



### DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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



Richard Whitley, MS *Director* 

### **MEETING MINUTES**

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

**Date and Time of Meeting:** Tuesday, May 23, 2023

10:00 AM

Meeting was held virtually at:

### Microsoft Teams meeting

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

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

### **MINUTES**

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

Interim chair, Lori Ann Malina-Lovell, welcomed all on the call. A quorum of members was present, and the meeting was called to order at 10:02 am.

**Members Present:** Dawn Brooks, Kellie Hess, Lisa Hunt, Robin Kincaid, Rhonda Lawrence, Sandra LaPalm, Sarah Horsman, Crystal Johnson, Janice Lee, Catherine Nielsen, Keana Sullivan, Jenna Weglarz-Ward

**Members Absent:** Assemblywoman Tracy Brown-May, Andre' Haynes, Valeria Gundersen, Kristin Hoxie, Kate Osti, Karen Shaw, Brittany Toth

Public Attendees: Christa Allan, Therapy Management Group (TMG); Linda Anderson, Nevada Public Health Foundation; Ruby Batz, University of Nevada, Reno; Laurie Bauer, Division of Health Care Financing and Policy (DHCFP); Tonya Blochowiak, DHCFP; David Cassetty, Nevada Division of Insurance; Abbie Chalupnik, ADSD; Karen Frisk, Nevada Early Intervention Services (NEIS)-Northeast; Sheila Garner, NEIS-Las Vegas; Randi Humes, ADSD; Marnie Lancz, TMG; Lisa Manning, Capability Health and Human Services (CHHS); Julie Ortiz, Advanced Pediatric Therapies (APT); Jessica Roew, NEIS-Carson; Debra Stewart, MDDA; Fatima Taylor, NEIS-Las Vegas; Lindsay Wood-Lopez, NEIS-Las Vegas

Part C Support Staff: Mary Garrison, Lori Ann Malina-Lovell, Jalin McSwyne, Lauren Roscoe, Pam Silva, Melissa Slayden

### II. Public Comment

Lori Ann Malina-Lovell asked if there were any public comments on the teleconference, or if any comments had been submitted. No comments were made or submitted.

### III. Approval of the Minutes from the January 30, 2023, Meeting (For Possible Action):

Lori Ann Malina-Lovell asked the council if there were any edits needed to the minutes from the January 30, 2023, meeting minutes.

**Motion:** Approve meeting minutes from January 30, 2023, ICC Meeting as presented.

**First:** Catherine M. Nielsen **Second:** Dawn Brooks

**PASSED** 

### IV. Aging and Disability Services Division Updates

### a. Early Intervention System Analysis

Sarah Horsman and Jessica Roew shared about the Early Intervention System Analysis. Sarah shared that the project is in the scope and deliverables stage.

### b. NEIS Health Screening & Guidance

Sarah shared that ADSD did release new guidance on March 20th, 2023. The most notable change was that the requirement for masks has been lifted. It is still recommended for families and staff, but no longer a requirement. There is also guidance specific to staff and information stating that Early Intervention is provided in person primarily. The screener and memorandum were shared in the handouts.

### c. Nevada Early Intervention Data System (NEIDS)

Sarah shared that the system was surveyed for name suggestions for the new data system, and Nevada Early Intervention Data System (NEIDS) was selected. The tentative go-live date is still Fall 2023. Robin Kincaid asked if the new system would assist with the timelines for reporting of children transitioning from Part C to Part B. Melissa Slayden said that based on the discussion with the developers, the new system should assist with reporting timelines.

### d. Legislative Updates

Sarah shared that the current legislative updates that they are following are 13114 and 13116. One will require medical providers to provide evidence-based information to prospective and current parents of babies born with Down Syndrome. Our budget recently closed, and the legislature has approved the removal of the 50/50 split. Currently what was in statute is that we had to maintain a budgeted authority caseload of 50% of children in state facilities and 50% with the community providers. The 2022 System Rate Study Increase was also approved.

### e. Early Intervention In-Person and Telehealth Report

Randi Humes shared the Early Intervention In-Person and Telehealth Report. Sarah shared that the EI System has experienced critical staff shortages that has led to a delay on some services being provided, at the time, specifically in the Reno area. In August 2022, sixty children were waiting to receive Special Instruction. At the time of this meeting, thirty children were waiting for Special Instruction. The Northeast region is also in need of a Physical Therapist; therefore, families have been offered telehealth services by Reno and Vegas physical therapists. Fatima Taylor also shared that due to Community Provider closures, the Southern state office has been monitoring to see if programs may be impacted with a wait list for services from absorbing all those active children and that currently they do not have a wait list for services, but some services could be delayed just because of getting parents to come in. Rhonda Lawrence asked if there was a trend in the reason for closure of these offices. Sarah said while it was not solely due to the rates needing to be increased, that change will surely have a positive impact on current programs.

Rhonda said that with a new system that streamlines some of the billing, that may be beneficial to programs as well. Jenna Weglarz-Ward asked about the delayed services and if there is information on how long of a delay families are experiencing. Jenna also wanted to know what positions each location needs to hire. Sarah and Jessica explained it varies by region. Robin Kincaid asked if families are transitioning from a program that is closing, are they required to go to a new program in person to reestablish services? Sarah said no. Rhonda Lawrence stated that other divisions are using Accelerated Pay to help with onboarding.

### f. Early Intervention Program Highlights (Information)

Program highlights were shared in the meeting packet.

### V. Developmental Disabilities Awareness Day 2023 (Information Only)

Catherine M. Nielsen shared about Developmental Disabilities Awareness Day 2023, That was on March 7, 2023, where they had 75 individuals with disabilities and family members joining us to learn about the legislature and the legislative session. On March 8, 2023, we had the Developmental Disabilities Awareness Day at the legislature, where we had about 150 people in person attend and meet with different representatives and sat on the legislative floor during sessions.

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

Lori Ann Malina-Lovell shared about the Nevada Early Intervention Professional Development Center, or PD Center for short. This initiative was started in 2022 when the Part C Office and ADSD found that there was a critical staff shortage of Developmental Specialists in Nevada's Early Intervention Services. Last summer, we submitted a proposal to the Director's Office because there was available American Rescue Plan funding through the

Governor's Finance Office. We plan to expand to address shortages with other disciplines such as therapists, and we also would like to expand our course options to support our ICC and any stakeholders who may be interested in learning about Early Intervention. We want to include communities of practice as well for families. Lori Ann went over the comparable coursework, the ribbon cutting ceremony, the plan to hire contractors, and the subscription to EBSCO, which is a research-based platform that allows our learners to perform academic research with peer reviewed journal articles.

Dr. Jenna Weglarz-Ward asked if there is a plan for funding once the ARP funds are expended. Yes, we have discussed with Governor Lombardo regarding sustaining this effort.

We met with the Governor's Finance Office and the Inter Finance Committee (IFC) in February, when our subscription for EBSCO was there on the table for their approval. Governor Lombardo did ask us regarding our plans for after the ARP funds are depleted, and we did let him know that we do have the funding to be able to continue our subscription with EBSCO. As for a contractor position, we will have funds available for one full time and one part time contractor position through the year 2025 and thereafter, we would have to determine whether we will still continue to need both contractor positions and whether we can request to the legislature to allow us a full-time position for that.

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

Lori Ann shared that there are many conferences that the Part C Office would be happy to support ICC members in attending. Information regarding the Office of Special Education Programs (OSEP) and the Division of Early Childhood (DEC) Conferences happening in 2023. Mary Garrison shared that the Part C Carson City office is now open.

