NV ECCS Agency/Program Vision and KPI List

Notes: Data questions: connected, disaggregated, do they answer our questions/demonstrate progress,

Topic Area	STATE AGENCY	DEPARTMENT	PROGRAM	Vision/Purpose Sta emen	Child Indica ors	Family Indicators	Workforce Indicators	Program/Sys em Indicators	KPI	KPI	KPI	KPI	Notes
Early Childhood Education	**Department of Education**	Student Achievement Division - Office of Early Learning & Development	Head Start State Collaboration										
Early Childhood Education	**Department of Education**	Student Achievement Division - Office of Early Learning & Development	Nevada Ready! State PreK	Nevada's children will be safe, healthy, and thriving during the first eight years of life, and the system will support children and families in achieving their full potential.	# of eligible children enrolled % of eligible children with disabilities served		# of qualified ECE Educators/PreK teachers (requirements in NRS 387.652-658)						
Early Childhood Education	**Department of Education**	Student Achievement Division - Office of Early Learning & Development	Child Care and Development Fund - QRIS	Quality early childhood education for all children in Nevada. Through respectful & strong state partnerships, Nevada's Quality Rating and Improvement System (QRIS) works to equitably improve and sustain the early childhood system through; quality coaching, accurate assessing, financial support, community engagement and advocacy for the early childhood community to benefit families of young children in Nevada.			100% of staff in the participating programs are active members of Nevada Registry.	% of participating programs that are licensed (goal=100%) % of participating programs registered with child care subsidey (goal=100%) 100% of the 2-star programs have at least 25% of their classrooms meet QRIS group size & Ratios. 100% of the 3-star- programs have at least 50% of their classrooms meet QRIS group size & Ratio 100% of the 3- star- have an average ERS score of 3.5 or higher and No classroom scores lower than 3.0. 100% of the 4-star have at least 75% of their classrooms meet QRIS group size & Ratio 100% of the 4 star- Average ERS scores 4.0 or higher & No classroom scores lower than 3.5 100% of the 5-star- have at least 100% of their classrooms meet QRIS group size & Ratios. 100% of the 5 star- Average ERS scores 4.5 or higher & No classroom scores lower than 4.0 100% of 4- and 5-star programs implement the Suspension and Expulsion Policy that aligns with NDE.					
Early Childhood Education	**Department of Education**	Student Achievement Division - Office of Early Learning & Development	Child Care and Development Fund - TEACH	T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® is a comprehensive national strategy helping address the need for a well-qualified, fairly compensated, and stable workforce.			# of graduates # of credits authorised # of credits completed successfully GPAs Retention Average Wage Type of degree (AA/BA)						
Early Childhood Education	**Department of Education**	Student Achievement Division - Office of Inclusive Education	IDEA Part B, Section 619 (3-5 year olds)	Nevada is committed to ensuring that all young children with disabilities have the ability to meet their needs in accordance with the Individuals with Disabilities Education (IDEA) Program.	IDEA Indicator B6: Preschool Educational Environments The Federal Office of Special Education Programs (OSEP) requires states to annually collect and report educational environments data for all children aged 3-5 with an Individualized Education Program (IEP). This includes: A. The percent of children aged 3-5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and B. The percent of children aged 3-5 with IEPs attending a separate special education class, separate school or residential facility.	IDEA Indicator B7: Early Childhood Outcomes OSEP requires states to measure and report the extent to which preschool children with IEPs make progress on 3 outcomes: A. Positive social-emotional skills (including social relationships) B. Acquisition and use of knowledge and skills (including early language/communication and early literacy) C. Use of appropriate behaviors to meet their needs The ultimate goal for early childhood special education is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings - in their homes with their families, in childcare, preschool, and in the community (Early Childhood Outcomes Center, 2011).	OSEP requires that data be collected and reported on the percent of children that transition from Part C (Early Intervention Services) to Part B 619 (Preschool Special Education Services) with an IEP developed and implemented by their 3rd birthday.						https://doe.nv.gov/Inclusive_Education/Early_Childhood/IDEA_Indicator_B6/ https://doe.nv.gov/Inclusive_Education/Early_Childhood/IDEA_Indicator_B7/ https://doe.nv.gov/Inclusive_Education/Early_Childhood/IDEA_Indicator_B12/ NV State Performance Plan Annual Performance Report: Part B
Houselessness	**Department of Education**	Student Achievement Division - Office of Student & School Supports	McKinney Vento	The McKinney-Vento Act guarantees a free, public education for all children and youth experiencing homelessness by removing barriers to their enrollment, attendance, and full-engagement in school and supporting their educational success.	The length of time individuals and families remain homeless Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects. Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects	The extent to which individuals and families who leave homelessness experience additional spells of homelessness Metric 2a.1 & Metric 2b.1: Returns to SO, ES, SH, and TH projects after exits to permanent housing destinations Metric 2a.2 & Metric 2b.2: Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations	The thoroughness of grantees in reaching homeless individuals and families.	