

NEVADA



IDEA PART C

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

Phase III, Year II Report

April 2018

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Overview of Nevada’s Part C State Systemic Improvement Plan (SSIP)

Nevada Department of Health and Human Services (DHHS), Director’s Office, IDEA Part C Office is the Lead Agency (LA) for the development and implementation of a statewide comprehensive, coordinated interagency system of early intervention (EI) services for infants and toddlers with disabilities that meets the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). Administration of the statewide system of services is accomplished through collaboration between the IDEA Part C Office and the Aging and Disabilities Services Division (ADSD), a sister agency within DHHS.

The State engaged multiple stakeholders in the process of development and implementation of the SSIP. The primary groups involved have been the broad SSIP Workgroup, subgroups addressing a specific area of implementation and evaluation of the SSIP and the State Interagency Coordinating Council (ICC). There is some overlap in membership across the groups and individuals representing various entities have changed over the course of the SSIP work. These changes have improved the implementation process by bringing new perspectives and supporting clarification regarding activities and the evaluation components of the SSIP. The ongoing process of engaging stakeholders in the process has included regular meetings and/or information sharing to provide status reports on progress in implementing specific activities, progress toward identified outcomes based on identified measures and to obtain input regarding areas where adjustments may be needed.

The IDEA Part C Office, in conjunction with key stakeholders, launched the development of Nevada’s SSIP in fiscal year 2013-2014 and Phase I was completed in 2015. During this process the State analyzed data regarding the outcomes of children participating in early intervention services. As a result of this data analysis, it was determined the State-Identified Measurable Result (SiMR) for demonstrating improved performance in the EI system would be ***“infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships)”*** as measured by Child Outcome A, Summary Statement 1.

Phase I also included analysis of the State’s infrastructure to evaluate its capacity to support systems improvement and build capacity for the implementation of evidence-based practices by exploring strengths and areas for improvement relative to seven key components. This included governance, fiscal, quality standards, professional development, data systems, technical assistance, and accountability and quality improvement. Six broad improvement strategies were identified to support the State in achieving the SiMR.

1. Develop and provide consistent training and ongoing support to increase early intervention service providers’ knowledge and skills in evidence-based practices that focus on the role and impact of social-emotional development on successful interventions and improved outcomes for children.
2. Research and identify appropriate evidence-based assessment instruments to support service providers’ ability to identify social-emotional skills in infants and toddlers.
3. Identify professional development resources and procedures to support the use of functional assessments and ensure assessments are consistently administered as appropriate.
4. Establish and maintain a statewide system for ongoing quality assurance to assess the implementation of evidence-based practices and identify elements that support or impede the ability to effectively improve outcomes.
5. Increase statewide collaborations across early childhood initiatives to ensure all service providers have knowledge of how to access resources in the area of promoting, supporting and improving social-emotional skills for children and families.

6. Improve the ability and capacity of the Tracking Resources and Children (TRAC) data system processes to efficiently provide qualitative and quantitative reports to support the evaluation of program performance and identify areas for targeted training and technical assistance for improvement planning at the state and local levels.

A Theory of Action (TOA) was developed and included four strands. Key activities were identified as well as theoretical results for implementing the activities of each strand.

1. Evaluation and Assessment
2. Practitioner Knowledge and Skills/Local System Support
3. State and Local Provider Collaboration
4. Data System and Accountability

Table A. Nevada SSIP Theory of Action (TOA)

	If the State	Then	Then	Then
Evaluation and Assessment	<p>...identifies evidence-based assessment instruments</p> <p>...enhances professional development resources and provides ongoing support to ensure evidence-based functional assessments are implemented with fidelity</p>	<p>...service providers' confidence level will improve when identifying social-emotional needs for infants and toddlers</p> <p>... service providers will have an increase in their knowledge and skills to consistently and accurately determine appropriate child outcome measurement ratings for infants and toddlers</p>	<p>evidence-based practices will improve, be sustainable and implemented with fidelity</p> <p>...meaningful conversations will occur with families to gather information regarding their child's social-emotional development</p>	<p>...infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships)</p>
Practitioner Knowledge and Skills/Local System Support	<p>... further develops and provides ongoing training and resources to support the utilization of evidence-based practices for social-emotional development</p>	<p>... service providers' knowledge and ability to communicate with families about the role and impact of social-emotional development on successful interventions will increase</p>	<p>...more appropriate outcomes and strategies will be included in Individual Family Service Plans (IFSP), including social-emotional skills when appropriate</p>	
State and Local Provider Collaboration	<p>...establishes and facilitates strong collaborations with early childhood partner agencies to help link families with appropriate resources related to addressing their child's social-emotional skills</p>	<p>...all service providers will know how to access resources to effectively improve and effectively implement evidence-based practices</p>	<p>...families will be better able to support and enhance their child's social-emotional skills and overall development</p>	

Data System and Accountability	...enhances and implements a data reporting system that has the ability and capacity to allow for effective program planning, monitoring and overall improvement	<p>...local providers will be able to produce ongoing qualitative and quantitative reports to improve program performance and identify areas for targeted coaching and TA</p> <p>... the state will be better able to monitor and support the full implementation of evidence-based practices</p>		
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In Phase II of the SSIP, the State, in collaboration with key stakeholders, identified steps, necessary resources and supports needed to successfully implement the broad activities identified in Phase I. Measures to evaluate progress toward implementation of the identified activities and outcomes were also established.

In March 2017, the State reported on Phase III progress in implementing the SSIP including steps completed and changes or consolidations related to activities and strategies based on lessons-learned in the first year of implementation. Changes included streamlining activities to reduce duplication across strands and reevaluation of the scope of work in some areas based on budget constraints. Progress toward completion of the broad activities identified to support the achievement of outcomes was reported in some areas. Some steps were reported as completed and baseline data were established for several others. Timelines were adjusted, as needed, based on information gained through the evaluation process. No changes were made to the Theory of Action (TOA) or the SiMR.

Summary of Phase III - FFY 2017- 2018 Progress Report

In the second year of Phase III, the State is reporting ongoing progress toward activities and outcomes. Again, some adaptations to steps and measures have been made based on implementation and evaluation of the SSIP. Key areas where progress has been made that improve the State’s infrastructure to support the implementation of the SSIP include the activities noted below. Additional detail on some of these activities are reflected later in this report relative to specific strands.

- Engaged stakeholders in completion of the initial draft of the Social-Emotional Evidence-Based Practices Module - This module will serve as a resource to support ongoing professional development activities for Early Intervention Services (EIS) programs statewide.
- Identification and training of service providers in the TACSEI model within all EIS programs in the State including introduction of coaching procedures and verification that practices are implemented as intended.
- Engaged stakeholders in the completion of the revision of the Family Survey Instrument to ensure it better supports the State in obtaining family input regarding the impact early intervention services has on their ability to support their child’s development, including the child’s social-emotional development.

- Revised IDEA Part C Office monitoring procedures and tools now support the collection and reporting of data to determine whether Individualized Family Service Plans include Outcomes and Strategies to support the social-emotional development of children participating in EI services.
- IDEA Part C Office participation in the work of the Early Childhood Advisory Council (ECAC) through membership and active participation in developing the 2018-2021 Strategic Plan to *strengthen the complex system of early learning to provide every child and family with high quality early childhood education and development* (stated Overall Goal of the Plan).
- Activities implemented to strengthen collaboration between the IDEA Part C Office and ASD in the following areas:
 - Collaboration in the process of securing a new comprehensive data system that meets the needs of both components of the EI system; and
 - The IDEA Part C Office, ASD Deputy Administrator for Children’s Services, State Nevada Early Intervention Services (NEIS) Program Managers and ASD Quality Assurance Management for EI programs are participating in a Collective Impact Approach to Systems Improvement Project. The outcome of this effort will be clarification of roles and responsibilities for successfully implementing all facets of the EI system.

Progress has also been made in each of the four established strands. Again, some changes to timelines have been made based on another year of implementation. Some modifications were also made in the evaluation plan for clarification purposes. Specific changes are outlined in each strand of the attached SSIP Management Tool. No changes were made to the TOA or the SiMR based on the implementation of the SSIP in Federal Fiscal Year (FFY) 2017-2018. The State has continued to make progress toward the broad activities, achieved a number of planned outputs and outcomes, and has, again, exceeded the target for the SiMR.

Table B. Indicator 3.A. Summary Statement 1

FFY	Target	Progress Data	Met Target
2013	65.25%	Baseline	X
2014	65.78%	63.32%	
2015	66.31%	70.42%	X
2016	66.84%	70.91%	X

Because the State has continued to exceed the established target for the past two reporting periods, stakeholders raised the question in the March 8, 2018 stakeholder meeting as to whether the targets should be revisited. This will be taken into consideration in the 2018-2019 implementation period.

Coherent Improvement Strategies/Principle Activities

The following reflects key activities implemented during this reporting period for each strand:

A. Evaluation and Assessment Strand

Two major broad activities were identified to support achievement of the SiMR for this strand and ten steps to support the completion of the activities were established. All steps have been initiated and are currently in process or ongoing. Steps with notable progress this period include:

- a. Initial training for a group of providers from all early intervention programs (train-the-trainer model) on an identified set of tools was completed to support practitioners in the evaluation/assessment of

the social-emotional skills of infants and toddlers. Individual programs have the option of which tool(s) they will utilize within their programs and provide ongoing training for program personnel.

