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**MINUTES**

Name of Organization: Nevada Early Intervention Interagency Coordinating Council (ICC)  
Date of Meeting: April 21, 2016  
Place of Meeting: College of Southern Nevada, Cheyenne Campus  
3200 East Cheyenne Avenue  
Bldg. C – Culinary Building, Room 2638 Conference Room  
North Las Vegas, Nevada

**I. Call to Order, Roll Call and Introductions**

Co-Chair Dr. Ann Bingham called the meeting to order at 9:15 a.m. A quorum of the members was present; the meeting proceeded as scheduled.

**Members Present:** Nicole Atwell, Dr. Ann Bingham, Yasodara Cabrera, Lisa Cridland, Janina Easley, Maynard Florence, Aimee Hadleigh, Robin Kincaid, Alisa Koot, Sandra LaPalm, Joyce Larsen, Dr. Catherine Lyons, Sherry Manning, Lorraine O'Leary, Christine Riggi, Karen Shaw, Shannon Sprout, Michael Walker, Sherry Waugh, Megan Wickland, Claribel Zecena, Jack Zenteno

**Members Absent:** Sherry (Halley) Bingham, Kimberly Everett, Jana Khoury, Senator Ben Kieckhefer, Reesha Powell

**Public Attendees:** Naomi Davidowitz, Easter Seals Nevada (ESN) – South; Candice McDaniel, Nevada Early Intervention Services (NEIS)-Carson City (CC); Yvonne Moore, Positively Kids; Wendy Nelson, Positively Kids; Fatima Taylor, NEIS-South

**Part C Staff Present:** Brenda Bledsoe, Susie DeVere, Dan Dinnell, Edie King, Iandia Morgan, Shari Fyfe

**II. Public Comment**

No public comment was given.

**III. Approval of the Minutes from the January 21, 2016 Meeting**

Dr. Bingham asked for any comments or corrections to the minutes. The following corrections were noted:

- On page 2, next to the bottom line the word “Doctorate” should be corrected to say “Master’s” program.
- On page 7, in the second line of the first full paragraph the word “is” should be changed to “are”.
- The last line on the bottom of page 4, the word “be” is missing from between membership and people.
- The eighth line from the bottom on Page 5, the word “ones” should be “one”.
- On page 5, second paragraph, the word “for” should be deleted.
- Robin Kincaid noted in her comment regarding the Challenger Season that the children cannot play soccer so that should be deleted.

**MOTION:** To accept the minutes of the January 21, 2106 meeting with the noted corrections.

**BY:** Christine Riggi

**SECOND:** Michael Walker

**VOTE:** PASSED

#### **IV. Status on the State Systemic Improvement Plan (SSIP) - Phase 2 and Phase 3**

Brenda Bledsoe reported Phase II of the SSIP had been submitted and offered her thanks to the Council for their support and work during this process. She noted as much work as it was in the development phase the real work is ahead in the implementation of the plan which is Phase III. It was indicated the national technical assistance providers are already inquiring about what they can do to help as this new phase of work begins. Ms. Bledsoe stated one of the first steps is for her to issue a request for proposal (RFP) for the evaluation component of Phase III. She explained the Department would like to have an external evaluation of our work rather than this being done in house. It is anticipated the process will be fairly expensive. Included in this would be the annual family survey and a survey of the early intervention providers. Another step to be started in this third phase is the process of putting together the State Implementation Team for the expansion of the TACSEI project. The IDEA Part C Office currently provides some administrative support through a contract with the TACSEI group and Ms. Bledsoe stated she has requested within the next budget to increase those funds to be able to support the work of expanding the TACSEI model. Then, in conjunction with the state TACSEI coordinator, the implementation team will help to define the regional cohorts and their scope of work.

It is anticipated the scaling up of these cohorts will take place over the next four to five years with a new cohort added yearly. The next step to be initiated will be the forming of a data panel with support from the national data center. This panel will look at the data needs of the early intervention system and how those needs and gaps can be addressed. Ms. Bledsoe added there are established timelines within the plan which the state will be measured against. Then every following year the measurement will be based on the impact made with children’s outcomes being met as the ultimate goal. She also added program monitoring will be starting the last week of April. Data about how many records have child outcomes specific to social emotional development included in their IFSPs and if they have appropriate strategies to support social emotion outcomes will be gathered. The child outcomes will be reviewed to see how consistently they are written and how well the strategies are in supporting them.

