



National Assistive Technology Act Data System  
Annual Progress Report - Full Report

**Nevada 2023**

**General Information**

Statewide AT Program (Information to be listed in national State AT Program Directory)

State AT Program Title: Nevada Assistive Technology Collaborative

State AT Program Title:

State AT Program URL: <https://adsd.nv.gov/Programs/Physical/Physical/>

Mailing Address:

9670 Gateway Drive, Suite 100

City: Reno

State: Nevada

Zip Code: 89521

Program Email: [jrosenlund@adsd.nv.gov](mailto:jrosenlund@adsd.nv.gov)

Phone: 7756870835

TTY: 7756882969

**Lead Agency**

Agency Name:

Aging and Disability Services Division

Mailing Address:

9670 Gateway Drive, Suite 100

City:

Reno

State:

Nevada

Zip Code:

89521

Program URL:

<https://adsd.nv.gov/Programs/Physical/Physical/>

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? (Check if Yes)

Name of Implementing Agency:

Mailing Address:

City

State:

Zip Code:

Program URL:

**Program Director and Other Contacts**

Program Director for State AT Program (last, first): Rosenlund, John

Title: NATC Director; SSPS III

Phone: 775-687-0835

E-mail: jrosenlund@adsd.nv.gov

Program Director at Lead Agency (last, first): John Rosenlund

Title: NATC Director; SSPS III

Phone: 775-687-0835

E-mail: jrosenlund@adsd.nv.gov

Primary Contact at Implementing Agency (last, first) - If applicable:

Title:

Phone:

E-mail:

**Person Responsible for completing this form if other than Program Director**

Name (last, first):

Title:

Phone:

E-mail:

**Certifying Representative**

Name (last, first): John Rosenlund

Title: NATC Director; SSPS III

Phone: 775-687-0835

E-mail: jrosenlund@adsd.nv.gov

**State Financing**

<b>Did your approved state plan for this reporting period include any State Financing?</b>	Yes
<b>Did your approved state plan for this reporting period include conducting a Financial Loan Program?</b>	Yes

**Loan Applications**

<b>Area of Residence</b>	<b>Total</b>
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	<b>Metro RUCC 1-3</b>	<b>Non-Metro RUCC 4-9</b>	
<b>Approved Loan made</b>	08	04	12
<b>Approved Not made</b>	00	00	00
<b>Rejected</b>	01	01	02
<b>Total</b>	09	05	14

## 2. Income of Applicants to Whom Loans Were Made

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Lowest/Highest Incomes

<b>Lowest Income:</b>	\$14,000	<b>Highest Income:</b>	\$144,000
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Average Income

<b>Sum of Incomes</b>	<b>Loans Made</b>	<b>Average Annual Income</b>
\$578,000	12	\$48,167

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Number and Percentage of Loans Made to Applicants by Income Range

	<b>Income Ranges</b>						<b>Total</b>
	<b>\$15,000 or Less</b>	<b>\$15,001- \$30,000</b>	<b>\$30,001- \$45,000</b>	<b>\$45,001- \$60,000</b>	<b>\$60,001- \$75,000</b>	<b>\$75,001 or More</b>	
<b>Number of Loans</b>	11	00	00	00	00	01	12
<b>Percentage of Loans</b>	91.67%	0%	0%	0%	0%	8.33%	100%

## 3. Loan Type

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Loan Type

<b>Type of Loan</b>	<b>Number of Loans</b>	<b>Percentage of loans</b>
<b>Revolving Loans</b>	12	100%
<b>Partnership Loans</b>		

<b>Without interest buy-down or loan guarantee</b>	00	0%
<b>With interest buy-down only</b>	00	0%
<b>With loan guarantee only</b>	00	0%
<b>With both interest buy-down and loan guarantee</b>	00	0%
<b>Total</b>	12	100%

**Loan Type Summary**

<b>Type of Loan</b>	<b>Number of Loans</b>	<b>Dollar Value of Loans</b>
<b>Revolving Loans</b>	12	\$141,870
<b>Partnership Loans</b>	00	\$0
<b>Total</b>	12	\$141,870

