



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

*Helping people. It's who we are and what we do.*



## MEETING MINUTES

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

**Date and Time of Meeting:** Monday, January 29, 2024  
11:00 AM

**Meeting was held virtually at:**

### Microsoft Teams meeting

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 297 638 498 746

Passcode: Rp6dHp

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

[+1 775-321-6111,,662591287#](#) United States, Reno

Phone Conference ID: 662 591 287#

[Find a local number](#) | [Reset PIN](#)

Thank you for planning to attend this Teams meeting.

[Learn More](#) | [Meeting options](#)

## MINUTES

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

Dr. Jenna Weglarz-Ward welcomed all on the call. A quorum of members was present, and the meeting was called to order at 11:03 am.

**Members Present:** Assemblywoman Tracy Brown-May, David Cassetty, Julie Dame, Christi Hines-Coates, Sarah Horsman-Ploeger, Lisa Hunt, Robin Kincaid, Sandra LaPalm, Rhonda Lawrence, Janice Lee, Catherine Nielsen, Brittany Toth, Jenna Weglarz-Ward

Members Absent: Crystal Johnson

Public Attendees: Linda Anderson, Nevada Public Health Foundation; Kelly Bagnall, ADSD; Derek Barber, Health Management Associates; Abbie Chalupnik, Aging and Disability Services (ADSD); Jennifer Frischmann, ADSD; Karen Frisk, ADSD; Sheula Garber, ADSD; Nhoree Heath, ADSD; Vickie Ives, Health Bureau; Naomi Kassai, ADSD; Marnie Lancz, Therapy Management Group (TMG); Jennifer Loiacano, TMG; Candice Mannelly, Public Attendee; Phillip Mannelly, Public Attendee; Betsy Newman, ADSD, Julie Ortiz, Advanced Pediatric Therapies (APT); Stephen Pawlowski, HMA; Danielle Race, ADSD; Rique Robb, ADSD; Jessica Roew, ADSD; Heike Ruedenauer-Plummer, ADSD; Debra Stewart, MD Development Agency (MDDA); Fatima Taylor, ADSD; Lindsey Wood-Lopez, ADSD; 702-302-2266, phone attendee; 602-478-8937, phone attendee; 216-409-4006, phone attendee

Part C Support staff: Mary Garrison, Lori Ann Malina-Lovell, Jalin McSwyne, Iandia Morgan, Maya Raimondi, Melissa Slayden

## II. Public Comment

No public comment was made.

## III. Approval of the minutes from October 12, 2023, and December 6, 2023, Meetings (For Possible Action)

Dr. Jenna Weglarz-Ward requested the council review the meeting minutes from October 12, 2023. Mary Garrison advised the council that the meeting minutes from December 6, 2023, would be reviewed in April 2024. No edits were requested for the October 12, 2023, meeting minutes.

**Motion:** Approve meeting minutes from October 12, 2023, ICC Meeting as presented.

**First:** Assemblywoman Tracy Brown-May

**Second:** Catherine Nielsen

**PASSED**

## IV. ICC Membership (Information Only)

### a. New Member Biographies

#### i. David Cassetty, Deputy Commissioner, NV Division of Insurance

David Cassetty introduced himself as a new member from the agency responsible for the state governance of insurance. Mr. Cassetty is the Deputy Commissioner from Nevada's Division of Insurance.

#### ii. Christi Hines-Coates, IDEA 619 Coordinator, NV Department of Education

Christi Hines-Coates introduced herself to the council as a new member from the Department of Education. Ms. Hines-Coates is the Part B, 619 Coordinator.

#### iii. ICC Membership Governor Appointment Updates

Mary Garrison, Part C Office, shared that she has been working with the Governor's office regarding approval of new members. Ms. Garrison reviewed the ICC membership list and found two members that would need to be removed due to lack of communication. The updated membership list was sent to all councilmembers. Dr. Jenna Weglarz-Ward suggested the council may want to start a subcommittee to assist with the recruitment of new council members.

## V. Approval of Script for Presenting Questions Regarding Nevada Revised Statutes (NRS) 239B.022-239B.026 for the Early Intervention Population (For Possible Action)

Dr. Jenna Weglarz-Ward stated, we are going to move on to item 5, which if you have the packet is on page 16 of the packet. I also may ask Lori Ann for a little assistance on explaining this issue. This is to look at the approval for a script presenting the questions regarding the 239-B data collection that is now required by our state. Lori Ann, could you for people who need a reminder why we are collecting this data and why we feel like we need a script for our providers so that families understand what the process is and feel comfortable sharing the information or declining to share that information.

Lori Ann Malina Lovell shared, this topic arose last year when parents reached out to the IDEA Part C office concerned about new language related to the Nevada Revised Statute, listed there before you. The legislation requires state programs to collect information from families that are of a sensitive nature. The intent of the data collection is for the state to be able to support vulnerable populations in the LGBTQ population, who often

experience greater risk for discrimination and violence. Early Intervention state programs are not exempt from this data collection, however, with our population

being infants and toddlers, you can see how sensitive that is for some families who expressed their concerns to us regarding the collection of SOGI or sexual orientation, gender identity information for these families. The ICC decided to explore what could be done to address the language. Again, the language is required by statute, and the programs that are collecting this information at this time are the SPOE (system point of entry), which is that first point of contact when families are in communication with the referral specialists for their children to start the process with intake and moving forward to evaluation and determination of eligibility for EI services. When families call the SPOE, referral staff are following exactly what has been designated by DHHS. As we shared with the ICC, the ICC had decided that together they could explore this topic and form a small work group that could draft some recommendations to DHHS. Perhaps there would be an exception or some room for flexibility for how to prepare a family during the information collection. It's my understanding that the ICC formed a small work group and spent some time since the October meeting on developing a proposed draft of a script for specialists to cover with families before going into the sensitive questions.

