



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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MEETING MINUTES

Nevada Early Intervention Interagency Coordinating Council

Monday, January 27, 2025, 9:00 am

MEETING LOCATION

This meeting was held virtually via Microsoft Teams

MINUTES

1. Call to Order, Roll Call, and Announcements

Jenna Weglarz-Ward, ICC Chair, welcomed all on the call. A quorum of members was present, and the meeting was called to order at 9:02 am.

Members Present: Janice Lee, Julie Dame, Cate Guzy, Sarah Horsman, Amy Hendrickson, Anita Kelly, Catherine M. Nielsen, Robin Kincaid, Monica Schiffer, Dana Aronson, Jenna Weglarz-Ward

Members Absent: Assemblywoman Tracy Brown-May, Rique Robb, Brooke Yarborough, David Cassetty

Public Attendees: Amy Kowalski, Theraplay Solutions; Randi Humes, ADSD; Hannah Halcomb, ADSD; Lindsey Wood-Lopez, ADSD; Melissa Yerxa, ADSD; Barbara Hernandez, Division of Welfare and Supportive Services (DWSS); Sarah Sills, ADSD; Karen Medina, ADSD; Abbie Chalupnik, ADSD; Mariely Celestino, ADSD; George Hernandez, ADSD; Jami Pavicic, ADSD; Renee Browne, ADSD; Audrey Mills, ADSD; Amy Artman, ADSD; Marina Barrett, ADSD; Kaila Briggs, ADSD; Bruce I., Public; Savannah Celestino, Public

Part C Office Attendees: Mary Garrison, Lauren Anne Roscoe, Ryan Perkins, Horidaleth Castro Vazquez, Jalin T. McSwyne, Melissa L. Slayden, Pamela Silva, Iandia Morgan, Maya Raimondi

2. Public Comment

No public comment was made.

3. Review, Discuss, Approve, and Certify the State Performance Plan (SPP)/Annual Performance Report (APR) Targets, Data, and Narrative for Introduction and Indicators 1-12 (Indicator 11: State Systemic Improvement Plan (SSIP) Due to the Office of Special Education Programs (OSEP) February 3, 2025; Approve ICC APR for Submission to Governor's Office (For Possible Action)

Melissa L. Slayden began sharing information regarding the introduction to data.

- There is a reporting mechanism within NEIDS (Nevada Early Intervention Data System) but has not been used correctly.

- There is a way for staff to say that they are late referrals whether they are late referrals or not, late referral is someone who is referred to the system at 135 days before their third birthday or less.
- Gaps being seen not just in reporting but in being able to see NEIDS reporting pieces that are not coming together in the same way as TRAC numbers for same child. TRAC was the previous data system.
- Exits help us because Part B is dependent on exits.
- Education Agency also has to be notified with the notifications which has undergone a few changes. These data are now being sent through a file portal called Bighorn that is a communication tool used by Nevada school districts to communicate their data.
- The Part C 8B data that we will see has not met 100%. Calculations show that we're at 95.4% out of 2189 children. There are about 101 children who I need to track down in both data systems to make sure it was communicated and that I notified the local education agency and the state education agency.

Robin Kincaid shared her concern stating, I know you're getting close to the wire and there really isn't any data in that field.

Melissa L. Slayden responded stating I looked at the data yesterday and ran it for about six (6) hours. I got it zeroed in to 2189 children with appropriate exits being notified on time. I show that 101 of them may not have been and I want to make sure that if I can reduce that number from 101 even to 99. That I show us just a fraction of a percentage better.

- The responsibility of this lies with the Part C Office. The Office of Special Education Programs (OSEP) has said that they expect the Part C Office to find noncompliance and to deliver findings of noncompliance.
- The Part C Office has found that for children in protected situations the service coordinators are making their addresses confidential. With the address being masked, I'm unable to give those to the school district. No matter what, those kids are out of compliance, therefore, we will not reach 100%. We are definitely at 95% from the Part C perspective.

