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**NEVADA'S**

**IDEA PART C**

**STATE SYSTEMS IMPROVEMENT PLAN**  
**(SSIP)**

**TO ENSURE**

**SUSTAINED IMPROVEMENT**

**IN**

**SOCIAL-EMOTIONAL OUTCOMES FOR YOUNG CHILDREN**

**Federal Fiscal Years**  
**2014-2018**

**Submitted April 1, 2015**

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**Overview:****State Lead Agency**

The Individuals with Disabilities Education Act (IDEA) Part C Office within the Director's Office of Nevada's Department of Health and Human Services (DHHS) serves as the Lead Agency for the statewide system of early intervention services (EIS). As the lead agency, the IDEA Part C Office oversees and evaluates the implementation of all components of the EIS system to ensure compliance with the Individuals with Disabilities Education Act (IDEA) and ensure improved outcomes for children and families. The IDEA Part C Office uses multiple strategies to facilitate coordination of efforts across federal and state agencies and programs to maximized supports for children and families. This includes maintaining open and ongoing communication with a broad range of stakeholders, entering into memorandums of understanding, as appropriate, working with the State Interagency Coordinating Council (ICC) and collaborating with other early childhood initiatives both within and outside specific federal and state programs. Examples include, but are not limited to:

- The Early Hearing Detection and Intervention (EHDI) program;
- Head Start (HS) and Early Head Start (EHS);
- Early Childhood Mental Health;
- Nevada Department of Education - The Early Childhood Advisory Council (ECAC) and 619 Preschool Services;
- Maternal and Child Health Programs,
- Nevada EIS Management Team;
- Parents Encouraging Parents (PEP)
- The Nevada Center for Excellence in Disabilities (NCED) – LEND Project; and
- Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) - Nevada Pyramid Model Partnership

**Statewide System of Early Intervention Services (EIS)**

Nevada's EIS system has demonstrated continued growth in the number of children served since the implementation of the state's original State Performance Plan (SPP) in Federal Fiscal Year (FFY) 2006. The state's number of infants and toddlers with an Individual Family Service Plan (IFSP) on December 1, 2006 was 1,520. The corresponding count for December 1, 2013 was 2,512, an increase of 992 children or 65.3%. The December 1, 2014 count again showed an increase of 377 children served over the previous year for a total of 2,889 children with an IFSP on that date. Annual cumulative counts of children served show an increase from the total of 2,515 in FFY 2005 to a total of 5,184 in FFY 2013. This is an increase of 106% in the annual cumulative count of children served from FFY 2005 to FFY 2013. Data on the distribution of children served across the state shows 68.9% of the families reside in the southern region (primarily Clark County and the Las Vegas area), 27.8% in the northwest region and 3.3% in the eastern region.

Thirteen individual EIS programs across the state provide and coordinate direct EI services for infants and toddlers and their families. This includes four (4) branches of the EIS programs managed and operated by the state through the Aging and Disability Services Division (ADSD) within DHHS. Three (3) of the state programs operate as regional points of entry for referrals into the EIS system. There are also nine (9) programs - a combination of private for profit and non-profit agencies - providing a comprehensive EIS program through contractual arrangement with the ADSD. All EIS programs, whether state operated or private community partners, operate a comprehensive EIS program and must fulfill all requirements of the IFSP for the infants and toddlers and their families enrolled in their program. All EIS programs are required to provide services to eligible children and families in accordance with Part C of IDEA requirements and to demonstrate improved outcomes as a result of the services provided. Currently, there are six (6) comprehensive EIS programs in the southern region, six (6) comprehensive EIS programs in the northwest region and one (1) comprehensive EIS program in the eastern region. All programs are required to report child outcomes data through the Tracking Resources and Children (TRAC) data system for all children served.

The IDEA Part C Office monitors the performance of the overall system through data collection and analysis utilizing the TRAC data system, review of data resources generated through related early childhood efforts, on-site monitoring and technical assistance (TA) of EIS providers and activities through the procedural safeguards system.

### **State Systems Improvement Plan (SSIP) Development - Phase 1**

#### **IDEA Part C Office Leadership**

The IDEA Part C Office began the process of informing key stakeholders of the requirement for development of the State Systems Improvement Plan (SSIP) in the summer of 2013 following the release of information by the US Department of Education, Office of Special Education Programs (OSEP). Information was shared at the meetings of the ICC, the statewide EIS Management team, the Early Child Outcomes Taskforce and other pertinent groups. A general outline for proposed activities was initiated in December 2013. However, due to personnel changes in the IDEA Part C Office, the overall plan was updated and more a formal implementation was begun in February 2014.

The IDEA Part C Office, with the support from of the national TA Centers, Western Regional Resource Center (WRRC), Early Childhood Technical Assistance (ECTA) CENTER, The Center for IDEA Early Childhood Data Systems (DaSy), IDEA Data Center (IDC), began strategically building on the earlier process of informing stakeholders to complete Phase I of the SSIP. TA center personnel have worked diligently with Nevada and have been an invaluable support throughout the process. Additional details of this process and outcomes are provided in ensuing sections of this document.

## Stakeholder Participation

The state worked with stakeholders from three (3) primary groups to complete Phase I. While there was overlap in membership across the groups, each was charged with specific tasks in the process of development of the SSIP. In general, the groups and roles were as follows:

- The Early Childhood Outcomes Taskforce

This is a long-standing group consisting of members representing management for all thirteen EIS direct service provider agencies from across Nevada. The Taskforce has worked with the IDEA Part C Office since 2006 to develop the statewide process for collecting child outcomes data, establishing performance targets, evaluating data quality and reviewing and giving input on statewide and program performance data. This group participated in the broad analysis of the child outcomes data and formulated the recommendation to be considered by the SSIP workgroup that the primary area of focus for improvement be social/emotional outcomes. This group also assisted in the development of targets for the State Performance Plan (SPP) and SSIP State Identified Measurable Results (SIMR) through FFY 2020.

- The SSIP Stakeholder Workgroup

This group was developed to bring in the broader perspective of various early childhood initiatives throughout the state and included members representing federal, state and local level efforts relative to early childhood services. This group was tasked with considering both the broad and narrow analysis of relevant data, completing the state Infrastructure analysis, and making recommendations to the IDEA Part C Office and the DHHS regarding the final SIMR and broad improvement strategies for achieving the SIMR. Members of this group included representation from:

- Nevada Parent Training and Information Center, Parents Encouraging Parents (PEP)
- The Governor's Council on Developmental Disabilities
- Nevada Division of Child and Family Services (DCFS)
- Nevada Division of Health Care Financing and Policy (DHCFP) – Medicaid
- Nevada Division of Public and Behavioral Health (DPBH) – Maternal and Child Health (MCH)
- Nevada Aging and Disability Services Division (ADSD), Nevada Early Intervention Services (NEIS)
- Nevada Head Start/Early Head Start
- Nevada Department of Education, Section 619 Preschool Programs
- Nevada Center for Excellence in Disabilities (NCED)/Nevada (Nv) LEND Project
- Management from Early Intervention Service (EIS) Provider Programs

- The Nevada Early Intervention Interagency Coordinating Council (ICC):

Information and recommendations from the Early Childhood Outcomes Taskforce and the SSIP Stakeholder Workgroup was summarized and presented to the ICC for review and input at their quarterly meetings as well as specially called meetings, as needed. Additional information and clarification regarding the information was provided to the ICC as requested. All ICC meetings are publicly posted and are frequently attended by various members of the public. Members of the ICC include:

- Parents of Young Children with Disabilities – Six (6) Members

- Nevada Parent Training and Information Center, Parents Encouraging Parents (PEP)
- The Nevada Disability Advocacy and Law Center (NDALC)
- The Governor's Council on Developmental Disabilities
- Nevada Legislature
- Head Start/Early Head Start, University of Nevada Reno (UNR), Human Development and Family Studies
- Nevada Early Intervention Service Providers – Five (5) Members
- Nevada Institutions of Higher Education (IHE), Personnel Preparation, University of Nevada, Reno (UNR) and University of Nevada, Las Vegas (UNLV)
- Nevada Division of Child and Family Services (DCFS) – Two (2) Members representing Foster Care and Children's Mental Health
- Nevada Division of Welfare and Supportive Services (DWSS) – Child Care
- Nevada Division of Health Care Financing and Policy (DHCFP) – Medicaid
- Nevada Division of Insurance
- Nevada Aging and Disability Services Division (ADSD),
- Nevada Department of Education (NDE) Two (2) Members representing Section 619 Preschool Programs and Homeless Children & Youth Education

There was also ongoing reporting on the process and progress of the SSIP at other statewide meetings such as the Statewide EIS Management Team meetings to ensure broad distribution of the information throughout the state system.

### **State-identified Measurable Results (SIMR)**

As a result of the review, analysis and in-depth discussion of data through the stakeholder process, the SIMR for Nevada's SSIP was linked to the SPP/APR Indicator 3A, Summary Statement 1.

Specifically, Nevada's SIMR is:

*"Infants and toddlers exiting early intervention services in Nevada will demonstrate a significant increase in the rate of growth in positive social-emotional skills (including social relationships)."*

### **Guidance and Technical Support**

The Nevada IDEA Part C Office acknowledges and appreciates the support provided by the OSEP and the national TA centers throughout the Phase 1 process. OSEP TA support was provided via an onsite visit in August 2014. The OSEP team met with stakeholders as well as IDEA Part C Office personnel and the state's liaison to the WRRRC and the ECTA Center to provide feedback on Nevada's process and clarification for questions regarding anticipated outcomes for the process. The TA centers (WRRRC, ECTA Center and DaSY) also provided extensive support throughout the process. They have served in multiple roles and have been essential to our ability to complete Phase 1 in a timely manner. This support allowed the state to move forward with the work of SSIP development as requirements continued to unfold. Examples of key supports provided include:

- Overall information regarding the process and the opportunity to network with other states at the WRRC meeting in the Fall of 2013
- Multiple planning and TA calls with IDEA Part C Office personnel
- Assistance with analysis of data and presentation of that data to stakeholders
- On-site facilitation of stakeholder meetings
- Monthly calls with OSEP state contact
- Monthly calls with sister states to discuss critical issues related to Phase 1
- Webinars related to critical aspects of the process which were available to key stakeholders
- Review and feedback on documentation of all stages of development of the SSIP

## Nevada Part C SSIP Component 1: Data Analysis

### Overview of Data Analysis:

Data from various sources were considered in initiating the process of development of Phase 1 of the SSIP. This included data from sources such as:

- State Census Data – distribution of population statewide
- Kids Count – children living in high-stress areas
- State Child Care Data – number of single parent families, families in poverty, availability of care for infants and toddlers and numbers of accredited programs, workforce and cost of care
- Data from the TACSEI/Pyramid Infant Toddler Observation Scale Data Reports – quality of interactions
- 618 data for federal reporting – percent of children served by region and race/ethnicity

It was concluded many of these data provide valuable support for collaboration across various infrastructure components to ensure sustainability. Any related data will be reflected in the areas of this document where most applicable. However, most are more reflective of the level of functioning of systems rather than actual child outcomes. Data from these sources and any other pertinent data identified in the future will be utilized during the implementation and evaluation phases to ensure the broadest perspective possible in improvements to the system of services to infants and toddlers with disabilities and their families. It was determined the state data most pertinent to measuring outcomes for Part C eligible children and families are the Childhood Outcomes Summary (COS) data generated through the system of EI Services; therefore, the major data analysis is centered around this data set.

The stakeholder process for analysis of the State's child outcomes data was initiated through the Early Childhood Outcomes Taskforce. This group, which is made up of stakeholders from various early intervention service provider programs, has been an active part of the development of Nevada's process for collecting and reporting child outcome data since 2006. The group has met at least quarterly since its inception and regularly conducts reviews of statewide and program specific data as well as conducting random reviews of ratings for individual children to evaluate understanding, accuracy and fidelity of ratings across providers. In August 2013, Nevada participated in the ENHANCE study conducted by SRI International. Data for FFY 2009 through FFY 2011 was analyzed through this study. The report indicated there were no red flags regarding the quality of the data. Therefore, it was determined the information gained from the study was sufficient to use for decision making regarding areas for improvement.

In March 2014, the Early Childhood Outcomes Taskforce reviewed reports on Nevada's Child Outcomes Data Quality Profile. These data reports were developed and provided by the Early Childhood Outcomes Center (ECO) and the ECTA Center and compared Nevada's COS data to the quality criteria used for inclusion in the national analysis over a period of five (5) years (FFY 2008 to FFY 2012). These data were used to compare Nevada's COS data to the national averages. Data was reviewed for all three (3) child outcomes included in the



SPP/Annual Performance Report (APR) Indicator 3. These outcomes reflect the percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Performance for each outcome component is evaluated based on two (2) Summary Statements (SS) for each outcome component:

SS 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned three (3) years of age or exited the program.

SS 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned three (3) years of age or exited the program.

In June 2014, the Early Childhood Outcomes Taskforce reconvened to further review and analyze the broad data of the Data Quality Profile for all three (3) child outcomes. This review included comparison of Nevada's COS data to national data and to other states with similar eligibility criteria and identifying trends over time relative to statewide and local service provider program performance. These data were also analyzed to determine where Nevada performed at a lower level across all outcome areas in comparison to other states. Based on the data, the Early Childhood Outcomes Taskforce recommended narrowing the analysis to Outcomes 3.A. and 3.B. as potential for the SIMR. They also recommended beginning the in-depth analysis by looking at subgroups including primary language of the family, whether or not an interpreter was needed, Medicaid status [an attempt to get at socio-economic status (SES)], children in foster care, and children in foster care/Medicaid status.

In July 2014, a report of all activities and progress on development of Phase 1 of the SSIP was presented to the ICC at their quarterly meeting. Handouts were provided in the meeting packet reflecting the broad data analysis.

In August 2014, the SSIP Stakeholder Workgroup was convened. This group included members of the Early Childhood Outcomes Taskforce but was expanded to include representatives from the ICC and from the broader early childhood community (see membership in the Overview Section) statewide. Data shared at earlier meetings were presented to the broader group along with the analysis of the recommended subcategories. Stakeholders were asked to react to the data based on the following questions: "Why do you think it looks the way it does?" and "What other questions do you have about the data?" Several subcategories were suggested for continuing the in-depth analysis. Reports on some of the categories were accessible through the data system and some were not; this was identified as a limitation of the data system which should be considered for improvement. Some suggestions supported by the data system included the length of time children actually received services, age at entry and the types of different disabilities. An area not available at the time was the actual frequency and

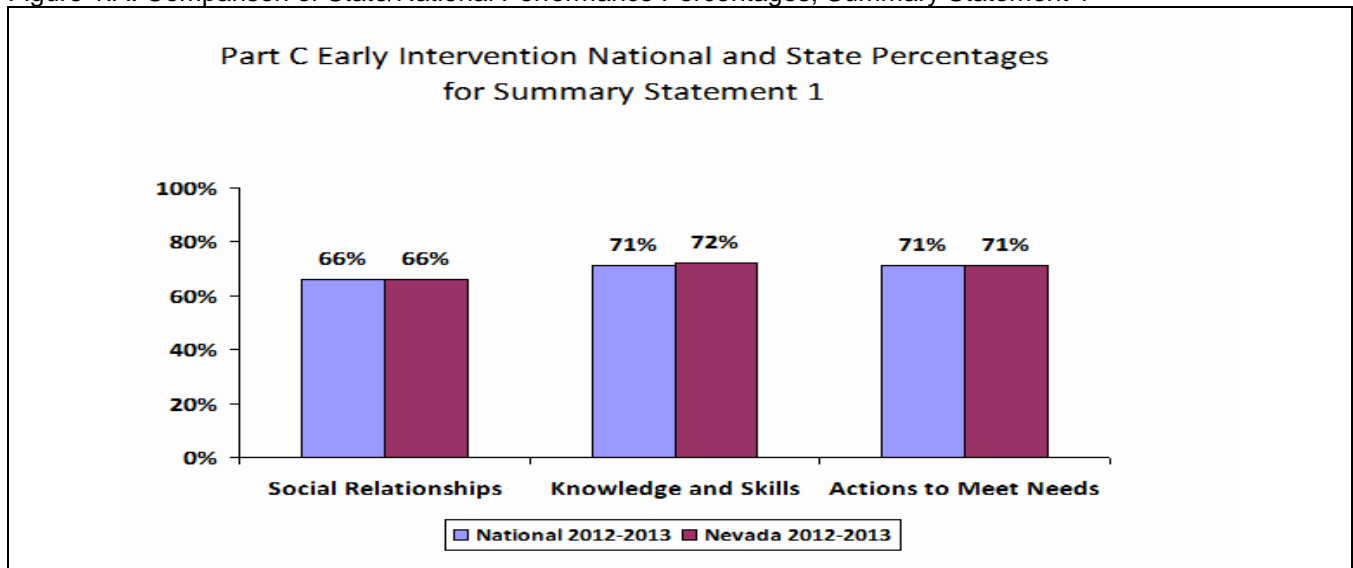
intensity provided over the time of the child's enrollment because this fluctuates over the course of enrollment for many children. The group agreed, based on the data analysis, the recommendation for the SIMR would be the area of improving positive social-emotional skills for children, including social relationships.

In October 2015, the SSIP Workgroup met to review the data based on the subgroups identified in the August meeting. Again, the group reflected on what they felt the data was saying and began hypothesizing as to what they felt the underlying root causes could be. The consensus was further analysis of the data was supportive of selecting the area of improving social-emotional outcomes as Nevada's SIMR. A summary of the data review and discussion was again presented to the ICC at their October meeting for their input and feedback.