- b. Substantial progress has been made on the development of the module on the use of evidence-based practices to support the social-emotional development of infants and toddlers with disabilities. This step is reflected across multiple strands of the SSIP as it addresses assessment, intervention practices and determining child status relative to child outcomes. The module is designed to be readily accessible to all EI providers on an on-going basis. The module incorporates multiple modalities and resources for learning and incorporates materials utilized in the TACSEI training to ensure consistency in statewide implementation of evidence-based practices in early intervention. The IDEA Part C Office, in conjunction with a seventeen-member group of stakeholders from various early childhood programs and technical support from the National Center for Systemic Improvement (NCSI), completed a first draft of the module which will be piloted with EIS providers across the State in the Spring of 2018.

B. Practitioner Knowledge and Skills Strand

Three major broad activities were identified to support achievement of the SiMR for this Strand. The primary focus of these activities is -

- a. Supporting EIS providers statewide in implementing evidence-based practices with validity through implementation of TACSEI (the Pyramid model) to improve social-emotional outcomes for infants and toddlers with disabilities and their families;
- b. Providing ongoing support to EIS providers through the development of the Social-Emotional Evidence-Based Practices Module that incorporates the principles of TACSEI and links providers to national resources for training personnel; and
- c. Ensuring EIS providers are skilled and confident in their ability to interact with the families on their caseload regarding supporting their child's social-emotional development in a meaningful way and that comfort in communication is also reflected by the families enrolled in early intervention.

Eight specific steps supporting these activities were identified. During this reporting period, in addition to the work on the Social-Emotional Evidence-Based Practices Module referenced in the Evaluation and Assessment strand above, progress has been demonstrated in the follow steps -

- a. Implementation of TACSEI Training/Coaching
 - i. In addition to the EIS providers identified through the State-operated programs in FFY 2016-2017, a full cohort of providers from all thirteen EIS programs (four state-operated programs and nine contracted community partner agencies) across the State was identified to participate in the TACSEI early intervention training in FFY 2017-2018.
 - ii. Phase I and II of the TACSEI trainings were implemented for this cohort in this reporting period. Providers trained in this implementation period of TACSEI shared information with other providers within their program and, along with other services providers with expertise in the area of social development in young children employed by the individual programs [Therapist, Social Workers, Board Certified Behavior Analyst (BCBA), Internal Social-Emotional Teams, personnel trained in TACSEI for Preschool settings, etc.], began to establish a network of supports for service providers within each program.
 - iii. The coaching phase of TACSEI training for EIS participants was initiated in January 2018. Data on the fidelity of implementation are in the process of being collected as part of coaching.
- b. Revisions to the Family Survey Instrument were developed by a stakeholder workgroup during 2017 and endorsed by the stakeholder group on March 5, 2018. The revised survey instrument includes two

questions that ask the family for their perspective on the meaningfulness of their communication with EIS regarding their child’s social-emotional development and whether EI services has helped them to support their child’s social-emotional development.

C. State and Local Provider Collaboration Strand

After revisions to the SSIP during the FFY 2016-2017 reporting period, one key activity remained in this strand for this reporting period. This activity focuses on aligning the SSIP work with the Goals and Objectives included in Early Childhood Advisory Council (ECAC) Strategic Plan for all children birth to 8 years. Steps identified in the SSIP included the IDEA Part C Office supporting and participating in the process of updating the strategic plan and aligning the activities of the SSIP with that plan. The Health Program Manager for the Home Visiting Program has joined the SSIP stakeholder group and provided input at the SSIP Stakeholder meeting on March 8, 2018. This activity has been initiated and is currently in process.

The Governor has appointed the Part C Coordinator as a member of the Early Childhood Advisory Council (ECAC) and IDEA Part C Office personnel have participated in ECAC strategic planning interviews and meetings. Participation in this process also resulted in increased collaboration between the IDEA Part C Office and the State’s Maternal, Infant and Early Childhood Home Visiting Program.

D. Data System and Accountability Strand

Three major broad activities were identified in this strand to support achievement of the SiMR. Activity one (1) was modified for this reporting period to reflect the State’s decision to secure a new EI Data System as opposed to working toward enhancements to the current system. Steps to implement this activity are continued with modification of timelines to accommodate the Request for Proposal (RFP) process required for the new data system. Collaboration between the IDEA Part C Office and the ADSD has been enhanced in securing the new data system to ensure the needs of both components of the EI System are met in the final product. The RFP process has been completed and a vendor for the new data system has been selected.

The remaining two activities for this strand are continued without modification. The specifications of the contract with the approved vendor will assure all steps associated with these activities are addressed. Timelines for steps related to these activities have been modified, as necessary, to coincide with the implementation of the new data system. In the meantime, commitments to training and technical assistance on the current system for EIS providers have been implemented to ensure data quality and accuracy.

The IDEA Part C Office monitoring procedures and data collection instruments have been modified to obtain progress data related to the number and percent of Individual Family Service Plans (IFSP) that include Outcomes and Strategies to support the social-emotional development of Part C eligible children.

Evidence-based Practices Implemented During This Period

The evidence-based practices implemented during this period have focused primarily on the Pyramid Model implemented through TACSEI. A number of EIS providers in the State were part of the TACSEI Master Cadre of trainers established for the preschool population. A contract was established with the University of Nevada, Reno (UNR) in 2016 to expand the evidence-based practices model to the infant-toddler population. In the 2016–2017 reporting period the State initiated the process of building on the existing Master Cadre of EIS providers and the TACSEI Project to develop system-wide supports for EIS providers in implementing evidence-based practices to promote the social-emotional development of infants and toddlers. Due to the limited number of EIS providers in

the Master Cadre and staff turnover, the State encountered challenges in achieving state-wide implementation. Planning activities were implemented but actual training was very limited.

In this reporting period (2017-2018), the State maintained the TACSEI contract and implementation of TACSEI for EIS providers was expanded to identify an initial cohort of service providers that included at least one service provider from each EIS provider agency across the State. Some programs included more than one representative for their program. This cohort included the following EIS provider programs.

Four Nevada Early Intervention Services (NEIS) State-operated programs:

- NEIS Northeast
- NEIS Northwest
 - Carson City
 - Reno
- NEIS South

Nine contracted EIS Community Partner agencies:

- Advanced Pediatric Therapies – Reno
- Easter Seals of Nevada
 - Reno
 - Las Vegas
- Integrated Support Solutions (ISS) – Baby Steps – Las Vegas
- Kideology – Las Vegas
- Positively Kids – Las Vegas
- The Continuum – Reno
- Therapy Management Group
 - Reno
 - Las Vegas

The evidence-based practices incorporated in the TACSEI training during this period focused on Responsive, Nurturing Relationships with Families, Responsive, Nurturing Relationships Between Caregivers and Children, and High-Quality Home Environments. These are key practices for supporting social-emotional development in infants and toddlers.

In addition to the training provided through the TACSEI cohort, based on the State’s emphasis on improving social-emotional outcomes for infants and toddlers with disabilities, local programs implemented professional development activities to support providers in their work with families as the TACSEI project scaled up. Examples of supports reported by programs include:

- In-house trainings on evaluation/assessment tools that identify the social-emotional needs of infants and toddlers and their families.
- Peer-to-peer mentoring/coaching by personnel within the program to support Developmental Specialists in their work with families where there are social-emotional concerns for the child and/or family members; Examples reported included:
 - The program having a Licensed Clinical Social Worker on staff to provide support to other service providers on specific issues.

- The program having a Board-Certified Behavior Analyst (BCBA) to assist personnel in situations where behaviors are impeding the child’s ability to form nurturing relationships with caregivers.
- Maintaining a multidisciplinary, and in one program, interagency, team of providers (including the children’s mental health agency) with training and experience related to social-emotional development that provide technical support to providers who are working with a child and family where social-emotional development is a significant concern.
- One program has a person on staff who was part of the initial Master Cadre of providers trained in the TACSEI model for preschool settings that serves as a resource to other providers within the agency.
- Supporting children in peer-to-peer social interaction (play groups) to support the development of social-emotional skills.

Evaluation Activities, Measures and Outcomes

During this period, evaluation of implementation of SSIP activities and outcomes was conducted through collection and analysis of data gathered through documentation of attendance at trainings, reports submitted by the TACSEI Coordinator, provider surveys, individual program reporting and IDEA Part C Office monitoring. Notable achievements toward achieving outcomes include completion of initial training for a full cohort of providers including representatives from all EIS programs through the TACSEI contract. Providers participating in the training have reported positive impact on their ability to provide evidence-based practices in their work with families. Completion of the revision of the Family Outcomes Survey Instrument and process will support the measurement of families’ perceptions of how effective EI services are in helping them to support their child’s social-emotional development. Progress in development of the Social-Emotional Evidence-Based Practices Module provides a resource for ongoing professional development. Lastly, the success in obtaining the new data system will result in more timely and comprehensive data for the State and individual EIS providers at the local level to evaluate program performance and work toward improvement.

Highlights of Changes to Implementation and Improvement Strategies

Mid-course corrections and modifications have been made to some areas of the Implementation and Evaluation Plan (I&EP) to address barriers and gaps encountered in implementing steps necessary to achieve identified activities. The evaluation plan was also updated in some sections to provide clarity and to ensure alignment between outcomes, evaluation questions, performance indicators and measures to ensure the ability to collect data needed to adequately measure progress. Timelines have been adjusted as needed based on progress in implementation. The following table reflects notable changes and modifications. The modifications and justification for the modifications are reflected in the following narrative and in the attached SSIP Action Plan/Progress Report for each Strand.