This is Mary Garrison, for the record. It wasn't a work group necessarily. The Council voted to have two (2) lovely volunteers write a script, which were Janice Lee and Robin Kincaid. They wrote this script that can be used by the EI programs when introducing these questions.

This is Lori Ann, the language that ADSD is following is the DHHS language. Talking with the Directors Office, we had been encouraged to send this draft over to the Director's office for their review because the decision for the language that must be shared regarding SOGI and data collection occurs at the department level. I just wanted to be clear that up. The Part C Office would pass on the information to Deputy Director Shannon Litz, who is the oversight for our IDEA Part C Office. From there, I believe that Deputy Director Shannon Litz, would then touch base with her counterparts in the doctor's office and at the department level.

Jenna Weglarz-Ward stated our task today is to look at this language for our approval and then we can provide this to the department for them to approve it or not approve it. Big shout out to Robin and Janice. Do people have any questions or comments about this. If not, we could entertain a motion to approve.

Tracy Brown-May thanked Robin and Janice. My only recommendation would be that where we start the second sentence, "Nevada Early Intervention Services has been asked", I think that all state departments have been asked and that might help parents of our really young kiddos feel better about these questions. I think that would better identify that they're not being singled out. That would be my only recommendation that we had all state departments, including Nevada Early Intervention Services has been asked to collect information.

Jenna Weglarz-Ward agreed. Janice Lee, shared, I love Assemblywoman Tracy Brown May's suggestion. I agree wholeheartedly. In that same sentence it says we have has been asked, and I'm almost wondering out loud if it should say required. Jenna Weglarz-Ward suggested we say, all state agencies, including NEIS, are required to collect information.

Brittany Toth entered in the chat, All State Departments, including Nevada Early Intervention Services and its contracted community partners are now required to collect, for the verbiage.

Robin Kincaid shared; these are good suggestions. The only caution I would put out there is that we're always wanting to make sure that we somehow describe about Early Intervention and the Community Providers, which are not state agencies. I just don't want anybody to think anywhere in that whole process that we're not including the Community Partners that provide early intervention, just throwing that out. Anytime we do anything like this, we start foundationally and look to improve it, so I think it's great. Thank you for all of the comments.

Jenna Weglarz-Ward, thank you, Robin. This is Mary Garrison, for the record. I wanted to suggest, all state agencies, including Nevada Early Intervention Services and its contracted community partners, are now required. I wouldn't say collect because they do have the opportunity to decline, I would say that they're required to request or ask for this information. I would be concerned that families may be scared that they must give an answer. Fatima Taylor for the record, I just wanted to clarify that Community Partners don't have to ask this question because we ask it at the time that the referral comes in. Jenna Weglarz-Ward, thank you, Fatima.

Brittany Toth stated, I don't think we have the SOGI questions included in the packet today. Danielle Race added the questions to the meeting chat. Jenna Weglarz-Ward, just as a reminder these questions are about the child, not the parents. Tracy Brown-May for the record, I pulled out the NRS, so the actual revised statutes that we're trying to comply with, and it states that it's the intent of the legislature to collect the information. Governmental agencies must gather accurate information, so it directs various governmental agencies to collect information on race and ethnicity. It is in the best interest of the state to respect, embrace and understand the full diversity of residents by collecting accurate information to effectively implement and deliver critical services. So, this is specific to government agencies. Jenna Weglarz-Ward, this makes me think that contracted partners does not need to be included. Melissa L. Slayden stated, I think that ASD probably has better information. I know that they went through the legislative system and looked at how this law would impact us because those contracts are held by government agencies to provide government services. It's probably also why the SPOE ended up collecting that information. This is information that is specific to the children in our population. Also, I know that some other child programs were excluded from needing to collect this information or being required to include this information. I think that our population got overlooked. Sarah horseman Ploger, would like to share on this, since you did the legislative analysis through ASD?

Lori Ann Malina Lovell, I just wanted to share the information that I have shared in previous meetings, but just in case a refresher of information might be helpful. Our office did request to our Deputy Attorney General when the complaints started coming to us, and we were informed that we are not exempt in our system. However, families may select prefer not to disclose. Jenna Weglarz-Ward, I have one suggestion, I think if we're going to use the acronym LGBTQ, then we should also include IA to be the full acronym, LGBTQIA+. I also think that's a widely used acronym, but I always try to avoid using acronyms with families as much as possible. Other thoughts? Jenna Weglarz-Ward, I'm wondering if we can take out the word identify and just say help better serve members because I know that is one concern about people being identified by the government as part of this community based on what's happening in other states.

Brittany Toth, I just wanted to chime in as a parent representative of a child who aged out of this program just about a year ago. I think that if I'm reading this as a parent, the part that would be sensitive to me is the fact that you're asking me about their sexual orientation, the topic is actually not applicable to me as a parent of a four-year-old. So that is not addressed in what's written here. You're telling me it's sensitive, but still asking me if my child identifies some other way than how they were born. That's the problem. So, I feel like maybe we need to have in here, If you don't feel comfortable or you feel that it's not applicable, any parent can choose to use prefer not to disclose because saying it's not applicable, it would fix it for me.