### **Results of Broad Analysis of Data:**

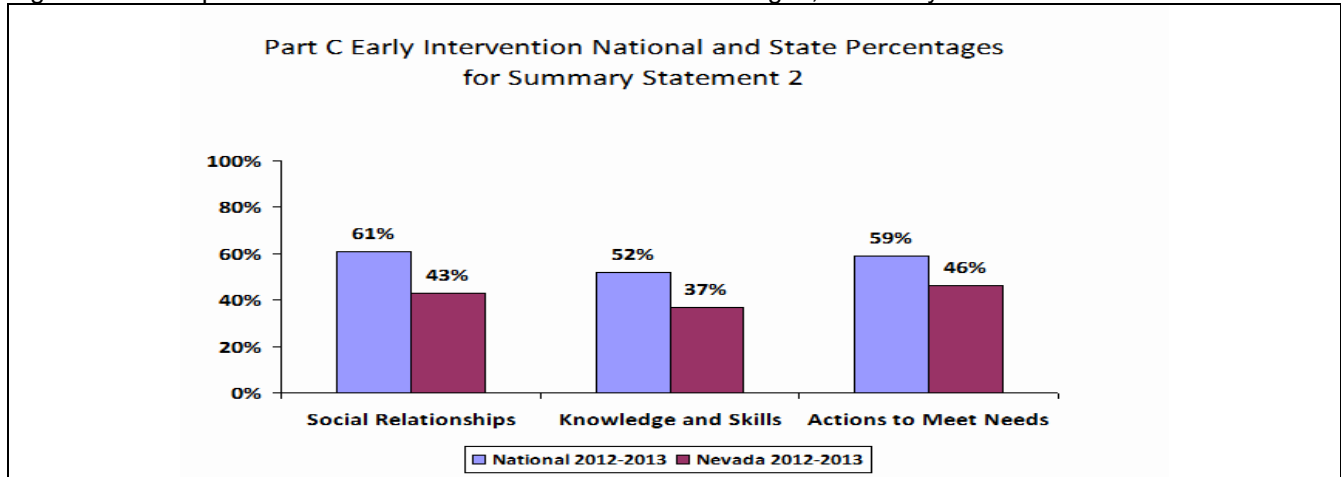
In the process of the broad analysis, Nevada's COS data for FFY 2012 through FFY 2013 was compared to national averages for all three (3) outcomes as identified in Figures 1.A. and 1.B. The comparison for SS1 – "the percent of children who showed greater than expected growth" when exiting EI services, demonstrated Nevada's performance was comparable to the national average (Figure 1.A.). However, as reflected in Figure 1.B, the State was visibly lower than national averages for all three (3) outcomes in SS2 – "the percent of children who exited EI services within age expectations". It was hypothesized the difference in Nevada's performance and the national average was likely impacted by the broad range of definitions (ranging from at-risk to restrictive) nationally and Nevada's more restrictive eligibility criteria which requires a 25% delay in two (2) developmental areas, a 50% delay in one (1) developmental area or a diagnosed condition recognized to have a high probability of resulting in a developmental disability.

Figure 1.A. Comparison of State/National Performance Percentages; Summary Statement 1



This data (ECO/ECTA Centers) shows Nevada's performance to be comparable to national averages in all three (3) child outcomes for children demonstrating greater than expected growth when exiting early intervention services after receiving at least six (6) months of services.

Figure 1.B. Comparison of State/National Performance Percentages; Summary Statement 2

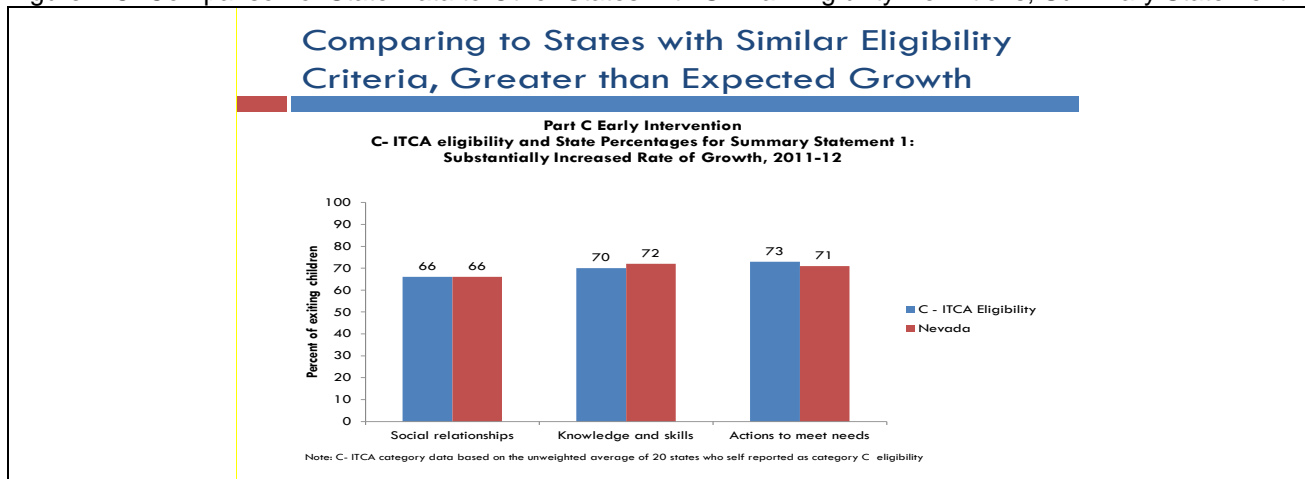


This data (ECO/ECTA Centers) shows Nevada’s performance to be significantly below national averages in all three (3) child outcomes for children exiting early intervention services within age expectations after receiving at least six (6) months of services.

Since the initial broad data analysis provided no clear direction related to the SIMR, the group concluded further data analysis was needed. Therefore, Nevada’s data was also compared to that of states with similar eligibility requirements. These data were from FFY 2010 through FFY 2012 since this was the most current data for this comparison at the time. The comparison states are those indicated to have a restrictive eligibility (Category C Eligibility) as defined by the Infant-Toddler Coordinator’s Association (ITCA) categories.

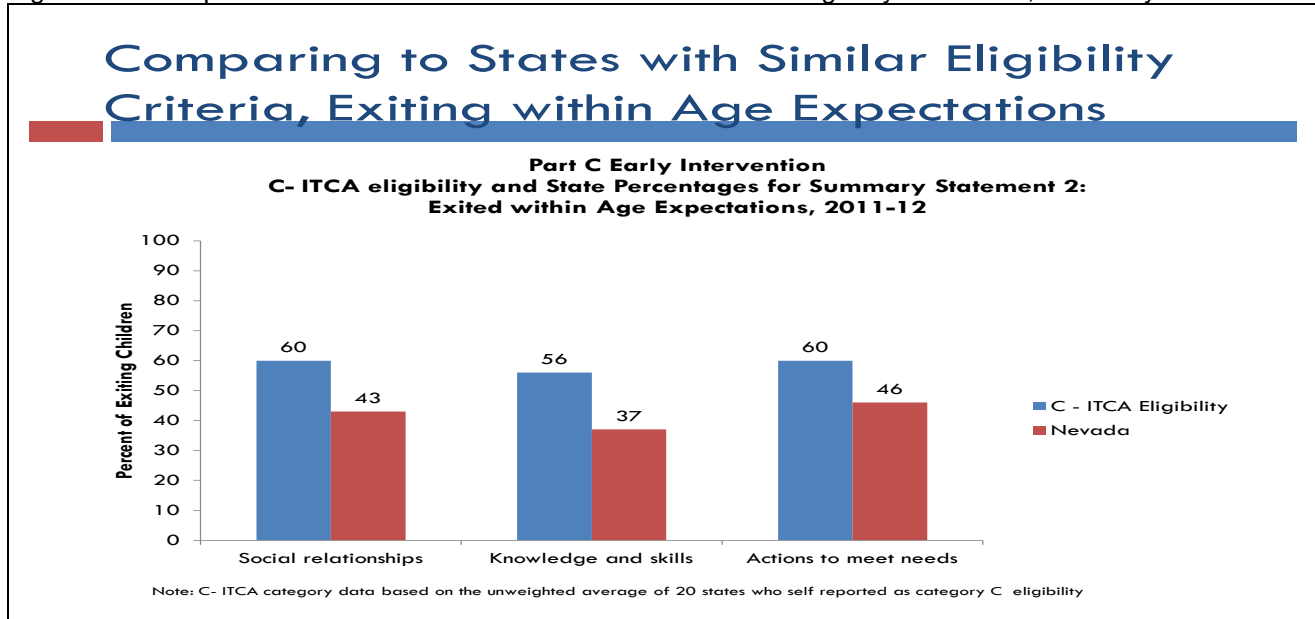
In this comparison, Nevada’s performance was, again, comparable to that of the states with similar eligibility criteria for SS1 – children exiting with greater than expected growth (See Figure 1.C). Nevada’s performance in SS2 – children exiting within age expectations - also remained below the average performance of the states with restrictive eligibility standards (See Figure 1.D.) with the most notable difference in Social Relationships and Acquiring Knowledge and Skills by (17%-19%).

Figure 1.C. Comparison of State Data to Other States with Similar Eligibility Definitions; Summary Statement 1



This data (ECO/ECTA Centers) shows Nevada’s performance to be comparable to the averages for states with similar eligibility standards in all three (3) child outcomes for SS1 - children demonstrating greater than expected growth when exiting early intervention services after receiving at least six (6) months of services.

Figure 1.D. Comparison of State Data to Other States with Similar Eligibility Definitions; Summary Statement 2



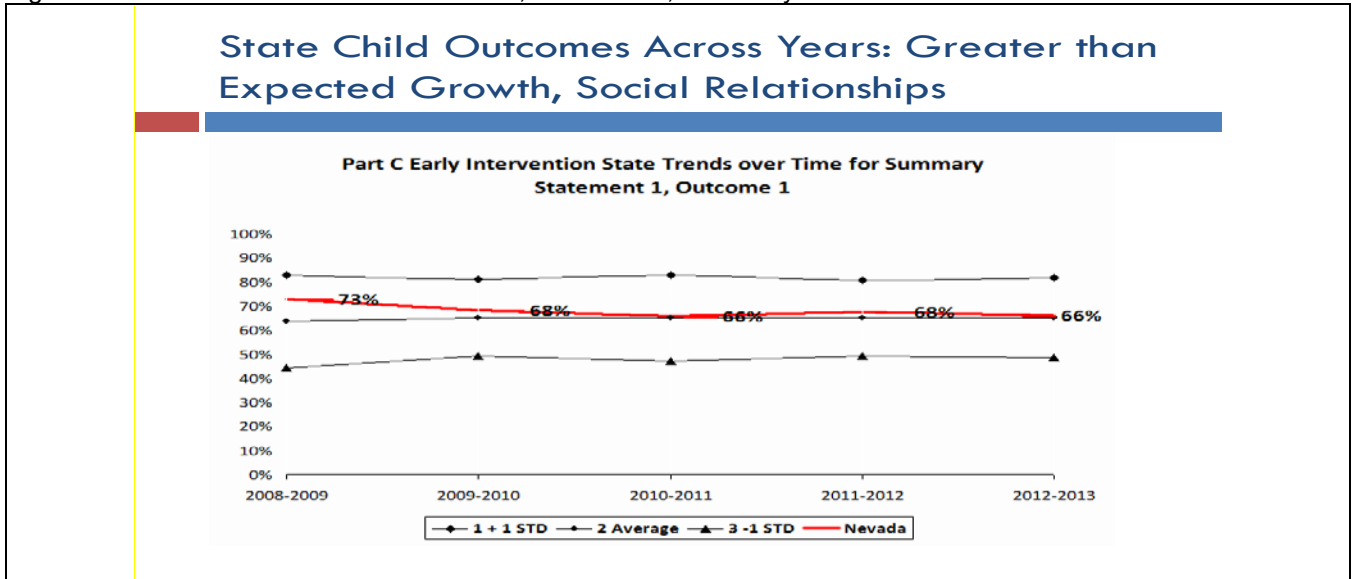
This data (ECO/ECTA Centers) shows Nevada's performance to be significantly below the averages for states with similar eligibility standards in all three (3) child outcomes for SS2 - children demonstrating skills within age expectations when exiting early intervention services after receiving at least six (6) months of services. The greatest differentiation is in the areas of social relationships and knowledge and skills.

Analysis of the state's data continued from a longitudinal perspective to determine whether or not there were obvious trends to support the identification of a SIMR. The data for all three (3) child outcomes was reviewed for change from FFY 2009 through FFY 2013 for both SS1 and SS2.

The analysis relative to SS1, children exiting EI services with greater than expected growth, are reflected in Figures 1.E. through 1.G. and revealed the following trends over time:

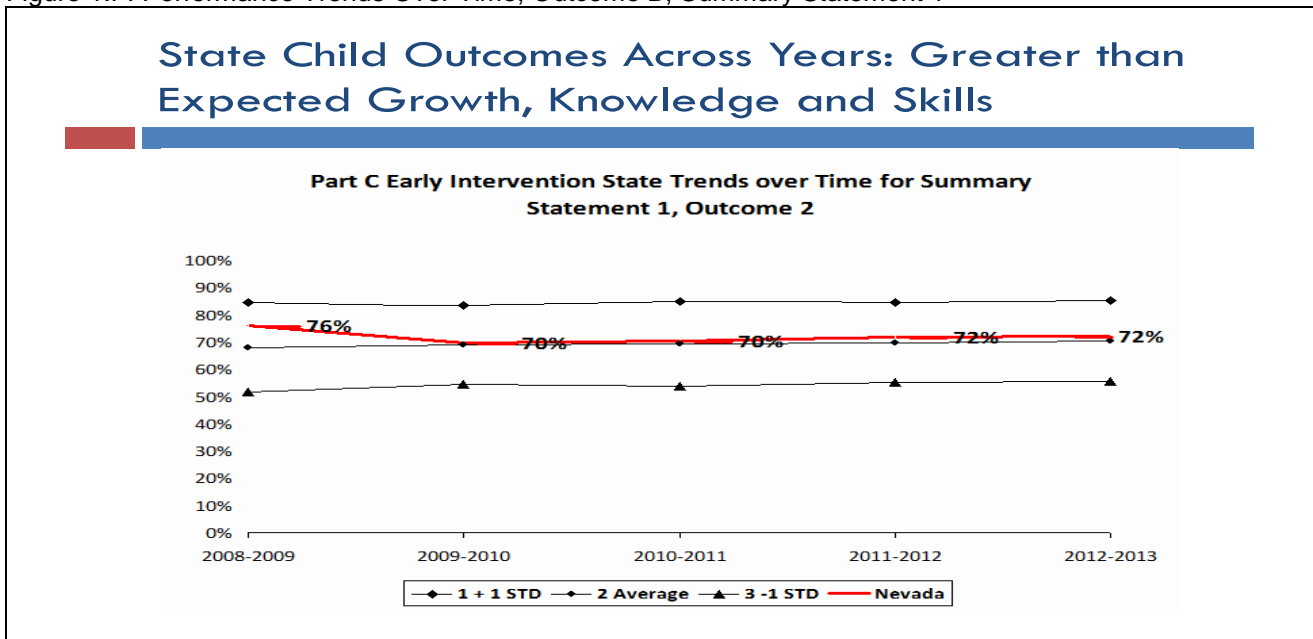
- Over the last five (5) years, the data for children exiting with greater than expected growth (SS1) shows fluctuations in performance relative to improvement in children's social-emotional development/positive social relationships with a slight decrease in the FFY 2012 (See Figure 1.E.).
- Nevada's COS Data for children exiting with greater than expected progress (SS1) in Acquiring Knowledge and Skills has been stable over time with a slight increase from FFY 2010 through FFY 2012 (See Figure 1.F.).
- The percent of children showing greater than expected growth relative to Action to Meet Needs has fluctuated slightly over the last three (3) years (See Figure 1.G.). However, Nevada's statewide performance is similar to national averages.

Figure 1.E. Performance Trends Over Time, Outcome A, Summary Statement 1



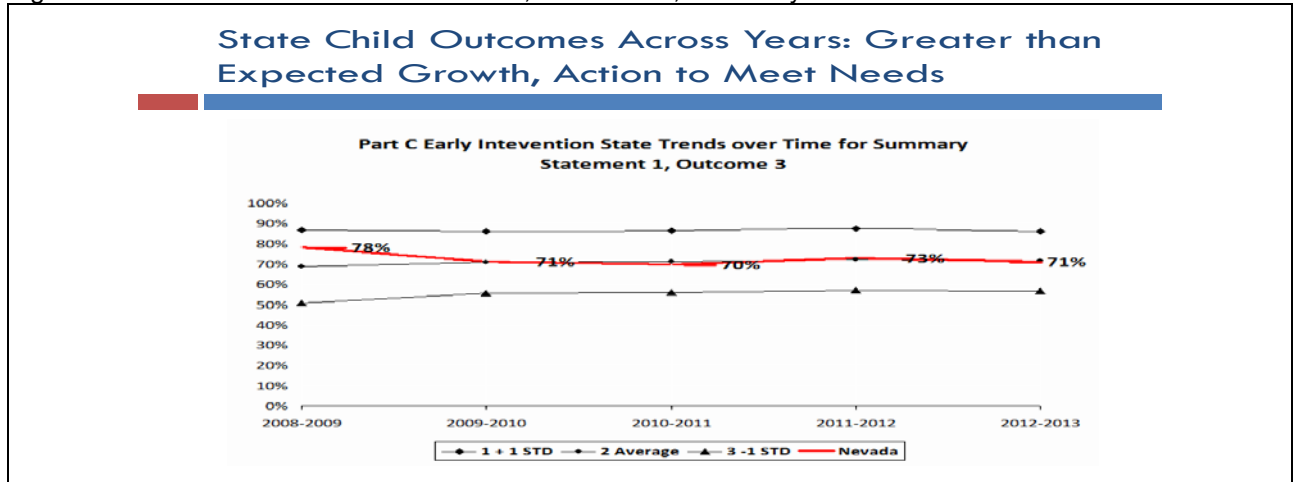
These data (ECO/ECTA Centers) shows some fluctuation in Nevada's performance between FFY 2009 and FFY 2012 for children exiting EI services with greater than expected growth in social relationships after receiving at least six (6) months of services. There was slight slippage in performance for FFY 2012.

Figure 1.F. Performance Trends Over Time, Outcome B, Summary Statement 1



These data (ECO/ECTA Centers) shows a slight but steady increase in Nevada's performance between FFY 2010 and FFY 2012 for children exiting EI services with greater than expected growth in acquisition of knowledge and skills after receiving at least six (6) months of services.