**4. Interest Rates**

**Interest Rates**

<b>Lowest</b>	1%
<b>Highest</b>	8%

**Interest Rate Summary**

<b>Sum of Interest Rates</b>	<b>Number of Loans Made</b>	<b>Average Interest Rate</b>
18	12	1.52916666666667%

**Number of Loans Made by Interest Rate**

<b>Interest Rate</b>	<b>Number of loans</b>
<b>0.0% to 2.0%</b>	11
<b>2.1% to 4.0%</b>	00
<b>4.1% to 6.0%</b>	00

<b>6.1% to 8.0%</b>	00
<b>8.1% - 10.0%</b>	01
<b>10.1%-12.0%</b>	00
<b>12.1%-14.0%</b>	00
<b>14.1% +</b>	00
<b>Total</b>	12

## 5. Types and Dollar Amounts of AT Financed

### Types and Dollar Amounts of AT Financed

<b>Type of AT</b>	<b>Number of Devices Financed</b>	<b>Dollar Value of Loans</b>
<b>Vision</b>	00	\$0
<b>Hearing</b>	00	\$0
<b>Speech communication</b>	00	\$0
<b>Learning, cognition, and developmental</b>	00	\$0
<b>Mobility, seating and positioning</b>	05	\$10,704
<b>Daily living</b>	00	\$0
<b>Environmental adaptations</b>	02	\$8,182
<b>Vehicle modification and transportation</b>	05	\$122,984
<b>Computers and related</b>	00	\$0
<b>Recreation, sports, and leisure</b>	00	\$0
<b>Total</b>	12	\$141,870

## 6. Defaults

Defaults

<b>Number Loans in default</b>	02
<b>Net loss for loans in default</b>	\$1,202

**B. State Financing Activities that provide consumers with resources and services that result in the acquisition of AT devices and services**

**1. Overview of Activities Performed**

<b>How many other state financing activities that provide consumers with access to funds for the purchase of AT devices and services were included in your approved state plan?</b>	1
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**Activity 1**

<b>How would you describe this state financing activity?</b>	Last resort - Activity
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**2. Geographic Distribution, Number of Individuals Who Acquired AT Devices and Services and Number for whom Performance Measure Data are Collected**

<b>County of Residence</b>	<b>Individuals Served</b>
A. Metro (RUCC 1-3)	96
B. Non-Metro (RUCC 4-9)	14
C. Total Served	110

<b>Performance Measure</b>	
D. Excluded from Performance Measure	0
E. Number of Individuals Included in Performance Measures	110

If a number is reported in D you must provide a description of the reason the individuals are excluded from the performance measure:

**3. Types and Dollar Amounts of AT Funded**

<b>Type of AT Device / Service</b>	<b>Number of Devices Funded</b>	<b>Value of AT Provided</b>
<b>Vision</b>	17	\$19,538
<b>Hearing</b>	7	\$31,010
<b>Speech communication</b>	4	\$12,169

<b>Learning, cognition, and developmental</b>	0	\$0
<b>Mobility, seating and positioning</b>	13	\$27,042
<b>Daily living</b>	86	\$193,766
<b>Environmental adaptations</b>	221	\$957,570
<b>Vehicle modification and transportation</b>	30	\$177,351
<b>Computers and related</b>	0	\$0
<b>Recreation, sports, and leisure</b>	0	\$0
<b>Total</b>	378	\$1,418,446

**C. State Financing Activities that Allow Consumers to Obtain AT at Reduced Cost**

**1. Overview of Activities Performed**

<b>How many state financing activities that allow consumers to obtain AT at a reduced cost were included in your approved state plan?</b>	0
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**D. Anecdote**

Impact Area Education Employment Community Living  
Impact Area Education Employment Community Living

**E. Performance Measures**

**Performance Measures**

<b>Response</b>	<b>Primary Purpose for Which AT is Needed</b>			<b>Total</b>
	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>	
<b>1. Could only afford the AT through the AT program.</b>	00	00	49	49

