino	0	1	0	0	1	1	0	1	0	2	0	0	1
Hispanic/Latino Pct. in Sub-Group	0%	14%	0%	0%	14%	14%	0%	14%	0%	33%	0%	0%	14%
Did Not Disclose	0	1	0	0	1	1	0	1	0	2	0	0	1
Did Not Disclose Pct. in Sub-Group	0%	14%	0%	0%	14%	14%	0%	14%	0%	33%	0%	0%	14%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

From what providers did your child most recently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Nevada Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Nevada Northwest Early Intervention Services-Northeast Region (NEIS	Nevada Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Annual Household Income													
Less than $15,000	0	0	0	2	1	1	0	0	0	0	0	0	2
Less than $15,000 Pct. in Sub-Group	0%	0%	0%	33%	17%	17%	0%	0%	0%	0%	0%	0%	33%
$15,001–$25,000	1	0	1	0	1	0	0	0	0	0	0	0	2
$15,001–$25,000 Pct. in Sub-Group	20%	0%	20%	0%	20%	0%	0%	0%	0%	0%	0%	0%	40%
$25,001–$50,000	0	0	0	1	0	1	0	0	0	2	0	0	7
$25,001–$50,000 Pct. in Sub-Group	0%	0%	0%	9%	0%	9%	0%	0%	0%	18%	0%	0%	64%
$50,001–$75,000	1	0	0	3	3	1	0	0	0	1	0	1	1	7
$50,001–$75,000 Pct. in Sub-Group	6%	0%	0%	17%	17%	6%	0%	0%	0%	6%	0%	7%	7%	39%
Over $75,000	0	1	1	7	4	0	0	2	0	3	0	0	2	7
Over $75,000 Pct. in Sub-Group	0%	4%	4%	26%	15%	0%	0%	7%	0%	12%	0%	0%	11%	26%
No earned income	0	0	0	1	1	0	0	0	0	0	2	0	0	0
No earned income Pct. in Sub-Group	0%	0%	0%	25%	25%	0%	0%	0%	0%	0%	50%	0%	0%	0%
I prefer not to say	0	3	0	1	2	2	0	3	0	4	0	0	1	6
I prefer not to say Pct. in Sub-Group	0%	14%	0%	5%	9%	9%	0%	14%	0%	21%	0%	0%	6%	27%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

From what providers did your child most recently receive Early Intervention services?

	Advanced Pediatric Therapies, LLC (APT)	Capability Health and Human Services-North (CHH-North)	Continuum	Nevada Northwest Early Intervention Services-Northwest Region (NEIS Therapy Management Group-North (TMG-North)	Nevada Northwest Early Intervention Services-Northeast Region (NEIS	Nevada Northwest Early Intervention Services-Carson City (NEIS-CC)	Capability Health and Human Services-South (CHH-South)	MD Developmental Agency (MDDA)	Nevada Northwest Early Intervention Services-South (NEIS South)	Foundation for Positively Kids	Theraplay Solutions	Therapy Management Group-South (TMG-South)	I don't know
Highest Level of Respondent Education													
No high school diploma/GED	0	1	0	1	0	0	0	0	0	0	0	0	0
No high school diploma/GED Pct. in Sub-Group	0%	50%	0%	50%	0%	0%	0%	0%	0%	0%	0%	-	-	0%
High school diploma/GED	0	0	0	2	1	2	0	0	0	0	1	1	0	5
High school diploma/GED Pct. in Sub-Group	0%	0%	0%	17%	8%	17%	0%	0%	0%	0%	8%	10%	0%	42%
Vocational school/ Cert.	1	0	0	1	0	0	0	0	0	0	1	0	0	6
Vocational school/ Cert. Pct. in Sub-Group	11%	0%	0%	11%	0%	0%	0%	0%	0%	0%	13%	0%	0%	67%
Some college	0	0	1	3	4	1	0	0	0	1	0	0	1	5
Some college Pct. in Sub-Group	0%	0%	6%	19%	25%	6%	0%	0%	0%	6%	0%	0%	8%	31%
College degree or higher	1	2	1	8	6	2	0	4	0	7	0	0	3	13
College degree or higher Pct. in Sub-Group	2%	4%	2%	17%	13%	4%	0%	9%	0%	16%	0%	0%	9%	28%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Why did your child stop receiving Early Intervention services?

	My child met their goals	My child turned 3	I withdrew from Early Intervention services	Total
Age of Respondent				
Under 25	3	3	1	**7**
Under 25 Pct. in Sub-Group	43%	43%	14%	**100%**
25-34	7	10	5	**22**
25-34 Pct. in Sub-Group	32%	45%	23%	**100%**
35-44	9	15	3	**27**
35-44 Pct. in Sub-Group	33%	56%	11%	**100%**
45-74	2	3	1	**6**
45-74 Pct. in Sub-Group	33%	50%	17%	**100%**
75 or older	0	0	0	**0**
75 or older Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	1	0	0	**1**
Under 1	100%	0%	0%	**100%**
1 Year	7	0	1	**8**
1 Year Pct. in Sub-Group	88%	0%	13%	**100%**
2 Year	11	0	8	**19**
2 Year Pct. in Sub-Group	58%	0%	42%	**100%**
3 Year	2	29	1	**32**
3 Year Pct. in Sub-Group	6%	91%	3%	**100%**
Over 3	0	2	0	**2**
Over 3 Pct. in Sub-Group	0%	100%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Why did your child stop receiving Early Intervention services?

	My child met their goals	My child turned 3	I withdrew from Early Intervention services	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	1	0	0	**1**
Amer. Indian or Alaska Native Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	4	3	2	**9**
Asian Pct. in Sub-Group	44%	33%	22%	**100%**
Black or African American	0	5	1	**6**
Black or African American Pct. in Sub-Group	0%	83%	17%	**100%**
North African or Middle Eastern	0	0	0	**0**
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	**0%**
Pacific Islander	0	3	0	**3**
Pacific Islander Pct. in Sub-Group	0%	100%	0%	**100%**
White	16	14	5	**35**
White Pct. in Sub-Group	46%	40%	14%	**100%**
Hispanic/Latino	2	5	2	**9**
Hispanic/Latino Pct. in Sub-Group	22%	56%	22%	**100%**
Did Not Disclose	7	8	4	**19**
Did Not Disclose Pct. in Sub-Group	37%	42%	21%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Why did your child stop receiving Early Intervention services?

	My child met their goals	My child turned 3	I withdrew from Early Intervention services	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	2	0	0	**2**
Amer. Indian or Alaska Native Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	6	3	2	**11**
Asian Pct. in Sub-Group	55%	27%	18%	**100%**
Black or African American	2	7	1	**10**
Black or African American Pct. in Sub-Group	20%	70%	10%	**100%**
North African or Middle Eastern	0	3	0	**3**
N. African or Middle Eastern Pct. in Sub-Group	0%	100%	0%	**100%**
Pacific Islander	16	15	5	**36**
Pacific Islander Pct. in Sub-Group	44%	42%	14%	**100%**
White	2	7	2	**11**
White Pct. in Sub-Group	18%	64%	18%	**100%**
Hispanic/Latino	2	3	1	**6**
Hispanic/Latino Pct. in Sub-Group	33%	50%	17%	**100%**
Did Not Disclose	2	3	1	**6**
Did Not Disclose Pct. in Sub-Group	33%	50%	17%	**100%**
Annual Household Income				
Less than $15,000	2	3	0	**5**
Less than $15,000 Pct. in Sub-Group	40%	60%	0%	**100%**
$15,001–$25,000	1	2	0	**3**
$15,001–$25,000 Pct. in Sub-Group	33%	67%	0%	**100%**
$25,001–$50,000	1	4	2	**7**
$25,001–$50,000 Pct. in Sub-Group	14%	57%	29%	**100%**
$50,001–$75,000	2	6	1	**9**
$50,001–$75,000 Pct. in Sub-Group	22%	67%	11%	**100%**
Over $75,000	9	9	4	**22**
Over $75,000 Pct. in Sub-Group	41%	41%	18%	**100%**
No earned income	1	1	0	**2**
No earned income Pct. in Sub-Group	50%	50%	0%	**100%**
I prefer not to say	7	8	4	**19**
I prefer not to say Pct. in Sub-Group	37%	42%	21%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Why did your child stop receiving Early Intervention services?

	My child met their goals	My child turned 3	I withdrew from Early Intervention services	Total
Highest Level of Respondent Education				
No high school diploma/GED	1	1	0	**2**
No high school diploma/GED Pct. in Sub-Group	50%	50%	0%	**100%**
High school diploma/GED	3	4	1	**8**
High school diploma/GED Pct. in Sub-Group	38%	50%	13%	**100%**
Vocational school/ Cert.	1	1	2	**4**
Vocational school/ Cert. Pct. in Sub-Group	25%	25%	50%	**100%**
Some college	1	8	2	**11**
Some college Pct. in Sub-Group	9%	73%	18%	**100%**
College degree or higher	15	16	5	**36**
College degree or higher Pct. in Sub-Group	42%	44%	14%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Why did your child stop receiving Early Intervention services?

	My child met their goals	My child turned 3	I withdrew from Early Intervention services	Total
Region in Which Respondent's Family Resides				
South	10	21	9	**40**
South Pct. Sub-Group	25%	53%	23%	**100%**
Northwest	7	8	0	**15**
Pct. in Sub-Group	47%	53%	0%	**100%**
Northeast/ Rural	2	1	0	**3**
Pct. in Sub-Group	67%	33%	0%	**100%**
Region Not Identified	2	3	1	**6**
Pct. in Sub-Group	33%	50%	17%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

After your child stopped receiving Early Intervention services, did they continue receiving other services?

	Yes, right away	Yes, but there was a gap of weeks	Yes, but there was a gap of months	Total
Age of Respondent				
Under 25	3	0	0	**3**
Under 25 Pct. in Sub-Group	100%	0%	0%	**100%**
25-34	5	4	1	**10**
25-34 Pct. in Sub-Group	50%	40%	10%	**100%**
35-44	8	2	4	**14**
35-44 Pct. in Sub-Group	57%	14%	29%	**100%**
45-74	4	0	0	**4**
45-74 Pct. in Sub-Group	100%	0%	0%	**100%**
75 or older	0	0	0	**0**
75 or older Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	0	0	0	**0**
Under 1	-	-	-	**0%**
1 Year	3	0	0	**3**
1 Year Pct. in Sub-Group	100%	0%	0%	**100%**
2 Year	3	1	1	**5**
2 Year Pct. in Sub-Group	60%	20%	20%	**100%**
3 Year	13	5	4	**22**
3 Year Pct. in Sub-Group	59%	23%	18%	**100%**
Over 3	1	0	0	**1**
Over 3 Pct. in Sub-Group	100%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

After your child stopped receiving Early Intervention services, did they continue receiving other services?

	Yes, right away	Yes, but there was a gap of weeks	Yes, but there was a gap of months	Total
Race/ Ethnicity of Respondent				
American Indian or Alaska Native	1	0	0	**1**
Amer. Indian or Alaska Native Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	1	0	0	**1**
Asian Pct. in Sub-Group	100%	0%	0%	**100%**
Black or African American	4	0	0	**4**
Black or African American Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	0	0	0	**0**
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	**0%**
Pacific Islander	0	0	0	**0**
Pacific Islander Pct. in Sub-Group	-	-	-	**0%**
White	11	2	4	**17**
White Pct. in Sub-Group	65%	12%	24%	**100%**
Hispanic/Latino	3	4	0	**7**
Hispanic/Latino Pct. in Sub-Group	43%	57%	0%	**100%**
Did Not Disclose	8	3	3	**14**
Did Not Disclose Pct. in Sub-Group	57%	21%	21%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

After your child stopped receiving Early Intervention services, did they continue receiving other services?

	Yes, right away	Yes, but there was a gap of weeks	Yes, but there was a gap of months	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	1	0	0	**1**
Amer. Indian or Alaska Native Pct. in Sub-Group	100%	0%	0%	**100%**
Asian	3	0	0	**3**
Asian Pct. in Sub-Group	100%	0%	0%	**100%**
Black or African American	5	0	0	**5**
Black or African American Pct. in Sub-Group	100%	0%	0%	**100%**
North African or Middle Eastern	0	0	0	**0**
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	**0%**
Pacific Islander	12	2	4	**18**
Pacific Islander Pct. in Sub-Group	67%	11%	22%	**100%**
White	4	4	0	**8**
White Pct. in Sub-Group	50%	50%	0%	**100%**
Hispanic/Latino	4	1	1	**6**
Hispanic/Latino Pct. in Sub-Group	67%	17%	17%	**100%**
Did Not Disclose	4	1	1	**6**
Did Not Disclose Pct. in Sub-Group	67%	17%	17%	**100%**
Annual Household Income				
Less than $15,000	1	0	0	**1**
Less than $15,000 Pct. in Sub-Group	100%	0%	0%	**100%**
$15,001–$25,000	1	1	0	**2**
$15,001–$25,000 Pct. in Sub-Group	50%	50%	0%	**100%**
$25,001–$50,000	2	0	0	**2**
$25,001–$50,000 Pct. in Sub-Group	100%	0%	0%	**100%**
$50,001–$75,000	4	2	1	**7**
$50,001–$75,000 Pct. in Sub-Group	57%	29%	14%	**100%**
Over $75,000	6	1	2	**9**
Over $75,000 Pct. in Sub-Group	67%	11%	22%	**100%**
No earned income	1	0	0	**1**
No earned income Pct. in Sub-Group	100%	0%	0%	**100%**
I prefer not to say	8	3	3	**14**
I prefer not to say Pct. in Sub-Group	57%	21%	21%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

After your child stopped receiving Early Intervention services, did they continue receiving other services?

	Yes, right away	Yes, but there was a gap of weeks	Yes, but there was a gap of months	Total
Highest Level of Respondent Education				
No high school diploma/GED	0	1	0	**1**
No high school diploma/GED Pct. in Sub-Group	0%	100%	0%	**100%**
High school diploma/GED	3	1	0	**4**
High school diploma/GED Pct. in Sub-Group	75%	25%	0%	**100%**
Vocational school/ Cert.	0	0	0	**0**
Vocational school/ Cert. Pct. in Sub-Group	-	-	-	**0%**
Some college	7	1	0	**8**
Some college Pct. in Sub-Group	88%	13%	0%	**100%**
College degree or higher	10	3	5	**18**
College degree or higher Pct. in Sub-Group	56%	17%	28%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

After your child stopped receiving Early Intervention services, did they continue receiving other services?

Region in Which Respondent's Family Resides

	Yes, right away	Yes, but there was a gap of weeks	Yes, but there was a gap of months	Total
South	16	1	4	**21**
South Pct. Sub-Group	76%	5%	19%	**100%**
Northwest	2	3	0	**5**
Pct. in Sub-Group	40%	60%	0%	**100%**
Northeast/ Rural	1	0	0	**1**
Pct. in Sub-Group	100%	0%	0%	**100%**
Region Not Identified	1	1	1	**3**
Pct. in Sub-Group	33%	33%	33%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When Early Intervention ended, where did you continue receiving services or start receiving services (more than one may apply)?

	Preschool/Daycare	Head Start	Public school	Private or charter school	Regional Centers	Autism Treatment Assistance Program (ATAP)	Medicaid provider(s)	Private provider(s)	Free community resources	I chose to not pursue services after Early Intervention
Age of Respondent										
Under 25	0	0	1	0	0	0	2	0	0	2
Under 25 Pct. in Sub-Group	0%	0%	20%	0%	0%	0%	40%	0%	0%	40%
25-34	5	1	3	0	0	3	1	2	3	7
25-34 Pct. in Sub-Group	20%	4%	12%	0%	0%	12%	4%	8%	12%	37%
35-44	6	2	9	1	1	0	1	6	0	8
35-44 Pct. in Sub-Group	18%	6%	26%	3%	3%	0%	3%	18%	0%	31%
45-74	1	0	2	0	0	0	1	0	0	1
45-74 Pct. in Sub-Group	20%	0%	40%	0%	0%	0%	20%	0%	0%	25%
75 or older	0	0	0	0	0	0	0	0	0	0
75 or older Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-
Age of Respondent's Child										
Under 1	0	0	0	0	0	0	0	0	0	1
Under 1	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
1 Year	1	0	0	0	0	0	2	0	1	3
1 Year Pct. in Sub-Group	14%	0%	0%	0%	0%	0%	29%	0%	14%	50%
2 Year	2	0	0	0	0	1	0	3	1	11
2 Year Pct. in Sub-Group	11%	0%	0%	0%	0%	6%	0%	17%	6%	69%
3 Year	8	3	14	1	1	2	3	5	1	2
3 Year Pct. in Sub-Group	20%	8%	35%	3%	3%	5%	8%	13%	3%	7%
Over 3	1	0	1	0	0	0	0	0	0	1
Over 3 Pct. in Sub-Group	33%	0%	33%	0%	0%	0%	0%	0%	0%	50%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When Early Intervention ended, where did you continue receiving services or start receiving services (more than one may apply)?

Race/ Ethnicity of Respondent

	Preschool/Daycare	Head Start	Public school	Private or charter school	Regional Centers	Autism Treatment Assistance Program (ATAP)	Medicaid provider(s)	Private provider(s)	Free community resources	I chose to not pursue services after Early Intervention
American Indian or Alaska Native	0	0	0	0	0	0	1	0	0	1
Amer. Indian or Alaska Native Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	50%	0%	0%	50%
Asian	3	0	1	0	0	0	0	0	0	5
Asian Pct. in Sub-Group	33%	0%	11%	0%	0%	0%	0%	0%	0%	83%
Black or African American	3	1	2	0	0	1	1	1	1	2
Black or African American Pct. in Sub-Group	25%	8%	17%	0%	0%	8%	8%	8%	8%	25%
North African or Middle Eastern	0	0	0	0	0	0	0	0	0	0
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	-	-	-	-	-	-	-
Pacific Islander	2	0	0	0	0	0	0	0	0	0
Pacific Islander Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	0%	0%	0%	-
White	5	2	8	0	1	1	3	5	3	10
White Pct. in Sub-Group	13%	5%	21%	0%	3%	3%	8%	13%	8%	32%
Hispanic/Latino	1	1	2	0	1	0	1	1	0	4
Hispanic/Latino Pct. in Sub-Group	9%	9%	18%	0%	9%	0%	9%	9%	0%	44%
Did Not Disclose	3	0	6	2	0	1	2	6	1	3
Did Not Disclose Pct. in Sub-Group	13%	0%	25%	8%	0%	4%	8%	25%	4%	14%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When Early Intervention ended, where did you continue receiving services or start receiving services (more than one may apply)?

	Preschool/Daycare	Head Start	Public school	Private or charter school	Regional Centers	Autism Treatment Assistance Program (ATAP)	Medicaid provider(s)	Private provider(s)	Free community resources	I chose to not pursue services after Early Intervention
Race/ Ethnicity of Respondent's Child										
American Indian or Alaska Native	0	0	0	0	0	0	1	0	0	1
Amer. Indian or Alaska Native Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	50%	0%	0%	50%
Asian	3	0	1	0	0	0	1	0	0	6
Asian Pct. in Sub-Group	27%	0%	9%	0%	0%	0%	9%	0%	0%	75%
Black or African American	3	2	2	0	0	1	1	1	1	4
Black or African American Pct. in Sub-Group	20%	13%	13%	0%	0%	7%	7%	7%	7%	40%
North African or Middle Eastern	2	0	0	0	0	0	0	0	0	0
N. African or Middle Eastern Pct. in Sub-Group	100%	0%	0%	0%	0%	0%	0%	0%	0%	-
Pacific Islander	6	2	8	0	1	1	3	5	3	12
Pacific Islander Pct. in Sub-Group	15%	5%	20%	0%	2%	2%	7%	12%	7%	36%
White	2	2	3	0	1	0	1	1	0	4
White Pct. in Sub-Group	14%	14%	21%	0%	7%	0%	7%	7%	0%	40%
Hispanic/Latino	0	0	3	1	0	1	1	3	0	0
Hispanic/Latino Pct. in Sub-Group	0%	0%	33%	11%	0%	11%	11%	33%	0%	0%
Did Not Disclose	0	0	3	1	0	1	1	3	0	0
Did Not Disclose Pct. in Sub-Group	0%	0%	33%	11%	0%	11%	11%	33%	0%	0%
Annual Household Income										
Less than $15,000	0	0	0	0	0	0	1	0	0	1
Less than $15,000 Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	50%	0%	0%	50%
$15,001–$25,000	1	1	0	0	0	1	0	0	0	1
$15,001–$25,000 Pct. in Sub-Group	25%	25%	0%	0%	0%	25%	0%	0%	0%	50%
$25,001–$50,000	2	1	1	0	0	0	0	0	0	2
$25,001–$50,000 Pct. in Sub-Group	33%	17%	17%	0%	0%	0%	0%	0%	0%	67%
$50,001–$75,000	3	1	4	0	1	1	0	3	2	2
$50,001–$75,000 Pct. in Sub-Group	18%	6%	24%	0%	6%	6%	0%	18%	12%	15%
Over $75,000	3	0	6	0	0	0	3	2	0	8
Over $75,000 Pct. in Sub-Group	14%	0%	27%	0%	0%	0%	14%	9%	0%	42%
No earned income	1	0	1	0	0	0	0	0	0	1
No earned income Pct. in Sub-Group	33%	0%	33%	0%	0%	0%	0%	0%	0%	50%
I prefer not to say	3	0	6	2	0	1	2	6	1	3
I prefer not to say Pct. in Sub-Group	13%	0%	25%	8%	0%	4%	8%	25%	4%	14%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When Early Intervention ended, where did you continue receiving services or start receiving services (more than one may apply)?

	Preschool/Daycare	Head Start	Public school	Private or charter school	Regional Centers	Autism Treatment Assistance Program (ATAP)	Medicaid provider(s)	Private provider(s)	Free community resources	I chose to not pursue services after Early Intervention
Highest Level of Respondent Education										
No high school diploma/GED	0	0	0	0	0	0	0	0	0	1
No high school diploma/GED Pct. in Sub-Group	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
High school diploma/GED	0	0	1	0	0	1	1	0	1	0
High school diploma/GED Pct. in Sub-Group	0%	0%	25%	0%	0%	25%	25%	0%	25%	0%
Vocational school/ Cert.	1	1	0	0	1	0	0	1	0	2
Vocational school/ Cert. Pct. in Sub-Group	17%	17%	0%	0%	17%	0%	0%	17%	0%	50%
Some college	4	1	5	0	0	2	2	1	0	1
Some college Pct. in Sub-Group	25%	6%	31%	0%	0%	13%	13%	6%	0%	9%
College degree or higher	7	1	9	1	0	0	2	6	2	14
College degree or higher Pct. in Sub-Group	17%	2%	21%	2%	0%	0%	5%	14%	5%	41%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When Early Intervention ended, where did you continue receiving services or start receiving services (more than one may apply)?

Region in Which Respondent's Family Resides

	Preschool/Daycare	Head Start	Public school	Private or charter school	Regional Centers	Autism Treatment Assistance Program (ATAP)	Medicaid provider(s)	Private provider(s)	Free community resources	I chose to not pursue services after Early Intervention
South	10	1	11	1	0	1	4	5	1	11
South Pct. Sub-Group	22%	2%	24%	2%	0%	2%	9%	11%	2%	32%
Northwest	2	1	3	0	0	2	1	2	0	6
Pct. in Sub-Group	12%	6%	18%	0%	0%	12%	6%	12%	0%	43%
Northeast/ Rural	0	0	1	0	0	0	0	0	1	0
Pct. in Sub-Group	0%	0%	50%	0%	0%	0%	0%	0%	50%	0%
Region Not Identified	0	0	2	0	0	0	0	0	1	1
Pct. in Sub-Group	0%	0%	50%	0%	0%	0%	0%	0%	25%	25%

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When you child stopped receiving Early Intervention services, did your child's transition plan help you figure out what to do next?

	Yes	Somewhat	No	Total
Age of Respondent				
Under 25	5	2	0	**7**
Under 25 Pct. in Sub-Group	71%	29%	0%	**100%**
25-34	19	2	6	**27**
25-34 Pct. in Sub-Group	70%	7%	22%	**100%**
35-44	17	5	10	**32**
35-44 Pct. in Sub-Group	53%	16%	31%	**100%**
45-74	4	0	5	**9**
45-74 Pct. in Sub-Group	44%	0%	56%	**100%**
75 or older	0	0	0	**0**
75 or older Pct. in Sub-Group	-	-	-	**0%**
Age of Respondent's Child				
Under 1	1	0	0	**1**
Under 1	100%	0%	0%	**100%**
1 Year	6	1	2	**9**
1 Year Pct. in Sub-Group	67%	11%	22%	**100%**
2 Year	10	4	12	**26**
2 Year Pct. in Sub-Group	38%	15%	46%	**100%**
3 Year	26	4	7	**37**
3 Year Pct. in Sub-Group	70%	11%	19%	**100%**
Over 3	2	0	0	**2**
Over 3 Pct. in Sub-Group	100%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When you child stopped receiving Early Intervention services, did your child's transition plan help you figure out what to do next?

Race/ Ethnicity of Respondent

	Yes	Somewhat	No	Total
American Indian or Alaska Native	1	0	1	**2**
Amer. Indian or Alaska Native Pct. in Sub-Group	50%	0%	50%	**100%**
Asian	5	3	2	**10**
Asian Pct. in Sub-Group	50%	30%	20%	**100%**
Black or African American	3	0	4	**7**
Black or African American Pct. in Sub-Group	43%	0%	57%	**100%**
North African or Middle Eastern	0	0	0	**0**
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	**0%**
Pacific Islander	1	0	1	**2**
Pacific Islander Pct. in Sub-Group	50%	0%	50%	**100%**
White	27	5	9	**41**
White Pct. in Sub-Group	66%	12%	22%	**100%**
Hispanic/Latino	9	3	4	**16**
Hispanic/Latino Pct. in Sub-Group	56%	19%	25%	**100%**
Did Not Disclose	14	0	8	**22**
Did Not Disclose Pct. in Sub-Group	64%	0%	36%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When you child stopped receiving Early Intervention services, did your child's transition plan help you figure out what to do next?

	Yes	Somewhat	No	Total
Race/ Ethnicity of Respondent's Child				
American Indian or Alaska Native	1	0	2	**3**
Amer. Indian or Alaska Native Pct. in Sub-Group	33%	0%	67%	**100%**
Asian	8	3	1	**12**
Asian Pct. in Sub-Group	67%	25%	8%	**100%**
Black or African American	6	0	5	**11**
Black or African American Pct. in Sub-Group	55%	0%	45%	**100%**
North African or Middle Eastern	1	0	1	**2**
N. African or Middle Eastern Pct. in Sub-Group	50%	0%	50%	**100%**
Pacific Islander	29	5	10	**44**
Pacific Islander Pct. in Sub-Group	66%	11%	23%	**100%**
White	11	3	4	**18**
White Pct. in Sub-Group	61%	17%	22%	**100%**
Hispanic/Latino	5	0	2	**7**
Hispanic/Latino Pct. in Sub-Group	71%	0%	29%	**100%**
Did Not Disclose	5	0	2	**7**
Did Not Disclose Pct. in Sub-Group	71%	0%	29%	**100%**
Annual Household Income				
Less than $15,000	3	1	1	**5**
Less than $15,000 Pct. in Sub-Group	60%	20%	20%	**100%**
$15,001–$25,000	3	0	0	**3**
$15,001–$25,000 Pct. in Sub-Group	100%	0%	0%	**100%**
$25,001–$50,000	4	1	6	**11**
$25,001–$50,000 Pct. in Sub-Group	36%	9%	55%	**100%**
$50,001–$75,000	8	3	3	**14**
$50,001–$75,000 Pct. in Sub-Group	57%	21%	21%	**100%**
Over $75,000	16	3	5	**24**
Over $75,000 Pct. in Sub-Group	67%	13%	21%	**100%**
No earned income	1	1	1	**3**
No earned income Pct. in Sub-Group	33%	33%	33%	**100%**
I prefer not to say	14	0	8	**22**
I prefer not to say Pct. in Sub-Group	64%	0%	36%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When you child stopped receiving Early Intervention services, did your child's transition plan help you figure out what to do next?

	Yes	Somewhat	No	Total
Highest Level of Respondent Education				
No high school diploma/GED	2	0	0	**2**
No high school diploma/GED Pct. in Sub-Group	100%	0%	0%	**100%**
High school diploma/GED	5	2	2	**9**
High school diploma/GED Pct. in Sub-Group	56%	22%	22%	**100%**
Vocational school/ Cert.	2	1	4	**7**
Vocational school/ Cert. Pct. in Sub-Group	29%	14%	57%	**100%**
Some college	11	0	3	**14**
Some college Pct. in Sub-Group	79%	0%	21%	**100%**
College degree or higher	25	6	12	**43**
College degree or higher Pct. in Sub-Group	58%	14%	28%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

When you child stopped receiving Early Intervention services, did your child's transition plan help you figure out what to do next?

	Yes	Somewhat	No	Total
Region in Which Respondent's Family Resides				
South	26	6	16	**48**
South Pct. Sub-Group	54%	13%	33%	**100%**
Northwest	14	1	2	**17**
Pct. in Sub-Group	82%	6%	12%	**100%**
Northeast/ Rural	1	1	1	**3**
Pct. in Sub-Group	33%	33%	33%	**100%**
Region Not Identified	5	2	2	**9**
Pct. in Sub-Group	56%	22%	22%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Are you satisfied with the progress your child made through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child did not make any progress	I'm not sure	Total
Age of Respondent						
Under 25	6	0	0	1	0	**7**
Under 25 Pct. in Sub-Group	86%	0%	0%	14%	0%	**100%**
25-34	20	1	1	5	1	**28**
25-34 Pct. in Sub-Group	71%	4%	4%	18%	4%	**100%**
35-44	22	3	1	4	2	**32**
35-44 Pct. in Sub-Group	69%	9%	3%	13%	6%	**100%**
45-74	6	0	0	1	2	**9**
45-74 Pct. in Sub-Group	67%	0%	0%	11%	22%	**100%**
75 or older	0	0	0	0	0	**0**
75 or older Pct. in Sub-Group	-	-	-	-	-	**0%**
Age of Respondent's Child						
Under 1	1	0	0	0	0	**1**
Under 1	100%	0%	0%	0%	0%	**100%**
1 Year	7	0	0	1	2	**10**
1 Year Pct. in Sub-Group	70%	0%	0%	10%	20%	**100%**
2 Year	14	3	1	6	2	**26**
2 Year Pct. in Sub-Group	54%	12%	4%	23%	8%	**100%**
3 Year	30	1	1	4	1	**37**
3 Year Pct. in Sub-Group	81%	3%	3%	11%	3%	**100%**
Over 3	2	0	0	0	0	**2**
Over 3 Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Are you satisfied with the progress your child made through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child did not make any progress	I'm not sure	Total
Race/ Ethnicity of Respondent						
American Indian or Alaska Native	2	0	0	0	0	**2**
Amer. Indian or Alaska Native Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
Asian	8	0	0	1	1	**10**
Asian Pct. in Sub-Group	80%	0%	0%	10%	10%	**100%**
Black or African American	3	1	1	1	1	**7**
Black or African American Pct. in Sub-Group	43%	14%	14%	14%	14%	**100%**
North African or Middle Eastern	0	0	0	0	0	**0**
N. African or Middle Eastern Pct. in Sub-Group	-	-	-	-	-	**0%**
Pacific Islander	2	0	0	0	0	**2**
Pacific Islander Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
White	32	3	0	5	1	**41**
White Pct. in Sub-Group	78%	7%	0%	12%	2%	**100%**
Hispanic/Latino	12	0	0	4	1	**17**
Hispanic/Latino Pct. in Sub-Group	71%	0%	0%	24%	6%	**100%**
Did Not Disclose	12	0	2	5	3	**22**
Did Not Disclose Pct. in Sub-Group	55%	0%	9%	23%	14%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Are you satisfied with the progress your child made through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child did not make any progress	I'm not sure	Total
Race/ Ethnicity of Respondent's Child						
American Indian or Alaska Native	2	1	0	0	0	**3**
Amer. Indian or Alaska Native Pct. in Sub-Group	67%	33%	0%	0%	0%	**100%**
Asian	11	0	0	1	0	**12**
Asian Pct. in Sub-Group	92%	0%	0%	8%	0%	**100%**
Black or African American	7	1	1	1	1	**11**
Black or African American Pct. in Sub-Group	64%	9%	9%	9%	9%	**100%**
North African or Middle Eastern	2	0	0	0	0	**2**
N. African or Middle Eastern Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
Pacific Islander	34	3	0	6	1	**44**
Pacific Islander Pct. in Sub-Group	77%	7%	0%	14%	2%	**100%**
White	14	0	0	4	1	**19**
White Pct. in Sub-Group	74%	0%	0%	21%	5%	**100%**
Hispanic/Latino	4	0	0	2	1	**7**
Hispanic/Latino Pct. in Sub-Group	57%	0%	0%	29%	14%	**100%**
Did Not Disclose	4	0	0	2	1	**7**
Did Not Disclose Pct. in Sub-Group	57%	0%	0%	29%	14%	**100%**
Annual Household Income						
Less than $15,000	4	0	0	1	0	**5**
Less than $15,000 Pct. in Sub-Group	80%	0%	0%	20%	0%	**100%**
$15,001–$25,000	3	0	0	0	1	**4**
$15,001–$25,000 Pct. in Sub-Group	75%	0%	0%	0%	25%	**100%**
$25,001–$50,000	6	0	1	3	1	**11**
$25,001–$50,000 Pct. in Sub-Group	55%	0%	9%	27%	9%	**100%**
$50,001–$75,000	12	1	0	1	0	**14**
$50,001–$75,000 Pct. in Sub-Group	86%	7%	0%	7%	0%	**100%**
Over $75,000	18	2	0	3	1	**24**
Over $75,000 Pct. in Sub-Group	75%	8%	0%	13%	4%	**100%**
No earned income	2	1	0	0	0	**3**
No earned income Pct. in Sub-Group	67%	33%	0%	0%	0%	**100%**
I prefer not to say	12	0	2	5	3	**22**
I prefer not to say Pct. in Sub-Group	55%	0%	9%	23%	14%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Are you satisfied with the progress your child made through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child did not make any progress	I'm not sure	Total
Highest Level of Respondent Education						
No high school diploma/GED	2	0	0	0	0	**2**
No high school diploma/GED Pct. in Sub-Group	100%	0%	0%	0%	0%	**100%**
High school diploma/GED	7	1	0	1	1	**10**
High school diploma/GED Pct. in Sub-Group	70%	10%	0%	10%	10%	**100%**
Vocational school/ Cert.	2	1	2	1	1	**7**
Vocational school/ Cert. Pct. in Sub-Group	29%	14%	29%	14%	14%	**100%**
Some college	12	0	0	1	1	**14**
Some college Pct. in Sub-Group	86%	0%	0%	7%	7%	**100%**
College degree or higher	31	2	0	8	2	**43**
College degree or higher Pct. in Sub-Group	72%	5%	0%	19%	5%	**100%**

Nevada Early Intervention System Evaluation - Family Engagement Survey Results
Responses from Families Previously Receiving NEIS Supports and Services

Are you satisfied with the progress your child made through Early Intervention services?

	Yes, mostly	Yes, somewhat	No, my child is not making much progress	No, my child did not make any progress	I'm not sure	Total
Region in Which Respondent's Family Resides						
South	32	1	2	11	3	**49**
South Pct. Sub-Group	65%	2%	4%	22%	6%	**100%**
Northwest	15	2	0	0	0	**17**
Pct. in Sub-Group	88%	12%	0%	0%	0%	**100%**
Northeast/ Rural	2	1	0	0	0	**3**
Pct. in Sub-Group	67%	33%	0%	0%	0%	**100%**
Region Not Identified	6	1	0	0	2	**9**
Pct. in Sub-Group	67%	11%	0%	0%	22%	**100%**

Attachment 5: Benchmark State Part C Coordinator Interview Questions

Nevada Early Intervention Program Evaluation
Prepared for Nevada Department of Health and Human Services
Aging and Disability Services Division

Benchmark State Questions

1. Please tell us a little bit about your background in Early Intervention, including your role as the State's Part C Coordinator

2. Provide an overview of the State's Part C organization today, in terms of:

    a. Lead agency (including its place within the State government and major roles)

    b. The Lead Agency's relationship with the State's DD authority

    c. Key relationships or agreements with other agencies or organizations with responsibility for EI service coordination, delivery, or payment

    d. Entities/ organizations responsible for delivering EI services

        i. Describe how the State organizes services geographically (e.g., by County, by District, etc.)

    e. Which organization/ entity is responsible for:

        i. Service Coordination

        ii. Eligibility Determinations

        iii. Contracting for the delivery of services

3. Has the State employed any strategies that have been effective in building its workforce of

    a. Developmental Specialist/ Special Instructionist

        i. Describe the qualification requirements and specific training or certifications required of this position

        ii. Has the state established caseload targets/ maximums for this position?

    b. Therapists (OT/PT/SLP)

    c. All other specialists (e.g., audiologists, vision specialists, etc.)

4. What specific actions or strategies has the state used or does it plan to employ in reaching traditionally underserved groups, including:

    a. Families in rural areas

    b. Low income families/ children from homeless families

    c. Children from racially/ ethnically diverse families

5. In what ways do you believe transition practices in your State are effective in meeting the needs of children with developmental delays and disabilities?

    a. Aside from Part B, what are the major programs children and families go to after exiting Part C services?

6. Are there recent innovations (such as new IT systems, changes to policies, etc.) in the State's Part C system that have had a positive impact on service delivery (e.g., in improving service quality or accessibility)?

7. Looking ahead at the next 3-5 years, is your State considering any notable changes you feel may increase service quality or service access?

Attachment 6: 2022 Community Partner Rate Models

Review of Payment Rates for Nevada Early Intervention Services

Final Rate Model

- prepared for -

Nevada Department of Health and Human Services

- prepared by -

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June 30, 2022

Review of Payment Rates for Nevada Early Intervention Services
Final Rate Model
prepared for Nevada Department of Health and Human Services

		Urban	*Rural*
	Unit of Service	Month	Month
Developmental Specialist	- Hourly Wage	$32.02	$32.02
	- Benefit Rate (as a percent of wages)	20.5%	20.5%
	Annual Cost of Wages and Benefits	$80,254.93	$80,254.93
	Monthly Cost of Wages and Benefits	$6,687.91	$6,687.91
	- Number of Miles Traveled per Month	425	850
	- Amount per Mile	$0.625	$0.625
	Monthly Mileage Cost	$265.63	$531.25
	Number of Cases per Developmental Specialist	30	24
	Monthly Developmental Specialist Cost per Case	**$231.78**	**$300.80**
Occupational Therapist	- Hourly Wage	$58.06	$58.06
	- Benefit Rate (as a percent of wages)	15.4%	15.4%
	Annual Cost of Wages and Benefits	$139,362.58	$139,362.58
	Monthly Cost of Wages and Benefits	$11,613.55	$11,613.55
	- Number of Miles Traveled per Month	425	850
	- Amount per Mile	$0.625	$0.625
	Monthly Mileage Cost	$265.63	$531.25
	Number of Cases per Occupational Therapist	120	96
	Monthly Occupational Therapist Cost per Case	**$98.99**	**$126.51**
Physical Therapist	- Hourly Wage	$54.88	$54.88
	- Benefit Rate (as a percent of wages)	15.8%	15.8%
	Annual Cost of Wages and Benefits	$132,186.16	$132,186.16
	Monthly Cost of Wages and Benefits	$11,015.51	$11,015.51
	- Number of Miles Traveled per Month	425	850
	- Amount per Mile	$0.625	$0.625
	Monthly Mileage Cost	$265.63	$531.25
	Number of Cases per Physical Therapist	160	128
	Monthly Physical Therapist Cost per Case	**$70.51**	**$90.21**
Speech Language Pathologist	- Hourly Wage	$44.06	$44.06
	- Benefit Rate (as a percent of wages)	17.4%	17.4%
	Annual Cost of Wages and Benefits	$107,591.00	$107,591.00
	Monthly Cost of Wages and Benefits	$8,965.92	$8,965.92
	- Number of Miles Traveled per Month	425	850
	- Amount per Mile	$0.625	$0.625
	Monthly Mileage Cost	$265.63	$531.25
	Number of Cases per Speech Language Pathologist	80	64
	Monthly Speech Language Pathologist Cost per Case	**$115.39**	**$148.39**
Other Direct/ Prog. Support and Admin	Monthly Cost per Case Before Admin. and Program Support	$516.67	$665.91
	- Other Direct Supports and Program Support Percent	20.0%	20.0%
	Other Direct Supports and Program Support Cost per Month	**$158.98**	**$204.90**
	- Administration Percent	15.0%	15.0%
	Administration Cost per Month	**$119.23**	**$153.67**
	Monthly Case Rate	**$794.88**	**$1,024.48**

Appendix A: Wage Assumptions

BLS Code and Title	Description	Typical Education Requirement	Typical Work Experience	Typical On-The-fob Training Needed To Attain Competency	Bureau of Labor Statistics Wage Data - May 2020 or May 2021 Based on Year w/ Higher Median Wage					Use in Rate Model
					10th %-ile	25th %-ile	50th %-ile	75th %-ile	90th %-ile	
					Adjusted for Inflation[1]					
Child, Family, and School Social Workers (21-1021)	Provide social services and assistance to improve the social and psychological functioning of children and their families and to maximize the family well-being and the academic functioning of children. May assist parents, arrange adoptions, and find foster homes for abandoned or abused children. In schools, they address such problems as teenage pregnancy, misbehavior, and truancy. May also advise teachers.	Bachelor's	None	None	$18.67	$22.78	$27.96	$30.24	$37.34	**Developmental Specialist**
					$21.38	$26.09	**$32.02**	$34.63	$42.77	
Occupational Therapists (29-1122)	Assess, plan, and organize rehabilitative programs that help build or restore vocational, homemaking, and daily living skills, as well as general independence, to persons with disabilities or developmental delays. Use therapeutic techniques, adapt the individual's environment, teach skills, and modify specific tasks that present barriers to the individual.	Master's	None	None	$34.50	$43.23	$50.69	$61.09	$75.04	**Occupational Therapist**
					$39.51	$49.51	**$58.06**	$69.97	$85.94	
Physical Therapists (29-1123)	Assess, plan, organize, and participate in rehabilitative programs that improve mobility, relieve pain, increase strength, and improve or correct disabling conditions resulting from disease or injury.	Doctoral/ prof.	None	None	$34.72	$41.74	$47.92	$59.13	$84.14	**Physical Therapist**
					$39.76	$47.80	**$54.88**	$67.72	$96.37	
Speech-Language Pathologists (29-1127)	Assess and treat persons with speech, language, voice, and fluency disorders. May select alternative communication systems and teach their use. May perform research related to speech and language problems.	Master's	None	Intern/ resident	$20.81	$26.80	$38.47	$47.00	$58.03	**Speech Language Pathologist**
					$23.83	$30.69	**$44.06**	$53.83	$66.46	

[1]Wages have been inflated from May 2021 to January 2024 by 14.53 percent based on one year of inflation at 7.78 percent (based on the one year change in the average hourly wage between May 2021 and May 2022 in Nevada as reported by the Bureau of Labor Statistics) and the remaining months of inflation funded at a 3.71 percent annual growth rate (the 10-year compound annual growth rate reported by the BLS).

