

**Nevada Early Childhood  
Coordinated Intake and Referral System**  
*(Nevada EC CIRS) Workgroup*

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**Executive Summary - 2024**



# Nevada Early Childhood Coordinated Intake and Referral System (Nevada EC CIRS) Workgroup

## Executive Summary - 2024

This Executive Summary presents the initial key findings and recommendations of the Nevada Early Childhood Coordinated Intake and Referral System (Nevada EC CIRS) Workgroup, a collaborative initiative established in September 2023 aimed at improving access to health, early learning, social services, and family support services for young children and their families in Nevada. In Nevada, as in many other states, young children and their families face challenges in accessing the array of services necessary for optimal health, development, and well-being. The complex network of providers—spanning healthcare, early childhood education, social services, and family support—often operate in silos, making it difficult for families to navigate and for providers to coordinate care.

The Nevada EC CIRS Workgroup was established to address these challenges by exploring opportunities to develop a coordinated intake and referral system that improves how services are delivered to families with young children. The vision of the workgroup is to create a unified, user-friendly platform that facilitates seamless referrals, enhances communication across sectors, and ensures that families have access to resources they need to thrive. The workgroup met monthly and included representatives from various Nevada state agencies and non-profit organizational partners that focus on the target service areas.

The NV EC CIRS Workgroup defines a **Coordinated Intake and Referral System (CIRS)** as a bi-directional platform that connects health care, early learning, and family support services partners to improve the health and well-being of young children and families. A CIRS offers shared risk assessment and screening, real-time closed loop referral management, collaborative care coordination, standardized metrics, and data analysis and reporting functions.



### Why do we need a CIRS in Nevada?

A CIRS offers significant benefits to both families with young children and the health and social service providers supporting them. For families, a CIRS streamlines access to a wide range of services, ensuring that children and parents are connected to the right resources at the right time. By reducing the complexity of navigating multiple service systems, a CIRS helps families receive timely support for health, early learning, and family services, improving overall well-being and outcomes for children. For health and social service providers, a CIRS enhances collaboration and communication, enabling providers to work together more efficiently and effectively in meeting the needs of families. The system's real-time referral management and shared risk assessments help reduce service duplication, minimize gaps in care, and ensure that families receive comprehensive support. Additionally, the standardized data and reporting functions of a CIRS empower providers to track progress, measure outcomes, and continuously improve service delivery, ultimately strengthening Nevada's entire early childhood system.



## Benefits of a Coordinated Intake and Referral System

A well-designed CIRS offers a range of benefits for both families and service providers:



### For Families:

1. **Easier Access to Services:** A single point of entry to connect families to healthcare, early learning, and family support services, reducing the complexity of the service delivery system.

2. **Faster Service Delivery:** Real-time referrals and closed-loop referral management ensure that families receive timely access to services, reducing waiting times and avoiding delays.

3. **Comprehensive Support:** By ensuring that all providers involved in a child's care are communicating effectively, families benefit from a more holistic approach to service delivery.

### For Service Providers:

1. **Improved Communication and Collaboration:** A CIRS enables providers to share relevant data in a secure, real-time manner, enhancing communication and ensuring that all parties are informed of a child's needs.

2. **More Efficient Service Delivery:** By reducing the need for multiple, redundant referrals, providers can focus on delivering the right services without unnecessary administrative burdens.

3. **Data-Driven Decisions:** The system's data-sharing capabilities allow for better tracking of outcomes, helping providers measure the effectiveness of their services and make adjustments as needed.



### Analysis of Existing Research

The evolving concept of creating a Coordinated Intake and Referral System (CIRS) is fueled by developments in technology and data systems across a range of social service sectors. Research, development, and analysis of CIRSs has been most prevalent in the health care sector, recognizing the need of health care providers to connect patients with a broad array of social services to improve Social Determinants of Health<sup>1</sup>. Five key reports were reviewed by the workgroup to garner an understanding of current developments and gain insight into the development of a CIRS.

#### 1. [Community Resource Referral Platforms: A Guide for Health Care Organizations](#), 2019

This report provides a comprehensive guide for healthcare organizations seeking to implement or optimize community resource referral platforms. It emphasizes the importance of connecting healthcare systems with social services to address social determinants of health. The report outlines key features of successful platforms, including integration with electronic health records (EHR), data security, and user-friendly interfaces. It also discusses challenges such as ensuring platform sustainability, engaging community partners, and addressing disparities in access to technology.