Cate Guzy shared information regarding Part B, we do have a matching indicator (Indicator 12). What Indicator 12 looks like on the Part B side is, students who are turning three (3) and transitioning from Part C to Part B have an IEP in place on their 3rd (third) birthday. That includes kiddos who's third birthday occurs over the summer.

As Melissa indicated, we are working to try and figure out how we can be more efficient because we too have 100% accuracy as our indicator target, so it's something that we need to figure out and we're working on it.

Melissa L. Slayden then asked, "Cate what did you get with 619 for indicator 12 (twelve), percentage of compliance?"

Cate Guzy responded stating; Part B looks at compliance a little bit differently than Part C does. We do sampling versus whole state, so every four (4) years we monitor 5 districts, and so this year we have our sampling of five (5) districts and that's where we pull our data. I believe we were like 60 something percent because one (1) of our bigger districts had significant issues with transitions. We can't compare them apples to apples because you're looking at all kids in Part C and we do a sampling of children from the five (5) districts monitored.

But every year we do look at at least one (1) big, one (1) middle, one (1) medium sized, and one (1) rural and then we add two (2) other districts, depending on who's being monitored.

The other push with the Part C office and the 619 office is to grow that relationship between the early intervention programs and school districts.

One (1) district in the north can affect four (4) or five (5) programs and one (1) district in the south can affect four (4) or five (5) programs, and the other 15 counties have to work with a single state office.

Robin Kincaid asked regarding 8B, those aren't filled in at this point, is that something we anticipate we'll be able to do?

Melissa L. Slayden responded stating yes, and I will review all of that when I get to 8.

Melissa shared, Part C is definitely the population that gets rehoused, we get to conform to the Part B reporting timelines and those sorts of things. There are parts of the APR (Annual Performance Report) that pull from other reporting that we do throughout the year. Timelines have changed for reporting, exiting is actually due February 19, 2025.

General supervision is the system that is in place to ensure that our requirements are met. Not just monitoring, but technical assistance, fiscal, and making sure that kids who are paid on the capitation rate are receiving services. The way that we choose the programs for monitoring includes the ten (10) programs as opposed to the 11.

How records are chosen, we do that based on size of program and caseload of service coordinators. These data were collected from over two (2) data systems this year.

How we issue findings, procedures that permit programs to correct non-compliance before a finding is issued.

The graduated system of sanctions, is progressive and includes actions like a directed corrective action plan (CAP) versus just a cap.

Iandia Morgan shared additional information regarding the topic stating, for the comprehensive monitoring that the Part C office completed last spring, which is these data right here, we did have a modified process this year versus what is typically used. The reason for that is being the transition to the new data system, NEIDS. Although we had a modified monitoring process, that process did not eliminate any of the required areas for reporting for the APR. Those areas that were modified, or some items that were removed from the process, do not affect the data that we are required to report. OSEP allows the lead agencies to determine what their monitoring process looks like.

Melissa L. Slayden and Iandia Morgan continued sharing information regarding Annual Determinations of Program Performance, Technical Assistance System, Professional Development System, Stakeholder Engagement, Parent Members Engagement, Activities to Improve Outcomes for Children with Disabilities, Soliciting Public Input, Making Results Available to the Public, Reporting to the Public, and Prior Federal Fiscal Year (FFY) Required Actions, starting on [00:18:30] and concluding at [00:33:02]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 5 (five) to page 7 (seven). The key points shared included the following:

- Annual determinations of program performance have been the same for many years
- Report cards are received no more than 120 days following the APR (Annual Performance Report) submission

- The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention services programs.
- The Part C office has Technical Assistance (TA) calls, meets with external TA centers, meetings with OSEP, provides TA as part of onboarding, and Part C liaisons meet one-on-one with programs.
- Professional Development (PD) Center in place to help train providers.
- Stakeholders referring to ICC (Interagency Coordinating Council) members.
- Target setting meeting in December, no decision was made there.