Robin Kincaid voiced her concerns regarding the consistency of how outcomes are measured across programs and the effort put forth to help parents understand what child outcomes are. She would like to have more information on how that might be implemented. Ms. Bledsoe

responded those are key elements in the plan along with training around writing functional outcomes and reliability in the way ratings are being developed.

Ms. Bledsoe then explained that by April 1, 2017 the reporting on the child outcomes will be submitted in the Annual Performance Report (APR) and the results of the evaluation of the work done in Phase II will also have been submitted. She added she is confident this work will yield a good result for children and families as well as bringing a lot of the early childhood work together.

Aimee Hadleigh indicated this was not talked about during the making of the SSIP goals but there is a new pediatric psychiatrist in Reno who sees children under the age of three. Her name is Dr. Nicole Welsh and since she now practices here she would be an important resource for families. Ms. Hadleigh added the doctor was a pediatrician prior to moving into psychiatry. Ms. Bledsoe stated that fits very well with our goal to identify resources for families.

Ms. Bledsoe reported another key item in the SSIP will be how to approach supporting providers in their knowing how to discuss these elements with families. As the work with the implementation team comes together, all of those pieces along with working on teaching people the TACSEI model and doing the Train the Trainer will need to be included. Ms. Kincaid mentioned a handout explaining child outcomes to families was once provided and asked for that to be revisited so families would have a visual to help them learn about their child and to contribute to the process. Ms. Bledsoe stated information is being gathered from providers on whether or not they are using the handout and if so, how they are using it. Sherry Waugh stated she applauds the spreading of TACSEI within early intervention but would encourage it to remain broad based because of the difficulties associated with transitions from early intervention. She added institutionalizing TACSEI in early intervention would be helpful because most of the TACSEI culture in Nevada is volunteer based so there is no frame work or governance structure which is why the work is difficult to continue. Dr. Bingham agreed with Ms. Waugh added she was glad inter-rater reliability was a consideration because if there is no fidelity implemented it is not going to work. Also, the TACSEI Pyramid Model training is built on evidence-based practice and it is essential that it be used as designed. Ms. Waugh noted that the evidence base for infants and toddlers is scant for the Pyramid Model so if the technical assistance centers have current research supporting it is, she would like that shared.

#### **V. Featured ICC Member Program Overview – Nevada Disability Advocacy and Law Center (NDALC)**

Yasodara Cabrera stated she works for the Las Vegas office of the Nevada Disability Advocacy and Law Center (NDALC). She explained NDALC is a private, statewide, non-profit organization that serves as Nevada's federally-mandated protection and advocacy system for human, legal, and service rights for individuals with disabilities. It was designated as Nevada's protection and advocacy system by Governor Bob Miller in March, 1995. There are three offices located in Reno, Las Vegas and Elko. Statewide there are four attorneys on staff to provide services and six advocates who are trained to counsel families. She further explained their Board of Directors select the service priorities annually for the agency to focus on. This year the categories of focus are abuse/neglect, health care, disability discrimination and employment assistance and education. One area of major focus is with education and transitioning within the early intervention population. However, the largest area of work for NDALC is with social security issues. As an example, most people are not aware that they can still work and keep their benefits. This is why educating the community on what is available is a main focus. Ms. Cabrera provided a synopsis of the programs NDALC is responsible for implementing. She related the

newest program is called Work Incentives Planning and Assistance. NDALC advocates provide assistance in helping individuals determine how their work earnings affect their receipt of benefits.

Ms. Cabrera provided a folder of informational materials that is provided to families to help them to start advocating on their own behalf or that of their child. She then went through the materials and related how trainings have been developed to complement these materials. In conclusion, she stated all of the information she spoke about is available on the NDALC website at <http://www.ndalc.org/>.

Ms. Bledsoe expressed her appreciation for the support NDALC provided to the IDEA Part C Office and the early intervention system over the last five years.

**VI. Update on Expanding the Funding in the Child Care Grant between the Nevada Department of Education and Nevada Early Intervention Services to include Community Partners**

Jack Zenteno provided a synopsis of the conversation from the last ICC meeting. He summarized that there has been a contract in place since 2013 and the definition of services provided within this contract says Child Care Provider Technical Assistance and Training, on and including children with disabilities and licensed child care centers, will be provided. The contract will also provide for early intervention services to clients of NEIS in natural settings with their peers. However, the community partner programs, which are contracted through NEIS, do not have access to this contracted program for their clients. Families would leave their community partner for the NEIS program even though they would be on a wait list for this program. The conversation then was around why this was happening, what are the roles and responsibility with the framework and what is the capacity to address this issue.