Review of Payment Rates for Nevada Early Intervention Services
Final Rate Model
prepared for Nevada Department of Health and Human Services

Appendix B: Benefits Assumptions
Assumptions for Individual Benefits to Establish Benefit Rates

	% of Employees with *Access*		% of Employees with Access Who *Elect* ('Take-Up Rate')		Benefit Level for *Participating* Employees		*Effective* Benefit Level (Accounts for Participation)	
	BLS Data[1]	Rate Models	BLS Data[1]	Rate Models	BLS Data[1]	Rate Models	BLS Data[1]	Rate Models
Mandatory Benefits								
FICA[2]	-	100%	-	100%	-	7.65%	-	7.65%
Federal UI[3]	-	100%	-	100%	-	0.60%	-	0.60%
State UI[4]	-	100%	-	100%	-	1.00%	-	2.95%
Workers' Comp.[5]	-	100%	-	100%	-	2.00%	-	1.46%
Health Insurance[6]					*Employer contribution/ month*		*Employer contribution/ month*	
Employee Only				41.0%	$476	$475.00		
Employee + One				14.3%		$750.00		
Family				16.3%	$1,118	$1,150.00		
All Coverages	**72%**	**100%**	**71%**	**71.6%**				**$489.45**
Other Benefits[7]					*Employer contribution/ month*		*Employer contribution/ month*	
	-	100%	-	100%	-	$50.00	-	$50.00

Notes

[1]BLS' 2021 National Compensation Survey (https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf). Figures represent private industry workers in the West-Mountain region.

[2]Combined Social Security tax rate of 6.20% and Medicare tax rate of 1.45%.

[3]Applies to first $7,000 in wages.

[4]Based on tax rate for new businesses. Applies to first $36,600 in wages (see https://ui.nv.gov/ESSHTML/ui_information.htm).

[5]Based on Class Code 8835 (Home/ Public Healthcare). Accessed at http://classcodes.net/workers-compensation-rates-by-state/.

[6]In addition to the data from the BLS, the following sources of health insurance information were considered:
- Nevada-specific data from the U.S. Department of Health and Human Services Medical Expenditure Panel Survey for 2020 (most recent available at time of publication) reports average monthly employer contributions of $403 for employee-only plans, $747 for employee-plus-one plans, and $1,020 for family plans (see Tables II.C.1, II.C.2, II.D.1, II.D.2, II.E.1, and II.E.2). The percent of employees receiving each coverage type assumes all staff are full-time and eligible for health insurance (see Tables II.B.3.b.(1).(a), II.C.4, II.D.4, and II.E.4).
- According to Kaiser's review of individual health insurance plans offered through the State's health insurance exchange, the average benchmark premium for a 40 year-old non-smoker in Nevada's ACA Exchange in 2021 was $383 (https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier)

[7]BLS provides information for a variety of other benefits that cannot be combined

Appendix B: Benefits Assumptions
Benefit Rates by Wage Level Based on Benefits Assumptions

Hourly Wage	Full-Time Annual Salary	Effective Benefit Rate - Model Assumptions[1,2]
$14	$29,120	34.4%
$15	$31,200	32.9%
$16	$33,280	31.6%
$17	$35,360	30.5%
$18	$37,440	29.4%
$19	$39,520	28.3%
$20	$41,600	27.4%
$21	$43,680	26.5%
$22	$45,760	25.7%
$23	$47,840	25.0%
$24	$49,920	24.3%
$25	$52,000	23.7%
$26	$54,080	23.2%
$27	$56,160	22.6%
$28	$58,240	22.2%
$29	$60,320	21.7%
$30	$62,400	21.3%
$31	$64,480	20.9%
$32	$66,560	20.5%
$33	$68,640	20.2%
$34	$70,720	19.8%
$35	$72,800	19.5%
$36	$74,880	19.3%
$37	$76,960	19.0%
$38	$79,040	18.7%
$39	$81,120	18.5%
$40	$83,200	18.2%

[1]This table illustrates benefit rates in one dollar wage increments, but benefit rates in rate models are calculated to the penny

[2]The benefit rate does not include paid time off, which is implicitly incorporated in the caseload assumptions.

Attachment 7: American Community Survey Population Demographics (2018 – 2022 5-Year Estimates) by NEIS Region and School District

American Community Survey Population Demographics by NEIS Region (2018 - 2022 5-Year Estimates)

Population Totals

	Nevada	South Region	Northwest Region	Rural/ Frontier Region
Total Residents	3,104,816	2,323,110	694,493	87,213
% of Total Residents	-	75%	22%	3%
Under 5 Years Old	178,103	135,503	36,967	5,633
% of Total Residents	-	76.1%	20.8%	3.2%
Under 3 Years Old*	106,862	81,302	22,180	3,380

Source: Analysis of ACS Tables: S0101 Age and Sex (2018-2022 5-Year Estimates).

* The ACS does not separately report the number of children under 3 years old. The total is imputed as 60% of the population under 5 years old.

Population Living in Poverty

Proportion of Residents in Poverty	13%	13%	11%	11%
Proportion of Residents Under 5 in Poverty	18%	20%	13%	15%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

Proportion of Families Living in Poverty

Total Families	742,614	546,997	173,766	21,851
Families with Children Under 5	124,603	93,492	26,701	4,410
Families with Children Under 5 in Poverty	19,601	15,992	2,962	647
% of Families with Children Under 5 in Poverty	16%	17%	11%	15%

Source: Analysis of ACS Tables: S1702 Poverty Status in the Past 12 Months (2018-2022 5-Year Estimates).

Total by Race/ Ethnicity

White/Caucasian	1,443,147	942,909	442,604	57,633
% of Total Residents	46%	41%	64%	66%
Hispanic	918,655	735,172	162,507	20,976
% of Total Residents	30%	32%	23%	24%
Black/African American	240,957	225,539	14,822	596
% of Total Residents	8%	10%	2%	1%
Asian	234,570	200,782	32,585	1,202
% of Total Residents	8%	9%	5%	1%
Two or More Races	184,397	159,610	22,478	2,309
% of Total Residents	6%	7%	3%	3%
American Indian/Alaska Native	34,936	18,748	12,131	4,057
% of Total Residents	1%	1%	2%	5%
Other	27,889	24,264	3,328	297
% of Total Residents	1%	1%	0%	0%
Native Hawaiian/Other Islander	20,265	16,085	4,037	143
% of Total Residents	1%	1%	1%	0%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

American Community Survey Population Demographics by NEIS Region (2018 - 2022 5-Year Estimates)

Total Population in Poverty by Race/ Ethnicity

	Nevada	South Region	Northwest Region	Rural/ Frontier Region
White/Caucasian	140,920	94,158	41,383	5,379
% of Total within Race/ Ethnicity	10%	10%	9%	9%
Hispanic	142,707	119,077	21,257	2,373
% of Total within Race/ Ethnicity	16%	16%	13%	11%
Black/African American	49,533	46,513	2,803	217
% of Total within Race/ Ethnicity	21%	21%	19%	36%
Asian	24,235	21,448	2,750	38
% of Total within Race/ Ethnicity	10%	11%	8%	3%
Two or More Races	26,713	22,937	3,197	580
% of Total within Race/ Ethnicity	14%	14%	14%	25%
American Indian/Alaska Native	6,737	2,940	2,666	1,132
% of Total within Race/ Ethnicity	19%	16%	22%	28%
Other	3,468	3,088	348	32
% of Total within Race/ Ethnicity	12%	13%	10%	11%
Native Hawaiian/Other Islander	2,595	2,029	564	2
% of Total within Race/ Ethnicity	13%	13%	14%	1%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

Total Population Under 5 by Race/ Ethnicity

White/Caucasian	75,079	49,609	21,805	3,665
% of Total Residents Under 5	42%	37%	59%	65%
Hispanic	57,739	46,002	10,299	1,437
% of Total Residents Under 5	32%	34%	28%	26%
Black/African American	15,726	14,756	945	25
% of Total Residents Under 5	9%	11%	3%	0%
Asian	13,537	11,769	1,681	87
% of Total Residents Under 5	8%	9%	5%	2%
Two or More Races	11,223	9,866	1,216	142
% of Total Residents Under 5	6%	7%	3%	3%
American Indian/Alaska Native	1,976	1,120	605	251
% of Total Residents Under 5	1%	1%	2%	4%
Other	1,683	1,485	181	17
% of Total Residents Under 5	1%	1%	0%	0%
Native Hawaiian/Other Islander	1,141	895	236	9
% of Total Residents Under 5	1%	1%	1%	0%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

American Community Survey Population Demographics by NEIS Region (2018 - 2022 5-Year Estimates)

Total Population Under 5 in Poverty by Race/ Ethnicity

	Nevada	South Region	Northwest Region	Rural/ Frontier Region
White/Caucasian	9,686	6,899	2,316	471
% of Total within Race/ Ethnicity	13%	14%	11%	13%
Hispanic	13,206	11,226	1,740	240
% of Total within Race/ Ethnicity	23%	24%	17%	17%
Black/African American	4,476	4,207	268	2
% of Total within Race/ Ethnicity	28%	29%	28%	7%
Asian	1,762	1,586	176	0
% of Total within Race/ Ethnicity	13%	13%	10%	0%
Two or More Races	2,264	2,007	214	43
% of Total within Race/ Ethnicity	20%	20%	18%	31%
American Indian/Alaska Native	491	255	141	96
% of Total within Race/ Ethnicity	25%	23%	23%	38%
Other	296	269	25	2
% of Total within Race/ Ethnicity	18%	18%	14%	11%
Native Hawaiian/Other Islander	203	167	35	0
% of Total within Race/ Ethnicity	18%	19%	15%	2%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

Households with Children Under 6

Households with Children Under 6	126,610	93,638	28,399	4,573
Married-couple Family	83,146	60,096	19,483	3,567
% of Households with Children Under 6	66%	64%	69%	78%
Male Householder	14,677	10,708	3,551	418
% of Households with Children Under 6	12%	11%	13%	9%
Female Householder	28,788	22,834	5,365	588
% of Households with Children Under 6	23%	24%	19%	13%

Source: Analysis of ACS Tables: S1101 Households and Families (2018-2022 5-Year Estimates).

Language Spoken at Home*

Population 5 years and over	2,926,713	2,187,607	657,526	81,580
Speaks only English at Home	2,055,614	1,462,468	525,121	68,025
% of population	70%	67%	80%	83%
Speaks a Language Other Than English	871,099	725,139	132,405	13,555
% of population	30%	33%	20%	17%
Speaks Spanish	597,705	489,783	96,995	10,927
% of pop. Speaking a language other than Er	69%	68%	73%	81%
Speaks another Language (non-Spanish)	273,394	235,356	35,410	2,628
% of pop. Speaking a language other than Er	31%	32%	27%	19%

Source: Analysis of ACS Tables: S1601 Language Spoken at Home (2018-2022 5-Year Estimates).

*Among population 5 years and over.

American Community Survey Population Demographics by NEIS Region (2018 - 2022 5-Year Estimates)

	Nevada	South Region	Northwest Region	Rural/ Frontier Region
Proportion of Insured Population				
% of Total Population with Insurance	89%	88%	90%	91%
% of Total Population Under 5 with Insurance	94%	94%	94%	93%

Source: Analysis of ACS Tables: S2701 Selected Characteristics of Health Insurance Coverage in the United States (2018-2022 5-Year Estimates).

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

Population Totals

	Nevada	Clark	Washoe	Lyon	Carson City	Elko	Nye	Douglas	Churchill	Humboldt
Total Residents	3,104,817	2,265,926	486,674	59,435	58,249	53,600	51,698	49,476	25,409	17,266
% of Total Residents	-	73.0%	15.7%	1.9%	1.9%	1.7%	1.7%	1.6%	0.8%	0.6%
Under 5 Years Old	178,103	133,170	26,865	3,118	3,013	3,727	2,125	1,592	1,600	1,180
% of Total Residents	-	75%	15%	1.8%	1.7%	2.1%	1.2%	0.9%	0.9%	0.7%
Under 3 Years Old*	106,862	79,902	16,119	1,871	1,808	2,236	1,275	955	960	708

Source: Analysis of ACS Tables: S0101 Age and Sex (2018-2022 5-Year Estimates)

* The ACS does not separately report the number of children under 3 years old. The total is imputed as 60% of the population under 5 years old.

Population Living in Poverty

Proportion of Residents in Poverty	13%	13%	11%	10%	11%	10%	15%	7%	10%	14%
Proportion of Residents Under 5 in Poverty	18%	20%	14%	14%	12%	16%	11%	10%	9%	18%

Source: Analysis of ACS Tables: S0101 Age and Sex (2018-2022 5-Year Estimates).

Proportion of Families Living in Poverty

Total Families	742,614	532,434	119,417	15,503	14,717	13,043	13,325	15,108	5,770	4,564
Families with Children Under 5	124,603	92,014	19,234	2,314	2,487	3,174	1,287	1,093	907	764
Families with Children Under 5 in Poverty	19,601	15,880	2,093	230	362	449	86	122	77	163
% of Families with Children Under 5 in Poverty	16%	17%	11%	10%	15%	14%	7%	11%	8%	21%

Source: Analysis of ACS Tables: S1702 Poverty Status in the Past 12 Months (2018-2022 5-Year Estimates).

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	White Pine	Pershing	Lander	Lincoln	Mineral	Storey	Eureka	Esmeralda
Population Totals								
Total Residents	8,997	6,587	5,728	4,507	4,568	4,095	1,622	980
% of Total Residents	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%
Under 5 Years Old	418	327	202	188	288	164	106	20
% of Total Residents	0.2%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%
Under 3 Years Old*	251	196	121	113	173	98	64	12
Population Living in Poverty								
Proportion of Residents in Poverty	9%	10%	11%	7%	18%	9%	18%	16%
Proportion of Residents Under 5 in Poverty	7%	6%	5%	12%	16%	13%	19%	0%
Proportion of Families Living in Poverty								
Total Families	2,131	1,289	1,637	1,009	1,055	907	476	229
Families with Children Under 5	197	318	188	169	228	120	87	22
Families with Children Under 5 in Poverty	7	14	3	26	51	13	25	0
% of Families with Children Under 5 in Poverty	4%	4%	2%	15%	22%	11%	29%	0%

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	Nevada	Clark	Washoe	Lyon	Carson City	Elko	Nye	Douglas	Churchill	Humboldt
Total by Race/ Ethnicity										
White/Caucasian	1,443,148	901,024	294,485	42,853	37,816	34,319	37,200	38,708	18,163	11,085
% of Total Residents	46%	40%	61%	72%	65%	64%	72%	78%	71%	64%
Hispanic	918,655	726,521	124,104	11,186	14,459	13,181	8,131	6,490	3,807	4,844
% of Total Residents	30%	32%	26%	19%	25%	25%	16%	13%	15%	28%
Black/African American	240,957	223,820	11,963	778	697	389	1,717	437	577	76
% of Total Residents	8%	10%	2%	1%	1%	1%	3%	1%	2%	0%
Asian	234,570	199,208	26,678	1,264	1,931	924	1,550	1,547	883	212
% of Total Residents	8%	9%	5%	2%	3%	2%	3%	3%	3%	1%
Two or More Races	184,397	157,880	17,150	1,354	1,502	1,659	1,653	1,044	876	404
% of Total Residents	6%	7%	4%	2%	3%	3%	3%	2%	3%	2%
American Indian/Alaska Native	34,936	17,708	5,947	1,744	1,613	2,793	861	931	964	578
% of Total Residents	1%	1%	1%	3%	3%	5%	2%	2%	4%	3%
Other	27,889	24,036	2,573	179	221	222	229	158	126	37
% of Total Residents	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%
Native Hawaiian/Other Islander	20,265	15,729	3,775	77	10	112	357	162	13	31
% of Total Residents	1%	1%	1%	0%	0%	0%	1%	0%	0%	0%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	White Pine	Pershing	Lander	Lincoln	Mineral	Storey	Eureka	Esmeralda
Total by Race/ Ethnicity								
White/Caucasian	6,941	4,596	3,946	4,062	2,595	3,389	1,342	623
% of Total Residents	77%	70%	69%	90%	57%	83%	83%	64%
Hispanic	1,520	1,377	1,232	223	862	222	199	297
% of Total Residents	17%	21%	22%	5%	19%	5%	12%	30%
Black/African American	38	11	93	2	150	209	0	0
% of Total Residents	0%	0%	2%	0%	3%	5%	0%	0%
Asian	22	152	36	0	0	131	9	24
% of Total Residents	0%	2%	1%	0%	0%	3%	1%	2%
Two or More Races	120	154	126	55	278	121	0	21
% of Total Residents	1%	2%	2%	1%	6%	3%	0%	2%
American Indian/Alaska Native	340	272	276	164	652	8	69	15
% of Total Residents	4%	4%	5%	4%	14%	0%	4%	2%
Other	16	24	19	0	31	16	3	0
% of Total Residents	0%	0%	0%	0%	1%	0%	0%	0%
Native Hawaiian/Other Islander	0	0	0	0	0	0	0	0
% of Total Residents	0%	0%	0%	0%	0%	0%	0%	0%

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	Nevada	Clark	Washoe	Lyon	Carson City	Elko	Nye	Douglas	Churchill	Humboldt
Total Population in Poverty by Race/ Ethnicity										
White/Caucasian	140,920	88,200	29,039	4,281	2,990	3,026	5,661	2,682	1,327	1,243
% of Total within Race/ Ethnicity	10%	10%	10%	10%	8%	9%	15%	7%	7%	11%
Hispanic	142,707	117,552	16,771	991	2,093	1,297	1,360	448	691	711
% of Total within Race/ Ethnicity	16%	16%	14%	9%	14%	10%	17%	7%	18%	15%
Black/African American	49,533	46,244	2,465	70	133	171	266	11	69	2
% of Total within Race/ Ethnicity	21%	21%	21%	9%	19%	44%	16%	2%	12%	2%
Asian	24,235	21,288	2,113	52	192	38	160	265	69	0
% of Total within Race/ Ethnicity	10%	11%	8%	4%	10%	4%	10%	17%	8%	0%
Two or More Races	26,713	22,643	2,227	233	346	350	283	117	141	199
% of Total within Race/ Ethnicity	14%	14%	13%	17%	23%	21%	17%	11%	16%	49%
American Indian/Alaska Native	6,737	2,811	824	542	647	672	122	165	207	311
% of Total within Race/ Ethnicity	19%	16%	14%	31%	40%	24%	14%	18%	21%	54%
Other	3,468	3,055	256	19	39	24	33	18	11	4
% of Total within Race/ Ethnicity	12%	13%	10%	11%	18%	11%	14%	12%	8%	12%
Native Hawaiian/Other Islander	2,595	2,002	558	1	0	0	27	0	5	2
% of Total within Race/ Ethnicity	13%	13%	15%	1%	0%	0%	8%	0%	40%	5%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

Total Population in Poverty by Race/ Ethnicity

	White Pine	Pershing	Lander	Lincoln	Mineral	Storey	Eureka	Esmeralda
White/Caucasian	556	425	306	262	344	296	248	35
% of Total within Race/ Ethnicity	8%	9%	8%	6%	13%	9%	18%	6%
Hispanic	79	97	249	50	164	1	38	115
% of Total within Race/ Ethnicity	5%	7%	20%	23%	19%	0%	19%	39%
Black/African American	4	7	41	2	44	4	0	0
% of Total within Race/ Ethnicity	11%	65%	44%	100%	29%	2%	-	-
Asian	0	4	0	0	0	53	0	0
% of Total within Race/ Ethnicity	0%	3%	0%	-	-	40%	0%	0%
Two or More Races	26	31	5	3	83	19	0	8
% of Total within Race/ Ethnicity	22%	20%	4%	6%	30%	16%	-	39%
American Indian/Alaska Native	128	77	21	7	204	0	0	0
% of Total within Race/ Ethnicity	38%	28%	8%	4%	31%	0%	0%	0%
Other	4	5	0	0	0	0	0	0
% of Total within Race/ Ethnicity	26%	20%	0%	-	0%	0%	0%	-
Native Hawaiian/Other Islander	0	0	0	0	0	0	0	0
% of Total within Race/ Ethnicity	-	-	-	-	-	-	-	-

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	Nevada	Clark	Washoe	Lyon	Carson City	Elko	Nye	Douglas	Churchill	Humboldt
Total Population Under 5 by Race/ Ethnicity										
White/Caucasian	75,079	47,975	15,195	2,159	1,825	2,383	1,447	1,196	888	729
% of Total Residents Under 5	42%	36%	57%	69%	61%	64%	68%	75%	55%	62%
Hispanic	57,739	45,582	8,003	659	877	972	409	227	406	340
% of Total Residents Under 5	32%	34%	30%	21%	29%	26%	19%	14%	25%	29%
Black/African American	15,726	14,682	709	40	48	15	74	15	112	7
% of Total Residents Under 5	9%	11%	3%	1%	2%	0%	3%	1%	7%	1%
Asian	13,537	11,688	1,357	68	116	69	81	71	55	15
% of Total Residents Under 5	8%	9%	5%	2%	4%	2%	4%	4%	3%	1%
Two or More Races	11,223	9,795	922	72	78	98	69	39	77	34
% of Total Residents Under 5	6%	7%	3%	2%	3%	3%	3%	2%	5%	3%
American Indian/Alaska Native	1,976	1,087	314	106	57	171	27	32	51	51
% of Total Residents Under 5	1%	1%	1%	3%	2%	5%	1%	2%	3%	4%
Other	1,683	1,475	141	8	12	13	10	6	11	2
% of Total Residents Under 5	1%	1%	1%	0%	0%	0%	0%	0%	1%	0%
Native Hawaiian/Other Islander	1,141	888	223	6	0	6	8	6	1	3
% of Total Residents Under 5	1%	1%	1%	0%	0%	0%	0%	0%	0%	0%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	White Pine	Pershing	Lander	Lincoln	Mineral	Storey	Eureka	Esmeralda
Total Population Under 5 by Race/ Ethnicity								
White/Caucasian	322	229	144	173	178	136	88	14
% of Total Residents Under 5	77%	70%	71%	92%	62%	83%	83%	72%
Hispanic	70	69	41	7	49	9	13	4
% of Total Residents Under 5	17%	21%	21%	4%	17%	5%	12%	22%
Black/African American	1	0	2	0	12	8	0	0
% of Total Residents Under 5	0%	0%	1%	0%	4%	5%	0%	0%
Asian	1	8	1	0	0	6	1	1
% of Total Residents Under 5	0%	2%	1%	0%	0%	4%	1%	3%
Two or More Races	6	7	4	2	15	5	0	0
% of Total Residents Under 5	1%	2%	2%	1%	5%	3%	0%	2%
American Indian/Alaska Native	16	13	9	6	32	0	4	0
% of Total Residents Under 5	4%	4%	4%	3%	11%	0%	4%	2%
Other	1	1	1	0	1	1	0	0
% of Total Residents Under 5	0%	0%	0%	0%	0%	0%	0%	0%
Native Hawaiian/Other Islander	0	0	0	0	0	0	0	0
% of Total Residents Under 5	0%	0%	0%	0%	0%	0%	0%	0%

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	Nevada	Clark	Washoe	Lyon	Carson City	Elko	Nye	Douglas	Churchill	Humboldt
Total Population Under 5 in Poverty by Race/ Ethnicity										
White/Caucasian	9,686	6,693	1,711	264	153	322	186	94	49	110
% of Total within Race/ Ethnicity	13%	14%	11%	12%	8%	14%	13%	8%	6%	15%
Hispanic	13,206	11,182	1,439	82	156	185	42	18	37	44
% of Total within Race/ Ethnicity	23%	25%	18%	13%	18%	19%	10%	8%	9%	13%
Black/African American	4,476	4,206	207	13	15	1	1	0	29	0
% of Total within Race/ Ethnicity	28%	29%	29%	32%	32%	5%	1%	0%	26%	3%
Asian	1,762	1,585	129	3	15	0	1	18	8	0
% of Total within Race/ Ethnicity	13%	14%	10%	5%	13%	0%	1%	25%	14%	0%
Two or More Races	2,264	2,003	151	18	16	20	4	7	13	21
% of Total within Race/ Ethnicity	20%	20%	16%	25%	20%	21%	6%	18%	17%	63%
American Indian/Alaska Native	491	250	42	49	14	52	4	14	2	38
% of Total within Race/ Ethnicity	25%	23%	13%	46%	25%	30%	16%	45%	5%	76%
Other	296	269	20	0	2	1	0	2	1	0
% of Total within Race/ Ethnicity	18%	18%	14%	3%	17%	11%	1%	26%	5%	10%
Native Hawaiian/Other Islander	203	167	35	0	0	0	0	0	0	0
% of Total within Race/ Ethnicity	18%	19%	16%	1%	0%	0%	5%	0%	18%	7%

Source: Analysis of ACS Tables: B17020A-B17020I (2018-2022 5-Year Estimates).

Households with Children Under 6										
Households with Children Under 6	126,610	92,388	20,656	2,425	2,573	3,153	1,059	1,252	847	922
Married-couple Family	83,146	59,082	14,113	1,745	1,654	2,489	849	1,057	508	682
% of Households with Children Under 6	66%	64%	68%	72%	64%	79%	80%	84%	60%	74%
Male Householder	14,677	10,553	2,504	331	337	296	155	116	161	109
% of Households with Children Under 6	12%	11%	12%	14%	13%	9%	15%	9%	19%	12%
Female Householder	28,788	22,753	4,039	349	582	367	55	80	178	131
% of Households with Children Under 6	23%	25%	20%	14%	23%	12%	5%	6%	21%	14%

Source: Analysis of ACS Tables: S1101 Households and Families (2018-2022 5-Year Estimates).

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

Total Population Under 5 in Poverty by Race/ Ethnicity

	White Pine	Pershing	Lander	Lincoln	Mineral	Storey	Eureka	Esmeralda
White/Caucasian	17	14	4	21	15	17	17	0
% of Total within Race/ Ethnicity	5%	6%	3%	12%	8%	12%	20%	0%
Hispanic	3	3	5	2	5	0	3	0
% of Total within Race/ Ethnicity	4%	5%	11%	32%	10%	1%	21%	0%
Black/African American	0	0	1	0	4	0	0	0
% of Total within Race/ Ethnicity	0%	54%	34%	-	29%	2%	-	-
Asian	0	0	0	0	0	3	0	0
% of Total within Race/ Ethnicity	0%	2%	0%	-	-	50%	0%	0%
Two or More Races	1	1	0	0	7	1	0	0
% of Total within Race/ Ethnicity	23%	14%	0%	0%	44%	21%	-	0%
American Indian/Alaska Native	6	2	0	0	17	0	0	0
% of Total within Race/ Ethnicity	36%	20%	3%	0%	52%	0%	0%	0%
Other	0	0	0	0	0	0	0	0
% of Total within Race/ Ethnicity	28%	14%	0%	-	0%	0%	0%	-
Native Hawaiian/Other Islander	0	0	0	0	0	0	0	0
% of Total within Race/ Ethnicity	-	-	-	-	-	-	-	-

Households with Children Under 6

Households with Children Under 6	226	317	186	169	220	108	87	22
Married-couple Family	127	239	182	143	72	95	87	22
% of Households with Children Under 6	56%	75%	98%	85%	33%	88%	100%	100%
Male Householder	13	10	0	0	92	0	0	0
% of Households with Children Under 6	6%	3%	0%	0%	42%	0%	0%	0%
Female Householder	86	68	4	26	56	13	0	0
% of Households with Children Under 6	38%	21%	2%	15%	25%	12%	0%	0%

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

	Nevada	Clark	Washoe	Lyon	Carson City	Elko	Nye	Douglas	Churchill	Humboldt
Median Family Income by Family Type*										
All Families	$85,584	$82,358	$98,619	$84,189	$82,109	$100,342	$64,001	$96,012	$94,505	$86,944
With own children of householder under 18 years	$78,809	$75,245	$89,888	$84,028	$73,494	$95,080	$58,043	$99,179	$92,664	$92,063
% of All Families w/in region	92%	91%	91%	100%	90%	95%	91%	103%	98%	106%
Married-couple families	$100,780	$98,346	$114,864	$90,603	$98,555	$111,529	$71,180	$102,810	$102,691	$101,169
% of All Families w/in region	118%	119%	116%	108%	120%	111%	111%	107%	109%	116%
With own children under 18 years	$103,565	$100,288	$118,548	$98,827	$98,219	$105,000	$79,583	$118,380	$102,321	$116,003
% of all married-couple families w/in region	103%	102%	103%	109%	100%	94%	112%	115%	100%	115%
Female householder, no spouse present	$50,802	$49,945	$57,259	$56,827	$49,746	$41,694	$45,009	$55,453	$58,095	$51,193
% of All Families w/in region	59%	61%	58%	67%	61%	42%	70%	58%	61%	59%
With own children under 18 years	$40,212	$39,405	$44,269	$52,929	$36,935	$39,256	$35,420	$60,694	$37,063	$32,177
% of all female householder families w/in region	79%	79%	77%	93%	74%	94%	79%	109%	64%	63%
Male householder, no spouse present	$65,327	$63,747	$75,244	$64,950	$58,163	$91,875	$41,442	$81,979	$87,969	nr
% of All Families w/in region	76%	77%	76%	77%	71%	92%	65%	85%	93%	-
With own children under 18 years	$55,322	$53,985	$58,371	$64,116	$51,851	$96,094	nr	$56,250	$60,807	nr
% of all male householder families w/in region	85%	85%	78%	99%	89%	105%	-	69%	69%	-

Source: Analysis of ACS Table: S1903 Median Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars) (2018-2022 5-Year Estimates).

* nr = no value reported for County/ family composition within the ACS data.

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

Median Family Income by Family Type*

	White Pine	Pershing	Lander	Lincoln	Mineral	Storey	Eureka	Esmeralda
All Families	$93,684	$92,031	$101,968	$85,950	$57,417	$110,426	$74,143	$102,583
With own children of householder under 18 years	$117,500	$92,311	$100,357	$84,919	$55,441	$128,203	$93,452	$103,500
% of All Families w/in region	125%	100%	98%	99%	97%	116%	126%	101%
Married-couple families	$99,034	$100,965	$115,795	$103,459	$74,487	$112,102	$73,606	$104,417
% of All Families w/in region	106%	110%	114%	120%	130%	102%	99%	102%
With own children under 18 years	$134,387	$105,156	$140,671	$110,650	$96,845	$128,906	$102,685	$103,833
% of all married-couple families w/in region	136%	104%	121%	107%	130%	115%	140%	99%
Female householder, no spouse present	$71,141	$31,489	nr	$43,486	$46,719	$94,500	nr	$38,611
% of All Families w/in region	76%	34%	-	51%	81%	86%	-	38%
With own children under 18 years	$71,675	$31,959	$80,903	$42,981	$35,298	nr	nr	nr
% of all female householder families w/in region	101%	101%	-	99%	76%	-	-	-
Male householder, no spouse present	$92,610	$28,883	nr	$74,013	$34,375	$74,489	nr	nr
% of All Families w/in region	99%	31%	-	86%	60%	67%	-	-
With own children under 18 years	$94,632	nr	nr	nr	nr	nr	nr	nr
% of all male householder families w/in region	102%	-	-	-	-	-	-	-

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

Language Spoken at Home*

	Nevada	Clark	Washoe	Lyon	Carson City	Elko	Nye	Douglas	Churchill	Humboldt
Population 5 years and over	2,926,714	2,132,756	459,809	56,317	55,236	49,873	49,573	47,884	23,809	16,086
Speaks only English at Home	2,055,615	1,413,939	357,939	48,650	43,168	40,701	43,687	42,513	20,663	13,292
% of population	70%	66%	78%	86%	78%	82%	88%	89%	87%	83%
Speaks a Language Other Than English	871,099	718,817	101,870	7,667	12,068	9,172	5,886	5,371	3,146	2,794
% of population	30%	34%	22%	14%	22%	18%	12%	11%	13%	17%
Speaks Spanish	597,705	485,128	72,740	6,317	9,825	7,321	4,341	3,974	2,351	2,375
% of pop. Speaking a language other than Eng.	69%	67%	71%	82%	81%	80%	74%	74%	75%	85%
Speaks another Language (non-Spanish)	273,394	233,689	29,130	1,350	2,243	1,851	1,545	1,397	795	419
% of pop. Speaking a language other than Eng.	31%	33%	29%	18%	19%	20%	26%	26%	25%	15%

Source: Analysis of ACS Tables: S1601 Language Spoken at Home (2018-2022 5-Year Estimates).

*Among population 5 years and over.

Proportion of Insured Population

% of Total Population with Insurance	89%	88%	90%	90%	89%	91%	91%	93%	91%	90%
% of Total Population Under 5 with Insurance	94%	94%	94%	93%	92%	92%	91%	94%	95%	95%

Source: Analysis of ACS Tables: S2701 Selected Characteristics of Health Insurance Coverage in the United States (2018-2022 5-Year Estimates).

Nevada's Population Demographics by School District (2018 - 2022 5-Year Estimates)

Language Spoken at Home*

	White Pine	Pershing	Lander	Lincoln	Mineral	Storey	Eureka	Esmeralda
Population 5 years and over	8,579	6,260	5,526	4,319	4,280	3,931	1,516	960
Speaks only English at Home	7,902	4,973	4,764	4,059	3,520	3,695	1,366	784
% of population	92%	79%	86%	94%	82%	94%	90%	82%
Speaks a Language Other Than English	677	1,287	762	260	760	236	150	176
% of population	8%	21%	14%	6%	18%	6%	10%	18%
Speaks Spanish	510	1,176	647	157	513	99	74	157
% of pop. Speaking a language other than Eng.	75%	91%	85%	60%	68%	42%	49%	89%
Speaks another Language (non-Spanish)	167	111	115	103	247	137	76	19
% of pop. Speaking a language other than Eng.	25%	9%	15%	40%	33%	58%	51%	11%

Proportion of Insured Population

% of Total Population with Insurance	96%	90%	94%	90%	89%	93%	90%	90%
% of Total Population Under 5 with Insurance	93%	97%	98%	99%	97%	100%	100%	100%

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES DIVISION POLICY MANUAL			
CHAPTER #	CHAPTER TITLE	POLICY#	POLICY TITLE
27	Nevada Early Intervention Services (NEIS)	27.2	Eligibility/Intake

27.2.1 GENERAL ELIGIBILITY CRITERIA

Infants and toddlers (birth up to the age of three) are eligible for Early Intervention Services when they meet the following criteria:

Eligibility for Early Intervention services include having a diagnosed medical condition with a high probability of a developmental delay, an informed clinical opinion, or a significant developmental delay. Specifically, this means:

- A 50% delay in the child's chronological age in any one developmental area, or
- A 25% delay in the child's chronological age in any two developmental areas, which may include cognitive development; physical development (including hearing and vision); communication development; social or emotional development or adaptive development.

27.2.2 ELIGIBILITY/INTAKE ACRONYMS & DEFINITIONS

Acronym	Term	Definition
ABR	Auditory Brainstem Response	A test to determine newborn hearing loss.
CAPTA	Child Abuse Prevention and Treatment Act	Federal act that supports and guides states in support of prevention, assessment, investigation, prosecution, and treatment activities for children. (PL 93-247 88 Stat 4, 42 USC 510145 CFR 1340)
	Child Find System	Evaluative process to locate and evaluate children, ages 3 – 21, who may have a disability and are eligible for services as identified in the IDEA Act. (34 CFR 300.8, 34 CFR 300.111)
CPS	Child Protective Services	Services for the protection of children, including without limitation, investigations of abuse or neglect and assessments. (NRS 432B.042)
	Child Welfare Services	Includes without limitations, CPS, Foster Care related services, including without limitation, maintenance and special services, and services related to adoption. (NRS 432B.044, NRS 432.010)
	Community Provider	Early intervention service providers within the community that provide specific early intervention services or therapies outside of Aging and Disability Services Division.
CP	Comprehensive Provider	Therapeutic service providers on a service agreement with Nevada Early Intervention Services that provide comprehensive services.

Acronym	Term	Definition
EIS	Early Intervention Services	Developmental services that are provided under public supervision, selected in collaboration with parents, provided at no cost that are designed to meet the developmental needs of an infant or toddler with a disability; and the needs of the family to assist appropriately in the infant or toddler's development in, as identified by the IFSP team, any one or more of the following areas: physical development; cognitive development; communication development; social or emotional development; or adaptive development. (34 CFR 303.13)
	Individual Provider	Therapists and specialists contracted with Nevada Early Intervention Services to provide services directly to children in the NEIS caseload.
	Informed Clinical Opinion	The use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention, which must be clearly documented.
	Intake Coordinator	Identified program staff who receive, and process referrals as required for the System Point of Entry (SPOE) requirements.
	Medically Complex or Fragile	Children with multiple medical issues that have resulted in frequent hospitalization or who require frequent, complex in-home appointments with a qualified pediatric health care professional in addition to instructional supports and therapies. This may include children who have a condition that may result in increasing need for medical intervention and support.
MDT	Multidisciplinary Team	The involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities and development of the IFSP. (34 CFR 303.321 and 34 CFR 303.342)
NEIS	Nevada Early Intervention Services	A comprehensive early intervention (EI) system, in compliance with Part C of IDEA (herein after referred to as Part C) and Aging and Disability Services Division, to provide services to infants and toddlers (birth up to the age of three) with developmental delays or disabilities and their families.
PCP	Primary Care Physician	A licensed and credentialed medical doctor who provides the first contact for a person with an undiagnosed health concern as well as continued care of varied medical conditions.

Acronym	Term	Definition
PWN	Prior Written Notice	A written notice provided to parents within a reasonable timeframe before any EIS providers, propose or refuse to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of early intervention services to the infant or toddler with a disability and that infant's or toddler's family. The notice informs parents about the action that is being proposed or refused and the reasons for taking the action. (34 CFR 303.421)
SaM	Screening and Monitoring Program	A program for infants that have high risk factors for developmental delays but do not currently meet the eligibility requirements for Part C services.
SPOE	System Point of Entry	The Part C approved entity who receives all referrals to early intervention.

27.2.3 REFERRALS

Nevada's Early Intervention Service (NEIS) utilizes a dedicated team of professionals from the Aging and Disability Services Division (ADSD) to receive referrals in accordance with Part C of the Individuals with Disabilities Education Act (IDEA) and Nevada Department of Health and Human Services (DHHS). Intake coordinators serve as the first point of contact for referrals and/or program applicants, and are responsible for receiving, processing and distributing referrals.

A. SYSTEM POINT OF ENTRY

NEIS is designated by Part C as the official System Point of Entry (SPOE) entity. The SPOE is a statewide streamlined initial point of contact for Early Intervention (EI) referrals meeting Federal IDEA Part C requirements. SPOE is responsible for managing all NEIS referrals to State and Community Providers. (34 CFR 303.1(a), 34 CFR 303.303(a & c))

The Child Find System is the mechanism for referrals to early intervention in Nevada related to children under the age of three (3). Referrals are received from a variety of sources such as, but not limited to, parent/guardian, physicians, hospitals, community providers, child welfare based on assigned region (Division of Child and Family Services [Rural], Clark County Department of Family Services, or Washoe County Child Protective Services, Project Assist [Nevada Part C's statewide toll-free number 1-800-522-0066], and community and state agencies). Referral sources are expected to use the NEIS Referral Form 1001 (Exhibit A- English, Exhibit B - Spanish). If a referral is based on a child's medical diagnosis or condition, then the referring entity is asked to submit supporting medical records with the referral. Referrals may be submitted in person, phone, fax or email to the regional NEIS offices.

The referral process safeguards parent/guardian rights to select the service provider of their choice. Referrals for NEIS must be submitted within seven (7) calendar days upon identifying a possible need.

1. Part C Referrals

Referrals that come from Project Assist are received by the NEIS SPOE and are processed according to Processing Referrals in 27.2.3.B.

2. Child Abuse Prevention Treatment Act Referrals

Under the Child Abuse Prevention Treatment Act (CAPTA), Child Welfare and Protective Services (state and county) will complete a CAPTA Referral Form FPO 0502A to the NEIS SPOE when there is a substantiated case of abuse or neglect; and to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. (CAPTA, Child Protective Services Policy 502)

3. Referrals from Community Providers

Referrals submitted from community providers must include all supporting medical records. Records must be received within (2) business days of original submission. All referrals will be and must be routed through the NEIS SPOE and are required to be submitted on the approved NEIS Referral Form 1001 (Exhibit A- English, Exhibit B-Spanish). Multidisciplinary Team (MDT) evaluation will not be scheduled prior to being notified by NEIS of the child's assignment to the designated comprehensive provider (CP).

4. Referrals from Screening and Monitoring Program

Children who are referred to the Screening and Monitoring (SaM) program are not immediately eligible for Part C services. Referrals are made to the SaM program by a Neonatal Intensive Care Unit (NICU) based on their evaluation of an infant; and/or by the multidisciplinary team (MDT) for children determined to potentially be at high risk for developmental delay. Children enrolled in the SaM program shall be monitored by NEIS Developmental Specialists (DS) throughout various stages of development. This monitoring is essential to identify any changes or developmental delays that may necessitate a referral or re-referral for an eligibility evaluation for Part C services.