This is Sarah Horsman, for the record. I'm trying not to say too much because I'm abstaining from voting as an ASD employee, but and we were instructed per NRS that we would ask these questions to the same clients that we would ask for race and ethnicity and those aren't always preempted with this is a sensitive question because sexual identity and gender expression is more of a not yet known, rather than non-applicable. For some people, it may not be offensive. It's not sensitive to ask cause it's just an aspect of a person. But I do know these children are very young, so we do not know yet their sexual orientation or gender expression and I just caution preempting it with you could answer this way. I feel like that is leading them to answer a certain way. I know those are just my thoughts, we don't ask that before any other question, and during

intake I would argue we ask a lot of very personal, sensitive questions about the birthing parents. Questions include any drugs or alcohol they may have consumed, or any background information which is very sensitive personal information as well. Those aren't usually preempted with, we're about to ask you some sensitive

questions. I just wanted to mention that. We are required to ask this; you are not required to answer, and I think that's similar to what our script says, and I feel like that's the most straightforward way. Jenna Weglarz-Ward asked, are they not required to answer, or do they have to answer with prefer not to disclose? Sarah Horsman-Ploeger answered, I believe so. That would be the non-answer, answer. Jenna Weglarz-Ward, they do have to answer, but they can answer with prefer not to disclose, correct? Sarah Horsman-Ploeger answered, yes, semantics. They do have to answer, but they can answer, prefer not to disclose. Catherine M. Nielsen, for the record. The way that we word it is you can use an option that says I prefer not to disclose, or I choose not to answer, and those are the same option. That's essentially saying I'm choosing not to answer this, and that's appropriate. That's sensitive, and a lot of people, especially because we're primarily serving the disability community over where we are, they may not want to answer that. They may not want to tell us what their race is. They may not want to tell us any of these things, so we always include, I choose not to answer as an option. Melissa L. Slayden stated, point of clarification for race and ethnicity. With the Office of Special Education Programs (OSEP), we're not allowed to say prefer not to answer. For race and ethnicity, those are required fields. We're required to report that data set.

Jenna Weglarz-Ward stated, I always caution from a legal standpoint though, if we're saying something like prefer not to disclose and not answered. These may be two different things. I just don't want people to come back and say I didn't answer that question, but now I'm here and it says I did answer the question with prefer not to answer. Bittany Toth, I see what you're saying cause disclose implies that I don't know it has an implication rather than prefer not to respond. Jenna Weglarz-Ward expressed, we are just providing a kind of primer, a family centered primer to say, this is why we're doing this.

Jenna entertained a motion for the script to state:

"Recently, Nevada passed legislation that would help to better serve members of the LGBTQIA+ population. All governmental agencies, including Nevada Early Intervention Services, are required to ask families the following three questions about their young child. All information gathered is confidential. At any point, families who are not comfortable answering these questions can choose "Prefer not to disclose."

**Motion:** Approve script entered in chat (above)

**First:** Catherine Nielsen

**Second:** Christi Hines-Coates

**Abstained:** Sarah Horsman-Ploeger and Julie Dame (ADSD employees)

**PASSED**

Sarah Horsman-Ploeger asked, can we confirm who's going to be sending this to the Directors Office?

Lori Ann Malina Lovell answered, in the past, when the ICC has developed a correspondence, the Co-chair or the Chair will be the individual who sends that on to the recipient. Jenna, since you are the chair, you could pass that along to our Deputy Director, Shannon Litz. I can provide you her contact information. This is Mary Garrison for the record, I just wanted to say I will get that verbiage, I will put it on the letterhead, and I will send to you Jenna.

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

### **a. Early Intervention System Analysis**

- i. Scope of Project
- ii. Advocacy Groups Contacted for Early Intervention System Study  
*Health Management Associates*

*Recording stopped and was restarted during Health Management Associates presentation.*

Derek Barber, Health Management Associates, other ways of coming into the system are through informed clinical opinion, or through an auto eligible condition like Down Syndrome or another chromosomal disorder. I'll mention though, it's here in this next slide the eligibility criteria in Nevada, and that is through the formal evaluation process, a child must demonstrate at least the 50% delay in one developmental area or a 25% delay in two developmental areas. Again, referring to Infant Toddler Coordinators Association (ITCA), who does a categorization based on eligibility criteria for every state. They have three (3) broad categories that go from category A being least restrictive, like New Mexico, who also serves at risk populations, to category C where they've categorized Nevada, among the most restrictive criteria. The reason this chart is noting certain states, these are the benchmark states aside from Nevada, which is color coded here in green. These are the other seven (7) benchmark states that we refer to and four (4) of our seven (7) states well, three (3) of our seven (7) benchmark states are in category C as well.

This is the reason for the restrictive criteria, lower child count. We would say across time, and we looked at the last several years 2017-2022, those numbers are kind of small, and that gap between what Nevada is serving and what nationally is being served, that is starting to widen. It went from 3% in Nevada, 2017. That gap is only 1/3 of a percentage point, and now you're about 8/10 of a percentage point different from national averages, and this could be due to a lot of things. It might be due to other states loosening restrictions on their eligibility standards and more children are coming into their systems. We're not exactly sure, but that is the trend that we see. This chart discusses the proportion of children served by race/ethnicity. In comparison to the 2021 ADSD data and the 2021 child counts that we were able to use, the major takeaway here is that we see kind of a higher rate of service to children who are from white and Caucasian backgrounds compared to other races and ethnicities, which are remarkably very similar. We didn't know what to expect when doing this. White/Caucasian just happened to stand out as having a higher rate of service than the actual proportion of children in the state.