Mr. Zenteno explained the intent of this program is to train providers to ensure they are ready to work with the populations they are supposed to and to ensure the guidelines of the federal grant are upheld while meeting the needs of the community. His job is to figure out how to move all the pieces around appropriately while working with the Department of Education who handles the day-to-day operations and the quality improvement activities piece of this grant. There are many complex issues surrounding the expanding of this contract since most of the providers are for profit entities. There is no quick fix. There is a possibility of a small amount of extra funding, about \$50,000, becoming available on October 1 that could be used to putting it into place with community providers. It is not the best solution because it does not completely meet the needs of the community but it is a move forward. Mr. Zenteno related over the next 10 to 12 months he would collect information to determine how best to continue forward with getting this need met.

**VII. Early Intervention Services Report**

**a. Early Intervention Program Certification Update**

Candice McDaniel reported the biggest update with the program certification process is ADSD has scheduled program certifications for all community providers between now and November. Dr. Bingham inquired whether any reports have been done and if so are they available. Also, if issues arise as part of the process are those being shared with the IDEA Part C Office. Ms. McDaniel replied ADSD has chosen to only share the grading system and the score program's received between themselves and each program. As part of the ADSD process any compliance issues would go through the IDEA Part C office and results would be published through them. Ms. Kincaid voiced her concerns that the program certification process is not as transparent as it should be and asked Ms. McDaniel to inform her supervisors of her request to rethink their

position. Ms. Waugh and Michael Walker agreed that transparency is needed but feel this process is still in the developmental stages and evolving at this time. Ms. McDaniel related the goal is to make sure that children are receiving high quality services no matter which program they are in.

**b. Early Intervention Program Highlights/Updates – Informational Only**

Program updates submitted to the IDEA Part C Office were included in the meeting packet. No discussion was held related to these.

**VIII. Update on the Nevada Parent Advocacy Initiative**

Aimee Hadleigh began her update by reporting the Signing Communication Playgroups held at RAVE are now being held weekly due to their popularity. Each playgroup has approximately 20 to 24 diverse attendees. RAVE continues to have at least three people working the event to provide assistance with the children. Ms. Hadleigh related parents are still requesting a “Spring Fling” event specifically for the early intervention community where families and providers can connect. Regional events are being planned for the north, south and rural areas starting sometime next spring. She noted if anyone is interested in helping out to let her know.

Ms. Hadleigh spoke about the parent panel she has participated on the last two years through Dr. Bingham’s class at UNR. She related how appreciative she is to be able to be a part of this and thanked Dr. Bingham for the opportunity.

**IX. ICC Committees – Reports on Activities**

**a. Family Support Resource Subcommittee**

Christine Riggi stated due to a logistics issue on the posting of the meeting agenda a meeting was not held. The next regular meeting will be in July prior to the ICC meeting.

**X. Part C Information Reports**

**a. Complaint Matrix Review**

**• Update on Systemic Complaint**

Edie King reported there have been three complaints filed in this fiscal year. One was not appropriate for investigation due to it not being filed within one year of the incident and the other two were rescinded by the families. One complaint from FY2015 remains pending until verification of the correction is done. Verification will be done during the program’s comprehensive monitoring in May and if correction is verified the complaint will be closed.

A question about the complaint process was asked and Ms. King responded by going over the complaint and investigation process. It was noted complaints regarding services are investigated based on the provisions of IDEA and what is on the child’s IFSP.

**b. ICC Budget Update**

Ms. Bledsoe went over the budget report provided noting that total expenditures for this fiscal year thus far is \$11,531.56 and there is \$8,236.90 obligated to cover the travel expenses for members to attend this ICC meeting which leaves a remaining balance of \$231.54. She also noted the expenditures do not include member travel for other conferences. Those trips were supported out of the operational budget for the IDEA Part C Office. Dr. Bingham asked if the amount of funding for SFY17 will remain the same to which Ms. Bledsoe replied it would. She explained this amount has been the standard historically.

### **c. Federal Application Status**

Ms. Bledsoe reported the application was submitted on time. She explained the application is submitted annually and is a fairly simple process. Each year the budget is reviewed and adjusted for what the priorities are for the upcoming year. This year the budget for the IDEA Part C Office was increased to support the work anticipated for the SSIP around professional development and then also for the updates and evaluation of the data system. This is not a huge change in the federal budget. The federal budget is based on the State's general population of children birth to three so when there is a fluctuation in the projected population the Part C budget will change as well. The projected population increased over last year which means the budget rose by approximately \$100,000 for next year.