5. Newborn Hearing Screening Program

Infants who fail Newborn Hearing Screening administered by the birthing hospital or midwife are eligible for Auditory Brainstem Response (ABR) testing to determine hearing loss via a referral to the NEIS SPOE.

6. State Funded Services

Certain referrals may fall outside of Part C requirements for funding and may still be eligible for state direct funding and services as outlined in 27.1 Program Overview NEIS. These state funded service referrals are reviewed on a case-by-case basis to determine eligibility for state services and funding.

B. PROCESSING REFERRALS

After a referral is received from any referral source, each child and the parent/guardian must have an evaluation to determine eligibility. All referrals will be processed through the NEIS SPOE within two (2) business days of receipt to confirm if it is new, re-opened referral, CAPTA or SaM. (34 CFR 303.310)

NEIS SPOE is responsible to receive and process referrals, conduct initial contact with parent/guardian, manage program assignments, and exit unassigned referrals (e.g., when the parent/guardian declines the Multidisciplinary team (MDT) evaluation or cannot be reached). They will document all referral activities and information in detail in the designated electronic system of record upon receipt.

1. Initial Contact

For all referral types, the NEIS SPOE will make initial contact timely (see 27.2.3.B). If the parent/guardian does not respond to the first contact request, a second call will be made within two (2) business days for follow-up. If second contact request is not responded to, the NEIS SPOE will make a third and final contact request within two (2) business days after no response. The NEIS General No-Contact Letter (Exhibit C) will be mailed out to the parent/guardian's address, as listed on the referral, within two (2) business days after the third contact request. NEIS SPOE will keep referrals open until the 45-day timeline is met. If the parent/guardian does not respond within the 45-day timeline, the child's referral will be closed.

If contact is made, the NEIS SPOE will complete the intake interview to determine the child and family's needs and concerns and will use the NEIS Statewide SPOE Referral Script (SRS) (Exhibit D) to share information on the service provider options and parent choice. If parent/guardian declines an eligibility evaluation for Part C services, the case will be closed. If a referral is closed, the parent/guardian is provided appropriate resources and information on re-referral for evaluation of eligibility for Part C services should any future developmental concerns arise.

Children, under the age of three (3), that are exited from the Part C system and re-referred within 90 calendar days of the exit date and do not require a new eligibility intake, the case will be re-opened.

2. Referrals from Neonatal Intensive Care Units

Referrals received from the NICU will be reviewed by the NEIS SPOE team. Referrals identified to meet the criteria for Part C Medical Automatic Eligibility (Exhibit E) will be processed accordingly following Automatic Eligibility guidelines (27.2.5.A.).

NICU referrals that are not immediately eligible will be submitted for review to the NEIS Senior Physicians or designees. Within two (2) business days, using informed clinical opinion (see 27.2.5.A.2), the NEIS Senior Physicians or designees will determine one (1) of the following three (3) categories in the designated electronic system of record for each referral and inform the intake coordinator of determination:

a. SaM Program: No referral to an eligibility evaluation for Part C services is warranted currently but there are concerns for future development; or
b. Part C Referral: Concerns are present that warrant a referral to an eligibility evaluation for Part C services; or
c. Screened-out: No specific concerns are present currently.

3. Medical Complexity

Children who are not immediately or automatically eligible for Part C services, but may have medically complex needs, will have the referral and associated documents reviewed by a qualified licensed clinician. Determination from the clinical review will establish if services remain within the NEIS state program or may be sent to a CP following parent choice.

4. CAPTA Referrals

Upon receipt of CAPTA referrals, the NEIS SPOE will distribute the referrals to the regional CAPTA team for processing. Children will be screened by the CAPTA team to evaluate whether a Part C referral is needed. After screening, CAPTA referrals with evidence or suspicion of an existing developmental delay will be processed as a regular Part C referral. CAPTA referral previously closed and resubmitted by a child welfare service agency, will be processed as a new CAPTA referral. Those submitted by a referral source other than a child welfare service agency will be processed as a regular Part C referral.

5. SaM Referrals

Referrals identified as appropriate for the SaM program will be sent to the regional SaM Supervisor for review. Referrals that meet the referral requirements for the SaM program will be submitted for DS assignment and monitoring under case management (see 27.3 NEIS Case Management Policy). Referrals that do not meet the SaM requirements will be closed, and the parent/guardian will be notified within two (2) business days via the NEIS Statewide SaM Denial Letter (Exhibit G).

Upon request, the NICU may be notified of the status of the specific referral.

C. SCREENING DURING REFERRAL

Referrals for the CAPTA and SaM program include a voluntary screening process completed with the parent/guardian to determine the initial concerns and needs for the child.

Upon receipt of the completed NEIS Screening Consent Form (Exhibit H), NEIS will provide the parent/guardian with the applicable Part C approved and age-appropriate screening tools. Screeners will be completed either immediately over the phone (when possible); in-person within five (5) business days of request; by the parent/guardian via mail and returned within 15 calendar days of the initial request. If requested by mail, the CAPTA referrals will include the NEIS statewide Letter for Mailed Screeners (Exhibit I).

At the time of completion, screening results will be discussed with the parent/guardian to review next steps in the intake process. Staff will follow the NEIS Statewide CAPTA Job-Aid and Flow-Chart (Exhibit J), or the NEIS Statewide SaM Job-Aid and Flow-Chart (Exhibit K) as appropriate.

1. Declined or Passed Screening

For SaM referrals, if the parent/guardian declines the voluntary screening, the referral will be exited. NEIS will send a Statewide SaM Denial Letter (Exhibit G) to the parent/guardian within 2 (two) business days of the declination.

SaM referrals that pass initial screening will be scheduled for a follow up screening within six (6) calendar months to confirm no further concerns or services will be required. If the follow up screener is passed, then the referral will be closed. CAPTA referrals that pass screening are closed.

2. Failed Screening

Referrals that have completed screenings and demonstrate failed scores are referred for an eligibility evaluation for Part C services. If the parent/guardian accepts they will be contacted to schedule an MDT evaluation (see 27.2.4.A.).

Screening results and determinations will be documented in the designated electronic system of record in real time whenever possible. If real time entry is not completed, entries will be made within 2 (two) business days. Completed CAPTA Summary Reports (Exhibit L) indicating either pass or failed will be provided to the parent/guardian and the referring source following the 2 (two) business day documentation requirement.

D. MONITORING REFERRALS

Intake Coordinators are responsible to monitor the referral progress during the intake process to ensure NEIS maintains compliance with the 45-day timeline requirements. If the parent/ guardian elects to stay with a NEIS State program, the Intake Coordinator will monitor the time between receiving the referral, scheduling and completion of the MDT evaluation, and assignment to a program DS. The referral status is maintained in the designated electronic system of record and will change as the referral proceeds through all phases of the process and system.

If found eligible, an initial Individualized Family Service Plan (IFSP) must be developed and an NEIS IFSP Agreement Signature Page (Exhibit M) must be signed no later than 45 calendar days from the date the referral was received.

1. Community Provider Assignment

If the parent/guardian selects a CP that is on a service agreement with NEIS, the Intake Coordinator will provide the CP with a notification on the assignment, including the child's ID number in the designated electronic system of record. Once notified of the assignment, the CP

will contact the parent/guardian for all appointments including evaluations, assessments, and, if eligible, ongoing services for the child and family.

2. Rotation Schedule and Referral Log

If the parent/guardian does not select a provider, the Intake Coordinator will assign the case following a pre-established rotation schedule. Siblings will be assigned to the same provider per parent/guardian choice to ensure continuity of service. NEIS SPOE will use the statewide referral log to manage the rotation. All referral logs will be maintained by NEIS SPOE and will be available on the shared server for review by NEIS supervisors and/or the NEIS Management Analyst Team.

Maintaining the referral log includes:

a. Updating after each program assignment, completing matching contact log notes documenting assignment and/or program rotation, and monitoring referrals;
b. Completing updates by close of business daily; and
c. Daily verification of rotation balance for accuracy of distribution with the goal of maintaining equal distribution according to the rotation cycle.

If errors to the rotation occur, program managers will approve all changes and NEIS SPOE will make updates to reflect a balanced rotation the following day. Internal referrals retained at NEIS State programs will be monitored by the NEIS SPOE and/or designated scheduling staff until an MDT evaluation is scheduled and the designated program DS is assigned.

Any modifications needed to the statewide approved referral logs will require a program manager review and approval by ADSD Deputy Administrator.

E. DOCUMENTING REFERRALS

The NEIS SPOE is responsible to document all referrals within the designated electronic system of record for federal reporting to the Part C office in real time but no later than two (2) business days from receipt of referral. As outlined by the designated electronic system of record, the NEIS SPOE should include the parent/guardian contact request; steps completed for the referral process; next steps to be completed; date/times contacts were requested and/or completed; and content of the conversation, including concerns, needs, and resources provided and requested.

27.2.4 MULTIDISCIPLINARY TEAM EVALUATION

To protect all participants of the evaluation, designated NEIS staff will complete a Universal Health Screener (Exhibit N- Employee, Exhibit O- Visitor) for all persons in the MDT meeting. If the screeners determine that there are health concerns the appointment will be re-scheduled within the required timeframe. (34 CFR 303.13, 34 CFR 303.20, 34 CFR 303.321)

A. SCHEDULING MDT

The Intake Coordinator will assign the NEIS provider and the attending program DS to complete the MDT assessment based on predetermined appointment slots within the initial 45-calendar day requirement. Appointment slots for MDT are determined each month by the regional Supervisory team using a master appointment list.

The Intake Coordinator confirms the preferred schedule date with the parent/guardian at the time of the contact and will provide the NEIS Prior Written Notice (Exhibit P) with parental rights information.

If a program DS has an open MDT evaluation appointment slot on the date the parent/guardian requests, the appointment is scheduled in the designated electronic system of record and assigned to that program DS. The Intake Coordinator will also send a follow up confirmation appointment email to the program DS confirming they have been assigned to the MDT evaluation.

B. REQUIRED MDT DOCUMENTATION

At the MDT appointment, and prior to conducting the eligibility evaluation, staff must confirm that the following items and information have been received, reviewed, understood, and/or signed by the parent/guardian, including items that were sent to the family prior to the appointment:

1. ADSD Consent for Release of Information Form;
2. HIPAA Privacy Practices and Receipt of Privacy Practices Acknowledgement Form (HIPAA Manual);
3. NEIS Consent Forms (Exhibit Q), including Custody Form, Consent to Initial Evaluation, Electronic Signature of Documents Consent, and Telehealth Consent;
4. NEIS Prior Written Notice (PWN) (Exhibit P) for the MDT appointment;
5. Nevada Voter Registration Form;
6. Part C Parent Handbook (Exhibit R- English, Exhibit S- Spanish);
7. Parent Rights;
8. Written Notice Related to the Use of Private Insurance and Medicaid (Exhibit T); and
9. Signed NEIS Consent to Bill Form (Exhibit U).

During the MDT evaluation, children are evaluated using Part C approved assessments, evaluations, and screeners for all developmental domains, with additional screening of social-emotional development and Autism Spectrum Disorder (ASD) as applicable. Children will also be screened using the NEIS Screeners for Vision, Hearing, and Nutrition (Exhibits V, W, and X), following the NEIS Screeners – Hearing, Vision, Nutrition – Job-Aid (Exhibit Y).

For the MDT evaluation, the examiners use prefilled MDT kits containing items/tools to help obtain information about a child's abilities through observation, interview of parent/guardian, and direct assessment of various skills. The attending program DS will bring the MDT kit to the scheduled appointment. The attending program DS is responsible for sanitization and

disinfecting the MDT equipment used in an evaluation before and after each appointment. MDT kits are for the use of MDT evaluation appointments only.

27.2.5 ELIGIBILITY CRITERIA

A. AUTOMATIC ELIGIBILITY

Approved conditions for Automatic Eligibility are established by the Part C office and are included on the Part C Medical Automatic Eligibility List (Exhibit E). Auto-eligible conditions pertain to children ages birth to 3 years (unless otherwise noted, i.e., extreme prematurity limits) who have a diagnosed physical or mental condition that has high probability of resulting in developmental delays as identified by Part C. These conditions with accompanying supporting medical records do not need to meet the criteria of a 50% delay in one area or 25% delay in two or more areas to be found eligible for services. (34 CFR 303.111, 34 CFR 303.21(a)(1-2), and 34 CFR 303.322)

Children who do not fall under the Automatic Eligibility determination can be found eligible under the following categories.

1. Developmental Delay

Children who are determined to have a 50% delay in one (1) area or a 25% delay in two (2) areas of development as identified from the MDT evaluation. Areas of development include cognitive, physical (including hearing and vision), communication, social or emotional, and adaptive and/or behavior.

2. Informed Clinical Opinion

A child may not immediately demonstrate one or more conditions indicated on the list of eligible conditions where treatments or symptoms may necessitate the child to be determined eligible. During the MDT evaluation, the child may be determined eligible for services based on informed clinical opinion by an appropriate early intervention professional.

NEIS uses informed clinical opinion in the evaluation and assessment process through use of gathering qualitative and quantitative information regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention services to decide for initial and continuing eligibility.

3. Medically Complex or Fragile

Children with multiple medical issues that have resulted in frequent hospitalization, or who require complex in-home frequent appointments with a qualified pediatric health care professional; and/or additional instructional supports and therapies; and/or a condition that may result in increasing levels of medical intervention and support.

EI physicians will review medical records to determine if the medical complexities are sufficient to make the child eligible for early intervention services based on informed clinical opinion.

B. NOT ELIGIBLE

A child may be deemed not eligible if they do not meet the eligibility criteria detailed above, or if they are within 45 days of their 3rd birthday.

If determined not eligible, the MDT evaluation will be reviewed with the parent/guardian to outline the details of ineligibility. Designated MDT staff will review the Parental rights with the parent/guardian and NEIS Prior Written Notice (Exhibit P) will be completed explaining the reason for not meeting eligibility. The designated MDT staff will provide a list of appropriate community resources and activities. The eligibility report indicating not eligible status will be sent to the parent/guardian within two (2) business days. The parent/guardian will be advised and encouraged to contact the regional NEIS office, prior to within 45 calendar days of the child's 3rd birthday, if any concerns arise requiring reevaluation.

1. SaM Referrals from MDT

Children found not eligible for Part C services during an MDT evaluation may be referred by the MDT team to the SaM program. The program DS at the MDT or a designee will check the SaM referral criteria for appropriate referrals on the NEIS Statewide SaM Referral Checklist and Referral Form (Exhibit F). In appropriate cases, they will provide and explain the NEIS Statewide SaM General Information Handout (Exhibit Z) and will offer a referral to parent/guardian.

27.2.6 STATUS OF ELIGIBILITY

A referral changes status once the MDT has been completed. The NEIS Eligibility Determination Form (Exhibit AA) is completed and signed at the time of an MDT evaluation. If the parent/guardian declines services, they will be provided with the NEIS Services Decline Form (Exhibit BB). An eligibility report or the NEIS Physician Eligibility Information Form (Exhibit CC) is submitted to the child's Primary Care Physician (PCP) via fax or with the therapy order within two (2) business days of completing the report. Staff will confirm that a release of information for the PCP is on file. (34 CFR 303.420 and 34 CFR 303.34)

A. ON-GOING ELIGIBILITY

Ongoing eligibility is determined based on bi-annual and annual reviews of the IFSP assessment(s) from the service provider, child, and parent/guardian participation. The child and parent/guardian receive ongoing service coordination from a program DS throughout their time in the NEIS program. The assigned program DS will provide direct services and monitor ongoing eligibility.

27.2.7 CASE ASSIGNMENT

After the MDT evaluation is completed and the child is determined eligible, the completed MDT evaluation report is sent to the appropriate supervisory team. The Supervisory team meets weekly to review the completed MDT evaluations and determine caseload assignment using the workload matrix for caseload assignment by region.

NEIS will provide the parent/guardian with a list of all state contracted direct service provider (e.g., physical therapy, speech therapy, etc.) options related to the services identified as required during the MDT evaluation. The parent/guardian has the right to choose the appropriate service provider for their child. If the parent/guardian declines to choose, NEIS will assign a service provider based on provider availability in the regional NEIS office; zip code covered by the provider; and the provider's caseload availability.

The parent/guardian may also choose a non-contracted private therapist within their community. At which point, the parent/guardian would confirm and sign the declination of services offered by NEIS.

27.2.8 ELECTRONIC RECORDS

Throughout the referral and eligibility review process, SPOE staff, intake coordinators, program DSs, and direct service providers document all services rendered within the designated electronic system of record. Referral documentation should be completed in real time but no less than (2) business days of any action completed. All other paperwork, information and billing submitted must be documented within five (5) business days of any action completed.

A. RECORDS RETENTION

NEIS follows all record retention guidance as directed by DHHS and the state law (NRS 629). Records Retention and Disposition Schedule housed within the Nevada State Library, Archives and Public Records (NSLA) identifies all dates required for NEIS record storage. NEIS also follows all record retention guidelines from the IDEA Part C Early Intervention Manual Section 6.

27.2.9 APPEALS

If a child is determined not eligible at the time of evaluation and the parent/guardian disputes the determination, the parent/guardian may request a due process or mediation hearing or file a complaint with the State of Nevada following Part C guidance. (IDEA Part C Early Intervention Policy Manual Section 5, Subsection B. 34 CFR 99.22, 34 CFR 303.411)

27.2.10 EXHIBITS

A. NEIS REFERRAL FORM 1001 - COMMUNITY - ENGLISH

B. NEIS REFERRAL FORM 1001 - COMMUNITY - SPANISH

C. NEIS GENERAL NO-CONTACT LETTER – ENGLISH AND SPANISH

D. NEIS STATEWIDE SPOE REFERRAL SCRIPT

E. NEIS PART C – MEDICAL AUTO ELIGIBLE LIST

F. NEIS STATEWIDE SAM REFERRAL CHECKLIST AND REFERRAL FORM

G. NEIS STATEWIDE SAM DENIAL LETTER - ENGLISH

H. NEIS SCREENING CONSENT – ENLISH AND SPANISH

I. NEIS STATEWIDE CAPTA LETTER FOR MAILED SCREENERS – ENGLISH AND SPANISH

J. NEIS STATEWIDE CAPTA JOB-AID AND FLOW CHART

K. NEIS STATEWIDE SAM JOB-AID AND FLOW CHART

L. NEIS STATEWIDE CAPTA SCREENING SUMMARY REPORT TEMPLATE

M. NEIS IFSP AGREEMENT SIGNATURE PAGE – ENGLISH AND SPANISH

N. NEIS UNIVERSAL HEALTH SCREENER – EMPLOYEE – ENGLISH AND SPANISH

O. NEIS UNIVERSAL HEALTH SCREENER – VISITOR – ENGLISH AND SPANISH

P. NEIS PRIOR WRITTEN NOTICE – ENGLISH AND SPANISH

Q. NEIS CONSENTS – CUSTODY FORM, INITIAL EVALUATION, TELEHEALTH, ELECTRONIC DOCS AND SIGNATURES – ENGLISH AND SPANISH

R. NEIS PART C – PARENT HANDBOOK MARCH 2020 – ENGLISH

S. NEIS PART C – PARENT HANDBOOK MARCH 2020 – SPANISH

T. NEIS WRITTEN NOTICE RELATED TO THE USE OF PRIVATE INSURANCE AND MEDICAID – ENGLISH AND SPANISH

U. NEIS CONSENT TO BILL FORM – SIGNATURES – ENGLISH AND SPANISH

V. NEIS SCREENERS – HEARING, VISION, NUTRITION - BIRTH TO 06 MONTHS

W. NEIS SCREENERS – HEARING, VISION, NUTRITION - 07 TO 12 MONTHS

X. NEIS SCREENERS – HEARING, VISION, NUTRITION - 13 TO 36 MONTHS

Y. NEIS SCREENERS – HEARING, VISION, NUTRITION – JOB AID

Z. NEIS STATEWIDE SAM GENERAL INFORMATION HANDOUT – ENGLISH

AA. NEIS ELIGIBILITY DETERMINATION FORM – ENGLISH AND SPANISH

BB. NEIS SERVICES DECLINATION FORM

CC. NEIS PHYSICIAN ELIGIBILITY INFORMATION FORM

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:	07/05/2024
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 reports completed on 12/26/23 and 06/26/23. 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 NEIDS, Nevada's Part C IDEA data system, on 07/5/24. Previous data was collected from the TRAC-IV data system. These are point-in-time data and are specific to children who are currently receiving services[1]. 3,547 children were identified with 13,273 ongoing services[4] throughout the early intervention system. It is important to note that service coordination is outlined as a service in NEIDS due to the system requirements for service log creation. Previously, with TRAC-IV, it was not explicitly included in the services section because service coordination is an entitled service that cannot typically be provided at a prescribed frequency. The inclusion of service coordination increases the number of documented services by nearly 62% compared to previous data.

Table 1 and Table 2 below show the comparison in point-in-time data representing the number of services identified as being provided in-person or via a telehealth related platform between current data obtained on 07/5/24 and the previous report completed on 12/26/23. Table 3 shows a comparison of data collected roughly a year ago, on 06/26/23. Graph 1 and Graph 2 show the comparison in point-in-time data representing the percentage split between the location of services between current data obtained on 07/5/24 and the previous report completed on 12/26/23. Graph 3 shows a comparison of the current data and data collected data collected 06/26/23.

Current data indicate that in-person services have increased by 247% from the original data set obtained on 01/31/22 where 3,787 services were identified as being provided in-person. Current data indicate an increase of 61% from the data obtained roughly a year ago, on 06/26/23, where 8,178 services were identified as being provided in-person. The ratio of services to individual child has remained consistent across the reporting periods. The most current report indicates an increase of one additional service to child which is likely related to the addition of service coordination to the child's plan.

†See data notes below for more information.

Nevada Early Intervention Services
Management Analyst Unit

TABLE 1: Services by Location – *Current data from 07/05/24*			
Location[2]	**Number of Children[1,3]**	**Number of Services[4]**	**Ratio of Services to Child[5]**
In-Person	3,541	13,157	4:1
Telehealth Related	85	116	1:1
Blank	0	0	
	3,547	**13,273**	**4:1**

GRAPH 1. Services by Location
Current data from 07/05/24

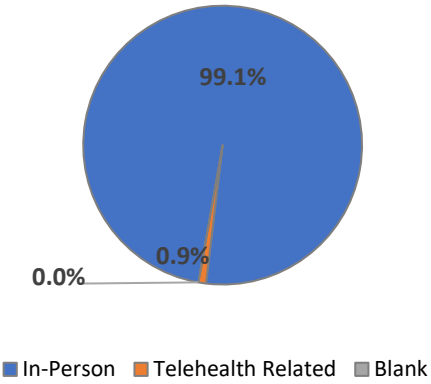


TABLE 2: Services by Location – *Comparison from 12/26/23*			
Location[2]	**Number of Children[1,3]**	**Number of Services[4]**	**Ratio of Services to Child[5]**
In-Person	3,103	7,967	3:1
Telehealth Related	170	234	1:1
Blank	7	7	1:1
	3,131	**8,208**	**3:1**

GRAPH 2. Services by Location
Comparison from 12/26/23

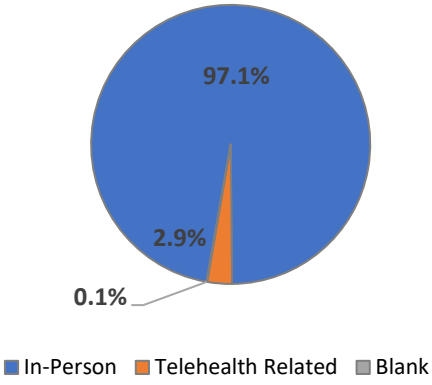
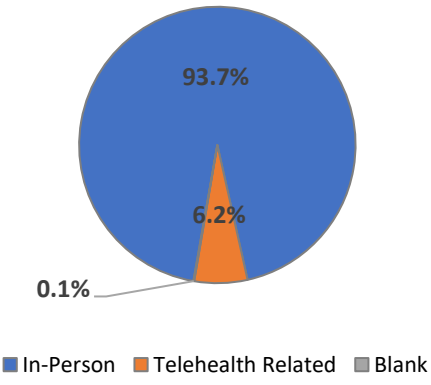


TABLE 3: Services by Location – *Comparison from 06/26/23*			
Location[2]	**Number of Children[1,3]**	**Number of Services[4]**	**Ratio of Services to Child[5]**
In-Person	3,199	8,178	3:1
Telehealth Related	341	541	2:1
Blank	8	8	1:1
	3,274	**8,781**	**3:1**

GRAPH 3. Services by Location
Comparison from 06/26/23



Report completed by D. Race, MAII; data source: TRAC-IV (prior to Dec 2024) and NEIDS (12/2024 and current) ; data date: 7/5/2024

†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.

 Report completed by D. Race, MAII; data source: TRAC-IV (prior to Dec 2024) and NEIDS (12/2024 and current) ; data date: 7/5/2024

NEIS South Quarterly Program Highlights

April 1, 2024 - June 30, 2024

Report Areas:

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

1. Outreach Activities & Community Collaborations

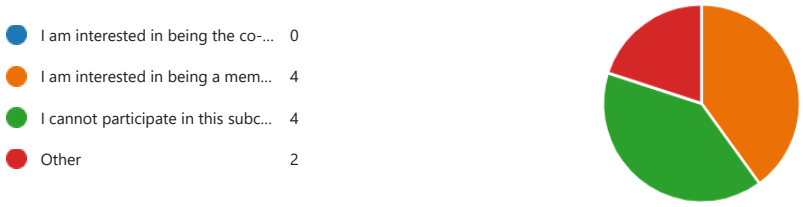
- Annual Walk with Heart of Child.
- Nye County Social Service Fair
- NEIS flyers dropped off flyers to daycare centers/preschools.
- Ongoing CAPTA

2. Interagency Coordinating Council (ICC) Activities

3. Trainings

NEIS Staff attended the following:
Diversity, Equity and Inclusion Training.

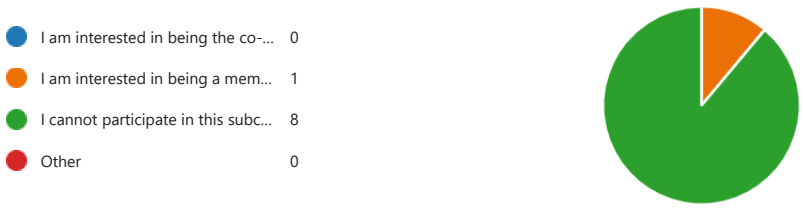
4. Please indicate your interest in participating in the Child Find Subcommittee.



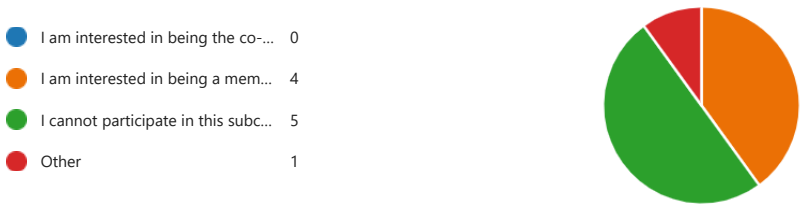
5. Please indicate your interest in participating in the Family Support Resource Subcommittee.

6. Please indicate your interest in participating in the Equity Subcommittee.

7. Please indicate your interest in participating in the ICC Membership Subcommittee.



8. Please indicate your interest in participating in the ICC by-laws Subcommittee.



Questions

I am interested in being the co-chair

I am interested in being a member

I cannot participate in this subcommittee, but look forward to updates to the ICC from this subcommittee

Other

Project Assist Report May 2024 - August 2024

Count of Calls by Month, Referred To (SPOE, Resources) and Purpose	Month of Calls May	Jun	Jul	Aug	Grand Total
Purpose and Referred to (SPOE, other resources)					
Community Resources		**3**			**3**
Community Resources		3			3
NEIS Reno	**5**	**12**	**6**	**4**	**27**
Part C Referral	5	12	6	4	27
NEIS Rural/Frontier	**1**	**3**	**2**	**2**	**8**
Part C Referral	1	3	2	2	8
NEIS South	**35**	**28**	**19**	**19**	**101**
Katie Beckett	1				1
Part C Referral	34	28	19	19	100
Part C Liaison/Coordinator	**1**	**1**			**2**
Complaint/Concerns	1	1			2
Part B		**3**			**3**
Part B		3			3
Part C		**1**			**1**
Part C Referral		1			1
NEIS Carson and NEIS Reno	**1**				**1**
EI Job Info	1				1
Caller Hung Up		**1**			**1**
Caller Hung Up		1			1
Grand Total	**43**	**52**	**27**	**25**	**147**

Purpose of Call to PA	Count of Calls
Community Resources	3
Complaint/Concerns	2
EI Job Info	1
Katie Beckett	1
Part B	3
Part C Referral	136
Caller Hung Up	1
Grand Total	**147**

COMPLAINT INVESTIGATION LOG

Program	Issue	Complaint Number	Date Filed	60 day Timeline	Investigator	Report Released	Corrective Action Due by	Received	Part C Response	Follow-up CA Due	Child Resolution	System Resolution	Complaint Closed	System Resolution
NEIS Rural/Frontier	Failure to provide timely speech services	202401	10/2/23	12/1/2023							Speech compensatory services are owed to the family.	Investigation completed December 1, 2023. Program is working on their CAP.		All compensatory services delivered. One area of training remains before case can be closed. 9/05/24
NEIS Reno	Failure to provide adequate vision and Orientation and mobility services	202402	10/20/23	12/19/2023							Vision and O&M compensatory services are owed to the family. The program has a meeting scheduled with the family to discuss delivery of compensatory services and ongoing method of ongoing service delivery.	Program and family entered Mediation in December 2023 and did not come to a resolution. Investigation completed December 18, 2023. Program is working on developing and implementing activities to address areas of noncompliance within their CAP and providing compensatory services that are owed to the family.		
CHHS-South	Reported failure to provide speech services, special instruction, & OT consistently, lack of communication from program	202501	8/19/2024	10/18/2024	Jennifer Kellogg and Iandia Morgan									

Part C and 619 Target Setting Guide

July 14, 2021

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July 2021

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Contents

Introduction

Purpose

This DaSy and ECTA guide provides general and indicator-specific guidance, considerations, and resources to assist state systems in working with stakeholders to set targets for the State Performance Plan (SPP)/Annual Performance Report (APR) indicators and the State Systemic Improvement Plan (SSIP) State-Identified Measurable Result (SIMR) for the FFY 2020-2025 submission to OSEP on February 1, 2022 and in subsequent years.

Audience

This guide is written for state Part C and 619 leadership teams, but it will also be informative for stakeholders involved in the target-setting process.

Background

Target setting is the process states use, with broad stakeholder input, to determine measurable and rigorous benchmarks for results-based indicators. The process should ensure that the rationale and methods for setting targets are analytically sound and clearly explained for optimal stakeholder input and involvement. Targets are the expected levels of performance or progress for each indicator. Targets are defined as percentage values and are based on analysis of past performance and other state contexts.

Targets accomplish the following important functions:

- Establish expectations for performance throughout the state
- Assist in assessing where the state's performance is strong, where performance is an issue, and where to focus improvement
- Provide motivation for improving performance and celebrating success
- Serve as guides for monitoring progress and determining if progress is on schedule and sustained over time

Scope

The target-setting information included in this guide is limited to the following indicators that require targets:

C2: Settings
C3 and B7: Early Childhood and Preschool Outcomes
C4: Family Outcomes
C5: Child Find Birth to 1
C6: Child Find Birth to 3
C9 and C10: Dispute Resolution
C11 and B17: State Systemic Improvement Plan
B6: Preschool LRE

Indicator-specific information on target setting for each of these indicators is provided under Indicator Specific Guidance in this guide.

Compliance indicators (i.e., C1-Timely Services, C7-45 Day Timelines, C8-Part C Early Childhood Transition, B12-Early Childhood Transition) are not addressed in this document as the targets for these indicators are always 100%. More information about these compliance indicators can be found in the following resources:

Part C SPP/APR Measurement Table

Part B SPP/APR Measurement Table

This Target Setting Guide includes the following sections:

- Federal Requirements and OSEP Guidance on Target Setting
- General Considerations for Baselines and Targets
- Steps for Target Setting
- Approaches for Target Setting
- Examples of Data Visualization
- Indicator Specific Guidance

Federal Requirements and OSEP Guidance on Target Setting

Individuals with Disabilities Education Act (IDEA) Statute

"In general, as a part of the State performance plan described under paragraph (1), each State shall establish measurable and rigorous targets for the indicators established under the priority areas described in subsection (a)(3)." (20 U.S.C. 1416(a)(3)(A))

SPP/APR Instructions Requirements for Stakeholder Participation

The Part C State Performance Plan and Annual Performance Report (Part C SPP/APR) General Instructions and the Part B State Performance Plan and Annual Performance Report (Part B SPP/APR) specifies, for each year that covers the years of the SPP (FFY 2020 through FFY 2025), that targets for each SPP/APR indicator must be established with broad stakeholder input.

The instructions specify the solicitation of broad stakeholder input on the targets and that any subsequent revisions must include the following elements:

- "The number of parent members and a description of how the parent members of the Interagency Coordinating Council/State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual

Stakeholders Defined:
"Individuals or groups who have invested time, money, energy, and/or interest into something. Stakeholder groups should include representation of persons who are affected by or invested in any proposed change/innovation, such as parents, personnel, administrators, or others who can provide relevant information, personal experience, or expertise to the proposed work." (ECTA Systems Framework)

parents were engaged in target setting, analyzing data, developing improvement strategies, and evaluating progress;
- Description of the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation of activities designed to improve outcomes for children with disabilities and their families;
- The mechanisms and timelines for soliciting public input for target setting, analyzing data, developing improvement strategies, and evaluating progress;
- The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public."

OSEP Guidance Regarding Targets and Baselines

The OSEP SPP/APR Universal Technical Assistance for FFY 2020-2025 document includes additional guidance from OSEP regarding baselines and targets:

"***Baselines.*** States are permitted to revise baseline data and, when doing so, are required to provide an explanation for the revision. OSEP expects that baseline data would be revised when there is a change in methodology or data source for the indicator that impacts comparability of the data."

"***Targets.*** States are required to set targets that show improvement over the baseline data for the FFY 2020–2025 SPP/APR. If, based on prior year's performance, a State decides to establish FFY 2020–2025 targets that are lower than the targets that were established from FFY 2016–2019, OSEP encourages the State to provide information regarding this decision in its narrative. Generally, targets are not approvable if they do not show improvement over baseline; however, there have been specific instances where OSEP has allowed States to set targets that do not reflect improvement over baseline." (Page 2 of OSEP SPP/APR Universal Technical Assistance for FFY 2020-2025) However, states are encouraged to contact their OSEP state lead. (See Indicator Specific Guidance for C-2: Natural Environments and B-6: Pre-school Environments for OSEP-permitted exceptions included in this guide).

General Considerations for Baselines and Targets

Baselines

Beyond Federal requirements and OSEP guidance regarding baselines, several general considerations may be useful for stakeholders when reviewing or resetting baselines. A baseline serves as a starting point and should be used to establish targets based on the amount of growth that is expected each year. When a state compares baseline data to data collected at later points in time, it informs the state if it is making progress.

Reasons to reset the baseline may include changes to the following:

- State data collection tools, methods, or data source
- The indicator measurement required by OSEP
- The population served, such as state eligibility criteria changes
- Substantial improvements in a state's data quality

Targets

Beyond Federal requirements and OSEP guidance regarding target setting, several general considerations may be useful for stakeholders when setting targets. This includes the impact of data quality on setting targets, necessary information to review, notable changes to acknowledge, and other information that could be useful to consider.

Data Quality Issues Impacting Target Setting

- Determine if there are issues and ensure data for the indicator are high-quality. Consider factors such as data completeness, accuracy, timeliness, and relevance.
- Identify if activities implemented to facilitate the collection of high-quality data have been effective (e.g., training to address reporting requirements, checking and validating data entry, and ensuring that the right people are collecting the right data)

Necessary Information for Target Setting

- Collect the following information:
  - Prior APRs to identify baseline data, the year it was set, targets previously established and the results.
  - Trends in performance over the last 3 to 5 years, minimally.
  - Trends in performance relative to targets.
  - Baseline data, including any changes that might have been made.
  - Analyses or reasons for meeting or not meeting previous targets.
  - Information on how targets were previously calculated and determined with stakeholders.

System Changes Important for Target Setting

- Consider if changes have been made, such as in data collections methods, analysis, and reporting.
- Take into account overall state initiatives that might impact state performance and targets on APR indicators (e.g., look at scope and implementation status of these initiative(s) and expected impacts).
- Consider fiscal/economic climate of the state and its impact on performance and targets.
- Take note of the impact of any natural disasters, such as weather and health emergencies, including pandemics such as COVID-19 and the impact on performance and targets.

Steps for Setting Targets

The steps for target setting outline a general process for states in preparing, setting, and communicating targets. The general process applies to all indicators requiring target setting. Indicator-specific information for target setting can be found under Indicator Specific Guidance in this guide. The general process information in this guide is designed to work with indicator-

specific guidance to support states in working with stakeholders to establish targets. It may take multiple sessions to complete target-setting activities, and at times, a pause maybe needed to find additional data to complete the process.

Step 1. Identify and prepare stakeholders	
Ensure stakeholder diversity	• Potential stakeholders to consider include parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, individual parents, state and local/regional administrators, practitioners, higher education representatives, community partners, and other state and local agency personnel. • Stakeholders should intentionally represent varied expertise, perspectives, and the demographics of the population served (e.g., race/ethnicity, geographic location, social-economic status(SES)). • Stakeholders with expertise and interest in reviewing and analyzing data should be included, without making it a requirement for participation.
Clarify stakeholder roles and responsibilities	• Define the tasks to be accomplished. • Project the time commitment. • Outline group member responsibilities. • Clarify how stakeholder recommendations contribute to state decisions for setting measurable and rigorous targets.
Prepare stakeholders	• Determine the individual needs of stakeholders to facilitate their optimum involvement. • Share orientation materials and related resources based on stakeholder needs. • Provide support for members without expertise in data analysis to build their capacity for active participation and contribution. See the DaSy Stakeholder Knowledge Toolkit: Building Knowledge About Data: https://dasycenter.org/stakeholder-knowledge-toolkit/ • Plan the process for engaging stakeholders at the target-setting meeting(s) by sending relevant information prior to the meeting, considering how to partner stakeholders to increase engagement, etc. For more information about involving stakeholders in data meetings, see IDC's Stakeholders in Data Meetings: https://ideadata.org/sites/default/files/media/documents/2020-06/2-DMT-Including_Stakeholders_in_Data_Meetings_TNedits_LAL_0.pdf • For more information about stakeholder engagement see Leading by Convening: https://ncsi.wested.org/resources/leading-by-convening/
Step 2. Compile data and resources and conduct analyses	
Include indicator-specific data	• Pertinent program data (e.g., population increase/decrease, remote service delivery initiation, when evaluations were paused, policy changes that impact data, changes in measurement or data collection procedures, financial data). • Current data (e.g., baseline, performance, targets). • Trend data (e.g., performance data, targets) for last 3-5 years and noting trends relative to baseline. • Disaggregated data (e.g., trend data by gender, age, race, ethnicity, disability category, SES, local programs/local education agency (LEA) indicator performance data). • Analysis summaries and conclusions of the data.

	• Analyses or reasons for meeting or not meeting previous targets.
Collect necessary resources	• Tools or process used in prior analysis to establish and calculate targets. • National data for comparison.
Analyze data	• Conduct objective analyses to contribute to the target setting discussion. In the Indicator Specific Guidance section, each indicator includes suggestions for indicator specific analyses under Section VII. • Include necessary illustrations for ease of understanding the data and the effective and efficient display of data. (See Data Visualization Toolkit: https://dasycenter.org/data-visualization-toolkit-2/)
Step 3. Facilitate discussions to develop target recommendations	
Questions to consider	• What are the factors that may influence the target setting process (e.g., changes in budget, initiatives, recent national or state emergencies, recent measurement changes)? – How might these factors influence performance in the future years? – What are the implications these factors have on target setting? • How does the state's performance compare to the national picture for the indicators? – What, if any, are the implications for target setting? • Has the state met its previous targets for each of the indicators? – If so, is the same level of change appropriate for setting the new targets? – If not, what factor(s) have served as barriers to prior efforts?
Collect and analyze additional data	• Conduct as needed to address questions that emerge during discussions about target setting.
Step 4. Make decisions about targets	
Responsibility	• States have the ultimate responsibility to set measurable and rigorous targets with stakeholder engagement.
Questions to consider	• Are the targets being considered/decided – Rigorous (do they demonstrate significant improvement from the baseline)? – Achievable? – Based on quality data (do the data reflect the population)? – Understandable? – Determined with broad stakeholder input?
Step 5. Communicate targets	
Final considerations	• Report final targets to the stakeholders involved in the process. • Ensure targets are readily accessible (e.g., publicly available through a variety of means) and understandable to diverse stakeholders. • Ensure the justification for setting or changing targets are clearly described in language understandable to stakeholders. • Report the targets in the SPP/APR and describe the process used for setting or changing targets with stakeholders (e.g., which stakeholders were involved, what type of data was reviewed/used to set targets, how stakeholders weighed in on decision-making).

Approaches for Target Setting

States may use a variety of target setting approaches[1] and should clearly and completely explain their rationale and methods. The following information provides an overview and examples of methods states may want to consider.

Percent or Percentage Point Improvement

Percent or percentage point improvements are common methods for setting targets. Following are several different ways of determining and applying these changes over time to target-setting methods.

Average year-over-year growth/change. Using historical data, calculate the average growth/change from year to year. This change can be calculated as a percent change/improvement or a percentage point improvement. For example, if the average growth is 0.8 percentage points, add that amount to the current data for each year (figure 1).

Figure 1. Example of Improvements by Percentage Points (using child outcomes data)

	Actual						Targets				
	2015	*2016*	*2017*	*2018*	*2019*	*2020*	*2021*	*2022*	*2023*	*2024*	*2025*
SS1 soc-emo	70.0	70.8	71.0	71.8	72.8	74.0	74.8	75.6	76.4	77.2	78.0
Difference		0.8	0.2	0.8	1.0	1.2					

Average actual growth = 0.8.