This chart is looking again at when children receive authorization, depending on where they live in the state, it might factor into how many services they receive. In the South and the Northeastern rural regions, children tend to receive less authorizations than children in the Northwest region. We don't have actual service data, just the authorizations. I think in our report we recommend, of course, and I'm sure NEIS is going to do this with your new system, is to look at actual utilization in relation to all the different demographic factors to see if these numbers change, because authorizations and actual utilization are similar and there's a relationship, but they're not always the same.

Of course, some children might receive less than they're authorized for a lot of different reasons.

By proxy this is utilization, and this is our conclusion. It seems like more authorization in the Northwest region than in other regions. The least authorizations are in the Northeastern, rural region. We did not find disparate outcomes with regard to IFSP authorizations based on language.

We do see some more similarities than we think differences in terms of the proportion of children who speak English, Spanish, and other languages that are authorized for these different services. So, for example, almost every child will receive special instruction. There are going to be exceptions in these all-other languages that might sway the numbers, it's easier to sway those smaller numbers than the larger numbers.

Looking at the two largest populations, we saw more similarities, I think, than differences in how these services are being authorized and the type of services that are being authorized.

This chart just shows the number of hours per month and by race and ethnicity that are authorized. We saw a tight trend 2.2 hours to 2.4 hours regardless of service type across most races and ethnicities. Of course, there are some differences on the tail ends here with regard to transition planning. These two measures are from the APR, again from Fiscal Year 2021, and we're just really demonstrating that NEIS is pretty much on par with national averages with regard to the proportion of children who have exited with transition steps and services are already documented. Those children had that exit conference done within the required time frames.

This next chart is a summary of the exit codes. Again, I think from FY20-21, it is compared to the national averages. We saw the most differences in these two numbers were the number of children who were exiting Part C going into Part B. That's going to be Part C eligible exiting Part C. Nationally 9.2% exited Part C going into Part B, and 30% in Nevada.

We also saw some differences in comparison to national averages for the proportion of children exiting who were withdrawn by their parent or who I suppose NEIS couldn't contact their parents for contact. These proportions are just higher on the NEIS side than the national average side.

There were differences in the proportion of exit codes by race and ethnicity. And again, in our report, I think we have a full table that shows us. It was just too busy to put here for this presentation. For example, the proportion of children exiting to Part B range from 10 1/2% for children who are native Hawaiian or other Pacific Islander, and all the way up to 32.1% for children who are of two (2) or more races. On the other side of this is those withdrawals by parents, ranging from 7.1% for American Indian and Alaska Natives to 23.4% for children who are Asian or from Asian descent. We found slighter variation and exit codes in terms of the range by language characteristics. Here you can see for example, some of these are different by about a percent to 2%, but others are five to 6% different. So, language again as a factor in how transitions occur.

We've made some recommendations with respect to outcomes. Some of this comes from what we heard from Community Partners and from other stakeholders. If we're referring to the child outcome measures, they're not always sure if they're reporting correctly. They could benefit from central training or some form of access to centralized policy and procedures that might help them to better understand child outcome reporting. We're not necessarily saying that's the reason for the measures that you saw, but this is something that can help people in the provider community ensure at least that they're reporting accurately. We made a recommendation to first identify the means of making all policies and guidance essentially accessible. We understand that there's a variety of ways of doing that today through the Part C manual and through monthly TA calls and so forth.

We also understand that that some of that information, particularly information through Monthly TA calls may be lost to new providers who don't have access. Well, they don't have access to the TA calls. They might have access to the information even if providers should share that information administratively, we think that it would be better to centralize all that information, so it's centrally accessible, either through the Part C manual or through some kind of central online system. We see a lot of this with the developmental disability authorities, who will publish system guidance and it will be kind of retrievable online forever.

We also think that other forms of training can be identified and put out in standard ways and freely accessible. We saw in some other states where they have kind of a holistic onboarding training that every provider that starts new will take. They may even be required to take it within the first two to three months, but again publicly accessible.

As I mentioned previously, we have a recommendation to leverage NEIDS data when it's available, particularly for utilization and things like that. And just to continuously monitor that data for other potential disparities, not just those disparities that we've pointed out, those potential disparities and differences that we pointed out to others that we may not have been able to evaluate, such as family income. Here we have the recommendation to collect family income and we'll probably comment on this in the report. I wasn't aware until this call today that you were collecting family income as part of the NEIS system, and so I want to make sure that we reflect that and report one way or the other.

I'll stop now for any additional questions you might have.

Jenna Weglarz-Ward asked, Are there questions right now? I want to thank you for presenting and I know hanging out with us all day to learn about this system. Are there other questions right now for Derek and his team? When you are ready to share your final report, we'll probably dig into it again at a meeting, or maybe

one of our retreats this year to really think about what does that mean for our system and how can the ICC support some of those goals?

Derek Barber stated, we appreciate the time and opportunity to present today.

Jenna stated, I'm going to turn it over to Sarah for the remaining of her items under item six (6) today, then we'll go over to item eight (8) for the Part C reporting.

**b. Nevada Early Intervention Data System (NEIDS)**

*Sarah Horsman, Health Program Managers*

Sarah Horsman-Ploeger, for the record. I will just touch briefly upon our Early Intervention Data System since I know we have other pressing things. During the last ICC meeting, I had notified the Council we were about to go live. We did successfully go live on October 20, 2023, and that began partial data migration. On December 1, 2023, all of our providers, community providers and the state, began using NEIDS solely for billing and for documentation. We are in the process of testing out a parent portal, so that should be a future roll out to families in which they can access their schedule, they can look at reports, their IFSP, as well as continue to request their records through their service coordinator as outlined in the IDEA Part C Parent Handbook.