Figure 1.G. Performance Trends Over Time, Outcome C, Summary Statement 1

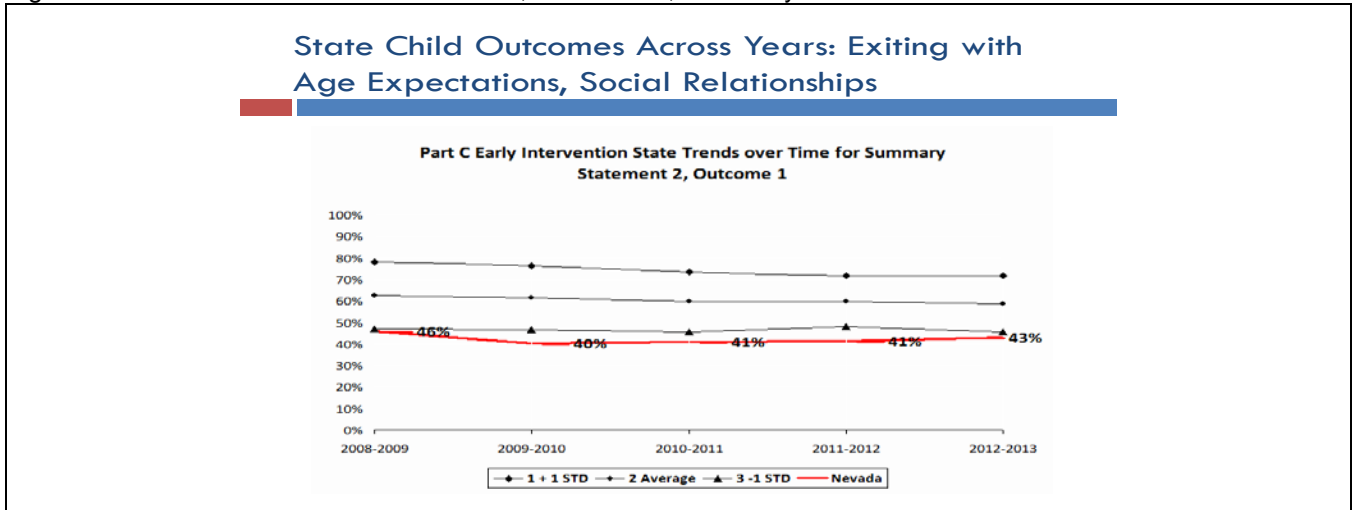


These data (ECO/ECTA Centers) shows some fluctuation in Nevada's performance between FFY 2009 and FFY 2012 for children exiting EI services with greater than expected growth in their ability to take action to meet their needs after receiving at least six (6) months of services. There was slight slippage in performance for FFY 2012.

The analysis of data for all three (3) child outcomes relative to SS2, children exiting EI services within age expectations, are reflected in Figures 1.H. through 1.J. and revealed the following trends over time:

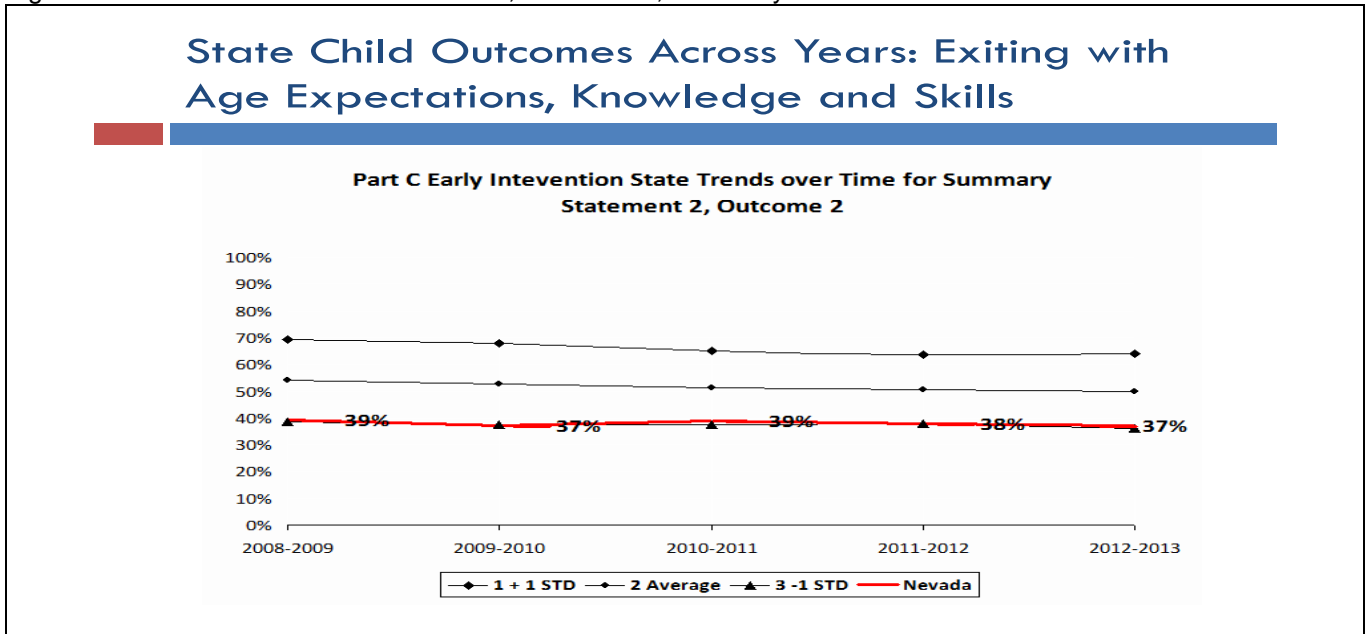
- The percent of children exiting within age expectations for Positive Social Relationships increased slightly from FFY 2011 to FFY 2012, but performance is still more than one (1) standard deviation (SD) below the national average (See Figure 1.H.).
- The percent of children exiting within age expectations for Acquiring Knowledge and Skills has been slightly decreasing over the last three (3) years and is around one (1) SD below the national average (See figure 1.I.).
- Although Nevada's COS data is below the national average, the percent of children exiting within age expectations for Action to Meet Needs has shown a slight increase over the last four (4) years (FFY 2009 through FFY 2012) (See Figure 1.J.).

Figure 1.H. Performance Trends Over Time, Outcome A, Summary Statement 2



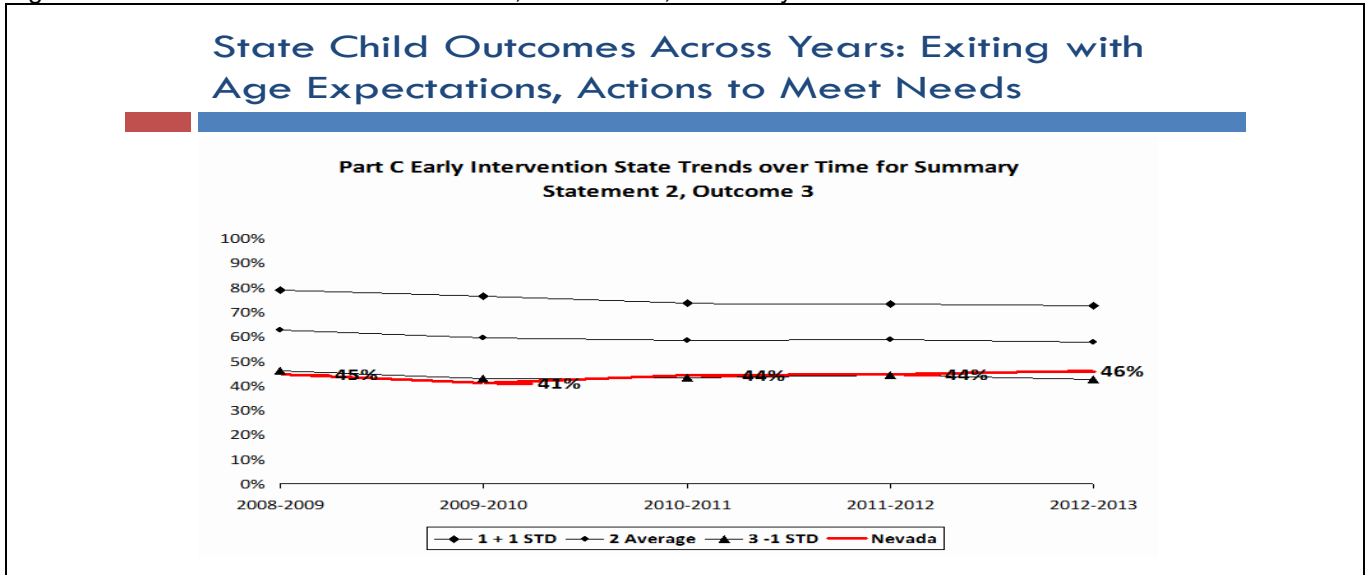
These data (ECO/ECTA Centers) shows a slight but steady increase in Nevada's performance between FFY 2010 and FFY 2012 for children exiting EI services within age expectations in social relationships after receiving at least six (6) months of services; however, performance is more than one (1) SD below the mean.

Figure 1.I. Performance Trends Over Time, Outcome B, Summary Statement 2



These data (ECO/ECTA Centers) shows a downward trend in Nevada's performance between FFY 2010 and FFY 2012 for children exiting EI services within age expectations in acquisition of knowledge and skills after receiving at least six (6) months of services. Performance is approximately one (1) SD below the mean.

Figure 1.J. Performance Trends Over Time, Outcome C, Summary Statement 2



These data (ECO/ECTA Centers) shows a slight but steady increase in Nevada’s performance between FFY 2010 and FFY 2012 for children exiting EI services within age expectations in taking action to meet needs after receiving at least six (6) months of services. Performance is slightly less than one (1) SD below the mean for FFY 2012.

**Performance Compared to State Established Targets**

As an additional step to the data analysis process, the Early Childhood Outcomes Taskforce also reviewed the data on statewide performance over the past three (3) years to compare statewide percentages to the actual target data met for FFY 2010/SFY 2011) through FFY 2012/SFY 2013) of children who demonstrated improvement in all three (3) outcome areas. The targets met within each outcome are highlighted in blue, clearly indicating children are not increasing their rate of growth in developing Positive Social Relationships at the same level t children are demonstrating progress in Acquiring Knowledge and Skills and Action to Meet Needs based on Nevada’s targets. The state has met all of the targets in Acquiring Knowledge and Skills; however, statewide performance has shown slippage each year from FFY 2010 through FFY 2012.

Table 1.A. Statewide Performance Compared to State-Established Targets FFY 2010 – FFY 2012

<b>Outcome A: Positive Social-Emotional Skills (including social relationships)</b>						
	FFY/SFY 2010-2011 Performance	State Target	FFY/SFY 2011-2012 Performance	State Target	FFY/SFY 2012-2013 Performance	State Target
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program.	65.9%	68.4%	67.5%	68.5%	65.9%	68.6%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program.	41.2%	40.3%	41.2%	40.4%	43.1%	40.5%



<b><u>Outcome B: Acquisition and use of knowledge and skills (including early language/communication)</u></b>						
	FFY/SFY 2010-2011	State Target	FFY/SFY 2011-2012	State Target	FFY/SFY 2012-2013	State Target
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program.	<b><u>70.5%</u></b>	69.8%	<b><u>71.8%</u></b>	69.9%	<b><u>71.7%</u></b>	70%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program.	<b><u>39%</u></b>	37.2%	<b><u>37.8%</u></b>	37.3%	<b><u>37.4%</u></b>	37.4%
<b><u>Outcome C: Use of appropriate behaviors to meet their needs</u></b>						
	FFY/SFY 2010-2011	State Target	FFY/SFY 2011-2012	State Target	FFY/SFY 2012-2013	State Target
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program.	<b><u>69.6%</u></b>	71.2%	<b><u>72.9%</u></b>	71.3%	<b><u>70.9%</u></b>	71.4%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program.	<b><u>44.3%</u></b>	41.1%	<b><u>44.4%</u></b>	41.2%	<b><u>45.9%</u></b>	41.3%

Based on the analysis of all the data reviewed, it was apparent Nevada's performance in the Positive Social-Emotional Skills (including social relationships) and Acquiring Knowledge and Skills (including early language and communication) child outcomes were the two (2) areas needing improvement. The ECO Taskforce made the recommendation to narrow the State's focus down to these two (2) outcome areas for further analysis by the larger stakeholder group as a potential SIMR.

### **In-Depth Analysis of Data:**

During the June 2014 ECO Taskforce meeting, subgroups of data were recommended for further analysis. Following this meeting, a plan for disaggregating data for more in-depth analysis in Positive Social Relationships and Acquiring Knowledge and Skills outcome areas were developed. Further in-depth data analysis was considered by subgroups of interest by:

- Families Primary Language (English vs Spanish or Other)
  - Identify any impact of language on children's ability to access services and resources in the community
  - What role if any, does whether an interpreter is needed play
- Insurance Status (Medicaid vs Private)
  - Get a sense of the impact of social-emotional skills on children's outcomes if children received Medicaid as opposed to Private Insurance.

- Child Placement (Foster Care vs Biological Home)
  - Determine if children in foster care experience greater risks and stress and if this had an impact on child outcomes.
- Medicaid by Foster Care Status
  - Look at children receiving Medicaid and whether they were also in foster care or not, to further get at the impact of both financial and social adversities on child outcomes.
- Difference Made Between Entry and Exit Ratings
  - Look at the data beneath the Summary Statements to determine if ratings were increased or decreased at exit.

The decision to look at these subgroups was supported by other data sources demonstrating the numbers of children in the State living in situations recognized as high-risk for family stress and having potential to negatively impact social-emotional development of the child. Examples of supporting data include:

Nevada Kids Count Profile - 2014:

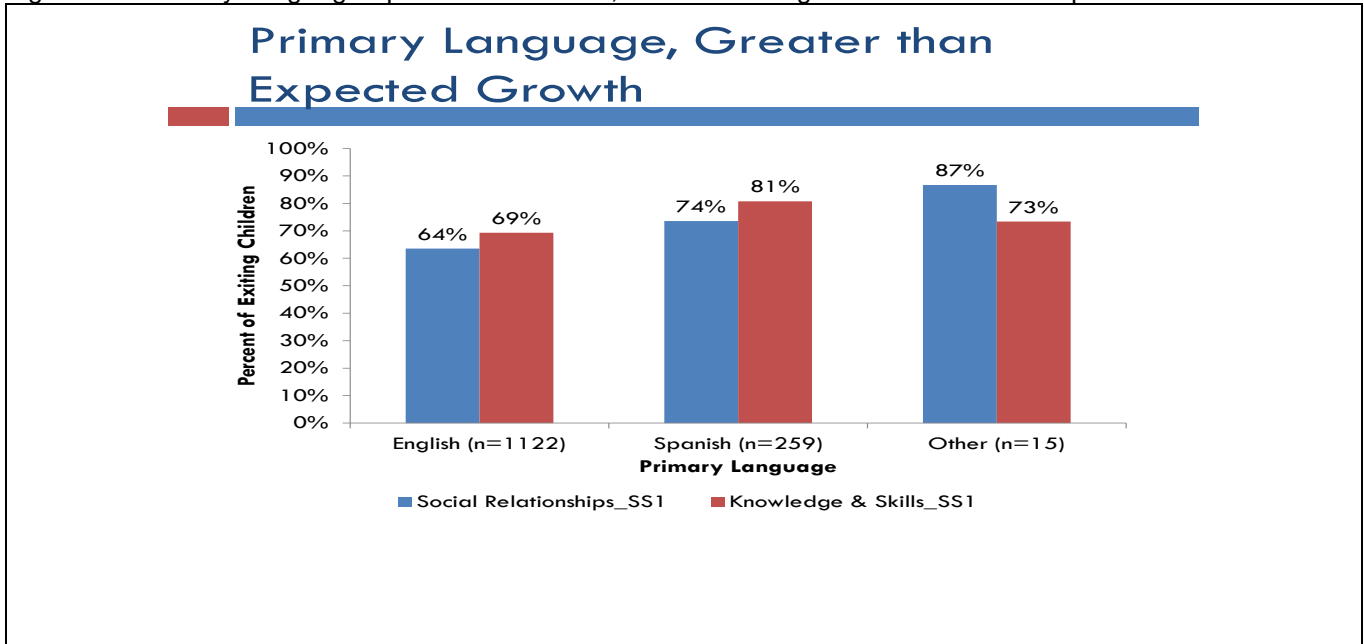
- The percent of children living in poverty in Nevada has increased from 15% in 2005 to 24% in 2012
- The percent of children whose parents lack secure employment increased from 26% in 2008 to 34% in 2012
- The percent of children living in high poverty areas increased from 5% in 2000 to 11% (2008-2012)
- The percent of children in single-parent families increased from 32% in 2005 to 39% in 2012

The analysis of these data revealed that for all subgroups, performance in the area of Social Relationships was consistently lower than Acquisition of Knowledge and Skills for the children exiting EI services with greater than expected growth (SS1). The opposite was true for children exiting services within age expectations (SS2). The actual performance for each subgroup for social relationships and acquisition of knowledge and skills is compared in Figure 1.K.

#### Primary Language Spoken in the Home:

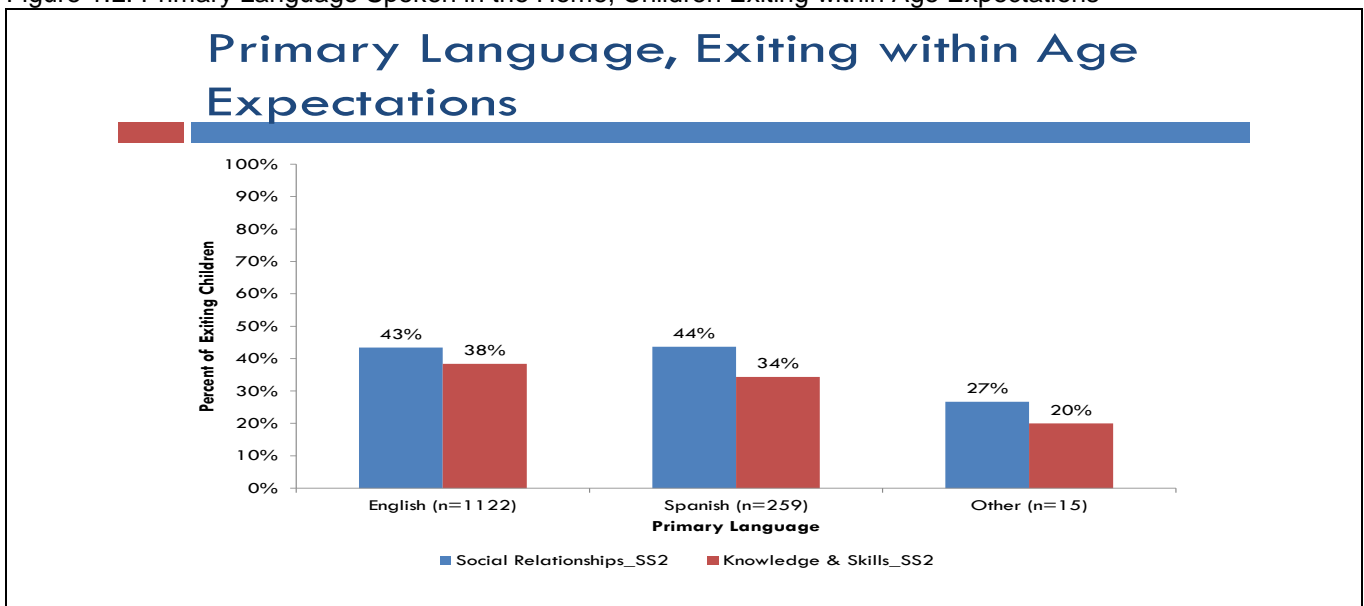
A total of 1,396 families were included in the data set for analysis by primary language spoken in the home. The two (2) primary languages were English (1,122 at 80.4%) and Spanish (259 at 18.6%). Another 15 or 1.1% of families reported a language other than English or Spanish was spoken in the home. These families were grouped together as the disaggregated number was too small to yield a meaningful percentage. Figure 1.K. shows the percent of children exiting with greater than expected growth had lower performance in social relationships than in acquisition of knowledge and skills in homes where the primary language was English or Spanish. The percentage was the opposite for the 15 families reported as "other"; however, the number is too small to ensure the data is meaningful. The opposite is true for the performance of children exiting within age expectations (Figure 1.L.).