<b>2. AT was only available through the AT program.</b>	00	00	62	62
<b>3. AT was available through other programs, but the system was too complex or the wait time too long.</b>	00	00	10	10
<b>4. Subtotal</b>	00	00	121	121
<b>5. None of the above</b>	00	01	00	01
<b>6. Subtotal</b>	00	01	121	122
<b>7. Nonrespondent</b>	00	00	00	00
<b>8. Total</b>	00	01	121	122
<b>9. Performance on this measure</b>	NaN%	0%	100%	

#### F. Customer Satisfaction

Satisfaction		
Customer Rating of Services	Number of Customers	Percent
<b>Highly satisfied</b>	66	54.1%
<b>Satisfied</b>	03	2.46%
<b>Satisfied somewhat</b>	00	0%
<b>Not at all satisfied</b>	01	0.82%
<b>Nonrespondent</b>	52	42.62%
<b>Total Surveyed</b>	122	
<b>Response rate %</b>	57.38%	

#### G. Notes:

#### Reutilization

Did your approved State Plan for this reporting period include conducting any device reuse activities?



**A. Number of Recipients of Reused Devices**

Activity	Number of Individuals Receiving a Device from Activity
A. Device Exchange	01
B. Device Refurbish/Repair - Reassign and/or Open Ended Loan	1,970
C. Total	1,971

Performance Measure	
D. Excluded from Performance Measure because AT is provided to or on behalf of an entity that has an obligation to provide the AT such as schools under IDEA or VR agencies/clients.	04
E. Number of Individuals Included in Performance Measures	1,967

If a number is reported in D you must provide a description of the reason the individuals are excluded from the performance

**B. Device Exchange Activities**

Device Exchange				
Type of AT Device	Number of Devices Exchanged	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Exchanged	Savings to Consumers
<b>Vision</b>	00	\$0	\$0	\$0
<b>Hearing</b>	04	\$296	\$0	\$296
<b>Speech Communication</b>	00	\$0	\$0	\$0
<b>Learning, Cognition and Developmental</b>	00	\$0	\$0	\$0
<b>Mobility, Seating and Positioning</b>	00	\$0	\$0	\$0
<b>Daily Living</b>	00	\$0	\$0	\$0
<b>Environmental Adaptations</b>	00	\$0	\$0	\$0
<b>Vehicle Modification &amp; Transportation</b>	00	\$0	\$0	\$0

<b>Computers and Related</b>	00	\$0	\$0	\$0
<b>Recreation, Sports and Leisure</b>	00	\$0	\$0	\$0
<b>Total</b>	04	\$296	\$0	\$296

### C. Device Refurbish/Repair - Reassignment and/or Open Ended Loan Activities

Device Reassign/Repair/Refurbish and/or OEL				
Type of AT Device	Number of Devices Reassigned/Refurbished and Repaired	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Sold	Savings to Consumers
<b>Vision</b>	08	\$512	\$0	\$512
<b>Hearing</b>	57	\$7,045	\$0	\$7,045
<b>Speech Communication</b>	05	\$2,079	\$0	\$2,079
<b>Learning, Cognition and Developmental</b>	02	\$299	\$0	\$299
<b>Mobility, Seating and Positioning</b>	1,279	\$192,878	\$0	\$192,878
<b>Daily Living</b>	1,216	\$89,477	\$0	\$89,477
<b>Environmental Adaptations</b>	27	\$6,311	\$0	\$6,311
<b>Vehicle Modification &amp; Transportation</b>	00	\$0	\$0	\$0
<b>Computers and Related</b>	04	\$937	\$0	\$937
<b>Recreation, Sports and Leisure</b>	00	\$0	\$0	\$0
<b>Total</b>	2,598	\$299,538	\$0	\$299,538