Overall reduction in the number of homeless individuals and families. Metric 3.1: Change in PIT counts of sheltered and unsheltered homeless persons Metric 3.2: Change in annual counts of sheltered homeless persons in HMIS	Jobs and income growth for homeless individuals and families. Metric 4.1: Change in employment income during the reporting period for system stayers Metric 4.2: Change in non-employment cash income during the reporting period for system stayers Metric 4.3: Change in total cash income during the reporting period for system stayers Metric 4.4: Change in employment income from entry to exit for system leavers Metric 4.5: Change in non-employment cash income from entry to exit for system leavers Metric 4.6: Change in total cash income from entry to exit for system leavers	Success at reducing the number of individuals and families who become homeless. Metric 5.1: Change in the number of homeless persons in ES, SH, and TH projects with no prior enrollments in HMIS Metric 5.2: Change in the number of persons in ES, SH, TH, and PH projects with no prior enrollments in HMIS	For CoCs that have been approved by HUD to serve families with children and youth defined as homeless under paragraph (3) of HUD's homeless definition, as found in Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless," (https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/) success in: a) Preventing homelessness among this subset of families and youth; or Metric 6a.1 & Metric 6b.1: Returns to SO, ES, SH, TH, and PH projects after exits to permanent housing destinations b) Achieving independent living in permanent housing among this subset Metric 6c.1: Change in exits to permanent housing destinations Metric 6c.2: Change in exit to or retention of permanent housing	Successful placement from street outreach Metric 7a.1: Change in placements to permanent housing destinations, temporary destinations (except for a place not meant for human habitation), and some institutional destinations Successful housing placement to or retention in a permanent housing destination Metric 7b.1: Change in exits to permanent housing destinations Metric 7b.2: Change in exit to or retention of permanent housing	U.S. Department of Housing and Urban Development System Performance Measures: An introductory guide to understanding system-level performance measurement https://hdx.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf NV Department of Education - Education of Homeless Children and Youth: https://doe.nv.gov/Homeless/Home/ NV DOE Education for Homeless Children and Youth (EHCY): https://doe.nv.gov/uploadedFiles/hdeadoemagovfrontend/Grants/2022/Nevada_McKinney-Vento_FY22-23_Application-Final-1_3-25-2022.pdf SO = Street Outreach ES = Emergency Shelter SH = Safe Haven TH = Transitional Housing PIT = Point-in-Time
Out of School Time	**Department of Education**	Student Achievement Division - Office of Student & School Supports	Out-of-School Time (21st CCLCs)	The purpose of 21st Century Community Learning Center program is to establish or expand community-learning centers that provide out of school academic enrichment opportunities along with activities designed to complement the students' regular academic program. 21st Century Community learning centers must also offer families of these students literacy and related educational development. Centers provide a range of high-quality services to support student learning and development, including tutoring and homework help, mentoring, academic enrichment, character education, career and technology programs, and service learning opportunities, as well as music, arts, sports and cultural activities. At the same time, centers help working parents by providing a safe environment for students during non-school hours or periods when school is not in session.	Program Implementation 1) Percentage of centers providing opportunities for academic support 2) Percentage of centers offering students a broad array of additional services, programs, and activities (enrichment) 3) Percentage of centers offering families of students served by CCLCs opportunities for active and meaningful engagement in their children's education, including opportunities for literacy and related educational development 4) Percentage of centers offering services at least 12 hours a week on average during the school year	Program Attendance 1) Percentage of youth enrolled in 21st CCLC programming more than 30 days during the school year 2) Percentage of youth enrolled in 21st CCLC programming more than 60 days during the school year 3) Percentage of youth enrolled in 21st CCLC programming more than 90 days during the school year 4) Percentage of youth enrolled in 21st CCLC programming who participated for 60 days or more for 2 consecutive years	Student Outcomes 1) Percentage of students regularly participating in the program who were in need of improvement who are on track for meeting their adequate growth percentile (AGP) for reading on the Smarter Balance Assessment (SBAC). (Grades 4-8) 2) Percentage of students regularly participating in the program who were in need of improvement who are on track for meeting their AGP for math on the SBAC. (Grades 4-8) 3) Percentage of students regularly participating in the program who were in need of improvement who moved into the Proficient category for reading. (Grades 4-8) 4) Percentage of students regularly participating in the program who were in need of improvement who moved into the Proficient category for math. (Grades 4-8) 5) Percentage of students regularly participating in the program who were identified as English learners who showed progress toward English language proficiency. (Grades K-8) 6) Percentage of students regularly participating in the program who had absences in the prior school year and who demonstrated fewer absences in the current year. (Grades K-8) 7) Percentage of students regularly participating in the program who are earning less than 100% of credits attempted in the prior school year and who demonstrated a higher percentage of credits earned. 8) Percentage of students regularly participating in the program who had school-day disciplinary incidents in the prior school year and demonstrated fewer incidents compared with the previous school year. (Grades 1-12) 9) Percentage of students regularly participating in the program who were in need of improvement and increased their MAP Reading testing score. (Grades K-3). 10) Percentage of students regularly participating in the program who were in need of improvement and increased their MAP Math testing score. (Grades K-3).						https://doe.nv.gov/uploadedFiles/hdeadoemagovfrontent/21stCCLC/NV-Statewide_Evaluation_Year_5_report_2021.pdf https://doe.nv.gov/21stCentury_Community_Learning_Centers/
Early Childhood Education Workforce	**NA**	Washoe County School District	Workforce Data from NV Registry										
Early Childhood Programs	Department of Health and Human Services	Division of Public and Behavioral Health	Child Care and Development Fund - State Licensing	Child Care Licensing serves Nevada's communities by ensuring the health, safety, and well-being of children in licensed child care facilities.	# of licensed providers by type, race/ethnicity & county	# of licensed slots/capacity by type and county	Ratio of licensed slots to number of children needing care (need to provide more detail on this)	Average amount of time from application submission to licensure					Metrics included here are not from licensing - developed by Denise based on current knowledge/needs for licensing in relation to the ECCS.