Table C. Changes/Modifications to Implementation and Evaluation Plan, Phase III, Year 2

Strand	Changes/Modifications to I&EP	Justification for Change
Evaluation and Assessment	Timeline extended for completion of Social-Emotional Evidence-Based Practices Module for ongoing-technical support to Early Intervention Service (EIS) providers.	The timeline was extended by three months to obtain additional stakeholder input from direct service providers on final draft to maximize usability.

	Expansion of scope of training	Clarification added to expand training beyond evaluation/assessment protocols to include focus on practices.
	Timeline Extended	Timeline extended to reflect statewide implementation due to delays in initiation in some areas.
Practitioner Knowledge and Skills	Timeline extended for completion of Social-Emotional Evidence-Based Practices Module for ongoing-technical support to Early Intervention Service (EIS) providers.	The timeline was extended by three months to obtain additional stakeholder input from direct service providers on final draft to maximize usability.
	Activity 3.b. modified to remove reference to “contractor”.	Decision was made that the survey would be conducted by the IDEA Part C Office.
	Extended timeline for completing revisions to Family Outcomes Survey Instrument.	Completion of revised Family Outcomes Survey Instrument delayed beyond projected timeline in order to gather family feedback through focused interviews; will be implemented April-June 2018.
	Performance indicator and evaluation question for Short-term Outcome was changed for clarification; Baseline and timeline modified to focus on providers participating in training.	Measure will be limited to those practitioners who were trained in order to reflect the impact of the training.
	Performance indicator was modified to break into two performance indicators rather than one and language in performance indicator was changed for clarification.	Performance indicator had previously blended family and provider performance; Language of performance indicator was not consistent with evaluation question.
	Evaluation question and measure for evaluation of Short-Term Outcome modified.	Change made to clarify evaluation is limited to those providers who have participated in training.
	Timeline for evaluation of Intermediate Outcome extended.	Delay in statewide implementation of TACSEI.
	Timeline for evaluation of activity 3.10. extended.	Delay in statewide implementation of TACSEI and final revision of Family Survey Instrument.

State and Local Collaboration	Timeline extended on Short-Term Outcome	Completion of revised Family Outcomes survey tool delayed beyond projected timeline; will be implemented in April 2018.
Data System and Accountability	<p>Moved to purchase of new data system as opposed to enhancement of the existing system.</p> <p>Extended timelines based on state purchasing system requirements.</p> <p>Measure for evaluation of Short-Term Outcome modified; Measurement/Data Collection Method modified; extended timeline.</p> <p>Modified Activity 4. Removed language regarding updating IDEA Part C Office Accountability and Monitoring procedures to evaluate fidelity in implementation of EBP; Amended to reflect collaboration between IDEA Part C Office compliance monitoring and ADSD QA to review program procedures and quality.</p>	<p>Concerns about security issues and fragile nature of current system.</p> <p>Need to expand system to include billing and fiscal monitoring.</p> <p>Funding approved for new system.</p> <p>Measure changed to be consistent with Evaluation Question; Data collection method, as stated, was not consistent with current data collection methods; timeline extended due to delays in implementation of TACSEI coaching procedures.</p> <p>Modification to Activity 4 was necessary since the verification of evidence-based practices (EBP) will be addressed through TACSEI Coaching and Mentoring.</p>

Progress in Implementing and Evaluating the SSIP

This section provides information on the actions taken by the State to implement each strand of the SSIP during this reporting period. Information is also included to evaluate progress made in effectively implementing the activities and evaluation of progress toward achieving the intended outcomes. Progress regarding some activities that are represented in more than one strand have been reflected as separate items to avoid duplication.

1. Evaluation and Assessment Strand

During this reporting period, the IDEA Part C Office facilitated and supported statewide training for EIS providers on the Devereux Early Childhood Assessment (DECA) for Infants and Toddlers. This completed the initial statewide training for providers on the list of evaluation tools identified as options for conducting functional assessment of the social-emotional skills of infants and toddlers. Training on the other four tools, the Autism Diagnostic Observation Schedule (ADOS) – 2, the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), the Social-Emotional Assessment/ Evaluation Measure (SEAM), and the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2) was reported in the 2017 SSIP Phase III report. Information in Table D below reflects the number of providers statewide that participated in the initial training on the tools to support the evaluation/assessment of the social-emotional skills of infants

and toddlers. Some providers participated in training on more than one tool; therefore, the total number trained is a duplicate number.

Table D. Statewide Training on Evaluation/Assessment Protocols

Date(s) of Training	Evaluation/Assessment Instrument	# NE Region	# NW Region	# Southern Region	Total Trained
June 25-26, 2015 & July 9-10, 2015	ADOS - 2	5	40	41	86
April 26-27, 2016	PICCOLO	2	17	21	40
September 19, 2016	SEAM and ASQ:SE-2	2	55	6	63
June 23, 2017	DECA	3	22	9	34
				Total	223

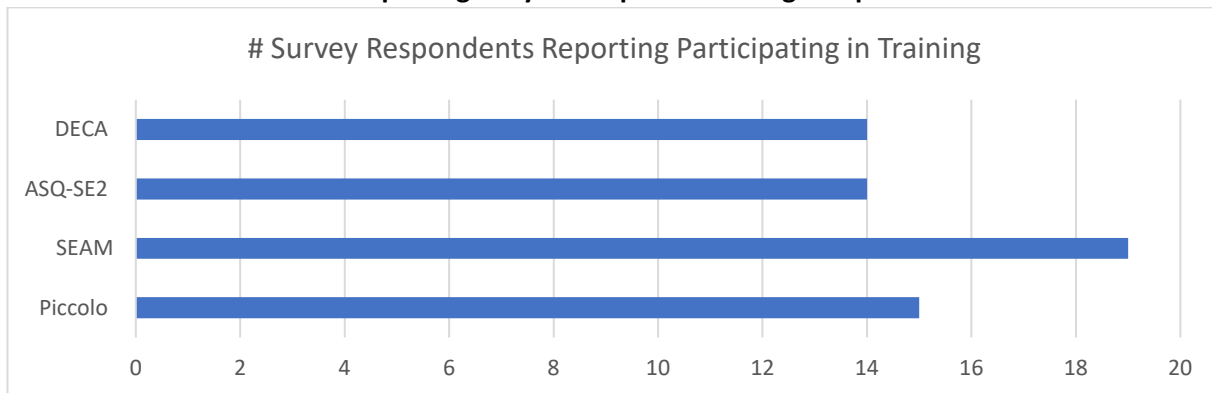
Key stakeholders were included in the initial selection of the optional tools. In addition, the IDEA Part C Office generated a “Training or Meeting Recap” report for each training, which identified the number of participants from each region of the State and the costs for implementing the training. Individual EIS provider programs were also included in the identification of the optional tools and determined which of the tools will be used by their program. This information was reported to the ICC at their quarterly meetings.

Evaluation:

Data:

Nevada’s TOA contends the identification of evidence-based assessment instruments will improve EIS provider skills and confidence in identifying the social-emotional skills of infants and toddlers and lead to more accurate ratings of child outcomes. EIS providers are surveyed annually to evaluate progress in this area. Providers were surveyed between October 31 and November 15, 2017 as part of the SSIP Evaluation process for this reporting period. Of seventy-one total providers responding to the survey relative to participating in training on the evaluation/assessment tools, forty (40) individuals indicated they had participated in training on one or more of the evaluation tools. The number of persons responding they had participated in the training on specific tools are as follows:

Chart A. Number of Providers Reporting They Participated Training on Specific Instrument



The following data only include respondents who indicated they had participated in training on one or more specific evaluation/assessment tools.

Question/Statement: *I have more tools available to me to assess the social-emotional development in infants and toddlers.*

Forty (40) providers who had participated in training on one or more evaluation/assessment tools responded to this statement. Thirty-nine (98%) indicated they agreed or partially agreed with the statement. This is an increase of 30% over the 68% of the providers who responded they agreed/partially agreed reported in the 2017 SSIP.

Question/Statement: *After receiving training, I am more comfortable and confident in my knowledge about typical social-emotional development in infants and toddlers.*

Forty (40) providers who had participated in training on one or more assessment tools responded to this statement and all (100%) indicated they agreed or partially agreed with the statement. This is a 17% improvement over the 83% reported in the 2017 SSIP.

Question/Statement: *I've used the information gained in social-emotional development trainings to support meaningful conversations with families about their child's social-emotional development and its importance.*

Thirty-nine (39) providers who had participated in training on one or more evaluation/assessment tools responded to this statement. Of those, thirty-eight (38) or 97% indicated they agreed or partially agreed with the statement. This is an increase of 19% over the 78% of the providers who responded they agreed/partially agreed reported in the 2017 SSIP.