We're also in the process of discussing with the developer a referral portal for referral sources.

So far, we've heard some positive feedback. We have had a few bumps along the way as far as billing and claims that we are working through to make sure that we are getting all the remittance and insurance payments that we can. That is the main update right now for NEIDS.

Are there any questions? I'll turn it over to Fatima for item C.

**c. Early Intervention Program Developmental Specialist Vacancy Rates**

*Fatima Taylor, Health Program Managers*

Fatima Taylor for the record, and I just wanted to give an update on the vacancy rates for the Development Specialist (DS) positions on the state program side. We have approximately three (3) vacancies statewide for the DS position. We have been able to fill those positions but are still challenged by the high caseloads. We are hoping to fill the remaining vacancies, which will help us as we look at meeting the demands with the referrals coming in. Any questions?

**d. Early Intervention In-Person and Telehealth Report**

*Sarah Horsman, Health Program Managers*

Danielle Race, we ran the report for the quarter one (1) of the new year. This is the report for telehealth for in person and telehealth throughout the year. We were able to get to a years' worth of data to compare the prior year to the current year. Since last fiscal year, most of the services have declined, especially telehealth, go ahead and go down to the comparison for that one. There's the comparison for June of 2023, where most of the state is consistent, and then there's the comparison to this year where everything pretty much went down.

**e. Early Intervention Delayed Services Report**

*Fatima Taylor, Health Program Managers*

Fatima Taylor, for delayed services, I don't have the actual report for the different regions on the state program side. We do have some delayed services. When we look at Elko, Ely, Winnemucca, and Las Vegas, we have some waits with vision services and we're still recruiting, and then using internal resources of telehealth options when a family gives consent and it's appropriate to utilize. In our Carson and Reno are we have vision



services that have a delay. They are also dealing with feeding and nutrition services that have delays in getting started. We have stated recruiting for those positions, offering makeups and telehealth where appropriate. If we have any flexibilities or efficiencies we may want to implement, we do reach out to Part C for prior approval. Are there any questions?

Melissa Slayden, I don't have questions on the delayed services. I did want to offer a little bit of information if that's okay with the ADSD administration. Fatima Taylor agreed. In our new system, NEIDS, it does allow us to track automatically within the system whether services have been delayed and whether IFSP's are over the 45 days. Because we are still technically in transition with our data system, their services show as delayed because we started with all December services for billing. So, there's a strange bridge there that has happened. Until all the data are completely current, we won't be able to use those timely service delivery reports as well as we would like. TRAC didn't offer us the opportunity for tracking timely service delivery like we see in indicator one. That's why those data always come from comprehensive monitoring. I'll let you folks answer Robins question, but for the CP's, everyone was asked to self-report to the Part C Office for any delays because those were tracked outside of TRAC. I don't have data in the system at this point that I would call reliable for timely service delivery because we had to actively step from a point in time system to another point in time system.

Jenna Weglarz-Ward, Robin has a question, if you can answer. Any services in the other programs that children are waiting for? Fatima Taylor asked, when you say other programs Robin, do you mean community providers or other state programs? Robin Kincaid answered I mean both.

Fatima Taylor answered, we do self-report our data to Part C, so they are abreast of our delayed services. And then for the community providers, we on the state side don't track that, but they've been encouraged to reach out to Part C as well with that information and get support from Part C on efficiencies if needed.

Mary Garrison stated, all CP's and state programs provide that data to the Part C office. The only one that I had is what is shown here in the packet. I did request updates from programs, I did not any, besides the one that I did include. If any programs are on the call that have delayed services that they would like to report, I would suggest you do it at this time because we did not receive them in our office.

**f. Early Intervention Program Highlights**  
*Sarah Horsman, Health Program Managers*

Jenna Weglarz-Ward, I'm going to hand it over to Sarah. Sarah Horsman-Ploeger shared, this could be for read only since programs submitted their own. But if there's any specific questions, let us know. Jenna Weglarz-Ward stated, thanks to all the programs that sent in those updates. Those are helpful for us to get an idea of what's happening.

**VII. Review, Discuss, and Approve the State Performance Plan (SPP)/Annual Performance Report (APR) Indicators 1-11 (Indicator 11: State Systemic Improvement Plan (SSIP)) Due to the Office of Special Education Programs (OSEP) February 1, 2024; ICC APR for Submission to Governor's Office (For Possible Action)**

*Lori Ann Malina-Lovell, Nevada Part C Coordinator*  
*Melissa Slayden, Part C Data Manager*

Thank you very much Jenna, this is Lori Ann, for the record. I see Melissa is also on ready to share out. Thank you everyone for your patience with us. Again, we don't believe that this issue will continue into next year's review, and so we hope that this will be the last and final time of having to ask our ICC to bear with us. If we could please scroll up to indicator three (3) for child outcome.

This is that six (6) part Indicator three (3), and we have this information here for you. Indicator 3A1 is also the same information that is inputted for indicator 11, the state systemic improvement plan (SSIP). For indicator

3A1, we were pleased that the EI system met the target with no slippage and likely exceeding the national data average for this indicator at 80.02%. Melissa, go ahead and share out and feel free to go through these if you would like to take the lead on the this just for the sake of time.

Melissa L. Slayden shared, the spreadsheet for calculating these has about 80 hidden columns that I'm not allowed to touch. All the calculations match the calculations for OSEP because it came from ITCA. And so how we get there, I can't quite tell you. I know that there's five (5) areas of growth. We met the target without slippage in the first section.