The example below uses the average percent change from year to year and applies that to each future year. Percent change is less commonly used than percentage point change and is more difficult to explain (figure 2).

Figure 2. Example of Improvements by Percent Change (using child outcomes data)

	Actual						Targets				
	2015	*2016*	*2017*	*2018*	*2019*	*2020*	*2021*	*2022*	*2023*	*2024*	*2025*
SS1 soc-emo	70.0	70.8	71.0	71.8	72.8	74.0	74.8	75.7	76.5	77.4	78.2
Percent change		1.14	0.28	1.13	1.39	1.65					

Average percent change = 1.12.

Overall growth/change. Calculate the overall growth from two historical points in time, e.g., from year 1 to year 5, using either percent or percentage point improvement. Increase the end target for five years out by that total growth. For example, if the total growth from 2015 to 2020 is 4 percentage points, add that to the end target five years out. Decide if the targets for each intervening year should increase incrementally by .80 percentage points (4 divided by 5 years)

[1] Hubbard, K., Makram, T., Klein, R., & Huang, D. 2020. Target-Setting Methods in Healthy People 2030. Healthy People Statistical Notes.

or in other increments, depending on state circumstances, e.g., the status of improvement initiatives (figure 3).

Figure 3. Example of Overall Growth/Change by Percentage Points (using child outcomes data)

	Actual						Targets				
	2015	*2016*	*2017*	*2018*	*2019*	*2020*	*2021*	*2022*	*2023*	*2024*	*2025*
SS1 soc-emo	70.0	70.8	71.0	71.8	72.8	74.0					78.0

Overall difference from 2015 to 2020 = 4.0.

Moving (rolling) average. If the historical data are not stable, a moving average can be calculated and added to each of the future years. The moving average may be based on a period of two, three, or four years, depending on the number of years of historical data available. Rolling averages need to total numerators and denominators separately first and then calculate percentages.

New baseline (or no historical data). If historical data are not available or if a new baseline has been established, e.g., due to changes in data collection methods, start with the new baseline (or most recent year of actual data) and increase that by a certain percentage or number of percentage points each year. For a percent improvement, the baseline is multiplied by a specific percentage, and the resulting value is added to or subtracted from the baseline. For a percentage point improvement, the baseline, itself a percentage, is improved by adding or subtracting a specific value, also known as a percentage point.

Start with the End Goal

Decide on the target for the last year of the SPP/APR cycle. One approach to setting the end goal is to determine a meaningful/statistically different value from baseline or current data. The Child Outcomes Year-to-Year Meaningful Differences Calculator for States can be used for the C3/B7 indicators on child outcomes. The meaningful difference calculator uses an accepted formula to determine whether the difference between two percentages is statistically significant (or meaningful). Statistical tests of significance can be used to determine meaningful differences for other indicators. Once the end goal is set, determine the incremental targets for the intervening years.

Trend Analysis and Forecasting

A trendline, also referred to as a line of best fit, is a straight or curved line on a chart that shows the general pattern or overall direction of the data. Trend analysis is most often used to show data movement over time, particularly to estimate data in future years. You can decide on a target based on the trendline projection. An important consideration in trend analysis is how far back to go; that is, when to start the trendline.

Tools like Excel can be used to add a trendline to a chart and extend the trendline to future years (forecast). There are different options for doing trend analysis and forecasts in Excel, depending on the type of data you have.

Linear. A linear trendline is used with simple linear data sets; that is, the pattern in the data points resembles a line. A linear trendline usually shows that something is increasing or decreasing at a steady rate.

Moving average. A moving average trendline smooths out fluctuations in the data to show a pattern or trend more clearly. A moving average trendline uses a specific number of data points, averages them, and uses the average value as a point in the trendline. You can determine the number of data points to use in the moving average, e.g., two, three, or four.

Logarithmic. A logarithmic trendline is a best-fit curved line that is most useful when the rate of change in the data increases or decreases quickly and then levels out.

Linear data typically require fewer data points for projections than other options. Excel can also create confidence intervals and display the R-squared value of a trendline, which is a number that indicates how well your trendline fits your data. The closer the R-squared value is to 1, the better the fit of the trendline.

Go to Trend Analysis or Forecasts for more information on using these Excel functions.

Statistical Modeling/Analysis

Statistical analysis can be used to help predict future results and thus, targets, using additional data such as population data, regional data, or outliers. For example, a state could stratify its data by the size of the local program/district and weight those data accordingly, or it could look at the change in the results of local programs/districts that have implemented improvement initiatives versus those that have not, and set targets based on scale-up plans.

Additional Considerations

For each of the approaches, consider changes in state circumstances that may impact performance in any given year, such as data quality issues or the scope and status of improvement initiatives. There may be legitimate reasons for maintaining stability for a few years, and targets may remain the same for several years. Similarly, targets in the intervening years may increase incrementally, but not by the same amount each year. However, targets must show improvement from the baseline in the end.

States may want to consider and use more than one method and bring the results of those methods to stakeholders for review and discussion. An effective way to engage stakeholders in the target-setting process is to present these multiple options for targets, explain the rationale for each, and solicit feedback. Presenting these options visually, e.g., all on one graph, allows stakeholders to see the impact of each. An example is presented in Figure 8 in the Examples of Data Visualization section.

Examples of Data Visualization

Reminders:

States have the ultimate responsibility to set measurable and rigorous targets with stakeholder engagement.

Broad stakeholder input is required throughout the process of target setting.

Targets for intervening years may stay the same or reflect decreased performance as long as the FFY 2025 target is higher than the baseline.

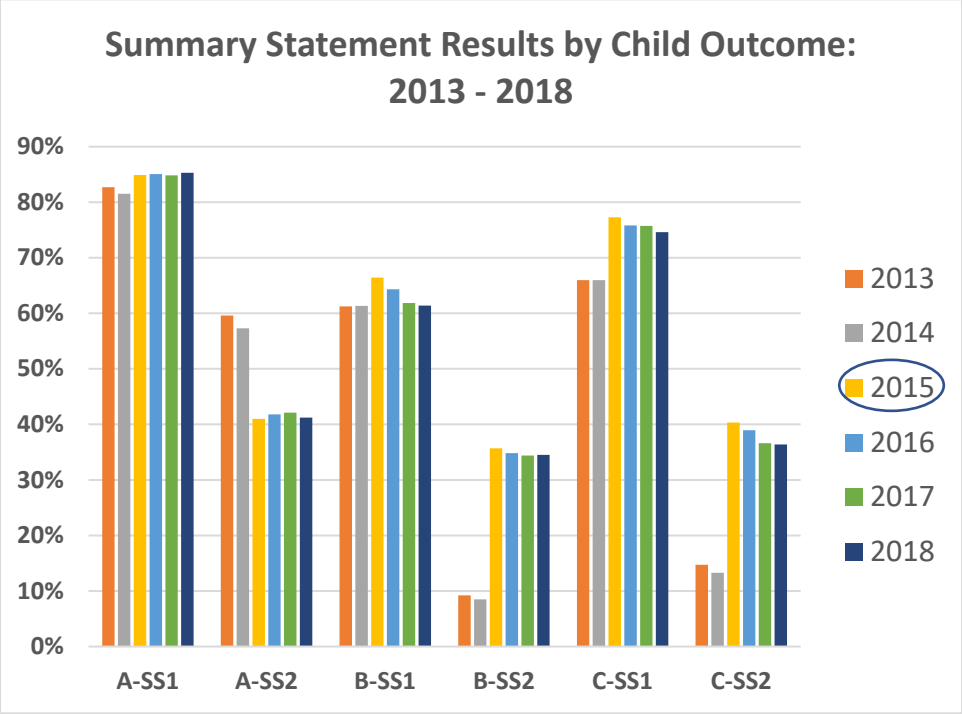
Targets and baselines can be changed, if necessary, with stakeholder input, with sufficient rationale for the changes, and with OSEP approval.

This section provides examples of data visualizations that states may consider creating to share with stakeholders during the target setting process. Most of the examples are intended to help stakeholders better understand various aspects of the data. The last figure is intended for displaying a summary of the results of different target setting approaches. Each of these charts was created using Excel. DaSy's Data Visualization Toolkit provides more resources on the creation and use of data visualization products.

Historical Data for Indicator C3 or B7

Figure 4 is a simple bar graph of historical data for the summary statements for each of the three child outcomes. The funnel-shaped filter can be used to focus on a subset of data such as outcomes or years. A shape or text can be inserted to indicate the baseline year.

Figure 4. Sample Bar Graph of Historical Data

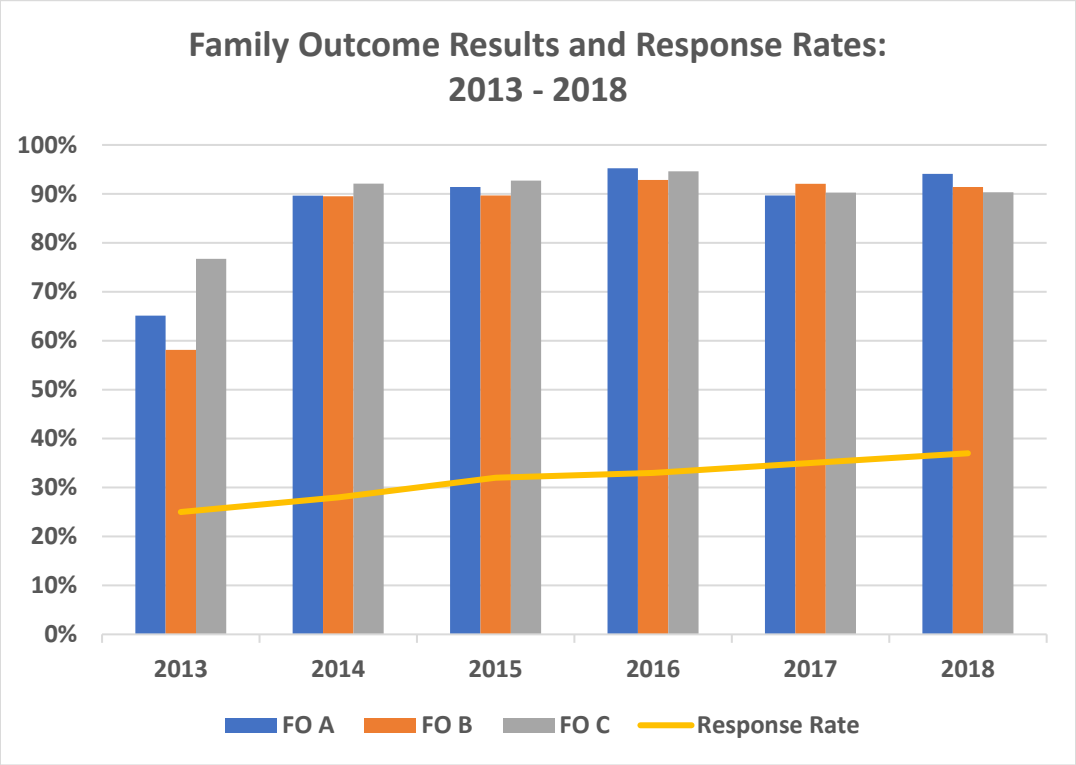


Child Outcome A: Social-emotional relationships
Child Outcome B: Knowledge and skills
Child Outcome C: Takes actions to meet need

Bar Graph with Contextual Information

The graph in Figure 5 displays historical data in a slightly different way, with data for the three family outcome indicators grouped by year. The graph also adds important contextual information, i.e., survey response rates for each year.

Figure 5. Sample Bar Graph with Contextual Information

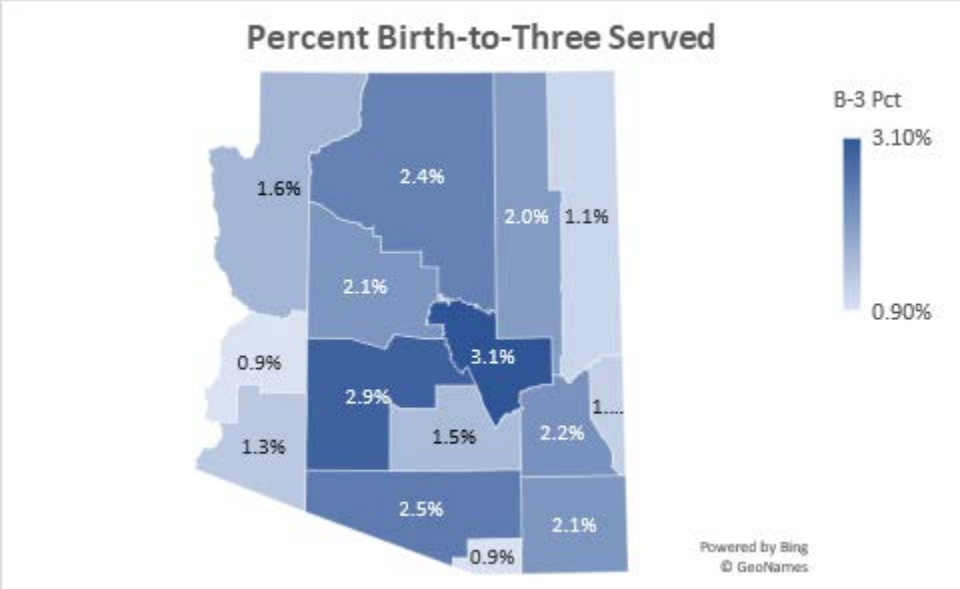


Family outcome A: Know rights
Family outcome B: Communicate child's needs
Family outcome C: Help child develop and learn

Percent Birth-to-Three Served by County

The map in Figure 6 displays the percent of children ages birth to three served in Part C, by county. Though the map does not show data over time, it helps stakeholders look beyond the statewide data at the variation across counties (or local programs/districts). These county-level data are fictitious.

Figure 6. Sample Map of Percent Birth-to-Three Served by County



Family Outcome Results vs. Targets, Bar or Line Graph

The following two examples (Figures 7 and 8) display the same data. The first uses a bar chart and the second uses a line graph. They both display the historical data for one family indicator, knowledge of rights (A), relative to the target for the same year.

Figure 7. Sample Bar Graph of Family Outcome Results vs. Targets

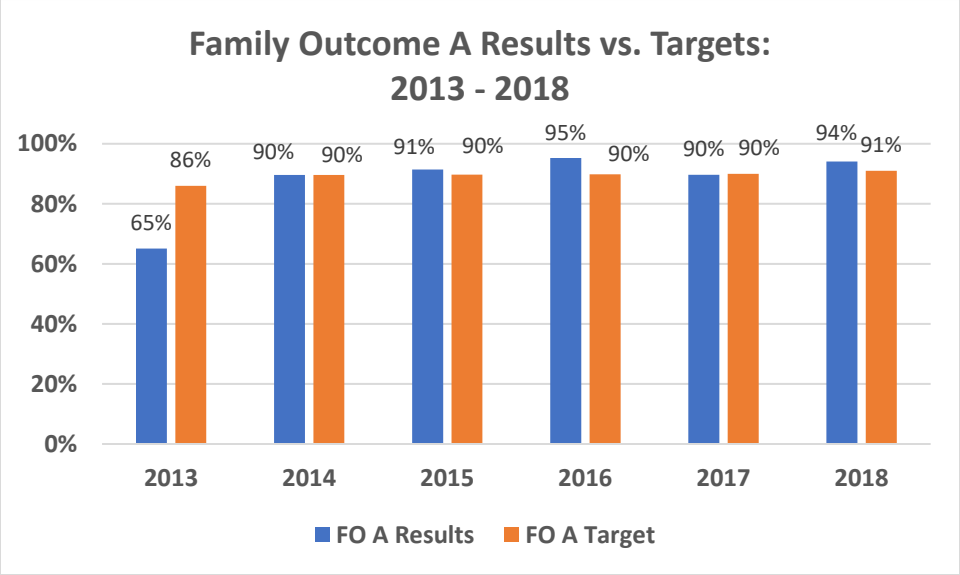
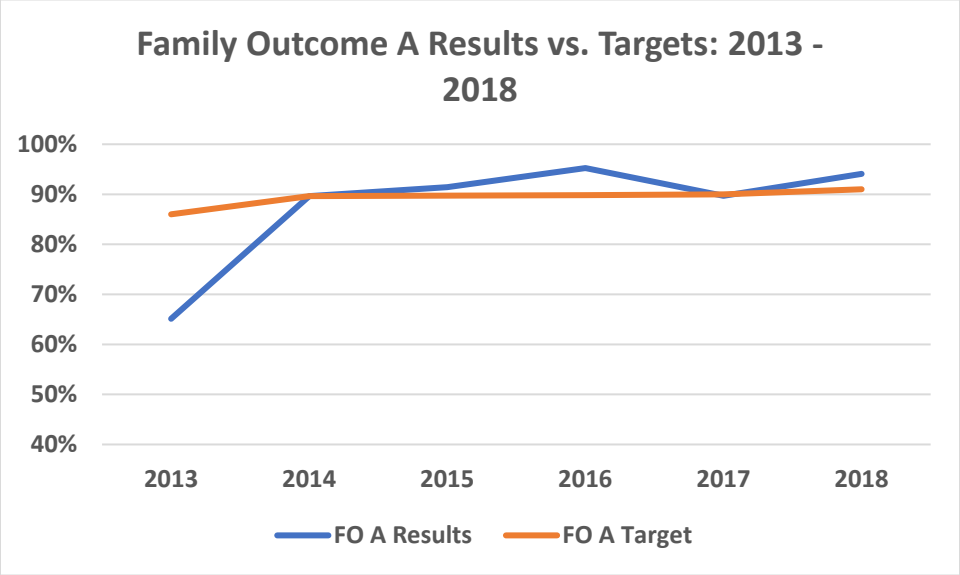


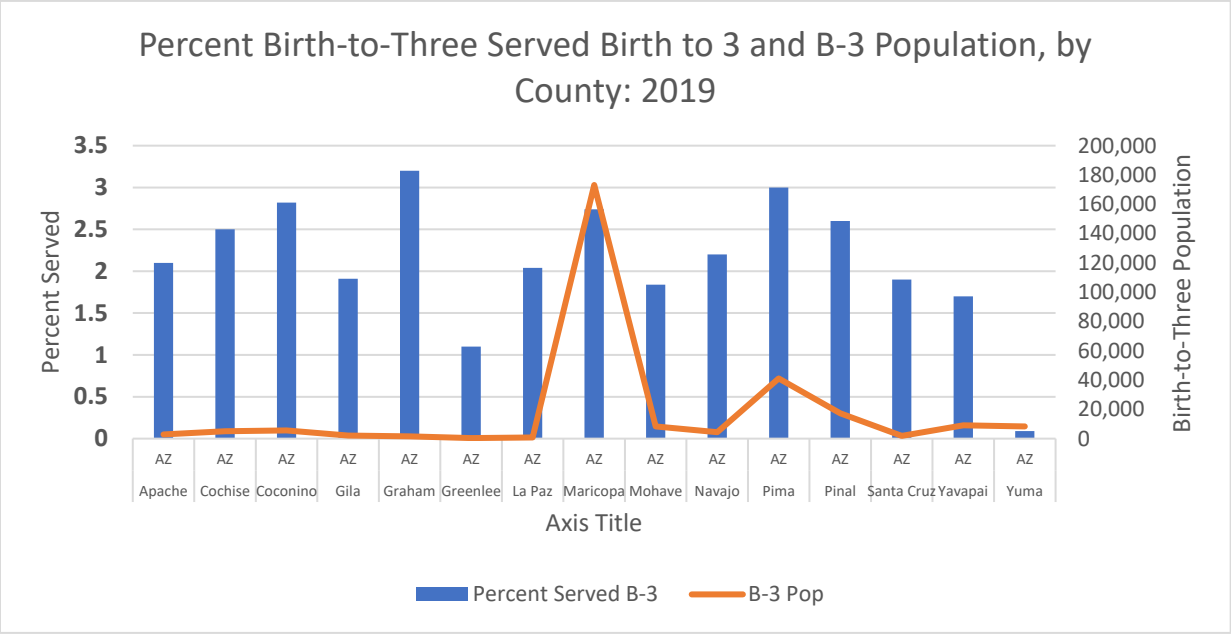
Figure 8. Sample Line Graph of Family Outcome Results vs. Targets



Percent Birth-to-Three Served and Population Data, by County

Figure 9 is an example of a combo chart that displays the percent of the birth-to-three population served using the blue columns and the primary axis on the left, and the total birth-to-three population displayed using the orange line and the secondary axis on the right. Disaggregating the data by county (or local program/district) can reveal the extent of variation in the indicator across those entities, and the addition of the population data adds critical contextual information. Counties (or local programs or districts) with a much greater number of children are more likely to influence the statewide results.

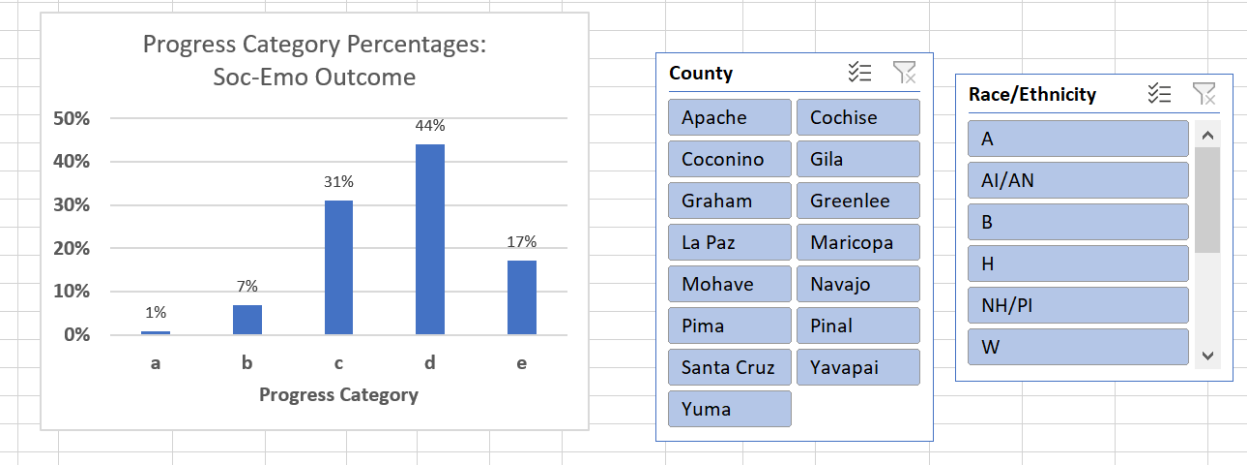
Figure 9. Sample Combo Chart of Percent Birth-to-Three Served and Population Data, by County



Using Filters or Slicers to Focus on Specific Information

Figure 10 illustrates the use of filters (in a chart) or slicers (in a PivotChart) to focus on specific information, such as subsets of data. Users of this PivotChart would be able to use slicers to look specifically at the child outcomes progress categories for one or more counties and/or racial/ethnic groups. (The county-level data are fictitious).

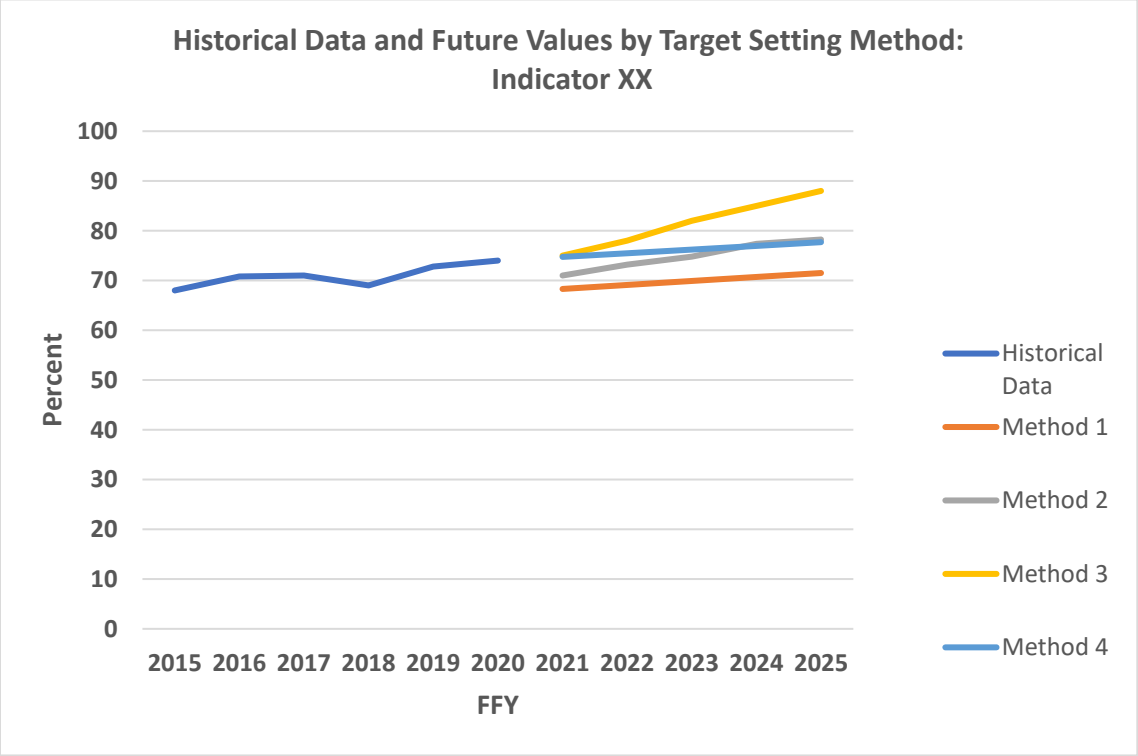
Figure 10. Sample of Using Filters or Slicers to Focus on Specific Information



Summary of Target-Setting Approaches

Figure 11 displays the historical data for an indicator and the future values (targets) for each of the different target-settings methods used.

Figure 11. Sample of Summary of Target-Setting Approaches



Indicator Specific Guidance

Indicator C2–Settings

Indicator-specific guidance is provided separately for results indicators where target setting is required, including C2-Settings. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance.

Topic	Guidance
I. Indicator Description	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442) Per the OSEP SPP/APR Universal Technical Assistance for FFY 2020-2025 guidance, the FFY 2025 target for this indicator does not need to show improvement over baseline if the FFY 2025 target is at least 95%.
II. Federal Indicator Changes	No changes effective with the release of the FFY 2020-25 Part C Measurement Table.
III. State Indicator Specific Changes	Has the state made any changes to the data collections methods and/or data source? To the extent possible, determine the impact of these changes on the results of this indicator.
IV. State Initiatives Related to this Indicator	• What state initiatives are in place to increase the percentage of children who primarily receive early intervention services in the home or a community-based setting? • What is the scope and expected impact? • How long will it take to see the expected impact?
V. Data to Consider	The state will want the following data available: • Indicator 2 performance data relative to targets for the last three to five years • Indicator 2 baseline data
VI. Indicator Specific Data Quality Issues	The data reported in this indicator should be consistent with the state's 618 settings data. If not, the state would have had to explain why in a data note submitted to OSEP.
VII. Indicator Specific Analyses	History • What were our targets and how were they set? • If changes were made to targets, what was the basis for the change? • What were the trends in performance relative to targets? • Were there changes made to the baseline in the last five years? What was the rationale for the change? How do current data compare to data over the past 3 to 5 years? • Were there data relatively stable over time, or was there a lot of variation? • If variation, what factors could have contributed to the variation?

Topic	Guidance
	• Consider the impact of differences at the local program level, e.g., the impact of one or several large programs. • Consider other factors such as race/ethnicity, SES, age of the child, and disability/eligibility category.
VIII. Indicator Specific Resources	E*MAPS* IDEA Part C Child Count and Settings User Guide at https://www2.ed.gov/about/inits/ed/edfacts/index.html Part C SPP/APR Indicator Analyses at https://ectacenter.org/partc/partcapr.asp#analyses

Indicators C3 and B7–Early Childhood and Preschool Outcomes

Indicator-specific guidance is provided separately for results indicators where target setting is required, including C3 and B7-Early Childhood and Preschool Outcomes. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance.

Topic	Guidance
I. Indicator Description	Percent of infants and toddlers/preschoolers with IFSPs/IEPs who demonstrate improved A. Positive social-emotional skills (including social relationships) B. Acquisition and use of knowledge and skills (including early language/ communication) C. Use of appropriate behaviors to meet their needs. (20 U.S.C. 1416(a)(3)(A) and 1442) Targets are required for Summary Statement 1 and Summary Statement 2 for each of the three outcomes, yielding a total of six targets. Unless sampling, targets are based on all children with IFSPs/IEPs who exited the Part C/619 program within the reporting year and received services for at least six months. For Part C: If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays, targets should be based on all children excluding those at-risk.
II. Federal Indicator Changes	No changes effective with the release of the FFY 2020-25 Part C Measurement Table
III. State Indicator-Specific Changes	• Has the state made any changes to the data collection methods or data source? • Has the state made any changes to – The measurement approach, e.g., changing from the use of one tool and publisher algorithms to the Child Outcomes Summary (COS) process? – Assessment tools? – Implementation of the COS process or other data collection methods, including adjustments made during the COVID-19 pandemic? – Calculations due to changes in publisher algorithm conversions?
IV. State Initiatives Related to this Indicator	• What state initiatives (e.g., SSIP, targeted training, or other improvement activities) are in place that may impact the outcome results? (Data quality initiatives are discussed in line VI.) – How and when are these initiatives predicted to impact the results? – Consider the implementation status of the activities and plans for scaling up in determining when the impact would be expected. – Consider whether the improvement activities are being implemented statewide or in a limited subset of programs/districts. If focused on a subset, consider the proportion of children in that subset and how that subset will impact the overall state summary statements.

Topic	Guidance
	• Are the improvement activities intended to impact a specific child outcome? If so, consider how much more progress is expected for that outcome over the other outcomes. • It can take several years to have entry and exit data on a full cohort of children after an improvement activity is implemented and to see the full impact on one or more of the child outcomes.
V. Data to Consider	The state will want to have the following data available for at least the last five years: • Performance data relative to targets for Summary Statements 1 and 2 for each of the three outcomes • Progress category data for each of the three outcomes • The number/percent of children receiving services for at least six months • Completeness of data • Baseline data for Summary Statements 1 and 2 for each of the three outcomes.
VI. Indicator-Specific Data Quality Issues	Has the state identified any data quality issues? • Completeness of the data – If completeness of the data is a concern, the state first needs to consider how many more children they expect to report child outcomes data for a given year. – The state needs to consider if the children not currently being reported on in the child outcomes data are different from the group of children for whom child outcomes data are currently reported. If so, how might they be different and what type of progress might be expected from those children (e.g., are most of the children without outcomes data medically fragile or have established conditions)? Are there differences in completeness based on geographic region or race/ethnicity? – The state can use the Summary Statement Calculator to project the impact on the state's summary statement values by entering their current year's data and increase children in the progress categories based on their expectations. For instance, if a particular program/agency that serves children with an established condition is reporting very few children, the state might expect more children to be in progress categories b, c, or d rather than e. The state can simulate various hypothesized combinations to project the impact on the summary statement(s) and use that to guide their target setting. • Outliers in progress category data – Sometimes data quality issues can occur because of overrating/overestimating children's functioning, resulting in a higher than expected percentage of children in progress category e; conversely, data quality issues can occur because of underrating/underestimating functioning, resulting in a higher than expected percentage of children in progress category a. Improvements in data quality would result in fewer children in progress category e in the first case, and fewer children in progress category a in the second.

Topic	Guidance
	For either of these issues, the state would want to analyze the data to determine the magnitude or scope of the issue, e.g., is it occurring statewide or just in some local programs/districts and is it a major or minor issue? The state would also have to consider what the children's actual progress has been (i.e., if the percentage of children in progress category a appears too high, is their functioning greatly underestimated, meaning one would see more children in progress categories c or d, or is it minor and result in more children in progress category b?) In either of these two scenarios (under- or overrating), the state can use the Summary Statement Calculator to project the impact on the state's summary statement values. The summary statement calculator allows the state to move a portion of the children from one progress category to another in various combinations to determine the impact on each summary statement. – Consider the scope and timing of any strategies to improve data quality. ▪ How have the results trended over time (upward, downward, stable, or fluctuating)? ▪ Has new training been added or has the data collection method changed? If so, look at the trends since that change. ▪ Statewide improvement efforts could take several years to implement and realize results. It is not unreasonable for the targets to be stable (flat?) for the first few years before increasing. – Data quality issues may not be present across all three outcomes. They may occur with one or two outcomes but not all three.
VII. Indicator-Specific Analyses	• Examine trends in the data. – How have the summary statement percentages compared to the targets over time? Were targets met? If not, what were some possible reasons? – Were there changes to the targets? If so, what were the changes? When did they occur and why? – How have your progress categories percentages changed over time? Were these trends expected? – Has data completeness remained stable over time or has it varied? • How do your trends compare to the national average and to similar states? Are there characteristics of your state that explain your position? • How much do results vary across local programs/districts? – Compare the summary statement data by local program/district to identify variation and outliers. Consider the low-performing programs/districts and determine how the data would change if those programs/districts moved closer to the mean of the state. Use the Summary Statement Calculator to determine reasonable targets. • What other factors, such as program improvement efforts) or child characteristics, (disability/eligibility, socioeconomic status, or

Topic	Guidance
	race/ethnicity,) could be impacting results? Do any of these factors help explain the differences by program/district? – If the state has experienced changes in the types of children served, consider disaggregating by those characteristics. • How much of an increase from the baseline will be needed for a meaningful increase? – The state can enter the baseline year data into the Meaningful Differences Calculator for States to determine how much of an increase in the summary statement percentages is needed for a meaningful, statistically significant increase. If the number of children in the targeted year is expected to increase or decrease by 100 or more, that adjustment should be made to the N size for the year(s) of the future summary statement values. – The state should consider whether it is reasonable to expect a meaningful increase each year or just toward the end of the 5-year SPP/APR period. See the section on Target Setting Methods for additional methods, including how to set incremental targets.
VIII. Indicator-Specific Resources	**State Child Outcomes Data Profile** (disseminated annually to states by ECTA/DaSy). Provides current year and historical data for summary statements, progress categories, and completeness. Displays unexpected patterns in progress category data and comparisons to national averages. Summary Statement Calculator. Converts progress category data to summary statements for each of the three outcomes. Child Outcomes Year-to-Year Meaningful Differences Calculator for States (2017). Can be used to look at the statistical significance of change in a state's child outcomes summary statements from year-to-year.

Indicator C4–Family Outcomes

Indicator-specific guidance is provided separately for results indicators where target setting is required, including C4-Family Outcomes. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance.

Topic	Guidance
I. Indicator Description	Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights B. Effectively communicate their children's needs C. Help their children develop and learn (20 U.S.C. 1416(a)(3)(A) and 1442) Targets are required for each of the three family outcomes, yielding a total of three targets, one for each outcome. Targets are based on the percent (# of respondent families participating in Part C who report that early intervention services have helped them (achieve family outcome A, B, or C) divided by the (# of respondent families participating in Part C) times 100.
II. Federal Indicator Changes	Beginning with the FFY 2022 SPP/APR, due February 1, 2024, states must include race and ethnicity in its analysis to report on representativeness. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process. Current requirements include state analysis of the extent to which the demographics of families responding are representative of the program demographics, such as race and ethnicity, age of the infant or toddler, and geographic location. If the responding families are not representative of the program demographics, the state must describe the strategies used to ensure that future data are representative of those served.
III. State Indicator Specific Changes	What if any changes have been or will be made in the data collection process? Consider any changes in: • Survey tool (e.g., survey wording, structure, length) • Survey population (e.g., families exiting, families with an annual IFSP, families in program for # months, all families with an IFSP regardless of time in program) • Use of sampling or changes to sampling approach – Survey dissemination (e.g., in person, mail, phone/text, web-based [email, online website], multi-modal) – Survey dissemination timing (at exit, # months/weeks before exit, at IFSP meeting, at transition meeting) – Survey reminders – Survey incentives – Survey return options (e.g., in person, mail, phone/text, web-based [email, online website], multi modal)

Topic	Guidance
	• Implemented or planned changes in the calculation of the data – Analysis techniques – Thresholds for determining outcome as met (e.g., revision to cut points on a 6-point scale with cut point a 4 or above to indicate met)
IV. State Initiatives Related to This Indicator	What if any system changes have occurred or are planned to occur that affect family outcomes? Consider system framework components. • Governance, finance, personnel/workforce, data system, accountability, quality improvement, and quality standards • Is a new or increased emphasis on EBP being implemented? • Is the initiative statewide or limited to particular programs? • Are initiatives taking place with fidelity? • When would the results of the EBP have an impact on family outcomes? • Which of the three family outcomes do the new/increased emphasis on EBP impact? How?
V. Data to Consider	The state will want to have the following data available: • Survey return rates and changes over time • Performance data for the last three to five years relative to targets for parents knowing their rights, effectively communicating their children's needs, and helping their children develop and learn • Baseline data
VI. Indicator Specific Data Quality Issues	Completeness of the data • What is the return rate? • Are the data representative of the population served? • What populations are missing? • Are the item level data complete? Accuracy of the data • Are there outliers (e.g., significantly higher or lower outcomes, significantly higher or lower return rates)?
VII. Indicator Specific Analyses	What do the current data reveal? • Meeting the current targets? • Comparison of current data to the historical trend line (over 3 – 5 years)? • Comparison of the current and trendline data to baseline(s) (plural in the event of changes)? • How do current and trendline data compare to the target(s)? • Increases or slippage (changes in the data)? Were the increases/slippage short or long-term? • What factors contributed to the changes? • Are the contributing factors sustained? Consider questions such as: • Does the data look different from national data? National data can be a useful way to put state data in the context of the national picture while acknowledging variations in state approaches. Some

Topic	Guidance
	caution is advised when comparing state-level family data to national data; the national data represent varying approaches and scoring methods that can have big impacts on state percentages. • Does our data look different from other states using a similar survey approach? • Is the performance different across the outcomes? • Are the data stable over time? Is it trending upward or downward? • Are outcomes similar across our programs? Are some doing better than others? Disaggregate data to identify trends, questions, or possible anomalies. Examine targets relative to representativeness factors. How do outcomes vary by the following factors? • Race • Ethnicity • Socioeconomic status • Parents or guardians whose primary language is other than English and who have limited English proficiency • Maternal education • Geographic location • Time in program • Gender • Age of child • Disability/Eligibility category • Other
VIII. Indicator Specific Resources	Family Outcomes Year-to-Year Meaningful Differences Calculator for States (2016) Look at the statistical significance of change in your state's family outcomes data from year-to-year and compare local performance to the state's performance. This calculator computes the 90% confidence interval around values. Confidence intervals can be used to understand the precision of values; however, values with very large confidence intervals (more than ±5%) should be interpreted with caution. Family Indicator Local Program Graphing Template (2016) Create graphs comparing your family indicator data by local program. National-State Family Outcomes Data (Indicator C4) Graphing Template (2018) Compare your state's C4 family outcomes data to the national data in the three sub-indicator areas. Make comparisons to subgroups of states that use the same survey and scoring approach for the FOS with recommended scoring, the FOS-Revised with recommended scoring, and the NCSEAM with Rasch scoring. States that use other scoring or surveys can graph their data using a comparison to national data. National data in the calculator are for FFY 2016 and were submitted by states in February 2018.

Topic	Guidance
	Part C Indicator 4: Family Outcomes Data (FFY 2018) This online presentation shares the FFY 2018 results from the Indicator C4 Family Outcomes data, including state approaches to the survey, data quality, performance trends and resources. Response Rate and Representativeness Calculator (2015) Compute response rates for your state's family survey data and determine if the surveys you received represent the target population. The calculator uses a statistical formula to determine if two percentages (% of surveys received vs. % of families in the target population) should be considered different from each other. Enter the values by subgroup, and the calculator will compute the statistical significance of the difference between the two percentages and highlight significant differences. Instructions about how to enter data into the calculator appear at the top of each tab. SSIP Family Outcomes Broad Data Analysis Template (2014) Provides guidance for looking at how programs in the state are helping families relative to national data, across years, within the state, and by comparisons across programs within the state. This template assists states in conducting an initial analysis of their family outcomes data. This document uses APR family indicator data to illustrate analyses, but states may also want to perform similar analyses on other family-level outcomes or results data. State Approaches to Family Outcomes Measurement This link identifies the survey tools used by states, including the Early Childhood Outcomes (ECO) Family Outcomes Survey-Original, ECO Family Outcomes Survey-Revised, National Center for Special Education Accountability Monitoring (NCSEAM) Survey, and other state-developed surveys.

Indicator C5–Child Find Birth to One

Indicator-specific guidance is provided separately for results indicators where target setting is required, including C5-Child Find Birth to One. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance.

Topic	Guidance
I. Indicator Description	Percent of infants and toddlers from birth to 1 year with IFSPs. This indicator reports on the percentage of children receiving IFSP services on the state-determined child-count date as compared to the number of children in the state who are birth to one year old. The data reported in this indicator should be consistent with the state's 618 data reported in Table 1 in the previous April. If the data is not consistent, states need to explain why. Sampling from the State's 618 data is not allowed. The performance data for this indicator are pre-populated into the SPP/APR platform in the fall before each February submission. These data are reported annually by each state under section 618 of the IDEA (IDEA Part C Child Count and Settings.)
II. Federal Indicator Changes	States are no longer required to report how the state's data for this indicator compare to national data for this indicator.
III. State Indicator Specific Changes	• Has the state changed the Part C eligibility criteria in the last several years? If so, has the definition been made more or less restrictive? • Does the state intend to change the Part C eligibility criteria in the next several years? If so, will the definition be made more or less restrictive? • If changes have been or will be made in the eligibility definition, what impact (if any) should these changes have on the targets for this indicator? Are these changes likely to impact the identification of children from birth to age one?
IV. State Initiatives Related to the Indicator	• What state initiatives have been and/or are being implemented to ensure children from birth to age 1 are located, identified, and evaluated as necessary to meet the requirements of Part C? • Are developmental screening programs in place in the state? – Are these in physicians' practices or public health clinics; child care; in Early Head Start? – If screening programs are in place, how have these efforts affected the referrals to Part C of children under age 1? • Does the state have any current initiatives to increase the number of children referred and found eligible for Part C before their first birthday? • Does the state have any current accountability efforts based on concerns about the accuracy of eligibility determinations for children under age 1? • What has been or is the expected impact of any of these efforts? – How long will it take to see the expected impact? • Are the initiatives or efforts state-wide?