Summary of Progress Based on Evaluation Data:

Implementation of Improvement Strategies:

As reflected in the attached SSIP Management Tool for Evaluation and Assessment, all strategies identified to achieve the remaining activity (Activity 2) for the Evaluation and Assessment Strand are in process and progress has been demonstrated. For strategy three (3), records Child Outcome Summary (COS) training was submitted by some EIS programs; however, the data are insufficient for determining the total number of providers trained statewide at this time. Baseline data will be reported for 2018-2019 reporting period. One strategy (5) has been achieved. The following outputs were achieved during this reporting period (see pages 17 – 21):

- Strategy 2 (In Process): TACSEI training modules in place; first cohort of providers completed training in implementing EBP; training on coaching process initiated; baseline data will be reported next year
- Strategy 4 (In Process): First draft of Social-Emotional Evidence-Based Practices Module for ongoing professional development completed
- Strategy 5 (Achieved): Information was presented to the ICC Professional Development Subcommittee at the August 17, 2017 meeting demonstrating the alignment between university coursework and Nevada Administrative Code (NAC) related to inclusion of coursework regarding the social-emotional development and strategies for intervention for children who have disabilities under the age of 8 years.

Progress Toward Outcomes:

Again, as reflected in the attached SSIP Management Tool on pages 12-17, progress was made toward achieving the outcomes in this strand. The state achieved two outcomes during this reporting period:

- Service providers' confidence and competence level will improve when identifying social-emotional needs for infants and toddlers. (Short-term outcome)

- IFSPs will include functional outcomes and strategies based on the culture and routines of the family and address the social-emotional needs/skills of the child. (Intermediate outcome)

In addition, baseline data were reported on the following outcomes this year:

- Service providers will have an increase in their knowledge and skills to consistently and accurately determine appropriate child outcome measurement ratings for infants and toddlers. (Short-term outcome)

Some timelines have been extended in evaluating the outcomes, several performance indicators were modified to ensure alignment with the outcome and measurement, and data collected for several performance indicators were analyzed differently this year resulting in that data being new baseline data. Progress data will be collected next year.

2. Practitioner Knowledge and Skills

A key strategy for achieving the outcomes identified for the Practitioner Knowledge and Skills strand included expanding the State's existing TACSEI project to support EIS providers in implementing evidence-based practices through the Pyramid Model. Evidence-based practices covered in the training provided during this period included family coaching, building responsive, nurturing relationships with families, responsive and nurturing relationships between caregiver and child and high-quality learning environments.

An SSIP/TACSEI-EI Implementation Team was convened in December 2016 that included representatives from EI program management, Early Childhood Mental Health and the IDEA Part C Office. The group met through teleconferences in December 2016, January 2017, and March 2017. Team activities lagged during this reporting period due to loss of key members (moved out of state or changed positions) and the expansion of the cohort to include all EIS programs statewide. The work of the Implementation Team will be reorganized during the FFY 2018-2019 reporting period and will provide recommendations for any additional steps and resources needed to continue the statewide scaling-up process.

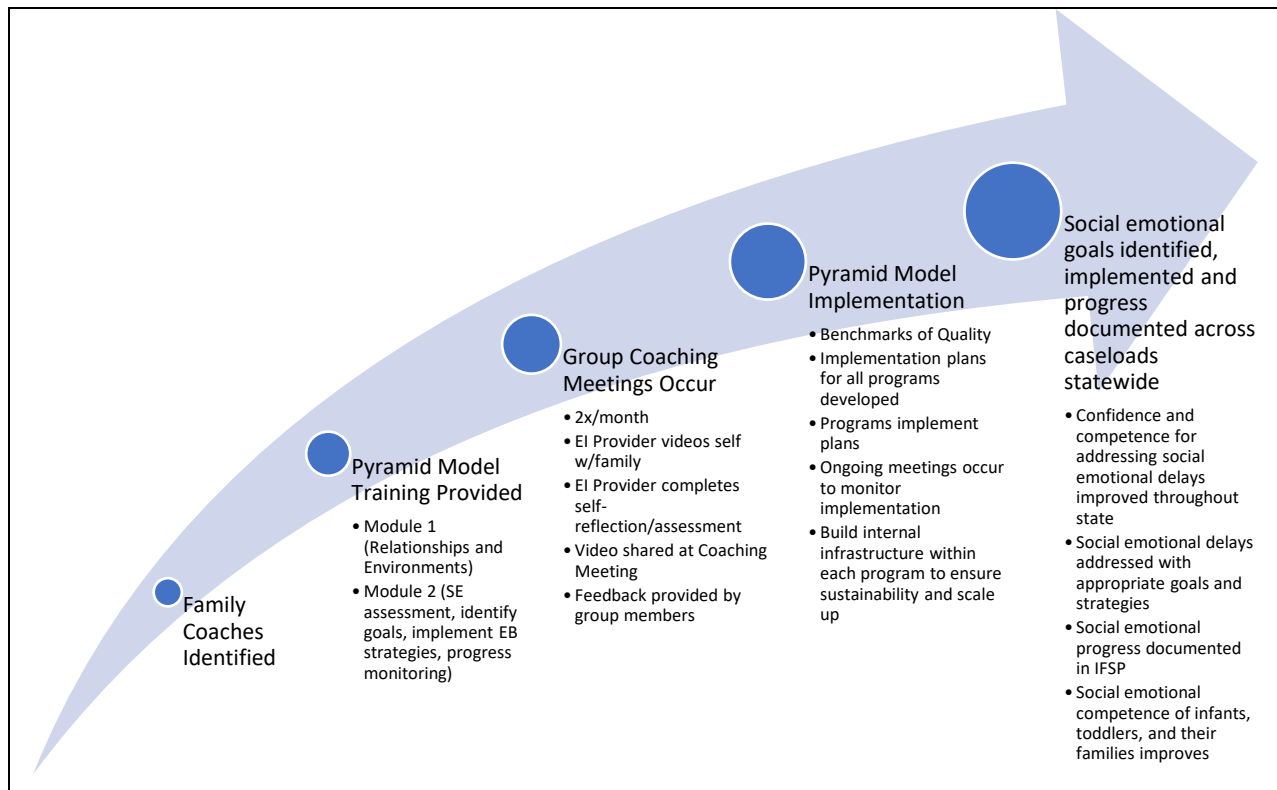
An initial cohort of EIS providers was identified within the four state-operated EI programs. Some of the members of this cohort had already been trained as part of the TACSEI Master Cadre of trainers for classroom-based programs. It was intended that this group would serve as TACSEI trainers and coaches for other EIS providers in the system. Barriers to moving forward were encountered due to staff turnover and proposed changes to the State's model of service delivery.

In June 2017, the cohort was expanded to include representatives from all thirteen EIS programs statewide. Training in the TACSEI model for this group of providers was initiated by the TACSEI Coordinator in October of 2017. Four training sessions were conducted – two sessions for the providers in the northern region and two sessions for providers in the southern and northeast regions. Both sessions of the training involved the same providers with the second training building on the first. Participants included ten providers in the northern region and twelve providers in the southern region for a total of twenty-two providers statewide. Coaching for the providers was initiated in January of 2018. The TACSEI Family Coaching Checklist is being used by the providers initially as a self-evaluation tool to evaluate their implementation of practice. The data gathered through the completion of the Self-Assessment will be used to verify provider understanding and identify gaps where they feel more additional training/support is needed. Fidelity data will be gathered and reported through the coaching process. The goal is to have the members of the first Cohort achieve a measurable level of fidelity in implementing practices and support expansion of implementation of the practices by providing training and coaching for other

personnel within their program. The State intends to request technical assistance from the newly funded National Center for Pyramid Model Innovations (NCPMI) to support this process.

The following diagram represents the ongoing process for implementation of the TACSEI model in EIS providers. As noted in the diagram, in addition to training on evidence-based practices, TACSEI is also incorporating supports to enhance local program infrastructure by using the “Benchmarks of Quality for Home Visiting” to ensure expansion and scale up.

Diagram 1. Projected Steps for Implementation of the TACSEI Training



During this reporting period, meetings between the TACSEI Coordinator and IDEA Part C Office personnel have taken place twice a month to review progress. Regular meetings were also initiated among the IDEA Part C Office team, ADSD Administration, NEIS Program Managers and ADSD QA team to review the SSIP and support implementation efforts moving forward. Progress reports on the implementation of the TACSEI-EI project have been provided at all ICC meetings, stakeholder workgroup meetings, monthly Part C TA calls with EIS providers and at the broad SSIP Stakeholder meeting on March 8, 2018.

Data

Data on the fidelity of implementation of the evidence-based practices for the Cohort are not available at this time. Data on implementing practices with fidelity will be collected as part of the coaching process and will be reflected in SSIP report next year. However, a broad provider survey was conducted by the IDEA Part C Office between October 31 and November 15, 2017 to obtain additional stakeholder input to help inform the process of SSIP evaluation.

As reflected in the table below, of the seventy-four total respondents to the survey, seventeen indicated they had participated in TACSEI training. This represents 77% (17 of 22) of the total number of providers participating in the first statewide cohort. Data from the seventeen (N=17) respondents indicating they had participated in the TACSEI training and reported on their perception of the impact the training had on their ability to provide services.