So last year, for instance, our outcome B2 data, those infants functioning with in age expectations by the time they turned 3 or exited, dropped from 33.87% to 26.77%. Because we're looking at a 100% scale, and that slippage is more than 1%, then that is where our slippage definition comes from.

Overall, the system is showing that we did not meet the target, and we had slippage for the entire indicator because of the way that it's measured inside the eMAPS portal system. Even though we did well, we didn't meet our targets.

Lori Ann Malina Lovell, thank you, Melissa. Let's move on to the next indicator that you all were waiting on information for, which was indicator 8B.

This is Melissa Slayden, 8B in the previous year was down to 54% for notifications. The current fiscal year for reporting, we came up to 97.16%. I do want to check the last 66 kids. I want to make sure that they weren't late referrals or anything. I would hate to hold that against the state if they didn't belong in there, but those numbers are based on our exits. What age they exit at, and the notification.

Thank you, Melissa. This is Lori Ann for the record, and so the data that you were waiting to view is there under Indicator 8B, which did not meet target, but there was no slippage at 97.16%. Of the number of toddlers with disabilities exiting Part C, where notification to the Local Educational Agency or the school districts occurred at least 90 days prior to their third birthday. There is indicator 11, which was also that information we wanted to share with the ICC, and which now is available as we had shared from Indicator 3A. Amazing progress for Nevada, probably our highest result yet since having developed this at 80.12% for social emotional development. This again is regarding those children who entered or exited the program below age expectations, and the percent who substantially increased their rate of growth by the time they turned 3. So from the time that these children entered the system they were performing below their age level, but by the time they had exited, they had substantial increased rate of growth by the time they turned 3, or exiting the program. This is regarding growth in social emotional development. This is a huge testament to the programs and the wonderful work occurring across the state.

This concludes the updates. The ICC now has all data before you and we would like to see if you have any questions before the ICC considers moving to vote to certify the APR. Thank you again everyone for your time. There were no questions.

Jenna Weglarz-Ward addressed the council, I would entertain a motion to move forward with certifying this report.

**Motion:** Certify Annual Performance Report as Presented

**First:** Assemblywoman Tracy Brown-May

**Second:** Robin Kincaid

**PASSED**

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

### a. Project Assist Report

This is Lori Ann Malina-Lovell for the record. At this time, we usually do report out about our Part C updates, but we wanted to provide an update that the APR indicators that were pending information are now completed. We want to thank Melissa Slayden for her diligence. She has been pulled in many directions, especially with NEIDS requiring a lot of attention. Thank you again to the Council and everyone in this meeting for your patience while we caught with those last pieces of data. I'd like to ask; would you like us to proceed with our Part C updates or would you like to use a flexible agenda and review those remaining pieces? Jenna Weglarz-Ward, I think we should go through the Part C reports quickly so we make sure we get this out of the way. Mary Garrison informed the council that the project assist report file has been corrupted, which was a shock to find. At the same time, it leads me to something that we've been wanting to do. We would like to update our reporting on project assist. Many of the Council members who have been here for some time know that our previous Administrative Assistant III (AAlll), Dan Dinnell, was our family support and resource specialist. He created a report, which had the date of the phone call and what type of referral it was, which wasn't specific. It didn't quite give us the information that we were hoping that we could report on. Irma Gomez, Administrative Assistant II (AAll), has been fielding those calls as they come into our office. We are in the process of hiring a new AAlll. We just got the list this week to hire that position. My hope is that when we recreate our new log, it can encompass all the data that we need. I will be sending an email, blind copied to all Council members, requesting specific information on what you may want to see related to project assist phone calls. We do send a lot of referrals to the early intervention system, but we get calls about things that aren't related to early intervention as well. As many of you know, that wasn't properly logged in the previous log that we had. Calls were logged, but it wasn't specific enough to tell us what kind of calls we are getting. I think that it is important for us to know if we're getting a lot of Katie Beckett phone calls, which we do. We can't necessarily fill out that paperwork, but there is an entire department that can assist with that process. So if we see that, let's say hypothetically 15% of our calls are for people requesting assistance with Katie Beckett paperwork, then we can use that data to better support families and get them the resources that they need. I know that was long winded, but I would like to reach out to the Council and ask for some input on what you may want to see. I will draft a first draft a log with the data that we would like to collect and send that out and ask for your input on what else you may want to see. Robin Kincaid put a description of project assist in the chat for everyone to see.

This is Lori Ann Malina-Lovell, I just wanted to add something quickly; the Project Assist calls that come in and are routed to me usually are related to community inquiries from individuals who are seeking to join the EI landscape as a therapist, as a program provider, or just seeking information about how to become a comprehensive EI program. Those requests will come in from time to time and I will route those, or my team will route those over to ADSD who provides the oversight for the day-to-day direct services of early intervention.

### b. Complaint Log

Lori Ann Malina-Lovell continued, at this time, as we always do, we provide updates on complaints and concerns in the system. This is a standing agenda item for the ICC, by request. This is also a standing agenda item at our local statewide technical assistance meetings with programs. Sharing out today will be our Developmental Specialist, Program Liaisons, Iandia and Pam. The information is deidentified. We don't share information on families, as we keep the details of their cases confidential. Pam, are you able to share out?

Pam Silva, for the record, we have three (3) complaints to update you on today. The first one was from a rural program. The investigation was completed in February of 2023, as the program had completed their corrective action plan. All areas were addressed, which were to do with physical therapy being provided that in the natural environment. That was fully corrected and closed out November 30, 2023.