Source: Social Interventions Research & Evaluation Network (SIREN), University of San Francisco California - <https://sirennetwork.ucsf.edu/tools-resources/resources/community-resource-referral-platforms-guide-health-care-organizations>

<sup>1</sup> Social Determinants of Health (SDOH) are non-medical factors affecting health, like socioeconomic status, and geographic locations. Centers of Disease Control and Prevention (CDC) - <http://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>

## 2. [A Guide to Referral Platform Vendors in Colorado](#), 2021

This guide focuses on the landscape of community resource referral platforms in Colorado. It provides a detailed review of various vendors offering platforms for coordinating referrals between healthcare providers, social service agencies, and other community resources. The report compares the capabilities of different platforms, such as tracking referrals, integrating with existing health IT systems, and supporting data sharing. It aims to assist organizations in selecting the best platform for their needs and highlights the importance of aligning technology with regional goals for improving health equity and social services access.

Source: Mile High Health Alliance

## 3. [Community Information Exchange \(CIE\) in Oregon: Emerging Landscape, Key Concepts, and Future Needs](#), 2020

This report from Oregon's HIT Commons explores the emerging role of Community Information Exchanges (CIEs) in improving the coordination of care across healthcare and social service systems. It introduces key concepts such as shared data standards, community-level data exchange, and the integration of health and social care. The report highlights challenges in building CIEs, such as establishing trust among stakeholders and ensuring data privacy. It also discusses the future needs for CIEs in Oregon, including enhanced infrastructure, ongoing stakeholder engagement, and the scaling of successful models to address social determinants of health on a broader scale.

Source: HIT Commons (Oregon Health Leadership Council and the Oregon Health Authority) - <https://ohlc.org/wp-content/uploads/2020/12/HIT-Commons-CIE-Advisory-Group-Report-Final-Report-December-2020.pdf>

## 4. [Social Determinants of Health Data Sharing at the Community Level](#), 2021

This report examines the sharing of social determinants of health (SDOH) data among community-level partners, including healthcare providers, social services, and public health organizations. It outlines best practices for collecting, sharing, and utilizing SDOH data to improve population health outcomes. The report emphasizes the importance of data interoperability, privacy protections, and establishing data-sharing agreements among stakeholders. It also identifies challenges such as technical barriers, variations in state and local policies, and the need for a common framework for data exchange.

Source: Office of Assistant Secretary for Planning & Evaluation (ASPE), U.S. Department of Health and Human Services - <https://aspe.hhs.gov/reports/social-determinants-health-data-sharing-community-level>

## 5. [Snapshot of the Role of General Healthcare and Behavioral Healthcare Provider Outreach in Coordinated Intake and Referral Systems](#), 2023

This report discusses the role of healthcare providers, both general and behavioral health, in the coordinated intake and referral (CIR) systems. It highlights the importance of integrating healthcare services with social and behavioral health resources to create holistic care pathways for individuals. The report examines how provider outreach can facilitate smooth referrals, increase system efficiency, and improve outcomes, particularly for individuals with complex health and social needs. It also discusses the challenges in coordinating between healthcare and behavioral health systems, including issues related to data sharing, confidentiality, and service availability.

Source: Association of Maternal & Child Health Programs (AMCHP) - [https://achp.org/wp-content/uploads/2023/09/EC-Roadmap\\_Coordinated-Intake-and-Referral-Systems\\_Snapshot.pdf](https://achp.org/wp-content/uploads/2023/09/EC-Roadmap_Coordinated-Intake-and-Referral-Systems_Snapshot.pdf)

## Common Themes

- > **Integration of Social Services and Healthcare:** All reports emphasize the need for better coordination between healthcare systems and social services to address social determinants of health (SDOH).
- > **Technology and Data Sharing:** A major focus is on leveraging technology, particularly referral platforms and data exchanges, to streamline service connections and improve access to resources.
- > **Challenges and Barriers:** Common challenges include technological interoperability, data privacy concerns, lack of standardization, engaging stakeholders across diverse sectors, and sustainable, dedicated funding.
- > **Future Directions:** The reports collectively suggest that further development in infrastructure, collaboration, and scaling successful models are crucial for improving health outcomes at the community level.
- > **Improving Access:** Ensuring that families can easily navigate and access the services they need, including healthcare, early childhood education, and family support.
- > **Enhancing Coordination:** Creating a system that allows providers to share information and collaborate effectively on behalf of families.
- > **Streamlining Processes:** Simplifying the referral process and eliminating barriers that prevent families from receiving timely care and services.
- > **Improving Outcomes:** Ensuring that young children and families receive the right services at the right time, leading to improved health and development outcomes.