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	W.I.C.	WIC is the USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and provides nutrition and breastfeeding services and supplemental foods to pregnant women, new mothers, infants and children up to their 5th birthday. We offer a wide-array of nutrition education, personalized breastfeeding support, and referrals to other public health programs. WIC gives you resources, knowledge and tools to help you and support your family. It's free for moms, dads, grandparents, foster parents and all Nevada families who qualify. We work hard to get the right personalized support for you and your family.	Participants' Resident County Count	Local Agency Participation by WIC Category	Purchased (Redeemed) Food Quantity and Redeption Rate by Food Category	Percent of infants breastfed after birth	Rates of low hemoglobin or hematocrit among children				NV WIC: https://nevadawic.org/about/ NV WIC: Data Dashboard: https://app.powerbigov.us/view?r=eyJrIjoiNWI0NzI4ODYtMTdmYWxlNTQtNGI1ZS0xNTY1LTNlNjYtNmI4ZDIzNzI2OTNlIiwidCIsIjIwMjFhMTcyMy1mNjQzLTQ2NjMtYTI1NS1hNjNjMjAwMjMzZjE0IiwiIyIsIjIwMjNhMjNlMjAtMWQzNS0zZjNhLTk1ZWRhNjAyMWMyMjE0 WIC Participant and Program Characteristics 2020: https://www.fns.usda.gov/wic/participant-program-characteristics-2020
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	Maternal, Child and Adolescent Health (MCAH) - Title V - Women/Maternal Health	Nevada's Maternal and Child Health Title V program is dedicated to improving the health of families, with an emphasis on women, infants, and children, including children and youth with special health care needs (CYSHCN).	% of women, ages 18-44, with a preventive medical visit in the past year (NPM 1)	% of pregnant women who received prenatal care beginning in the first trimester (ESM 1.1)	% of mothers who reported late or no prenatal care (SPM 1)	% of women who used substances during pregnancy (SPM 2)	Maternal mortality rate per 100,000 live births (NOM 3)	Infant mortality rate per 1,000 live births (NOM 9.2)			Data Source & State Action Plan with full list of Objectives & Measures: https://mchdata.hrsa.gov/Prm/StateActionPlanTableLegalLetterFormat/Nevada/2021 Includes 14 total Outcome Measures (NOM)
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	Maternal, Child and Adolescent Health (MCAH) - Title V - Perinatal/Infant Health		% of infants who are ever breastfed and % of infants breastfed exclusively through 6 months (NPM 4)	% of infants placed to sleep on their backs; % of infants placed to sleep on a separate approved sleep surface; and % of infants placed to sleep w/o soft objects or loose bedding (NPM 5)	% of NV PRAMS respondents who stopped breastfeeding due to a lack of support from family or friends (ESM 4.1)	% of PRAMS respondents who report their infants (under 1 year of age) were laid to sleep in a high-risk sleep position and/or environment (ESM 5.1)	Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (NOM 9.5)	Post neonatal mortality rate per 1,000 live births (NOM 9.3)			NV MCAH Data Dashboard (Maternal Health, Perinatal/Infant Health, Child Health, CYSHCN, Adolescent Health, Cross Cutting/Systems Building Measures): https://app.powerbigov.us/view?r=eyJrIjoiZTBmY2I0ZTgtZGFjOS00ODZlLTg1ZWFlMzQtNmI2ZWI1Y1Y3YSIsInNldCI6IlmiOTYtMDM5NzU3IiwiYzQiMWUsNSUzQUOCOHZXRhLTE1N2RiMjcwMzAiMWM9
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	Maternal, Child and Adolescent Health (MCAH) - Title V - Child Health		% of children, ages 9 - 35 months, who received a developmental screening using a parent-completed screening tool in the past year (NPM 6)	% of children with and without special health care needs, ages 0-17, who have a medical home (NPM 11)	% of Medicaid enrolled children, ages 9 - 35 months, who received a developmental screening using a standardized tool6 (ESM 6.1)	# of Nevada Medical Home Portal website views (ESM 11.1)	% of children meeting the criteria developed for school readiness (NOM 13)	% of children, ages 0-17, in excellent or very good health			
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	MCAH - Home Visiting (MIECHV)	Nevada Home Visiting exists to develop and promote a state-wide coordinated system of evidence-based home-visiting that supports healthy child development and ensures the safety of young children and family members.	Number of households served by the NV HV Program	Number of children served by the NV HV program	% of enrolled children with a timely screen for developmental delay using a validated pare-completed tool	% of infants (among mothers who enrolled in HV prenatally) who were breastfed any amount at 6 months of age	% of primary caregivers enrol in HV who are screened for intimate partner violence using a validated tool	% of primary caregivers enrolled in HV who reported using tobacco or cigarettes at enrollment & were referred to cessation counseling or services within 3 months of enrollment			Data Source: 2021 State Action Plan - https://mchb.tvisdata.hrsa.gov/Narratives/AnnualReport/52d4c1e4-f41c-438b-a139-4430d9ddc19c
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	MCAH - Early Hearing Detection & Intervention	The purpose of the Nevada Early Hearing Detection and Intervention (EHDI) Program is to ensure all children in Nevada are screened for hearing loss at birth and those identified with hearing loss receive timely and appropriate audiological, educational and medical intervention.	% of newborns screened for hearing loss before 1 month of age (preferably before hospital discharge)	% of infants who screen positive that have a diagnostic audiologic evaluation before 3 months of age	% of infants identified with hearing loss who receive appropriate early intervention services before 6 months of age	EHDI tracking and surveillance system in place					Last report was in 2018 (2016 data): dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/EHDI/dta/Publications/EHDI%202coverver%20Report%202018%20draft%207.3.18%20-%20Current(1).pdf