The next two complaints are from December 2023. They are considered complaints for Fiscal Year 2024. The first is from a rural program and due to provider shortages. The program was not able to provide their Speech Therapy assessment in a timely manner. That complaint was received by our office October 2, 2023. The investigation took place and was completed December 1, 2023, and the Speech Therapy assessment did occur. There were compensatory services owed to the family, which are ongoing at this time, and the program has a corrective action plan that they are currently working on. That is the first complaint for State Fiscal Year 2024.

And then the second one was received by our office on October 20, 2023, regarding a program in the Reno area, that was not able to provide adequate vision and orientation and mobility services for a child. That investigation started on October 20, 2023, and was completed December 19th, 2023. There are compensatory services owed to the family. The program is meeting with the family to discuss delivery of those compensatory services and the ongoing method of service delivery. The program and family entered mediation in December of 2023, but did not come to a resolution. Questions?

Robin Kincaid asked, is there a time frame that the program must develop their corrective action plan? Sometimes we see in other states they have 30 days once the decision or the investigation is complete, and they're asked to do a corrective action plan. Have you implemented any time frame for the program to develop their corrective action plan? Pam answered, I can say that for the prior one we did, we had a 30-day window that we met with the program and then they started their corrective action plan, which they have a year to complete.

Lori Ann Malina Lovell explained, I was the lead mediation coordinator for the most recent case there before you, complaint number 202402, and India was the lead complaint investigator. Just as Pam had shared, programs are required by IDEA federal regulations to complete corrective action plans within one (1) year from the date of the report. As soon as possible is encouraged, and so our office directed the program to meet with us within 30 days from that report. We had our first corrective action plan meeting on January 12, 2024, with the program. That does meet that 30-day timeline. Although that is not a federal requirement, it is good practice to have timely follow up and it is my understanding that the next follow up with the program will be this week on January 31, 2024, through written correspondence.

Jenna Weglarz-Ward thanked Lori Ann and asked if there are any other questions about the complaint log. There were no additional questions. We can move on to some highlights of the yellow bar report.

### **c. Yellow Bar Report**

Melissa Slayden shared; I want to point out we have a few issues with the Yellow Bar Report. Some of them are that we are in a 2024 and Excel still can't read to people and so much of our data comes through in this format. So, these are a nightmare when we go to remediate these for folks with visual impairments. We do use these for our Annual Performance Report (APR). This is the FY23 data, so this is the data that ended in June of last year with our new IFSP's. Here's where the Continuum closed. I didn't add Positively Kids because they still had children who were exiting during the time of their closure in spring of last year. In the next data set you won't see either of those, but you will see Theraplay. One other thing to note here is that I will no longer be putting those children who have passed quarterly, and they will not be reported when associated with exits from each program. I know that we've been doing that for at least a decade before I came on, but it gets far too close to any kind of HIPPA violation for me. This would allow us to zero in far too easily for those children who passed.

All our exit data includes an exit reason, as well as sex, race, and ethnicity. Those pieces won't be shared with you because they belong to the system and the government and those private families. Those were the things to note on here and then our transition data. The closures of the Continuum and Positively Kids had an impact on the system for both transitions and for those children with their 45-day timelines because of the pressure it put on the rest of the system as they went through their termination and closure processes. This is the

abridged version today, and next time that we see you your data will be coming from TRAC for the first quarter because those data still live there. Quarter two (2) data are going to look a little different because of the bridge that we had to make. October 20, 2023, NEIDS launched. December 1, 2023, billing started in NEIDS. The parent portal is coming soon and so that will affect things to a lesser extent. With the movement of records across those two (2) systems for that second quarter, those data are going to take longer, and they'll probably express just slightly differently. I would like to have these as documents that can be remediated much more quickly, while still giving you the information that you want for all these pieces that lend themselves to our indicators.

Jenna Weglarz-Ward thanked Melissa and stated, I think we can always talk about what's most useful and how to share data.

#### **d. Early Intervention Professional Development Center Update**

##### **1. Number of current learners versus possible Developmental Specialists in the Early Intervention System**

Lori Ann Malina-Lovell stated, thanks, Jenna, and thank you, Melissa, for sharing out. I'll try to keep these comments brief because we did hear significant testimony today already about the Professional Development (PD) Center, but we want to invite anyone who's interested to attend the graduation and professional capstone share out if you would like to observe, contribute feedback, evaluate, or even replicate the work that is being done with the PD center. The learners are working very diligently and will be presenting their capstones during our virtual classes during late March and early April. We're very excited, this will be our first graduating cohort. They will go on, upon successful completion, to earn their alternative certification, which is an equivalent to an endorsement for their positions.

The second cohort is scheduled to graduate July to August 2024, and a third cohort will begin in March with expected graduation in April 2025.

They're very innovative and very exciting and we have already started with presentation proposals of this grow your own initiative, including some highlights of the professional EI capstones from the learners. We sent a proposal for a local conference with the Aging and Disability Services Division that is scheduled for April 2024. We don't know yet if we've been selected, but it was a great experience to at least apply for consideration and we also hope to apply for consideration in presenting at the upcoming Division of Early Childhood (DEC) Conference in September 2024. We may be reaching out to you, Jenna, as you so graciously and generously offered to review proposals prior to those being sent to the DEC. That is the upcoming activities for PD Center. We will invite our new PD Center director during April 2024. Does anyone have any questions about the PT center?