### **d. Federal Annual Performance Report (APR) Update**

Ms. Bledsoe stated work has not yet begun on the APR. Data collection will start with the monitoring by the IDEA Part C Office. She explained in years past the IDEA Part C Office relied on the data collection from records through each program's self-assessment process. However for the next two years the IDEA Part C Office will be going to each program to do all of the record reviews because of the new baseline data that needs to be collected and to take a more in depth look at the Individual Family Service Plans (IFSP). She further explained that all programs will be reviewed every year on their TRAC data but because of the intensive manpower it would take to go out to each program actual visits to the programs will split between the two years in a way which provides a comparable number of child records for each year as well as a good balance of representation of our State. Ms. Bledsoe described which data is being collected strictly from child records.

- Timely initiation of services (APR Indicator 1). Ms. Bledsoe explained the difference between this and the wait list data. Wait list data is based on the number of children waiting for a service past a timeline on the day the data is pulled. Timely refers to whether or not each service on the IFSP was started on time. The data system does not have the capacity to track and pull the data elements for this.
- Natural Environment (APR Indicator 2). Ms. Bledsoe related there are two pieces to natural environment data, compliance and performance. For compliance, the child record must be reviewed to find out if the child received their services in the natural environment and if not is there justification as to why in the record.
- Procedural safeguards process within the programs is reviewed by looking at the documentation to see how the program has communicated with parents and whether the program provided prior written notices (PWN) every time they were supposed to.
- Transition Plans are reviewed to see if the three main component of the IFSP transition plan was done.
- Baseline data for social-emotional outcomes will be collected.
- Child outcomes data will be reviewed to see how many outcomes are being accomplished. Providers need to rate those outcomes every six months. If there is good progress data on child outcomes then there should also be good progress data on the IFSP outcomes.

Ms. Bledsoe finished by stating those items are a few of the data points that will be in the APR this year and this is a lot to review in each child record which is why the programs will be split over the next two years.

### **e. Training and Technical Assistance**

- **Early Childhood System of Learning (ECSOL) Update**

- **TRAC Training Update**
- **Upcoming Assessment Tool Training**

Ms. King reported ECSOL is a group of cross agency, cross discipline personnel that make up the Nevada Team whose goal is to create a plan for a comprehensive system of personnel development for all providers who work with young children with and without disabilities. Ms. King remarked Nevada has a very good team and she explained who the members are and their affiliations. The team will work for approximately 18 months to put together a hub or system of learning for all professionals who provide services to young children with and without disabilities age birth to five. Six members of the team will be going to the ECPC Center in Connecticut on May 1 to continue this work. The ECPC Center will pay for three members of the team and then the IDEA Part C office will support another three members to attend. This team will put together a presentation which will include the action plan, mission, vision statements and showcase what Nevada is doing in regards to providing services/programs for young children. The team asked for one page overviews/flyers of programs to be submitted by email to Dr. Catherine Lyons where all the information will be combined into a PowerPoint for showing at the conference.

Ms. King related this group has received intensive TA by the ECPC. They have monthly calls and have one face-to-face-meeting a year. After the May conference, the vision and mission statements will be reviewed because ECPC has requested a specific process be used in coming up with these. The revised vision and mission statements will be presented at the next ICC meeting.

Ms. King stated the TRAC training was just completed and it went very well. As everyone knows TRAC is our mandated Part C data collection system and there have been challenges related to data entry but it is getting better. Data is only as good as the information entered and this training provided the opportunity for our providers in the southern region to come together to learn more about the required TRAC entries. Susie DeVere was on site to provide the hands on training and NEIS-South generously let us use their computer room they have on their site for this training.

Ms. King reported the Piccolo assessment tool training will be held next week. It will be a two-day training for 40 statewide providers of services to be trained on the administering of the assessment. The next trainings to be scheduled will be on ASQ-SE2, SEAM and DECA. These trainings are all part of the SSIP and looking at tools that can be used to appropriately assess where children are in their social-emotional skills, help families recognize their needs, and to help service providers have the skills to address those needs and strategies.