The **Association of Maternal & Child Health Programs (AMCHP)** survey of state-level early childhood involvement in the development, implementation, and maintenance of coordinated intake and referral systems (CIRS) in 2023 included the following key findings and recommendations:

### Why is this important?

- > *The ongoing COVID19 pandemic has caused a crisis for overall child development and the mental health of children and their caregivers, making the presence of a well-coordinated, easily accessible system of early childhood services more critical than ever.*
- > *Access to and awareness of existing early childhood services are not always equitable. A CIRS should strive for equity in all programmatic factors of its services.*
- > *A child's general health, cognitive development, and socio-emotional development cannot be separated from one another. CIRS help to connect children to essential general and behavioral healthcare providers.*

## The Power of Partnerships

☺☺ We need to work together and collaborate together as a system. ☺☺

☺☺ [We are] trying to do more integrated healthcare so [we have] behavioral health embedded within primary care. It's easier to get somebody into our primary care doctor than it is to get them into specialized behavioral health services, so we are trying to do more of an integrated system. ☺☺

☺☺ Our biggest selling factor for the services is the closing of that referral loop. The referral system, when it works, will be loaded statewide essentially with everything. ☺☺

☺☺ Everyone goes to the same place... We screen the family with a holistic look. It's not just about prenatal care or the child development, but also everything else that's going on in the family...Our data system is detailed on the coordinated referral piece...We are able to track all way to the end. ☺☺

Source:

[https://amchp.org/wp-content/uploads/2023/09/EC-Roadmap\\_Coordinated-Intake-and-Referral-Systems\\_Snapshot.pdf](https://amchp.org/wp-content/uploads/2023/09/EC-Roadmap_Coordinated-Intake-and-Referral-Systems_Snapshot.pdf)



## Key Features and Essential Functions of a Nevada EC CIRS

The Nevada EC CIRS Workgroup developed a list of key features and essential functions for an optimal CIRS in Nevada:

- > **Single Point of Entry** to connect clients/patients with services based on their needs, including linguistic/language needs
- > **Outgoing Referral Capability:** the ability to send client/patient referrals to partner organizations (health care providers, early learning providers, and/or social service providers) electronically
- > **Closed-Loop Referral:** the ability to receive information back from the partner organization (or in some cases the client/patient) about the outcomes of the referrals:
  - >> Referral acceptance – whether the receiving organization accepted the referral, or if not, why not
  - >> Client/patient contact – whether the receiving organization and the patient/client interacted, or if not, why not
  - >> Receipt of services – whether the client/patient received help from the organization; if yes, what kind; or if not, why not
  - >> Need resolution – whether the need that triggered the referral was resolved (or is in the process of being resolved), or if not, why not