Melissa L. Slayden and Iandia Morgan shared and discussed information regarding Indicator one (1): Timely Provision of Services, starting on [00:33:04] and concluding at [00:52:24]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 8 (eight) to page 12 (twelve). The key points shared included the following:

- 100% compliance indicator.
- Every child should be receiving their services on time for every new IFSP service. Do not have to report those exceptional family services.
- 30-day standard
- Did not meet the target and had slippage, significant slippage
- Reasons for slippage: COVID-19, rebound of children, massive personnel shortages statewide, and gaps in availability of specialists statewide.
- All five (5) programs were issued a finding of noncompliance.
- Two (2) programs closed, findings for those programs have been moved to corrected.

Sarah Horsman asked for clarification regarding if those children's charts have been transferred, are they considered corrected or has there been follow up to make sure.

Melissa L. Slayden responded stating they have been followed up on to make sure.

- FFY 2021, most of those children have aged out or are aging out.

Melissa L. Slayden shared and discussed information regarding Indicator 2 (two): Services in Natural Environments, starting on [00:52:30] and concluding at [00:56:10]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 12 (twelve) to page 14 (fourteen). The key points shared included the following:

- Data taken from December 1 count, same stakeholder as Indicator 1.
- Baseline data was 98.5%, target needs to be at or above the baseline, decided to increase target year over year and are getting into that 100-compliance area.
- Out of 3,704 children, 3,669 were receiving their services in the home or community-based settings.
- Data point of 99.06%, met target, no slippage.
- One (1) program with finding issued due to performance of 96.2%, did not meet target of 98.66%.

Melissa L. Slayden shared and discussed information regarding Indicator 3 (three): Early Childhood Outcomes, starting on [00:56:20] and concluding at [01:24:20]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 15 (fifteen) to page 19 (nineteen). The key points shared included the following:

- State does not include criteria for those at risk of having substantial developmental delays or “at-risk infants and toddlers”.
- Not sampled data, data representative of all children who received at least six (6) months of services before exited, exited at any age not just age three (3).

Break taken from 10:25 pm to 10:30 pm, quorum of members was present when reconvened.

- 1 = progress categories a-c, 2 = progress categories e and d.
- Outcome A: positive social-emotional skills, A1 data point of 76.14%, met target of 70.02%, no slippage.
- A2 data point of 29.91%, did not meet target of 40.34%, no slippage.
- Outcome B: acquisition and use of knowledge and skills, B1 data point of 78.03%, met target of 72.16%, no slippage
- B2 data point of 30.32%, did not meet target of 38.64%, no slippage.
- Outcome C: use of appropriate behaviors to meet their needs, C1 data point of 75.61%, met target of 66.48%, no slippage.
- C2 data point of 33.53%, did not meet target of 42.10%, no slippage.
- New system doesn't let you skip this if you exit a child after 6 months of service, so there is an odd glitch in the system, was duplicating COS in the system.

Robin Kincaid asked if the blank spot in the FFY 2023 SPP/APR Data table will be something that will get filled in later.

Melissa L. Slayden responded stating she has it, it's in the portal it just didn't make it onto this version of the report. That number is 3,1645.

Robin Kincaid then asked to confirm if the 545 will be changing as well to the one thousand something mentioned.

Melissa L. Slayden responded yes.

Robin Kincaid then asked, if there are any trends or if programs are getting kids in their last six (6) months, or between the age of two (2) and a half to three (3), is there a higher number of children coming into the program later or is the number flat from year to year.

Melissa L. Slayden stated she does not have that answer as she has not looked at that data, but it is something that can be looked at and is something that has started to be examined within the Family Survey.