Melissa Slayden stated that Part C Federal Deadlines are being moved to align with Part B deadlines. Melissa shared that the data is showing large amounts of growth.

Lori Ann shared the grant allocation amount in the chat. With an increase of approximately \$300,000.00, much of the funds will go towards direct services in Early Intervention.

Robin Kincaid asked if OSEP has indicated any plans for an onsite visit with Part C. Lori Ann shared that OSEP will be visiting Part C and Part B in November 2023 for Differentiated Monitoring and Supports (DMS). We do not have an agenda yet but will share when available.

### b. Complaint Log and Family Concerns

One (1) formal complaint was shared by Lori Ann. Family requested in person Physical Therapy Services, but the program did not have availability. The program and Part C worked with the family to resolve this issue. Lori Ann also shared about other complaints received that were not escalated to a formal complaint. Pam Silva shared that several informal complaints have recently been received where families were wanting to move programs due to a delay in certain services. Lauren Roscoe shared that there has been one complaint in the south regarding service frequency. That family has transferred to a new program.

### c. Nevada Pyramid Model

Mary Garrison shared that the State Leadership Team has met in person twice since the last ICC meeting. Nevada was represented by the Quality Assurance Team at this year's National Training Institute.

### d. Early Intervention Family Survey 2023

Melissa Slayden shared that the Family Survey closed on May 5, 2023.

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

Lori Ann Malina-Lovell shared about implementation requirements set forth by Nevada revised statutes as listed related to the collection of sexual orientation and gender identity and expression, or SOGI for short. Lori Ann shared about parent concern received regarding requested SOGI information. Lori Ann reviewed the statute and the information requested of families with the council.

Dr. Jenna Weglarz-Ward asked if this information is requested of the parent or child. Lori Ann explained this is pertaining to the child. Dr. Weglarz-Ward shared that this information can be used as a data point, but in some cases can also be used as a way of excluding a population, therefore, she can sympathize with family concerns. Robin Kincaid suggested a standard script, but that the conversation with family could go better if we could explain how this data is used.

Fatima Taylor requested support from stakeholders and councils in speaking to the legislature about how this collection of information can be better received by families.

Dr. Weglarz-Ward stated that explaining about data security may also be an important part of the conversations with families.

The ICC expressed interest in writing a letter of support regarding suggestions for the collection of SOGI data within the Early Intervention population during their retreat.

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

- a. ICC 2023 Retreat, July 27-28, 2023, Reno, NV
- b. October 2023 Quarterly Meeting

Mary Garrison shared the concerns and restrictions within the Part C office. The ICC voted to have the retreat moved to October 2023, in Reno, NV. This will be a 2-day retreat, where the ICC will complete training and strategic planning.

**Motion:** Cancel previously scheduled ICC Retreat and schedule July 2023 ICC meeting for Thursday, July 20, 2023, at 1 PM and ICC Retreat October 11-12, 2023, at the Reno Sparks Convention Center

First: Catherine M. Nielsen Second: Dawn Brooks

**PASSED** 

Mary Garrison explained to the council that she did not include the voting for a co-chair on today's agenda as she is waiting on the Governor's office to approve Andre' Haynes new appointment.

### IX. Public Comment:

Abbie Chalupnik, ADSD Quality Assurance shared the reason that the SOGI data is being collected is to inform health care providers of the person's right to be addressed in whichever way they feel most comfortable. Agencies are also responsible for training those cultural competencies into their staff to understand the realities of what these populations are experiencing when seeking services.

Dr. Weglarz-Ward shared that the University of Nevada, Las Vegas (UNLV) is conducting a research study to learn about children with disabilities and inclusion in childcare. Information will be shared in late summer regarding participation in the study, and results should be available this fall.

Kelly Hess asked if the retreat is mandatory. Mary Garrison advised it is not, but we will need to have quorum.

Rhonda Lawrence shared updates regarding the Division of Child and Family Services (DCFS) within Infant and Early Childhood Mental Health. There are several amazing projects that are starting. We did have liftoff for the Nevada Association for Infant and Early Childhood Mental Health, and so this is an association that is multidisciplinary across all sectors or programs or services for children that involve social and emotional development and learning. We have had some kickoff meetings and road map meetings and so we are formally a board, which is exciting. We will be supporting the Infant and Early Childhood Mental Health endorsement, and so there may come a time and an opportunity to have a presentation on that.

The second program I'm here to talk about is an ARPA funded program that has now been included in the Governor's budget and our budget closed. That is an Early Childhood Day Treatment Program here in Reno at Northern Nevada Child and Adolescent Services.

It's a program that is a three (3) to six (6) year old program. Many of you are familiar with the project Safe and Growing that had been here in our clinic for many, many years.

That program was not able to sustain itself, so this will now be a Division of Child and Family Services program. We are currently hiring Developmental Specialists III to be the classroom leads.

We hope to have two classrooms up and running, hopefully by the end of the year.

That will serve a morning session and afternoon sessions, and the capacity would be about 24 children.

### X. Adjournment

The meeting was adjourned at 12:28 PM.

NOTE: Meeting minutes were created using Microsoft Teams Transcript. If you would like the original transcript for this meeting, please contact the IDEA Part C Office at <a href="mailto:projectassist@dhhs.nv.gov">projectassist@dhhs.nv.gov</a>.

### Nevada Early Intervention Services Management Analyst Unit

**Report request:** Number of children who are receiving in-person services

Report requestor: Interagency Coordinating Council (ICC)

Page 2022 (requested quarterly undates

**Request date:** 04/28/2022 (requested quarterly updates)

Data gathered: 06/26/2023

Report completed by: D. Race, MAII

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

The intention of this report is to show an update from the previous reports completed on 03/27/23 and 06/07/22. The provision of in-person services has continued to increase following the update to the EI system's COVID-19 protocol allowing the return to in-home and community-based services.

Service-related data were collected from TRAC-IV, Nevada's Part C IDEA data system, on 6/26/23. These are point-in-time data and are specific to children who are currently receiving services<sup>1</sup>. 3,274 children were identified with 8,781 ongoing services<sup>4</sup> throughout the early intervention system.

Table 1 and Table 2 below show the comparison between current data and the previous report completed on 03/27/23 of point-in-time data representing the number of services identified as being provided in-person or via a telehealth related platform. Table 3 shows a comparison of current data and the data collected last year at this time (June 2022). Graph 1 and Graph 2 show the comparison between current data and the previous report completed on 03/27/23 of point-in-time data representing the percentage split between the location of services. Graph 3 shows a comparison of the current data and data collected last year at this time (June 2022).

Current data indicate that in-person services have increased by 116% from the original data set obtained on 01/31/22 where 3,787 services were identified as being provided in-person. The ratio of services to individual child has remained consistent across the reporting periods. Current data indicate an increase of 51% from the data obtained on 06/08/22 where 5,417 services were identified as being provided in-person.

†See data notes below for more information.