## Nevada EC CIRS Functionality Chart

Functionality	Description
<b>Resource Directory</b>	<p>A searchable, regularly updated directory of community-based programs and services that can help address needs</p> <ul style="list-style-type: none"> <li>&gt; Connect with <a href="#">Nevada 211</a> and <a href="#">First 5 Nevada</a></li> <li>&gt; Program level information (v. organizational level information)</li> <li>&gt; Align availability/access to geographic location, eligibility requirements and insurance status/provider</li> </ul>
<b>Referral Management</b>	<p>The ability to send electronic referrals to programs/services and to track referral outcomes (see “Closed Loop Referral” above)</p> <ul style="list-style-type: none"> <li>&gt; Alerts/notifications to providers when new/relevant client information is added to record, including acceptance/rejection of referral, referral contact, receipt of services, and resolution of need</li> </ul>
<b>Privacy Protection &amp; Data Security</b>	<ul style="list-style-type: none"> <li>&gt; Compliance with HIPAA, FERPA, and other privacy regulations</li> <li>&gt; Infrastructure employs best practice data security standards</li> <li>&gt; Multi-factor authentication</li> <li>&gt; End to end data encryption</li> </ul>
<b>Systems Integration</b>	<p>The ability to seamlessly move from the referral platform to the electronic health record and vice versa, and to automatically transfer data between the two systems</p> <ul style="list-style-type: none"> <li>&gt; Alerts/push notifications to providers when new/relevant client information is added to record</li> </ul>
<b>Care Coordination/ Case Management</b>	<p>Longitudinal needs and care tracking, ability to define care goals and see referrals, services and other activities</p>
<b>Reporting and Analytics</b>	<ul style="list-style-type: none"> <li>&gt; The capacity to analyze social needs screening and referral activities and outcomes, including completion rates and turnaround time from service request to service delivery</li> <li>&gt; The capacity to run reports identifying service and/or access gaps to meet identified needs</li> <li>&gt; Individualized reports accessible by client/patient and connected providers</li> <li>&gt; Grant specific reporting &amp; performance metrics (need to identify)</li> </ul>
<b>Social Needs &amp; Developmental Screening</b>	<p>Social Needs/Risk Assessment Screening Tool integrated into system to identify social determinants</p> <ul style="list-style-type: none"> <li>&gt; Record/store responses in client record in system, with ability to share across providers (opt-out function)</li> <li>&gt; AI integration with search function to have relevant programs/services automatically generated upon completion</li> </ul> <p>Developmental Screening Tool integrated into system to assess milestones and potential needs for young children</p> <ul style="list-style-type: none"> <li>&gt; Record/store responses in client record in system, with ability to share across providers (opt-out function)</li> <li>&gt; AI integration with search function to have relevant programs/services automatically generated upon completion</li> </ul>
<b>Vendor Capacity</b>	<p>The vendor’s willingness and ability to tailor the product to the users’ needs</p> <p>The perceived capacity of the vendor to provide the desired level of product support</p>
<b>Client Interface</b>	<ul style="list-style-type: none"> <li>&gt; The ability to automatically prompt clients/patients to follow up with social service organizations they were referred to and display the history of patient interactions to better measure engagement</li> <li>&gt; The ability of patients/clients to add information/responses to the platform and see their own information /history (client login capacity)</li> <li>&gt; Mobile friendly platform that allows clients/patients to easily navigate the system (including completion of assessments) using a mobile phone/device</li> </ul>

The Nevada EC CIRS Functionality Chart was modeled after the Key Functionalities table published in the SIREN report: Community Resource Referral Platforms: A Guide for Health Care Organizations, 2019.

## Other State Examples

The Nevada EC CIRS Workgroup received presentations from two other states, New Jersey and Tennessee, that have developed and/or in the process of developing coordinated intake/referrals systems specific to the early childhood population. The table below provides a brief summary of each program.

New Jersey	Connecting New Jersey	<a href="https://www.nj.gov/connectingnj/">https://www.nj.gov/connectingnj/</a>
Summary: Connects New Jersey families - moms, dads, newborns, teens, young adults, and grandparents - with the best health and social resources available in their local community.		
<b>Key Features:</b> <ul style="list-style-type: none"> <li>&gt; Connecting NJ utilizes a county-based, single point-of-entry system that simplifies and streamlines the referral process for obstetrical and prenatal care providers, community agencies, and families.</li> <li>&gt; Links families to publicly funded health insurance that includes coverage for doctor visits, prescriptions, vision services, dental care, mental health and hospitalization if needed.</li> <li>&gt; Direct referrals to community doulas who provide culturally competent, emotional and social support to pregnant moms before, during, and after pregnancy.</li> <li>&gt; Partners with Home visiting programs which provide community- based education and in-home support to parents.</li> <li>&gt; Services are provided online, as well as in community through partnerships with community-based lead agencies (Southern NJ Perinatal Cooperative, Partnership for Maternal &amp; Child Health of Northern NJ, Acenda Integrated Health, Prevent Child Abuse NJ, etc.)</li> <li>&gt; Online portal provides specific resources, support and services based on the needs of individuals and families. Information is provided to families, and they are connected with local agencies through Connecting NJ and/or directly to supportive services.</li> <li>&gt; New Jersey Senate Bill 3406 requires all medical practitioners working with pregnant individuals to screen uninsured or those receiving government-sponsored to complete a health and risk screening during initial visit and again during the third trimester. Screening results are share with regional Connecting NJ partner offices for follow up and connection with supports to strengthen the health of the mother and baby.</li> </ul>		
Tennessee	Tennessee Early Connect	Joana Rosales, TN Dept of Health - <a href="mailto:joana.rosales@tn.gov">joana.rosales@tn.gov</a>
The purpose of Tennessee Early Connect (TEC) is to improve access to and enrollment in MIECHV-funded home visitation and related supportive services for pregnant people with complex social and health-related needs in Tennessee.		
<b>Key Features:</b> <ul style="list-style-type: none"> <li>&gt; Connects expectant parents and parents of young children with (Early Success Coalition Network) home visiting services conducted by a designated support person, typically a trained nurse, social worker, or early childhood specialist</li> <li>&gt; Home Visiting services are free to the family, voluntary and in the family's home or at a location of their choice.</li> <li>&gt; Home Visiting programs provides supports for parents to enhance the child-parent relationship</li> <li>&gt; Partners with multiple partners throughout the state: Health Families Tennessee, Maternal Infant Health Outreach Worker, Nurse Family Partnerships, Parents As Teachers.</li> </ul>		