Melissa L. Slayden and Pamela Silva shared and discussed information regarding Indicator 4 (four): Family Involvement, starting on [01:24:40] and concluding at [01:58:04]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 20 (twenty) to page 26 (twenty-six). The key points shared included the following:

- These are results indicators from the annual family survey, we want to know if families know their rights, they can effectively communicate their child's needs, and they can help their children develop and learn.
- Families will only receive the family survey if they have received at least 6 months of service in the fiscal year.
- Have had complaints come from the surveys in the past.

- Reasonable to see targets plateauing, setting the target to 100 makes it compliance and will be more difficult to reach.
- Working on translating into American Sign Language (ASL) to make it accessible to those families that speak ASL.
- In each area did not meet the target, A data point is 94.55% and target was 98.50%, had slippage. B data point is 89.82% and target was 97.50%, had slippage. C data point is 94.61% and target was 95.50%, no slippage. Based on rate of return, this is what was indicated on those questions once surveys were received.
- Reason for part A slippage is due to unanswered or undecided answers regarding parent knowing their rights.
- Reason for part B slippage is due to low agreement response and families that did answer responded undecided.
- Responses were not representative of race overall. In the state of Nevada, race and ethnicity are collected as one (1) unit and are not the same.
- Respondent language overall was not representative. Only English and Spanish were representative, anything other was not.
- Not representative of the population when considering Geographic Location, new on survey. May have entered some places into wrong categories, will look into this for next year.
- 4.43% of addresses were marked as invalid in the system.

Melissa L. Slayden shared and discussed information regarding Indicator 5 (five): Child Find (Birth to One), starting on [01:58:12] and concluding at [02:07:10]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 27 (twenty-seven) to page 28 (twenty-eight). The key points shared included the following:

- Numbers come from the December 1 (one) count each year, to capture how many kids there are in the system compared to what is expected for us.
- When looking at Child Find numbers, looking at how many children are actively enrolled within an age range.
- 2005 the baseline was 0.47%, OSEP requirement for target was that it is greater than baseline, not sure whether it should continue to grow year over year by 0.04% or if it should plateau.
- December 1 of 2023, there were 440 kids on that day that were within that age range. The Annual State Resident Population found there were 32,716 children in that age group in the state at that time, 440 is about 1.34% of 32,716, did meet target, no slippage.

Robin Kincaid shared her concern stating, that she believes in the overall ranking we're 27 and am taking into consideration that other states have a different definition, but we really don't want to be ranked 27. Should at some point revisit this and if we have an opportunity to advocate for reaching more children, we might want to think about that.

Melissa L. Slayden shared and discussed information regarding Indicator 6 (six): Child Find (Birth to Three), starting on [02:07:14] and concluding at [02:11:28]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 29 (twenty-nine) to page 30 (thirty). The key points shared included the following:

- Indicators 5 (five) and 6 (six) go together, taken from the same count, have the same source for the denominator.

- 2005 baseline was 1.36%, target continues to grow, good shape with this and how it's growing, don't know how long it will be sustained for.
- 3,704 for December 1 count in 2023, and 100,225 children from birth through two (2) years old, came up to 3.70%, target of 2.97% met, no slippage.
- Not positive that the 2025 or 2026 reporting will show this sustained growth.

Melissa L. Slayden shared and discussed information regarding Indicator 7 (seven): 45-Day Timeline, starting on [02:11:30] and concluding at [02:21:20]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 31 (thirty-one) to page 33 (thirty-three). The key points shared included the following:

- Looks at every kid and their IFSP implementation for the reporting period of 2023 to 2024, did see an increase but did not meet the 100% target, no slippage.
- Reasons for delay are due to personnel shortages, scheduling difficulties, and other delays in the timeline.
- New process for reporting within the system, system will not let you override an initial IFSP.
- Still striving for 100% every quarter.
- Eight (8) of ten (10) programs meeting the target of 100% by the end of the fourth quarter of the reporting period.
- Five (5) findings of noncompliance from FFY 2022 have been corrected, two (2) of those were from closed programs that were unable to correct before their termination of service agreements.