### Nevada Early Intervention Services Management Analyst Unit

TABLE 1: Services by Location – Current data from 06/26/23								
Location <sup>2</sup>	Number of Children <sup>1,3</sup>	Number of Services <sup>4</sup>	Ratio of Services to Child <sup>5</sup>					
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 1. Services by Location Current data from 06/26/23

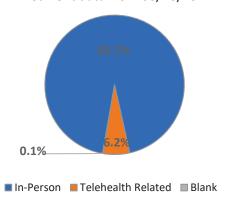


TABLE 2: Services by Location – Comparison from 03/27/23 **Number of** Number of **Ratio of Services** Location<sup>2</sup> Children<sup>1,3</sup> to Child<sup>5</sup> Services<sup>4</sup> 7,270 In-Person 2,853 3:1 Telehealth Related 547 1,005 2:1 Blank 1:1 1 1 8,276 3:1 2,997

GRAPH 2. Services by Location Comparison from 03/27/23

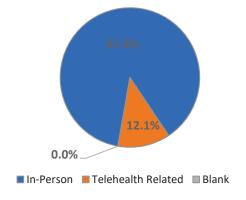
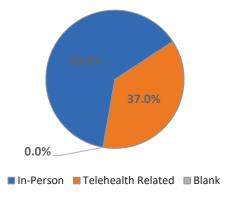


TABLE 3: Services by Location - Comparison from 06/08/22 Number of Number of **Ratio of Services** Location<sup>2</sup> Children<sup>1,3</sup> Services<sup>4</sup> to Child<sup>5</sup> In-Person 2,346 5,417 2:1 Telehealth Related 1,595 3,178 2:1 Blank 3 3 1:1 2,990 8,598 3:1

GRAPH 3. Services by Location Comparison from 06/08/22



### Nevada Early Intervention Services Management Analyst Unit

### †Data Notes:

- <sup>1</sup> 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).
- <sup>2</sup> 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.
- <sup>3</sup> 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.
- <sup>4</sup> 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.
- <sup>5</sup> 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 El 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.

### **NEIS South Quarterly Program Highlights**

### April 1, 2023 - June 30, 2023



### Report Areas:

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

5.

### Outreach Activities & Community Collaborations

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- UMC Spring Family Wellness Event
- **Grant-A-Gift Walk**
- All in a Day's Play
- Military Special Needs Information Fair

### 2. Interagency Coordinating Council (ICC) Activities

### 3. Trainings

NEIS Staff attended the following:

Mentor Training for new Developmental Specialists

**Genetics Training** 

Down Syndrome Connections- Presentation

### THERAPY MANAGEMENT GROUP

### **PROGRAM HIGHLIGHTS – JULY 2023**

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

- Both regions are serving the largest caseloads in the history of the company.
- TMG South accepted transfers from Positively Kids when they closed their doors in April.
- TMG is conducting weekly developmental playgroups in both regions.
- TMG has multiple Developmental Specialists who are part of EI PD DS Training Series
- TMG completed comprehensive monitoring with the Part C office for both regions

### **COMMUNITY EVENTS**

TMG South hosted a Spring Picnic for all of our clients.

### TRAININGS THIS QUARTER

TMG had 4 staff attend the ADOS training in Reno in June.



### NEIS Reno ICC Updates July 2023 to September 2023

### Child Find Activities

- o 7/29/23 Family Health Festival
- o 8/17/23 UNR Student Fair
- o 9/9/23 The Buddy Walk

### Trainings

- o 7/25/23-7/26/23 NCPMI Practice-Based Coaching
- o 8/22/23 1Care Palliative Care
- o 9/26/23 NEIS Autism Team Training

### NEIS Events

- o 8/1/23 NEIS Birthday Party
- o 8/4/23 Popsicles in the Park
- o 9/9/23 Breakfast with a View

### New Staff

- Abby Lecreric, OT
- o Jennifer Main, OT
- o Aamna Ahmad, SLP
- o Jaymielee Defiesta, DS
- Susan Barnett, DS
- o Veronica Sandoval, Interpreter

### Other

- o SI Delayed Services list is gone, we are supporting all referrals coming in.
- NEIDS will go live in the upcoming month.
- o Northern Nevada therapists are working together to support families across regions.

## Endorsement 101

Brought to you by:

Nevada Association for Infant and Early Childhood Mental Health

### Welcome & Learning Objectives

To get endorsed or not to get endorsed?

Differentiate between the categories

of Endorsement



professionals through training, resources, and advocacy to foster the early Nevada Association of Infant and Early Childhood Mental Health supports relational health of infants, young children, and families...

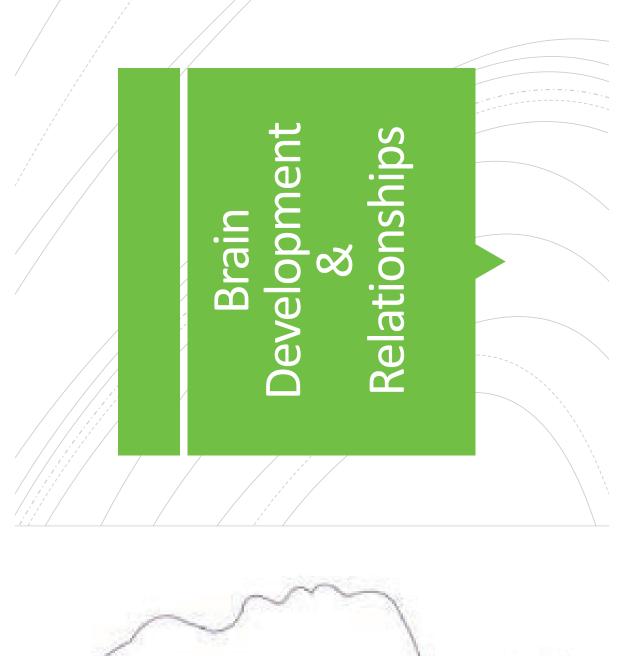


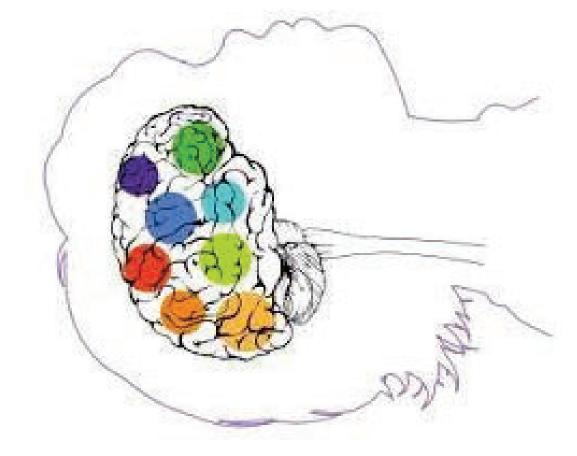
Multidisciplinary Non-Profit Organization For All Professionals Who

NV-AIECMH IS A

Development Of Children Birth Up To Age 6.

Support The







## Infant and Early Childhood Mental Health The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being

Social and emotional development, or infant and early childhood mental health, is the developing capacity of a child from birth to 5 years old to...



Form close and secure adult and peer relationships...



Experience, manage and express a full range of emotions...



...all in the context of family, community, and culture.