## Current Initiatives and Opportunities for Alignment in Nevada

Current initiatives across the state, including collaborative efforts among social service organizations, maternal and child health, and early education programs, present unique opportunities for establishing an aligned and coordinated system. By leveraging existing programs and identifying gaps, Nevada has the potential to create a more efficient, responsive system that supports the well-being and development of young children and their families. The NV EC CIRS Workgroup has identified the following initiatives, projects, and programs that have an identified CIRS or CIRS-related focus, goal, or priority.

**HRSA Definition of “Coordinated Intake and Referral System”** – A CIRS is a single place or process (centralized system), or set of interconnected processes, through which an individual or family seeks information and supports, screening health to identify specific needs, and facilitators generate referrals to programs and services that are the best fit for those needs. CIRS also connect families to services and facilitate care coordination and other information exchange across

service providers/organizations. CIRS often carry out common shared tasks across organizations, including community outreach and recruitment, screening and assessment, determination of fit, and referrals to comprehensive services. They vary in scope and reach and may be housed either within one central entity that screens and refers all individuals or throughout various agencies with connected referral systems.

### >HRSA Early Childhood Comprehensive Systems (ECCS) Health Integration Grant – The Children’s Cabinet

The overall purpose of the HRSA ECCS grants are to build integrated maternal and early childhood systems of care that are equitable, sustainable, comprehensive, and inclusive. Goal #3 is to increase the capacity of health and early childhood systems in Nevada to deliver and effectively connect families to a continuum of services that promote early developmental health and wellbeing, beginning prenatally. HRSA ECCS grantees, including Nevada, are required to “advance and improve participation in and use of CIRS and otherwise strengthen coordination between health systems and early childhood, child welfare, ad human services and family support services.”

### >Infant/Toddler Court Program - Safe Babies Nevada – Division of Child & Family Services

Goal #2 of the HRSA Infant/Toddler Court Program Statewide Expansion grant is to strengthen meaningful connections with diverse and multi-sector partnerships to promote communication and coordination of efforts to ensure that strategic planning, workforce development, and training are in alignment with and supportive of the

promotion of equity, holistic family support, well-being, and protective factors with a public health lens within the population of infants, toddlers, and their families. Objective #2.3 is to engage and support the Early Childhood Comprehensive Systems’ strategic plan to develop a “centralized intake and referral system”.



### >Integrated Maternal Health Service Program (IMHS) – Comagine Health

Through various partnerships, the IMHS goal is to improve maternity care for pregnant people in Clark County by integrating the Maternity Medical Home (MMH) model with the Southern Nevada Pathways Community HUB (SNPCH) to provide a comprehensive and culturally responsive program that addresses the gaps and care silos that currently exist. The aim of this integration is to increase entry into prenatal care in the first trimester by creating a centralized “no wrong door” approach.

**>Preschool Development Grant Birth - 5 (PDG B-5) – Nevada Department of Education, Office of Early Learning & Development**

Bonus Area 1 focuses on Coordinated Application, Eligibility, and Enrollment. Nevada proposed developing application practices that promote family choice and access to high-quality ECCE settings by minimizing paperwork burdens on families, simplifying application processes, promoting stability and continuity of care, and increasing use of contracts for program access. This project works to streamline and reduce administrative burden and manual tracking of information within our CCR&R agencies. Alignment of data systems between our CCR&R agencies gives the agencies the ability to track and report on data in real time, providing comprehensive case management, shared data standards between agencies, and allow for focus on both child and family outcomes. Systems will be connected to the ECCE website and virtual child care hub, nevadachildcare.org., implement a coordinated application, eligibility and enrollment process that will streamline enrollment for families who may be eligible for one or more programs or services, and more efficiently use public funds across programs.