Topic	Guidance
	– If not, will the efforts be statewide; if so, how long will it take to implement state-wide? • What impact (if any) should these efforts have on the targets for this indicator?
V. Data to Consider	Data to have available for consideration when setting targets: • Performance data in current baseline year • State performance data on C5 for the last 3–5 years (single day and cumulative), disaggregated by race/ethnicity and gender • Local/regional/program performance data on C5, disaggregated by race/ethnicity and gender in the locality/region/program • C5 targets from the last 3–5 years • 618 child-count data submitted in the previous April (single day and cumulative) • 3–5 years of national population date on children B–1 • 3–5 years of state population data on children B–1, disaggregated by race/ethnicity and gender • 3–5 years of Annual ITCA Child Count reports • Information on dates and detail of any relevant changes in how services have been delivered in the past year or two, based on any state emergencies such as weather or health, including pandemics. • Other information that may have contributed to number of children who are receiving services statewide or from a specific region or community
VI. Indicator Specific Data Quality Issues	• The required data collection measurement and reporting for this indicator is established through the IDEA section 618 process and approved by the Office of Management and Budget (OMB.)
VII. Indicator Specific Analyses	• Have there been increases or decreases in the state's birth rate? Are changes expected in the birth rate in the next several years? • Is the performance for this indicator stable across the state or are there areas with much higher or lower rates of performance? • Are all population groups proportionately represented in the data for this indicator? • Are any groups of infants and toddlers over-identified or under-identified? • Does the growth in the rate of children served in Part C from B–1, 1–2, and 2–3 years inform the target setting process? • Has the state met its previous targets for the indicator? • If previous targets were met, is the same level of incremental change appropriate for setting the new targets? • If previous targets were not met, what factor(s) have served as barriers to prior efforts? – Has data been analyzed to identify underlying issues? – Are there differences in how eligibility determination decisions are made across the state? ▪ If so, what is the impact on early identification (e.g., variance in how multidisciplinary teams respond to referrals for children with established conditions vs. developmental

Topic	Guidance
	delays; differences in the extent to which informed clinical opinion is used across the state? • What do any available referral data suggest about which sources identify the most of fewest children who become eligible for Part C? Are some referral sources identifying more children in certain communities in the state? Are some referral sources not identifying children as the rate expected? What targets are suggested based on available data about the results of eligibility decisions based on referral source? • If available, do data on parent decline of evaluation and/or parent decisions related to accepting/declining services inform the target-setting process? When disaggregated by community, race/ethnicity, and other demographics do these data inform target setting? • If available, data on parent decline of evaluation and parent decisions related to accepting/declining services disaggregated by region/locality/program • Has the state changed its eligibility criteria since the last targets were set? – If so, were the targets adjusted to accommodate this change? – If not, should the new targets factor in this change? – If not, is a change in eligibility criteria anticipated during the period covered by the new SPP? – Was the change in eligibility affected by state financial implications? ▪ If so, are there changes in the state's financial climate that might lead to another change in eligibility?
VIII. Indicator Specific Resources	**Meaningful Differences Calculator for Child Find:** This Excel-based calculator allows states to make several comparisons related to the percentage of infants and toddlers served: State percentage compared to state target, local program percentage compared to state target, and year-to-year comparisons of the state percentages. It also computes confidence intervals to determines whether the difference between the two numbers is large enough to be considered meaningful (i.e., statistically significant). **Part C Child Find Funnel Chart Tool:** The Part C Child Find Funnel Chart Tool is an Excel-based analytic tool for displaying data about infants and toddlers at each step of the Part C process, from referral through exit, for a set of infants and toddlers referred within a specified time span. State or local Part C programs may use this tool to generate a funnel chart that allows for easy visualization of the data. **U.S. Census:** https://data.census.gov/cedsci/ **Easy Access to Juvenile Populations (EZAPOP):** Easy Access to Juvenile Populations (EZAPOP) that provides access to national, state, and county population data detailed by age, sex, race, and ethnicity. Users can create detailed population profiles for a single jurisdiction or create state comparison or county comparison tables. **Kids Count from the Annie E. Casey Foundation:** www.aecf.org/work/kids-count

Topic	Guidance
	U.S. Department of Education: Includes national data related to this indicator and others **Annual ITCA Child Count Reports:** https://www.ideainfanttoddler.org/pdf/2019-Child-Count-Data-Charts.pdf

Indicator C6–Child Find Birth to Three

Indicator-specific guidance is provided separately for results indicators where target setting is required, including C6-Child Find Birth to Three. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance.

Topic	Guidance
I. Indicator Description	Percent of infants and toddlers birth to 3 with IFSPs. This indicator reports on the percentage of children receiving IFSP services on the state-determined child count date as compared to the number of children in the state who are birth to 3 years old. The data reported in this indicator should be consistent with the state's reported 618 data reported in Table 1 in the previous April. If not, states need to explain why. Sampling from the state's 618 data is not allowed. The performance data for this indicator are pre-populated into the SPP/APR platform in the fall before each February submission. These data are reported annually by each state under section 618 of the IDEA (IDEA Part C Child Count and Settings).
II. Federal Indicator Changes	States are no longer required to report how the state's data for this indicator compare to national data for this indicator.
III. III. State Indicator Specific Changes	• Has the state changed the Part C eligibility criteria in the last several years? If so, has the definition been made more or less restrictive? • Does the state intend to change the Part C eligibility criteria in the next several years? If so, will the definition be made more or less restrictive? • If changes have been or will be made in the eligibility definition, what impact (if any) should these changes have on the targets for this indicator?
IV. State Initiatives Related to the Indicator	• What state initiatives have been and/or are being implemented to ensure children are located, identified, and evaluated as necessary to meet the requirements of Part C? • Are developmental screening programs in place in the state? – Are these in physicians' practices or public health clinics? In child care? – If screening programs are in place, how have these efforts affected the referrals to Part C? • Does the state have any current initiatives to increase the number of children referred and found eligible for the Part C program? • Does the state have any current accountability efforts based on concerns about the accuracy of eligibility determinations? • What has been or is the expected impact of any of these efforts? – How long will it take to see the expected impact? • Are the initiatives or efforts statewide? – If not, will the efforts become statewide and, if so, how long will it take to implement statewide?

Topic	Guidance
	• What impact (if any) should these efforts have on the targets for this indicator?
V. Data to Consider	Data to have available for consideration when setting targets: • Performance data in current baseline year • State performance data on C6 for the last 3–5 years (single day and cumulative), disaggregated by race/ethnicity, gender, and age of child • Local/regional/program performance data on C6, disaggregated by race/ethnicity and gender in the locality/region/program • C6 targets from the last 3–5 years • 618 child-count data submitted in the previous April (single day and cumulative) • 3–5 years of national population data on children B–3 • 3–5 years of state population data on children B–3, disaggregated by race/ethnicity and gender • 3–5 years of Annual ITCA Child Count reports • Information on dates and details of any relevant changes in how services have been delivered in the past year or two, based on any state emergencies such as weather or health, including pandemics • Other information that may have contributed to the number of children who are receiving services statewide or from a specific regional or community
VI. Indicator Specific Data Quality Issues	• The required data collection measurement and reporting for this indicator is established through the IDEA section 618 process and approved by the Office of Management and Budget (OMB).
VII. Indicator Specific Analyses	• Have there been increases or decreases in the state's birth rate? Are changes expected in the birth rate in the next several years? • Is the performance for this indicator stable across the state, or are there areas with much higher or lower rates of performance? • Are all population groups proportionately represented in the data for this indicator? – Are any groups of infants and toddlers over-identified or under-identified? • Has the state met its previous targets for the indicator? – If so, is the same level of incremental change appropriate for setting the new targets? – If not, what factor(s) have served as barriers to prior efforts? – Has further data analysis to identify underlying issues been completed? • Are there differences in how eligibility determination decisions are made across the state? – If so, what is the impact on early identification (e.g., variance in how multidisciplinary teams respond to referrals for children with established conditions vs. developmental delays; differences in the extent to which informed clinical opinion is used across the state)? • What do available referral data suggest about which sources are identifying the most children who become eligible for Part C? About

Topic	Guidance
	the fewest children identified? Are some referral sources identifying more children in certain communities in the state? Are some referral sources not identifying children as the rate expected? What targets are suggested based on available data about the results of eligibility decisions based on referral source? • If available, do the data on parent decline of evaluation and/or parent decisions related to accepting/declining services inform the target-setting process? When disaggregated by community, race/ethnicity, and other demographics, do these data inform target-setting? • If available, do data on parent decline of evaluation and parent decisions related to accepting/declining services disaggregated by region/locality/program inform this discussion? • Has the state changed its eligibility criteria since the last targets were set? – If so, were the targets adjusted to accommodate this change? – If not, should the new targets factor in this change? – If not, is a change in eligibility criteria anticipated during the period covered by the new SPP? – Was the change in eligibility affected by state financial implications? ▪ If so, will changes in the state's financial climate lead to another change in eligibility?
VIII. Indicator Specific Resources	**Meaningful Differences Calculator for Child Find:** This Excel-based calculator allows states to make several comparisons related to the percentage of infants and toddlers served: State percentage compared to state target, local program percentage compared to state target, and year-to-year comparisons of the state percentages. It also computes confidence intervals to determines whether the difference between the two numbers is large enough to be considered meaningful (i.e., statistically significant). **Part C Child Find Funnel Chart Tool:** The Part C Child Find Funnel Chart Tool is an Excel-based analytic tool for displaying data about infants and toddlers at each step of the Part C process, from referral through exit, for a set of infants and toddlers referred within a specified time span. State or local Part C programs may use this tool to generate a funnel chart that allows for easy visualization of the data. **U.S. Census:** https://data.census.gov/cedsci/ **Easy Access to Juvenile Populations (EZAPOP):** Easy Access to Juvenile Populations (EZAPOP) that provides access to national, state, and county population data detailed by age, sex, race, and ethnicity. Users can create detailed population profiles for a single jurisdiction or create state comparison or county comparison tables. **Kids Count from the Annie E. Casey Foundation:** www.aecf.org/work/kids-count **U.S. Department of Education:** Includes national data related to this indicator and others **Annual ITCA Child Count Reports:** https://www.ideainfanttoddler.org/pdf/2019-Child-Count-Data-Charts.pdf

Indicators C9 and C10–Dispute Resolution

Indicator-specific guidance is provided separately for results indicators where target setting is required, including C9 and C10-Dispute Resolution. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance.

Indicator C9: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

This indicator is applicable to a Part C lead agency only if Part B due process procedures under section 615 of the IDEA are adopted. This indicator is not applicable to a state that has adopted Part C due process procedures under section 639 of the IDEA.

OSEP's longstanding position is that in the case of resolution sessions, targets should not drive a specific outcome and targets should not influence agreements made within resolution sessions. Therefore, the FFY 2025 target does not need to show improvement over baseline for Indicator C9. No specific threshold is required.

Therefore, states are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the state must develop a baseline and targets and report them in the corresponding SPP/APR. States may express their targets in a range (e.g., 75–85%).

Data for this indicator are prepopulated in the SPP/APR each year based on data submitted in the previous November under section 618 Table 4 of the IDEA through the IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*). If the data reported in this indicator are not the same as the state's 618 data, states must explain.

Indicator C10: Percent of mediations held that resulted in mediation agreements.

OSEP's longstanding position in the case of mediations is that targets should not drive a specific outcome. Targets should not influence agreements made within mediation sessions. Therefore, the FFY 2025 target does not need to show improvement over baseline for Indicator C10. No specific threshold is required.

Therefore, states are not required to establish a baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the state must develop a baseline and targets and report them in the corresponding SPP/APR. The consensus among mediation practitioners is that 75–85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success-rate data. States may express their targets in a range (e.g., 75–85%).

Data for this indicator are prepopulated in the SPP/APR each year based on data submitted in the previous November under section 618 Table 4 of the IDEA through the IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*). If the data reported in this indicator are not the same as the state's 618 data, states must explain.

Indicators C11 and B17–State Systemic Improvement Plan

Indicator-specific guidance is provided separately for results indicators where target setting is required, including C11 and B17-State Systemic Improvement Plan. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance

Consider the following when setting targets for the SiMR(s) in the State Systemic Improvement Plan.

What is the relationship between the state-identified measurable result (SiMR) and the state's SPP/APR indicators?

- Is the SIMR equivalent to one of the indicators?
  - If so, the state will need to determine their targets for the SSIP and align them to the SPP/APR targets for FFY 2020 - 2025.
  - The state should follow the target-setting guidance for the indicator chosen as the SiMR.
- If the state's SiMR is based on a subset of local programs/districts or populations, its SSIP baseline data will be different from the statewide baseline data of the comparable indicator in the SPP/APR, and its targets will likely be different from the statewide targets for the comparable indicator in the SPP/APR.
  - The state will need to look at the specific trends and data quality concerns and estimate the difference for that particular subset when setting their SSIP targets. The state will need to consider how that subset will impact the overall statewide performance and targets.

Indicator B6–Preschool LRE

Indicator-specific guidance is provided separately for results indicators where target setting is required, including B6-Preschool LRE. There are eight sections that support target setting for this indicator. This indicator specific guidance is intended to be used as a companion to the general guidance.

Topic	Guidance
I. Indicator Description	Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a: A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood Program; and B. Separate special education class, separate school or residential facility. C. Receiving special education and related services in the home. (20 U.S.C. 1416(a)(3)(A)) The performance data for this indicator are pre-populated into the SPP/APR platform in the fall before submission in February. These data are reported by each state under IDEA section 618 of the IDEA (IDEA Part B Child Count and Educational Environments) in April of each year. States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. The final target for Indicator B6B (separate special education class, separate school or residential facility) must decrease from the baseline established in FFY 2020. OSEP has indicated that the final target for Indicator B6C (receiving special education services in the home) should decrease from the baseline established in FFY 2020.(OSEP SPP/APR Universal Technical Assistance for FFY 2020-2025) OSEP expects that most children would attend a regular early childhood program and receive the majority of special education and related services in the regular early childhood program; therefore, the targets for the "home" category in most States should decrease over time.
II. Federal Indicator Changes	B6 Environments for ages 3–5 The new SPP APR package changed the reporting requirement for Indicator B6 beginning with the FFY 2020 submission to be consistent with the revised section 618 data collection on preschool LRE. Beginning with the FFY 2020 submission, states report all children aged 3–4 with disabilities and only those 5 year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5. Additionally, a new sub-indicator was added to reflect children receiving special education and related services in the home.
III. State Indicator Specific Changes	Has the state made any changes to the data collections methods and/or data source?

Topic	Guidance
	• To the extent possible, determine the impact of state-made changes to data collection methods and/or data source on the results.
IV. State Initiatives Related to the Indicator	• What state initiatives are in place to increase the percentage of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program? • What is the expected impact and how long will it take to see the expected impact? • Are the initiatives state-wide? If not, how long will it take to implement initiatives state-wide? • Are the initiatives taking place with fidelity?
V. Data to Consider	If you have data for the new requirement, it must be used to reset targets. If data from the former requirement is used, then you will not be able to set new baseline to establish appropriate targets. The state will want the following data: • Performance data relative to targets for the last three to five years • Baseline data
VI. Indicator Specific Data Quality Issues	The data reported in this indicator should be consistent with the state's 618 settings data; if it is not, the state would have to explain the reasons for the discrepancy in a data note submitted to OSEP.
VII. Indicator Specific Analyses	• History – What were the targets and how were they set? – If changes were made to targets, what was the basis for the change? – What were the trends in performance relative to targets? – What is the rationale for any changes made to the baseline in the last five years? • How do current data compare to data over the past 3 to 5 years? – What does the data show for 6A, 6B, and 6C? – What does the data show that is inclusive of children ages 3, 4, and 5? – What does the data show for each age (i.e., 3-year-old only, 4-year-old only, 5-year-old only)? – Are there increases or slippage (changes in the data)? ▪ Were the increases or slippage short or long-term? ▪ What might have contributed to the changes? ▪ Are the contributing factors sustained? • Consider current and historical data relative to the baseline and targets by (e.g., considerations included in the APR and other factors) – Race – Ethnicity – Parents or guardians whose primary language is other than English and who have limited English proficiency – Program – Gender

Topic	Guidance
	– Age of child – Disability or Eligibility Category – Other
VIII. Indicator Specific Resources	*EMAPS* User Guide: IDEA Part B ESS Child Count SEA Data Report IDEA Section 618 Data Products: Collection Documents

About Us

The contents of this report were developed under grants from the U.S. Department of Education, #H373Z190002 and #H326P170001. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. Project Officers: Meredith Miceli, Amy Bae, and Julia Martin Eile.

The DaSy Center is a national technical assistance center funded by the U.S. Department of Education, Office of Special Education Programs. The DaSy Center works with states to support IDEA early intervention and early childhood special education state programs in the development or enhancement of coordinated early childhood longitudinal data systems.

To learn more about the DaSy Center, visit the DaSy Center website at http://www.dasycenter.org/.

NV EARLY INTERVENTION PROFESSIONAL DEVELOPMENT

Nevada Professional Development Center Presents Virtual Training on

AUTISM

Early Intervention Professionals and Families

Join us to learn

What is ATAP? What is ABA? Parent Empowerment

Training presented by:

Samantha Jayme- Health Program Manager 3 and Loren Gonzalez-Clinical Program Planner of the Autism Treatment Assistance Center

December 6th, 2024 2:00 PM-3:00 PM

VIA TEAMS

MEETING ID: 281 941 516 072

PASSCODE: 6KBMBH

STATE OF NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY

PRODUCTION DISCREPANCY REPORT (PDR)

NMO-3608 04/2023

Owner: Evette Cullen

Date: 1/18/2024

Co-Owner:

ISR #: 70481

DHCFPAnalyst: Sarah Moses

Link PDR to ISR #: 69297

Unit: Medical Benefits Coverage

Link PDR to ITW#:

Primary Areas Impacted

**check all that apply*

- ☐ Buy-In Data Maintenance
- ☑ Claims
- ☐ Content Tracking Management System
- ☐ DSS/ Data Warehouse
- ☐ EDI
- ☐ EDMS
- ☐ EPSDT
- ☐ Financial
- ☐ Managed Care
- ☐ MPD -PAI
- ☐ PASRR
- ☐ Personal Care Services
- ☐ Pharmacy Benefits Manager
- ☐ Premium Payment
- ☐ Prior Authorization
- ☐ Provider Data Maintenance
- ☐ Recipient Data Maintenance
- ☑ Reference Data Maintenance
- ☐ Security Management
- ☐ System Wide
- ☐ Third Party Liability
- ☐ Voice Response
- ☐ Web Portal

Proposal Name: Add Additional NPIs to PT 34 NEIS Billing Provider PA Bypass **High Priority

Chapter Change or SPA required? ☐ Yes ☑ No **Target Date of Implementation:** 1/16/2024

Applicable Business Rule:

MSM 1700

Rate Change **Administrator Approval* ☐ Yes ☑ No

Describe Problem/ Business Needs:

Aging and Disability Services Division (ADSD) reached out to DHCFP leadership regarding prior authorization (PA) concerns for PT 34 (therapy) Nevada Early Intervention Services (NEIS) providers. Two NPIs were provided originally for the bypass (1962630855 and 1669608022); however, additional NPIs need to be allowed to bypass the PA requirement.

STATE OF NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY

PRODUCTION DISCREPANCY REPORT (PDR)

NMO-3608 04/2023

Desired Outcome:

DHCFP is requesting a system PA bypass for NEIS PT 34 billing providers. The NPIs provided by ADSD that will be able to bypass the PA requirement are: 1629148200, 1306983044, 1386181675, 1104261825, 1043331259,100504220, 100516448 and 1053042341. We are asking the bypass to match the implementation date of the previous two NPIs which was 1/16/2024 for consistently.

CCB Business Priority: ☑ High ☐ Medium ☐ Low **include justification below*

This issue has been escalated and is being monitored by DHCFP leadership.

Billing Justification *(IS USE ONLY)* ☑ Billable ☐ Non-Billable **include justification below*

This is a configuration so it is billable.

Work Type: Configuration

Required Implementation Date: 1/16/2024

Consequences if change is not made:

NEIS PT 34 providers will still have to obtain PAs.

STATE OF NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY

PRODUCTION DISCREPANCY REPORT (PDR)

NMO-3608 04/2023

Is there a workaround available? ☐ Yes ☑ No *If yes, describe below

APD Required: ☐ Yes ☑ No *If yes, you must include measurable outcomes below

FMAP %

N/A

Impact Analysis

Impact to TMSIS *(IS USE ONLY)*	☐ Yes	☑ No	Impact Data Dictionary *(IS USE ONLY)*	☐ Yes	☑ No
Impact to MCO	☐ Yes	☑ No	Claims Xten	☐ Yes	☑ No
Impact to Providers	☑ Yes	☐ No	Volume of Providers impacted:	6	
Impact to Pharmacy	☐ Yes	☑ No			
Impact to NVMedicaid app	☐ Yes	☑ No			
Impact to Recipient Webpage	☐ Yes	☑ No			
Impact to DW/DSS	☐ Yes	☑ No			
Impact to Recipients	☐ Yes	☑ No	Volume of Recipients :	N/A	

Impact Details:

There are currently 6 billing NPIs for NEIS PT 34 that are affected by the PA requirement.

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Claims Impact

Volume of claims impacted :

Unknown at this time - claims impact to be run after implementation

Estimated fiscal impact:

unknown at this time. Only if there is a recycle.

Recycle/ Reprocess/ Mass adjustment of claims: ☑ Yes ☐ No **if no explain*

Greater than billed ☐ Yes ☐ No ☑ N/A

Known Criteria:

All claims denied for PA requirements for the billing NPIs listed above from 1/16/2024 to system implementation.

OPERATIONS

**Check all that apply and provide detail below*

☐ Document Change ☐ Billing Manual Update ☐ Pend Resolution Instructions

☐ Operations Manual ☐ Training ☑ None of the Above

Operations Description:

N/A

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COMMUNICATIONS PLAN

*At least one box must be checked

- [ ] RA Message
- [ ] Website Posting
- [ ] Provider Outreach
- [ ] Text Message
- [ ] Member Webpage/MPD
- [x] No communications

Frequency:

Frequency:

Communications to MCO: [ ] Yes [x] No

Non-Emergency Transportation, Other Business Lines

Other Communications: *List below

Theresa Carsten will provide update to ADSD for the NEIS providers.

Appropriate authority in the following unit(s) have been consulted regarding these changes: [x] Yes [ ] No

Authority Information: *(Approval received from Fiscal, Rates Analysis and Development, etc)*

Approvals in PPM

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

For reporting on
FFY 2022

Nevada

PART C DUE
February 1, 2024

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The Nevada Department of Health and Human Services IDEA Part C Office, as Nevada's lead agency for the statewide EI system, works diligently with key stakeholders, including the State Interagency Coordinating Council (ICC), in the yearly development of the State Performance Plan / Annual Performance Report (SPP/APR). The SPP/APR serves as both a progress report for Nevada's EI system and as a report for the State's stakeholders. The State of Nevada's IDEA Part C FFY 2022 SPP/APR covers the timeframe from July 1, 2022 through June 30, 2023. This timeframe is Federal Fiscal Year (FFY) 2022, State Fiscal Year (SFY) 2023.

Provided here is an overview of Nevada's annual performance/indicator results and systems that are in place to ensure compliance with IDEA Part C requirements and purposes.

FFY 2022 Indicator Results

Indicator 1. Timely Provision of Services: Did not meet target; Slippage.
Target: 100%. FFY 2021 data: 92.03%. FFY 2022 data: 86.36%.

Indicator 2. Services in Natural Environments: Met target; No slippage
FFY 2021 data: 99.50%. FFY 2022 Target: 98.37%. FFY 2022 data: 99.21%.

Indicator 3. Child Outcomes

3 A1. Met Target; No Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program
FFY 2021 data: 75% FFY 2022 Target: 69.49% FFY 2022 data: 79.62%.

3 A2. Did not meet Target; Slippage occurred
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program
FFY 2021 data: 35.19%. FFY 2022 Target: 40.34%. FFY 2022 data: 28.07%.

3 B1. Met Target; No Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program
FFY 2021 data: 70.06%. FFY 2022 Target: 72.16%. FFY 2022 data: 79.64%

3 B2. Did not meet Target; Slippage occurred.
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program
FFY 2021 data: 33.87%. FFY 2022 Target: 38.64%. FFY 2022 data: 26.55%.

3 C1. Met Target; No Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program
FFY 2021 data: 75.85%. FFY 2022 Target: 66.48% FFY 2022 data: 77.10%

3 C2. Did not meet Target; Slippage occurred
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program
FFY 2021 data: 37.79%. FFY 2022 Target: 42.10%. FFY 2022 data: 31.12%

Indicator 4. Family Involvement:

4 A. Did not meet target; Slippage
Percent of families participating in Part C who report that EI services have helped the family know their rights. FFY 2021 Data: 97.49%. FFY 2022 Target: 98.25%. FFY 2022 data: 96.40%

4 B. Did not meet target; No slippage
Percent of families participating in Part C who report that EI services have helped the family effectively communicate their children's needs. FFY 2021 data: 93.87%. FFY 2022 Target: 97.25%. FFY 2022 data: 93.62%

4 C. Did not meet target; Slippage
Percent of families participating in Part C who report that EI services have helped the family help their children develop and learn: FFY 2021 data: 96.37%. FFY 2022 Target: 95.25%. FFY 2022 Data: 95.00%

Indicator 5. Child Find (Birth to One): Met target; No slippage
Number of infants birth to 1 year with IFSPs in Nevada's population of infants birth to 1 year.
FFY 2021 data: 1.30%. FFY 2022 Target: 1.16% FFY 2022 data: 1.20%

Indicator 6. Child Find (Birth to Three): Met target; No slippage
Number of infants and toddlers birth to 3 years with IFSP's in Nevada's population of infants and toddlers birth to 3 years.
FFY 2021 data: 3.05%. FFY 2022 Target: 2.8%. FFY 2022 data: 3.2%

Indicator 7. 45-Day Timeline: Did not meet target; No slippage.
FFY 2021: 95.86%. FFY 2022 Target: 100% FFY 2022 data: 96.26%
Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline

Indicator 8. Early Childhood Transition

Indicator 8A. Met target; No slippage.
Data for those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.
FFY 2021 data: 96.77%. FFY 2022 Target: 100%. FFY 2022 data: 100%

Indicator 8B. Did not meet target: No slippage
FFY 2021 data: 54.98% FFY 2022 Target: 100% FFY 2022 data: 99.76%
Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services

Indicator 8C. Did not meet target; No slippage
Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B.
FFY 2021 data: 94.56%. FFY 2022 Target: 100%. FFY 2022 data: 99.59%

Indicator 9. Resolution Sessions: 0

Indicator 10. Mediation: 0

Indicator 11. State Systemic Improvement Plan: Met Target; No Slippage
FFY 2021 data: 75% FFY 2022 Target: 69.49% FFY 2022 data: 79.62%.
Social emotional development: Of those children who entered or exited the program below age expectations in Outcome 3 A1, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Pyramid model efforts continue through statewide collaborations for action planning, professional development and retention initiatives to support improvement in social emotional development for all children receiving EI services, along with supports for infant/early childhood mental health. E-modules of pyramid practices were developed through contract with the National Pyramid Consortium; these e-modules feature personnel from Nevada and NCPMI, and were made available to all EI programs and their personnel during 2023. Further, retention initiatives, such as the new Nevada Early Intervention Professional Development Center, continue to bolster the EI workforce in order to have continuity of services for families, ongoing pyramid efforts, thus ultimately serving EI families toward optimal social emotional development which in turn promotes achievement of overall child and family outcomes.

Nevada's FFY 2022 SPP/APR will be submitted electronically through OSEP's EMAPS data system by the deadline of February 1, 2024. Following OSEP's Clarification for FFY 2022, this report will be submitted to Nevada's Office of the Governor and posted to the Nevada IDEA Part C Office website at http://dhhs.nv.gov/Programs/IDEA/Publications/

Additional information related to data collection and reporting

Nevada's FFY 2022 SPP/APR will be posted on the Nevada Department of Health and Human Services (DHHS) Director's Office, IDEA Part C Office website at http://dhhs.nv.gov/Programs/IDEA/Publications/ not later than May 31, 2024 which is 120 days from February 1, 2024. Additionally, FFY 2024 Report Cards for each of the early intervention service provider programs in the State will be posted on the same website.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).
The IDEA Part C Office maintains a general supervision system that includes procedures for compliance monitoring, dispute resolution and to ensure all components of the statewide early intervention (EI) system meet requirements of Part C of the Individuals with Disabilities Education Act (IDEA). The general supervision system is also designed to evaluate the effectiveness of the EI system in improving outcomes for children and families. The system supports activities to ensure early identification of infants and toddlers with disabilities and the timely provision of early intervention services.

Key monitoring system activities include:

The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each annual federal reporting period and the remaining EI programs in alternating years (biennially). In Nevada's Early Intervention (EI) services system is currently comprised of eleven (11) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. During FFY 2022, for part of the reporting period, the EI system was comprised of twelve (12) programs, and the Part C Office was scheduled to perform comprehensive monitoring for six (6) or twelve (12) programs. However, one (1) EI program closed their early intervention program prior to comprehensive monitoring. Therefore, the Part C Office completed comprehensive virtual site monitoring for a cohort of five (5) EIS programs relative to this indicator. The remaining six (6) of eleven (11) EI programs were previously monitored in FFY 2021 and will continue on the biennial cycle. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data is representative of all children across the state for each year of the cycle.

• Implementing multi-level systems for verification of timeliness and accuracy of data entry by direct users with specific focus on data related to child

outcomes
• Conducting ongoing desk audits and focused monitoring as applicable for analyzing data across data sources to evaluate functioning of key system components at the state and program level
• Collecting or verifying data through on-site monitoring and focused monitoring with increased emphasis on results for infants and toddlers and their families
• Maintaining a system for compiling, analyzing and reporting data required under section 618 including investigation of complaints, mediation and due process requests
• Issuing findings of noncompliance to early intervention service providers as a result of general supervision activities (e.g., monitoring and complaint investigation), working with providers to identify underlying causes and ensuring the timely correction of noncompliance
• Collaborating with the Aging and Disability Services Division (ADSD) to impose sanctions when appropriate to ensure early intervention service provider program improvement and compliance
• Reporting to the Nevada Early Intervention Interagency Coordinating Council (ICC) and other key stakeholders on the outcomes of program monitoring and improvement

Key dispute resolution procedures include:

• Collaborating with families and programs to address and resolve concerns
• Following IDEA regulations for timely follow up of complaints from families within 60 days of the complaint
• Providing procedural safeguards at all junctures, with the following options available to families, including mediation, hearing, and dispute resolution
• Collaborating with Nevada Department of Education's Office of Inclusive Education, Part B/619 office to model dispute resolution process after Part B's dispute resolution according to IDEA as applicable; and having a board of mediators and due process hearing officers available for Part B and Part C systems shared by the Part B system to include mediators and due process hearing officers with training and experience in early childhood special education should they need to be called upon to support communication and dispute resolutions among families and programs.

Key procedures for data collection, analysis and reporting include:
• The EI system began a contract with a new data system vendor during June of 2022, and discovery and preparation to obtain a new data system began during the FFY 2022 reporting period in July 2022. Data migration from the legacy Tracking Resources and Children (TRAC) data system occurred with the new data system, which was named the Nevada Early Intervention Data System (NEIDS). NEIDS went into live production during October 2023 which was following the FFY 2022 reporting period. NEIDS is meant to be the EI system's data system that is more comprehensive and efficient at all levels of administration of the statewide EI system as compared to the previous legacy TRAC system and separate billing systems.
• Maintaining the new statewide data system NEIDS in transition from the legacy TRAC data system for collecting key data from the point a child is referred to the EI system to the time the child exits Part C services; NEIDS also collects critical service data throughout the time the child is enrolled in early intervention services; data migration from TRAC to NEIDS through the vendor Yahasoft occurred when NEIDS began live production during October 2023.
• Providing training and technical assistance (TA) to early intervention service providers regarding Part C data requirements
• Participating in conferences and webinars hosted by OSEP and OSEP funded TA providers
• Compiling, analyzing and reporting data results to the U.S. Office of Special Education Programs (OSEP), state administration, key stakeholders and the public on the effectiveness of the system in improving outcomes for young children with disabilities and their families
• Collecting, compiling and analyzing data through the IDEA Part C Office Annual Family Survey to evaluate the impact of EI services in improving outcomes for families of infants and toddlers participating in early intervention services; working with stakeholders to review and revise the State's Family Survey instrument and process to optimize input from families in system evaluation and improvement
• Compiling, analyzing and reporting data on specific outcomes for children served by the system by integrating data from the TRAC data system and the Child Outcomes analysis spreadsheet developed by the Early Childhood Outcomes (ECO) Center
• Partnering with Nevada's Aging and Disabilities Services Division (ADSD) to budget for annual maintenance for the new data system NEIDS along with potential enhancements, such as a parent portal and a system point of entry feature.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention service (EIS) programs.

Technical assistance (TA) in Nevada's EI system is intentional in modeling after the Early Childhood Technical Assistance (ECTA) Center's definition that "effective technical assistance (TA) is a collaborative, coordinated effort to facilitate change in systems, build capacity, improve practices, and reach agreed-upon outcomes. Specifically, effective TA provides a pathway to improvement through activities and materials that promote new behaviors, practices, beliefs, and understandings of staff in the systems served."

• During FFY 2022, Nevada's IDEA Part C Office received TA on a monthly basis or as needed from OSEP Leads and OSEP-funded national TA Centers such as Center for IDEA Fiscal Reporting (CIFR), ECTA, Early Childhood Personnel Center (ECPC) and the Center for IDEA Early Childhood Data Systems (DaSy) on various topics such as general supervision, corrective action/dispute resolution, grant application/management, data collection. Further, the IDEA Part C Office completed OSEP's discovery phase and onsite Differentiated Monitoring Services and Supports (DMS). The IDEA Part C Office had received ongoing TA from OSEP, CIFR and ECTA in preparation for the onsite visit. OSEP's DMS report is expected during March 2024.

• The IDEA Part C Office provides regular TA to all state and community EI programs via virtual meetings as well as individual program calls and emails as applicable. The IDEA Part C Office hosts monthly TA calls with management from all EI service provider agencies throughout Nevada, however all EI staff are welcome. Topics and trainings are selected based on system needs or questions from programs, and clarification includes references to IDEA regulations and evidence-based practices/scientific evidence current in the field of early intervention, such as the DEC Recommended Practices (RP). Ongoing standing agenda items for monthly TA statewide meetings also include topics of complaint/concerns, family engagement, diversity, equity and inclusion (DEI) and self-care/mental health supports for EI personnel.

• Technical assistance is provided to all EI programs as part of onboarding, and as requested or required as the need arises, such as if there are concerns from families or program personnel on EI services. The IDEA Part C Office will often reference DEC RPs to shed light on topics. The IDEA Part C Office has participated in the national/international DEC and Early Childhood Technical Assistance (ECTA) RP (aRPy) Ambassador Program, with the NV Part C Coordinator serving as an aRPy Ambassador from 2021-2023, and a Part C Liaison/Developmental Specialist IV serving as an aRPy Ambassador since 2023-present. The aRPy Ambassador program serves to illuminate participating countries, states and territories re: best practices to educate on DEC's RPs.

• The IDEA Part C Office provides technical assistance according to OSEP's guidance on providing services to individuals with disabilities. TA topics included Service Methods re: teleintervention and in person service methods as options which are available to families for their identified needs, IFSP Content FAQs including providing prior written notice to families if a program is anticipating any missed timelines or timeframes, according to OSEP's FAQ document, and compensatory services during this post-pandemic era of critical personnel shortages which included technical assistance on

remedies such as compensatory visits as well as reimbursement for community services according to the IFSP if applicable.

• All EI programs also have an assigned Part C Liaison from the Nevada Part C Team. Liaisons provide additional technical assistance as needed by programs in individualized program meetings, emails, phone calls and trainings.

• Information and resources are emailed to program managers frequently as information arises generally on a monthly basis including professional development opportunities, webinars and training resources to support program improvement, and higher education opportunities including grant or scholarship information for institutions of higher education (IDE).

• The IDEA Part C Office facilitates a lending library with resources for EI providers and families, with evidence-based content available in books, journals, CDs, and DVDs.

• The Nevada Part C Coordinator participates in the Infant and Toddler Coordinator's Association as a director at large board member, with opportunities to learn about OSEP's initiatives and policies and to support Nevada and other states in understanding these initiatives and policies.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

Nevada Early Intervention Professional Development Center:

During 2022, the Nevada Early Intervention (EI) Services system performed strategic planning to address critical personnel shortages for the Developmental Specialist (DS) position as related to barriers associated with the COVID-19 pandemic (e.g., the Great Resignation, skyrocketing housing, food, fuel and tuition costs). While DS position coursework requirements may be met through institutions of higher education, an additional retention option to traditional academia was developed by the PD Center Work Group of stakeholders statewide to assist employees in meeting their professional requirements at no cost. The Nevada EI Professional Development Center was created and legislatively funded with Nevada's Governor's Finance Office (GFO) American Rescue Plan Act (ARPA) grant funds to facilitate this retention initiative of new professional development options, the first being a Developmental Specialist Series (DS Series). IDEA Part C received national technical assistance during August to September 2022 regarding best practices for developing curriculum for this Grow Your Own project.

Cohort 1 of the DS Series began in April 2023 with 29 Learners and will conclude with 18 Learners set to graduate in April 2024. Cohort 2 began in August 2023 with 27 Learners, with graduation during September 2024. Cohort 3 will begin during March 2024 with approximately 20 Learners, with graduation during April 2025. The PD Center has benefited these 65 Learners in maintaining their positions at no cost to them, and ultimately is projected to positively impact their combined caseloads of over 1,000 children in terms of timely delivery and quality of services. The PD Center is looking forward to providing additional professional development options for EI system personnel, families and community stakeholders. The Part C office has presented to other states on the Grow Your Own initiative through the PD Center.

Pyramid model (social emotional development/infant and toddler mental health supports):

The IDEA Part C Office continued collaboration with state EI programs and a state leadership team of stakeholders for our pyramid project. Nevada was the first Part C state in the nation to receive technical assistance from National Center for Pyramid Model Innovations (NCPMI) for Part C pyramid efforts. Since the beginning of the Pyramid Model Project (November 2018) the State Leadership Team (SLT) has continued to be involved in developing leadership objectives, rating benchmarks of quality, action planning, and coaching support for Cohorts including using flexibility to meet the needs of programs experiencing critical staff shortages following the COVID-19 pandemic.

Scale up of the pyramid model as originally planned has slowed due to the EI system's critical personnel shortage since 2022 to present, however key pyramid practices trainings/e-modules were developed by the Pyramid Model Consortium under contract with Nevada's IDEA Part C office. This contract to develop e-modules on pyramid practices specifically for the early intervention population was developed in August 2022, with the first e-modules available for EI personnel during January 2023. The funding for this professional development was provided through OSEP American Rescue Plan Act (ARPA) grant funds. The accessibility of the pyramid e-modules is available to all EI programs statewide and is required for new EI personnel to take within 1 year of hire. In utilizing the e-modules, the IDEA Part C office was able to equitably provide professional development to all programs simultaneously rather than waiting for critical personnel shortages to subside. SLT meetings continue regularly to promote planning on future pyramid trainings and potential scale up.

Other Professoinal Development Activities:

Other professional development activities include trainings provided by the IDEA Part C office or in collaboration with ADSD Quality Assurance, EI programs, and programs in the community or at local, state and national levels through webinars, ICC meetings, and conferences.
Key activities for collaboration include:

• Ongoing collaboration with Nevada Part C and the following entities in addressing concerns among EI families, programs and the system as needed: Aging and Disability Services Division (ADSD), ADSD Quality Assurance, National Center for Pyramid Model Innovations,
• Two Part C staff are committee members for the Early Hearing Detection and Intervention (EHDI) program; participation involves attending meetings as advised by EHDI, and advising the committee on raising community awareness for EHDI.
• The Part C Coordinator serves as a governor-appointed board member on the Nevada Early Childhood Advisory Council (ECAC). The Part C Coordinator has assisted the ECAC in developing the ECAC strategic plan for systems improvement. The IDEA Part C Office continues to refer to ECAC standards for personnel, leadership and management.
• The Nevada Part C Office has assisted other states that are venturing into pyramid model social emotional supports, including support of the ADSD Quality Assurance presentation at the Division for Early Childhood conference during September 2022.

Attendance at conferences is a professional development activity that promotes leadership growth, employee retention and improved practices for practitioners: Two (2) Part C staff attended National Training Institute (NTI) in April, and Part C sponsored two (2) ADSD staff to attend NTI as presenters. The entire statewide vision team of six (6) vision specialists at the time in Nevada were sponsored by Part C to attend the AER conference in July 2022. During September 2022, Part C sponsored 26 staff to attend the DEC International Conference including Part C staff, personnel from state and community EI programs, and personnel from ADSD Quality Assurance; 1 ADSD Quality Assurance staff presented at this DEC conference along with other states and NCPMI advisors. Part C sent three (3) Part C staff to the CIFR Part C Fiscal Forum during May 2023, and two (2) Part C staff to the Part C Data Leadership Conference 2023 during June 2023.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Apply stakeholder input from introduction to all Part C results indicators. (y/n)

YES

Number of Parent Members:

1

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Parent members of the ICC are parents of children who have received are receiving early interventions services. These parents were engaged in analyzing and updating ICC member bylaws and exploring strategies for improvement during the October 2023 ICC Member Retreat. The ICC scheduled a follow up meeting during December 2023 to complete their updates to the member bylaws. In following through with updating the bylaws, the ICC aimed to consider quorum parameters in order to more effectively meet quorum for future meetings.