## Infant and early childhood mental health services are:

 Provided within the context of family, community & cultural expectations for young children

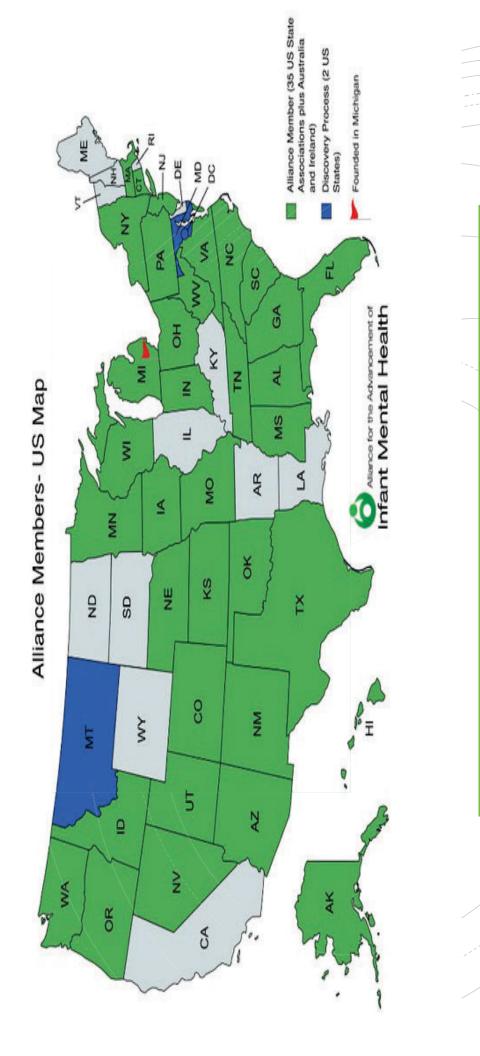
**NV-AIECMH** 

- Focused on promoting healthy social and emotional development rather than on psychopathology
- The focus is the caregiver-child relationship, rather than an individual child.



What is Infant and Early Childhood Mental Health Endorsement®?





## Endorsement® is used worldwide!

### Infant vs. Early Childhood Endorsement

## Infant Mental Health(IMH-E®)

Specializing in work experience with 0-3-yearolds & their families IMH-E® shows that professionals have attained specific work experience and expertise with prenatal up to 3-year-olds and their families.

## Early Childhood Mental Health(ECMH-E®)

Specializing in work experience with 3-6-year-olds & their families

ECMH-E® shows that professionals have attained specific work experience and expertise with 3-6-year-olds and their families.

### Promotion

Infant/Early Childhood Family Associate

### Prevention

Infant/Early Childhood Family Specialist

Infant/Early Childhood Family Reflective Supervisor

### Clinical Intervention

Infant/Early Childhood Mental Health Specialist

### Leadership

Infant/Early Childhood Mental Health Mentor

### Pathways of Endorsement

Align with SCOPE OF PRACTICE

# Endorsement offers career pathways based on the scope of practice!

## Infant/Early Childhood Family Associate (PROMOTION)

- Early Care & Education
- Case Management
- Child Welfare
- Administration

## Infant/Early Childhood Family Specialist (PREVENTION/INTERVENTION)

- Home Visitor (HFA, PAT, NFP, etc.)
- Early Head Start
- Mental Health Consultation
- Part C/Early Intervention

## Infant/Early Childhood Family Reflective Supervisor (PREVENTION)

- Home Visitor (HFA, PAT, NFP, etc.)
- Early Head Start
- Mental Health Consultation
- Part C/Early Intervention
- Receiving and Providing Reflective Supervision

### Infant/Early Childhood Mental Health Specialist (CLINICAL INTERVENTION/TREATMENT)

Infant and Early Childhood Clinicians

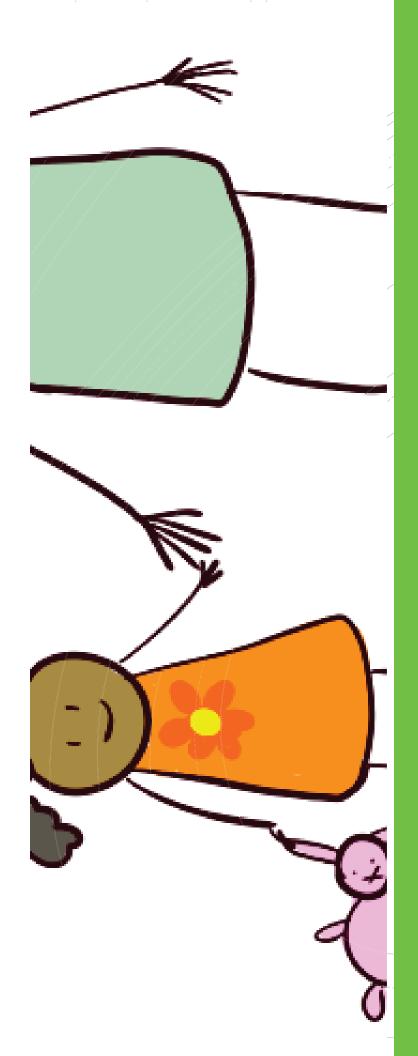
## Infant/Early Childhood Mentor Health Mentor (LEADERSHIP)

- Clinical
- Research/Faculty
- Policy

## Endorsement Category Requirements

IMH Mentor - Clinical, Research/Faculty, or Policy	МАСКО	Masters, Post- Graduate	Min. 3 yrs. as an IMH practice leader Plus provider of RSC for 3+ yrs. (Clinical)	Min. 33 hours (Policy & Research/Faculty) Min. 48 hours (Clinical)	В	Min. 50 hrs. received; 25 hours about the provision of RSC (Clinical only)	Yes
IMH Specialist	CLINICAL INTERVENTION/ TREATMENT	Masters, Post- Graduate	Min. 2 yrs. post- masters IMH practice working on behalf of caregiver-infant relationship	Min. 30 hrs.	m	Min 50 hrs. received	Yes
Infant Family Reflective Supervisor	PREVENTION/ EARLY INTERVENTION & PROVIDER OF RSC	No Degree	Min. 2 yrs. of prevention and/or early intervention services with 0-36 mo. olds & their caregivers/families; served a min. of 10 families families for 1+ yr.	Min. 48 hrs.	æ	Min. 24 hrs. received; 12 hours about the provision of RSC	ON.
Infant Family Specialist	PREVENTION/ EARLY INTERVENTION	No Degree	Min. 2 yrs. of prevention and/or early intervention services with 0-36 mo. olds & their caregivers/families; served a min. of 10 families	Min. 30 hrs.	е	Min. 24 hrs. received	No
Infant Family Associate	PROMOTION	Any academic degree <sup>1</sup>	Min. 2 yrs. of infant/early childhood related work experience or volunteer experience in an applicable role <sup>2</sup>	Min. 30 hrs.	в	Not required	N
	Scope of Work	Education	Work Experience	In-Service Training	References	Reflective Supervision with a Qualified Provider	Written Exam

2 For Family Associate applicants, volunteer experience may meet the work criterion if it was a) supervised experience with women during pregnancy or with infants, 1 Family Associate applicants need to meet the Education OR the Work requirement they do not need to meet both. toddiers, & families AND b) included specialized training. Examples include CASA, Doula, Child Life Specialist.



Why Apply for IMH-E®?

## Why Endorsement?

It's good for the Professional

It's good for Children and Families

It's good for Communities

It's good for Employers

It's good for the field

## Why is Endorsement<sup>®</sup> Important to me?



- "I have a better understanding of the importance of this work."
- "[I am] well-prepared for work with families."
- "The time spent preparing my application helped increase my understanding of IMH work."
- "I have gained a greater understanding of my role in supporting the relationships between parents and their children."

- "Increased the credibility of our center and educators."
- "Helps childcare providers to see their role as a career, not just a job."
- \*From some of the trainings I received-- a shift in my focus. I had more knowledge about infants and their development, their socialemotional development, infant mental health and attachment."

Endorsement...l'm interested but where do I start?