### D. Anecdote

**E. Performance Measures**

**Performance Measures**

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>1. Could only afford the AT through the AT program.</b>	00	00	1,874	1,874
<b>2. AT was only available through the AT program.</b>	00	02	85	87
<b>3. AT was available through other programs, but the system was too complex or the wait time too long.</b>	00	00	05	05
<b>4. Subtotal</b>	00	02	1,964	1,966
<b>5. None of the above</b>	00	00	01	01
<b>6. Subtotal</b>	00	02	1,965	1,967
<b>7. Nonrespondent</b>	00	00	00	00
<b>8. Total</b>	00	02	1,965	1,967
<b>9. Performance on this measure</b>	NaN%	100%	99.95%	

**F. Customer Satisfaction**

**Satisfaction**

Customer Rating of Services	Number of Customers	Percent
<b>Highly satisfied</b>	1,281	64.99%
<b>Satisfied</b>	676	34.3%
<b>Satisfied somewhat</b>	02	0.1%
<b>Not at all satisfied</b>	00	0%

<b>Nonrespondent</b>	12	0.61%
<b>Total Surveyed</b>	1,971	
<b>Response rate %</b>	99.39%	

**G. Notes:**

**Device Loan**

Did your approved State Plan for this reporting period included conducting Short-Term Device Loans?

**A. Short-Term Device Loans by Type of Purpose**

**Loans By Purpose**

<b>Primary Purpose of Short-Term Device Loan</b>	<b>Number</b>
<b>Assist in decision-making (device trial or evaluation)</b>	62
<b>Serve as loaner during service repair or while waiting for funding</b>	01
<b>Provide an accommodation on a short-term basis for a time-limited event/situation</b>	03
<b>Conduct training, self-education or other professional development activity</b>	03
<b>Total</b>	69

**B. Short-Term Device Loan by Type of Borrower**

**LOANS BY TYPE OF BORROWER**

<b>Type of Individual or Entity</b>	<b>Number of Device Borrowers</b>		
	<b>Desicion-making</b>	<b>All other Purposes</b>	<b>Total</b>
<b>Individuals with Disabilities</b>	60	05	65
<b>Family Members, Guardians, and Authorized Representatives</b>	02	00	02
<b>Representative of Education</b>	00	00	00

<b>Representative of Employment</b>	00	00	00
<b>Representatives of Health, Allied Health, and Rehabilitation</b>	00	01	01
<b>Representatives of Community Living</b>	00	00	00
<b>Representatives of Technology</b>	00	01	01
<b>Total</b>	62	07	69

### C. Length of Short-Term Device Loans

<b>Length of Short-Term Device Loan in Days</b>	15
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### D. Types of Devices Loaned

#### Types of Devices Loaned

<b>Type of AT Device</b>	<b>Number of Devices</b>		
	<b>Desicion-making</b>	<b>All other Purposes</b>	<b>Total</b>
<b>Vision</b>	53	04	57
<b>Hearing</b>	07	03	10
<b>Speech Communication</b>	12	01	13
<b>Learning, Cognition and Developmental</b>	09	03	12
<b>Mobility, Seating and Positioning</b>	00	00	00
<b>Daily Living</b>	00	00	00
<b>Environmental Adaptations</b>	01	00	01
<b>Vehicle Modification and Transportation</b>	00	00	00
<b>Computers and Related</b>	28	02	30
<b>Recreation, Sports and Leisure</b>	00	00	00
<b>Total</b>	110	13	123

**E. Anecdote**

Impact Area Education Employment Community Living

**F. Access Performance Measures**

**Access Performance Measures**

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>Decided that AT device/service will meet needs</b>	04	03	31	38
<b>Decided that an AT device/ service will not meet needs</b>	01	00	18	19
<b>Subtotal</b>	05	03	49	57
<b>Have not made a decision</b>	01	00	02	03
<b>Subtotal</b>	06	03	51	60
<b>Nonrespondent</b>	00	00	02	02
<b>Total</b>	06	03	53	62
<b>Performance on this measure</b>	83.33%	100%	96.08%	