Jenna Weglarz-Ward shared, there have been some recommendations to changing the state licensure for early childhood special education, which would impact those people who are trying to use the alternative certification to eventually get a full teacher license. They haven't gone through yet. They were just introduced this month, so we'll keep an eye on those.

Lori Ann Malina-Lovell thanked Jenna. We wanted to certainly make sure that we're remaining comparable to what the Department of Education is requiring. So, thank you for letting us know about that. We do keep updated as best as possible in our collaboration with the Department of Education and their office of Educator Licensure. We have most recently been in touch with their director, Jeff Briske, regarding our PD assurances, which are updated annually.

Lastly, we'll move to different differentiate monitoring and supports.

#### **e. Differentiated Monitoring and Supports (DMS) Update**

This is Lori Ann for the record. The Differentiated Monitoring Services and Supports or DMS was the federal monitoring that occurred within the last few years and culminated with an onsite visit by the Office of Special Education Programs (OSEP) staff during November of last year. We want to thank again everyone who participated in that stakeholder engagement and any interviews or forums among families, personnel, and leadership, including administration. We had a lot of great takeaways.

We were very mindful of the areas that we need to improve upon and appreciated the technical assistance from OSEP. We look forward to reading and sharing with you their report when they do release that. That is expected within 90 days from their visit, which should be end of March 2024. I look forward to that share out during the next quarterly ICC meeting in April 2024.

Jenna Weglarz-Ward, so now we're going to circle back to item seven (7), the APR.

**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 775-321-6111. When prompted to provide the Meeting ID, enter 297 638 498 746. 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.)

Jenna Weglarz-Ward asked, is there any public comment for today?

**Public Comment:** Good afternoon, everyone. My name is Phillip Mannelly, and I think I'd be remiss if I didn't provide just a brief public comment. My son is one of the folks in the complaint here. The NEIS Reno complaint, and in that update, it says the program has a meeting scheduled with the family to discuss delivery of compensatory services and ongoing method and service delivery, and so my public comment is just an update there. There was a meeting, and we were told we won't be provided any compensatory services until someone is hired in that position. We've been hearing the same thing for many, many months, and so there's a little discouraging to say the least.

Philip Mannelly continued, but like I said, I would feel remiss if I did not provide this group with an update in that regard.

Jenna Weglarz-Ward thanked Mr. Mannelly for his comment.

Jenna Weglarz-Ward provided public comment. OSEP released a new inclusion statement in November 2023. There's a new Early Childhood Inclusion Policy statement that's really fantastic. I encourage you all to read it, so I'm happy to share that if people need help finding it. You can look it up publicly as well, but it gives us some thinking about setting tone for what we want to do. It gives us some great reminders of what could be happening, and examples of things that could happen in other states, any other public comment?

**X. Schedule Future 2024 Meetings (For Possible Action)**

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

Robin Kincaid stated, I have some agenda items that I would like for the next meeting. Can I email them to Mary or to Jenna? Jenna Weglarz-Ward answered, yes.

Robin Kincaid shared; I have eight (8) agenda items that I would like to propose that go on the agenda.

Jenna Weglarz-Ward asked, Any other members?

Mary Garrison, for the record, I listed this topic as future meetings for this year because we did have an interim meeting in December 2023 where we reconvene to discuss bylaws. I'm thinking you all would like to continue to do that. Just let me know and we can schedule that. The next quarterly meeting would typically run in the

April time frame, and then we can schedule going forward. I would love if the council would consider doing an additional retreat in the month of July.

I have a list for April topics, but again, anything that comes up, please send to Doctor Jenna Weglarz-Ward and myself, and we would be happy to review and ensure that anything you would like to discuss is on the agenda. As of right now I have included discuss adding a subcommittee for finding new members, but Jenna and I will talk about that a little further. I will also send out that membership list again. I'll be including the December 2023 and January 2024 minutes. We will send the final approved APR, and I know that there was some discussion about that DMS report OSEP. That will be available by your April meeting. I will provide membership updates. I did hear that you may want to look at HMA's final report. Some of the follow up items that may end up on the agenda as well is a letterhead with the requested and approved script for the SOGI information. We will also be sending out our new project assist reporting template. I will also include a project assist report in the April meeting. I'm also sending the link for the Part C budget comment period.

Jenna Weglarz-Ward reminded those in attendance that public comments can also be submitted in writing, but no action can be made on comments. Jenna asked for any other comments.

Sarah Horsman-Ploeger asked I know in the last in the October meeting, we were just or there was discussion about moving some of the subcommittees that haven't met in a while to work groups. Can that be a follow up that we can have? I know there was a lot of things made to cover today. Mary Garrison shared that there is information regarding that, so yes, we can discuss.

Hi, this is Lori Ann, for the record, I wanted to thank everyone again for being with us for this very long meeting. Thank you to all who are involved in the council and thank you to those who joined to provide observation or public comment. We appreciate each and every one of you, and I also wanted to ask when scheduling the next meeting, if we could look at the dates so that they don't conflict with events occurring in the system. For example, the ADSD conference is scheduled for mid-April. I just want to be mindful of not scheduling on those dates but thank you again everyone.

Jenna Weglarz-Ward and several members requested a poll be sent to select dates.

## **XI. Adjournment**

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

Jenna Weglarz-Ward closed the meeting, I want to thank everyone from the public that joined today, it was a long meeting. I really appreciate everyone coming and know that we do have vacancies on the ICC. If you're joining as a public member, and you're interested in membership, but you're not sure, feel free to contact myself or Mary to do that. But otherwise, we've completed our agenda. I'm going to move to adjourn at 3:57 pm.

---