Setting APR/SPP targets occurred most recently, as shared in the FFY 2021 APR/SPP, during the October 2021 Quarterly ICC Meeting , the November 2021 Public Stakeholder meeting, the January 11, 2022 Quarterly ICC Meeting and January 27, 2022 ICC Review and Certification of the Annual Performance Report. Engagement included receiving information and providing information on setting targets with the use of the meaningful difference calculator, analyzing data for trends and patterns over the past five years, developing improvement strategies to promote rigor, and evaluating progress through review of qualitative (family survey) and quantitative data (program data). Meetings were governed by Open Meeting Law, and parents were a part of voting process for all Possible Action items, including the review and certification for the Annual Performance Report.

Parents in the Early Intervention system are encouraged to join the ICC and any ICC Subcommittees, which include the Child Find Subcommittee, Family Advisory Subcommittee and Equity Subcommittee. Due to lack of quorum at these Subcommittee meetings, the ICC sought to explore how updating the ICC bylaws could appropriately reset attendance parameters.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Activities to increase the capacity of diverse groups of parents to support the development of implementation activities included:

• Ongoing collaboration with Nevada's Parent Center program, Nevada Parents Encouraging Parents (Nevada PEP), including organizing participation for parent forums.

• Ongoing recruitment for ICC Subcommittee participation. Subcommittee members are tasked with developing goals, vision and strategies/activities to support diversity, equity and inclusion in Nevada's EI system. The IDEA Part C Office plans to report on the Equity Subcommittee's work in improving representativeness in the Family Survey results along with any brainstorming for improving meaningful engagement for all EI families in Nevada.

• Ongoing information sharing re: ICC opportunities for membership, participation, observation or public comment by parents who contact the IDEA Part C Office with concerns or complaints,

• Family engagement in accessing EI information in English, Spanish, Mandarin/Simplified Chinese. Early Intervention programs provide family resources in English and Spanish, with information to be relayed by email, in person and virtually from Developmental Specialist/Service Coordinators to families regarding resources on procedural safeguards, IFSPs, library journals, books and videos for EI families, community resources for specific disabilities/conditions, community activities, shared experiences from EI families statewide and support group information.

• State Leadership Team (SLT) recruitment to parents through direct service practitioners to join the Pyramid Model Project and/or the SLT to promote social emotional development/early childhood mental health which is designed to improve overall outcomes for infants and toddlers with disabilities and their families.

• The Nevada Early Intervention Professional Development Center (PD Center) includes families who may attend as guest speakers for professional development coursework that is provided for new Developmental Specialists (DSs). The DS Series Course 1.2 Partnering with Family in Early Intervention included parent guest speakers during the Cohort 2 October 2023 course. These guest speakers shared with personnel regarding their family's experiences in EI and provided positive takeaways for Learners to apply to their own engagement with families on their respective caseloads.

• Child Find events in the community by local EI programs to engage with the community as well as provide referral resource information. Events include EI professionals setting up information tables with engaging promotional items and/or sharing EI brochures and information at local health/education fairs, daycare/child care/preschools, health professional offices, conferences, parades and charity/fun walks.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing strategies, and evaluating progress occurred as follows during this FFY 2022 reporting period:

January 2024: Discussed with ICC the finalized targets which were set for FFY 2020 to 2025, and the opportunity to review annually and modify these as needed. The ICC did not modify the targets for the FFY 2022 APR/SPP.

Mechanisms for input have previously included: public meeting in person and virtual comments, email and public survey.
Mechanisms for developing improvement strategies include State Leadership Team collaboration and PD Work Group strategic planning.
Mechanisms for evaluating progress include public meeting, in person and virtual comments, public survey and stakeholder interviews through an EI system study initiated by ADSD during 2023, with stakeholder interviews conducted by the system study vendor Health Management Associates (HMA), with the draft system study report publicly shared during the January 29, 2024 quarterly ICC meeting).

Data analysis, developing improvement strategies and evaluating progress occurs regularly during quarterly ICC meetings for local level yellow bar data and ADSD service data as available for referrals, timely services, and natural environment, with more in-depth analysis and review for annual performance report data occurring annually.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing strategies, and evaluating progress occurred as follows during this FFY 2022 reporting period:

January 2024: Discussed with ICC the finalized targets which were set for FFY 2020 to 2025, and the opportunity to review annually and modify these as needed. The ICC did not modify the targets for the FFY 2022 APR/SPP.

Mechanisms for input have previously included: public meeting in person and virtual comments, email and public survey.

Mechanisms for developing improvement strategies include State Leadership Team collaboration and PD Work Group strategic planning.

Mechanisms for evaluating progress include public meeting, in person and virtual comments, public survey and stakeholder interviews through an EI system study initiated by ADSD during 2023, with stakeholder interviews conducted by the system study vendor Health Management Associates (HMA), with the draft system study report publicly shared during the January 29, 2024 quarterly ICC meeting).

Data analysis, developing improvement strategies and evaluating progress occurs regularly during quarterly ICC meetings for local level yellow bar data and ADSD service data as available for referrals, timely services, and natural environment, with more in-depth analysis and review for annual performance report data occurring annually.

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2021 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

Nevada's FFY 2021 SPP/APR is posted on the Nevada Department of Health and Human Services (DHHS) Director's Office, IDEA Part C Office website, on the Publications page, under the section State Annual Report to OSEP, at: http://dhhs.nv.gov/Programs/IDEA/Publications/

Additionally, FFY 2021 Report Cards for each of the early intervention service provider programs in the State are posted on the same webpage as listed, under Regional Programs Report Cards.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

Intro - Required Actions

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	61.90%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.31%	96.00%	97.54%	97.52%	92.03%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
85	110	92.03%	100%	86.36%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Reasons for slippage include scheduling conflicts, increased caseloads and critical personnel shortages occurring following the COVID-19 pandemic and instances of these have continued. During the reporting period, enrollment in the EI system experienced surges in case numbers (e.g., Dec 1st count FFY 2021: 3,181 children compared to Dec 1st count FFY 2022: 3,273 children). These child count data appear to correlate to increases in state population size as well, which outpaced the availability of personnel to provide EI services to the growing population.

Nevada's EI system was greatly impacted by the loss of two (2) EI programs who terminated their service agreements within this fiscal reporting year. One (1) program in the north western (urban) region terminated their service agreement in November 2022 and the second program in the southern (urban) region terminated their service agreement in May 2023. These closures affected the system statewide. In fall of 2022, when the first program terminated their service agreement, one (1) program of four (4) opted out of receiving child records transferred due to already existing heavy caseloads. Of the 131 children with active IFSPs, 30 families chose to exit the NEIS system, leaving 101 active records to be transferred into three (3) programs. The single regional state program absorbed 61.4% of those records. All active records were reviewed by ADSD Quality Assurance for any applicable compensatory services and contacted families for their preference of program or if they wanted to continue services. Records were also reviewed by receiving programs to ensure continuity of services.

The second program closure in early May 2023, only six months after the first, impacted the southern region of the state. Although one new program had joined this region of the NEIS system in February 2023, they did not receive any of the transferred child records as they were capped for new referrals during their onboarding timeframe. One program in the south opted out of receiving transferred records during the second closure as they were dealing with staff turn-over, heavy caseloads, and upcoming scheduled IDEA Part C Comprehensive Monitoring. Three programs in the south absorbed the caseload of 146 children, 56% of which went to the single regional state program.

As a result of the two (2) programs' termination, programs statewide, with the exception of the two state rural frontier programs, were tasked with absorbing all of the active children and families that transferred due to program closures. Referrals continued throughout the fiscal year, impacting programs statewide.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

10

Provide reasons for delay, if applicable.

Examples of family circumstances resulting in untimely initiation of services included missed or rescheduled appointments due to changes in the family's schedule or child/family illness.

After accounting for services delayed due to family circumstances, it was found that 95 of the 110 children reviewed (86.36%) had all new services initiated in a timely manner. For the 15 children who did not receive timely services, the reasons for delay include scheduling conflicts and critical personnel shortages.

The Nevada EI system is making proactive efforts toward closing the gap in retention disparities by developing a no cost "Grow Your Own" evidence-based program through the Nevada Early Intervention Professional Development Center (PD Center) to assist personnel in meeting professional requirements. There are currently 18 learners who are in a Developmental Specialist role who are in the first Cohort and set to graduate in April 2024 with their IDEA Part C Office Alternative Certification. This meets the requirements of the Nevada Department of Education, Early Childhood Developmentally Delayed (ECDD) endorsement.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Nevada's Definition of Timely Services:

Early intervention services identified on the initial and subsequent Individualized Family Service Plans (IFSP) of an eligible child, including IFSP reviews, will be provided to the child and family as soon as possible following the family's consent to implement the IFSP. Determination of whether services are provided in a timely manner is based on:

1. Initiation of new services within 30 days from the date the parents provided consent for the IFSP service; or
2. The projected IFSP initiation date as determined by the IFSP team including the family and indicated on the IFSP. This may include services such as periodic follow-up or services needed on an infrequent basis (e.g., on a quarterly basis).

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

Nevada's Early Intervention (EI) services system is comprised of eleven (11) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2022, the Part C Office completed comprehensive virtual site monitoring for a cohort of five (5) EIS programs relative to this indicator. The remaining six (6) EI programs were previously monitored in FFY 2021 and will continue on the biennial cycle. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data is representative of all children across the state for each year of the cycle.

Data for this indicator are gathered through child record reviews and are required to include all IFSPs (initial, periodic and annual reviews). The timeframe covered for the FFY 2022 monitoring was all activity between July 1, 2022 and March 31, 2023.

Provide additional information about this indicator (optional)

A minimum number of records was required to be reviewed by the IDEA Part C Office, which included: 10% of enrollment for large programs (300 or more active children) and 20% for smaller programs (fewer than 300 active children). The number of records reviewed is sufficient to ensure the data were representative of the statewide enrollment and accurately reflected the programs performance relative to all children served by the program.

Comprehensive Monitoring

A total of five (5) EIS programs were monitored for timely initiation of IFSP services in FFY 2022 and include a review of 153 records. Of the records reviewed, 110 had new services added at a new review period date during the July 1, 2022 through March 31, 2023 reporting period. A total of 85 records had all new services initiated within the required timeline. A total of 10 children had at least one service initiated after the required timeline due to family circumstances. Family circumstances resulting in untimely initiation of services included missed or rescheduled appointments due to changes in the family's schedule or child/family illness. After accounting for services delayed due to family circumstances, it was found that 95 of the 110 children reviewed (86.36%) had all new services initiated in a timely manner. For the 15 children who did not receive timely services, the reasons for delay include scheduling conflicts, increased caseloads and personnel shortages. The Nevada EI system is making proactive efforts toward closing the gap in retention disparities by developing the PD Center to assist personnel in meeting professional requirements.

This is an increase of children who did not receive Timely Initiation of Services reported last period in FFY 2021.

Of the five (5) programs monitored, two (2) EIS Programs were issued a finding of noncompliance relative to Indicator 1 based on the FFY 2022 Annual Comprehensive Monitoring. Findings were as follows:

Program 1: 4 of 9 child records (44%) were compliant.
Program 2: 21 of 31 child records (68%) were compliant.

Therefore, timely initiation of IFSP services for 95 of 110 children (86.36%) were compliant. There were two (2) programs with a level of performance that was not considered substantially compliant. As a result, a Corrective Action Plan (CAP) was required for the programs with program performance of 94% or below. The programs were notified they must correct the noncompliance as soon as possible but not later than one (1) year from the date the finding was issued (June 30, 2024). The program's correction for this indicator will be reported to OSEP in the FFY 2023 APR.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	4	0	1

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.*

As a result of NV IDEA Part C Office Comprehensive Monitoring, it was identified that five (5) programs did not meet the 100% target for this indicator in FFY 2021. All five (5) programs were notified and issued findings of noncompliance. These programs were required to analyze root causes to address program issues through corrective action plans. Since the programs who were issued a finding of noncompliance in FFY 2021 were not on the cycle for comprehensive monitoring in FFY 2022, the IDEA Part C Office conducted verification audits for the five (5) programs. A selection of records was audited for each of the five (5) programs. The data reflected that four (4) of the five (5) programs were performing at 100% and implementing services timely to meet the regulatory requirements. As a result, the IDEA Part C Office verified timely correction of noncompliance for these four (4) programs and issued letters of correction. The remaining program terminated their service agreement in November 2022, prior to record verification and therefore correction cannot be verified.

Describe how the State verified that each *individual case* of noncompliance was corrected.

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing program reporting that services were initiated for each individual child, although late, unless the child was no longer in the jurisdiction of the EIS provider program/Early Intervention system and no later than one (1) year from the date of notification of noncompliance. This is verified and documented through the utilization of a standard individual child correction form that is a part of the state's monitoring procedures.

When appropriate (depending on the length of the delay), a remedy for the delay was also offered to the family to compensate for the delay in initiation of services. For the four (4) programs that corrected noncompliance: five (5) child records were reviewed for one program, one (1) child record was reviewed for each of the other three (3) programs to verify full correction of individual child records where noncompliance was identified from FFY 2021. The programs also underwent training in the requirements for Timely Initiation of Services to ensure continued compliance is sustained. Each individual case of non-compliance was verified as corrected for these four (4) programs using the individual child record correction log.

The individual child received services, although late. The child was owed five (5) compensatory visits. This child exited from the program on their third birthday and is no longer in jurisdiction of the EI system. The program's service agreement was terminated, and the program closed before the one year for correction window ended on June 30, 2023. Nevada IDEA Part C Office is unable to verify full correction due to the child exiting from the program in April of 2022 and the program closing November 1, 2022.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The remaining program with a finding of non-compliance in this indicator terminated their service agreement in November 2022, prior to record verification and therefore correction cannot be verified.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.50%

FFY	2017	2018	2019	2020	2021
Target>=	96.00%	96.00%	97.50%	97.79%	98.08%
Data	99.51%	99.30%	99.68%	99.93%	99.50%

Targets

FFY	2022	2023	2024	2025
Target >=	98.37%	98.66%	98.95%	99.27%

Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	3,247
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	3,273

FFY 2022 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
3,247	3,273	99.50%	98.37%	99.21%	Met target	No Slippage

Provide additional information about this indicator (optional).

Data for this indicator are generated using the Tracking Resources and Children (TRAC) child data collection system. These data are reported based on the 618 data report for December 1, 2022 and reflect the number and percent of children who received the majority of their early intervention services in natural environments.

Although, the target was met, there were two (2) programs with a finding issued in this indicator due to a performance lower than 98.37%. The programs were notified they must correct the noncompliance as soon as possible but not later than one (1) year from the date the finding was issued (June 30, 2023). The Part C Office will continue to track and gather December 1 count data from all EI programs providing services in Nevada for continuous reporting in next year's APR.

Nevada continues to maintain a high level of performance in this area and has exceeded the state target. This reporting year's performance data of (99.21%) is slightly lower than 99.50% reported in FFY 2021. These data continue to represent a high level of achievement and are attributable to the individualization of services for children and families.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source.

Measurement

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

*Sampling of **infants and toddlers with IFSPs** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2013	Target>=	67.37%	67.90%	67.90%	68.43%	68.96%
A1	65.25%	Data	65.87%	65.86%	69.84%	74.43%	75.00%
A2	2013	Target>=	40.14%	40.14%	40.14%	40.24%	40.24%
A2	39.94%	Data	42.86%	38.48%	35.93%	34.39%	35.19%
B1	2013	Target>=	71.96%	71.96%	71.96%	72.06%	72.06%
B1	70.76%	Data	76.30%	74.05%	65.64%	77.62%	76.06%
B2	2013	Target>=	38.44%	38.44%	38.44%	38.54%	38.54%
B2	38.24%	Data	39.59%	35.02%	33.07%	33.53%	33.87%
C1	2013	Target>=	66.28%	66.28%	66.28%	66.38%	66.38%
C1	66.08%	Data	74.12%	72.13%	72.85%	77.69%	75.85%
C2	2013	Target>=	41.90%	41.90%	41.90%	42.00%	42.00%
C2	41.70%	Data	47.71%	41.42%	40.96%	37.38%	37.79%

Targets

FFY	2022	2023	2024	2025
Target A1>=	69.49%	70.02%	70.55%	71.08%
Target A2>=	40.34%	40.34%	40.44%	40.44%
Target B1>=	72.16%	72.16%	72.26%	72.26%
Target B2>=	38.64%	38.64%	38.74%	38.74%
Target C1>=	66.48%	66.48%	66.58%	66.58%
Target C2>=	42.10%	42.10%	42.20%	42.20%

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	9	0.51%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	334	18.83%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	933	52.59%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	407	22.94%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	91	5.13%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,340	1,683	75.00%	69.49%	79.62%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	498	1,774	35.19%	40.34%	28.07%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

Nevada demonstrated slippage and did not meet the target for Outcome A2. In order to determine the root cause leading to this slippage, analysis of FFY 2022 data was completed. The analyses of the data included looking at: a child's length of time in service, eligibility category, and age at entry. Reasons for slippage may include the COS ratings for this year's set of children are ratings for different children with differing diagnoses, abilities and outcomes. In Nevada the state EI programs serve the majority of infants and toddlers with a diagnosed medical condition. These children require the highest level of involvement in order to meet their medical and overall developmental needs. Although they make progress, their change in trajectory is not sufficient enough to move closer to their same aged peers.

Contributing factors which may have led to slippage include:
Nevada suffered widespread critical personnel shortages throughout the reporting period, across all programs and geographical regions including urban to rural frontier. Two community programs closed during the reporting period, one north (November 2022) and one south (May 2023). The closures put strain on the remaining programs through increased caseloads and increased referrals during critical personnel shortage. Families of these children were given the option to transfer to other regional programs of their choice or by rotation. Due to contact issues, and the sheer magnitude of transfers, there were some delays in services for these families. Some families chose to exit the early intervention services system as they approached their third birthdates rather than transferring to another program. Programs receiving the children transferred from these two programs were responsible for record reviews and offering/fulfilling compensatory visits as agreed to by families. Although Nevada was onboarding a new program during the period between the two closures, the new program was being on boarded and was not ready for the number of referrals and caseloads to accommodate the load of the closed program in the south.

Data System (NEIDS) discovery meetings began in May 2022 and only increased in frequency, duration, and purpose throughout the reporting period. This strained the EI system even further, although the use of resources was necessary. In order to affect critical staff shortages Nevada Governor ARP funds were requested and utilized to create a grow-your-own Professional Development Center to assist developmental specialists in earning licensure

hours utilizing volunteer management staff. Again, this was necessary but burdensome on the system during the reporting period. A reduction of efforts and fidelity data collection for Pyramid Implementation and reduced coaching occurred for lack of resources. The combination of closures, straining of caseload sizes, multitude of NEIDS meetings, turnover, and program closures may have impacted slippage in this .

As a result of slippage, the meaningful difference calculator developed by the Early Childhood Outcome (ECO) Center was used to determine if the State's performance in this outcome truly had a meaningful difference compared to the State target and result data from the current and previous year. Based on the targets the data represented will have a statistically significant difference in the State's performance as compared to the previous year's targets.

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	7	0.39%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	343	19.33%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	953	53.72%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	416	23.45%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	55	3.10%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,369	1,719	76.06%	72.16%	79.64%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	471	1,774	33.87%	38.64%	26.55%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

Nevada demonstrated slippage and did not meet the target for Outcome B2. In order to determine the root cause leading to this slippage, analysis of FFY 2022 data was completed. The analyses of the data included looking at: a child's length of time in service, eligibility category, and age at entry. Reasons for slippage may include the COS ratings for this year's set of children are ratings for different children with differing diagnoses, abilities and outcomes. In Nevada the state EI programs serve the majority of infants and toddlers with a diagnosed medical condition. These children require the highest level of involvement in order to meet their medical and overall developmental needs. Although they make progress, their change in trajectory is not sufficient enough to move closer to their same aged peers.

Contributing factors which may have led to slippage include:
Nevada suffered widespread critical personnel shortages throughout the reporting period, across all programs and geographical regions including urban to rural frontier. Two community programs closed during the reporting period, one north (November 2022) and one south (May 2023). The closures put strain on the remaining programs through increased caseloads and increased referrals during critical personnel shortage. Families of these children were given the option to transfer to other regional programs of their choice or by rotation. Due to contact issues, and the sheer magnitude of transfers, there were some delays in services for these families. Some families chose to exit the early intervention services system as they approached their third birthdates rather than transferring to another program. Programs receiving the children transferred from these two programs were responsible for record reviews and offering/fulfilling compensatory visits as agreed to by families. Although Nevada was onboarding a new program during the period between the two closures, the new program was being on boarded and was not ready for the number of referrals and caseloads to accommodate the load of the closed program in the south.

Data System (NEIDS) discovery meetings began in May 2022 and only increased in frequency, duration, and purpose throughout the reporting period. This strained the EI system even further, although the use of resources was necessary. In order to affect critical staff shortages Nevada Governor ARP funds were requested and utilized to create a grow-your-own Professional Development Center to assist developmental specialists in earning licensure hours utilizing volunteer management staff. Again, this was necessary but burdensome on the system during the reporting period. A reduction of efforts and fidelity data collection for Pyramid Implementation and reduced coaching occurred for lack of resources. The combination of closures, straining of caseload sizes, multitude of NEIDS meetings, turnover, and program closures may have impacted slippage in this .

As a result of slippage, the meaningful difference calculator developed by the Early Childhood Outcome (ECO) Center was used to determine if the State's performance in this outcome truly had a meaningful difference compared to the State target and result data from the current and previous year. Based on the targets the data represented will have a statistically significant difference in the State's performance as compared to the previous year's targets.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	387	21.82%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	830	46.79%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	490	27.62%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	62	3.49%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,320	1,712	75.85%	66.48%	77.10%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	552	1,774	37.79%	42.10%	31.12%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

Nevada demonstrated slippage and did not meet the target for Outcome C2. In order to determine the root cause leading to this slippage, analysis of FFY 2022 data was completed. The analyses of the data included looking at: a child's length of time in service, eligibility category, and age at entry. Reasons for slippage may include the COS ratings for this year's set of children are ratings for different children with differing diagnoses, abilities and outcomes. In Nevada the state EI programs serve the majority of infants and toddlers with a diagnosed medical condition. These children require the highest level of involvement in order to meet their medical and overall developmental needs. Although they make progress, their change in trajectory is not sufficient enough to move closer to their same aged peers.

Contributing factors which may have led to slippage include:
Nevada suffered widespread critical personnel shortages throughout the reporting period, across all programs and geographical regions including urban to rural frontier. Two community programs closed during the reporting period, one north (November 2022) and one south (May 2023). The closures put strain on the remaining programs through increased caseloads and increased referrals during critical personnel shortage. Families of these children were given the option to transfer to other regional programs of their choice or by rotation. Due to contact issues, and the sheer magnitude of transfers, there were some delays in services for these families. Some families chose to exit the early intervention services system as they approached their third birthdates rather than transferring to another program. Programs receiving the children transferred from these two programs were responsible for record reviews and offering/fulfilling compensatory visits as agreed to by families. Although Nevada was onboarding a new program during the period between the two closures, the new program was being on boarded and was not ready for the number of referrals and caseloads to accommodate the load of the closed program in the south.

Data System (NEIDS) discovery meetings began in May 2022 and only increased in frequency, duration, and purpose throughout the reporting period. This strained the EI system even further, although the use of resources was necessary. In order to affect critical staff shortages Nevada Governor ARP funds were requested and utilized to create a grow-your-own Professional Development Center to assist developmental specialists in earning licensure hours utilizing volunteer management staff. Again, this was necessary but burdensome on the system during the reporting period. A reduction of efforts and fidelity data collection for Pyramid Implementation and reduced coaching occurred for lack of resources. The combination of closures, straining of caseload sizes, multitude of NEIDS meetings, turnover, and program closures may have impacted slippage in this .

As a result of slippage, the meaningful difference calculator developed by the Early Childhood Outcome (ECO) Center was used to determine if the State's performance in this outcome truly had a meaningful difference compared to the State target and result data from the current and previous year. Based on the targets the data represented will have a statistically significant difference in the State's performance as compared to the previous year's targets.

FFY 2022 SPP/APR Data

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	3,574
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,563
Number of infants and toddlers with IFSPs assessed	1,774

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

The data collected for infants and toddlers who received six (6) months or longer of early intervention services for FFY 2022 were collected using the Child Outcome Summary Form (COSF) 7-point rating scale. The rating scale was developed by the Early Childhood Outcome (ECO) Center to support criteria for defining how NV's infants and toddlers are compared to same-aged peers. NV also uses the decision tree to support practitioners in determining an appropriate child outcome rating for infants and toddlers. The criterion to determine "comparable to same-aged peers" is defined as a child who has been assigned a score of 6 or 7 on the COS (Child Outcome Summary). Nevada uses the ECO Center Meaningful Difference Calculator for year to year comparisons as well.

Provide additional information about this indicator (optional).

The number of infants and toddlers who exited the Part C program during the reporting period was 3,574 children. Of these 3,574 children, 2,011 children were expected to have Exit COSF data based on having received early intervention for six (6) months or more, with a remaining 1,563 children who received less than 6 months of services. Of the 2,011 children, complete data were available for 1,774 children. Nevada is reporting complete data for 88.2% of infants and toddlers who exited services with a program length of six (6) months or longer. A difference of 237 (11.8%) of children exists then for progress data which could not be reported; additionally of this 237 children, there were 128 children who only had 1 or 2 outcomes included in the COS therefore their data were incomplete and could not be reported on in this indicator.

Progress data could not be reported for 237 (11.8%) infants and toddlers who exited services having received six (6) months of services. Reasons for the missing Exit data for these 237 children include:

Some families that would have received more than 6 months of services but ended services prior to the 3rd birthday due to declining services.

Entry COS data were submitted but the EIS program reported the child did not receive early intervention for the entire six (6) month timeframe due to loss of contact with families.

Entry COS data were submitted for the child; however, the Exit data was not submitted by the program due to a lack of internal tracking processes.

Exit COS data were submitted for the child; however, Entry data had not been submitted. Therefore, progress could not be determined.

Entry and/or Exit COS data were submitted by personnel with incomplete fields and the legacy data system did not stop a data user from submitting a COS Form with incomplete data.

Representation of progress data for 1,774 children has decreased compared to the previous year FFY 2021 when the State reported 1,810 children with complete Exit data. Also, the number of children who did not receive 6 months of services decreased from 1,642 children during FFY 2021 to 1,563 during FFY 2022.

Measures the State is taking currently in FFY 2023 in order to promote increased representation of progress data include implementation of a new data system NEIDS with improved processes and validations to gather data for this indicator. The new data system launched in October 2023 in the FFY 2023 fiscal year through the use of American Rescue Plan funds. Additional efforts being planned by the IDEA Part C Office include new data system training, user guides and FAQs, as well as providing technical assistance refreshers regarding family engagement training for EI programs.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

*Sampling of **families participating in Part C** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2006	Target>=	97.00%	97.50%	97.50%	97.75%	98.00%
A	94.29%	Data	97.16%	96.84%	98.87%	97.24%	97.49%
B	2006	Target>=	96.00%	96.50%	96.50%	96.75%	97.00%
B	91.32%	Data	96.02%	95.26%	94.38%	92.12%	93.87%
C	2006	Target>=	94.00%	94.50%	94.50%	94.75%	95.00%
C	91.00%	Data	95.74%	92.89%	97.18%	95.52%	96.37%

Targets

FFY	2022	2023	2024	2025
Target A>=	98.25%	98.50%	98.75%	99.00%
Target B>=	97.25%	97.50%	97.75%	98.00%
Target C>=	95.25%	95.50%	95.75%	96.00%

Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	1,947
Number of respondent families participating in Part C	141
Survey Response Rate	7.24%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	134
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	139
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	132
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	141

C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	133
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	140

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	97.49%	98.25%	96.40%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.87%	97.25%	93.62%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	96.37%	95.25%	95.00%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

These data are based on responses to Question 13 of Family Survey 2023: “My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook).” Of the 139 respondents who answered this question, 134 agreed or strongly agreed with this question (134/139 = 96.4%). Five (5) families (5/139 = 3.6%) responded that they were undecided. No one indicated disagreement in their responses. None of the parent comments directly addressed parent rights. Therefore, slippage likely occurred this year due to problems with getting the survey out to families in a timely manner due to damage to our office from two (2) floods which affected the ability of the office staff to distribute surveys to families and receive them back in the mail. This issue with sending and receiving surveys resulted in a much lower response rate than in previous years.

Provide reasons for part C slippage, if applicable

These data are based on responses to Question 14 of Family Survey 2023: “My Early Intervention providers have supported me in knowing how to help my child develop and learn.” Of the 140 respondents who answered this question, 133 agreed or strongly agreed with this question (133/140 = 95.00). Six (6) families (6/140 = 4.3%) responded that they were undecided. One (1) respondent indicated “disagree” (1/140 = .7%). Comments from the parent survey that may indicate reasons for slippage in this area include: “wanting different aids that special children need”; “providers were respectful but did not help [their] child’s speech”; “the high staff turnover was a problem with receiving timely services”; “staff missed sessions and comps are still owed”; and “not enough services, one time a month is not enough and zoom is not effective.” In addition, slippage likely occurred this year due to problems with getting the survey out to families in a timely manner due to damage to our office from two (2) floods which affected the ability of the office staff to distribute surveys to families and receive them back in the mail. This issue with sending and receiving surveys resulted in a much lower response rate than in previous years.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	2023 Family Outcomes Survey

Response Rate

FFY	2021	2022
Survey Response Rate	20.02%	7.24%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

Using the Representativeness Calculator from Early Childhood Technical Assistance (ECTA) Center, Nevada’s data were used to compare the percentages of the statewide survey distribution and response representativeness for each race/ethnicity, Hispanic Origin, respondent language, as well as the rate of return for each category.

Nevada found that responses to the survey were representative of Race overall according to the Representativeness Calculator. However, two categories of race (African American or Black, and American Indian or Alaska Native) were not representative, therefore it cannot be said that the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. African American or Black, American Indian or Alaska Native populations account for a small percentage of children receiving services therefore the absence of even a few surveys from these populations can significantly impact the representativeness of these populations.

African American or Black data were not representative of the population (# families in target = 197, # responded = 6, target representation = 16%, actual representation = 6%, difference between target and actual = -10%)
American Indian or Alaska Native data were not representative of the population (# families in target = 8, # responded = 0, target representation 1%, actual representation = 0%, difference between target and actual = -1%)
Asian data were representative of the population (# families in target = 93, # responded = 9, target representation = 8%, actual representation = 9%, difference between target and actual = 1%)
Native Hawaiian or Pacific Islander were representative of the population (# families in target = 14, # responded = 1, target representation = 1%, actual representation = 1%, difference between target and actual = 0%)
White data were representative of the population (# families in target = 721, # responded = 66, target representation = 60%, actual representation = 65%, difference between target and actual = 5%)
Two or More Races were representative of the population (# families in target = 177, # responded = 20, target representation = 15%, actual representation = 20%, difference between target and actual = 5%)

Nevada survey responses were not representative of the population when considering Hispanic Origin.
Hispanic Origin data were not representative (# families in target = 737, # responded = 34, target representation = 38%, actual representation = 25%, difference between target and actual = -13%)
Non-Hispanic Origin data were not representative (# families in target = 1210, # responded = 102, target representation = 62%, actual representation = 75%, difference between target and actual = 13%)
Previously data for Hispanic children were embedded with Race in the old data system. The new data system has a validation for correctly collecting Hispanic vs Non-Hispanic which will not allow any additional race/ethnicity data to be entered. The family survey as well as NEIDS have a written directive for families and service providers explaining that once Hispanic is indicated no other categories should be included.

Respondent Language overall was representative. However, “other language” data were not representative as the survey was not provided in languages other than Spanish or English, therefore it cannot be said that the language of the infants or toddlers for whom families responded are representative of the language of infants and toddlers enrolled in the Part C program.
English data were representative (# families in target = 1741, # responded = 131, target representation = 89.4%, actual representation = 92.9%, difference between target and actual = 3.5%)
Spanish data were representative (# families in target = 187, # responded = 10, target representation = 9.6%, actual representation = 7.1%, difference between target and actual = -2.5%)
Other language data were not representative (# families in target = 19, # responded = 0, target representation = 1%, actual representation = 0%, difference between target and actual = -1%)

Family Survey 2023 was only provided to families in either English or Spanish on hard copy and through Survey Monkey links. Those families that used the Spanish electronic survey or hard copy were counted in the respondent language of Spanish, as well as those families that responded on the English hard copy of the survey with written Spanish comments. It is likely that some families in the Spanish and Other Language categories responded on the English survey (hard copy or electronic) with comments in English (or none at all) that are not captured in these data. Language data were collected from the old system of record TRAC in 2023. Language data will be collected from NEIDS in 2024. The Family Survey 2024 is to be translated into any language a survey eligible family reports in NEIDS. Families with translations will receive an English survey as well as their translated survey in 2024. In 2023 all Spanish speaking families received the survey in both Spanish and English.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

Three (3) new questions were added to the survey this reporting year including household income, community geographic description (Urban/Suburban/Rural/Frontier/Prefer not to Answer), and parent/guardian highest level of education. These questions were added with stakeholder input from the ICC during discussion at their quarterly meeting in October 2022 for the Family Survey 2023 (March-May 2023). These questions were added to better describe the representativeness of different populations in our state (economic, education, and geographic location).

However, Nevada did not have a mechanism for collecting this information for all children and families with active IFSPs in the old data system. This means we were unable to describe the whole actual population receiving services and as such we were unable to describe actual representativeness. The new data system does allow for collection of these data points.

Household income was added to the survey as our assumption was that we would use income directly for reporting. However, the representativeness of children and families in poverty receiving services could not be ascertained because poverty calculations incorporate both income and household size, neither of which were collected in the old data system. Household size and annual income are now available for collection in NEIDS as optional fields. Household size will be added to the Family Survey 2024 to allow greater description of poverty level representativeness of respondents.

Nevada faced a similar issue when looking to share the descriptive data about parent/guardian level of education. Data were not available in the previous data system for the population as a whole. Nevada only received the data as reported by families on their surveys so representativeness could not be calculated. The new system of record NEIDS does all for collection of these data.

Geographic location was collected through the Family Survey 2023. These data were compared to zip code data and related geographic location. The analysis was somewhat anecdotal, as zip codes in major urban areas (Las Vegas and Reno) border rural regions around the cities. All of Reno and Las Vegas were inputted as urban areas and suburban areas. There was no clear definition of a suburban area when researched, also no definition was given to respondents. This means that families were self-reporting on their perception of the geographic location rather than a clearly defined delineation. These regional definitions will be included in the Family Survey 2024.

These three questions will remain on the Family Survey 2024 as we expect data to be collected from the new system of record, NEIDS, from early 2024 onward. Through Survey Monkey families are required to answer questions about race/ethnicity and the current program from which they are receiving services. All questions on the electronic Family Survey 2024 will be required. However, for families responding to the survey on hard copy questions can be left blank, leaving collection gaps.

Finally, Time in Service (in months) will be added to the Family Survey 2024 for families to self-report. The NEIDS automatically calculates these data and Nevada will have the ability to show representativeness of respondents in service months.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Steps that our IDEA Part C Office plans to take to increase representativeness and to reduce non-response bias include:
Sharing expectations: Reviewing and revising our communication to ensure we are setting appropriate expectations with our participants, i.e., explaining in an email beforehand and in the message of the survey more clearly about our goals, how long the survey will take to complete, and if any questions are sensitive in nature. We must also word our communication in a way that reassures our participants that the survey will be anonymous and that there will be no repercussions for responses. We will work with our IT department to learn whether we can close the loop to provide a customized response at the end of the survey. We are learning that when respondents feel heard, they are more likely to complete surveys in the future.

Accessibility and communication barriers: We have considered that access to our survey for some families can be impacted by internet access. Our IDEA Part C Office will continue to provide surveys via postal mail and online link. We have made steps to include translations of the survey in additional languages during 2024 (which will be reported on during 2025). The languages which our family survey and cover letter are now available includes: English, Spanish, Amharic, Hebrew, Tagalog, Vietnamese, Arabic, Pashto Urdu, Tigrinya, Swahili, Brazilian Portuguese, Russian, Traditional Chinese, Simplified Chinese, Farsi, Ukrainian and Haitian Creole.

Respondent communication and lifestyles: We understand that research shows that personal characteristics and lifestyles impact the rate of response for our surveys, e.g., people with busy lives and people with less education may respond to surveys less. We are working to hire additional staff by July 2024 to help with the administrative processes of gathering feedback and suggestions from families, ICC, such as pairing our survey with outreach items that promote streamlined communication and participation for busy individuals. For example, we would like to return to developing our annual calendar for families, which had stopped during the COVID-19 pandemic when some of our staff retired. We propose that developing and including a planner/calendar with our survey can help individuals to plan their busy schedules as well as to gain information and education on child development and community resources.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

Strategies that will be implemented to increase the response rate year over year for those groups that are underrepresented include casting a wider net for engagement with our families though:

Correction of Invalid Addresses: African American or Black invalid address data were not representative of the population; it cannot be said that the number of invalid addresses for this population of infants or toddlers for whom families were sent surveys are representative of the infants and toddlers enrolled in the Part C program. This number is especially high for African American or Black children and their families. This skew has been identified and Nevada is working to bring this percentage down to expected ranges, or zero. With new data system protocols and processes there is an expected reduction in invalid addresses overall. We anticipate a significant reduction in invalid addresses in the African American or Black population served as Nevada works to improve response rate for this population. To increase sense of community and to boost relations with Part C and the families receiving services Nevada will begin sending small child find materials and incentives directly to families. Additionally, this will help reduce the number of invalid addresses as the Part C Office will process returned mail and have the assigned service coordinators correct the addresses quarterly for those returned mailings.

Incentives with the survey: Nevada IDEA Part C Office brainstormed incentives. We will begin sending Nevada EI stickers and temporary tattoos out with the surveys.

Translation activities: Translating the family survey into languages other than English and Spanish, inclusive of all languages survey eligible families reported to their Service Coordinator in NEIDS (i.e., Chinese, Burmese, Russian, Urdu, Vietnamese, etc.). The IDEA Part C Office is in regular contact with local EI programs for languages needing translated documents;

Formats: Continuing multiple family survey formats with paper surveys mailed to families via postal mail and digital means through an email listserv and Survey Monkey link, with inclusion of the aforementioned translations. Nevada added a QR code for easy online access and included it on the Family Survey letter which also includes the goal and purpose of the survey. Additionally, the IDEA Part C Office is exploring an online Parent Portal to add to the new statewide system of record, NEIDS (Nevada Early Intervention Data System) which launched in Fall 2023;

Partnering with Technical Assistance (TA) centers to learn from other IDEA Part C states and TA advisors regarding additional effective strategies which the Nevada IDEA Part C Office may consider utilizing. Nevada will inquire regarding effective strategies during upcoming meetings and conferences; Nevada IDEA Part C meets monthly with advisors from OSEP, DaSy (The Center for IDEA Early Childhood Data Systems), ECTA (Early Childhood Technical Assistance) Center and other IDEA Part C Coordinators from ITCA (Infant and Toddler Coordinators Association);

Partnering with stakeholders within Nevada, such as Nevada's Interagency Coordinating Council (ICC), Nevada's Interagency Coordinating Council (ICC) Equity Subcommittee and local Early Intervention programs to request feedback and brainstorming on how to increase response rates and representativeness throughout Nevada;.

Providing support for capstone work being planned by professional learners attending the Developmental Specialist (DS) Series with Nevada's EI Professional Development Center. The DS Series capstone is a unique project which brings value to the EI system and which Learners must complete in order to obtain their certification for our Grow Your Own, no cost option of an Alternative Certification for the DS position. Instructors will promote capstone project options that may focus on increasing response rates and representativeness for underrepresented populations.

Reminders: IDEA Part C Office will send announcements and reminders to families and staff ahead of the survey season. These will be sent electronically and as postcards to all families of children eligible to receive the annual survey. Aside from reminding families and staff, the announcements and reminders will test the validity of email and mailing addresses of families in the Nevada Early Intervention Data System (NEIDS).

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Using the representativeness calculator from Early Childhood Technical Assistance (ECTA) Center, our data were used to compare the percentages of the statewide survey distribution and response for each race/ethnicity as well as the rate of return for each category. To ensure the data is

representative of the demographics of the State, the IDEA Part C Office used the Tracking Resources and Children (TRAC) database to obtain the names and addresses of all families in the early intervention system who had a child with an active IFSP for a minimum of six months and was receiving early intervention services from one of the state or community early intervention programs as of February 2023. A total of 2,030 children met this criterion and these families were sent a survey for each child in the home enrolled in early intervention services. Nevada sends the survey to all eligible families every year to promote responses from a broad cross section of families that are receiving early intervention services.

Overall response rate was analyzed, however two categories of race (African American or Black, and American Indian or Alaska Native) responded at a rate of 3% or less.
African American or Black (# surveys sent = 197, # surveys returned = 6, response rate = 3%)
American Indian or Alaska Native (# surveys sent = 8, # surveys returned = 0, response rate = 0%)
Asian (# surveys sent = 93, # surveys returned = 9, response rate = 9.7%)
Native Hawaiian or Pacific Islander (# surveys sent = 14, # surveys returned = 1, response rate = 7.1%)
White (# surveys sent = 721, # surveys returned = 66, response rate = 9.2%)
More than one race (# surveys sent = 177, # surveys returned = 20, response rate = 11.3%)
Five (5) families did not indicate race/ethnicity on their hard copy returned surveys. The unidentified surveys are not included in this data set.
Overall response rate by Race is 8.4%

Response rate by Hispanic Origin
Hispanic (# surveys sent = 737, # surveys returned = 34, response rate = 4.6%)
Non-Hispanic (# surveys sent = 1210, # surveys returned = 102, response rate = 8.4%)
Five (5) families did not indicate Hispanic origin on their hard copy returned surveys. The unidentified surveys are not included in this data set.
Overall response rate is 7.24%

The final total for distribution of the Family Survey 2023 was 1,947. The final total survey responses were 141.This is a return rate of 7.24% which is a decrease of 12.78% from last year (20.02%).

A total of 2,030 children and families were sent the Family Survey 2023 for each child in the home eligible to receive the survey. Eighty-three (83) surveys were returned with invalid addresses (4.1%), which is a larger number than the forty-six (46) returned last year (2.5%). Family Survey 2022 returns were fifty-six (56), but ten (10) addresses were corrected and resent, without a second return. Due to office flooding for the second time in six (6) months Nevada was unable to correct and resend any invalid address returns during Family Survey 2023. A total of 1,947 surveys were included as the final number of surveys received by families. The 83 invalid address surveys were not included in the final count because these households never received a survey.