**G. Acquisition Performance Measures**

**Acquisition Performance Measures**

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>1. Could only afford the AT through the AT program.</b>	00	02	00	02
<b>2. AT was only available through the AT program.</b>	01	01	02	04

<b>3. AT was available through other programs, but the system was too complex or the wait time too long.</b>	00	00	00	00
<b>4. Subtotal</b>	01	03	02	06
<b>5. None of the above</b>	00	00	00	00
<b>6. Subtotal</b>	01	03	02	06
<b>7. Nonrespondent</b>	00	00	01	01
<b>8. Total</b>	01	03	03	07
<b>9. Performance on this measure</b>	100%	100%	100%	

## H. Customer Satisfaction

### Satisfaction

<b>Customer Rating of Services</b>	<b>Number of Customers</b>	<b>Percent</b>
<b>Highly satisfied</b>	43	62.32%
<b>Satisfied</b>	18	26.09%
<b>Satisfied somewhat</b>	01	1.45%
<b>Not at all satisfied</b>	01	1.45%
<b>Nonrespondent</b>	06	8.7%
<b>Total Surveyed</b>	69	
<b>Response rate %</b>	91.3%	

## I. Notes:

### Device Demonstration

#### A. Number of Device Demonstrations by Device Type

<b>Type of AT Device / Service</b>	<b>Number of Demonstrations of AT Devices / Services</b>
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<b>Vision</b>	52
<b>Hearing</b>	23
<b>Speech Communication</b>	08
<b>Learning, Cognition and Developmental</b>	02
<b>Mobility, Seating and Positioning</b>	00
<b>Daily Living</b>	00
<b>Environmental Adaptations</b>	03
<b>Vehicle Modification and Transportation</b>	00
<b>Computers and Related</b>	01
<b>Recreation, Sports and Leisure</b>	00
<b>Total # of Device Demonstrations</b>	89

**B. Types of Participants**

<b>Type of Participant</b>	<b>Decision-Makers</b>	<b>Other Participants</b>	<b>Total</b>
<b>Individuals with Disabilities</b>	85	00	85
<b>Family Members, Guardians, and Authorized Representatives</b>	01	08	09
<b>Representatives of Education</b>	00	00	00
<b>Representatives of Employment</b>	00	00	00
<b>Health, Allied Health, Rehabilitation</b>	00	00	00
<b>Representative of Community Living</b>	00	00	00
<b>Representative of Technology</b>	03	00	03
<b>Total</b>	89	08	97

**C. Number of Referrals**



Referrals

Type of Entity	Number of Referrals
<b>Funding Source (non-AT program)</b>	04
<b>Service Provider</b>	33
<b>Vendor</b>	01
<b>Repair Service</b>	00
<b>Others</b>	02
<b>Total</b>	40

**D. Anecdote**

Impact Area Education Employment Community Living

**E. Performance Measures**

Performance Measures

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>Decided that AT device/service will meet needs</b>	05	04	59	68
<b>Decided that an AT device/ service will not meet needs</b>	00	00	13	13
<b>Subtotal</b>	05	04	72	81
<b>Have not made a decision</b>	00	00	02	02
<b>Subtotal</b>	05	04	74	83
<b>Nonrespondent</b>	02	00	04	06
<b>Total</b>	07	04	78	89
<b>Performance on this measure</b>	71.43%	100%	92.31%	

**F. Customer Satisfaction**

Satisfaction		
Customer Rating of Services	Number of Customers	Percent
Highly satisfied	62	63.92%
Satisfied	22	22.68%
Satisfied somewhat	00	0%
Not at all satisfied	00	0%
Nonrespondent	13	13.4%
<b>Total</b>	97	
<b>Response rate %</b>		86.6%

**G. Notes:**

**Overall Performance Measures**

**Overall Acquisition Performance Measure**

Acquisition Performance Measures				
Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>1. Could only afford the AT through the AT program.</b>	00	02	1,923	1,925
<b>2. AT was only available through the AT program.</b>	01	03	149	153
<b>3. AT was available through other programs, but the system was too complex or the wait time too long.</b>	00	00	15	15
<b>4. Subtotal</b>	01	05	2,087	2,093