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	MCAH - Title V (Maternal Infant Program, Child & Youth with Special Health Care Needs)		% of children, ages 9 - 35 months, who received a developmental screening using a parent-completed screening tool in the past year (NPM 6)	% of children with and without special health care needs, ages 0-17, who have a medical home (NPM 11)	% of children with special health care needs (CSHCN), ages 0-17, who receive care in a well-functioning system (NOM 17.2)	% of children, ages 3-17, with a mental/behavioral condition who receive treatment or counseling (NOM 18)	% of children, ages 0-17, who were not able to obtain needed health care in the last year (NOM 25)				
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	MCAH - PRAMS (Pregnancy Risk Assessment Monitoring System)	The overall goal of PRAMS is to reduce infant morbidity and mortality and to promote maternal health by influencing maternal and child health programs, policies, and maternal behaviors during pregnancy and early infancy.	% response rate (goal of 55%)								PRAMS includes a very long list of data based on self-response from selected participants. Full report for 17-19: dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/TitleV/Nevada%20PRAMS%20Report%208bir%20Year%202017-2019(2).pdf Indicator selected is regarding response rate, which impacts the validity of data reported (this is not a measure included in the PRAMS report)
Maternal and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	MCAH - Nevada Maternal Mortality Review Committee	The Nevada MMRC conducts ongoing, comprehensive, multidisciplinary reviews of maternal deaths to help determine factors contributing to maternal mortality and SMM and identify public health and clinical interventions to improve systems of care and prevent mortality and morbidity.	Ratio of pregnancy-associated deaths per 100,000 live births and number of deaths (by race/ethnicity, age, and county)	Ratio of pregnancy-related deaths per 100,000 live births and number of deaths (by race/ethnicity, age, and county)	Ratio of Severe Maternal Morbidity (SMM) per 10,000 deliveries and number of cases (by race/ethnicity; age; and indicator)						2018-2020 Report: https://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/TitleV/MMRC%202020%20Combined%20Reports.pdf

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Topic Area	STATE AGENCY	DEPARTMENT	PROGRAM	Vision/Purpose Sta atmen	Child Indica ors	Family Indicators	Workforce Indicators	Program/Sys em Indicators	KPI	KPI	KPI	KPI	Notes
Materna and Child Health	Department of Health and Human Services	Division of Public and Behavioral Health	MCAH - MCH Coalition	To provide leadership in partnership with public and private organizations to improve the physical and mental health, safety and well-being of the maternal and child population in Nevada including children with special needs.	# of followers on social media (Instagram and Facebook) and # of website visitors	# of members for Northern Nevada Coalition and Southern Nevada Coalition (# of newsletter subscribers)							https://www.nvmch.org/nevadas-priorities/ Priorities align with MCHAB goals/metrics
Health and Wellness	Department of Health and Human Services	Division of Public and Behavioral Health	NV Immunization Program (VFC)	The Vaccines for Children (VFC) Program was created as part of the federal Omnibus Budget Reconciliation Act, Section 1928 of the Social Security Act, in August 1993. The goal of this federally funded program is to improve vaccine availability nationwide by providing vaccines at no cost to VFC-eligible children through public and private providers enrolled in the program. The program is regulated by the Centers for Disease Control and Prevention (CDC) and National Immunization Program (NIP). The VFC program is now operational in all 50 states, Washington D.C., and eight territories including the U.S. Virgin Islands, Puerto Rico and Guam. Nevada began its VFC program in October of 1994. VFC vaccines are purchased under CDC contract, and are supplied to enrolled providers at no cost.									NV Division of Public and Behavioral Health Vaccines for Children (VFC) Program: https://dpbh.nv.gov/Programs/VFC/VFC_-_Home/ CDC VFC: https://www.cdc.gov/vaccines/programs/vfc/index.html
Health and Wellness	Department of Health and Human Services	Division of Public and Behavioral Health	Chronic Disease Prevention & Health Promotion - Wellness and Prevention Program (WPP)	The Wellness and Prevention Program supports and promotes strategies and efforts to create a culture of healthy eating and active living. Current statewide program efforts that impact children, adults, and the Nevada communities in Early Care and Education (ECE) settings, schools, and worksites include: Enhancing healthy eating options and standards Developing strategies to decrease sedentary time Promoting breastfeeding support Collaborating with local and state partners to promote key behaviors to enhance Nevadans' healthy weight status	the Wellness and Prevention Program (WPP) has no direct funding; thus, the indicators for the WPP default to HP2030 indicators.								Brooke Emailed Patricia Segura on 10/11/22