Table E. Survey Responses by Providers Participating in TACSEI Training

Survey Question	Agree	Partially Agree	Disagree	Partially Disagree	Total Responding to Question	Total Agree	Percent Agree
A. After receiving training, I am more comfortable and confident in my knowledge about typical social-emotional development in infants and toddlers?	12	5	0	0	17	17	100%
B. I've used the information gained in social-emotional development trainings to support meaningful conversations with families about their child's social-emotional development and its importance.	10	7	0	0	17	17	100%
C. I am more effective in providing evidence-based intervention services and strategies for meeting the social-emotional needs of children on my caseload.	9	8	0	0	17	17	100%
D. Because of training I have received, I am more comfortable obtaining information about the child's social-emotional functioning and needs to inform IFSP development and program planning for the child and family.	10	7	0	0	17	17	100%
E. I am more comfortable obtaining information about the child's social-emotional functioning to inform the entry and exit Child Outcome Summary (COS) ratings.	14	3	0	0	17	17	100%

It is also notable that of the seventeen respondents, all but two also indicated they had participated in training on at least one of the evaluation/assessment tools hosted by the IDEA Part C Office. Four respondents indicated they had participated in training on three of the evaluation/assessment tools and two respondents indicated they had participated in all four trainings (see Evaluation and Assessment Strand).

Responses to the survey by practitioners for the same questions above (N=35) indicating they had participated in non-TACSEI training on providing services to support the social-emotional development in infants and toddlers with disabilities were as follows:

Table F. Providers Participating in Non-TACSEI Training on E-B Practice Models Survey Responses

	Agree	Partially Agree	Total Responses	Total Agree	Percent Agree
A. After receiving training, I am more comfortable and confident in my knowledge about typical social-emotional development in infants and toddlers?	17	17	35	34	97%
B. I've used the information gained in social-emotional development training to support meaningful conversations with families about their child's social-emotional development and its importance.	21	13	35	34	97%
C. I am more effective in providing evidence-based intervention services and strategies for meeting the social-emotional needs of children on my caseload.	20	11	34	31	91%

D. Because of training I have received, I am more comfortable obtaining information about the child's social-emotional functioning and needs to inform IFSP development and program planning for the child and family.	15	18	35	33	94%
E. I am more comfortable obtaining information about the child's social-emotional functioning to inform the entry and exit Child Outcome Summary (COS) ratings.	15	13	35	28	80%

Summary of Progress Based on Evaluation Data:

Implementation of Improvement Strategies:

As reflected in the attached SSIP Management Tool, progress has been made in implementing all strategies in the Practitioner Knowledge and Skills strand. Three improvement strategies (2.b., 3.a. and 3.b.) have been completed; three strategies (1.f., 1.g. and 3.d.) have basic steps completed and related activities are ongoing (3.d. has an extended timeline); and two strategies are in process with one (2.a.) having an extended timeline. As reflected in the Knowledge and Skills strand on pages 14-18, we have achieved the following outputs this year as a result of implementing the activities and steps in our improvement plan:

- SSIP/TACSEI EIS Implementation Team
- Renewed contract to support expansion of the State TACSEI Project
- TACSEI Training modules developed
- Revision of Family Survey Outcomes Instrument Completed

Progress Toward Outcomes:

The State has made progress toward achieving the outcomes identified for this strand (see pages 9-13) in the Practitioner Knowledge and Skills Strand) but the work is ongoing. Specifically, the state has achieved the following outcomes:

- Service providers' working knowledge and understanding of the use of EBP to support the social-emotional development of infants and toddlers will increase. (Short-term outcome)
- IFSPs will include functional outcomes and strategies based on the culture and routines of the family and address the social-emotional needs/skills of the child. (Intermediate Outcome)

The State collected baseline data for the following outcome and will be collecting progress data next year:

- There will be an increase in service providers' knowledge and ability to communicate with families about the role and impact of social-emotional development on successful interventions. (Short-term outcome)

Partial progress was demonstrated for the following outcome since we were able to gather progress data for one performance indicator related to the outcome:

- Sensitive, supportive relationship-based conversations with families will occur and will provide meaningful information regarding their child's social-emotional development and their needs relative to their ability to effectively support their child's social-emotional development. (Short-term outcome)

Baseline data for the other performance indicators in this outcome will be collected next year. Also, for each of the above outcomes data will be collected annually to measure ongoing progress each year.

Mid-Course Corrections Due to Barriers Encountered - Next Steps

As noted in the attached SSIP Management Tool and earlier in this report, modifications were made to measurement language in some areas to ensure consistency between evaluation questions and measures (i.e., number vs. percent). In some cases, timelines for completion were extended due to barriers encountered.

Status on Items Represented Across Multiple Strands

The following provides status and progress information on elements of the SSIP represented across multiple strands. The items are being addressed separately to avoid repetition. Information on the specific strands are identified for each item.

- **Social-Emotional Evidence-Based Practices Module**
 - Strand: Evaluation and Assessment, Activity 1., Step 1.e., page 5
 - Strand: Practitioner Knowledge and Skills, Activity 2., Step 2.a., page 5

The development of the Social-Emotional Evidence-Based Practices Module is reflected in both the Evaluation and Assessment and the Practitioner Knowledge and Skills strands of the SSIP. Nevada’s TOA contends that, if the State develops and provides ongoing training and resources to support the utilization of evidence-based practices, service provider knowledge and ability to communicate with families about the role and impact of social-emotional development will increase.

The Evidence-based Practices Module compiles training resources to serve as a reference tool to support ongoing training and staff development activities relative to implementing evidence-based practices. The module includes information on resources related to evaluation and assessment and interventions to address the social-emotional skills of infants and toddlers and incorporates Division of Early Childhood (DEC) Recommended Practices. The module also incorporates and organizes resources from the TACSEI Pyramid Model trainings, including materials related to coaching, and other national resources that can be readily accessed by programs to support scaling-up and sustainability of the implementation of EBP across all EIS providers.

A workgroup was organized that included stakeholders from Nevada Center for Excellence in Disabilities (NCED); Nevada Department of Education, Office of Early Learning and Development; University of Nevada Reno, Child and Family Research; Aging and Disability Services Division (ADSD) Administration and QA; ICC members, Early Intervention Service Provider Agencies (State and Community Partners); Nevada Parents Encouraging Parents (PEP); Division of Child and Family Services (DCFS); Early Childhood Mental Health; and the IDEA Part C Office. The group began meeting in September 2017. Meetings were conducted via WebEx and hosted by technical assistance support through the National Center for Systems Improvement (NCSI). Significant progress has been made on the development of this module and a timeline for completion has been established as reflected in the table below.

Table G. Action Based on Social-Emotional Evidence-Based Practices Module Workgroup Input

Activity	Results/Action Taken
September 2017 Two Stakeholder Workgroup meetings completed	<ul style="list-style-type: none">• Establish Vision Statement• Established WebEx as platform for future meetings• Scheduled all future meetings through March 2018
October 2017 Stakeholder/Workgroup scheduled two meetings; one completed; one rescheduled	<ul style="list-style-type: none">• Established initial outline for content of the module• Reviewed and discussed DEC Recommended Practices Checklists• Members reviewed existing Effective Practice Guidelines for two content areas on Part C website

	<ul style="list-style-type: none"> • Explored training delivery strategies • Stakeholders volunteered to work on specific content areas
November 2017 Two Stakeholder/ Workgroup Meetings completed	<ul style="list-style-type: none"> • Subcommittee reviewed the TACSEI Module and identified additional content needed and reported back to full workgroup • Shared Box folder established by TA to support collaborative work on module content • Reviewed Zero-to-3 website for resources • Reviewed training platforms used by other state agencies • Identified next steps for development of module content
December 2017 One Stakeholder/ Workgroup meeting completed	<ul style="list-style-type: none"> • IDEA Part C Office Intern [Doctoral student at University of Nevada, Las Vegas (UNLV)] joined workgroup • Check-in with members working on specific content areas • IDEA Part C Office Lead and Intern pulled content together in draft form
January 2018 One Stakeholder/ Workgroup meeting completed	<ul style="list-style-type: none"> • Small groups worked to expand narrative content of module • Sent information to additional stakeholders for review • All sections were merged into Module draft • Two stakeholders agreed to review and edit
February 2018 Two Stakeholder/ Workgroup Meetings completed –	<ul style="list-style-type: none"> • Requested permission from publishers of documents to use in module • Reviewed report on module status; discussion alignment of learner objectives with DEC Recommended Practices • Reviewed updates and discussed finalizing stakeholder input process to for draft
March 2018 One Stakeholder/ Workgroup meeting completed	<ul style="list-style-type: none"> • Updated timeline for completion of the Module <ul style="list-style-type: none"> ○ Review and input from the editors by March 26, 2018 ○ Incorporate edits from reviewers and put in Publisher format – April 2018 ○ Develop feedback questions for additional stakeholder input from providers based on past module development; obtain final stakeholder workgroup members and broad stakeholder (EI Programs) input – by May 29, 2018 ○ Final workgroup meeting scheduled June 8, 2018. ○ Release of final document and post to website no later than September 30, 2018

Summary of Progress Based on Evaluation Data:

Implementation of Improvement Strategies:

As reflected in the attached SSIP Management Tool, implementation of this component is in process and significant progress has been made toward completion. Since the module is not yet complete, no output was achieved this year but will be achieved next year.

Mid-Course Corrections Due to Barriers Encountered - Next Steps

The timeline for completion of the module was extended to support obtaining additional stakeholder input. The module will be piloted with service providers prior to finalization.