Figure 1.K. Primary Language Spoken in the Home, Children Exiting with Greater Than Expected Growth



When disaggregated by primary language spoken in the home, data (ECO/ECTA Centers) showed children exiting with greater than expected growth performed better in the area of acquisition of knowledge and skills and less well in improved social-emotional development where the primary language was Spanish or English.

Figure 1.L. Primary Language Spoken in the Home, Children Exiting within Age Expectations



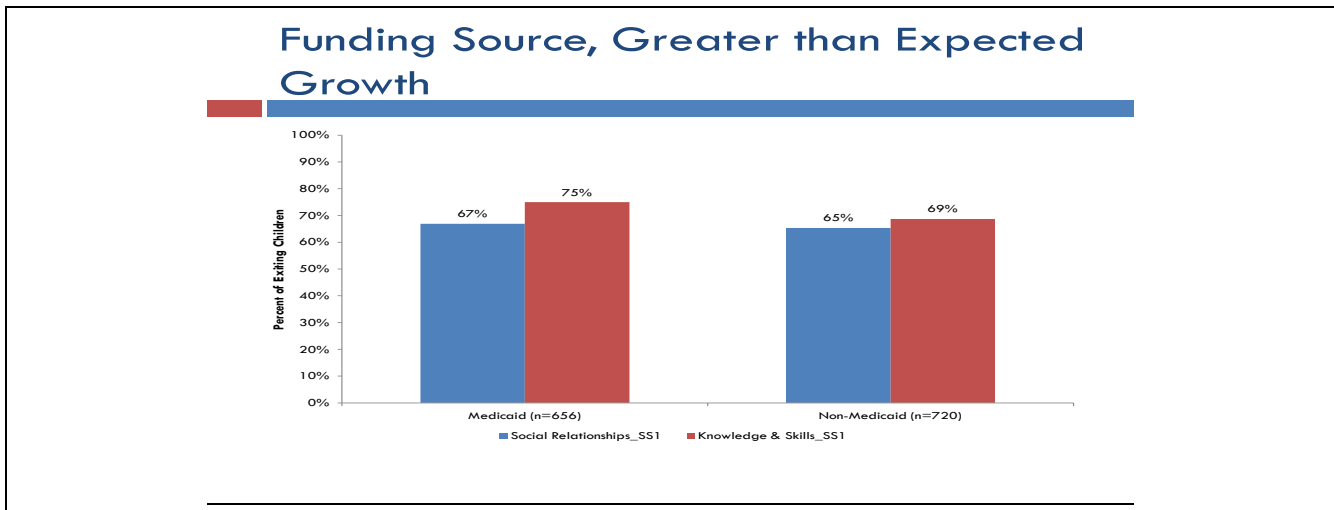
When disaggregated by primary language spoken in the home, data (ECO/ECTA Centers) showed children exiting within age expectations performed better in the area of improved social-emotional skills and less well in the area of acquisition of knowledge and skills regardless of the language spoken.

It was concluded the analysis of the data by this subgroup supported the identification of the area of social-emotional development for the SIMR.

Funding Source – Medicaid vs. Non-Medicaid

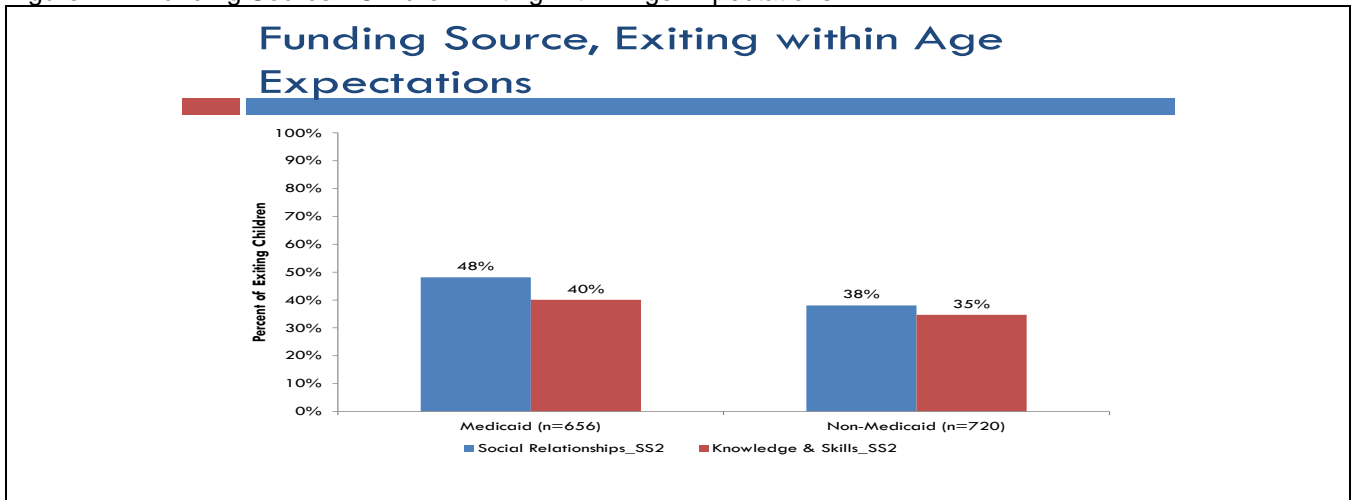
Since data has not been routinely collected to reflect family income, data to analyze socio-economic status was not available through the data system. Therefore, the decision to look at the data based on children where the primary funding source for the family was reported as Medicaid was an attempt to analyze the data with some indication of socio-economic status. Figures 1.M. and 1.N. reflect the results of this analysis.

Figure 1.M. Funding Source, Children Exiting with Greater than Expected Growth



When disaggregated by primary funding source, data (ECO/ECTA Centers) showed children exiting with greater than expected growth performed better in the area of acquisition of knowledge and skills and less well in improved social-emotional development regardless of the primary funding source reported.

Figure 1.N. Funding Source - Children Exiting within Age Expectations



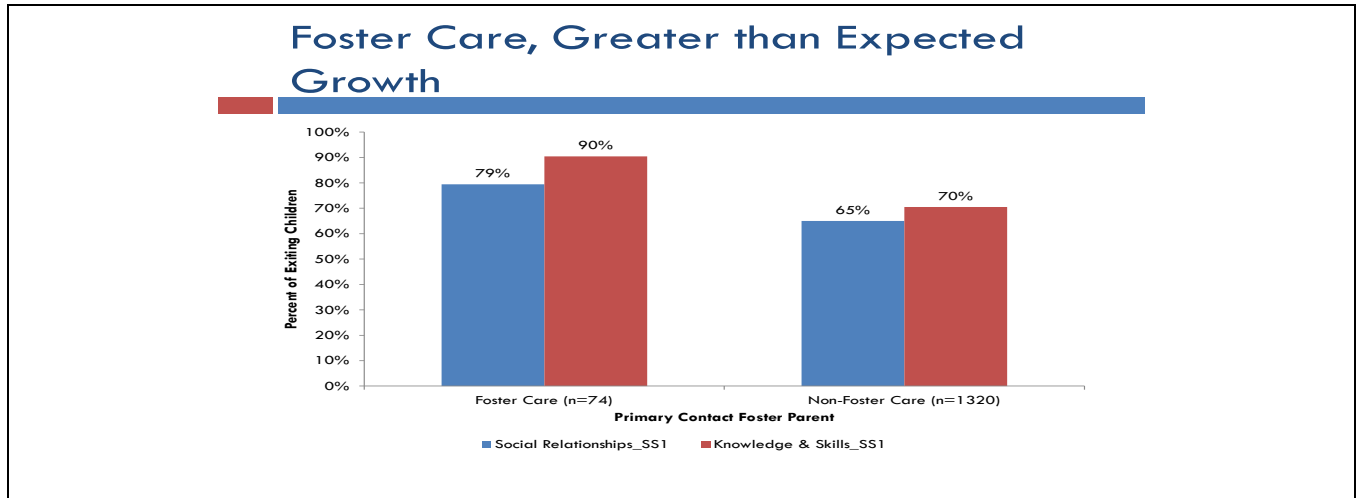
When disaggregated by primary funding source, data (ECO/ECTA Centers) showed children exiting within age expectations performed better in the area of improved social-emotional development and less well in acquisition of knowledge and skills regardless of the primary funding source reported.

Children in Foster Care vs. Non-Foster Care

Since children in foster care are at greater risk for emotional trauma, the data was reviewed based on whether the child was in foster care or with the biological family during the time in EI services. For this reporting period, a relatively small number of children were reported to be in foster care placement. Of the 1,394 children in the data

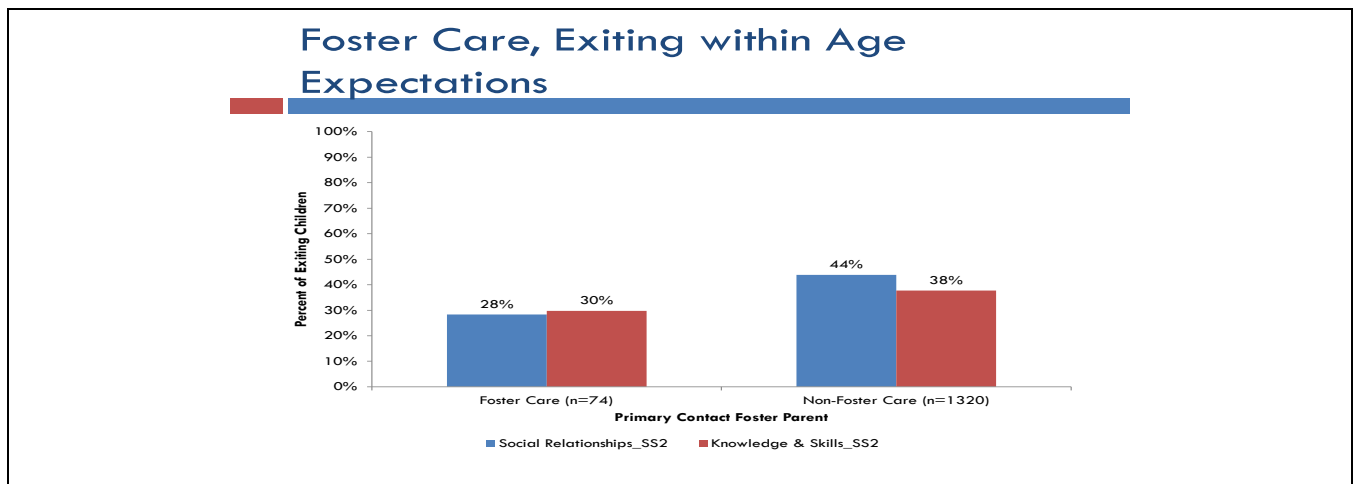
set, 1,320 (94.7%) were reported to be in non-foster care homes. A total of 74 (5.3%) were in foster-care placements. As in the two (2) previous subcategories reviewed, children exiting with greater than expected growth showed better performance in acquisition of knowledge and skills over improved social-emotional outcomes (Figure 1.O.). And again, children exiting within age expectations performed comparable to or better in the area of improved social-emotional skills than in acquisition of knowledge and skills (Figure 1.P.). Conclusions on this data must take into consideration the impact the low number of children in foster care has on the percentage.

Figure 1.O. Foster care/Non-Foster Care Placement, Children Exiting with Greater than Expected Growth



When disaggregated by foster care and non-foster care placement, data (ECO/ECTA Centers) showed children exiting with greater than expected growth performed better in the area of acquisition of knowledge and skills and less well in improved social-emotional development regardless of placement.

Figure 1.P. Foster care/Non-Foster Care Placement, Children Exiting within Age Expectations



When disaggregated by foster care and non-foster care placement, data (ECO/ECTA Centers) showed children exiting within age expectations performed comparably or better in the area of improved social-emotional development regardless of placement

**Further In-Depth Analysis**

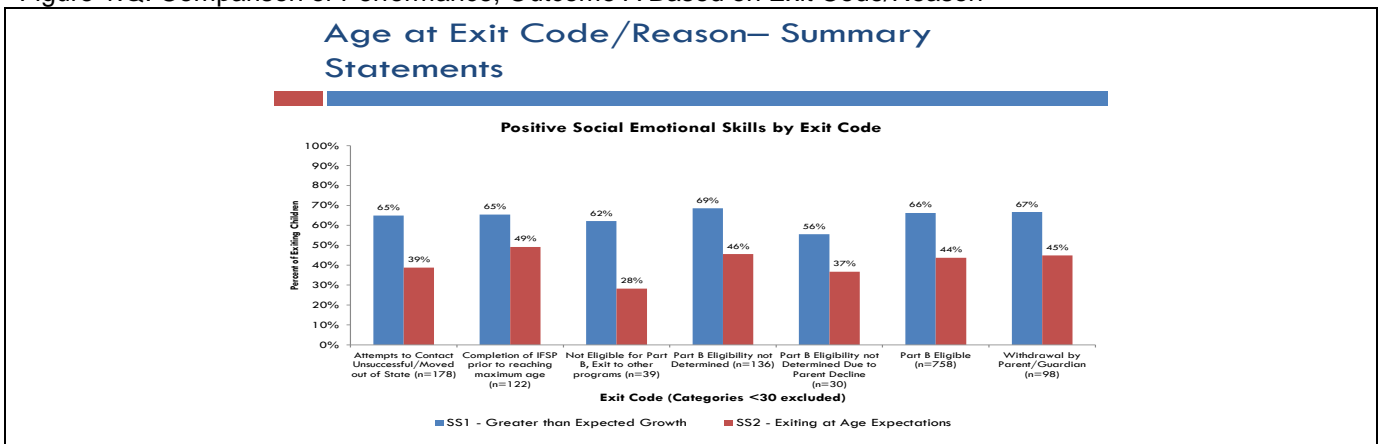
When analyzing the different patterns in the data, additional questions were raised, such as: Does a child's age at entry, length of time in services, or eligibility impact their rate of growth when they exit EI services? Data relative to these questions were reviewed by the SSIP Stakeholder Workgroup at a meeting on October 2, 2014. The data was disaggregated by multiple subgroups to help refine the SIMR and explore root causes in order to better identify possible improvement strategies. This further in-depth analysis of the data relative to positive social-emotional skills included a child's:

- Length of time in service
- Age at entry/Age at exit
- Eligibility
- Exit Codes (i.e, exit reasons)
- Diagnosis at referral

It was determined the analysis of the data on age at entry and exit, age at entry/age at exit eligibility and diagnosis at referral were unremarkable. In some cases, it was felt the data were not complete or consistently entered in the data system (ex. Diagnosis) to allow for conclusions. Examples of the results of the analysis based on two (2) categories (length in service and exit categories) are illustrated in the Figures 1.Q. and 1.R.

Analysis of the reason for exit subgroup showed the percent of children exiting early intervention (EI) services due to completion of Individual Family Service Plan (IFSP) prior to reaching maximum age (see Figure 1.Q.) was disproportionately lower for both SS1 and SS2 than would be expected if these children really no longer needed services. This led to the question of whether IFSP outcomes were being appropriately written to address social-emotional needs. The data also indicated a lower percent of children not eligible for Part B services than would be expected in SS1, which demonstrates room for improvement in the proportion of children showing greater than expected growth.

Figure 1.Q. Comparison of Performance, Outcome A Based on Exit Code/Reason



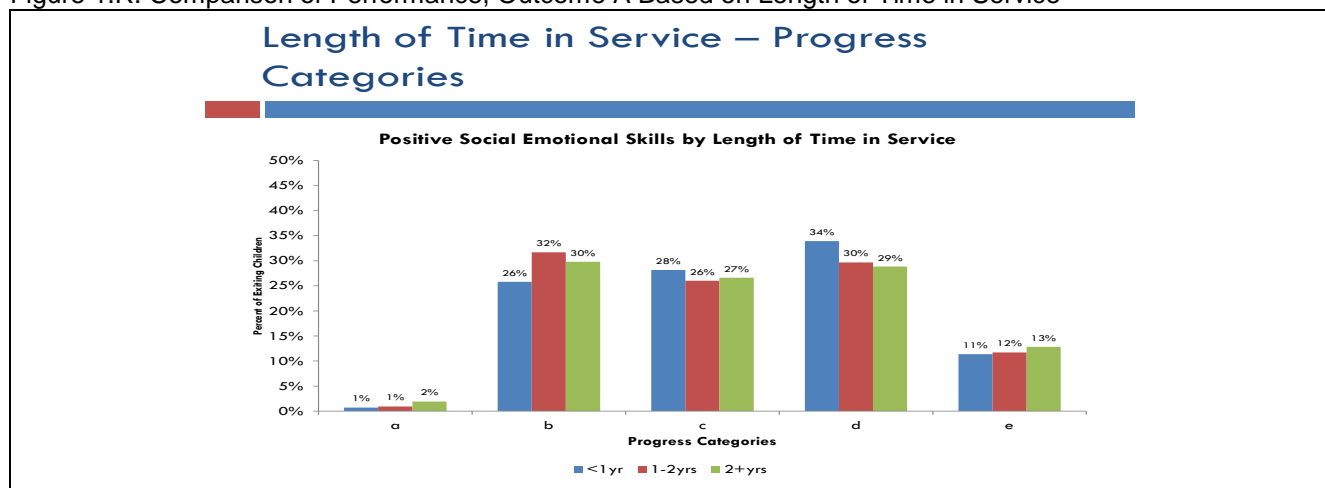
This data (ECO/ECTA Centers) compares the performance of children exiting EI services in FFY 2012-FFY 2013 relative to positive social emotional skills. The data compares performance of those with greater than expected growth to those exiting within age expectations by reasons for exiting services.

The results of analysis of the data relative to the length of time children were enrolled in services is reflected in Figure 1.R. This data was analyzed based on the five (5) progress measures utilized for each of the three (3) child outcomes in the APR which are:

- a. Percent of infants and toddlers who did not improve functioning
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

The pattern that stood out in this analysis was that almost 1/3 of the children who spent less than one (1) year in service fell into the (B) category, which are children who did not change their trajectory in social-emotional skills by the time they exited. The results of the analysis of data relative to all measures are reflected in Figure 1.R.