Early Childhood Education	Department of Health and Human Services	Division of Welfare & Supportive Services	Child Care and Development Fund	The CCDF Child Care Program assists low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work. CCDF funds are also used for Quality activities to improve the quality of child care by financially assisting child care providers in their professional development and maintaining healthy, safe, appropriate learning environments for children 0 to 12 years of age.	% of licensed providers participating in the CCDF program	% of eligible families receiving child care subsidy	# of children receiving child care subsidy by race/ethnicity, age and county	Average amount of parent co-pay by age of child and county					Metrics included here are not from CCDF - developed by Denise based on current knowledge/needs for subsidy in relation to the ECCS.
Nutrition	Department of Health and Human Services	Division of Welfare & Supportive Services	Supplemental Nutrition Assistance Program (SNAP)										
Nutrition	Department of Health and Human Services	Division of Welfare & Supportive Services	TANF	TANF is designed to provide Temporary Assistance for Needy Families to care for dependent children in their own homes or in the homes of relative care-givers. TANF provides Financial and Support Services such as CHILD CARE, TRANSPORTATION and Other Services.	TANF performance accountability is measured by the work participation rate, which is a process measure of the extent to which individuals engage in certain activities. It requires states to ensure that 50% of TANF-receiving families with a work-eligible adult and 90% of families with two work-eligible adults be engaged in a minimum number of hours of work or other qualifying activities on a monthly basis.								NV Dept. of Health and Human Services: https://dwss.nv.gov/TANF/Financial_Help/ https://nationalskillscoalition.org/wp-content/uploads/2020/12/NSC-TANF-FINAL-6.24.19-MRD-RES-pdf.pdf https://www.cbpp.org/research/family-income-support/temporary-assistance-for-needy-families Tanya Stevens is checking with supervisor to get an answer but also provided the following links: https://www.acf.hhs.gov/ofa/programs/tanf/state-reports https://www.acf.hhs.gov/ofa/policy-guidance/tanf-acf-im-2021-01
Employment	Department of Health and Human Services	Division of Welfare & Supportive Services	Employment & Support Services	The Employment and Training (E&T) Unit's primary responsibility is to plan, develop, implement and maintain program policies and procedures for the TANF Employment and Training Program (NEON) and the SNAP Employment and Training program (SNAPET). The NEON program provides Temporary Assistance for Needy Families (TANF) recipients a means to acquire employment related education, vocational skills, work experience and job seeking/retention skills to allow them to achieve economic independence through employment. The program assists recipients in overcoming barriers to employment by providing support services including, child care assistance, transportation assistance and employment related special needs such as clothing and tools. TANF recipients with significant barriers to employment such as drug/alcohol addiction, domestic violence issues and /or mental health concerns are case managed by the Division's licensed social workers. Training Drug/Alcohol treatment, domestic violence shelter/counseling, and mental health treatment/counseling is available to work-eligible TANF recipients via contracts with service providers and referrals to community agencies and organizations. All program services are developed and provided with the ultimate goal of assisting the family achieve their highest level of economic self-sufficiency. The SNAPET program provides an orientation and structured job search program to assist Supplemental Nutrition Assistance Program recipients become employed. Assistance with transportation and employment related needs is available. The Employment and Training Unit also participates in a number of TANF-related community initiatives such as, reduction of child poverty, reduction in out-of-wedlock births, teen pregnancy prevention, statutory rape education/prevention, healthy marriage and faith-based services.							https://dwss.nv.gov/Home/Employment_Training/Employment_Training/	Economic status is complex in Nevada with its age, racial, ethnic, etc. The Employment and Training (E&T) Unit's primary responsibility is to plan, develop, implement and maintain program policies and procedures for the TANF Employment and Training Program (NEON) and the SNAP Employment and Training program (SNAPET). Nevada's Temporary Assistance for Needy Families (TANF) program is a time-limited program that provides cash assistance to eligible families with children. The program provides assistance to meeting basic needs and promotes independence through employment. The program assists families in overcoming barriers to employment by providing support services including, child care assistance, transportation assistance and employment related special needs such as clothing and tools. TANF recipients with significant barriers to employment such as drug/alcohol addiction, domestic violence issues and /or mental health concerns are case managed by the Division's licensed social workers. Drug/Alcohol treatment, domestic violence shelter/counseling, and mental health treatment/counseling is available to work-eligible TANF recipients via contracts with service providers and referrals to community agencies and organizations. All program services are developed and provided with the ultimate goal of assisting the family achieve their highest level of economic self-sufficiency. The SNAPET program provides an orientation and structured job search program to assist Supplemental Nutrition Assistance Program recipients become employed. Assistance with transportation and employment related needs is available. The Employment and Training Unit also participates in a number of TANF-related community initiatives such as, reduction of child poverty, reduction in out-of-wedlock births, teen pregnancy prevention, statutory rape education/prevention, healthy marriage and faith-based services.