- **Nevada’s Revised Family Outcomes Survey Instrument**
 - Strand: Evaluation and Assessment, Evaluation of Short and Intermediate Outcomes (Page 14 &16)
 - Strand: Practitioner Knowledge and Skills, Activity 3., Steps 3.b and 3.d. (Pages 7-8); Evaluation of Short and Intermediate Outcomes (Pages 10-12); Evaluation of Improvement Strategies 3.8. (page 17)
 - Strand: State and Local Provider Collaboration: Evaluation of Short and Intermediate Outcomes (Pages 7 & 9)
 - Data System and Accountability: Evaluation of Short and Intermediate Outcomes (Pages 9 & 10)

This component of the SSIP recognizes the importance of the role of the family in achieving the SiMR. Therefore, it is identified across all four (4) strands of the SSIP. The Annual Part C Family Outcomes Survey was identified as a measure to evaluate the State’s progress toward the SiMR. Nevada’s TOA contends that implementation of the activities and strategies laid out in the SSIP will result in meaningful conversations between families and service providers and families will be better able to support and enhance their child’s social-emotional development.

A stakeholder workgroup was convened to inform the process of reviewing and updating the State’s Family Outcomes Survey Instrument. Stakeholders included Parent Representative and other members of the ICC, Nevada PEP, the Nevada Governor’s Council on Developmental Disabilities (DD), EI service providers, ADSD QA, University of Nevada, Reno (Education and Speech Pathology Departments and the Center for Excellence in Disabilities) and Head Start.

The workgroup began meeting in February 2017. Facilitation and support was provided for the workgroup through the NCSI. Follow-up meetings were conducted in June and September of 2017. The final meeting and approval of the new survey instrument was conducted on March 5, 2018. The work on the revision of the survey instrument exceeded the timeline initially projected in the SSIP but has now been completed. An outline of the work for revision of the survey is reflected below.

Table H. Action Based on Family Outcomes Survey Workgroup Input

February 2017 Stakeholder Meeting - Focus – Review Purpose of Survey and Review and Update of Survey Instrument	
Activity	Result
Reviewed the role of the data gathered through the Part C Family Outcomes Survey	<ul style="list-style-type: none"> • Used to report progress in the Annual Performance Report (APR) and the State Systemic Improvement Plan (SSIP); • Used to evaluate the impact of early intervention services in helping families advocated for their child and support their child’s development; • Used to informing key stakeholders of how the system is performing and the importance of investing in supports for children and families; • Need for consistency in collection of outcomes data required for Indicator 4 for federal reporting; and • Reviewed data from past surveys including Nevada’s Data Quality Profile.
Discussed stakeholder concerns about current survey instrument	<ul style="list-style-type: none"> • Concerns about language used – need to simplify, avoid jargon, and focus on family-friendly terminology, language should not imply judgment; • Concerns about length of survey; felt it is important for it to remain a 1-page document; and

	<ul style="list-style-type: none"> • Provided suggestions for changes through small group process.
Reviewed survey process and rate of return	<ul style="list-style-type: none"> • Identified concerns regarding method for distribution of survey; need to explore whether electronic approach is more up-to-date; • Rate of return has fluctuated between 17% and 29% over the past 5 years; rate of return is below the national average; • Provided suggestions for changes through small group process – consider using multiple approaches (paper, electronic, hand delivered, etc.); • Offer assistance/support to families for completing survey; • Send information ahead of time to alert families the survey is coming; and • Include page stressing the importance of the family’s input.
Compared Nevada’s Part C Family Survey to some utilized by other states (ECO and NCSEAM)	<ul style="list-style-type: none"> • Identified aspects of various surveys that were liked or not liked such as length, language, person tense, number and grouping of questions
<p>May 2017 - Based on feedback from the US Office of Special Education Programs (OSEP), to ensure Family Outcomes Data were appropriate to the federal reporting period, the IDEA Part C Office implemented the 2017 Family Survey utilizing the current survey tool; the process was amended to include an option for completing the survey via Survey Monkey in addition to the paper mailout.</p>	
<p>June 2017 - Stakeholder Meeting - Focus – Review Draft Changes Made to Survey Instrument Based on Feedback from February Meeting</p>	
Formatting	<ul style="list-style-type: none"> • Overall formatting deferred until content addressed. • Survey questions were grouped into content areas with headings per suggestion from previous meeting.
Updates to Questions	<ul style="list-style-type: none"> • Small group (regions) review and feedback regarding one section of questions; reported back to full group. • Additional recommendations were made regarding language including the need to be clear what the question is actually talking about; being consistent in terms used and need to simplify.
<p>September 2017 - Stakeholder Meeting - Focus – Review Second Draft Changes Made to Survey Instrument Based on Feedback from June Meeting; Discuss Survey Process and Further Stakeholder Input</p>	
Reviewed Questions and General Formatting	<ul style="list-style-type: none"> • Corrected Numbering • Some difference in opinion on the use of “IFSP Team” or “Early Intervention Service Provider”; Chose to use “IFSP Team” when referring to planning, used “Early Intervention Service provider” when question was more related to direct services
Plan for Piloting Final Draft	<ul style="list-style-type: none"> • Pilot group with diverse demographics (maybe use parents who just exited or at their 6-month annual review within a limited window of time) using the final draft in an online format.
Provide Suggestions for Implementation to Improve Return Rate	<ul style="list-style-type: none"> • Suggestions included: <ul style="list-style-type: none"> ○ Provide Training for Program Personnel – potentially develop a script for DS personnel to encourage a consistent message statewide; ○ DS could notify state staff when translation needed; and

	<ul style="list-style-type: none"> ○ Planned steps/instructions – Discussed timelines and procedures to be developed to promote the survey with personnel and families.
November 2017 - Report to ICC – Verbal report on Workgroup activity provided	
January 2018 - Pilot Procedures to Programs – Part C TA Call	
Pilot Information given to Providers on Monthly Part C TA Call	<ul style="list-style-type: none"> ● Procedures, Talking Points and Final Draft of Survey Instrument Provided. ● Pilot of tool conducted with families enrolled in EI for feedback.
January 2018 - Report to ICC	
Review Pilot Procedures and Draft Instrument	
March 5, 2018	
Final Stakeholder Meeting	<ul style="list-style-type: none"> ● Results of Family Pilot Information provided to workgroup; minor modifications were made to the instrument based on the feedback received. ● Workgroup approved final survey instrument. ● Timelines and process of distribution of the survey were reviewed.

Pilot of Family Outcomes Survey Instrument

Based on recommendations from the Family Outcomes Survey Workgroup, the IDEA Part C Office, in collaboration with the EIS provider programs across the State, conducted a pilot of the final draft of the survey instrument with a diverse group of families enrolled in early intervention services. The purpose of the pilot was to have a group of families review and evaluate the instrument before it was determined to be final. While the workgroup includes family representation, it was felt it would be beneficial to have feedback from a broader representation of the families enrolled in EI services. The workgroup determined the pilot process would likely be more productive than conducting focus groups.

The pilot of the survey instrument was initiated through the IDEA Part C Office monthly technical assistance (TA) call with providers on January 10, 2018. A copy of the draft survey instrument, as well as handouts outlining procedures and suggested “talking points” for Service Coordinators when presenting the information to families was provided. A Spanish version of the survey instrument was distributed to programs on January 19, 2018. Service Coordinators were requested to present the survey to families with whom they had scheduled Individualized Family Service Plan (IFSP) meetings through February 1, 2018.

The process for obtaining additional feedback from families on the Family Outcomes Survey instrument included a limited and random selection of families. The implementation timeline was extremely short and participants were selected based on IFSP meetings already scheduled with families during the period identified. However, the goal of obtaining input from a diverse group of families was achieved as responses included families from the three primary regions of the State – North, South and Rural. Additionally, Race/Ethnicity data showed the families providing feedback on the instrument were Asian (5%), Black/African American (5%), Two or More Races (14%), Hispanic/Latino (35%) and White (42%).

Families were asked to respond to five (5) questions regarding the draft survey instrument. Each question also provided an opportunity for comment related to the specific question. They were also asked to provide any additional comments they might have that were not addressed by the questions. A summary of the feedback provided by participating families is as follows.

- 39 of 43 (91%) families responding indicated that, given the length and layout of the survey, they would feel comfortable completing the survey.
- 42 of 43 (98%) families responding indicated the statements included in the survey made sense to them given their experiences so far in the early intervention program.
- 42 of 43 (98%) families responding indicated the wording of the survey was respectful of their family's culture and values.
- In response to the question regarding what format the families would prefer to use to participate in the survey, families indicated the following:

Table I. Family Responses on Preferred Method of Participating in Family Outcomes Survey

Preferred Option	Number of Respondents	Comments
Email	23 (56%)	Would prefer these to minimize the carbon footprint & cost to programs. If sent as online survey, it would come through email.
Online (Survey Monkey)	7 (17%)	
US Mail with Return Envelope	9 (22%)	Emails are hard because I don't always realize they are important.
All options	2 (5%)	
Other	1 (2%)	When the service coordinator comes out have them bring it.

The final question was open-ended and asked if there was other feedback they would like to provide about the survey and the following comments were included.

- *We have been very happy with the support our children have gotten through early intervention.*
- *None - Survey was really simple and fast.*
- *If it were mailed it may get lost, online surveys can be confusing.*
- *Duplicated questions 3&8 4&9 14&17 6&12*

Each question also provided the opportunity for comment. The most frequent comments to individual questions were that some questions seemed repetitive and lengthy and comments regarding the formatting of the survey (primarily size of text). The feedback was compiled and reviewed with the Family Outcomes Survey Stakeholder Workgroup. Since the majority of responses were positive, the group recommended minor adjustments to the survey and the format was adjusted to improve text size.