<b>5. None of the above</b>	00	01	01	02
<b>6. Subtotal</b>	01	06	2,088	2,095
<b>7. Nonrespondent</b>	00	00	01	01
<b>8. Total</b>	01	06	2,089	2,096
<b>9. Performance on this measure</b>	100%	83.33%	99.23%	99.19%
<b>ACL Performance Measure</b>				85%
<b>Met/Not Met</b>				Met

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### Overall Access Performance Measure

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#### Access Performance Measures

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
<b>Decided that AT device/service will meet needs</b>	09	07	90	106
<b>Decided that an AT device/ service will not meet needs</b>	01	00	31	32
<b>Subtotal</b>	10	07	121	138
<b>Have not made a decision</b>	01	00	04	05
<b>Subtotal</b>	11	07	125	143
<b>Nonrespondent</b>	02	00	06	08
<b>Total</b>	13	07	131	151
<b>Performance on this measure</b>	76.92%	100%	93.8%	92.62%
<b>ACL Performance Measure</b>				90%
<b>Met/Not Met</b>				Met

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**Overall Satisfaction Rating**

<b>Customer Rating of Services</b>	<b>Percent</b>	<b>ACL Target</b>	<b>Met/Not Met</b>
<b>Highly satisfied and satisfied</b>	99.77%	95%	Met
<b>Response Rate</b>	96.33%	90%	Met

**Training**

**A. Training Participants: Number and Types of Participants; Geographical Distribution**

**Training by Participant Type**

<b>Type of Participant</b>	<b>Number</b>
<b>Individuals with Disabilities</b>	32
<b>Family Members, Guardians and Authorized Representatives</b>	00
<b>Representatives of Education</b>	00
<b>Representatives of Employment</b>	00
<b>Rep Health, Allied Health, and Rehabilitation</b>	00
<b>Representatives of Community Living</b>	29
<b>Representatives of Technology</b>	00
<b>Unable to Categorize</b>	00
<b>TOTAL</b>	61

**Geographic Distribution of Participants**

<b>Metro</b>	<b>Non Metro</b>	<b>Unknown</b>	<b>TOTAL</b>
61	00	00	61

**B. Training Topics**

**Trainings by Topic**

<b>Primary Topic of Training</b>	<b>Participants</b>
<b>AT Products/Services</b>	04
<b>AT Funding/Policy/ Practice</b>	10
<b>Combination of any/all of the above</b>	06
<b>Information Technology/Telecommunication Access</b>	23
<b>Transition</b>	18
<b>Total</b>	61

### **C. Description of Training Activities**

Describe innovative one high-impact assistance training activity conducted during the reporting period:

Briefly describe one training activity related to transition conducted during the reporting period:

Briefly describe one training activity related to Information and Communication Technology accessibility:

### **D. IT/Telecommunications Training Performance Measure**

#### IT/Telecommunications Training Performance Measure

<b>Outcome/Result From IT/Telecommunications Training Received</b>	<b>Number</b>
<b>IT and Telecommunications Procurement or Dev Policies</b>	23
<b>Training or Technical Assistance will be developed or implemented</b>	00
<b>No known outcome at this time</b>	00
<b>Nonrespondent</b>	00
<b>Total</b>	23
<b>Performance Measure Percentage</b>	100%
<b>ACL Target Percentage</b>	70%
<b>Met/Not Met</b>	Met

**E. Notes:**

**Technical Assistance**

**A. Frequency and Nature of Technical Assistance**

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**Technical Assistance by Recipient Type**

<b>Education</b>	02%
<b>Employment</b>	00%
<b>Health, Allied Health, Rehabilitation</b>	48%
<b>Community Living</b>	02%
<b>Technology (IT, Telecom, AT)</b>	48%
<b>Total</b>	100%

**B. Description of Technical Assistance**

Describe Innovative one high-impact assistance activity that is not related to transition:

Briefly describe one technical assistance activity related to transition conducted during the reporting period:

**C. Notes:**

**Public Awareness**

**Public Awareness Activities**

**Public Awareness Narratives**

Describe in detail at least one and no more than two innovative or high-impact public awareness activities conducted during this reporting period. Highlight the content/focus of the awareness information shared, the mechanism used to disseminate or communicate the awareness information, the numbers and/or types of individuals reached, and positive outcomes resulting from the activity. If quantitative numbers are available regarding the reach of the activity, please provide those: however, quantitative data is not required.