Melissa L. Slayden and landia Morgan shared and discussed information regarding Indicator 8A (eight): Early Childhood Transition, starting on [02:21:24] and concluding at [02:31:04]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 34 (thirty-four) to page 36 (thirty-six). The key points shared included the following:

- Transition plans are looked at during comprehensive monitoring, did not have ability to report on the transition plans in TRAC as a state, now we can as a state.
- For FFY 2023 two (2) new findings were issued, first program had four (4) noncompliant child records, second program had one (1) noncompliant child record.
- Findings can be corrected in a timely manner.
- Training on transition planning needs to be revisited throughout the state.
- No exceptional family circumstances, number couldn't be adjusted when looking at comprehensive monitoring.
- Target is 100%, this is the compliance indicator from the 3 parts.
- No findings of noncompliance left over from FFY 2022.
- One (1) finding from FFY 2021 that was corrected.

Melissa L. Slayden shared and discussed information regarding Indicator 8B (eight): Early Childhood Transition, starting on [02:31:22] and concluding at [02:44:50]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 38 (thirty-eight) to page 40 (forty). The key points shared included the following:

- 2005 baseline was 100%, in 2021 had a less than 55% compliance in this area, did bring it up in FFY 2022.
- Currently at 95.4% with 100 kids out of 2189 kids that need to make sure were either late referrals or just weren't reported correctly.
- State of Nevada does not have an opt out policy for this part of Indicator 8 (eight).

- Reasons for delay: lack of information, some programs are masking their family's information.
- Methods used have changed from TRAC to NEIDS.
- Working more closely with 619, working to improve relationship with the LEA's.

Cate Guzy shared information regarding this area stating, SPCSA is the State Public Charter School Authority and they operate a bit differently in that each school is their own LEA. Nevada has 17 school districts or LEA's and the State Charter school authority, it gets very complicated when we start working with the Charter schools, partially because not all of our charter schools service students who are three (3) to five (5), which is the obligation of transitioning from Part C to Part B for those three (3) year olds.

Monica Schiffer asked for clarification regarding Cate's statement, stating; NRS says the State Charter School Authority is the LEA for the public charter schools. I don't know if that's a different way that you look at it for reporting and such.

Cate Guzy responded stating, you're right it's one (1) LEA, but they function independently under SPCSA so it kind of gets a little bit more convoluted, than other districts and other LEA's.

- All have their own boards and may or may not serve that three (3) to five (5) population.
- This part of this reporting is having that process in place and an instant notification for both Melissa and the SEA's for those late referral kids.
- In Nevada also include the physical residence of a child, have to be in a county to receive services for that school district.
- No left-over findings although the percentage is low, this year will not meet the target and will have slippage, standing currently at 95.4% unless can find late referral information for those children.

Robin Kincaid then asked, if there is a process that helps handle situations where families are experiencing homelessness.

Melissa L. Slayden then responded stating, she does not know of any, it's a big gap and is a problem for us. Also, families who are sheltered from domestic violence, Nevada doesn't have a standard for this. Previously if that information was not in TRAC, it just wasn't shared, now we are seeing the word "confidential" showing up in the system.

Melissa L. Slayden shared and discussed information regarding Indicator 8C (eight): Early Childhood Transition, starting on [02:44:52] and concluding at [02:53:45]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 41 (forty-one) to page 45 (forty-five). The key points shared included the following:

- Transition conferences, the 90-day meeting, did not meet target, had slippage.
- Had 1,897 children who were exiting and potentially eligible, looking at the exits and who transitioned correctly or not.
- FFY 2023 data point of 93.61% shows significant drop from 99.59% in FFY 2022 with 100% target.
- Only a few families (277) did not provide approval for transition conference, straight family decline is not an option in the drop down.
- This is a Part C required transition conference, not Part B required.
- One (1) program was having families decline transition at their second (2) birthday, which was inappropriate and has been addressed.
- Reasons for delay: provider scheduling difficulties, lack of time management, lack of timely assignment of families to the DS/SC, mislabeling of children who are not considered a late referral,

miscommunication of the transition conference process timelines, child find cancellations by the LEA, provider cancellations and illnesses.