**>Early Childhood Community Health Worker (EC CHW) Program – The Children’s Cabinet**

The ECHW links children ages 0-5 enrolled in child care programs (as well as early childhood education staff and their families) with access to health care and preventative services using a case management model. EC CHW’s manage case notes and referrals that do not link with critical systems of care for young children. Use of a CIRS would benefit and strengthen the level of support offered to families using EC CHW services.

**>Child Care Resource & Referral Wraparound Case Management – The Children’s Cabinet and Las Vegas Urban League**

Subsidy Wraparounds Case Managers assist clients with intense referral needs in addition to assisting with subsidy eligibility. The Wraparound Case Manager assists clients with any eligibility requirements,

referrals to outside agencies, and will follow-up to ensure the client’s needs are met. Use of a CIRS would strengthen the referral process for case managers and ensure families are getting their needs met.

**>Home Visiting Programs – Maternal, Child, and Adolescent Health**

Home Visiting Programs, particularly the three evidence-based programs funded through the federal MIECHV (Maternal, Infant, and Early Childhood Home Visiting) grant provide in-home services to expectant mothers and families with children up through kindergarten entry. A key feature of the program is to screen families and refer to other community based resources, as needed. A CIRS would assist home visiting programs with providing these referrals and coordinating service delivery with other community based organizations.

**>Nevada Early Childhood Advisory Council (NV ECAC) – The Communications & Engagement**

Subcommittee of the Nevada Early Childhood Advisory Council (NV ECAC) is essential for enhancing connections within the early childhood system. They focus on Goal 3: Increasing Capacity to Equitably Connect Families with the continuum of care and the broader community.



In addition to the various early childhood initiatives, projects, and programs outlined above, the NV EC CIRS Workgroup has identified several current and/or emerging resources that may be aligned with the development or integration of a CIRS for the early childhood population. The purpose of exploring these resources is to explore potential opportunities to align and coordinate resources to minimize duplication of efforts and to streamline efforts among both public and private partners serving the same or similar populations.



> **No Wrong Door** – NV Department of Health and Human Services (DHHS)

Although the NV CIRS Workgroup is awaiting a formal presentation, we are aware of a system currently under development by DHHS named “No Wrong Door” which is scheduled for launch in early 2025. To date, the NV EC CIRS Workgroup only has anecdotal information on this initiative and has requested a formal presentation to learn more about this system and how it may align and/or be a resource for the proposed EC CIRS.

> **CARA Open Beds Platform** – Division of Welfare & Supportive Services (DWSS)

In October 2023, the NV CIRS Workgroup received a presentation on the NV Openbeds Platform which is administered by the Nevada Recovery Friendly Workplace Initiative in DWSS. The Openbeds platform serves as a referral management tool to identify substance use disorder treatment facilities and related

services. Wrap around services are also provided through Nevada 2-1-1 and Unite Us.

> **Unite Us**

Unite Us is a national coordinated care network system with a presence in Nevada, Unite Nevada. The system provides intake, screening, and referral functions for network members consisting of healthcare, government, nonprofit and other organizations. Local “sponsors”, as identified on the Unite Nevada website, include Health Plan of Nevada, Community Health Development Foundation, and Genoa Healthcare. The NV EC CIRS Workgroup will be requesting a presentation from Unite Nevada in 2025 to learn more about this system.

> **First 5 Nevada/Primeros 5 Nevada** –

The Children’s Cabinet

First 5 Nevada was launched in April 2024 through funding from the Division of Welfare and Supportive Services, Child Care and Development Program, and the NV Department of Education’s Preschool Development Grant. This campaign includes a comprehensive website and eligibility portal which screens families to identify which early childhood programs and services they may qualify for. The site currently only provides information /links to these programs, but would like to expand to provide universal applications and/or referrals through an integrated CIRS.

> **Nevada 2-1-1**

Nevada 2-1-1 provides information and referrals to health, human, and social service organizations throughout the state of Nevada. The system currently operates as an electronic resource directory and does not have the functionality of a CIRS. The NV CIRS Workgroup will be requesting a presentation with Nevada 2-1-1 soon to learn more about the platform, plans to expand or enhance service delivery, and potential alignment with the NV EC CIRS efforts.