To analyze the impact of invalid addresses returned for Family Survey 2023 Nevada used the representativeness calculator to show total surveys sent (2030) versus those invalid address returns for race, Hispanic Origin, and a comparison of invalid returns for the previous year survey.

Representativeness calculator for invalid addresses:
African American or Black invalid address data were not representative of the population (# families in target = 216, # returned as non-deliverable = 19, target representation = 17%, actual representation = 37%, difference between target and actual = 19%) Therefore it cannot be said that the number of invalid addresses for the infants or toddlers for whom families were sent surveys are representative of the infants and toddlers enrolled in the Part C program. This number is especially high for African American or Black children and their families. This skew has been identified and Nevada is working to bring this percentage down to expected ranges, or zero.
American Indian or Alaska Native invalid address data were not representative of the population (# families in target = 8, # returned as non-deliverable= 0, target representation 1%, actual representation = 0%, difference between target and actual = -1%)
Asian invalid address data were representative of the population (# families in target = 93, # returned as non-deliverable = 0, target representation = 7%, actual representation = 0%, difference between target and actual = -7%)
Native Hawaiian or Pacific Islander invalid address data were representative of the population (# families in target = 16, # returned as non-deliverable = 2, target representation = 1%, actual representation = 4%, difference between target and actual = 3%)
White invalid address data were representative of the population (# families in target = 746, # returned as non-deliverable = 25, target representation = 59%, actual representation = 48%, difference between target and actual = -11%)
Two or More Races invalid address data were representative of the population (# families in target = 183, # returned as non-deliverable = 6, target representation = 15%, actual representation = 12%, difference between target and actual = -3%)
Five families did not indicate race/ethnicity on their hard copy returned surveys. The unidentified surveys are not included in this data set.

Invalid addresses were representative of the population when considering Hispanic Origin.
Hispanic Origin invalid address data were representative (# families in target = 768, # returned as non-deliverable = 31, target representation = 38%, actual representation = 37%, difference between target and actual = -0.48%)
Non-Hispanic Origin invalid address data were representative (# families in target = 1262, # returned as non-deliverable = 52, target representation = 62%, actual representation = 63%, difference between target and actual = 0.48%)
Five families did not indicate Hispanic origin on their hard copy returned surveys. The unidentified surveys are not included in this data set.

Provide additional information about this indicator (optional).

A cover letter accompanied each survey, as well as a postage-paid return envelope. The cover letter informed families their survey would be returned to the IDEA Part C Office and all responses would remain confidential. Families were provided the option to complete their survey on-line through SurveyMonkey. Although this year a link was not provided through email for the electronic survey the URL was included on the cover letter for families to type in to their computer browser.

4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2021 SPP/APR

4 - OSEP Response

4 - Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations.The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.47%

FFY	2017	2018	2019	2020	2021
Target >=	1.00%	1.00%	1.08%	1.08%	1.12%
Data	1.13%	1.08%	1.08%	1.07%	1.30%

Targets

FFY	2022	2023	2024	2025
Target >=	1.16%	1.20%	1.24%	1.28%

Targets: Description of Stakeholder Input

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reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	404
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	33,611

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
404	33,611	1.30%	1.16%	1.20%	Met target	No Slippage

Provide additional information about this indicator (optional)

Data for this indicator are gathered through the Tracking Resources and Children (TRAC) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2022. This is a point-in-time count.

Nevada count of children served ages birth to one (1) year for this reporting period was 404 which is 34 less children than reported for December 1, 2021. The number represents 1.20% of the general population of infants in the State. The IDEA Part C Office continues to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants for whom there is a developmental concern.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations . The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2005	1.36%

FFY	2017	2018	2019	2020	2021
Target >=	2.00%	2.00%	2.46%	2.46%	2.63%
Data	2.95%	2.97%	3.19%	2.73%	3.05%

Targets

FFY	2022	2023	2024	2025
Target >=	2.80%	2.97%	3.14%	3.31%

Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target

setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	3,273
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	102,227

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
3,273	102,227	3.05%	2.80%	3.20%	Met target	No Slippage

Provide additional information about this indicator (optional).

Data for this indicator were gathered through the Tracking Resources and Children (TRAC) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2022. This is a point-in-time count.

Nevada count of children served ages birth to three (3) years for this reporting period was 3,273, which is 92 children more than reported for December 1, 2021 (3,181). Nevada’s performance at 3.2% met the 2.8% target. The IDEA Part C Office continues to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants and toddlers for whom there is a developmental concern.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	67.10%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.76%	Not Valid and Reliable	99.01%	99.18%	95.86%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,779	3,768	95.86%	100%	96.26%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

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Provide reasons for delay, if applicable.

Examples of family circumstances resulting in untimely initial evaluations and assessments with initial IFSPs conducted within 45-days, included missed or rescheduled appointments due to changes in the family's schedule or child/family illness. Reasons for delay according to official child records include staff turnover, child illness (some child hospitalizations), families changing programs and having to restart intake process and parents canceling MDT or IFSP meetings due to work schedules or other schedule conflicts.

After accounting for services delayed due to family circumstances, it was found that 3,627 of the 3,768 children reviewed (96.26%) received their initial evaluation and assessment and initial IFSP meeting within the 45-day timeline. For the 141 children who did not receive timely services, the reasons for delay include scheduling conflicts and critical personnel shortages.

Nevada's EI system was greatly impacted by the loss of two (2) EI programs who terminated their service agreements within this fiscal reporting year. One (1) program in the northwestern (urban) region terminated their service agreement in November 2022 and the second program in the southern (urban) region terminated their service agreement in May 2023. These closures affected the system statewide. In fall of 2022, when the first program terminated their service agreement, one (1) program of four (4) opted out of receiving child records transferred due to already existing heavy caseloads. Of the 131 children with active IFSPs, 30 families chose to exit the NEIS system, leaving 101 active records to be transferred into three (3) programs. The single regional state program absorbed 61.4% of those records. All active records were reviewed by ADSD Quality Assurance for any applicable compensatory services and contacted families for their preference of program or if they wanted to continue services. Records were also reviewed by receiving programs to ensure continuity of services.

The second program closure in early May 2023, only six (6) months after the first, impacted the southern region of the state. Although one (1) new program had joined this region of the NEIS system in February 2023, they did not receive any of the transferred child records as they were at capacity for new referrals during their onboarding timeframe. One (1) program in the south opted out of receiving transferred records during the second closure as they were dealing with staff turn-over, heavy caseloads, and upcoming scheduled IDEA Part C Comprehensive Monitoring. Three (3) programs in the south absorbed the caseload of 146 children, 56% of which went to the single regional state program.

As a result of the two (2) programs' termination, programs statewide, with the exception of the two (2) state rural frontier programs, were tasked with absorbing all of the active children and families that transferred due to program closures. Referrals continued throughout the fiscal year, impacting programs statewide.

The Nevada EI system is making proactive efforts toward closing the gap in retention disparities by developing a no cost "Grow Your Own" evidence-based program through the Nevada Early Intervention Professional Development Center (PD Center) to assist personnel in meeting professional requirements. There are currently 18 learners who are in a Developmental Specialist role who are in the first Cohort and set to graduate in April 2024 with their IDEA Part C Office Alternative Certification. This meets the requirements of the Nevada Department of Education, Early Childhood Developmentally Delayed (ECDD) endorsement.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2022 through June 30, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The performance data for this indicator are taken from the Tracking Resources and Children (TRAC) data system. All early intervention service (EIS) providers in the State are required to maintain individual child data in the TRAC system for all children enrolled in their programs. The data for this report are based on the final data for the FFY 2022 reporting period. Data were collected from every child with a new referral and IFSP in all programs for the period from July 1,2022 through June 30, 2023 and is representative of the total population served in this time period.

Provide additional information about this indicator (optional).

The Nevada IDEA Part C Team considers that these data may be impacted due to staff turnover resulting in critical staff shortages.

A finding of noncompliance is issued to any program whose performance was less than 100%. In FFY 2022, five (5) programs were issued findings of noncompliance for the 45-day timeline. Quarterly data reviews will be ongoing as these five (5) programs are still within their year of correction and will be reported on during FFY 2023 federal reporting.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	5	1	5

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.*

Quarterly data reports for this indicator are generated from the TRAC data system. When a program was found to be at 100% for one (1) quarter based on the new data compiled, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to non-compliance and to ensure compliance with the 45-day timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters as a part of IDEA Part C's monitoring process, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

The IDEA Part C Office verified through desk audits and ongoing program reporting that the evaluation and assessment and an initial IFSP meeting were conducted, although late, for the children whose program had noncompliance. In FFY 2021, 123 individual child records across eleven (11) programs were issued findings of noncompliance. Quarterly data reviews revealed five (5) programs had timely correction at 100%, with all five (5) programs being issued letters of timely correction from IDEA Part C Office. One (1) program demonstrated subsequent correction and a letter of subsequent correction. Additional technical assistance was provided relative to the requirements of the 45-Day timeline requirement to ensure continued compliance is sustained.

Of the five (5) programs without timely or subsequent correction, two (2) programs with a finding of non-compliance in this indicator terminated their service agreements (November 2022 and May 2023) prior to record verification and therefore correction cannot be verified. The remaining three (3)

programs have ongoing noncompliance and require a more in-depth analysis of the data to determine the underlying cause for the delay for children receiving timely evaluations and assessments and initial IFSP's within the required timeline.

Describe how the State verified that each *individual case* of noncompliance was corrected.

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their IFSP in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator are generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading of non-compliance and to ensure compliance with the 45-day timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing database reporting that IFSPs were initiated for each of the 123 individual children, although late. Correction could not be verified for each individual child because the 45-day timeline had already occurred.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Of the five (5) programs without timely or subsequent correction, two (2) programs with a finding of non-compliance in this indicator terminated their service agreement in November 2022 and May 1, 2023, prior to record verification and therefore correction cannot be verified. The remaining three (3) programs have ongoing noncompliance and will require a more in-depth analysis of the data to determine the underlying cause for the delay for children receiving timely evaluations and assessments and initial IFSP's within the required timeline.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining five uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (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

C. 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 months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.71%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.98%	Not Valid and Reliable	93.51%	98.39%	96.77%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
63	63	96.77%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

Nevada's Early Intervention (EI) services system is comprised of eleven (11) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for Comprehensive Monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2022, the Part C Office completed comprehensive virtual site monitoring for a cohort of five (5) EIS programs relative to this indicator. The remaining six (6) EI programs were previously monitored in FFY 2021 and will continue on the biennial cycle. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data is representative of all children across the state for each year of the cycle.

Virtual monitoring included desk audit of TRAC data system, review of official child records in state and community EI program data bases and review of official child records scanned from programs to the Part C Office.

Data for this indicator are taken from Comprehensive Program Monitoring for the reporting period (July 1, 2022– March 31, 2023). A minimum number of records were required to be reviewed by the IDEA Part C Office, which included: 10% of enrollment for large programs (300 or more active children) and 20% for smaller programs (fewer than 300 active children). The number of records reviewed is sufficient to ensure the data were representative of the statewide enrollment and accurately reflected the programs performance relative to all children served by the program.

The data are gathered through monitoring for this indicator, rather than from the TRAC data system, resulting in a difference between the total number of children exiting Part C services in the State during the fiscal year and the number of children for whom data is reflected for Indicator 8A.

Provide additional information about this indicator (optional)

No new findings were issued for this indicator in FFY 2022.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	1	1	1

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.*

Three programs were issued a new finding in FFY21 for one child record at each program. For these programs the IDEA Part C office reviewed the records to verify correction. As a result, the data reflected that one (1) program was performing at 100% and had timely correction. A second program demonstrated subsequent correction. Correction cannot be verified for the third program. Although the third program's staff submitted acknowledgements of understanding transition planning regulatory requirements, the child is no longer in the jurisdiction of the EI system. The Developmental Specialist is no longer employed in the EI system either. The program is scheduled for comprehensive monitoring in FFY 2023. The child records will be reviewed for transition planning to ensure all children are receiving timely transition planning supports and services.

Describe how the State verified that each *individual case* of noncompliance was corrected.

The IDEA Part C Office verified through desk audits and ongoing program reporting for this program, the transition plans for the child records with noncompliance were developed, although late. This is documented through the utilization of a standard individual child correction form that is a part of the state's monitoring procedures. The child from the second program had already exited the program on third as Part B Not Determined to the LEA in March of 2022, prior to Comprehensive Monitoring. The plan had been developed although late. Correction cannot be verified for the third program. Although the third program's staff submitted acknowledgements of understanding transition planning regulatory requirements, the child is no longer in the jurisdiction of the EI system as they exited on third to the LEA as Part B Eligible just weeks after the completion Comprehensive Monitoring in July of 2022. The child's plan was developed, although one section was late. The Developmental Specialist is no longer employed in the EI system either. The

program is scheduled for comprehensive monitoring in FFY 2023. The child records will be reviewed for transition planning to ensure all children are receiving timely transition planning supports and services.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The program is scheduled for comprehensive monitoring in FFY 2023. The child records will be reviewed for transition planning to ensure all children are receiving timely transition planning supports and services. The Part C Office will ensure the program will be notified of any child records that are non-compliant with transition planning requirements. The Part C Office will follow-up with verification of records through desk audits as applicable to ensure correction of systemic and individual record compliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

8A - OSEP Response

8A - Required Actions

The State must demonstrate, in the FFY 2023 SPP/APR, that the remaining finding identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (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

C. 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 months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	72.73%	54.98%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
2,106	2,111	54.98%	100%	99.76%	Did not meet target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Provide reasons for delay, if applicable.

Reasons for delay within the IDEA Part C Office include two separate floods in the fiscal year which restricted access to the office and network database. The first flood in December 2022 destroyed furniture and carpeting. The second flood, in May 2023, caused delays in new furniture installation, restricted database access, and caused a burden on IDEA Part C staff who had to mitigate the loss of library books and materials, and paper files that were destroyed and potentially hazardous. This limited the ability of staff to address LEA/SEA data needs in a timely manner throughout the reporting period. This caused gaps in monthly reporting, which became quarterly for the period. Additionally, children who entered the system during this time and were nearing their 90 days before 3rd birthday had timelines missed for notification, though they were reported to the LEAs and SEA late.

As LEA/SEA reporting delays in FFY21 and FFY22 were a failure of the IDEA Part C office no findings were issued. All children were reported, although late. The Nevada IDEA Part C Office has shared the notification delay information with ICC, stakeholders, OSEP, and Nevada Part B.

Describe the method used to collect these data.

Nevada does not have an opt-out policy for notifications to the State Education Agency (SEA) and the Local Education Agencies (LEAs).

The compliance percentage for this indicator was derived using the Tracking Resources and Children (TRAC) child data collection system. In completing the 618 Exit Data Report, Nevada used the Exit categories as reported in the Exiting data for FFY 2022 to calculate the number of children exiting Part C on their third birthdate who are eligible or potentially eligible for Part B.

The Nevada IDEA Part C Office retrieved child information from TRAC for all active children with IFSPs and children who exited with IFSPs at or after the beginning of the fiscal year (July 1, 2022) and submitted two (2) quarterly reports to each school district (LEA). The first report included any child active in the system after their second birthdate, notifying the LEAs and SEA of children that will turn three (3) within the next 12 months. This is done to prevent any gap in notification, as children may exit and re-enter less than 90 days before their third birthday. The second report, issued simultaneously, contains the notification information for each child that has turned three (3) from the reporting date back to the beginning of the fiscal year who are potentially eligible for Part B services. This allows Nevada to notify for all children, including those that entered IDEA Part C services late. Annually a report for all children from the previous fiscal year is sent to the LEAs and SEA.

The IDEA Part C Office issued monthly or quarterly email notifications to the pertinent LEA and to the SEA. An email was sent to each county school district. If an email was returned undeliverable, the 619 Coordinator and the county were contacted to determine the reason and correct the contact information to ensure timely and accurate notification. School districts where there were no children potentially eligible received notifications that stated there were no children in their district who were potentially eligible for Part B during the reporting period. Children who were referred less than 90 days prior to their third birthday are not included in this calculation, though the LEA/SEA were notified late.

Do you have a written opt-out policy? (yes/no)

NO

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2022 through June 30, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data include all children who exited IDEA Part C services on their third birthdate with Part B Eligible or Part B Eligibility Not Determined. These data are linked with Exit and Transition Conference (C-8c) data.

Provide additional information about this indicator (optional).

The IDEA Part C Office continued improvements for the LEA process with purchase and implementation of a new customizable off the shelf data system, NEIDS. Vendor selection occurred during March 2022 and Nevada launched the new data system during October 2023 (FFY 2023). The new data system has the capacity to improve tracking, notification, and alert IDEA Part C and program staff when new or late referrals are in the system indicating the need to notify LEA/SEA. Nevada has included in the data system an internal manual date tracking and reporting for the initial time that official notification is sent to the LEA and SEA, reducing the time needed for annual year-end reporting to programs, school districts and the state

education agency.

The IDEA Part C Office is now (FFY 2023) utilizing the Nevada Department of Education secure file transfer portal (SFTP) site, Big Horn, to distribute the confidential information to the LEAs and SEA. This removes any issues caused by personnel changes at the school districts, as appropriate district staff are able to download the data directly from the SFTP site.

As LEA/SEA reporting delays in FFY21 and FFY22 were a failure of the IDEA Part C office no findings were issued. All children were reported, although late. The Nevada IDEA Part C Office has shared the notification delay information with ICC, stakeholders, OSEP, and Nevada Part B.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (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

C. 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 months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	71.40%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	98.51%	97.49%	99.92%	97.96%	94.56%

Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

FFY 2022 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has 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 months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,403	1,596	94.56%	100%	99.59%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

120

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

67

Provide reasons for delay, if applicable.

After accounting for services delayed due to family circumstances, it was found that of the 1403 children reviewed (87.9%) received their transition conference within the required timeline. For the 193 children who did not receive timely transitions, the reasons for delay include scheduling conflicts, personnel shortages, program closures, and increased caseloads. Included in the 193 delays are 177 circumstances attributable to families, with 120 declines of transition conference from families and 67 instances of delay due to family circumstances. Examples of family circumstances resulting in untimely transition conferences, included child/family illness, family schedules, late referrals, declining transition conference visits initially then conferences requested that are beyond the timeline.

Nevada's EI system was greatly impacted by the loss of two (2) EI programs who terminated their service agreements within this fiscal reporting year. One (1) program in the northwestern (urban) region terminated their service agreement in November 2022 and the second program in the southern (urban) region terminated their service agreement in May 2023. These closures affected the system statewide. In fall of 2022, when the first program terminated their service agreement, one (1) program of four (4) opted out of receiving child records transferred due to already existing heavy caseloads. Of the 131 children with active IFSPs, 30 families chose to exit the NEIS system, leaving 101 active records to be transferred into three (3) programs. The single regional state program absorbed 61.4% of those records. All active records were reviewed by ADSD Quality Assurance for any applicable compensatory services and contacted families for their preference of program or if they wanted to continue services. Records were also reviewed by receiving programs to ensure continuity of services.

The second program closure in early May 2023, only six months after the first, impacted the southern region of the state. Although one new program had joined this region of the NEIS system in February 2023, they did not receive any of the transferred child records as they were capped for new referrals during their onboarding timeframe. One program in the south opted out of receiving transferred records during the second closure as they were dealing with staff turn-over, heavy caseloads, and upcoming scheduled IDEA Part C Comprehensive Monitoring. Three programs in the south absorbed the caseload of 146 children, 56% of which went to the single regional state program.

As a result of the two (2) programs' termination, programs statewide, with the exception of the two state rural frontier programs, were tasked with absorbing all of the active children and families that transferred due to program closures. Referrals continued throughout the fiscal year, impacting programs statewide with meeting required transition conference timelines.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2022 through June 30, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The performance data for this indicator are taken from the Tracking Resources and Children (TRAC) data system. All early intervention service (EIS) providers in the State are required to maintain individual child data in the TRAC system for all children enrolled in their programs. The data for this report are based on the final data for the FFY 2022 reporting period. Data were collected for every child with an active IFSP in all programs between the ages of 2 years 3 months and not less than 90 days before their third birthdate whose family consented to the transition conference for the period from July 1,2022 through June 30, 2023. Data are representative of the total population served in this time period.

Provide additional information about this indicator (optional).

For children who exited on their third birthday and were not potentially eligible or had loss of contact during this reporting period, the IDEA Part C Office reports that 89 transition conferences were conducted. Of those conferences, 77 were on time. Additionally, there were children with late enrollment where transition conferences occurred, although late.

Correction of Findings of Noncompliance Identified in FFY 2021

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	3	0	4

FFY 2021 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.*

During FFY 2021, seven (7) programs were issued new findings for this indicator and three (3) programs had timely correction that was verified by the IDEA Part C Office. Four (4) programs did not have verified correction of noncompliance within a one (1) year period of time. Two (2) of the four (4) programs terminated their service agreement during this reporting period, in November 2022 and May 1, 2023, which impacted the state's ability to maintain compliance with transition conferences statewide. The IDEA Part C Office continues to review subsequent quarterly data and will continue monitoring these programs with desk audits for the remaining two (2) programs to identify progress made and any training needs.

Data reports for all EI programs for this indicator are generated on a quarterly basis from the Tracking Resources and Children (TRAC) data system. Data are individualized by each program to include the total number of required transition conferences including: the number of children exiting IDEA Part C services, transition conferences completed within the required timeline, conferences not completed due to family exception and program exception. From that information, the percentage of compliance is calculated for each program. The IDEA Part C Office reviews these data each quarter for compliance. All data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter it was determined the program had met the requirements for all children enrolled and the program was provided with written notification of correction of the noncompliance.

Describe how the State verified that each *individual case* of noncompliance was corrected.

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their transition conference in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator are generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% compliance for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided with written notification of correction for the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with the transition conference timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

As these children are reported coinciding with exit on third from the EI system individual correction cannot be verified.

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing database reporting that Transition Conferences were initiated for each individual child, although late. Correction could not be verified for each individual child because they had exited on third their birthdays from the jurisdiction of the EI system and programs.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Of the four (4) programs without timely or subsequent correction, two (2) programs with a finding of noncompliance in this indicator terminated their service agreement in November 2022 and May 1, 2023 of this reporting period. Therefore, this was prior to record verification and as a result, correction cannot be verified. The remaining two (2) programs have ongoing noncompliance and will require a more in-depth analysis of the data to determine the underlying cause for the delay for children receiving transition conferences within the required timeline.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	2	0	2

FFY 2020

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

There are two (2) programs with longstanding noncompliance from FFY20. The IDEA Part C Office will require a more in-depth analysis of the data to determine the underlying cause for the delay for children receiving timely transition conferences within the required timeline. CAPs will be reviewed and updated with additional targeted activities to promote success with meeting the timelines for transition conference and come into 100% compliance.

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider

with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Response to actions required in FFY 2021 SPP/APR

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining four uncorrected findings of noncompliance identified in FFY 2021 and the remaining two uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1 Number of resolution sessions	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Historical Data

Baseline Year	Baseline Data

FFY	2017	2018	2019	2020	2021
Target>=		0.00%	.00%		
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

The State reported fewer than ten dispute resolutions held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held. The IDEA Part C Office does report de-identified complaint information to both the Interagency Coordinating Council and to the Nevada Early Intervention Services system programs during monthly technical assistance calls as standing agenda items.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a

review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2017	2018	2019	2020	2021
Target>=		0.00%	.00%		
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held. The IDEA Part C Office does report de-identified complaint information to both the Interagency Coordinating Council and to the Nevada Early Intervention Services system programs during monthly technical assistance calls as standing agenda items.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (*e.g.,* behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (*e.g.,* progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

Infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships).

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

Indicator 3 data are used regarding infants and toddlers who have received at least 6 months of early intervention services in terms of child outcomes at entry and exit, along with data from online professional development, Family Survey and Pyramid Model project cohort programs.

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/IDEA/Theory%20of%20Action_SSIP_1.5.22.pdf

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2013	65.25%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	69.49%	70.02%	70.55%	71.08%

FFY 2022 SPP/APR Data

3A1. (numerator) The number who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3A1. (denominator) The number of those children who entered or exited the program below age expectations in Outcome A	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,340	1,683	75.00%	69.49%	79.62%	Met target	No Slippage

Provide the data source for the FFY 2022 data.

Child outcome summary (COS) has been used for Indicator 11 State Systemic Improvement Plan (SSIP) annually since 2013, and continues to be used for FFY 2022 reporting. The COS data pertain to infants and toddlers at entry and exit for those children who have received at least 6 months of early intervention services.

Results from Indicator 3. Child Outcomes are specific to Indicator 3 A1. include 79.62%; Met target; No slippage.

Please describe how data are collected and analyzed for the SiMR.

COS from all children at entry and exit for children with at least 6 months of services. FFY 2021 data from Indicator 3A was 75.00%. The FFY 2022 Target is 69.49%. FFY 2022 data was 79.62%. FFY 2022 Target of 69.49% was met, with no slippage. The data collected for infants and toddlers who received six (6) months or longer of early intervention services for FFY 2022 were collected using the Child Outcome Summary Form (COSF) 7-point rating scale. The rating scale was developed by the Early Childhood Outcome (ECO) Center to support criteria for defining how NV's infants and toddlers are compared to same-aged peers. NV also uses the decision tree to support practitioners in determining an appropriate child outcome rating for infants and toddlers. The criterion to determine "comparable to same-aged peers" is defined as a child who has been assigned a score of 6 or 7 on the COS (Child Outcome Summary).

Social emotional/pyramid practices e-modules available to programs through a link from the Pyramid Model Consortium. Data on completion of the e-modules by EI professionals is provided by Pyramid Model Consortium to reflect practitioners' progress in knowledge on social emotional topics. Practitioners required to take these modules upon hire and may retake the modules for a refresher as needed.

Family survey data shared for this indicator are obtained from families via mail in survey or emailed electronic survey. Data is compiled by IDEA Part C Office staff, with information categorized per EI program in terms of qualitative data that include individualized open responses for EI experiences. The data are analyzed in comparison to previous years of responses.

Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

IDEA Part C receives data on personnel who have successfully completed the pyramid practices e-modules through Pyramid Model Consortium, which are the e-modules that were paid for through OSEP ARPA funding. The data reflect the numbers of staff who have taken and passed the knowledge checks and quizzes within the e-modules.

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

https://dhhs.nv.gov/Programs/IDEA/Publications/
Please see State Systems Improvement Plan January 2024.

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, provide a description of the changes and updates to the evaluation plan.

Updates to the State System Improvement Plan (SSIP) include that updates were made to the Benchmarks of Quality during State Leadership Team (SLT) meetings during 2023 regarding continued scale up. However, efforts during the FFY 22 reporting period have slowed due to the lack of practitioner coaches as a result of turnover and critical personnel shortage. The need to address retention to bolster the EI workforce was prioritized during FFY 22 in order to promote continuity of services for families with an EI workforce, which would be necessary for continued pyramid developments.

Social emotional supports continue amidst the personnel shortages. However, the EI system and the ICC have received presentations/training opportunities from the Nevada Association for Infant and Early Childhood Mental Health (NV-AIECMH). This program is bringing a new Infant Mental Health Endorsement® to Nevada in collaboration with the Alliance for the Advancement of Infant Mental Health. Nevada is joining with 34 other states in this international effort to elevate care for families with infants and young children. The Nevada Association for Infant and Early Childhood Mental Health invited the EI system to attend the launch of Infant Mental Health Endorsement® to Nevada providers. This event was hosted at two In Person Locations (Reno and Las Vegas) with options to join virtually by Rural providers. Nevada's EI system has 1 Developmental Specialist/Psychological Development Counselor who earned this new Mental Health Endorsement re: infants and young children.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

Updates to Benchmarks of Quality occurred during SLT meetings during 2023 regarding continued scale up however efforts have slowed due to the lack of practitioner coaches as a result of turnover and critical personnel shortage which stemmed from the Great Resignation that occurred in Nevada's EI system during 2021 to 2022. The need to address retention to bolster the EI workforce was prioritized in order to promote continuity of services for families, which would be necessary for continued pyramid developments.

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Indicator 11 also covers the journey of the Nevada Early Intervention Professional Development Center from its conception as a workforce retention initiative in 2022 to present day success for the Developmental Specialist workforce serving infants and toddlers with disabilities and their families.

During FFY 22, a group of committed volunteers brought the Nevada Early Intervention Professional Development Center from a workforce development dream into reality to benefit families with infants and toddlers with disabilities and the individuals who serve them. During July 2022 to March 2023, the Nevada Early Intervention (EI) Services system performed strategic planning to address critical personnel shortages for the Developmental Specialist (DS) position as related to barriers associated with the COVID-19 pandemic (e.g., the Great Resignation, skyrocketing housing, food, fuel and tuition costs).

While DS position coursework requirements may be met through institutions of higher education, an additional retention option to traditional academia was developed by the PD Center Work Group to assist employees in meeting their professional requirements at no cost. The Nevada EI Professional Development Center (PD Center) was approved for funding during October 2022 with legislatively funded Governor Finance Office (GFO) American Rescue Plan Act (ARPA) grant funds to facilitate this retention initiative of new professional development options, the first being a Developmental Specialist Series (DS Series). The PD Center will be sustained with annual formula grant funds when the GFO ARPA funds expire during June 2026.

The DS Series through the PD Center is comprised of six courses that may be completed by professional Learners in 13 months through virtual class meetings, course assignments, practicum and a professional capstone. The program culminates in IDEA Part C Office's Alternative Certification which is an approved comparable certification to the Nevada Department of Education's educator licensure endorsement in Early Childhood Developmentally Delayed 0-7 years. Curriculum for these courses have been developed by the EI system's PD Work Group which is comprised of experienced and licensed EI professionals. The curriculum follows rigor and best practices according to national standards set by national technical assistance centers including the Early Childhood Personnel Center. Innovative Capstone projects are required to be developed by the professional Learners in order to meet the requirement of creating a unique project will add value to the EI system.

Cohort 1 of the DS Series began in April 2023 with 29 Learners, and will conclude with 18 Learners set to graduate in April 2024. Cohort 2 began in August 2023 with 27 Learners, with graduation during September 2024. Cohort 3 will begin during March 2024 with approximately 20 Learners, with graduation during April 2025. The PD Center has benefited these 65 Learners in maintaining their positions at no cost to them, and ultimately is projected to positively impact their combined caseloads of over 1,000 children in terms of timely delivery and quality of services. The PD Center is looking forward to providing additional professional development options for EI system personnel, families and community stakeholders.

Indicator 11 (SSIP) covered the history of the Nevada Early Intervention PD Center and the need that it arose from. Opportunities for stakeholder engagement are provided at every quarterly ICC meeting and monthly TA meeting with state and community EI programs for interested individuals or groups who may wish to contribute to, evaluate or replicate this retention initiative. For more updates on this workforce retention initiative, please see our webpage which includes the strategic plan/road map that will take us in new directions such as additional programs to address critical shortages and family training: Nevada Early Intervention Professional Development Center (nv.gov)

The Division for Early Childhood (DEC) Recommended Practices which will are emphasized in this ongoing retention initiative includes:

Leadership. L9. Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.
Leadership. L10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision.
Leadership. L11. Leaders collaborate with higher education, state licensing and certification agencies, practitioners, professional associations, and other stakeholders to develop or revise state competencies that align with DEC, Council for Exceptional Children (CEC), and other national professional standards.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Outcomes are related to a Professional Development framework: Outcomes for this past reporting period coincide with the immediate challenges of a critical personnel shortage and retention/professional development initiatives to:

a) Promote continuity of services for families (so that families would not need to wait to be assigned a Developmental Specialist/Service Coordinator to start services);

b) Promote the numbers of staff needed to sustain improvement efforts such as succession of staff and the transference of knowledge to new staff; and,

c) Continuity of services are needed in order for the system to be at a healthy place to have pyramid scale up such as with practitioner coaches, program coaches and data teams to mentor, coach and collect fidelity of practices data. Staff are reporting that they are struggling to keep up with the demands of heavy caseloads, dealing with new data system billing issues, completing required coursework to maintain positions (even at no cost), and taking on more assignments from their management. The EI system in Nevada is still recovering from the Great Resignation of 2021-2022 which resulted from the COVID-19 pandemic, and turnover continues to be a concerns for some EI programs.

Therefore, while the EI workforce pipeline is opened for more personnel to enter the field and then be trained, in the meantime, existing supports and services may be enhanced for families through their existing IFSP teams. All direct service provider, regardless of whether a program was, is or still is pending to be a scale up pyramid implementation site, must still receive professional development on social emotional development/pyramid practices such as through the e-modules developed by the Pyramid Model Consortium and paid for by OSEP ARPA funding. This requirement ensures that all programs receive the proper trainings in pyramid model and that there does not need to be a wait for a program to become an implementation site prior to staff becoming more knowledgeable on pyramid practices.

Short term outcomes include retaining personnel within their positions through the first year from hire.

Intermediate outcomes include utilizing the PD Center to assist new Developmental Specialist personnel with options for academic coursework that will meet comparable licensure/certification requirements at no cost to the Learner.

Longer term outcomes include the promotion of trained and qualified EI personnel such that these personnel are confident and competent to maintain and provide services to their caseloads.

Did the State implement any <u>new</u> (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Next steps include:

Continued SLT action planning meetings.
Continue pyramid practice e-modules access for all EI personnel.
Continued PD courses to bolster EI workforce retention for Developmental Specialists, with more course options for additional disciplines.
Continue researching and providing as possible early childhood mental health trainings and certifications. within Nevada programs.

Short term outcomes include retaining personnel within their positions through the first year from hire.

Intermediate outcomes include utilizing the PD Center to assist new Developmental Specialist personnel with options for academic coursework that will meet comparable licensure/certification requirements at no cost to the Learner.

Longer term outcomes include the promotion of trained and qualified EI personnel such that these personnel are confident and competent to maintain and provide services to their caseloads.

List the selected evidence-based practices implemented in the reporting period:

The evidence-based recommended practices that were implemented in Nevada during the FFY 2022 reporting period remained as previously reported on as well as included practices to address system retention issues due to critical staff shortages.

From the Division for Early Childhood (DEC) Recommended Practices on Leadership in reference to Nevada Part C securing funding, seeking TA and planning to implement a new professional development center as a strategic retention initiative:

Leadership. L8. Leaders work across levels and sectors to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices.

Leadership. L9. Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.

Leadership. L10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision.

Leadership. L11. Leaders collaborate with higher education, state licensing and certification agencies, practitioners, professional associations, and other stakeholders to develop or revise state competencies that align with DEC, Council for Exceptional Children (CEC), and other national professional standards.

Listed below for reference are the evidence-based practices previously listed in the previous year's FFY 2020 and FFY 2021 SPP/APR SSIP:

1) Division for Early Childhood's Recommended Practices (2014, http://www.dec-sped.org/recommendedpractices) and
2) OSEP Technical Assistance Community of Practice Workgroup on Principles and Practices in Natural Environments (2008, https://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)
3) National Center for Pyramid Model Innovations (NCPMI): All practices listed in the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPFI)

Ongoing evidence-based practices in NV Part C include, but are not limited to due to space limitations in this reporting section:

• Building partnerships with families: Practitioner identifies and uses the caregiver's individual preferences, priorities, and needs when providing supports. (DEC F-3, F-4; EI Key Principle 4)

DEC Family F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.
DEC Family F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.
Key principle 4: The early intervention process from initial contacts through transition must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.

• Social emotional development: Practitioner supports caregivers in promoting their child's social emotional competence by scaffolding and expanding on their child's expressions, interactions, play, communication, and autonomy. (DEC F-5, F- 6, INT1-5; EI Key Principle 3)
DEC Family F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family- child relationships by acting in ways that recognize and build on family strengths and capacities.
DEC Family F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.
DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.
DEC Teaming and Collaboration TC2. Practitioners and families work together systematically and regularly exchange expertise, knowledge and information to build team capacity, and jointly solve problems, plan and implement interventions.
Key Principle 3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

• Family Centered Coaching: Practitioner collaborates with the caregiver to identify opportunities to practice new skills during daily routines and activities in between visits. (DEC INS-13; EI key principle 3, 4 already listed above)
DEC Instruction INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult- child interactions and instruction intentionally designed to promote child learning and development.

• Dyadic Relationships: Practitioner coaches the caregiver in responding to challenging behaviors in ways that reduce the efficacy and efficiency of the challenging behavior. (INS 7, INS 9, INS 13, INT5. EI key principle 2, 3).

DEC Instruction I7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.
DEC Instruction I9. Practitioners use peer mediated intervention to teach skills and to promote child engagement and learning.
DEC Instruction INS13. Already listed above
DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self- regulation.
Key principle 2. All families, with the necessary supports and resources, can enhance their children's learning and development.

• Challenging behavior: Practitioners collaborates with caregivers and other professionals to create a contextual and relevant behavior support plan. (DEC F3, F4. previously listed; EI key principle 2-4 listed, 5, 6, 7).
Principle 5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
Principle 6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
Principle 7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Provide a summary of each evidence-based practice.

Fiscal Team to submit a proposal for the Governor's Finance Office toward remaining ARP funds that would eventually be legislative approved in October 2020 for funding our new EI Professional Development Center. Further, Human Resources Administration with the State of Nevada provided their expertise in curriculum design including the use of a capstone project to allow Learners an avenue to give back to the EI system, i.e., creating an innovative project that may add value to the EI system. The PD Center is a strategic retention initiative that will be an option for Learners who need a no cost path toward licensure.

DEC RP L9. speaks to our PD workgroup that is endeavoring to remove barriers for professionals to meet their licensure requirements for our DS Series program which will be comparable to certification programs through institutions of higher education. Competencies will be measured through class participation (virtual classroom via Microsoft Teams meetings), reflective journaling, literature reviews and ongoing capstone project work.

DEC RP L11 reinforces that our Nevada Part C Office's collaborations are going in right direction in that we have collaborated with, as well as sought out feedback from, entities internal and external to Nevada, including the Nevada Department of Education Office of Licensure, institutions of higher education (University of Nevada, Reno and University of Nevada, Las Vegas), Early Childhood Personnel Center, University of Illinois, Early Childhood Technical Assistance Center and WestEd.

Here below for reference are the summaries for the prior year FFY 2020 SSIP evidence-based practices:

DEC Recommended practices and Early Intervention Key Principles used in Nevada's Pyramid Model include: Building partnerships with families, SE development, Family-centered coaching, Dyadic relationships and Challenging behavior:

Examples of how Nevada IFSP teams promote SE outcomes for families with the use of evidence-based practices include:

DEC Recommended Practice Family F 6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family's preferences.

o Use the caregiver's preferred language
o Ask caregiver to share information or ideas on which strategies to implement
o Observe and bring attention to child responses or initiations (e.g. facial expressions, eye contact, gestures) to caregiver behaviors during caregiver-child interactions
o Support caregiver in identifying specific routines the caregiver and child already do to practice skills throughout the day
o Model or suggest ways for the caregiver to support the child's communication attempts during caregiver-child interactions
o Provide supportive and specific feedback to caregivers when attempting new strategies to expand on child's communication
o Affirm caregiver competence and confidence in caregiver-child interactions

NCPMI Family Centered Coaching: Practitioner engages the caregiver in collaborative problem-solving regarding caregiver child interactions and their child's social emotional competence; DEC Teaming and Collaboration TC DEC Teaming and Collaboration TC2. Practitioners and families work together systematically and regularly exchange expertise, knowledge and information to build team capacity, and jointly solve problems, plan and implement interventions.

o Ask reflective questions in response to caregiver comments, questions, or concerns.
o Actively listens to family's suggestions and offers additional suggestions when appropriate.

DEC Assessment A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social and emotional characteristics, and DEC Assessment A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's current level of functioning and to determine the child's eligibility and plan for instruction:

o Collaborates with the caregiver to create social emotional goals based on the caregiver's preferences, priorities, and needs.
o Writes goals using language the caregiver can understand.

By implementing Pyramid Model and selected DEC RPs and EI Key Principles, practitioners will be better able to coach families to respond to their children's social-emotional needs, and families will be better able to support their children's social-emotional development.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The IDEA Part C Office is collaborating with stakeholders to continue providing Leadership for retention initiatives designed to support early interventionist Developmental Specialists (DSs) who would like to remain working in the EI field. Having a diverse, capable and knowledgeable workforce is essential to meet the needs of children with disabilities and their families. Having this workforce that can meet their professional

qualifications will in a huge way promote caseload coverage as personnel are able to serve their caseload of families, support the child's social emotional development and promote the achievement of the child's outcomes.

The summary of information below continues to be applicable for Nevada IDEA Part C:

Nevada Part C will require that all staff complete the upcoming E-modules, which Nevada Part C purchased with ARP funds. Also, the IDEA Part C Office is planning to purchase more SE screeners, ASQ SE, SEAM, Piccolo, DECA; with every program already trained for these, with options for programs to choose the tool that works best with each family. (DEC Recommended Practice Leadership L 10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision and DEC Recommended Practice Instruction I 13. Practitioners use coaching or consultative strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development). These practices along with those listed in sections throughout this SSIP/Indicator 11 and related activities support the SiMR by equipping practitioners to be trained on social emotional development within the field of early intervention for children ages birth to 3 years with disabilities and their families, and on using the most appropriate social emotional screening or assessment tool with their families. These efforts will in turn promote practitioner confidence and competence in identifying areas potentially in need of instruction for improvement regarding social emotional development. Therefore, efforts with practitioners growing in their competence an confidence to support families in social emotional development, combined with families growing in their trust in working with their IFSP teams, will move these practices toward fidelity, and will then promote families in achieving their social emotional outcomes. Further, increased statewide results for infants and toddlers making progress in their social emotional development will continue to move the needle forward for Nevada's Early Intervention services system in consistently meeting targets for the State SiMR. And finally, the effective cycle will be expected to successfully and sustainably continue through to 2025 with thoughtful and intentional collaborations occurring from the 'grass tops to grass roots,' i.e., state leadership team levels of support to programs, coaches, practitioners and families with our youngest and most vulnerable population in Nevada.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Evaluation is in progress at this time following each PD Center class, with an evaluation link for Learners to provide feedback.
The IDEA Part C Office is working with Trifoia-Pyramid Model Consortium for data collection on the numbers of personnel who have successfully completed the pyramid e-practices knowledge checks and quizzes.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Progress monitoring is available as mentioned above for feedback evaluations, checks and to provide support as needed.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

Next steps described above:
Continued SLT action planning approximately 3 times a year.
Continue pyramid practice e-modules access for all EI personnel.
Continued PD courses to bolster EI workforce retention for Developmental Specialists, with more course options for additional disciplines.
Continued early childhood mental health trainings and certifications. within Nevada programs.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

Data within the new PD Center reflects that approximately 65 professional EI Learners have opted to complete their coursework at no cost to them in order to maintain their positions. During 2021-2022, there were 160 Developmental Specialist/Service Coordinators, and 16 (10%) had resigned. The PD Center retention initiative, in helping 65 DSs (40% of 2021-2022 count of DS personnel) is helping an estimated 40% of the DS workforce.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2020 annual performance report. The ICC began review of the FFY 2022 SPP/APR during the January 2024 quarterly meeting.