The survey instrument now includes questions to measure family perspective on the system's effectiveness in achieving the outcomes identified in the SSIP. The FFY 2017-2018 Family Outcomes Survey will be conducted April through June of 2018. Items included in the survey to support measurement of the SSIP include:

- *I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs).*
- *Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.*

Summary of Progress Based on Evaluation Data:

Implementation of Improvement Strategies:

As reflected in the attached SSIP Management Tool, implementation of this strategy is in process and significant progress has been made toward completion. The following output was achieved:

- Revised family survey finalized and available for dissemination.

Progress toward Outcomes:

The revised Family Outcomes survey instrument is available and baseline data will be available in July 2018 to determine whether families report they are better able to support and enhance their child’s social-emotional skills and overall development.

Mid-Course Corrections Due to Barriers Encountered - Next Steps

The timeline for completion of the revisions to the survey instrument was extended. Data from the survey will be reported in the 2018-2019 SSIP Phase III Progress Report.

- **Individualized Family Service Plans (IFSPs) Will Include Functional Outcomes and Strategies That Address the Social-Emotional Need/Skills of the Child.**
 - Strand: Evaluation and Assessment, Evaluation of Intermediate Outcome (Page 15)
 - Strand: Practitioner Knowledge and Skills, Evaluation of Intermediate Outcome (Page 12)
 - Data System and Accountability: Evaluation Intermediate Outcome (Page 10)

This is identified as an Intermediate Outcome for the Evaluation and Assessment, the Practitioner Knowledge and Skills and the Data System and Accountability Strands of the SSIP. Nevada’s TOA contends that, if the State successfully implements the activities and strategies outlined in these strands, then IFSPs that guide early intervention services will include “more appropriate outcomes and strategies” related to the social-emotional development of the child.

Nevada’s IDEA Part C Office comprehensive monitoring procedures were updated to support the collection and analysis of data regarding the number of IFSPs that include outcomes and strategies addressing the social-emotional needs of infants and toddlers participating in EI services. These data are gathered through the review of a selection of child records for all EI programs participating in the comprehensive monitoring process. Comprehensive monitoring for all programs is completed on a two-year cycle.

Results-Data:

Monitoring data serves as a measure for progress toward this outcome. The data for this SSIP progress report is based on program monitoring for the two-year cycle beginning July 1, 2015 and extending through June 30, 2017. All thirteen EI programs in the State were monitored during this cycle and ten to twenty percent of IFSPs were reviewed for each program (depending on the total enrollment of the program). Programs are selected for each year of the cycle in a manner that ensures the data are representative of all children enrolled in EI during that period. The following reflects the results of the data for the complete monitoring cycle.

2015-2016 Monitoring Data

During this monitoring period, a total of 193 child records were reviewed statewide. Of the records reviewed, 89 (46%) included outcomes and/or strategies specifically addressing the social-emotional development of the child.

2016-2017 Monitoring Data

During this monitoring period, a total of 223 child records were reviewed statewide. Of the records reviewed, 159 (71%) included outcomes and/or strategies that specifically addressed the social-emotional development of the child.

There was a significant increase in the number and percent of IFSPs that included outcomes and/or strategies specifically addressing the social-emotional development of the child in the second year of the of the monitoring cycle.

Evaluation:

Progress Toward Outcomes:

As reflected in the attached SSIP Management Tool, this outcome has been achieved. The State will continue to monitor performance status of programs in this area.

3. State and Local Provider Collaboration

The IDEA Part C Office is working closely with the Early Childhood Advisory Council (ECAC) and the Nevada Department of Education, Office of Early Learning and Development to ensure the outcomes identified for infants and toddlers with disabilities and their families in the SSIP are consistent with the goals for all young children in the State. Key steps completed during this reporting period include the following:

- The State Part C Coordinator was appointed to Early Childhood Advisory Council (ECAC) in October 2017;
- The IDEA Part C Office Comprehensive System of Personnel Development (CSPD) Coordinator presented information to the ECAC on the SSIP as well as the technical assistance being provided to the State through the Early Childhood Personnel Center (ECPC);
- The Department Director, Supporting Early Education and Development, for the Children’s Cabinet and the Chairperson of the ECAC participated as a member of the State Leadership Team at the ECPC Leadership Institute annual meeting;
- The IDEA Part C Office CSPD Coordinator participated in interviews conducted by DCA, Inc. and Turning Point, Inc. in September 2017 to inform strategic planning process;
- The Chairperson for the ECAC presented information regarding the strategic planning process to the ICC; and
- The IDEA Part C Office personnel participated in planning sessions to develop the Strategic Plan. Planning sessions were conducted as follows:
 - November 2, 2017 in Reno
 - January 31 – February 1, 2018 in Las Vegas

The draft of the ECAC Strategic Plan for 2018 – 2021 has been completed and will be presented to the ECAC for approval at the April 4, 2018 meeting. The two Plans will be aligned around common goals and principles, where applicable. Preliminary examples of areas of potential alignment are reflected in the table below.

Table J. Common Outcomes and Goals Between the SSIP and the ECAC Strategic Plan

Part C SSIP Strands/Outcomes	ECAC DRAFT Strategic Plan 2018-2021
<p>Practitioner Knowledge and Skills</p> <p>Intermediate Outcome: Service providers’ knowledge and understanding of the use of EBP to support the social-emotional development of young children will increase.</p>	<p>Early Learning – Overall Goal: Strengthen the complex system of early learning to provide every child and family with high quality early childhood education and development.</p> <p>Create alignment. Throughout the strategic planning process, participants insisted on a single strategic plan that clarifies priorities, objectives and commonly measured in support of a shared vision of progress on early learning.</p> <p>OBJECTIVE 2: Establish, monitor and enforce child learning and development standards, quality program standards, and workforce training standards for all programs and personnel in the B-3 field.</p>
<p>Data System and Accountability</p> <p>Short-Term Outcome: The IDEA Part C Office will have access to system data and be better able to monitor and support the full implementation of evidence-based practices.</p>	<p>OBJECTIVE 6: Allocate Manpower and Financial Resources to Integrate Early Childhood Education (ECE) Data.</p>
<p>Practitioner Knowledge and Skills:</p> <p>Short-Term Outcome: Sensitive, supportive relationship-based conversations with families will occur and will provide meaningful information regarding their child’s social-emotional development and their needs relative to their ability to effectively support their child’s social-emotional development.</p> <p>Intermediate Outcome: Families will be better able to support and enhance their child’s social-emotional skills and overall development</p>	<p>FAMILY SUPPORT & COMMUNITY ENGAGEMENT – Overall Goal: Ensure families have the support they want and need to nurture their children’s early learning and development. Introduction:</p> <ul style="list-style-type: none"> • Enhance families’ teaching and nurturing power. • Enhance families’ power to manage their children’s learning experiences. • Enhance families’ voice so that they can be the lead partner among all who are involved in their children’s early learning and development. <p>OBJECTIVE 1: Expand opportunities for families to gain knowledge and support on their children’s social/emotional development.</p>

<p>Evaluation/Assessment, Practitioner Knowledge and Skills, and State and Local Collaboration</p> <p>Intermediate Outcome: Families will be better able to support and enhance their child’s social-emotional skills and overall development.</p> <p>Service providers’ use of EBP in assessing the social-emotional skills and needs of infants and toddlers will improve, be sustainable and implemented with fidelity.</p>	<p>CHILD AND FAMILY HEALTH</p> <p>Overall Goal: Promote and support increased access to and the delivery of high quality, evidence-based health (dental, physical, mental/behavioral health) services for families with young children.</p> <ul style="list-style-type: none"> • Build and strengthen partnerships with state and local health agencies. • Meet families with young children where they are. <p>OBJECTIVE 4 Promote high quality programs that are implemented with fidelity to produce positive health outcomes for parents, infants, and children (e.g., Well-Child Visit/Bright Future; NHV Home-Visiting models (Parents as Teachers, HIPPIY, Nurse-Family Partnership, Early Head Start).</p>
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Stakeholder Involvement

There is significant overlap in the individuals who are part of the SSIP Stakeholder group, the ICC and the ECAC strategic planning process. Therefore, the process has facilitated good understanding of the commonalities across the SSIP and the ECAC Strategic Plan.

Nevada’s TOA contends that, if the State establishes and facilitates strong collaborations with early childhood partner agencies to help link families with appropriate resources related to addressing their social-emotional development, the SiMR will be successfully achieved. As reflected in the table above, the collaborative work on the ECAC strategic plan and the goals identified are consistent with the SSIP and promote infrastructure development to ensure resources are in place to support the social-emotional development of young children.

Evaluation

Implementation of Improvement Strategies:

The IDEA Part C Office and key SSIP Stakeholders have been actively involved in updating the ECAC Strategic Plan. The following strategies have been achieved during this reporting period:

- The ECAC Strategic Plan is in final draft form and will be approved by the ECAC on April 4, 2018.