## Recommendations and Next Steps for the NV EC CIRS Workgroup

The NV EC CIRS Workgroup has developed a series of recommendations and next steps aimed at advancing the alignment of early childhood services in Nevada through a coordinated intake and referral system. The following actions are critical for the successful development and implementation of the system:

>>The Executive Summary will be shared with key stakeholders to ensure broad engagement and support. Nevada EC CIRS members will facilitate discussions and presentations to solicit input and feedback from relevant agencies, organizations, and advisory groups, including those community based organizations who serve or represent impacted populations.

>>Solicit and facilitate presentations and discussions from other organizations, agencies, or coalitions to learn more about potentially aligned initiatives to assess current capacities and identify opportunities for alignment, coordination, and/or collaboration.

>>Develop and implement a plan for a focused pilot project to test the alignment of existing programs, services, and resources, particularly those supported by First 5 Nevada. This pilot will serve as a model for broader implementation across the state.

>>Identify a state agency or department to serve as the backbone for the initiative. This agency will be responsible for ensuring cross-sector coordination and alignment, facilitating effective implementation of the system.

>>Support the development of a Request for Information (RFI) to determine the costs, capacity, and timeline required for implementing the coordinated intake and referral system. This will inform future decisions on resource allocation and project scope.

>>Actively seek out and cultivate partnerships with organizations and stakeholders critical to the success of the project. These partnerships will be essential for the development and execution of the pilot project.

>>Research and identify funding opportunities to support the pilot project, ensuring that sufficient resources are available for project development, implementation, and evaluation. By advancing these recommendations, the NV EC CIRS Workgroup aims to build a comprehensive, coordinated system that improves access to early childhood services across Nevada, benefiting children and families statewide.



### For More Information:

The Nevada EC CIRS Workgroup is a public-private, cross-sector, collaborative initiative established to explore opportunities to develop a CIRS to meet the needs of Nevada's comprehensive early childhood system. [The Children's Cabinet](#), through their [Early Childhood Comprehensive Systems \(ECCS\)](#) project, provides facilitation and support for the workgroup.

Please contact Denise Tanata at [dtanata@childrenscabinet.org](mailto:dtanata@childrenscabinet.org) or Tiffany Olivas at [TOlivas@childrenscabinet.org](mailto:TOlivas@childrenscabinet.org) with any questions or to learn more about how to get involved with the Nevada EC CIRS Workgroup initiatives. This report is available online on The Children's Cabinet, ECCS website at <https://www.childrenscabinet.org/early-childhood-comprehensive-systems/>.



## APPENDIX A: NV CIRS Workgroup Members

**Disclaimer:** The list below includes the names and organizational affiliations of individuals who participate in the NV EC CIRS Workgroup. The findings, statements, and recommendations in this report do not necessarily reflect the official views, opinions, or recommendations of any state agency, organization, or other public entity.

Name	Organization/Agency
Nayesdi Badillo	NV Department of Education - Office of Early Learning & Development
Jennifer Bevacqua	NV Division of Child & Family Services – Safe Babies Nevada
Brianna Cambra	The Children's Cabinet
Tami Conn	NV Division of Public & Behavioral Health – Bureau of Child, Family, and Community Wellness
Patrice Gardner	NV Department of Education - Office of Early Learning & Development
Danielle Holmes	The Children's Cabinet
Vickie Ives	NV Division of Public & Behavioral Health – Bureau of Child, Family, and Community Wellness
Nicole Kennedy	NV Division of Welfare & Supportive Services – Child Care & Development Program
Sharee Kessler	NV Division of Welfare & Supportive Services – Workforce Development
Rhonda Lawrence	NV Division of Child & Family Services – Infant & Early Childhood Mental Health, Safe Babies Nevada
Karissa Machado	NV Division of Public & Behavioral Health – Maternal, Child & Adolescent Health
Rachel Marchetti	NV Division of Public & Behavioral Health – Maternal, Child & Adolescent Health
Tiffany Olivas	The Children's Cabinet
Kate Pflughoeft	NV Department of Education - Office of Early Learning & Development
Chelsea Sliter	The Children's Cabinet
Maura Snyder	NV Division of Welfare & Supportive Services – Child Care & Development Program
Rachel Stepina	NV Department of Education – Office of Early Learning & Development
Denise Tanata	The Children's Cabinet (Consultant)
Anna Villatoro	The Children's Cabinet
Brooke Yarborough	NV Division of Welfare & Supportive Services – Child Care & Development Program
Michael Yoder	NV Division of Welfare & Supportive Services – Workforce Development