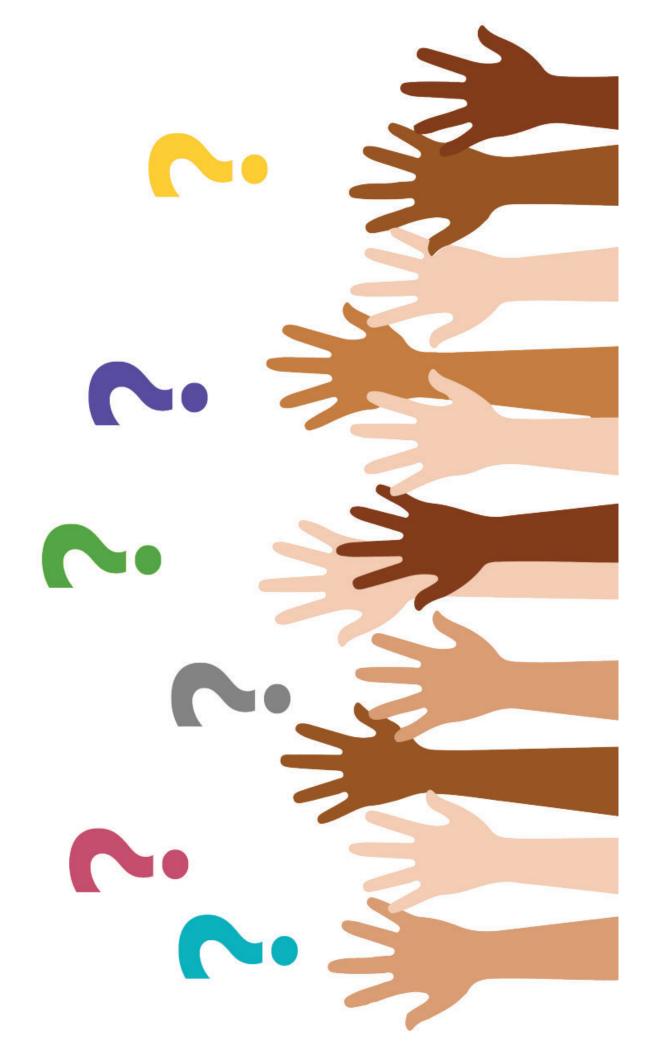
# Upcoming NV-AIECMH trainings

The Importance of Healthy Relationships & Early Attachment

On Behalf of Families: The Role of Self-Awareness

System & Policy Opportunities for IECMH Changemakers

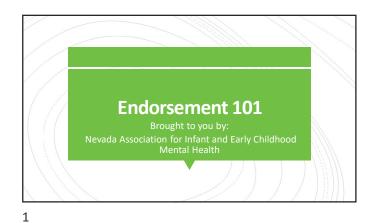
info@nvaiecmh.org



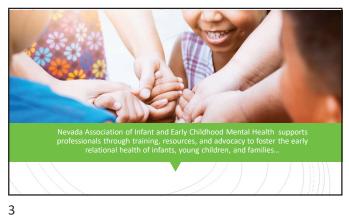


# Your Nevada Endorsement Team:

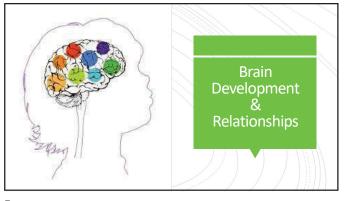
Dr. Krisann Alvarez, <u>kalvarez@dcfs.nv.gov</u> Ann Polakowski, LCSW, <u>apolakowski@dcfs.nv.gov</u>





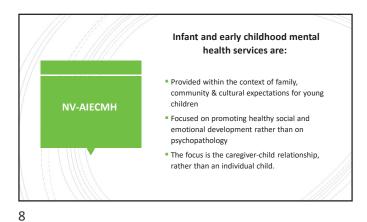




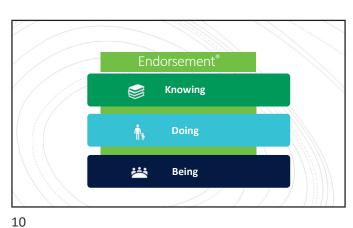


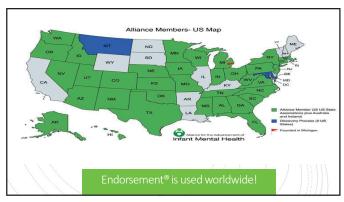
















Endorsement offers career pathways based on the scope of practice!

Infant/Early Childhood Family Associate (PROMOTION)

• Early Care & Education
• Case Management
• Child Welfare
• Administration

Infant/Early Childhood Family Specialist
(PREVENTION/INTERVENTION)

• Home Visitor (HFA, PAT, NFP, etc.)
• Early Head Start
• Mental Health Consultation
• Part C/Early Intervention

13 14

Infant/Early Childhood Family Reflective Supervisor (PREVENTION)

Home Visitor (HFA, PAT, NFP, etc.)
Early Head Start
Mental Health Consultation
Part C/Early Intervention
Receiving and Providing Reflective Supervision

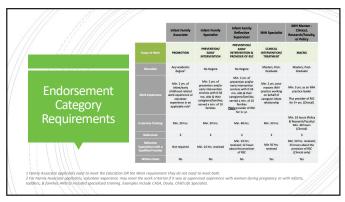
Infant/Early Childhood Mental Health Specialist (CLINICAL INTERVENTION/TREATMENT)

Infant and Early Childhood Clinicians

Infant/Early Childhood Mentor Health Mentor (LEADERSHIP)

• Clinical
• Research/Faculty
• Policy

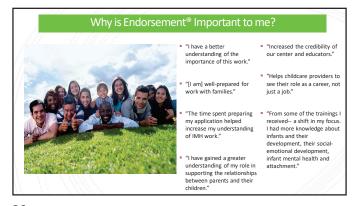
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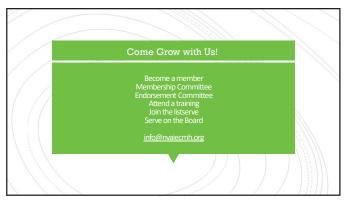








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			COMPL	AINT INVEST	COMPLAINT INVESTIGATION LOG			
Program	Issue	Complaint Number	Date Filed	60 day Timeline	Child Resolution	System Resolution	Complaint Closed	System Resolution
NEIS NE	Failure to provide PT in the natural environment	202203	11/15/22	1/14/2023		Investigation completed 02/23/23. Program working on corrections per plan.		
NEIS Rural/Frontier	Failure to provide timely speech services	202401	10/2/23	12/1/2023				