Throughout the course of FFY 2022, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada); Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, family and legal advocacy groups, and the legislative counsel bureau (LCB).

Key stakeholder involvement activities included:

• ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State's southern, northwest and northeast regions. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during January and October 2023. ICC Equity Subcommittee meetings did not meet quorum during 2023 and the ICC is considering recruiting for more members.

• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.

• The Pyramid Model State Leadership Team (SLT) meets regularly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel.

• As shared in the previous FFY2021 APR/SPP, target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022, and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator 3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for the SSP/APR FFY 2020 reporting period.

• On January 29th, 2024, the ICC voted unanimously to approve the current FFY 2022 SPP/APR submission due February 1st, 2024 to OSEP.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Continued PD Workgroup meetings and work with the ICC re:

Continued SLT action planning approximately 3 times a year.
Continue pyramid practice e-modules access for all EI personnel.
Continued PD courses to bolster EI workforce retention for Developmental Specialists, with more course options for additional disciplines.
Continued early childhood mental health trainings and certifications. within Nevada programs.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

N/A

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

FFY 2023 will be the next reporting period.

Describe any newly identified barriers and include steps to address these barriers.

Barriers continue to include critical personnel shortages which are being addressed and mitigated through ongoing retention initiatives as described above.

Provide additional information about this indicator (optional).

N/A

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Lori Ann Malina-Lovell

Title:

Clinical Program Planner I/Part C Coordinator

Email:

lamalinalovell@dhhs.nv.gov

Phone:

(775) 895-5268

Submitted on:

04/23/24 8:31:01 PM

Determination Enclosures

RDA Matrix

Nevada

2024 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
68.75%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	4	50.00%
Compliance	16	14	87.50%

2024 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	1,774
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	3,437
Percentage of Children Exiting who are Included in Outcome Data (%)	51.61
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

(b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2

II. Child Performance

(a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	0

(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022	79.62%	28.07%	79.64%	26.55%	77.10%	31.12%
FFY 2021	75.00%	35.19%	76.06%	33.87%	75.85%	37.79%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part C."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	**Performance (%)**	**Full Correction of Findings of Noncompliance Identified in FFY 2021** (3)	**Score**
Indicator 1: Timely service provision	86.36%	NO	1
Indicator 7: 45-day timeline	96.26%	NO	2
Indicator 8A: Timely transition plan	100.00%	NO	2
Indicator 8B: Transition notification	99.76%	N/A	2
Indicator 8C: Timely transition conference	99.59%	NO	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are >=90% and <95% for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	**Positive Social Relationships**
Outcome B	**Knowledge and Skills**
Outcome C	**Actions to Meet Needs**

Category a	**Percent of infants and toddlers who did not improve functioning**
Category b	**Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers**
Category c	**Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it**
Category d	**Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers**
Category e	**Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers**

Expected Range of Responses for Each Outcome and Category, FFY 2022

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.57	3.26	-1.69	4.83
Outcome B\Category a	1.39	3	-1.6	4.39
Outcome C\Category a	1.26	2.6	-1.33	3.86

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.07	9.01	6.05	42.08
Outcome A\ Category c	20.96	13.11	-5.27	47.19
Outcome A\ Category d	26.97	9.61	7.74	46.2
Outcome A\ Category e	26.43	15.4	-4.37	57.23
Outcome B\ Category b	25.63	9.71	6.21	45.04
Outcome B\ Category c	29.44	12.56	4.32	54.57
Outcome B\ Category d	31.02	8.11	14.8	47.25
Outcome B\ Category e	12.51	8.23	-3.96	28.98
Outcome C\ Category b	20.98	8.89	3.19	38.76
Outcome C\ Category c	23.49	13.59	-3.68	50.66
Outcome C\ Category d	33.36	8.28	16.8	49.93
Outcome C\ Category e	20.91	15.22	-9.53	51.35

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's Outcomes Data FFY 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	1,774

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	9	334	933	407	91
Performance (%)	0.51%	18.83%	52.59%	22.94%	5.13%
Scores	1	1	0	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	7	343	953	416	55
Performance (%)	0.39%	19.33%	53.72%	23.45%	3.10%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	5	387	830	490	62
Performance (%)	0.28%	21.82%	46.79%	27.62%	3.49%
Scores	1	1	1	1	1

	Total Score
Outcome A	4
Outcome B	5
Outcome C	5
Outcomes A-C	14

Data Anomalies Score	2

Appendix C

II. (a) Data Comparison:

Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.63%	35.29%	54.05%	27.07%	51.93%	33.56%
90	82.58%	69.37%	81.10%	56.55%	85.30%	71.29%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

Your State's Summary Statement Performance FFY 2022

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	79.62%	28.07%	79.64%	26.55%	77.10%	31.12%
Points	1	0	1	0	1	0

Total Points Across SS1 and SS2(*)	3

Your State's Data Comparison Score	0

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2022 data to your State's FFY 2021 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

e.g., C3A FFY2022% - C3A FFY2021% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

Sqrt[([FFY2021% * (1-FFY2021%)] / FFY2021N) + ([FFY2022% * (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2021 to FFY 2022

1 = No statistically significant change

2= statistically significant increase from FFY 2021 to FFY 2022

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	1,700	75.00%	1,683	79.62%	4.62	0.0144	3.2132	0.0013	YES	2
SS1/Outcome B: Knowledge and Skills	1,742	76.06%	1,719	79.64%	3.58	0.0141	2.5369	0.0112	YES	2
SS1/Outcome C: Actions to meet needs	1,727	75.85%	1,712	77.10%	1.25	0.0145	0.8634	0.3879	NO	1
SS2/Outcome A: Positive Social Relationships	1,810	35.19%	1,774	28.07%	-7.12	0.0155	-4.5984	<.0001	YES	0
SS2/Outcome B: Knowledge and Skills	1,810	33.87%	1,774	26.55%	-7.32	0.0153	-4.7868	<.0001	YES	0
SS2/Outcome C: Actions to meet needs	1,810	37.79%	1,774	31.12%	-6.67	0.0158	-4.2150	<.0001	YES	0

Total Points Across SS1 and SS2	**5**

Your State's Performance Change Score	**1**

Data Rubric

Nevada

FFY 2022 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

Indicator Calculation

A. APR Grand Total	18
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	36.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	36.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: https://www2.ed.gov/about/inits/ed/edfacts/index.html).

Dispute Resolution

IDEA Part C

Nevada

Year 2022-23

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check “Missing’ if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	2
(1.1) Complaints with reports issued.	2
(1.1) (a) Reports with findings of noncompliance.	2
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	2
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held no related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

State Comments:
Nevada’s Individuals with Disabilities Education Act (IDEA) Part C policy timeframe for completion of investigations is 60 days. However, due to a critical staff shortage and new staff hiring, each of the two reports were completed past the 60-day timeline. The first complaint was filed on Aug. 25, 2022. The 60-day timeline for the first investigation report was Oct. 24, 2022. However, the letter along with the finalized report, was provided to the complainant and EI program on Jan. 27, 2023. The first report was 96 days past the timeline. The Part C Office notified both the complainant and the program throughout the investigation regarding the impacted timeline. Investigation required both program staff and parent interviews. Prior to Part C staff turnover, parent interviews were attempted but calls were not returned. Program staff interviews were completed by Nov. 2022. After Part C staff turnover in Dec. 2022 and Jan. 2023, ten parent interviews were completed. The program developed their Corrective Action Plan (CAP) and correction is ongoing since Jul. 2023. Areas of concern were Individualized Family Service Plan (IFSP) implementation and development, procedural safeguards, and transition conferences. The program has corrected in all areas, except for completing staff training in each area. Delay occurred due to late receipt of materials from the Nevada Early Intervention Services (NEIS) trainer. Materials were sent Sept. 15, 2023 after several requests. Full correction will be reported in the next data collection of Dispute Resolution. The second complaint was received by the Part C Office on Nov. 15, 2022. The expected completion of the report was Jan. 14, 2023. The report was provided to all parties on Feb. 23, 2023 upon completion 40 days after the anticipated date.

After Part C staff turnover, the new liaison needed to conduct interviews of staff and family as well as a second review of the record to complete the investigation. The Part C Office corresponded with the complainant regarding the impacted timeline and shared information regarding advocacy and support during the ongoing investigation. Throughout the period following the investigation Feb. 23, 2023 to Oct. 30, 2023, Part C met with the program three times to follow-up and check in on progress toward full correction. The program developed their CAP with Part C support. As a result of the CAP, the program developed trainings regarding program-wide application of in-person services to ensure equitable service delivery to rural communities, Developmental Specialist training for documenting services on IFSPs, and identifying family priorities. The complainant was offered compensatory services, which was declined. Finally, a technical assistance memo was provided to all programs on tele-health as a service delivery method. The program has corrected in six of seven areas of the CAP. The program is in the process of providing documentation to correct the last area. Full correction will be reported in the next data collection of Dispute Resolution. The Part C Office has made continued efforts for recruitment and retention of regulatory staff. During Nov. 2022 and Jan. 2023, a few staff retired. New staff filled these positions during Dec. 2022 and Jan. 2023. In Sept. 2022, two position requests were made so that the retiring staff could have a warm handoff with the new staff. However, only one retiree was available to work with one new staff for one week due to the critical staff shortages experienced in the Directors Office Human Resources (HR) and Fiscal offices. Our office experienced a natural disaster during Dec. 2022 with flooding damage to our Carson City office. After the flooding incident, existing staff worked overtime to meet critical timelines: including Annual Performance Report (APR), complaint investigations and reports, ongoing technical assistance, and new Part C staff orientation and training.

This report shows the most recent data that was entered by:
Nevada

These data were extracted on the close date:
11/15/2023

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

https://sites.ed.gov/idea/how-the-department-made-determinations/

Final Determination Letter

June 18, 2024

Honorable Shannon Litz
Deputy Director, Programs
Nevada Department of Health and Human Services
1000 North Division Street
Carson City, NV 89703

Dear Deputy Director Litz:

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Nevada needs assistance in meeting the requirements of Part C of the IDEA. This determination is based on the totality of Nevada's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Nevada's 2024 determination is based on the data reflected in Nevada's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Nevada and consists of:

(1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;

(2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;

(3) a Compliance Score and a Results Score;

(4) an RDA Percentage based on both the Compliance Score and the Results Score; and

(5) Nevada's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2024: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Nevada.) For 2024, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State's Child Outcomes FFY 2022 data.

You may access the results of OSEP's review of Nevada's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at https://emaps.ed.gov/suite/. When you access Nevada's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Nevada is required to take. The actions that Nevada is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

(1) Nevada's RDA Matrix;

(2) the HTDMD link;

(3) "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

(4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Nevada's 2024 determination is Needs Assistance. A State's 2024 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

Nevada's determination for 2023 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. §303.704(a), if a State is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

(1) advise the State of available sources of technical assistance that may help the State address the areas in which the State needs assistance and require the State to work with appropriate entities; and/or

(2) identify the State as a high-risk grantee and impose Specific Conditions on the State's IDEA Part C grant award.

Pursuant to these requirements, the Secretary is advising Nevada of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following websites: Monitoring and State Improvement Planning (MSIP) | OSEP Ideas That Work, Individuals with Disabilities Education Act (IDEA) Topic Areas, and requiring Nevada to work with appropriate entities. In addition, Nevada should consider accessing technical assistance from other Department-funded centers such as the Comprehensive Centers with resources at the following link: https://compcenternetwork.org/states. The Secretary directs Nevada to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage Nevada to access technical assistance related to those results elements and compliance indicators for which Nevada received a score of zero. Nevada must report with its FFY 2023 SPP/APR submission, due February 1, 2025, on:

(1) the technical assistance sources from which Nevada received assistance; and

(2) the actions Nevada took as a result of that technical assistance.

As required by IDEA Sections 616(e)(7) and 642 and 34 C.F.R. §303.706, Nevada must notify the public that the Secretary of Education has taken the above enforcement action, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and to early intervention service (EIS) programs.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Nevada must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Nevada on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Nevada's submission of its FFY 2022 SPP/APR. In addition, Nevada must:

(1) review EIS program performance against targets in Nevada's SPP/APR;

(2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;

(3) take appropriate enforcement action; and

(4) inform each EIS program of its determination.

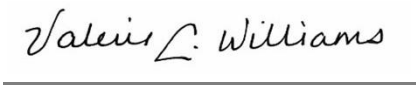
Further, Nevada must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

(1) includes Nevada's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and

(2) will be accessible to the public via the ed.gov website.

OSEP appreciates Nevada's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Nevada over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Valerie C. Williams
Director
Office of Special Education Programs

cc: State Part C Coordinator

U.S. Department of Education

OSEP, Monitoring and State Improvement Planning Division

The Monitoring and State Improvement Planning (MSIP) division of OSERS Office of Special Education Programs (OSEP (/about/offices/list/osers/osep/index.html)) carries out major activities related to the Part B, Part C of the Individuals with Disabilities Education Act (IDEA (https://sites.ed.gov/idea/)), and 619 formula grant programs. The division is responsible for State Plan review and approval, and for monitoring OSEP's formula grant programs to ensure consistency with federal requirements and to ensure that states and other public agencies continue to implement programs designed to improve results for infants, toddlers, children, and youth with disabilities. Additionally, the division provides leadership to OSEP's technical assistance provided to the states through the Regional Resource Centers. The State Improvement Planning activities are also managed by the MSIP division through a cross-cutting team made up of staff from throughout OSEP.

The MSIP division is divided into four Monitoring and State Improvement Planning teams, each team having expertise in the Part B and Part C programs and the capability to carry out functions related to those programs in assigned states and entities. The Monitoring and State Improvement Planning teams have primary responsibility for reviewing and recommending approval of state eligibility documents. Additionally, the teams monitor and provide/coordinate technical assistance to State Education Agencies and Part C Lead Agencies to ensure effective implementation of early intervention and special education services to infants, toddlers, children and youth with disabilities. These teams work with customers to assist them in accessing a free appropriate public education and appropriate early intervention services.

In performing their responsibilities, Monitoring and State Improvement Planning teams:

- Develop and implement an annual program of monitoring, including self-assessment and data collection activities, to identify areas of commendation and areas of noncompliance that require corrective action by the states.
- Provide or coordinate with other OSEP programs to provide technical assistance to the states as needed in the development and implementation of the corrective action activities.
- Review state eligibility document submissions, prepare grant award letters, and provide appropriate technical assistance to states to ensure consistency with federal requirements and a timely release of federal funds.
- Disseminate information by phone and in writing and coordinate with the Regional Resource Centers, clearinghouses, and others to provide technical assistance to customers and partners in response to general and policy interpretation requests in general and controlled correspondence, including Freedom of Information requests for OSEP.
- Manage the award process for State Improvement Grants and Regional and Federal Resource Centers, including development of priorities, review, evaluation, and documentation of all applications for funding.

- Participate in the development and dissemination of policy guidance, regulations, and program guidance in all areas or responsibility.
- Manage the resolution of audit findings (single audits, Inspector General audits, Government Accounting Office reports) including grantbacks, primary and collateral determinations.
- Provide information to customers concerning the complaint process, analyze states' resolution of complaints, and provide technical assistance to states to improve their procedures.

MSIP Staff (/about/offices/list/osers/osep/staff.html#msip)

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Last Modified: 08/04/2023

Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION

Helping people. It's who we are and what we do.

Dena Schmidt
Administrator

Memorandum

DATE: March 20, 2024

TO: State and Community Early Intervention Providers

FROM: Nevada Early Intervention Services (NEIS), Aging and Disabilities Services Division (ADSD)

SUBJECT: Changes to Prior Authorization Requests (PAR) and Medicaid Electronic Verification System (EVS)

Beginning January 16, 2024, Nevada Division of Health Care Financing and Policy (DHCFP), under the Department of Health and Human Services (DHHS) removed the Prior Authorization requirement for children insured under Medicaid Fee-For-Service (FFS) and receiving early intervention services. Nevada Early Intervention Data System (NEIDS) now reflects this change and is effective immediately. This change has not been implemented for Managed Care Organizations (MCOs); therefore, programs must be diligent to verify when children on FFS are changing to MCOs and would require a PAR for services. The information in this memo will be added to the NEIDS User Guide.

What this means for all providers

Providers will now be required to use the Medicaid Electronic Verification System (EVS) to check each child in their program/on their caseload that are insured through Medicaid FFS or MCOs each month. Providers should be verifying Medicaid enrollment, noting which insurance type, verifying child's name and date of birth listed by Medicaid is matching in NEIDS and making appropriate corrections in NEIDS to ensure accurate billing/revenue. We recommend this duty is assigned to each child's service coordinator to complete each month. This aligns with the tasks of service coordinators across the State in other programs. Service coordinators would also be the appropriate person to change the Planned Services if there is a change between FFS and MCO coverage. Please see attached cheat sheet on accessing EVS shared as a companion to this memo.

What this means for State providers

Developmental Specialists (DS) as service coordinators will be required to implement the duty of verifying Medicaid enrollment through EVS each month. DSs will be required to document this in the Communication Log in NEIDS under 'Other' indicating if there has been a change or if enrollment is verified/unchanged. Please work with your direct supervisor to obtain EVS access. This will be a required duty beginning on April 1, 2024.

Thank you,
Nevada Early Intervention Services (NEIS)

Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION

Helping people. It's who we are and what we do.

Dena Schmidt
Administrator

July 1, 2024

RE: Nevada Early Intervention Services, Speech Services

Dear NEIS Families,

You are receiving this letter because you have a child waiting to receive speech services with NEIS. We want to provide transparent communication regarding the wait for services. NEIS is currently in a critical provider shortage for speech services. Due to this, children may be subject to extended wait for assessments and on-going services. The delayed services list is being addressed as swiftly as possible.

Following the results of your speech assessment, owed services will be made up based on the time between when the service was added to your child's IFSP and service delivery date. In accordance with IDEA law, services will be offered in your child's natural environments. Your family's Service Coordinator/Developmental Specialist will offer options for services with community providers, including a list of pediatric Speech and Language Pathologists, and will continue to communicate updated information on the delay with you throughout the process. Services will be individualized according to the unique, identified needs of your child and your family. Please speak with your Service Coordinator/Developmental Specialist for further information.

Kind regards,

Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION

Helping people. It's who we are and what we do.

Dena Schmidt
Administrator

Memorandum

DATE: 6/17/24

TO: IDEA Part C – Lori Ann Malina Lovell, CPP and Iandia Morgan, DS IV

FROM: Fatima Taylor, Clinical Program Manager II – NEIS Las Vegas

SUBJECT: Delayed Services Update

I hope this message finds you well. I am writing to provide an update on the current status of delayed services within NEIS-S.

As of the report pulled on 6/13/24, we had one youth awaiting special instruction. This child was not on the planned services report previously due to DS error and will be assigned on 6/18/24. The DS will also provide make-up visits. Additionally, there are 50 children on the speech services waitlist waiting an average of 27 days past their service due date.

Efforts to address these delays are ongoing. We are actively recruiting Speech Language Pathologists (SLPs) as well as an Occupational Therapist. Unfortunately, the SLP we interviewed last month declined the position. Northern region has been able to offer some additional telehealth assistance for families willing to accept this option.

Outlined below is our plan to minimize waiting times, eliminate the waitlist, and ensure timely provision of services:

- Supervisors will closely monitor caseloads and prioritize assignments from the delayed services list based on caseload weights on a weekly basis.
- Recruitment efforts for additional SLPs will remain a top priority for NEIS South.
- We will continue to track compensatory services owed.
- Families who have opted for temporary telehealth services will be transitioned to in-person services as soon as feasible while maintaining their position on the waitlist.

Thank you for your attention to this matter. Please do not hesitate to reach out if you require any further information or assistance.

Annual Family Survey Responses by Program

Q4. I am comfortable talking with my early intervention service providers about what is important to me and my family.												
Program (number responses)	**Agree**	**Disagree**	**Strongly agree**	**Strongly Disagree**	**Undecided**	**(blank)**	**Grand Total**	**Program (response percentages)**	**Agree/Strongly Agree**	**Strongly Disagree/Disagree**	**Undecided**	**Blank**
Advanced Pediatric Therapies (APT) Sparks	3		7				**10**		100.00	0.00	0.00	0
Capability Health and Human Servcies (CHHS) Las Vegas	10		15				**25**		100.00	0.00	0.00	0
Capability Health and Human Servcies (CHHS) Reno	1		5				**6**		100.00	0.00	0.00	0
MD Developmental Agency (MDDA) Las Vegas	3		4				**7**		100.00	0.00	0.00	0
NEIS Northwest (Reno)	4		23				**27**		100.00	0.00	0.00	0
NEIS Rural Frontier (Carson/Elko/Ely/Winnemucca)	1		14	1			**16**		93.75	6.25	0.00	0
NEIS South (Las Vegas)	8		27				**35**		100.00	0.00	0.00	0
Theraplay Solutions Las Vegas	2		6				**8**		100.00	0.00	0.00	0
Therapy Management Group (TMG) Las Vegas	5		17				**22**		100.00	0.00	0.00	0
Therapy Management Group (TMG) Reno			4				**4**		100.00	0.00	0.00	0
(blank)	1		6				**7**		100.00	0.00	0.00	0
Grand Total	**38**		**128**	**1**			**167**	**STATEWIDE TOTAL**	**99.40**	**0.60**	**0.00**	**0**

SSIP Question

Q5. I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).												
Program (number responses)	**Agree**	**Disagree**	**Strongly agree**	**Strongly Disagree**	**Undecided**	**(blank)**	**Grand Total**	**Program (response percentages)**	**Agree/Strongly Agree**	**Strongly Disagree/Disagree**	**Undecided**	**Blank**
Advanced Pediatric Therapies (APT) Sparks	3		6		1		**10**		90.00	0.00	10.00	0
Capability Health and Human Servcies (CHHS) Las Vegas	9		16				**25**		100.00	0.00	0.00	0
Capability Health and Human Servcies (CHHS) Reno	3		3				**6**		100.00	0.00	0.00	0
MD Developmental Agency (MDDA) Las Vegas	4		3				**7**		100.00	0.00	0.00	0
NEIS Northwest (Reno)	6		21				**27**		100.00	0.00	0.00	0
NEIS Rural Frontier (Carson/Elko/Ely/Winnemucca)	4		11	1			**16**		93.75	6.25	0.00	0
NEIS South (Las Vegas)	8		26		1		**35**		97.14	0.00	2.86	0
Theraplay Solutions Las Vegas	2	1	5				**8**		87.50	12.50	0.00	0
Therapy Management Group (TMG) Las Vegas	6		16				**22**		100.00	0.00	0.00	0
Therapy Management Group (TMG) Reno	1		3				**4**		100.00	0.00	0.00	0
(blank)	1		6				**7**		100.00	0.00	0.00	0
Grand Total	**47**	**1**	**116**	**1**	**2**		**167**	**STATEWIDE TOTAL**	**97.60**	**1.20**	**1.20**	**0**

C-Indicator 4B1 & 4B2

Q6. The early intervention services we received have helped me effectively communicate my child's needs.												
Program (number responses)	**Agree**	**Disagree**	**Strongly agree**	**Strongly Disagree**	**Undecided**	**(blank)**	**Grand Total**	**Program (response percentages)**	**Agree/Strongly Agree**	**Strongly Disagree/Disagree**	**Undecided**	**Blank**
Advanced Pediatric Therapies (APT) Sparks	2		6		2		**10**		80.00	0.00	20.00	0
Capability Health and Human Servcies (CHHS) Las Vegas	9		15		1		**25**		96.00	0.00	4.00	0
Capability Health and Human Servcies (CHHS) Reno	1		2		3		**6**		50.00	0.00	50.00	0
MD Developmental Agency (MDDA) Las Vegas	4		3				**7**		100.00	0.00	0.00	0
NEIS Northwest (Reno)	6		20		1		**27**		96.30	0.00	3.70	0
NEIS Rural Frontier (Carson/Elko/Ely/Winnemucca)	1		10	1	4		**16**		68.75	6.25	25.00	0
NEIS South (Las Vegas)	5	2	26		2		**35**		88.57	5.71	5.71	0
Theraplay Solutions Las Vegas	4		3		1		**8**		87.50	0.00	12.50	0
Therapy Management Group (TMG) Las Vegas	7		15				**22**		100.00	0.00	0.00	0
Therapy Management Group (TMG) Reno	1		3				**4**		100.00	0.00	0.00	0

(blank)	1		6				**7**		100.00	0.00	0.00	0
Grand Total	**41**	**2**	**109**	**1**	**14**		**167**	**STATEWIDE TOTAL**	**89.82**	**1.80**	**8.38**	**0**

Deidentified Comments from Annual Family Survey

*** & *** were incredible! They understood us Our goals and helped us all succeed. *** is doing so great we are so appreciative.
*** and *** (our speech therapist, our zip code is ***. Please give her credit, I can't remember her last name) are absolutely incredible. My child loves them, and they have helped my husband and I so much. We had no idea what we were doing, and we felt so lost. Their compassion and understanding was so amazing. The help they provided gave us the answers we needed. I am forever grateful for them. Special mentions to *** who helped with our child's autism diagnosis. You were so sweet and gave us so many resources. You explained so much to us, and it opened a door to so many opportunities. Also, the audiologist ***. they caught my child's hearing issues. Without her, we wouldn't have known thattheyneeded tubes. Without this team of wonderful people, I don't know what we would have done. From the bottom of our hearts, thank you for everything. We will always remember you guys.
*** and *** are amazing providers!
*** has been an amazing DS! I hope whomever we get after they leave is as good. *** & *** are great too!
*** has been fabulous as an OT and my current developmental specialist has done an excellent job
*** is wonderful!they are very helpful with showing me how to meet the needs of my child.
*** out of Reno is our case manager and is so very awesome and helpful all the time. *** PT, *** Speech, *** OT and *** Dietician have all been so amazing & helpful, This service has done so much for *** & myself, Amazing all around.
*** was extremely helpful with our child and we absolutely loved working with her!! I 100% believe that without her our child wouldn't be where they are today, we can't thank her enough 😊
***, *** and *** are amazing. My family is so grateful for their continued support.
As a father who primarily cares for my 2 year old, Program has dramatically assisted my understanding of my childs needs and milestones. I fully appreciate them assisting have to communicate with my child in the best ways to promote both our understanding of each other. My 2 year old is my one and only child, so I really feel that Program has been the distinguished support program my family needed Thank you very much!
Program has been a godsend. From the beginning, they have all the therapists and our dev. Specialist applied practical therapy and given me exercises and tools to use at home with my child. They have been not only supportive of and compassionate towards my child, but also to me acknowledging the challenges & stresses I have been facing, listening, checking on me & giving me encouragement. It's been such a relief and help to have them involved in our lives and the results are real. My child went form angry and scared 80% of his waking life, and unable to even roll over to walking (7 mos later) and happy 80% of the time. they are exploding with words nowtheyhad none 15 mos ago is excited to see his therapists plays with them and is learning some emotional regulation. Our whole family is doing better because of this crew. We have no way to quantify the value of their work & heart we are endlessly grateful.
Currently I'm caring for my grandchild 2 yrs 5m. Age my grandchild is a great little boy. All the help from his speech therapy and occupational therapy has been wonderful and has helped us a lot. they are learning and loves the visits. Thank you! Very good job and professional.
Estoy muy satisfecho con el servicio recivido las trabajodoras fueron muy amaides y proveen las herramientas necesarias para lograr los ovjetivos. / I am very satisfied with the service received, the workers were very friendly and provide the necessary tools to achieve the objectives.
Everone is very kind considerate of our home and rules (no shoes). They help us understand what to do & how it will help. They always are available for any questions & give lots of learning materials & suggestions. *** is so kind.
Everyone at Program Vegas has been great to work with, Thank you!

Everyone has been absolutely amazing & we feel they have a genuine interest and concern for our childs development we love our team so much!!!
Great job on doing initial assessment. Coordinator *** was amazoing. There was some delay in getting OT, but worth the wait *** is great. Speech therapy *** was not helpful Eventually went to out patient therapy.
I am very grateful for everyone on my child's team
I am very grateful for our service providers! (OT,PT,SLP & devel. Specialist). They have been extremely supportive & helpful during our journey to find appropriate care for our child. They are caring, compassionate & empathetic. I cannot ssay enough wonderful things about our Program team. I will be eternally grateful for them.
I am very grateful to work with the therapists. My kids improve a lot especially with the feeding.
I am very happy and pleased to have had the opportunity to work with knowledgable and understanding specialists from Program. I have learned a lot of techniques and tips on how I can help my child in his speech and development. They are very accomodating and I can reach out to them whenever I have concerns or questions. My development specialist *** and *** have shown me creative ways to play with my child at the same timetheylearns from our play. *** developmental specialist is very thorough when working with me and my child.theyshares tips and provides resources and information with me that really helps me when I work and play with my child. *** speech is also very helpful in providing information & strategies we can use everyday. I have seen a big improvement on my child, since we startedthey are now able to say words and continues to add more words to his vocab. We are thankful to early intervention.
I appreciate all the support my child has received from the team. They have giving me and my family great asistance from PT, OT, Speech and Dietary. Thank you to everyone!!
I feel very happy and grateful for this program, it gives me the information I need to help my child.
I happy with the services provided. *** has help our family a lot just by doing her job.
I have had a lot of information about it, every time I have a question I contact the perchild who is handling my case and I always get an answer and solve my problem, thank you very much
I love having my team help me with my child's special needs. They are always kind, respectful and helpful when they come to our home.
I think I have answered everything in the questionnaire but it is worth mentioning that the perchild who comes to see my child explains everything regarding my child very well and answers all the questions.
I very much appreciate all the services I have received for love. I have had a very hard time coming up with a schedule that works well for everyone. If I can have more people with flexable hours.
I would love to see more providers within the northern Nevada area. As of right now all of my childs early intervention providers are located in other parts of the state. All appointments are coducted via zoom or google meets. Would also like to have more3 providers available for each program as not all providers are a good fit for every family.
I would prefer his PT be more hands on and less train the parent. I have to pay for additional services because it is not enough.
I'm grateful for services. They really helped me help my child. ***, *** & *** are awesome!
I'm happy with the service they give my child and me and advises to help me communicate with the child
I'm really happy with the service provided from Program, my child has improved so much his communication skills with the guidance from Program.
More services need to be available in Mesquite, NV.

Muchas Gracias a los Terapia por su excelente apoyo. Han sido de gran ayuda para mi bebe y para mi familia. / Thank you very much to the Therapist for their excellent support, they have been a great help to my baby and my family.
Muchas gracias por este apoyo brindado para mi hijo/a y mi familia guando inicie me sentia perdida y logie entender mas las necesidades de mi hijo Gracias Ms ***, *** nad *** / Thank you very much for this support provided for my child and family when I started I felt lost and now I understand more about my child's needs. Thank you
Muchas gracias por todo lo que aportaron a nuestras vidas. Gracias a ustedes mi hijo/a logro complir con todas sus metas excelentes perchildas y terapeutas. / Thank you so much for everything you brought to our lives. Thanks to you my child managed to fulfill all his goals excellent people and therapists.
Muchos gracias por sus serbicio estoy my contehta con los resultatos asia mi hija / Thank you very much for your service I am very happy with the results my child has made.
my child has made a lot of progress in his development thanks to the therapies we have received thanks
My ex & I are split. They took over the case and I've been left out of meetings, conversations and talks involving my child.
My family and I had a great experience with Program. They always kept me informed. Communication is key and they do a great job on it. I appreciate your has work, your advice and professionalism. Thank you
My services have improved in the last couple months. But the start of services were awful. I had no idea who was my case manager and who to ask questions to. It took me months to get a straight answer. My child desperately needed OT. Our OT services were severely delayed and then once assigned the OT was unprofessional and had zero ability to communicate with my non verbal child and refused to use her pecs oraac device. Constantly cancelling or rescheduling. We saw her 2.5 times in over 8 months if you even want to count the timestheybothered to show up.theywas more interested in proving all my childs deficits to me that I had already self reported when asking for services. I complained about her multiple times and finally they ended up quitting before anyone at the servicing office did anything about it. Then found outtheyhad the same issues with quite a few families. Meanwhile i ended up seeking private OT therapy because my child was falling further and further behind. Getting a file from my servicer for doctor appts and assessments is difficult. I have to ask 6-7x over 30 plus days then call and ask for a supervisor and get angry before it ever gets sent. I didn't even get a full copy of my childs ifsp until i asked for it over and over 6 months in. Thankfully i have colleagues and friends that work in adPrograMive services who were able to assist me get what my child needed and get to the regional and state office for help so that my child ia finally gettingher services and has a great OT now that respects her neurodivergence and non speaking communication and my child loves doing sessions with her. But im heartbroken over the 8 plus months we lost and how much progresstheycould have made and the regressions that occurred that now have her working even harder to meet milestones. I spent countless hours watching educational seminar videos for OT aftertheywent to bed every night during that time and was left to basically you tube an OT program for my child and I got better results than her first OT ever did.
My child's care team has helped us feel comfortable in caring for my child. They have helped him grow and succeed with realistic expectations. They are all amazing!
My team has been great and I’m so thankful to the people in the winnemucca office.
Program Northwest (Reno)
Program provided access to an audiologist which we wouldn't have had through the pediatrician

NV Early Intervention Program has tremendesly helped both of my childs. Our current coordinator *** was awesome teaching and getting through to my daugther. *** wa a wonderful speech specialist. My child was able to get comfortable with her with ease. I thank NV Early Intervention for all the services provided to our family over the years.
OT *** with Program Las Vegas has been so helpful with ***'s progress
Our Service provider. ***, is very knowledgable and caring. My child excell with speech and behavior under her care. We are so grateful and appriciate all the services provided. Thank you for everything. ***
Our childs speech therapist *** was an amazing provider. They went above and beyond to assist our toddler meet developmental mile stones.
Our first developmental specialist was not a good fit for our child. they repeatedly mentioned autism evaluations after we had already had them multiple times from his pediatrician and through Program. There were not any concerns at the time. Scheduling was incredibly difficult with this DS, as they never had any availability even months in advance if it wasn't on her specific chosen day. they also cancelled on our family numerous times. Our new DS seems like a wonderful fit for our family. they really listens and has genuine advice for our family. I'm still on the fence with the speech assistance. I think 1 visit every three months is not helpful for families. We are seeing outside services weekly and have seen immense improvement.
Our ST was phenomenal. theywent above & beyond for my child. Thank you ***. We would have cancelled EI if it wasn't for them. Our OT was a waste of time, coming 1x every 6 weeks is completely inadegrate. We had motor and processing issues and they only worked on fine motor which was never a problem. When asked to switch providers I was told she's the only one in the area. Our DS was very nice & tried coming up with creative solutions for us.
Our team has been amazing! I am so thankful for everything that they do!
Our team with Early Intervention has been wonderful and we have benefited grealty from it. Our child is thriving, there is prompt communication and lots of it. They have been very helpful to us. We love them and so does our child! They go above and beyond to help our child be succesful.
Overall, great program! It has helped me as a first time parent understand every stages of my child's learning journey.
PT has been effective and enjoyable and helpful. Our child is extremely emotional and fussy and we feel we have never gotten helpful advice from our OT's or EI specialist on strategies to address this. We are so grateful for the services we have been given.
So thankful for the amazing team helping my baby.
Solo agradezco al programa - I am grateful for the program
Thanks yo Early Intervention Services. Its is very helpful to know, identify and meet the needs of our child. The turnover of the staff are quite fast that sometimes we dont get an occupational therapist to visit us for the last 3 months.
The last case worker I had was more helpful then the new case worker that took over. Not getting anything done I ask for with new case worker I feel like getting lost in all her other cases andtheykeeps forgetting about us.
The only complaint I have is my child should be receiving occupational therapy and they have yet to provide one or they found someone and they left the company. Then we wait weeks for another therapist.
The services are great, and everyone on our team is wonderful! The only complaint I would ever have is how long the waits have been to establish more services.
The success we've seen since starting the program. Thank you
The team at Program Las Vegas *** DS, *** SLP, *** OT were the best we couldn't. Have asked for a better team . We will miss they dearly . ***

The therapists are amazing! I do think we have missed out on information or not known what to do/who to contact because of our service Coordinator not explaining things thoroughly. We found out more information from the therapists that served us.
Program Las Vegas have been great!
they are amazing
They are of great help
They have been so amazing to us and truly appreciate
They help us with the baby with his eating problem also walking they helped her a lot we are so happy to worked with them Thank you for your sevices keep doing what you doing.
This program has changed my childs health in a very positive way. I have had the best experience a long with my family during the therapy sessions for my child. Thank you!
This Program was been amazing for my child. Thank you for the support!
Using Early Intervention Services has helped our family tremendously, Not only has it help with our child's communication and our overall knowledge around speech delay and autism but the resources that are available to help as well really come in handy. Being able to rely on the guidence of our Early Intervention Providers was a big help it really felt like we were a team. We appreciate them so much!! Thank you!
Very pleased and grateful with the early intervention program offered to my family.
We absolutely love our team from Program. We feel very lucky to have them!
We are greatly satisfied with the physical therapy services. Occupational therapy has been difficult due to video sessions. Speech therapy has been ineffective. Each session we are told our child is improving whenthey are not. We haven't been told any new strategies in months. Last session they encouraged us to start calling water "wa we" to encourage him to speak.
We are very happy w/ the services we receive. We always feel welcome to ask questions and are always provided w/ the info to fully support our child's growth and development.
We do not have access to the IFSP or testing results and when we ask for them we het told they will send them to us and then they never do.
We have been very pleased with the services received from Program both times we have used them.
We have used OT services for over a year now and have enjoyed working with ***, She's wonderful with our child.
We just moved to ___ but received services in Sparks and Reno. My service coordinator has been extremely helpful ***, and my counselor ***. They have gone above and beyond to help my family. They provide resources, ideas, advice that has helped my fam
We love our case manager ***! Also our dietician *** is so helpful and informative. We also love the audiologist at the early intervention center they are a great advocate in our childs hearing journey!
We loved having *** as our team.
We worry abouth the high turn over of our therapist. A lot leave or quit and we are not sure why.

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

For reporting on
FFY 2023

Nevada

PART C DUE
February 1, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Indicator 4. Family Involvement:

FFY22
4 A. Did not meet target; Slippage
Percent of families participating in Part C who report that EI services have helped the family know their rights. FFY 2021 Data: 97.49%. FFY 2022 Target: 98.25%. FFY 2022 data: 96.40%

4 B. Did not meet target; No slippage
Percent of families participating in Part C who report that EI services have helped the family effectively communicate their children's needs. FFY 2021 data: 93.87%. FFY 2022 Target: 97.25%. FFY 2022 data: 93.62%

4 C. Did not meet target; Slippage
Percent of families participating in Part C who report that EI services have helped the family help their children develop and learn: FFY 2021 data: 96.37%. FFY 2022 Target: 95.25%. FFY 2022 Data: 95.00%

FFY23

4 A. Did not meet target; Slippage
Percent of families participating in Part C who report that EI services have helped the family know their rights. FFY 2021 Data: 97.49%, FFY 2022 data: 96.40%, FFY 2023 Target: 98.50%, FFY23 Data: 94.55%

4 B. Did not meet target; Slippage
Percent of families participating in Part C who report that EI services have helped the family effectively communicate their children's needs. FFY 2021 data: 93.87%, FFY 2022 data: 93.62%, FFY 2023 Target: 97.50%, FFY23 data: 89.82%

4 C. Did not meet target; No Slippage
Percent of families participating in Part C who report that EI services have helped the family help their children develop and learn: FFY 2021 data: 96.37%, FFY 2022 Data: 95.00%, FFY 2023 Target: 95.50% FFY23 data: 94.61%

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

*Sampling of **families participating in Part C** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2017	2018	2019	2020	2021
A	2006	Target>=	97.00%	97.50%	97.50%	97.75%	98.00%
A	94.29%	Data	97.16%	96.84%	98.87%	97.24%	97.49%
B	2006	Target>=	96.00%	96.50%	96.50%	96.75%	97.00%
B	91.32%	Data	96.02%	95.26%	94.38%	92.12%	93.87%
C	2006	Target>=	94.00%	94.50%	94.50%	94.75%	95.00%
C	91.00%	Data	95.74%	92.89%	97.18%	95.52%	96.37%

Targets

FFY	2022	2023	2024	2025
Target A>=	98.25%	98.50%	98.75%	99.00%
Target B>=	97.25%	97.50%	97.75%	98.00%
Target C>=	95.25%	95.50%	95.75%	96.00%

Targets: Description of Stakeholder Input

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	1,947
Number of respondent families participating in Part C	141
Survey Response Rate	7.24%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	134
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	139
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	132
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	141
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	133
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	140

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	97.49%	98.25%	96.40%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.87%	97.25%	93.62%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	96.37%	95.25%	95.00%	Did not meet target	Slippage

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	1,981
Number of respondent families participating in Part C	167
Survey Response Rate	8.43%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	156
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	165
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	150
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	167
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	158
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	167

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	96.40%	98.50%	94.55%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.62%	97.50%	89.82%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	95.00%	95.50%	94.61%	Did not meet target	No Slippage

Provide reasons for part A slippage, if applicable

Provide reasons for part B slippage, if applicable

Response Rate

FFY	2021	2022	2023
Survey Response Rate	20.02%	7.24%	8.43%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.