Figure 1.R. Comparison of Performance, Outcome A Based on Length of Time in Service

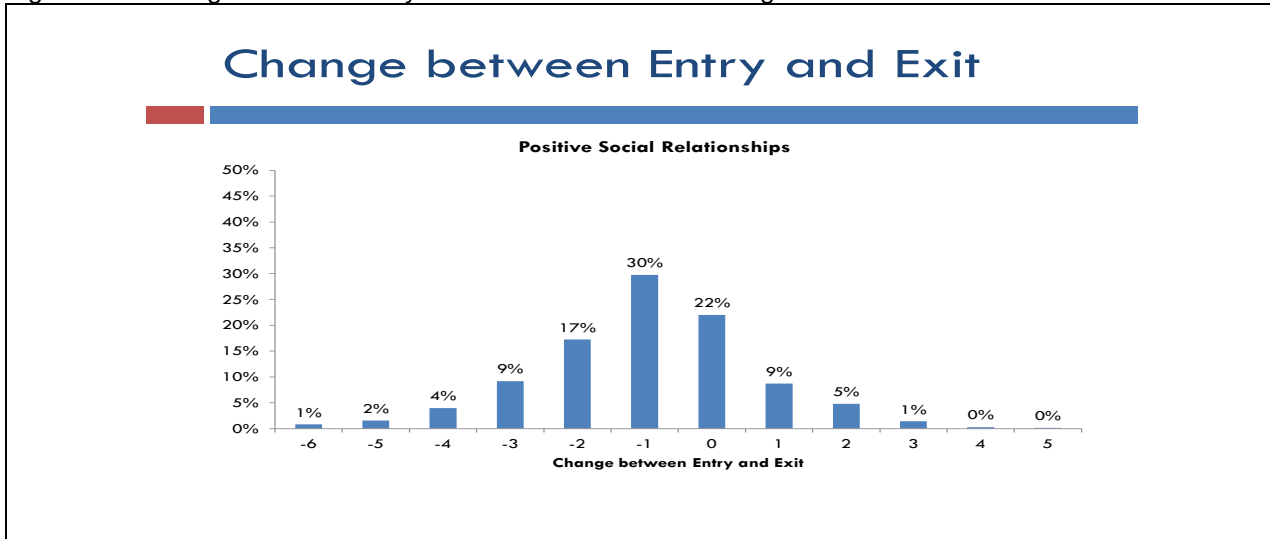


This data (ECO/ECTA Centers) compares the performance of children exiting EI services in FFY 2012-FFY 2013 relative to positive social emotional skills. The data compares children's performance based on the length of time the child was enrolled in EI services based on each of the five (5) measures for reporting.

#### Change From Entry to Exit

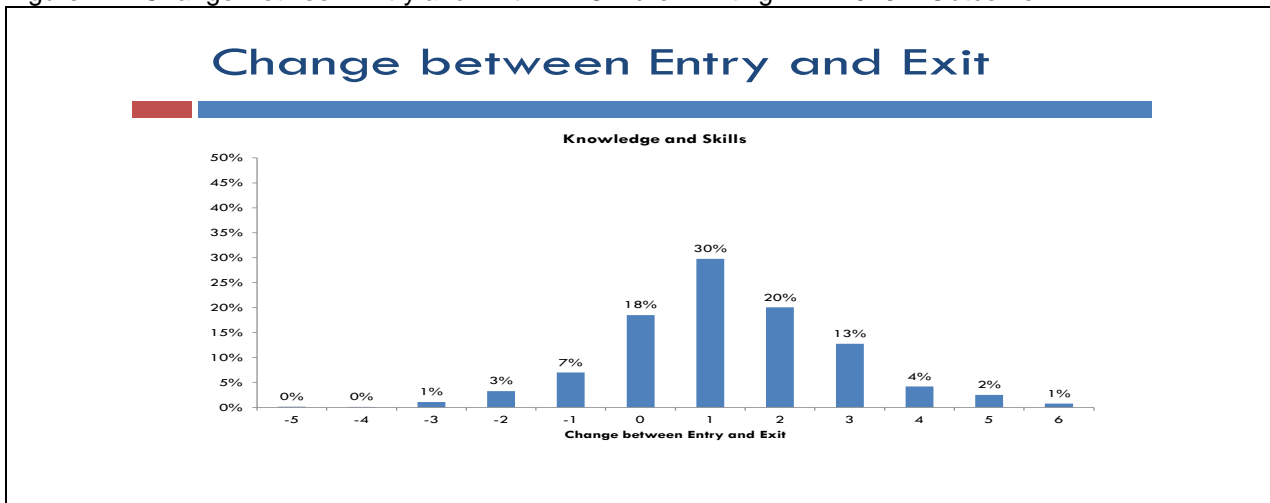
The data was analyzed based on the change in performance on Outcomes A (Positive Social Relationships) and Outcome B (Acquisition of Knowledge and Skills). As reflected in Figure 1.S. below, the greatest percentage of children exiting services fell one (1) SD below the mean in change in positive social relationships as opposed to the change relative to acquisition of knowledge and skills (Figure 1.T.) where the highest percentage of children exited one (1) SD above the mean. The results of that analysis provided the final, and perhaps the most logical, support for selection of the area of social emotional outcomes as the SIMR for Nevada.

Figure 1.S. Change Between Entry and Exit – All Children Exiting FFY 2013 – Outcome A



This data (ECO/ECTA Centers) show the highest percentage of change between entry and exit for children in positive social emotional relationships to be one (1) SD below the mean.

Figure 1.T. Change Between Entry and Exit – All Children Exiting FFY 2013 – Outcome B



This data (ECO/ECTA Centers) show the highest percentage of change between entry and exit for children in acquisition of knowledge and skills to be one (1) SD above the mean.

**Consideration of Compliance Data**

The SSIP Stakeholder Workgroup discussed the potential impact of the state’s noncompliance in the area of timely initiation of IFSP services (SPP/APR, Indicator 1) on child outcomes. While it can be assumed the delay in initiation of services likely had some impact on children’s progress, the available data was not sufficient to draw firm conclusions on the issue. As with the discussion regarding evaluating the impact of frequency and intensity of services for individual children, the children that may have experienced delay in initiation of one (1) service on the IFSP may have received other services in a timely manner. While timely initiation of services has been a significant issue for Nevada in the past, implementation of improvement strategies from previous APRs (e.g. request for additional funds and hiring additional personnel) have been effective in correction of the



noncompliance. It is not anticipated this will have an impact on the data during the timeframe for implementation of this SSIP. Implementation of improvement strategies outlined in the SSIP relative to access to data reports will help to address the impact compliance issues may have in this or other areas in the future.

#### Data Quality Issues:

During the process of reviewing the data, it was determined there are gaps in the ability to generate reports including some data elements in the data system (e.g. disability categories, frequency/intensity of services, time/level of active engagement in service vs. time enrolled). Addressing these issues will allow for a more complete analysis of child performance. The data from the timeframe reviewed for the SSIP did not support analysis relative to some of these elements which may be important to evaluating outcomes. Data reports are not available to local EIS provider programs on an ongoing basis. It was determined improvements are needed in the data system to include all necessary data and appropriate reports to allow EIS providers to generate performance reports on an as-needed basis. Nevada has been chosen to receive intensive TA through the DaSy center to assist in further development of the data system. One (1) specific area identified for the support is in the area of expanding the utilization of the data system to support improvement in child outcomes data. There also needs to be ongoing training for local personnel on the use of the data system. Another data issue raised during the process was whether there is a lack of consistency in the COS ratings across EIS providers. While on-site training and TA has been provided by the IDEA Part C Office, there is concern not all personnel have a clear understanding of the process and therefore, there is likely inconsistency of COS ratings. Improvement strategies outlined in Component 4 clearly address COS training and use of evaluation tools sensitive enough to identify social-emotional development and support consistent COS ratings which will be implemented to improve COS data quality.

#### **Summary of Broad Stakeholder Involvement**

An SSIP Stakeholder Workgroup was formed consisting of members from the Early Childhood Outcomes Taskforce, ICC, members from statewide collaborations within early childhood entities as well as IDEA Part C Office personnel. National TA advisors from the ECTA Center, the IDC and DaSy provided ongoing support in both the planning and facilitation of meetings. An overview of the broad and in-depth data analysis process was provided and reviewed with stakeholder's to ensure their understanding of the data reflected. After reviewing and discussing all data sets, the SSIP Stakeholder Workgroup was in consensus with the Early Childhood Outcomes Taskforce in making the recommendation to focus on Positive Social-Emotional Skills (including social relationships) for the SIMR. This decision was based on analysis of the data which showed that within all subgroups of data, performance in the area of Positive Social-Emotional Skills was consistently lower than Acquiring Knowledge and Skills for children exiting with greater than expected growth. The fact that children's positive social-emotional skills appear to be decreasing over the years and showed fewer improvements from entry to exit was also a major deciding factor for the decision of the SIMR.

## Conclusions and SIMR

Based on the broad analysis of the state's child outcomes data compared to national data and the data of other states with similar eligibility definitions, the SSIP stakeholder workgroup and the Early Childhood Outcomes Taskforce collectively determined the outcome area with the greatest need for improvement was SPP/APR Outcome 3.A., Positive social-emotional skills (including social relationships). Analysis results were as follows:

Comparison to National Averages:

- Nevada data compared to the national data SS 1 for all three (3) child outcomes, showed the State's performance to be comparable with national average
- Nevada data compared to the national data SS 2 for all three (3) child outcomes, showed the State's performance to be significantly below the national average; the lowest performance was in social relationships and acquisition of knowledge and skills

Comparison to States with Similar Eligibility Criteria:

- Compared to states with similar eligibility, for SS1 for all outcomes, Nevada's performance was comparable
- Compared to states with similar eligibility, for SS2 for all outcomes, Nevada's performance was significantly below the average; the lowest performance was in social relationships and acquisition of knowledge and skills

Longitudinal performance:

- Over the last five (5) years, the data for children exiting with greater than expected growth (SS1) shows fluctuations in performance relative to improvement in children's social-emotional development/positive social relationships with a slight decrease in the FFY 2012
- The percent of children exiting within age expectations for Positive Social Relationships increased slightly from FFY 2011 to FFY 2012, but performance is still more than one (1) SD below the national average
- APR data for FFY 2010 through FFY 2012 show performance for each of the three (3) years were below the State established performance target for SPP/APR Indicator 3.A., SS1

More in-depth analysis, including looking at various subcategories of the data and the comparison of the percent of change for children exiting EI services revealed the following supporting the decision on the SIMR:

- Primary Language - children exiting EI services with greater than expected growth where the primary language was Spanish or English performed less in improved social-emotional development as compared to acquisition of knowledge and skills
- Funding Source - children exiting EI services with greater than expected growth where the primary funding source was Medicaid or Non-Medicaid performed less well in improved social-emotional development as compared to acquisition of knowledge and skills
- Foster Care vs. Non-Foster Care - children exiting EI services with greater than expected growth, both in foster care and non-foster care, performed less in improved social-emotional development as compared to acquisition of knowledge and skills
- One third (1/3) of the children who spent less than one (1) year in service did not change their trajectory in social-emotional skills by the time they exited

- Based on the change in performance from entry to exit, the greatest percentage (30%) fell one (1) SD below the mean in change in positive social relationships

Following the more in-depth analysis, the SSIP Stakeholder Workgroup further determined the area with the greatest need for improvement and potential for change was SPP/APR Indicator 3.A., SS1 (children exiting EI services with greater than expected growth) and selected this as the SIMR for Nevada. This SIMR is also closely aligned with other key early childhood initiatives in the State identified through the infrastructure analysis.

### **Hypothesis Regarding Underlying Reasons for Data Results**

At the October 2, 2014 meeting, the SSIP Stakeholder Workgroup discussed the data reviewed and the patterns observed in the data. Potential reasons why the State's data appears the way that it does were identified. The group also developed some hypothesis as to the underlying root causes for the results and patterns identified through the data analysis. The IDEA Part C Office Team, with support from National TA Advisors, summarized the suggested hypothesis as follows:

#### Hypotheses of Root-Causes for Low Performance

1. If EIS providers received more training on appropriate social-emotional development including: understanding the child's level of need and implementing evidenced-based interventions in the natural environment, then individual child outcomes will be achieved and the COS ratings for social-emotional outcomes at exit will increase.
2. If EIS providers consistently use appropriate screening/assessment tools and procedures that accurately reflect social-emotional development, children will be more appropriately identified and have their needs addressed through the IFSP outcomes leading to improved results for children and families.
3. If EIS providers are more comfortable in communicating the importance of social-emotional skills to families, they will be more comfortable in identifying and addressing/including social-emotional outcomes in IFSPs and interventions.
4. If parents have a greater understanding of how social-emotional skills are a part of the child's overall development, there will be more identification of outcomes to address social emotional skills in the IFSP.
5. If team members have more opportunities to observe and interact with the child and family in a variety of settings prior to establishing COS entry ratings, then ratings will be a better representation of the child skills.
6. If there is more consistency in the provision of EI services related to social-emotional development across all EIS providers and all geographic areas of the state, then exit COS ratings will improve.
7. If strong collaborations are developed across all early childhood initiatives at the state and community level, there will be better access to resources for providers (e.g. training across programs) and families which will strengthen and support families and lead to improved social-emotional development for the child.
8. If early interventionists, through the family needs assessment, are able to clearly identify the emotional and environmental factors relative to the family that may impact their ability to support their child's social-emotional development, and address those needs through the IFSP process, there will be improved and more functional outcomes for the child and family.

9. If data collection processes are expanded to include additional elements specific to social-emotional issues, more in-depth analysis of service provisions will be possible and lead to better understanding of underlying issues to target training and technical assistance to support children and families.

**Root-Cause Analysis; Verification of Hypothesis**

The state used multiple data sources in its data analysis to identify root causes contributing to low performance in the area of social relationships of children exiting EI services. Data relative to root-causes were gathered from direct service personnel through a questionnaire developed and implemented by the IDEA Part C Office Leadership Team designed to prove, or disprove the hypothesis developed as a result of the SSIP Stakeholder Workgroup. The questions were divided into five (5) categories: Training/TA, Resources/Collaboration, Assessment, Services, and Management.

Since the SSIP will be a statewide effort in promoting improved positive social-emotional skills for Nevada's infants and toddlers, all EIS provider programs participated in the interview process. This included programs that have demonstrated both high and low program performance over the years. During the months of November and December 2014, questionnaire responses were gathered from EIS provider directors, managers, supervisors, and EIS provider staff through onsite group and/or individual interviews and e-mail submissions.

The IDEA Part C Office gathered and analyzed the responses received looking for patterns and trends across all programs for pronounced differences or similarities across all three (3) regions. Common themes were identified throughout the State which supported the hypothesis including:

- the need for service provider training on social emotional development and implementation of evidence-based practices,
- consistent utilization of an appropriate evidence-based social- emotional assessment tool, and
- more access to resources in the community to assist children with social emotional concerns.

Further discussion on the identified root causes will be discussed in Component 4- Selection of Improvement Strategies.

## **Nevada Part C SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity**

### **Analysis of Infrastructure Capacity**

The analysis of Nevada's infrastructure to support improvement and build capacity included a Strengths, Weaknesses, Opportunities and Threat (SWOT) analysis. This is an analytical framework designed to help organizations identify their greatest challenges as well as most promising next steps. A SWOT analysis was completed for each OSEP recommended system component. These components included Governance, Fiscal, Quality Standards, Professional Development, Data Systems, Technical Assistance and Accountability and Quality Improvement. Within those system components, each identified strength, weakness, opportunity and threat was labeled as possible leverages or hindrances to improvement in our focus area of social-emotional development.

On August 13, 2014, the IDEA Part C office, along with national TA advisors from DaSy and IDC facilitated a meeting of the SSIP Stakeholder Workgroup via videoconference connecting the northern, southern and rural regions of the state. These stakeholders included representatives from all EI programs, parent advocates, members of the ICC and Early Childhood Outcomes Taskforce members. The national TA advisors presented an overview of the child outcomes reporting process and the IDEA Part C Office Leadership Team presented an overview of the child outcomes data analysis process for purposes of the SSIP as well as the purpose of the SSIP infrastructure analysis. The workgroup divided into regional discussion groups; the southern region in one (1) group and the northwest region with the northeast region, which includes a large rural population. Each group was lead in an in-depth discussion regarding each system component, identifying potential strengths, weaknesses, opportunities and threats in each component.

As a result of the work of the stakeholder meeting, the IDEA Part C Office Leadership Team participated in a follow-up call with the TA advisors regarding next steps. It was decided to compile the information from both groups to one (1) SWOT document as well as compile discussion notes about possible data trends and additional areas of data collection. In the consolidation of the results of the infrastructure analysis, the IDEA Part C Office Leadership Team identified items on the SWOT as potentially hindering or leveraging improvement in social-emotional development. These were represented by an "H" or "L" by applicable items. This information from the infrastructure analysis was used to help identify root causes and subsequently select improvement strategies.

### **Description of State Systems/ Systems Strengths and Areas for Improvements**

Nevada's infrastructure is designed to support the state's implementation of the Part C program and to ensure children and families receive necessary services and make progress as a result of these services. The various components of the system are aligned with each other and work together to achieve this goal. A description of each of the seven (7) system components is as follows along with strengths and areas of improvement that impact the development and implementation of the SIMR include:

**Governance**

Nevada's IDEA Part C Office is housed within, and under the direction of, the DHHS. DHHS, with its various Divisions, implements a wide range of early childhood programs that support social-emotional development in young children, birth to age five (5).

The Nevada IDEA Part C Office is the lead agency for the statewide EI system and responsible for oversight of the implementation of the statewide EI system under Part C of Public Law 108-446, IDEA. This includes ensuring the identification of children with disabilities birth to age three (3), coordination and provision of timely and appropriate early intervention services within the family's natural environment and daily routines and activities. The EI system is guided by the IDEA, the DEC recommended practices, the State of Nevada EI Policy Document and Nevada's Effective Practices Guidelines.

The ADSD manages state operated EI programs, located in the southern, northern and northeastern regions of the state as well as for profit and non-profit programs. These programs all provide comprehensive family centered, community based services for children eligible for Part C services. These include, but are not limited to special instruction, physical therapy, occupational therapy, speech-language therapy, vision and hearing services, assistive technology, nutrition, feeding and service coordination. The ADSD also oversees the implementation of the Autism Treatment Assistance Program (ATAP) which is available to persons 19 years of age and under. Resources through this program are available to assist families in obtaining supports to address developmental concerns including social skills and behavioral concerns.