	Preliminary	nary	Preliminary	inary	Preliminary	inary	Prelin	Preliminary	FY23 Undup	FY23 Unduplicated Total
TOTAL INDIVIDIAL FAMILY SEBVICE DI ANSVIESDI		reiceiliage	Codill	reiceiliage	) Inco	reiceiliage	Code	reiceillage	) and	rencentage
NEIS South	•	IO//VIU#	•	IO//XIU#	•	I IO//XIC#	•	IO//\IU#	•	IU//IU#
וובוס-ססמנון		- C/AIC#		:0/AIG#		:0/AIG#		:0/AIG#		:0/AIG#
NEIS-NORTIWES!		#DIV/0:		#DIV/0!		#DIV/0:		#DIV/0i		#DIV/0:
NEIS-Northeast		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
NEIS-Carson City		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
Capability Health and Human Services-South		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
TMG		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
Positively Kids		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
The Continuum		#DIV/0i		i0/AIQ#		#DIV/0i		#DIV/0i		#DIV/0i
Advanced Pediatric Therapies		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
Capbility Health and Human Services-North		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
TMG North		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
MD Developmental Agency		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
Theraplay Solutions		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i		#DIV/0i
TOTAL NEW IFSPs	006		829		1042		0		2771	
NEIS-South	210	23.3%	219	26.4%	227	21.8%		0.0%	929	23.7%
NEIS-Northwest	93	10.3%	102	12.3%	101	9.7%		%0.0	296	10.7%
NEIS-Northeast	36	4.0%	36	4.3%	37	3.6%		%0.0	109	3.9%
NEIS-Carson City	52	2.8%	40	4.8%	54	5.2%		%0.0	146	5.3%
Capbility Health and Human Services-South	130	14.4%	159	19.2%	198	19.0%		0.0%	487	17.6%
TMG	130	14.4%	134	16.2%	138	13.2%		%0.0	402	14.5%
Positively Kids	09	%2'9	52	6.3%	52	2.0%		%0.0	164	2.9%
The Continuum	42	4.7%	-	0.1%		%0.0		%0.0	43	1.6%
Advanced Pediatric Therapies	53	2.9%	38	4.6%	59	5.7%		0.0%	150	5.4%
Capbility Health and Human Services-North	6	1.0%	17	2.1%	18	1.7%		%0:0	44	1.6%
TMG North	28	3.1%	30	3.6%	36	3.5%		%0.0	94	3.4%
MD Developmental Agency	22	6.3%	_	0.1%	45	4.3%		%0.0	103	3.7%
Theraplay Solutions		%0.0		%0.0	77	7.4%		%0.0	77	2.8%
Number of New IFSPs in place within the 45 day timeline	929	75.1%	575	69.4%	771	74.0%	0	#DIV/0!	2022	73.0%
NEIS-South	163	18.11%	162	19.54%	145	13.92%	0	#DIV/0i	470	17.0%
NEIS-Northwest	56	6.22%	71	8.56%	89	6.53%	0	#DIV/0i	195	7.0%
NEIS-Northeast	24	2.67%	26	3.14%	33	3.17%	0	#DIV/0i	83	3.0%
NEIS-Carson City	28	3.11%	11	1.33%	20	1.92%	0	#DIV/0i	59	2.1%
Capbility Health and Human Services-South	114	12.67%	121	14.60%	158	15.16%	0	#DIV/0i	393	14.2%
TMG	106	11.78%	104	12.55%	105	10.08%	0	#DIV/0i	315	11.4%
Positively Kids	54	%00.9	16	1.93%	36	3.45%	0	#DIV/0i	106	3.8%
The Continuum	35	3.89%	0	%00.0	0	%00.0	0	#DIV/0i	35	1.3%
Advanced Pediatric Therapies	41	4.56%	28	3.38%	44	4.22%	0	#DIV/0i	113	4.1%
Capbility Health and Human Services-North	5	0.56%	10	1.21%	15	1.44%	0	#DIV/0i	30	1.1%
TMG North	23	2.56%	25	3.02%	30	2.88%	0	#DIV/0i	78	2.8%
MD Developmental Agency	27	3.00%	1	0.12%	40	3.84%	0	#DIV/0i	68	2.5%
Theraplay Solutions	0	%00.0	0	%00.0	77	7.39%	0	#DIV/0i	77	2.8%

		Preliminary Count Perc	inary Percentage	Preliminary Count Perc	inary Percentage	Preliminary Count Perc	ninary Percentage	Prelir	Preliminary unt Percentage	FY23 Undu	FY23 Unduplicated Total Count
Number of New IFSPs in place beyond the 45 day timeline		224	24.9%	254	30.6%	271	26.0%	0	#DIV/0!	749	25.8%
NEIS-South		47	5.2%	57	%6.9	82	7.9%		#DIV/0i	186	6.7%
NEIS-Northwest		37	4.1%	31	3.7%	33	3.2%		#DIV/0i	101	3.6%
NEIS-Northeast		12	1.3%	10	1.2%	4	0.4%		#DIV/0i	26	0.9%
NEIS-Carson City		24	2.7%	29	3.5%	34	3.3%		#DIN/0i	87	3.1%
Capbility Health and Human Services-South		16	1.8%	38	4.6%	40	3.8%		#DIV/0i	94	3.4%
TMG		24	2.7%	30	3.6%	33	3.2%		#DIV/0i	87	3.1%
Positively Kids		9 1	0.7%	36	4.3%	16	1.5%		#DIV/0i	28	2.1%
Advanced Dedication Therenice		\ <sup>2</sup>	0.0%	- 5	7.0.1%	45	4.49/		:0//IC#	0 0	0.5%
Advanced Fediatric Illeraples Capitity Health and Himan Services North		7 /	0.4%	2 2	0.8%	3 2	0.3%		#DIV/OI	37	0.5%
TMG North		۲ د	%+0	- 5	%6.0	9	%6.0		#DIV/0I	19	0.6%
MD Developmental Agency-		30	3.3%	0	0.0%	2	0.5%		#DIV/0i	35	1.3%
Theraplay Solutions Theraplay Solutions			0.0%		%0.0	0	%0.0		#DIV/0i	0	%0:0
Documented exceptions to IFSPs not in place by the 45 day timeline	ŀ	207	/00	207	/00 0	233	7 00/	0	ION NOT	470	)0C 0
NEIS-South		78	3.2%	30	9.5%	78	0.070		#DIV/OI	7/1	3.1%
		12	1.3%	ος α	3.0%	20	0.7%		#DIV/0:	90	3. I % 0.9%
		24	2.7%	26	3.1%	32	3.1%			82	3.0%
Capbility Health and Human Services-South		15	1.7%	32	3.9%	33	3.2%		#DIV/0i	80	2.9%
TMG		23	2.6%	30	3.6%	30	2.9%		#DIV/0i	83	3.0%
Positively Kids		2	%9.0	7	0.8%	9	%9.0		#DIN/0i	18	%9.0
nuum		9 ;	0.7%	- 0	0.1%		0.0%		i0//\lQ#	7	0.3%
Advanced Pediatric I herapies		11	1.2%	1 6	1.1%	14	1.3%			34	1.2%
Cappility health and numan pervices-North		4 ռ	0.4%	۷ ـ	0.6%	۷ ۷	0.2%		#DIV/0I	5 4	0.5%
MD Developmental Agency		21	2.3%	0	%0:0	2	0.5%		iO/AIG#	26	%6:0
Theraplay Solutions			%0.0		0.0%		%0.0		#DIV/0i	0	%0.0
Total Number of New IFSPs over/under the 45 day timeline adjusting for exceptions	for										
Statewide <45 Days		877	97.4%	782	94.3%	1004	96.4%	0	#DIV/0i	2663	96.1%
Statewide >45 Days		23	2.6%	47	2.7%	38	3.6%	0	#DIV/0i	108	3.9%
	Total	006		829		1042		0		2771	
NEIS-South <45 Days		210	100.0%	214	97.7%	218	96.0%	00	#DIV/0i	642	97.9%
NEIS-SOUTH 443 DAYS	Total	210	0.0.0	219	2.370	227	4.070	0	# #	656	2.170
NEIS-Northwest <45 Days NEIS-Northwest >45 Days		84 9	90.3% 9.7%	101 1	99.0% 1.0%	96 5	95.0% 5.0%	0 0	#DIV/0i #DIV/0i	281 15	94.9% 5.1%
	Total	93		102		101		0		296	
NEIS-Northeast <45 Days NEIS-Northeast >45 Days		36	100.0%	34	94.4%	37	100.0%	00	#DIV/0i	107	98.2%
	Total	36		36		37		0		109	
NEIS-Carson City 45 Days		52	100.0%	37	92.5%	52	96.3%	0 (	#DIV/0i	141	%9·96
NEIS-Carson City >45 Days	Total	U 52	%0.0	3	7.5%	2 2	3.7%	0 0	#DIA/0i	5 146	3.4%
	- 01a	7		<b>†</b>		<b>5</b>		>		2	
Capbility Health and Human Services-South <45 Days Canbility Health and Human Services-South >45 Days		129	99.2% 0.8%	153	96.2% 3.8%	191	96.5% 3.5%	00	#DIV/0i #DIV/0i	473	97.1%
	Total	130		159		198		0		487	
TMG <45 Days		129	99.5%	134	100.0%	135	97.8%	0	#DIV/0i	398	%66
TMG >45 Days	Total	130	0.8%	134	%0.0	3	2.2%	0 0	#DIV/0i	400	1%
	- 01	2		<u>†</u>		000		>		107	
Positively Kids <45 Days Positively Kids >45 Days		59	98.3%	23	44.2%	42	80.8%	00	#DIV/0i	124	75.61%
LUSHIVELY INGO 710 Days		-	0.7.1	0,4	2000	2	10.470	٥	25.25	ř	2,00.1