**Information And Assistance**

**Information And Assistance Activities by Recipient**

<b>Types of Recipients</b>	<b>AT Device/ Service</b>	<b>AT Funding</b>	<b>Total</b>
<b>Individuals with Disabilities</b>	257	01	258
<b>Family Members, Guardians and Authorized Representatives</b>	07	00	07
<b>Representative of Education</b>	00	00	00
<b>Representative of Employment</b>	01	00	01
<b>Representative of Health, Allied Health, and Rehabilitation</b>	10	00	10
<b>Representative of Community Living</b>	01	00	01
<b>Representative of Technology</b>	10	00	10
<b>Unable to Categorize</b>	00	00	00
<b>Total</b>	286	01	287

**Referral Types:**

**Referral Sources:**

**Notes:**

**Coordination/Collaboration and State Improvement Outcomes**

**Overview of State Improvement Activities**

**State improvement outcomes are not required. You may report up to two MAJOR state improvement outcomes for this reporting period. How many will you be reporting?**

**Additional And Leveraged Funds**

**A. Leveraged Funding for State Plan Activities**

<b>Fund Source</b>	<b>Amount</b>	<b>Use of Funds</b>	<b>Data Reported</b>
State Appropriations	\$1,632,581	State Financing	True
Federal	\$109,570	State Financing	True

Amount: \$1,742,151

**For any leveraged funding reported above for which data could not be reported, please describe the extenuating circumstances that precluded data from being reported and efforts to remediate the situation in future reporting periods.**

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### **B. Public Health Workforce Grant Award**

All Section 4 AT Act grantees were awarded \$80,000.00 in supplemental Public Health Workforce grant funding to increase the full-time equivalent (FTE) of staff withing the disability and aging network for public health professionals. Please document the status of these funds below.

The status of these funds at the end of the FY23 (9/30/2023) is as follows: (Check one) We did not utilize this funding in FY23 and wish to decline the funds in the future

We did not expend any of this funding in FY23, but plan to expend funding in FY24 and/or FY25

We expended some of all of this funding in FY23 (please complete the section below)

<b>Please report the amount expended (drawn down and liquidated) in this reporting period, FY23:</b>	\$0.00
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Please report the number of Full Time Equivalent (FTE) positions this funding supported by type. This can be a direct employee FTE or contractual FTE.

<b>Type of FTE Position</b>	<b>FTE Positions (0.01 to 9.99)</b>
<b>Assistive Technology Specialist</b>	0.00
<b>Information and Assistance Specialist</b>	0.00
<b>Outreach and Awareness Specialist</b>	0.00
<b>Training Specialist</b>	0.00
<b>Health Care Professional (includes PT, OT, SLP)</b>	0.00
<b>Accessibility Expert</b>	0.00
<b>Policy Expert</b>	0.00
<b>Technology Expert (Digital Divide, Mobile Tech)</b>	0.00
<b>Program Manager</b>	0.00



**Other positions needed to advance public health and prevent, prepare for, and respond to COVID-19 (describe with narrative field required)**

0.00

**Please describe the activities of the above FTE and how such activities advance public health.**

**C. Describe any unique issues with your data in this section (e.g., the reason why you were unable to report the number of individuals served with additional or leveraged funds).**

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*Center for Assistive Technology Act Data Assistance . Saved: Tue Dec 05 2023 14:21:28 GMT-0800 (Pacific Standard Time)*

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