**Strengths:**

This governance structure promotes ongoing partnerships between programs providing services to young children and their families. Nevada Early Intervention Services (NEIS) Northwest (NW) is currently providing evaluation and assessment collaboratively with Early Childhood Mental Health. This regional collaboration can be leveraged to support statewide collaboration and ensure evaluation and assessment of social emotional development for all Part C children.

The IDEA Part C Office maintains a shared data system to track and monitor mandated compliance components of Part C of IDEA and to support evaluation and improvement of program performance. The data base will be enhanced and can be leveraged to provide program data to target TA and training to improve social emotional development.

The IDEA Part C Office recently revised the State Early Intervention Policy Document to formalize the governance structure and requirements for EI services and can be used as the basis for developing TA and training on evaluating/assessing social emotional needs, developing appropriate IFSP outcomes, and using evidence-based practices in providing services and supports to enhance social emotional outcomes.

Areas for Improvement:

The SSIP Stakeholder Workgroup identified a high turnover of personnel at the local and administrative level and competition with other programs to hire qualified staff in some disciplines impacts on improving social emotional outcomes statewide. The high turnover of staff at the administrative level results in inconsistent decisions, interpretation of requirements, and priorities. Turnover of staff at the local level and difficulty recruiting qualified staff impact on the ability to evaluate and assess children's needs related to social emotional development and in providing appropriate services to improve social emotional outcomes. Another challenge is ensuring collaboration between the IDEA Part C office under the Director's office and the administration of the EIS provider programs through the ADSD. This challenge impacts on the development and provision of training for all EI providers related to Part C requirements and use of evidence based practices in serving infants and toddlers with disabilities. It also impacts efforts to consistently collaborate with other early childhood initiatives focusing on enhancing social emotional development.

**Fiscal**

Nevada's system of payments for EI services includes state general funds, Part C federal funds, public benefits, insurance and private insurance. It does not include family fees or, sliding fees, and families do not incur any costs when using public benefits, insurance (e.g., Medicaid, CHIP, and TRICARE) or private insurance. Co-payments, deductibles or other costs related to use of public benefits, insurance or private insurance are covered by the EI program. The only cost to parents when using public benefits/insurance or private insurance is the on-going payment of insurance premiums for the public benefits, insurance or private insurance policy.

Strengths:

State general funds and federal IDEA Part C funds support comprehensive EI service programs including those operated by the State of Nevada and non-profit and for profit community programs providing comprehensive Part C services. These community programs are contracted by ADSD, who pays each program a flat rate per month for each child with an active IFSP. EIS programs also bill third-party sources (Medicaid or Insurance) with parent consent in addition to the flat-rate payment received through ADSD. Community programs have reported an increased awareness of funding sources available to support early childhood services. Having a clear and consistent funding process in place can provide a sound basis for ensuring EIS programs can provide services to meet the social-emotional needs of infants and toddlers statewide.

The University of Nevada Reno has received federal grant funding to provide scholarships for persons wishing to obtain an endorsement in Early Childhood Special Education (ECSE) and the University of Nevada Las Vegas is in the application process to do the same. Some early childhood initiatives have been successful in "piecing-together" funds from various resources in order to promote specific improvements in the system. For example, Nevada has been able to maintain the TACSEI Pyramid model using funds from Parents Empowering Parents, Part C funds and other early childhood initiatives.

Areas for Improvement:

Although each community EI provider is paid a set rate for each active IFSP, the rate of pay for therapists is not consistent across the system. This has posed a challenge for some programs to maintain therapists and results in a shortage of therapy providers in some programs. In some instances, the shortage of therapists has resulted in delays in initiation of services and/or failure to implement the frequency and intensity required by the IFSP during periods between hiring of personnel. Programs are then required to provide compensatory services, which increases the workload for existing personnel. In some cases, families elect to transfer to another EIS program. It is assumed, depending on the extent of the interruption in services, this has a potential to negatively impact outcomes for the child and family.

**Quality Standards**

Nevada uses the DEC Recommended Practices as well as Nevada's Effective Practices Guidelines in Foundation and Philosophy, Intake and Evaluation/Assessment & Eligibility, IFSP, Service Coordination, and Transition as the foundation for services provided to improve results for children and families being served.

Strengths:

New DEC recommended practices have been disseminated and the IDEA Part C Office continually uses the availability of national TA to support the implementation of evidence based practices in areas such as the family needs assessment and development of functional outcomes. The state is in process of developing early learning standards and establishing a rating system to promote the availability of quality childcare for all children. Quality standards are in place for EHS and HS Programs. The Autism Commission has a subcommittee that is developing standards of practice for children with Autism. The IDEA Part C Office has facilitated a workgroup that developed and implemented a list of cross disciplinary standardized assessment tools for eligibility determination.

Nevada is a target state for the Early Childhood Personnel Development Leadership Institute and has a collaborative team researching and developing a comprehensive personnel development plan to ensure highly qualified staff across disciplines. Members of this team include Part B and Part C, the Nevada Center for Excellence in Disability (NCED), UNR and UNLV, Nevada's Children's Cabinet, the Department of Education's Pre-K Program and TACSEI. These resources can be leveraged to support quality standards for EI, especially to focus on improving social emotional outcomes.

Areas for Improvement:

While a process for program specific quality standards for practices in EI has been initiated through ADSD for the programs under their administration, the process has not been finalized and the standards are not officially in place. Further development is needed to ensure the quality standards are evidence-based and there is a system in place to ensure fidelity in implementation. Not having such standards in place can impact on how programs operate and how providers use practices in the provision of services to children and families.



**Professional Development**

All EIS providers meet the requirements for highly qualified as identified in the Nevada Early Intervention Policy Document and meet the state's minimum education and state licensure/certification requirements. Community EIS providers are required to submit resumes for DSs as well as licenses from therapists prior to employment. Programs are required to submit to the IDEA Part C Office a personnel tracking form that includes current licensure/certification/registration with each annual comprehensive monitoring.

The IDEA Part C Office provides a two (2) day New Employee Orientation to all new staff as well as any staff identified as needing additional training. This training includes but is not limited to all IDEA requirements, service coordination, the development of functional outcomes, transition, completion of the COS, eligibility determination and family needs assessment. A section is being added to the training to address social emotional assessment and intervention.

**Strengths:**

UNR has been awarded a grant to give financial assistance to EI professionals to obtain a Master's Degree in Early Childhood Education. There are multiple opportunities for staff to participate in statewide trainings (listed previously) and educational opportunities such as national webinars, university classes offered on-line for distance learners and a cohort "fast track" program to assist staff to meet the required timeframe to receive their license. The IDEA Part C Office has developed an Endorsement workgroup to review the licensure requirements and process for the DSs to meet the standard of highly qualified. Funding resources for TACSEI continue to be available at the state level through various funding streams within MCH and eight (8) Master Cadres are trained. IDEA Part C Office personnel and other stakeholders are active participants on the statewide TACSEI leadership team. The NEIS NW program has established a collaborative team with their sister early childhood mental health program to provide training, TA and serve in an advisory capacity for providers working with infants and toddlers and families who are experiencing social/emotional and/or mental health concerns which has potential for replication by other programs.

The state operated EIS programs in the northern and southern regions have a formalized mentoring component for all new developmental specialists. This process includes, but is not limited to, discipline specific instruction such as the development of the IFSP, the implementation of standardized assessment tools, family needs assessment, and service coordination. New employees have limited caseloads for a period of time while shadowing their mentor. There is also a system of personal supervision and review during this period. This mentoring system enables these providers to ensure the implementation of evidence based practices with fidelity. It is hoped this mentoring structure can be the foundation for developing a statewide mentoring process for all EI personnel to ensure implementation of evidence-based practices related to improving social emotional outcomes with fidelity.

Areas for Improvement:

Areas identified as needing improvement included additional supports for personnel to participate in training opportunities including release time and additional funds to support participation (travel, materials, etc.). The need for better collaboration with NDE for training in key areas like transition was also identified. Topics indicated as needing additional training included understanding the importance of the child outcomes as a measure of the effectiveness of EI services, development of functional outcomes related to social emotional development and knowledge and skills in assessing and interpreting the social emotional needs of young children. The lack of knowledge and skills in this area results in failure to appropriately identify social/emotional needs and, in turn, results in less effective intervention plans for services for the child and family. This ultimately results in poorer outcomes for the child and family.

**Data Systems**

The goal of Nevada's Tracking Resources and Children (TRAC) Data System is to improve service delivery for children, assist EIS providers in managing their programs, and provide the IDEA Part C Office and state administration with data for the purpose of assessing compliance with federal and state reporting requirements.

The majority of SPP/APR indicator data for reporting are accessible through the TRAC data system. However, the following outcomes require additional steps to finalize data reports:

- Indicator 1 – Timely Initiation of Services  
Data for this indicator must be gathered and verified through child record reviews. Desk audits can be conducted on some aspects of the initiation of services but the system cannot generate final data for reporting at this time.
- Indicator 3 – Child Outcomes  
Forms to collect child outcomes embedded in the data system and tracking reports can be generated through the system. However, the data must be migrated to the Excel Spreadsheet developed by the ECO Center for the calculations relative to the five (5) measures for reporting and the summary statements for each child outcome.
- Indicator 4 – Family Outcomes  
Family outcomes data is generated via an annual survey conducted by the UNR through contract with the IDEA Part C Office.

As part of the annual statewide on-site monitoring, data from the data base is validated during the randomly selected record review. The review must include a minimum of 10% of enrollment for larger programs and 20% for smaller programs (smaller program defined as less than 300 enrollments). Programs are required to make child specific corrections of data errors and provide evidence of correction to ensure any issue has been resolved.

Strengths:

The IDEA Part C Office has a process for verification of data including regular intervals when reports are sent to programs for clean-up. The IDEA Part C Office is able to monitor programs through a desk audit to provide program specific data needed for compliance and program improvement. The IDEA Part C Office has obtained a contractor to continue updates and improvements to the TRAC data collection system. The IDEA Part C Office is also receiving intensive national TA from the DaSy Center to review the data collection system and increase the amount of accessible information to ensure compliance and improve program performance and quality. This is a shared web based system required to be used by all EIS programs.

Areas for Improvement:

A critical need for the data system is to have the calculations for COS data to be programmed into the system. Currently, local programs only have access to performance data on an annual basis. This does not allow for ongoing program evaluation to determine if there are issues that need to be addressed in service delivery to improve outcomes for children and families. This does not allow program personnel to fully understand the importance of outcomes. There is a disconnect between the data system, the family survey and the state not able to link child and family outcomes data for analysis. There has not been sufficient exploration of the potential for linking of data across systems.

**Technical Assistance**

TA is provided statewide through the IDEA Part C Office. The IDEA Part C Office is currently staffed by three (3) Developmental Specialists (DS) IV who serve as liaisons to local programs; the Part C Coordinator; a Data Manager; and three (3) Administrative Assistants. This office performs all of the functions as the Lead Agency including ensuring all components of the IDEA, Part C law and regulatory requirements are enforced in the state's EI System. It is anticipated one (1) additional DSIV position will be added in July 2015. This will assist the IDEA Part C Office to be able to be more effective and timely in providing TA based on critical issues and requests.

Strengths:

The IDEA Part C Office developed and disseminated Effective Practices Guidelines for Intake and Eligibility, Service Coordination, the IFSP and Transition. These include procedures and guidelines on how to engage and communicate with families, evaluate and assess children referred to Part C, develop the IFSP and facilitate transition. The guidelines were disseminated to all programs and are available electronically to each service provider. The IDEA Part C Office also facilitates quarterly statewide management meetings and monthly TA calls between all EIS programs for consistency of information and sharing ideas and strategies across programs. Information is presented on other early childhood initiatives during these meetings to promote local collaboration. A new Program Development team has been formed in the southern region to assist the IDEA Part C Office in providing training to all southern programs. The intent of this team is to provide technical assistance and training to all EIS programs in the southern region, as it is the most populated area of the state. The result of the team's efforts would be to improve the use of evidence-based practices related to social emotional development and ultimately be replicated statewide. The IDEA Part C Office continues to receive national TA from the ECTA Center

and, DaSY and participates in regularly scheduled calls and webinars. Along with programs' internal system of personnel training, the IDEA Part C Office facilitates a New Employee Orientation for all new DSs and Service Coordinators on all IDEA requirements including but not limited to service coordination, the development of functional outcomes, completion of the COS, eligibility determination and family needs assessment.

#### Areas for Improvement:

The Effective Practices Guidelines need to be updated to reflect the most recent reauthorization of Part C of IDEA, the revision of Nevada's Early Intervention Policy Document and DEC's most recent evidence based practices. Although the IDEA Part C Office provides a monthly TA call for all EIS programs to participate on, there are inadequate IDEA Part C Office personnel to meet the needs of all TA requests for all programs. One (1) additional DSIV position in this office will be available in July 2015, which will increase the ability of the IDEA Part C office personnel to provide TA in a timelier manner. Not having current Effective Practice Guidelines and sufficient staff to respond to TA requests can impact how programs and providers implement practices at the local level and can potentially impact the results for children and their families.

#### **Accountability and Quality Improvement**

Nevada's system for accountability and quality improvement involve multiple components of the general supervision process. This includes annual self-assessment by each EIS program, data analysis and verification by the IDEA Part C Office, focused monitoring as needed and tracking of procedural safeguards activities (complaints, mediations and due process). Each EIS program maintains an internal Quality Assurance Team for comprehensive self-assessment and program improvement. This team completes the child record review required by the IDEA Part C Office as a part of the Annual Self-Assessment process. This process includes the following components:

1. Gathers data through review of child records for compliance with Part C of IDEA requirements;
2. Review of data from the TRAC data collection system in key areas of compliance with IDEA;
3. Analyzes data relative to program performance and practices;
4. Develops and implements plans for correction of noncompliance and program improvement;
5. Verifies implementation of all improvement plans by management and direct service personnel; and
6. Reports to the IDEA Part C Office and other appropriate entities, including the ICC on program status.

#### The IDEA Part C Office:

1. Reviews, verifies and analyzes data received;
2. Identifies areas of compliance and non-compliance with state and federal (Part C) regulations and requirements;
3. Assists EI programs in the development and implementation of improvement activities;
4. Verifies the success of the improvement activities;
5. Determines if additional focus monitoring or desk audits are necessary;
6. Verifies the success of improvement activities by progress reports and on-site visits;

7. Reports to the public on the performance of each EIS program on the APR Indicators including Indicator 3 and 4 reflecting outcomes for children and families; and
8. Develops state and federal reports related to compliance with IDEA Part C requirements.

The primary focus of the state's general supervision system is to ensure EI services are result oriented and lead to improved functional outcomes for all infants and toddlers with disabilities and their families. The continual and comprehensive monitoring and self-assessment process ensures needs are identified in a timely manner and EIS providers have supports in place to address provider services to meet the needs of children and families – including the social emotional needs of young children.

#### Strengths:

All EIS programs have an internal quality assurance team that completes an Annual Comprehensive Monitoring Process. Each program is assigned a liaison with the IDEA Part C Office to assist the programs through this process as well as provide data to be included in their annual assessment report submitted to the IDEA Part C Office. The programs are provided guidance documents and timelines for this process as well as training on components of the process such as child record reviews. This information is verified after submission of the report and the IDEA Part C Office liaison works collaboratively with the program to track improvement plans and activities, if applicable. The system has procedures for conducting focus monitoring and/or desk audits, as appropriate. This is considered a strength in that it not only reviews for compliance but also for evidence-based practices. It may also alert a program for the need for additional training for a staff member, such as the development of an individualized transition plan or developing functional outcomes. The Data Manager in the IDEA Part C Office sends periodic opportunities to “clean up” data by correcting errors or providing documentation to each EIS program.

#### Areas for Improvement:

Current weaknesses in the system include limited access to COS data analysis at the individual program level. This does not support ongoing evaluation to determine if practices are being effective in improvement of outcomes and allowing for modifications to service delivery to address concerns. The accountability system is also heavily focused on compliance and needs to have an increased emphasis on results along with compliance.

#### **State-level Improvement Plans and Initiatives**

During SSIP Stakeholder workgroup meeting, state level initiatives, programs and or services were identified that relate to social-emotional development in young children and could support Nevada's SIMR.

These include but are not limited to the following:

- Nevada's TACSEI Leadership team uses the Pyramid Model from the TA Center on Social Emotional Intervention to promote evidence-based practices that support positive social emotional skills for young children. There are thirteen Master Cadre members who continue to provide Pyramid Model trainings across the state as well as coach staff in demonstration sites located throughout the state. The following

components of the Nevada TACSEI initiative can be explored during Phase II of the SSIP to support improving social-emotional outcomes for infants and toddler with special needs:

- Effective training practices to increase participants' knowledge on social-emotional development of infants and toddlers
  - Develop an inventory of social-emotional initiatives identified as resources to be used to improve social emotional skills of infants and toddlers
- Early Hearing Detection Intervention Program (EHDI) works collaboratively with the IDEA Part C Office to identify children who have failed the Universal Newborn Hearing Screening to ensure the referral to EIS programs. The EHDI program and the IDEA Part C Office have provided EI staff in all statewide programs the SKI HI curriculum to use with infants and toddlers who are deaf or hard of hearing. This training will enable the EIS providers to :
    - Provide services in the natural environment to assist in the child's ability to develop early communication skills through audition, hearing aids, American Sign Language, aural-oral language and total communication. The appropriate development and use of these skills will enhance the development of functional outcomes and the child's social-emotional skills.
  - Nevada Early Childhood Advisory Council (ECAC) works to strengthen state-level coordination and collaboration among the various sectors and settings of early childhood programs. Chapter 432A of the Nevada Revised Statutes requires council membership to include specific representation and all positions are appointed by the Governor. This organization can provide resources to assist families in obtaining information and support from other early childhood programs within the state.
  - Expanding Opportunities for Inclusion is a collaborative initiative supported by the IDEA Part C Office, the NDE, Nevada TACSEI, and ECAC. The intent of this initiative is to improve inclusion opportunities for children with disabilities, which includes model demonstration sites in inclusive child care centers. This directly supports children and families with the opportunity for socialization and the development of social-emotional skills.
  - Family Resource Centers are housed in DHHS and work collaboratively with the IDEA Part C Office, EIS programs, other state and local agencies, and organizations to help families access needed services and supports. There are eighteen service areas and twenty-one centers located throughout the state.
  - Children's Mental Health Services is housed under the DCFS. In the northern region of the state, DCFS provides Family Learning Homes, outpatient mental health services and early childhood mental health. The state operated EI program in the northern region (NEIS NW) has worked collaboratively with early childhood mental health providers to develop the Emotional Assessment and Strategies Team (EAST) Team. This team provides information and support for families with social emotional concerns, review of

assessment information related to social-emotional development and assists families in the development of functional outcomes to address social-emotional skills. In the southern region of the state, there are four (4) neighborhood clinics to provide early childhood outpatient services. Representatives of DCFS are active participants on the ICC as well as an active participants in the SSIP Stakeholder process.