Healthcare	Department of Health and Human Services	Division of Health Care Financing and Policy	Medicaid & CHIP	The Medicaid and CHIP state plans are agreements between Nevada and the federal government describing how we administer these programs. It gives an assurance that Nevada will abide by federal rules and may claim federal matching funds for program activities. The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are under way in the state. When Nevada is planning to make a change to program policies or operational approach, we send state plan amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) for review and approval. We also submit SPAs to request permissible program changes, make corrections, or update the Medicaid or CHIP state plan with new information.	Primary Care Access and Preventive Care Measure Names: 1) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) 2) Chlamydia Screening in Women Ages 16 to 20 (CHL-CH) 3) Childhood Immunization Status (CIS-CH) 4) Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) 5) Well-Child Visits in the First 30 Months of Life (W30-CH) 6) Immunizations for Adolescents (IMA-CH) 7) Developmental Screening in the First Three Years of Life (DEV-CH) 8) Child and Adolescent Well-Care Visits (WCV-CH)	Maternal and Perinatal Health Measure Names: 1) Low Births Weighing Less Than 2,500 Grams (LBW-CH) 2) Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) 3) Contraceptive Care - Postpartum Women Ages 15 to 20 (CCP-CH) 4) Contraceptive Care - All Women Ages 15 to 20 (CCW-CH) 5) Low-Risk Cesarean Delivery (LRCD-CH)	Care of Acute and Chronic Conditions: 1) Asthma Medication Ratio: Ages 5 to 18 (AMR-CH) 2) Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Behavioral Health Care: 1) Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) 2) Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 3) Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) 4) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) 5) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 (FUA-CH) 6) Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	Dental and Oral Health Services: 1) Oral Evaluation, Dental Services (OEV-CH) 2) Topical Fluoride for Children (TFL-CH) 3) Sealant Receipt on Permanent First Molars (SFM-CH)	Experience of Care: 1) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1 H - Child Version including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)			Medicaid & Nevada Check Up (CHIP) State Plans: https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSP/MSPHome/ CMS Child Core Set Measures: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html 2022 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set): https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf CMS Child Core Set Measures become mandatory in federal fiscal year 2024: https://www.cms.gov/newsroom/press-releases/cms-releases-proposed-rule-improve-medicaid-chip-quality-reporting-across-states#:~:text=While%20currently%20voluntary%2C%20under,in%20federal%20fiscal%20year%202024 State of Nevada Department of Health and Human Services Division of Health Care Financing and Policy Quality Strategy 2022-2024 Draft Copy for Review: https://dhcfp.nv.gov/uploadedFiles/dhcfpnewprod/sites/default/files/Quality_Strategy_2022-24.pdf Rebecca emailed Suzanne Biermann on 10/12/22
Healthcare	Department of Health and Human Services	Division of Health Care Financing and Policy	Dental Services	The Nevada Medicaid Dental Services Program is designed to provide dental care under the supervision of a licensed provider. Dental services provided shall maintain a high standard of quality and shall be provided within the coverage and limitation guidelines outlined in this Chapter. All Medicaid policies and requirements, (such as prior authorization, etc.) except for those listed in the Nevada Check Up (NCU) Manual Chapter 1000 are the same for NCU. Nevada Medicaid provides dental services for most Medicaid-eligible individuals under the age of 21 as a mandated service, a required component of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. For Medicaid-eligible adults age 21 years and older, dental services are an optional service as identified in the Medicaid Services Manual Chapter 3000:Dental.								https://dhcfp.nv.gov/Pgms/CP1Dental/ Nevada Dental Dashboard SFY 2021: https://dhcfp.nv.gov/uploadedFiles/dhcfpnewprod/sites/default/files/CP1DentalDashboardSFY2021.pdf Quality of Care for Children in Medicaid: Findings from the 2019 Child Core Set Chart Pack: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf Two measures of dental and oral health services were available for analysis for FFY 2019: • Percentage of Eligibles Who Received Preventive Dental Services • Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk
Healthcare	Department of Health and Human Services	Division of Health Care Financing and Policy	EPSDT/Healthy Kids	Healthy Kids is a program which provides preventive health care such as immunizations, yearly physicals and referrals for health problems of Medicaid eligible infants, children and young adults This program encourages referrals for developmental problems, vision, hearing and dental problems as well as family problems.	Annually, states must provide CMS with (1) number of children provided child health screening service	Annually, states must provide CMS with (2) number of children referred for corrective treatment	Annually, states must provide CMS with (3) number of children receiving dental services	Annually, states must provide CMS with (4) state's results in attaining goals set under section 1950(c) of the Social Security Act					Early and Periodic Screening, Diagnostic, and Treatment Annual EPSDT Reporting Using the Form CMS-416: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html NV Dept. of Health & Human Services Division of Health Care Financing and Policy, Healthy Kids Program (EPSDT): https://dhcfp.nv.gov/Pgms/CP1EPSDT/