- Four (4) findings of noncompliance identified in FFY 2022, three (3) have been corrected, one (1) has still not been able to be verified.
- Two (2) findings not yet verified from FFY 2021 and one (1) from FFY 2020.
- Looking to train staff and look at data more frequently.

Melissa L. Slayden shared and discussed information regarding Indicator 9 (nine): Resolution Sessions and Indicator 10: Mediation, starting on [02:53:47] and concluding at [02:54:55]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 46 (forty-six) to page 49 (forty-nine). The key points shared included the following:

- Indicators 9 (nine) and 10 (ten) do not have reportable targets, never hit enough data points to need a target.
- Resolutions that happen after complaints get to a certain point.
- No target, no data from last year as there weren't any to report last year.
- No historical data so no findings to report.
- Same thing with medication, one (1) mediation held for the reporting period, pulled from a different much more comprehensive report.
- No historical data to report, no findings to report.

Melissa L. Slayden shared and discussed information regarding Indicator 11 (eleven): State Systemic Improvement Plan, starting on [02:54:57] and concluding at [02:57:34]. Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 50 (fifty) to page 57 (fifty-seven). The key points shared included the following:

- 2013 baseline was 62.25%, came up this year to 76.14%, met target, no slippage.
- Continued State Leadership Team action planning meetings, pyramid model stuff, PD courses, researching and providing if possible early childhood mental health trainings and certifications.
- DEC recommended practices
- Barriers include critical personnel shortages which are being addressed and mitigated through ongoing retention initiatives and hiring is out there.

Melissa L. Slayden shared and discussed information regarding Indicator 12 (twelve): General Supervision, starting on [02:57:35] of video one (1) and concluding at [00:05:40] of video 2 (two). Reference the State Performance Plan/ Annual Performance Report: Part C packet that was shared from page 58 (fifty-eight) to page 62 (sixty-two). The key points shared included the following:

- Do not provide findings in additional areas for any of the indicators.
- No difference in any of these findings compared to what is reported above, no additional information for noncompliance.
- Replicating information from one (1) that includes how do you correct for regulatory and how do you correct for individual case.
- The same for all of these, no difference in the number of findings.
- Don't issue findings for 8B.
- Everything in this section is optional, our state decided not to do the other areas of findings.
- Had two (2) different complaints with findings from FFY 2022, need further TA and education from our state leads, from OSEP and from all our TA centers before even approaching being able to correctly report on this.

- Baseline data for this year show that have a 90.91% correction of findings from the baseline year.
- 10 (ten) have been corrected out of 11 (eleven).
- Percent of findings not yet corrected was 9.09%.
- Certification piece is for Melissa.

Jenna Weglarz-Ward thanked Melissa L. Slayden and all of the other Part C office staff for their hard work on the report and proceeded to entertain a motion to move forward with approving the report. Either approving the report as is and adding in that missing data point, then I won't sign the approval until the last data point is added. The other option would be if we do not want to approve today, to meet again by Friday with quorum to look at the complete report..

MOTION: Sarah Horsman motioned to approve APR report as presented today.

SECOND: Monica Schiffer

Robin Kincaid asked if Melissa would be able to tell the council what the score would end up being for each area that doesn't have slippage to have an estimate or would that be hard to say at this time.

Melissa L. Slayden responded stating, I can show the dashboard but when it comes to the determination, that will not be known until June.

PASSED: Unanimously

4. Public Comment

No public comment was made.

5. Adjournment

Jenna Weglarz-Ward, ICC Chair, adjourned the meeting at 12:37 pm.