Progress Toward Outcomes:

The state achieved the following outcomes in the State and Local Provider Collaboration Strand (see page 6):

- Service providers have knowledge of the system’s resources for supporting the social-emotional needs of children and families. (Short-term outcome)
- Service providers have knowledge regarding how to access resources relative to the use of evidence-based practices (EBP) and wrap-around supports to address the social-emotional needs of children and families. (Short-term outcome)

Mid-Course Corrections Due to Barriers Encountered - Next Steps

The timeline for completion of the alignment of the SSIP and the ECAC Strategic Plan around common goals and principles, where applicable, was extended based on the timeline for finalization of the ECAC Strategic Plan. The

IDEA Part C Office will work with the Chairperson of the ECAC and key stakeholders to complete the alignment of the approved ECAC Strategic Plan and the SSIP by September 30, 2018.

4. Data System and Accountability

The IDEA Part C Office has worked diligently to address the need for a comprehensive data system that meets the needs of the statewide system of early intervention services. The process for reviewing and determining the needs of the data system was initiated in the Fall of 2016. The initial plan was to work toward enhancements for the existing data system; however, based on numerous factors considered, in May of 2017 the decision was made to pursue the purchase of a new more comprehensive system. Funding for the system was authorized by the State Legislature in the 2017 biennial Legislative Session.

A Data System Project Manager was hired to lead the process of securing a new system specifically designed and customized to meet the requirements of Nevada's EI system in August 2017. A number of options (adjoining existing contracts, sole-source, etc.) for proceeding were explored before it was determined by the State Purchasing Division in December 2017 the purchase of a new system would require going through the Request for Proposal (RFP) Process. This impacted the timeline for full implementation of a new system.

The process of securing the system was a joint effort between the IDEA Part C Office and the ADSD and progress was reported to stakeholders on a regular basis through ICC meetings and monthly Part C TA Calls. The Center for IDEA Early Childhood Data Systems (DaSy) Data System Framework was referenced in the RFP released in February 2018. The requirement for the system to support the collection and reporting of child outcomes data for every child in the system at entry and exit were included. Reporting requirements also emphasized the need for each EIS provider agency to be able to generate performance reports relative to child outcomes on an ongoing basis to support program improvement.

A vendor for the new system was selected on March 26, 2018. The Data System Project Manager has begun the process of organizing a stakeholder panel to continue the process of business analysis and requirements gathering for the new system. All EIS programs, as well as the IDEA Part C Office and ADSD Administration will have access to the same comprehensive data system, which will eliminate duplication and streamline data collection and reporting mechanisms. Full implementation of the new system is anticipated to be January 2019.

Evaluation:

The IDEA Part C Office sends monthly status reports to EIS programs to verify all required child outcomes data have been completed and entered into the data system. During this reporting period, the IDEA Part C Office also continued to provide annual reports to programs on their performance related to child outcomes. Programs are encouraged to utilize the data internally to support program improvement by reviewing results with personnel and by providing training to staff on the COS process to ensure they are confident and competent in the ratings process. Programs that did not meet the targets for child outcomes were strongly encouraged to designate personnel to participate in the Evaluation/Assessment Tools and TACSEI trainings. Programs were also required to submit information on their internal processes for tracking COSF development and data submission and staff training as part of the IDEA Part C Office monitoring. Targeted training and helpdesk support by the IDEA Part C Office Data Manager was provided to programs regarding COS data entry for the current data system.

EIS providers were asked to evaluate whether their program was using COS data for program improvement through the Provider Survey. The survey was conducted utilizing Survey Monkey in October/November 2017. A link to the survey was sent to all EIS program managers with a request they distribute it to providers within their

program. The survey results relative to the use of COS data for program improvement in their program was as follows.

Data:

Survey Question/Statement: *As a result of participating in training, the Early Intervention program I work for analyzes data related to children's social-emotional progress to support improvements to our program.*

A total of sixty-five (65) providers responded to this statement. Of those, forty-nine (49) indicated they agreed to some degree with the statement. The table below reflects the number and percentage of respondents by their reported role within their program.

Table K. Providers Reporting EIS Program Using Child S-E Progress for Program Improvement

Role	Total Responses	Total Agree/ Partially Agree	Percent Agree
Program Manager	5	4	80%
Quality Assurance Specialist	1	1	100%
Service Coordinator	13	12	92%
Service Coordinator/Service Provider	22	17	77%
Service Provider/Therapists	15	8	53%
Supervisor	9	7	78%
	65	49	75%

Implementation of Improvement Strategies:

Progress has been made toward implementation of the improvement strategies for this Strand; however, due to barriers described above, there have been delays in full implementation.

Progress Toward Outcomes:

The state achieved the following outcome in the Data System and Accountability Strand:

- Local providers will have a better understanding of how to complete child outcomes ratings and how to use child outcomes data for program improvement. (Short-term outcome)

Mid-Course Corrections Due to Barriers Encountered - Next Steps

The timelines for full implementation of the data system were extended due to the barrier encountered relative to State Purchasing Division requirements. This also resulted in the extension of the timeline for local EIS programs having ready access to individual reports to evaluate program performance on an ongoing basis.

Conclusions:

The State has made progress toward achieving intended improvements in all strands identified in the SSIP. Key areas of improvement include:

Infrastructure Improvements

- The number of personnel statewide trained in the use of Evaluation/Assessment tools to support appropriate identification of the social-emotional needs of infants and toddlers and their families was significantly increased; EIS provider programs have identified appropriate tools to be utilized by personnel and provide ongoing training and support;
- Initial training of the first statewide cohort on EBP for supporting the social-emotional development of infants and toddlers through the State TACSEI contract has been completed;
- The IDEA Part C Office, in conjunction with stakeholders, has completed the first draft of the Social-Emotional Evidence-Based Practices Module to provide ongoing support to EIS providers;
- The IDEA Part C Office, in conjunction with stakeholders, completed revisions to the Family Outcomes Survey;
- The IDEA Part C Office completed necessary revisions of the Part C monitoring process to support the collection, analysis and reporting of data on the inclusion of Outcomes and Strategies related to the child's social-emotional development in IFSPs; and
- IDEA Part C Office personnel are part of the development and implementation of the ECAC Strategic plan to strengthen the complex system of early learning to provide every child and family with high-quality early childhood education and development.

SSIP Evidence-Based Practices Implemented with Fidelity and Have Desired Effect

- Procedures for Coaching and Mentoring to verify fidelity in implementing evidence-based practices through the TACSEI Model are identified and the Coaching process has begun.

Outcomes, Strategies, Outputs

- The state has achieved a number of intended short-term outcomes and has outputs to demonstrate the achievement of implementation strategies.
- **Child Outcomes data show the State exceeded the target and demonstrated improved performance toward the SiMR during this reporting period as compared to the 2017 report.**

Plans for Next Year:

As a result of the State's evaluation of the implementation of the SSIP, targeted areas of focus have been identified for the upcoming year.

Infrastructure:

- Finalize Social-Emotional Evidence-Based Practices Module; complete statewide roll-out and distribution.
- Achieve full implementation of new data system.
- Complete alignment of the SSIP and ECAC Strategic Plans; Continue collaboration between the IDEA Part C Office and the ECAC to implement both the SSIP and the ECAC Strategic Plan.
- Finalize Collective Impact Approach to Systems Improvement work between the IDEA Part C Office and the ADSD to clarify roles and working relationships to ensure efficiency and effectiveness in administration of the EI system.

- Implementation of revised Family Outcomes Survey Instrument.
- The ASD QA Unit and the IDEA Part C Office develop team to participate in the Results-Based Accountability Consortium facilitated by the National Center for Systems Improvement (NCIS).

Implementation of Evidence-Based Practices

- Strengthen the role of the statewide TACSEI Implementation Team.
- Complete the process of coaching and data collection to demonstrate social-emotional EBP are implemented with fidelity.
- Improve framework for scaling up statewide implementation.
- Participate in new training initiatives that may be available through the National Center for Pyramid Model Innovations (NCPMI).
- The ASD QA Unit for Children’s Services implements its verification process to include Competencies from DEC Recommended Practices in the areas of Assessment, Environment, Family, Instruction, Interaction and Teaming and Collaboration. A review form/checklist will be utilized for each area to conduct observations, interviews and chart reviews for all early intervention programs. Data will be collected and reported annually to inform programs and stakeholders of the performance quality relative to recommended practices.

Planned Evaluation Activities Including Data Collection, Measures and Expected Outcomes

- Improve data collection procedures by working with national technical assistance centers to improve provider survey instruments and procedures.
- Establish baseline for implementing EBP with fidelity.
- Establish baseline Family Outcomes Survey Instrument data for SSIP implementation.

Anticipated Barriers and Steps to Address Those Barriers

- EIS programs have expressed concerns regarding the need for personnel resources for scaling up and implementing procedures to ensure validity in implementation of EBP. The TACSEI Implementation team will conduct a needs-assessment with programs and address those concerns through framework adjustments and collaboration with stakeholders.

Needs for Additional Support and Technical Assistance

- The State will apply for technical assistance in the ongoing implementation and scaling up of the use of the TACSEI/Pyramid Model through the newly funded National Center for Pyramid Model Innovations (NCPMI).
- During Phase III, Year 3, the State will benefit from federal TA through our OSEP state contact and personnel from the federal technical assistance centers: ECTA, DaSy, and NCSI.
- Staff may also benefit from attendance at Infants and Toddlers Coordinators Associations (ITCA) Annual Meeting and the Improving Data, Improving Outcomes (IDIO) Conference.
- Staff will continue to participate as a member of the NCSI Part C Results-Based Accountability (RBA) Cross State Learning Collaborative (CSLC).