Healthcare	Department of Health and Human Services	Division of Health Care Financing and Policy	Indian Health Program	Indian Health Programs include the IHS, Tribal Organizations and Urban Indian Organizations (I/T/U): 1. Indian Health Service: IHS is a federal agency within the Department of Health and Human Services (DHHS). 2. Tribal Organizations: Tribal Organizations are operated by tribal governments. 3. Urban Indian Organizations: Urban Indian Organizations are nonprofit organizations. It is the policy of the Division of Health Care Financing and Policy for both Nevada Medicaid and Check Up to adhere to the tribal-state consultation process, uphold Title IV of the Indian Health Care Improvement Act, and promote the healthcare of American Indians and Alaska Natives (AI/AN) within the State of Nevada.								Emailed medicalprograms@dhcfp.nv.gov on 10/25/22
Children with Disabilities	Department of Health and Human Services	Division of Aging and Disability Services	Nevada Early Intervention Services (NEIS)	The Nevada Early Intervention Services (NEIS) System provides services to children birth until three with developmental delay or disabilities, and their families.	% of children who had services initiated in a timely manner (1)	% of children who received the majority of EI services in natural environments (2)	% of infants and toddlers with IFSPs who demonstrate improved: a) positive social-emotional skills, b) acquisition & use of knowledge & skills; and c) use of appropriate behaviors to meet their needs (3)	# of children served in Child Find (birth to one and birth to three); % of overall population (5 &6)	% of initial IFSPs compliant with 45 day timeline (7)				NEIS and Part C - Combined metrics (numbers after metrics indicate the "indicator number" identified in the plan. State Performance Plan/Report: dhhs.nv.gov/uploadedFiles/dhhsnewprod/content/Programs/IDEA/June%202021_NV-01%20SPP%20FAR7%20C%20FFY%202019-20.pdf
Children with Disabilities	Department of Health and Human Services	Director's Office Programs	IDEA Part C (birth through 2-year-olds)	The Part C Office provides the oversight of Early Intervention Services of the Individuals with Disabilities Education Act (IDEA). The IDEA was created with a vision for comprehensive, interagency, multidisciplinary, family-centered, and community-based services accessible to all infants and toddlers with disabilities and to those who are at risk for disabilities.	% of families participating in Part C who report that EI services have helped family: a) know their rights; b) effectively communicate their children's needs; and c) health their children develop and learn (4)	% of toddlers exiting Part C with timely transition planning (8)							Nevada State Leadership Team (SLT) Action Plan: Includes indicators specific to systems improvements
Diversity and Inclusion	Department of Health and Human Services	Director's Office Programs	Office of Minority Health and Equity	The vision of the Nevada Office of Minority Health and Equity (NOMHE) is to achieve optimal levels of health and wellness for all minority groups and marginalized communities across the state. NOMHE's mission is to avoid and/or reverse disproportionately experienced, health-related disparities among the state's most vulnerable, high-risk populations. To achieve this mission involves: -Embedding health equity principles into the operations of state agencies and human service providing organizations; -Collaboratively developing strategies to achieve sustainable, system-changing outcomes; -Generating public awareness and education around disparities in health outcomes; -Partnering with stakeholders/advocates invested in health equity whose focus impact all categories of the social determinants of health; -Providing equity-focused technical assistance to organizations ranging from public or private sector to faith-based institutions; -Serving as the cross-jurisdictional liaison to identify equity-focused resources, grants and information for maximum distribution; -Facilitating academic and/or scientific investigations or needs assessments to produce minority-specific health data and amplifying the findings; -Diversifying clinical trial participation; and -Monitoring and/or influencing health-focused policy development for inclusiveness and responsiveness to minority health needs.								Tina Dortch email on 10/11/22: At this time, NOMHE does not track indicators https://dhhs.nv.gov/Programs/CHA/MH/

NV ECCS Agency/Program Vision and KPI List

Notes: Data questions: connected, disaggregated, do they answer our questions/demonstrate progress,

Topic Area	STATE AGENCY	DEPARTMENT	PROGRAM	Vision/Purpose Sta emen	Child Indica ors	Family Indicators	Workforce Indicators	Program/Sys em Indicators	KPI	KPI	KPI	KPI	Notes
Mental Health	Department of Health and Human Services	Division of Child and Family Services	Children's Mental Health Services - Mobile Crisis Response - Community Based Mental Health Therapy - Medication Management - Early Childhood Day Treatment - Child Care Consultation - Wraparound Care Coordination										State of NV https://dcfs.nv.gov/Programs/CMH/ State Children's Mental Health Policies and Procedures: https://dcfs.nv.gov/Policies/CMH/Chapter_1/ Mobile Crisis Response: http://www.knowcrisis.com/#nrc=h-how-we-help