		Preliminary	inary	Prelir	Preliminary	Preli	Preliminary	Preli	Preliminary	FY23 Undui	FY23 Unduplicated Total
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
	Total	09		52		52		0		164	•
The Continuum <45 Days		41	%9'.26	_	100.0%	0	#DIV/0i	0	#DIV/0i	42	97.67%
The Continuum >45 Days		1	2.4%	0	0.0%	0	#DIV/0i	0	#DIV/0i	1	2.33%
	Total	42		1		0		0		43	
Advanced Pediatric Therapies <45 Days		52	98.1%	37	97.4%	28	98.3%	0	#DIV/0i	147	%0.86
Advanced Pediatric Therapies >45 Days		1	1.9%	1	2.6%	1	1.7%	0	#DIV/0i	3	2.0%
	Total	23		38		29		0		150	
Capbility Health and Human Services-North <45 Days		6	100.0%	17	100.0%	17	94.4%	0	#DIV/0i	43	%2'.26
Capbility Health and Human Services-North >45 Days		0	%0.0	0	%0.0	1	2.6%	0	#DIV/0i	1	2.3%
	Total	0		17		18		0		44	
TMG North		28	100.0%	30	100.0%	36	100.0%	0	#DIV/0i	94	100.0%
TMG North		0	%0.0	0	0.0%	0	%0.0	0	#DIV/0i	0	%0.0
	Total	28		30		36		0		94	
MD Developmental Agency <45 Days		48	84.2%	_	100.0%	45	100.0%	0	#DIV/0i	94	91.3%
MD Developmental Agency>45 Days		6	15.8%	0	%0.0	0	%0.0	0	#DIV/0i	6	8.7%
	Total	22		Γ		45		0		103	
Theraplay Solutions <45 Days		0	#DIV/0i	0	#DIV/0i	77	100.0%	0	#DIV/0i	77	100.0%
Theraplay Solutions >45 Days		0	#DIV/0i	0	#DIV/0!	0	%0.0	0	#DIV/0i	0	%0.0
	Total	0		0		77		0		77	

	Preliminary	inary	Preliminary	inary	Preliminary	inary	Prelir	Preliminary	FY23 Undu	FY23 Unduplicated Total
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Number children exiting on third birthday with exit code of Part B or Part B	435		475		388		•		1298	
Eligibility flot Determined	3	10 00/	200	47 70/	600	24 40/	•	10//10#	080	40.09/
MEIO-SOURT	70	0.8%	94	0.1.1	00	21.4%		#DIV/0!	249	19.2%
NEIS-Northwest	41	9.4%	38	8.0%	40	10.3%		#DIV/0i	119	9.5%
NEIS-Northeast	15	3.4%	21	4.4%	23	2.9%		#DIV/0i	29	4.5%
NEIS-Carson City	20	4.6%	16	3.4%	11	2.8%		#DIV/0i	47	3.6%
Capbility Health and Human Services-South	96	22.1%	107	22.5%	29	17.3%		#DIV/0i	270	20.8%
TMG	28	13.3%	99	13.9%	78	20.1%		#DIV/0i	202	15.6%
Positively Kids	42	9.7%	38	8.0%	27	%0.7		#DIV/0i	107	8.2%
The Continuum	19	4.4%	18	3.8%		%0.0		#DIV/0i	37	2.9%
Advanced Pediatric Therapies	21	4.8%	27	2.7%	16	4.1%		#DIV/0i	64	4.9%
Capbility Health and Human Services-North	4	%6.0	7	1.5%	12	3.1%		#DIV/0i	23	1.8%
TMG North	14	3.2%	10	2.1%	6	2.3%		#DIV/0i	33	2.5%
MD Developmental Agency	23	5.3%	43	9.1%	22	5.7%		#DIV/0i	88	%8.9
I nerapiay solutions		0.0%		0.0%		0.0%		#DIV/0i	0	0.0%
Number of children who received their transition meeting within the	36.4	7089 88	390	74 5%	330	%C U8	•	IO/VIC#	1084	83 50/
NEIS South	60	15.60/	99	13.00%	200	40.40/	<b>.</b>	10//10#	000	16.00.
NEIS-COURT	00	7 60/	00	13.970	4,4	6 70/	0 0	# # IO/VIC#	200	10.0% 8.6%
NEIS-NOITHWEST	55	0,0%	77	0.1.70	72	0.7%	0	:0/AIQ#	90	0.0%
NEIS-Northeast	71.	2.8%	71.	7.5%	/1	4.4%	0	#DIV/0i	4.1	3.2%
NEIS-Carson City	14	3.2%	11	2.3%	10	%9.7	0	#DIV/0i	35	2.7%
Capbility Health and Human Services-South	80	18.4%	91	19.2%	09	15.5%	0	#DIV/0i	231	17.8%
TMG	22	12.6%	61	12.8%	72	18.6%	0	#DIV/0i	188	14.5%
Positively Kids	39	%0.6	38	8.0%	26	%2'9	0	#DIV/0i	103	7.9%
The Continuum	13	3.0%	12	2.5%	0	%0.0	0	#DIV/0i	25	1.9%
Advanced Pediatric Therapies	18	4.1%	24	5.1%	11	2.8%	0	#DIV/0i	53	4.1%
Capbility Health and Human Services-North	2	0.5%	2	0.4%	8	2.1%	0	#DIV/0i	12	0.9%
TMG North	13	3.0%	10	2.1%	7	1.8%	0	#DIV/0i	30	2.3%
MD Developmental Agency	17	3.9%	36	%9.7	19	4.9%	0	#DIV/0i	72	2.5%
Theraplay Solutions	0	%0.0	0	%0.0	0	%0.0	0	#DIV/0i	0	%0.0
Nimehow of abileless who also not seconds the modifies modeling the										
number of children who did not receive their dansinon meeting within the	7	44 040/	90	46.40/	04	44.00/	•	יסויאוט#	244	40 F0/
thing Shings	77	2 20%	9 07	2 00%	3	7000	•	10//10#	74	7000
NEIS-South	± ∞	1.8%	11 12	2.6%	9	3.6%		#DIV/OI	- 88	2.5%
NEIO NOTROS	0 0	707.0	c	1 0%	t w	4 50%		10/VIC#	9 6	1 40%
NEIS-Carson City	n (c	1.7%	ם ע	1.9%	0 +	0.3%		:0/AIC#	12	%t.I
Caphility Health and Human Services-South	16	3.7%	16	3.4%		1.8%		i0/AIG#	39	3.0%
TWG	? co	0.7%		1.1%	. 9	1.5%		#DIV/0i	14	1.1%
Positively Kids	) m	0.7%	0	%0.0	> -	0.3%		#DIV/0i	4	0.3%
The Continuum	9	1.4%	9	1.3%		%0.0		#DIN/0i	12	%6.0
Advanced Pediatric Therapies	3	0.7%	3	%9.0	2	1.3%		#DIV/0i	11	0.8%
Capbility Health and Human Services-North	2	0.5%	2	1.1%	4	1.0%		#DIV/0i	11	0.8%
TMG North	1	0.2%	0	%0.0	2	0.5%		#DIV/0i	က	0.2%
MD Developmental Agency	9	1.4%	7	1.5%	3	%8.0		#DIV/0i	16	1.2%
Theraplay Solutions		%0.0		%0.0		%0.0		#DIV/0i	0	%0.0