#### **f. Review and Discuss Data Reports**

- **Diagnosed Autism with IBS TRAC Data**
- **Wait List for March**
- **State Fiscal Year (SFY) 2016 First and Second Quarter Data**

Ms. DeVere stated that at the last meeting the ICC requested a report on how many children were getting ABA services. She explained she ran a TRAC report pulling all children diagnosed with Autism and who had IBS services on their IFSP. The result was 39 children and the breakdown by program is shown in the provided handout. In an effort to confirm the accuracy of the results, Ms. DeVere contacted Randi Humes at ADSD. Ms. Humes confirmed this was a low number and related her records show 150 children statewide in February of 2016 were waiting for assessments to be completed. She also showed 247 children had started the diagnosis process but had not yet completed all of their assessments. It was noted these

numbers may be inflated due to the way the data was collected. Megan Wickland interjected to explain that ADSD has a monthly reporting requirement for the Autism commission and an annual report due by August 31. She explained ADSD must report on the number of screeners completed, how many were failed, how many follow-up screeners were done, how many diagnosed, where each child is in the process and how many have been referred to ATAP. There is not specific information on how many IBS services are on their IFSP. Ms. Wickland expressed this is the data the commission wants but could certainly provide, at the ICC's request, the information. She noted her concern that the numbers reported here do not coincide with ADSD data. Ms. Bledsoe stated the reason could be that not all data is being put into TRAC and the IDEA Part C Office cannot report on data it does not have. She said the data on IBS, which is where the interest was at the last meeting because the discussion was around Medicaid services, can be pulled from the IFSP. This is also related to another question from an earlier discussion today about how many children have IBS and do they have to have an autism diagnosis to receive IBS services. This number might be substantially higher when linked to the autism report. Ms. Bledsoe stated the best way to get this data would be to compare those TRAC records to those listed on the spreadsheet. Ms. Kincaid voiced her ongoing concern of children having ABA services listed on their IFSP as being needed but not getting any component of those services or a prior written notice telling them the services are not available whether they have an autism diagnosis or not. Rather, they are getting put on a waiting list. Ms. Wickland related that ABA is based on the principles of a learning theory and each child would be receiving individualized special instruction on one of the 27 strategies or interventions of ABA. Dr. Bingham commented that Ms. Wickland offered to provide the ICC with more information and a different look at this data for our July meeting so it can be investigated further which we should accept. For the July meeting an agenda item on the update on the services for young children with autism will be added.

Ms. DeVere reported the wait list continues to decrease. She noted she pulls the data on the first of each month and the programs have 10 days to enter the data from the time the child receives the service which means that some of these services may have been provided but not yet entered into TRAC. Ms. Bledsoe stated audiology is usually one of the services listed on the report. The IDEA Part C Office has been working with those programs that have higher numbers.

Ms. DeVere reported the first and second quarter statewide performance data was provided. In looking over the data the Council asked about the reasons for why children are waiting for services. Ms. DeVere stated some of the reasons are because the data has not been updated in TRAC, appointments have been cancelled, staff turnover and lack of providers. Ms. Bledsoe related she is hoping to update this report to have it tell a better story of what is happening in the system.

#### **XI. Consider Agenda Items for the Next Meeting**

- Follow thru with transition issues to see what things might be going on between now and then to address those
- Suspension of young children in child care settings
- Match TRAC data with ADSD spreadsheet to update the data report on services for young children with Autism
- Data on how many early intervention service coordinators have received ABA training
- A more detailed wait list for early intervention services



**XII. Schedule Future Meetings**

- **July 14, 2016**
- **October 13, 2016**

The Council asked Ms. Bledsoe when the APR was due to OSEP in 2017 since the January meeting is when they will review this report. She replied the submittal date is February 1, 2017 and she would appreciate the January meeting be scheduled at least two weeks prior to this date. After a brief discussion, the Council settled on January 12, 2017 as the meeting date.

**XIII. Public Comment – *Please Complete Request to Speak Card***

Dr. Bingham reported Dr. Catherine Lyons has tendered her resignation from the Council and thanked her for all she has done. She noted Dr. Lyons would be leaving Nevada but would be serving on the ICC in her new state.

Dr. Bingham commented that the Nevada Division for Early Childhood (DEC) workshop being held prior to the Nevada Association for the Education of Young Children (NevAEYC) conference is scheduled for May 19, 2016 at the Atlantis in Reno. The speaker will be Jennifer Kilgo from the University of Alabama and a former national DEC president. Dr. Bingham added the National DEC conference will be held in Louisville, Kentucky from October 17 to 19, 2016.

**XIV. Adjournment**

Dr. Bingham asked for a motion to adjourn the meeting.

**MOTION:** To adjourn the meeting at 2:45 p.m.  
**BY:** Michael Walker  
**SECOND:** Claribel Zecena  
**VOTE:** **PASSED**