- The Nevada Partnership for Training provides a statewide training module related to basic neurodevelopment and the impact of trauma on childhood development and behavior. This training also includes a component to address the impact of trauma on the child/family relationship. This training will directly increase early interventionists' ability to communicate and relate to families in identifying and addressing social-emotional needs and skills.
- Nevada is identified as a state to receive Targeted TA through the Early Childhood Personnel Center (ECPC). A State team has been identified to participate in the ECPC Leadership Institute in 2015. Membership of this team includes Part B and Part C, NDE, the Children's Cabinet, NCED, UNR, UNLV, and the Nevada TACSEI leadership team. This team will work collaboratively to develop a comprehensive personnel development plan across agencies and disciplines to ensure highly qualified staff and provide evidence based practices. This will directly relate to the fidelity of services and skills to address social-emotional development of young children.

The core components of the current initiatives should be incorporated into the improvement strategies in the SSIP during Phase II are:

- A system for on-going Professional Development (trainer quality assurance, training quality assurance, training outcomes);
- Expansion of effective interagency intervention models to all areas of the state;
- A plan to ensure sustainability; and
- An ongoing evaluation process to ensure fidelity in implementation and determining whether intended outcomes are being met.

Things that must be considered from current initiatives to potentially enhance the development and implementation of the SSIP:

- Awareness at all levels (policy, administrative, community, and family);
- Account for cultural and linguistic diversity (determine what it means for each culture); and
- On-going discussions with EIS providers and partners/stakeholders so everyone is working towards a common outcome.

### **Representatives Involved**

Stakeholders involved in the SSIP process include but are not limited to the following:

- Program Directors from all EIS programs

- Parents
- Members of the ICC
- NDE 619 Coordinator
- Parents Empowering Parents (PEP)
- DCFS, Early Childhood Mental Health
- ASD
- Executive Director of the Nevada Governor's Council on Developmental Disabilities
- National Technical Advisors – DaSy, ECTA Center, WRRRC, IDC

Additional stakeholders that will be invited to participate in Phase II include but are not limited to representatives from:

- DHHS and ASD Administration  
Administrative support will be critical to ensuring strong internal collaboration across divisions as well as ensuring consistency and sustainability in operationalization of SSIP components throughout the EI system
- The Office of Early Care and Education  
The mission of the Office of Early Care and Education includes improving and maintaining quality early care and education programs for young children including children with special needs by supporting programs with strategies for inclusion and increasing the skills, education levels and professionalism of the field. These are consistent with the improvement strategies in the SSIP.
- Nevada Indian Commission Tribal Early Childhood Advisory Committee (TECAC)  
Goals of the TECAC included facilitating the development of resources including all early childhood contact persons and programs in each tribal community in Nevada, facilitating the development of a communication plan to increase opportunities for families to be aware of early childhood education services in Nevada and facilitate the incorporation of family wellness and empowerment programs and resources into programs. These are consistent with the improvement strategies in the SSIP.
- Nevada Home Visiting Program  
The mission for the Nevada Home Visiting Program included developing and promoting a state-wide coordinated system of evidence-based home visiting that supports healthy child development and ensures the safety of young children and family members.

Other representative will be identified as needed throughout the implementation process.

### **Stakeholder Involvement in Infrastructure Analysis**

The SSIP Stakeholder Workgroup initiated the formal process of infrastructure analysis at their August 2014 meeting. This meeting was facilitated by national TA consultants and the IDEA Part C Office Leadership Team and was video conferenced between the northern and southern regions of the State. Discussion was held separately at both locations regarding the critical SSIP Components: Governance, Fiscal, Quality Standards,



Professional Development, Data, Technical Assistance, and Accountability. The facilitated discussions allowed members to identify the strength, weaknesses, opportunities and threats (SWOT) relative to implementing the SSIP. Data generated by the discussions was compiled to reflect the SWOT analysis by the TA consultants and the IDEA Part C Office Leadership Team following the meeting. The compiled results were shared at the October 2014 meeting for additional review and comment. The compiled information from the SWOT analysis served as a foundation for continuing work toward developing the SIMR and finalizing work on Phase 1 of the SSIP.

**Nevada Part C SSIP Component 3: State-Identified Measurable Result (SIMR)****SIMR Statement:**

Nevada's IDEA Part C Office leadership and statewide stakeholders, with the ongoing support of representatives from national TA centers, completed a thorough analysis of the State's child outcomes data for FFY 2013 as a basis for identifying the most critical area for systemic improvement. As a result, the decision was made that the State's SIMR is:

*"Infants and toddlers exiting early intervention services in Nevada will demonstrate a significant increase in the rate of growth in positive social-emotional skills (including social relationships)."*

Because the review of the data did not seem to point to any subset of the population as having dramatically lower performance than another and the number of children receiving EI services is relatively small, it was determined the State would not focus on a particular subset of children but would seek to demonstrate improvement for all children receiving EI services.

**Data and Infrastructure Analyses Substantiating the SIMR****Data Analysis Supporting SIMR**

Nevada participated in a study conducted by SRI International that evaluated the validity and reliability of Nevada's child outcome data for FFY 2008 through FFY 2011. This data was compared to the national data averages. Overall, Nevada's expected patterns for progress categories were consistent with national averages. This indicated there were no red flags regarding the accuracy of the data; therefore, it was determined the data was of quality and sufficient for decision making regarding program improvement without concerns. The results of this study were shared with the Child Outcomes Taskforce at their March 2014 meeting. Nevada's data includes all children exiting EI services having received at least six (6) months of EI services within the reporting period.

Beginning in the summer of 2014, the IDEA Part C Office began working on the broad analysis of the child outcomes data for FFY 2013. This process involved looking at the data for all three (3) child outcomes in APR Indicator 3 and comparing the state's performance with national data as well as to states with eligibility definitions similar to Nevada. This process began to point to the areas of Social Relationships and Acquisition of Knowledge and Skills as a potential focus for the SIMR. While Nevada's performance for FFY 2013 data was consistent with other states with similar eligibility definitions in substantially increasing the rate of growth, there was, however, a downward trend in performance over the period of FFY 2008 through FFY 2012. Comparison of the same data for SS 2 revealed a more pronounced discrepancy for children exiting within age expectations. It was felt the larger discrepancy in SS2 was impacted by the fact Nevada's eligibility standard requires a 25% delay in two (2) developmental areas, a 50% in one (1) area, or a diagnosed condition recognized to have a high probability of resulting in a developmental disability. Upon review of the results of the broad analysis by stakeholders, more in-depth analysis was requested.

The in-depth analysis focused on Outcomes 1 and 2 and looked at children by primary language, children whose families where the primary language was other than English and an interpreter was required, Primary Funding Source (Medicaid, Non-Medicaid) and Foster Care/Non-Foster Care. The analysis showed for all subgroups, performance in the area of Social Relationships was consistently lower than Acquisition of Knowledge and Skills for the children exiting with greater than expected growth. After the review of the data with stakeholders and consideration of the area with greatest need and potential for change, it was determined the SIMR was in Outcome 3.A., SS1. There was agreement across stakeholders the research supports the fact that increasing positive social emotional skills supports the child in building foundational skills for success in the other key outcome areas of obtaining knowledge and skills and the ability to take action to meet needs. The process of supporting families in understanding the role of social emotional skills in the child's overall development will also strengthen parent/child relationships and promote the overall well-being of the child.

### **Infrastructure Analysis Supporting SIMR**

The infrastructure analysis was initiated through the SSIP Workgroup at their August 2014 meeting. After reviewing the broad data analysis, the group looked at the State's strengths, weaknesses, opportunities and threats (SWOT) relative to critical systems infrastructure components. This analysis identified a number of key strengths relative to infrastructure components that support the decision of the identified SIMR and can be built on to achieve the ultimate result of improving social emotional outcomes for infants and toddlers. The state is enhancing its collaboration with many of the current state and local initiatives (previously addressed in Component #2). These initiatives demonstrate a strong emphasis on supporting and promoting positive social-emotional development in young children. The alignment between the infrastructure strengths of the state identified below to the selection of the SIMR, again, identifies considerable leverage points to improve outcomes for children's social-emotional skills. Examples of the key strengths of the state infrastructure components include the following:

#### **Governance:**

- High level of awareness of the importance of appropriate supports for young children, especially in the earliest years
- Existing collaboration across State agencies and programs to improve systems of support during early childhood
- Public/Private collaborations to improve systems of care for young children
- Policies are in place to support consistent implementation of requirements
- State legislated program for identification and treatment of children with Autism Spectrum Disorders (ASD)
- The Early Childhood Advisory Council (ECAC) and the State Interagency Coordinating Council (ICC) collaboration

#### **Fiscal:**

- Increased funding for early intervention and early childhood initiatives
- Success in maximizing funding from various resources, including Medicaid

- Collaborative funding of early childhood initiatives

Quality Standards:

- Ongoing development of early learning standards
- Awareness of, and training on, Division for Early Childhood (DEC) Recommended Practices; Use of recommended practices as foundation for program quality and improvement
- Silver State Stars Quality Rating & Improvement System (QRIS); a systemic approach to improve and assess the level of quality in child care centers
- Initiation of development of provider certification standards that are quality based and linked with monitoring and accountability
- Autism Subcommittee developing quality standards for services for children diagnosed with ASD

Professional Development:

- ICC subcommittee on Endorsement/Certification of Developmental Specialists for EI services
- Grants to support individuals in obtaining State endorsement in Early Childhood Special Education (ECSE)
- Collaboration across programs to provide training based on identified needs
- Training Modules for foster parents
- On-line training modules for child care providers regarding administering Ages and Stages Questionnaire – Social Emotional (ASQ-SE)
- Nevada's Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) Pyramid Model Partnership
- Training supports instituted by local programs that have been shown to be effective and can be replicated statewide

Data:

- Ongoing development of the Tracking Resources and Children (TRAC) Data collection and reporting system;
- Data collected through various projects serve as basis to potentially expand in order to have more comprehensive data across early childhood efforts (ex. Screening, training and follow-up data)

Technical Assistance:

- The State has access to TA and resources on a broad array of topics through the various national TA centers
- TA for providers is facilitated or provided through the IDEA Part C Office using multiple approaches including meeting with providers, distribution of information on webinars or other media and through printed materials developed collaboratively with providers to ensure they address the identified need

Accountability:

- Ongoing development of the TRAC Data System to support expanded use of data by state and local programs to evaluate performance and for program improvement

### Stakeholder Involvement in Selecting the SIMR

The process of identification of the SIMR included ongoing review and input on the SSIP development by members of the three (3) key stakeholder groups identified in the SSIP overview. These groups, with support of national TA providers and the IDEA Part C Office leadership team participated in a number of meetings and conference calls between June 2014 and January 2015. During these meetings and calls, key data regarding the current status of outcomes for infants and toddlers receiving EI services in Nevada were reviewed and analyzed. Members of these groups also participated in facilitated processes to analyze the current State infrastructure relative to its capacity to support improved outcomes for young children. Strengths, weaknesses and key initiatives were identified and explored. After all was considered, there was consensus across all groups the SIMR for Nevada would be to target improved social emotional outcomes for infants and toddlers.

### Baseline Data and Targets

#### Description of Measure

The measure used in the collection of data for this indicator is the COSF (Child Outcome Summary Form). Entry data is collected on all children and exit data is collected for children who have received at least six (6) months of EI services. Data used to measure progress will be consistent with that reported under APR Indicator 3, Outcome A, [Positive social-emotional skills (including social relationships)], SS1 (those children making substantial progress towards functioning as same age peers).

The baseline of 65.25% was established based on performance data for FFY 2013. The IDEA Part C Office Leadership Team worked with National TA Advisors to develop future targets through the use of the Meaningful Difference Calculator developed by the ECO. The meaningful difference calculator uses an accepted formula to determine whether the difference between two (2) percentages is statistically significant. Through the use of this calculator, Nevada's targets were set to increase by .53% per year to a total of 67.90% over the next five (5) years. Based on the calculations, this would demonstrate a significant, or meaningful, improvement in positive social relationships for children receiving EI services.

Potential targets were reviewed with the SSIP Stakeholder Workgroup and the ICC in January 2015. Concern that the initially proposed targets were too low was raised by stakeholders. Targets were amended based on the results of the analysis utilizing the meaningful difference calculator to ensure the targets were sufficiently rigorous to demonstrate meaningful improvements for infants and toddlers and their families. The revised targets, as reflected in Table 3.A. below, were reintroduced to stakeholders and were accepted without further comment.

Table 3.A. Targets for Improvement FFY 2014 – FFY2018

FFY	2013 - Baseline Data	2014	2015	2016	2017	2018
Targets	<b>65.25%</b>	65.78%	66.31%	66.84%	67.37%	67.90%
	Change over time	0.53%	0.53%	0.53%	0.53%	0.53%

**NV Part C SSIP Component #4: Selection of Coherent Improvement Strategies****How Improvement Strategies were Selected**

Following the review and analysis of the questionnaire results developed to confirm or reject the hypotheses of potential root causes, Nevada was able to confirm each hypothesis that had been developed through the SSIP Stakeholder Workgroup. The following root causes were identified and linked to Nevada's low performance in Positive Social Relationships/Social-Emotional Skills for infants and toddlers:

- Lack of consistent statewide training across all disciplines on the use of evidence-based practices focusing on the role and impact of social-emotional development on successful interventions and improved child outcomes.
- Lack of an established process (instrument) for determining whether more extensive assessment of social-emotional skills is needed at the initial evaluation.
- Comfort level is impacted by need for training and knowledge/access to appropriate assessments tools and procedures.
- Lack of consistency in access to, or knowledge of how to access resources and training across all EI service providers.
- Outcomes that address social-emotional skills may appear to be addressing other domains such as communication and adaptive skills.
- Lack of understanding of the importance of addressing social-emotional development for children birth to three (3).
- Lack of clearly articulated processes across state programs.
- Lack of consistency statewide in how the family information is gathered and used to clearly identify social-emotional concerns of children.
- Child outcome reporting in Nevada's TRAC data system is not currently in a format that allows easy access to many qualitative or quantitative analysis reports.

Another SSIP Stakeholder Workgroup meeting was held on January 7, 2015. This meeting was facilitated by two (2) of Nevada's National TA Advisors from the DaSy and ECTA CENTER. During this meeting the IDEA Part C Office Leadership Team shared the results of the interview questionnaires and provided a justification for being able to confirm each of the hypotheses and underlying causes (See Attachment A: "Process Leading to Improvement Strategies"). The workgroup was given an opportunity to reflect on the data collected from the interview questionnaire responses and provide feedback. The conclusions that were drawn from the responses were used to frame the process for receiving input from the workgroup on potential improvement strategies.

There was a discussion of what the workgroup would like to see as the results for making a difference for each identified root cause, if the root causes were addressed. The State's infrastructure analysis was also used as part of the process for beginning to develop a list of improvement strategies. The next step was to prioritize the strategies based on the level of impact the implementation of the strategy would have on improving children's

positive social-emotional skills. With the recommendations of the SSIP Stakeholder Workgroup, the IDEA Part C Office Leadership Team developed the improvement strategies reflected in Table 4.A. below to demonstrate improved results for children's positive social-emotional skills who enter EI services below age expectations and significantly increase their rate of growth by the time they turn three (3) years of age or exit the program.

Table 4.A. Broad Improvement Strategies to Support SIMR

<b>STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) BROAD IMPROVEMENT STRATEGIES</b>	
1	Develop and provide consistent training and ongoing support to increase EI service provider's knowledge and skills on 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 provider's 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 evidenced-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 data system (TRAC) 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.

### **How Improvement Strategies are Sound, Logical and Aligned**

The improvement strategies were developed based on the root cause and infrastructure analyses. The strategies are aligned so there is a consistent and strong correlation between each strategy. No one strategy can be carried out in isolation. With full implementation of these strategies, improvement of children's social-emotional skills will be demonstrated. The fidelity of implementation will be supported through an enhanced system for professional development that is consistent statewide. Current state initiatives working to promote positive social-emotional development in infants and toddlers were identified by stakeholders. Partnering with existing initiatives will help support the State's need for training and preparation of qualified personnel. Through these qualified personnel, EI service provider's will improve their knowledge and skills when identifying social-emotional needs in infants and toddlers, assessment processes will be strengthened, evidence-based practices will be implemented, and accountability measures focusing on improved results will be enhanced.

The SSIP Stakeholder Workgroup demonstrated a strong link between the SIMR and other Early Childhood and family support initiatives in the state. Many of the initiatives supported by the stakeholders are collaborative relationships that have already been established and are consistent with the proposed SIMR. The current state initiatives were identified by the workgroup to help the state EI system leverage resources to promote an increase

in the number of children demonstrating greater gains in their social-emotional skills. Examples of the key initiatives include the Emotional Assessment and Strategies Team (EAST) - a collaborative intervention team model between a local EI provider agency and the State's program on infant mental health to ensure EIS providers are mental health informed and local training for EI providers through the TACSEI Pyramid Model Professional Development Plan. Key players from these and other initiatives are partnering with the IDEA Part C Office as a Targeted TA state through the Early Childhood Personnel Center (ECPC).

**Strategies that Address Root Causes and Build Capacity**

A total of six (6) broad improvement strategies were developed to address the root causes and build capacity within the local EI service provider programs. By following an implementation framework, once professional development/training activities occur there will be a system in place to ensure full implementation is reached and supports systemic change. Providers will be trained on evidence-based, culturally competent practices, which need to be effectively carried out to achieve the SIMR for infants and toddlers with disabilities and their families. The alignment between the broad improvement strategies and root causes are shown in the table below.

Table 4.B. Relationship of Root Causes to Broad Improvement Strategies

<b>Root Causes</b>	<b>Broad Improvement Strategies</b>
Lack of consistent statewide training across disciplines on the use of evidence-based practices that focus on the role and impact of social-emotional development on successful interventions and improved child outcomes.	Develop and provide consistent training and ongoing support to increase EI service provider's knowledge and skills on evidence-based practices that focus on the role and impact of social-emotional development on successful interventions and improved outcomes for children.
Lack of an established process (instrument) for determining that more extensive assessment of social-emotional skills is needed at initial evaluation; Need for increased awareness of specific tools to assess social-emotional development across providers.	Research and identify appropriate evidence-based assessment instruments to support service provider's ability to identify social-emotional skills in infants and toddlers
Comfort level is impacted by need for training and knowledge/access to appropriate assessment tools and procedures. Some providers are using family needs assessments which may not paint an accurate picture initially.	Identify professional development resources and procedures to support the use of functional assessments and ensure assessments are consistently administered as appropriate.
Lack of consistency statewide in how family information is gathered and used.	
Lack of consistency in access to, or knowledge of how to access resources and training across providers. Outcomes that address social-emotional skills may appear to be addressing other domains such as communication or adaptive.	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



Lack of understanding of the importance of addressing social-emotional development for children birth to three (3).	families.
Lack of clearly articulated collaboration processes across state programs.	
Child outcome reporting in the TRAC data system is not currently in a format that allows easy access too many analysis reports.	Improve the ability and capacity of the data system (TRAC) 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.