Preliminary Count Percentage

Preliminary Count Percentage

FY23 Unduplicated Total Count Percentage

Preliminary Preliminary Count Percentage

Documented exceptions to transition meeting not occuring within the appropriate timeline	44		47		32		0		120	
NEIS-South	80	19.51%	∞	17.02%	7	21.88%		#DIV/0i	23	2%
NEIS-Northwest	2	4.88%	2	10.64%	2	6.25%		#DIV/0i	6	1%
NEIS-Northeast	က	7.32%	2	10.64%	4	12.50%		#DIV/0i	12	1%
NEIS-Carson City	2	12.20%	4	8.51%	1	3.13%		#DIV/0i	10	1%
Capbility Health and Human Services-South	10	24.39%	12	25.53%	9	18.75%		#DIV/0i	28	2%
TMG	2	4.88%	က	6.38%	5	15.63%		#DIV/0i	10	1%
Positively Kids	-	2.44%	0	%00.0	1	3.13%		#DIV/0i	2	%0
The Continuum	0	%00.0	-	2.13%		%00.0		#DIV/0i	-	%0
Advanced Pediatric Therapies	2	4.88%	2	4.26%	2	6.25%		#DIV/0i	9	%0
Capbility Health and Human Services-North	2	4.88%	2	4.26%	2	6.25%		#DIV/0i	9	%0
TMG North	-	2.44%	0	%00.0	2	6.25%		#DIV/0i	3	%0
MD Develomental Agency	5	12.20%	5	10.64%	0	0.00%		#DIV/0i	10	1%
Theraplay Solutions		%00.0	ı	%00.0		0.00%		#DIN/0i	0	%0
Total Number of transition meetings within the appropriate timeline										
Statewide within timeline	405	93.1%	437	92.0%	362	93.3%	0	#DIV/0i	1204	92.8%
Statewide not within the appropriate timeline	30	6.9%	38	8.0%	26	6.7%	0	#DIV/0i	94	7.2%
Total			475		388		0		1298	
NEIS-South within timeframe	92	92.7%	74	88.1%	81	%9'.6%	0	#DIV/0i	231	92.8%
NEIS-South not within the appropriate timeline	9	7.3%	10	11.9%	2	2.4%	0	#DIV/0i	18	7.2%
Total			84		83		0		249	
NEIS-Northwest Region within timeframe	35	85.4%	32	84.2%	28	70.0%	0	#DIV/0i	92	79.8%
timeline timeline	9	14.6%	9	15.8%	12	30.0%	0	#DIV/0i	24	20.2%
Total			38		40		0		119	
NEIS-Northeast within timeframe	15	100 0%	17	81 0%	27	91.3%	C	#DIV/0I	53	%8 68
NEIS-Northeast not within the appropriate timeline	0	0.0%	: 4	19.0%	. 6	8.7%	0	#DIV/0i	9	10.2%
Total			21		23		0		29	
7	7	Č	ŗ	ò	7	90	c	000	ŗ	11
NEIS-Carson City not within the appropriate timeline	<u></u> -	95.0% 5.0%	<u>0</u> +	93.6% 6.3%	<u> </u>	%0.00I	o c	#DIV/0!	60 0	95.7% 4 3%
Total	al 20		16		= =====================================		0		47	
Constille, Louth and Liman Conjon Couth within timeframe	S	700 60	700	706 90	g	700 200	c	10//10#	020	700
Capability Health and Human Services Southook within the appropriate timeline	9	6.3%	5 4	3.7%	8 -	1.5%	0 0	#DIV/0I	11	4 1%
Total			107		29		0		270	
TMG within timeframe	22	98.3%	64	97.0%	77	98.7%	0	#DIV/0i	198	98.0%
propriate timeline	1	1.7%	2	3.0%	1	1.3%	0	#DIV/0i	4	2.0%
Total			99		78		0		202	
Positively Kids within timeframe	40	95.2%	38	100.0%	27	100.0%	0	#DIV/0i	105	98.1%
Positively Kids not within the appropriate timeline		4.8%	0	%0.0	0	%0.0	0	#DIN/0i	2	1.9%
Total			38		27		0		107	

	Prel	Preliminary	Preli	Preliminary	Preli	Preliminary	Preli	Preliminary	FY23 Undur	FY23 Undublicated Total
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
										•
The Continuum within timeframe	13	68.4%	13	72.22%	0	#DIV/0i	0	#DIV/0i	26	70.3%
The Continuum not within the appropriate timeline	9	31.6%	2	27.78%	0	#DIV/0i	0	#DIV/0i	11	29.7%
Total	19		18		0		0		37	
APT within timeframe	20	95.2%	26	96.3%	13	81.3%	0	#DIV/0i	29	92.2%
APT not within the appropriate timeline	_	4.8%	_	3.7%	က	18.8%	0	#DIV/0i	2	7.8%
Total	21		27		16		0		64	
Capbility Health and Human Services-North within timeframe	4	100.0%	4	57.1%	10	83.3%	0	#DIV/0i	18	78.3%
Capbility Health and Human Services-North not within the appropriate timeline	0	%0.0	ო	42.9%	7	16.7%	0	#DIV/0i	2	21.7%
Total	4		7		12		0		23	
TMG North within timeframe	14	100.0%	10	100.0%	6	100.0%	0	#DIV/0i	33	100.0%
TMG North not within the appropriate timeline	0	%0.0	0	%0.0	0	%0.0	0	#DIV/0i	0	%0.0
Total	14		10		6		0		33	
MD Developmental Agency within timeframe	22	95.7%	4	95.3%	19	86.4%	0	#DIV/0i	82	93.2%
MD Developmental Agency not within the appropriate timeline	_	4.3%	2	4.7%	က	13.6%	0	#DIV/0i	9	%8.9
Total	1 23		43		22		0		88	
Theraplay Solutions within timeframe	0	#DIV/0i	0	#DIV/0i	0	#DIV/0i	0	#DIV/0i	0	#DIV/0i
Theraplay Solutions not within the appropriate timeline	0	#DIV/0i	0	#DIV/0i	0	#DIV/0i	0	#DIV/0i	0	#DIV/0i
Total	0 1		0		0		0		0	