Mental Health	Department of Health and Human Services	Division of Child and Family Services	SEB										Make sure to include information on Mental and behavioral health, find a better place for KPIs in this area
Safety	Department of Health and Human Services	Division of Child and Family Services	Child Death Review										
Nutrition	Department of Agriculture		Child and Adult Care Food Program (CACFP)	USDA's Child and Adult Care Food Program plays a vital role in improving the quality of day care and making it more affordable for many low-income families. Each day, 2.6 million children receive nutritious meals and snacks through CACFP. The program also provides meals and snacks to 74,000 adults who receive care in nonresidential adult day care centers. CACFP reaches even further to provide meals to children residing in homeless shelters, and snacks and suppers to youths participating in eligible afterschool care programs.	One of the best measurements of success in CACFP is tracking the participation. We do complete a report called an FNS44 report that tracks the participation and other items. You can view what the report includes here: fns-44cacfp.pdf (azurewdp.us).	Participation metrics, such as communication/outreach to organizations that are interested in participating in CACFP	conduct monitoring (administrative reviews) of sponsoring organizations to be sure they are compliant and are successful						Brooke emailed Rose Sutherland on 10/11/22
Nutrition	Department of Agriculture		SNAP	NDA does not collect KPIs for SNAP									Per Rose, NDA does not collect metrics for SNAP
Nutrition	Department of Agriculture		Summer Food Service Program	The Summer Food Service Program (SFSP) is a federally-funded, state-administered program. SFSP reimburses program operators who serve free healthy meals and snacks to children and teens in low-income areas. The need for healthy nutrition does not end when school lets out for the summer. The Summer Food Service Program (SFSP) fills that gap by providing good, nutritious food that's "in" when school is "out". It ensures that children ages 18 years or younger, in low-income areas, can continue to receive nutritious meals during school vacations.	Number of sites	Meals served annually							NV Dept. of Agriculture: https://agri.nv.gov/summerfood/#:~:text=The%20Summer%20Food%20Service%20Program,nutritious%20meal%20during%20school%20vacations., Summer Food Service Program Administration Guide: https://www.nde.net/Documents/sfsp-admin-guidance-sponsors.pdf Emailed frid@agri.nv.gov on 11/9/22: The FNS-418 Reporting Form (https://lomb.report/lcr/201701-0586-002/doc/70814102) is used to collect data on the number of sites & meals served annually to track program success/growth
Employment	Department of Employment Training & Rehabilitation	Employment Security Division	Workforce Development - Displaced Homemakers Program - Career Enhancement Program										
Employment	Department of Employment Training & Rehabilitation	Employment Security Division	Commission on Postsecondary Education										
Early Childhood Education	Nevada System of Higher Education	Child Care Access Means Parents in School Program (CCAMPIS)		Child Care Access Means Parents in School (CCAMPIS) is a federally funded Department of Education grant. The UNLV CCAMPIS Program will provide childcare stipends and wrap-around services for up to 50 selected students. Award amounts will cover 50% of childcare costs and will be paid directly to the child care center. Applicants are responsible for 10% of childcare tuition and for registration fees. Factors that will be considered when selecting UNLV CCAMPIS award recipients include level of financial need, enrollment and GPA, and availability of childcare spots for the appropriate age group of the child(ren).	Cost-Effectiveness, based on the number of CCAMPIS eligible student-parents served each year	The percentage of CCAMPIS participants that, each year, evaluate the CCAMPIS program as benefiting them in increasing their abilities to enroll, persist and graduate							https://lomb.report/lcr/201909-1840-004/doc/95008501 https://www2.ed.gov/programs/campiqs/performance.html https://www.unlv.edu/studentaffairs/ccampis Sent email to Eileen/Claire of CSUN/Preschool on 10/25/22
Early Childhood Education	Nevada System of Higher Education	Child Care Access Means Parents in School Program (CCAMPIS)		The University of Nevada, Las Vegas (UNLV)/Consolidated Students University of Nevada (CSUN) Preschool is housed in the Lynn Bennett Early Childhood Education Center located on UNLV's campus. The UNLV/CSUN Preschool is to provide a model inclusive early childhood program that serves children (no seats to five years of age) of students, faculty, staff, and the surrounding campus community. As the field of early childhood care and education evolves to meet the growing needs of today's young children and their families, our preschool will continue to play a leadership role in teaching, training, and research at UNLV.									UNLV/CSUN Preschool : https://www.unlv.edu/preschool/about https://unlv.co1.qualtrics.com/jfe/form/SV_dpdOxHUVUJmbnR6 Sent email to Eileen/Claire of CSUN/Preschool on 10/25/22
Children With Disabilities	Nevada System of Higher Education	Special Education/Early Childhood Education Programs											https://www.nevadaregistry.org/ece-resources/nevada-system-of-higher-education/