The flow of activities to implement the broad improvement strategies are described in the Theory of Action (see Component 5). Improvement strategies will be implemented at multiple levels – state, local, provider and family. The broad improvement strategies will be broken down further in the implementation phase of the SSIP to define specific steps and partnerships to support each strategy. The specific steps and actions will define how implementation drivers (e.g. competency, leadership and organizational drivers) will be strengthened to ensure implementation with fidelity of evidence-based practices that support improving social emotional outcomes for infants and toddlers with disabilities. Other concepts of active implementation, such as improvement cycles, will also be detailed in Phase II to support implementation. In summary, the broad improvement strategies will serve as the basis to guide the work of implementation of the SSIP.

Through the SSIP process, initiatives and priorities at the federal, state, program and community level were explored to identify those that can be accessed, replicated and/or expanded to support the implementation of improvement strategies and to build statewide capacity to achieve the SIMR. It was determined, through the Phase 1 development process that the SIMR is a good fit with other existing initiatives in the State, especially in the area of personnel development and the use of evidence based practices. The broad representation of programs in the SSIP Stakeholder Workgroup expanded knowledge and awareness across programs and established foundational relationships to support buy-in for implementation of the improvement strategies. The process also included an analysis of the resources and supports currently in place that can be built on to implement improvement strategies and those that will need to be identified or expanded in the future to ensure the State’s capacity to achieve the SIMR. Further clarification of the critical components, such as related costs and establishing readiness baseline relative to operationalizing critical components and the ability to measure progress in implementation are required.

**Stakeholder Involvement in Selecting Improvement Strategies**

Stakeholders were involved in selecting improvement strategies in a variety of ways. From the very beginning of the data analysis process, discussions were held regarding the meaning of the data: why the data looks the way

that it does and what patterns in the data were identified. From there, this opened up great discussions about some potential underlying causes which were later confirmed. In the SSIP Stakeholder Workgroup meeting held on January 7, 2015, with facilitation by national TA representatives, the ongoing process of developing Phase 1 of the SSIP and information generated through that process was reviewed. Through small group interaction, the group worked to develop proposed improvement strategies to support achievement of the State's SIMR. The IDEA Part C Office organized the strategies in priority order to address each root cause. All information was compiled in Indicator 11 and presented to the ICC and Stakeholder Workgroup during final Phase 1 meetings (teleconference and ICC Strategic Planning) in March 2015 prior to submission of the final SSIP. The final plan was also reviewed by representatives of the national TA groups to ensure the information included was complete, clear and understandable by the general public.

**NV Part C SSIP Component 5: Theory of Action****Graphic Illustration**

See Attachment C - Theory of Action

The Theory of Action is divided into four (4) strands:

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

The strands are a starting point for the Theory of Action that originated from the broad improvement strategies. The Theory of Action describes a flow of action steps from the State Lead Agency and other State level initiatives to local early childhood programs and early intervention providers, to children and families, to the State Identified Measurable Result (SIMR). The following describes the rationale of how implementing a coherent set of strategies will lead to the achievement of improved results for children and their families.

**How Improvement Strategies will Lead to Improved Results**

Evaluation and Assessment - The rationale for this strand is described as follows:

The rationale behind the Evaluation and Assessment strand stems from confirmed root causes related to the need to identify evaluation/assessment instruments and processes specifically designed to assess social-emotional development in infants and toddlers. With ongoing access to, and training and mentoring in, the utilization of more appropriate instruments and processes for identifying social emotional needs for infants and toddlers, service provider's confidence level will improve. Evidence-based functional assessments will be implemented with fidelity and service providers will be more skilled in development of evidence-based interventions to assist families in supporting and enhancing their child's social-emotional development. Because appropriate assessment tools and processes will yield more targeted information, service providers will also be more accurate in rating children's abilities in comparison to typically developing peers and child outcomes ratings will be more consistent across programs. In order to achieve this outcome, the State will identify evidence-based assessment instruments related to social emotional development and provide ongoing support to ensure evidence-based functional assessments are implemented with fidelity.

Practitioner Knowledge and Skills/Local System Supports - The rationale for this strand is described as follows:

This strand stems from confirmed root causes related to an identified need for an increase in service provider's knowledge and skills relative to social-emotional development and delivering appropriate services for infants and toddlers. The IDEA Part C Office will join with other statewide initiatives in designing and implementing a comprehensive system of personnel development relative to addressing the social emotional needs of young children that is coordinated across programs and supports the implementation, with fidelity, of evidence-based practices for promoting social-emotional development. The personnel development system will embrace the

principles of implementation science in order to scale up and institutionalize evidence-based practices across the system and will include component to address the need for training (both pre-service and in-service), technical support, mentoring and verification to ensure fidelity in the implementation of evidence-based practices. Enhancing the professional development system to address EI provider needs will increase the number of highly skilled practitioners and support their abilities to develop IFSPs that more appropriately identify intended social-emotional outcomes for the child and family. IFSPs will be implemented utilizing evidence-based practices and supports to enhance parent and child interactions and subsequently lead to improved social emotional outcomes for infants and toddlers.

State and Local Provider Collaboration - The rationale for this strand is described as follows:

This strand stems from confirmed root causes related to the lack of service provider's access to, or knowledge of how to access resources to support families in promoting their child's social-emotional development. Data gathered through service provider interviews identified the need for defining and strengthening collaborations across initiatives at the state and local level to increase provider knowledge about available resources and increase their ability to access and coordinate those resources to support families in addressing the social emotional needs of their child. Increasing service provider ready access to resources to effectively implement evidence-based practices to support families in addressing and promoting their child's social-emotional development will lead to improved social emotional outcomes for infants and toddlers. In order to achieve this outcome, strong and effective collaborations will be established and facilitated at the state level to support strong collaborations across early childhood partner agencies.

Data System and Accountability - The rationale for this strand is described as follows:

This strand stems from confirmed root causes related to the inability of local EI provider's to produce and use qualitative and quantitative data reports for ongoing improvement of program performance related to improved social-emotional development of children receiving services in their program. Specific improvement efforts such as targeted coaching and TA will be identified based on data analysis to ensure full and consistent implementation of evidence-based practices and program improvement statewide. As a result, service providers will demonstrate sustained improvement and effectiveness in the implementation of evidence-based practices and children will demonstrate improvement in their social relationships. In order to achieve this outcome, the state will implement and enhance a data reporting system that has the ability and capacity to support effective program monitoring, evaluation, planning and overall improvement. This will also create a more accurate, timely and coordinated support for systems improvement at all levels.

**Stakeholder Involvement in Developing the Theory of Action**

As described in the preceding components of this document, Nevada's stakeholders were involved every step of the process that culminated in the Theory of Action. The IDEA Part C Office leadership team, with the support of national TA consultants, developed an initial draft of the Theory of Action in February 2015. The draft was reviewed through phone calls with TA consultants and multiple discussions of the IDEA Part C Office leadership team. The draft was presented to the SSIP Stakeholder Workgroup and ICC members via teleconference for

input on March 18, 2015. Participants were asked to provide verbal and/or written comments to the IDEA Part C Office not later than the end of business day, March 24, 2015. The final draft was presented to the ICC to coincide with their strategic planning meeting on March 26 – 27, 2015. During this meeting facilitated by a national TA consultant, participants worked in small groups and responded to key questions regarding the clarity of the Theory of Action for the general public, the potential for implementation and the ability of the plan to effect sustainable change.

## Nevada Part C- SSIP

### Hypotheses Verification and Potential Underlying Causes Leading to Improvement Strategies

<u>Hypotheses</u>	<u>Basis for Confirming Hypotheses</u>	<u>Root Causes</u>	<u>Improvement Strategies</u>	
If EI providers received more training on appropriate social-emotional development including: understanding the child's level of need and implementing evidenced-based interventions in the natural environment, then individual child outcomes will be achieved and the COS ratings for social-emotional outcomes at exit will increase.	Service Provider's indicated they were fairly comfortable but would benefit from additional training; impacted by length of experience; some disciplines not as aware of the impact social-emotional skills has on a child's overall development; Mixed responses on access to training on evidence-based practices for interventions on social-emotional development; need support/training for development of appropriate evidence-based strategies for interventions to support improvement of social emotional development.	Lack of consistent statewide training across disciplines on the use of evidence-based practices that focus on the role and impact of social-emotional development on successful interventions and improved child outcomes.	Develop and provide consistent training and ongoing support to increase early intervention service provider's knowledge and skills on evidence-based practices that focus on the role and impact of social-emotional development on successful interventions and improved outcomes for children.	Establish and maintain a statewide system of ongoing quality assurance to assess the implementation of evidenced-based practices and identify elements that support or impede the ability to effectively improve outcomes
If providers consistently use appropriate screening/assessment tools and procedures that accurately reflect social-emotional development, children will be more appropriately identified and have their needs addressed through the IFSP outcomes leading to improved results for children and families.	Mixed responses were received from Service Provider's as to the level of their knowledge base; a need for more appropriate tools that focus on social emotional development was indicated; currently using observation and parent report to identify triggers for more in-depth assessment; Need training on how to develop functional outcomes	Lack of an established process (instrument) for determining that more extensive assessment of social-emotional skills is needed at initial evaluation; Need for increased awareness of specific tools to assess social-emotional development across	Research and identify appropriate evidence-based assessment instruments to support service provider's ability to identify social-emotional skills in infants and toddlers.	

Nevada Part C- SSIP

Hypotheses Verification and Potential Underlying Causes Leading to Improvement Strategies

<u>Hypotheses</u>	<u>Basis for Confirming Hypotheses</u>	<u>Root Causes</u>	<u>Improvement Strategies</u>			
	related to social-emotional skills.	providers. Not all early intervention (EI) programs have on-site mentors.				
If providers are more comfortable in communicating the importance of social-emotional skills to families, they will be more comfortable in identifying and addressing/including social-emotional outcomes in IFSPs and interventions.	Feedback suggests this would be accomplished by addressing Hypothesis 1 and 2.	Comfort level is impacted by need for training and knowledge/ access to appropriate assessment tools and procedures. Some providers are using family needs assessments which may not be an accurate picture initially.	Identify professional development resources and procedures to support the use of functional assessments and ensure assessments are consistently administered as appropriate.			
If parents have a greater understanding of how social-emotional skills are a part of the child's overall development, there will be more identification of outcomes to address social emotional skills in the IFSP.	Addressing Hypothesis 1 and 2 will help providers to assist parents in having a greater understanding of the impact social-emotional development has on their child.					
If team members have more opportunities to observe and interact with the child and family in a variety of settings prior to establishing COS entry ratings, then ratings will be a better representation of the child skills.	Lack of opportunity to observe child across settings; new environment for the child and family during initial evaluation process; lack of time to build a relationship with family.					
If early interventionists, through	Service Provider's report the	Lack of consistency				

## Nevada Part C- SSIP

### Hypotheses Verification and Potential Underlying Causes Leading to Improvement Strategies

<u>Hypotheses</u>	<u>Basis for Confirming Hypotheses</u>	<u>Root Causes</u>	<u>Improvement Strategies</u>	
the family needs assessment, are able to clearly identify the emotional and environmental factors relative to the family that may impact their ability to support their child's social-emotional development, and address those needs through the IFSP process, there will be improved and more functional outcomes for the child and family.	family needs assessment is most useful in obtaining information related to the social-emotional functioning of the child and family. However, there is not a specific social-emotional tool that is utilized across programs to clearly identify social-emotional concerns of the child.	statewide in how the family information is gathered and used.	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.	
If there is more consistency in the provision of EI services related to social-emotional development across all EI service providers and all geographic areas of the state, then exit COS ratings will improve.	There are marked differences in the external and internal resources and training across EI programs.	Lack of consistency in access to, or knowledge of how to access resources and training across providers. Outcomes that address social-emotional skills may appear to be addressing other domains such as communication or adaptive.		
If strong collaborations are developed across all EC initiatives at the state and community level, there will be better access to resources for providers (e.g. training across programs) and families which will strengthen	Service Provider's are not always aware of what is available for children in this age range or if there are resources; there is an identified need for resources for low-income families.	Lack of understanding of the importance of addressing social-emotional development for children birth to three; Lack of clearly articulated collaboration processes		



Nevada Part C- SSIP

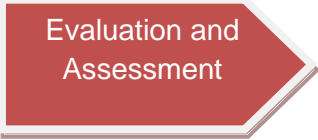


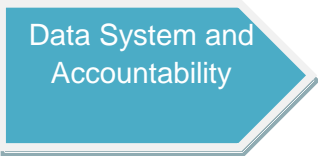
Hypotheses Verification and Potential Underlying Causes Leading to Improvement Strategies

<u>Hypotheses</u>	<u>Basis for Confirming Hypotheses</u>	<u>Root Causes</u>	<u>Improvement Strategies</u>	
and support families and lead to improved social-emotional development for the child.		across state programs.		
If data collection processes are expanded to include additional elements specific to social-emotional concerns, more in-depth analysis of services provisions will be possible and lead to a better understanding of underlying concerns to target training and technical assistance to support children and families.	<p>There is limited ability in the current data system to pull various reports that can inform programs of their functioning related to the impact on children's social-emotional development.</p> <p>Recommendations for effective reporting: Specifics on actual skill improvement for children; Specifics on assessment tools available; Percent of children identified with social-emotional concerns and the services they are receiving; Frequency data on how often a specific social-emotional skill is used and how often services were actually provided; Analysis of qualitative data from the child outcome summary form (COSF); Reported in similar form that is used in TRAC for Autism; ASQ-SE given to family in entry and exit to assist with progress.</p>	Child outcome reporting in the TRAC data system is not currently in a format that allows easy access to many qualitative or quantitative analysis reports.	Improve the ability and capacity of the data system (TRAC) 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.	

**STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)**  
**BROAD IMPROVEMENT STRATEGIES**

Nevada's State identified Measurable Result (SiMR) is to demonstrate improved results for children's positive social-emotional skills who enter early intervention services below age expectations and significantly increase their rate of growth by the time they turn 3 years of age or exit the program. To address this SiMR, the following improvement strategies will be implemented.

1	Develop and provide consistent training and ongoing support to increase early intervention service provider's knowledge and skills on 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 provider's 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 evidenced-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 data system (TRAC) 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.

Strands of Action	If the State	Then	Then	Then
 <p>Evaluation and Assessment</p>	<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 provider's confidence level will improve when identifying social-emotional needs for infants and toddlers</p> <p>... service provider's 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><b>...infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships)</b></p>
 <p>Practitioner Knowledge and Skills/ Local System Support</p>	<p>... further develops and provides ongoing training and resources to support the utilization of evidence-based practices for social-emotional development</p>	<p>... service provider's knowledge and ability to communicate with families about the role and impact of social-emotional development on successful interventions will increase</p>	<p>...meaningful conversations will occur with families to gather information regarding their child's social-emotional development</p>	
 <p>State and Local Provider Collaboration</p>	<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>...more appropriate outcomes and strategies will be included in IFSPs, including social-emotional skills when appropriate</p>	
 <p>Data System and Accountability</p>	<p>...enhances and implements a data reporting system that has the ability and capacity to allow for effective program planning, monitoring and overall improvement</p>	<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>	<p>...families will be better able to support and enhance their child's social-emotional skills and overall development</p>	

## Acronyms For SSIP

Acronym	Meaning
ADOS	Autism Diagnostic Observation Schedule
ADSD	Aging and Disability Services Division
APR	Annual Performance Report
ASD	Autism Spectrum Disorder
ASQ	Ages and Stages Questionnaire
ASQ-SE	Ages and Stages Questionnaire – Social Emotional
ATAP	Autism Treatment Assistance Program
CAPTA	Child Abuse Prevention and Treatment Act
COS	Childhood Outcomes Summary
COSF	Child Outcome Summary Form
DaSy	The Center for IDEA Early Childhood Data Systems
DCFS	Division of Child and Family Services
DEC	Division for Early Childhood
DHCFP	Division of Health Care Financing and Policy
DHHS	Division of Health and Human Services
DPBH	Division of Public and Behavioral Health
DS	Developmental Specialist
DWSS	Division of Welfare and Supportive Services
ECAC	Early Childhood Advisory Council
ECO	Early Childhood Outcomes Center
ECPC	Early Childhood Personnel Center
ECSE	Early Childhood Special Education
ECTA	Early Childhood Technical Assistance Center
EHDI	Early Hearing Detection and Intervention
EHS	Early Head Start
EI	Early Intervention
EIS	Early Intervention Services
FFY	Federal Fiscal Year
HDFS	Human Development and Family Studies
HS	Head Start
ICC	Interagency Coordinating Council
IDC	IDEA Data Center
IDEA	Individuals with Disabilities Education Act
IFSP	Individual Family Service Plan
IHE	Institutions of Higher Education
ITCA	Infant Toddlers Coordinators Association
MCH	Maternal and Child Health
NCED	Nevada Center for Excellence in Disabilities
NDALC	Nevada Disability Advocacy and Law Center

NDE	Nevada Department of Education
NEIS	Nevada Early Intervention Services
NV Lend	Nevada Leadership Education in Neurodevelopment and Related Disabilities
OSEP	United States Department of Education, Office of Special Education Programs
PEP	Parents Educating Parents
QRIS	Quality Rating and Improvement System
SAM	Screening and Monitoring
SD	Standard Deviation
SES	Socioeconomic Status
SFY	State Fiscal Year
SIMR	State Identified Measurable Results
SKI HI	Sensory Impaired Home Intervention
SPP	State Performance Plan
SS	Summary Statement
SSIP	State Systems Improvement Plan
SFY	State Fiscal Year
SWOT	Strengths, Weaknesses, Opportunities and Threats
TA	Technical Assistance
TACSEI	Technical Assistance Center on Social Emotional Intervention for Young Children
TECAC	Tribal Early Childhood Advisory Council
TRAC	Tracking Resources and Children
UNLV	University of Nevada, Las Vegas
UNR	University of Nevada, Reno
WRRC	Western Regional Resource Center