

State of Nevada Department of Health and Human Services

Director's Office, IDEA Part C Office



State Systemic Improvement Plan (SSIP)

Phase III Year 4 Report

April 1, 2020

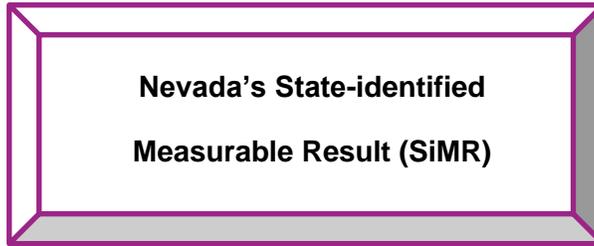
State of Nevada SSIP Phase III Year 4 Report

Table of Contents	Page
Introduction	2
Section 1: Theory of Action	3
Section 2: Status of the SiMR	5
Section 3: Executive Summary	7
Section 4: Status of Infrastructure Improvement Strategies	11
Section 5: Status of Evidence-Based Practices	19
Section 6: Stakeholder Engagement	22
Section 7: Plans for Next Year	40
Section 8: Appendix	41

Nevada State Systemic Improvement Plan (SSIP):

Phase III Year 4 Status Report – April 2020

Introduction



As a result of implementing the SSIP, Nevada will increase the statewide percentage of infants and toddlers exiting early intervention services who demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships).



Phase I

April 2015



Phase II

April 2016



Phase III

Year 1

April 2017



Phase III

Year 2

April 2018



Phase III

Year 3

April 2019



Phase III

Year 4

April 2020



Phase III

Year 5

April 2021

The State of Nevada Department of Health and Human Services IDEA Part C Office is Nevada's lead agency for the statewide early intervention (EI) system for infants and toddlers with disabilities and their families. In accordance with the Office of Special Education Programs (OSEP) requirement for all states to provide an annual State Systemic Improvement Plan (SSIP) report, Nevada's IDEA Part Office works diligently with key stakeholders in the yearly development of the SSIP.

The SSIP is a multi-year plan which spans across three phases to improve the results for infants and toddlers with disabilities and their families. Stakeholder engagement is embedded throughout implementation,

evaluation and mid-course correction of the SSIP plan. The State of Nevada EI system is currently in Phase III, Year 4 of the SSIP. This report summarizes progress implementing the SSIP, the outcomes achieved and the result impacts upon the State's EI system, practices and outcomes for children and families. The SSIP is designed to positively impact Nevada's State-identified Measurable Result (SiMR) for infants and toddlers with disabilities as follows:

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

The SiMR statement is addressed within the State's required Theory of Action (TOA), which is provided below in Section 1: Theory of Action. The TOA includes four key areas known as the Combined Strands. The Combined Strands encompass the State's activities and theoretical results for implementing the SSIP, and include:

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

This SSIP report highlights Nevada's key SSIP activities as well as includes information on the State's SSIP data, progress, and status within these strands. For additional detailed information within the four Combined Strands.

Acknowledgment

The IDEA Part C Office would like to express our gratitude to the many individuals, programs and stakeholders which have invested their time, resources and passion into improving the social emotional (SE) developmental outcomes for Nevada's infants and toddlers with disabilities.

Section 1: Theory of Action

Beginning April 2015 to present, April 2020, the Theory of Action (TOA) has remained as follows:

Theory of Action Combined Strands	If the State...	Then...	Then...	Then...
Evaluation and Assessment	<p>...identifies evidence-based assessment instruments</p> <p>...enhances professional development resources and provides ongoing support to ensure evidence-based functional assessments are implemented with fidelity</p>	<p>service providers' confidence level will improve when identifying social-emotional needs for infants and toddlers</p> <p>... service providers will have an increase in their knowledge and skills to consistently and accurately determine appropriate child outcome measurement ratings for infants and toddlers</p>	<p>... evidence-based practices will improve, be sustainable and implemented with fidelity</p>	<p>...infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships)</p>
Knowledge and Skills	<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>	
Collaboration	<p>...establishes and facilitates strong collaborations with early childhood partner agencies to help link families with appropriate resources related to addressing their child's social-emotional skills</p>	<p>...all service providers will know how to access resources to effectively improve and effectively implement evidence-based practices</p>	<p>...more appropriate outcomes and strategies will be included in IFSPs, including social-emotional skills when appropriate</p>	
Data System and Accountability	<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>	

Section 2: Status of the State-identified Measurable Result (SiMR)

2019-2020 Progress Report

Data: The percent of infants and toddlers with Individualized Family Service Plans (IFSP) exiting EI, having received at least six months of services, demonstrating improved positive social-emotional skills (including social relationships) was 65.86% during federal fiscal year (FFY) 2018, falling below the SiMR target percentage of 67.37%.

In order to determine the root cause for this, analysis of FFY 2018 data was completed. The analysis of the data included review of a child's length of time of receiving EI services, eligibility category, and age at entry. Based on these data, it is evident that the largest EI program who serves the majority of infants and toddlers in the State served a majority of children with a diagnosed medical condition. These children require the highest level of involvement in order to meet their medical and overall developmental needs. Although they make progress, their change in trajectory is not sufficient enough to move closer to their same aged peers. This EI program serves a high number of children who are made eligible with medical conditions such as extreme prematurity, or a diagnosis that results in medical complexity. In addition to serving children with complex medical or therapeutic needs, this EI program serves a high number of children who are made eligible due to a delay in social emotional skills, including those children who exhibit severe behavioral challenges. ADSD data from July 1, 2018 to June 30, 2019 reflected that the State programs carried 50.06% of the EI caseload.

This past year's result can also be attributed to the increased awareness, knowledge and skills of service providers showing an increased comfort level with identifying social-emotional concerns in infants and toddlers. With increased awareness comes more accurate and appropriate ratings of child outcomes, which may result in a slight variation in ratings prepared prior to targeted training. Improved knowledge and skills for EI professionals has an overall impact on infants' and toddlers' overall health and development. All of these contributing factors were considered as plausible reasons for missing our SiMR's target.

The State of Nevada IDEA Part C Office continues to address these factors through rigorous, statewide collaborative planning supported by intensive, national technical assistance. Specific activities, which are described in more detail following this section, include provider trainings, practitioner coaching, and meaningful conversations with families about their child's social-emotional development, all within the State's strategic expansion of a statewide pyramid model project. Additional data to assess progress toward the SiMR includes statewide comprehensive monitoring for individual social-emotional outcomes in IFSPs (Individualized Family Service Plan), provider surveys, and family surveys.

During the State's October 2019 ICC meeting, stakeholders discussed SSIP targets and agreed to have the targets remain the same for the State's next reporting season to OSEP during 2020. The ICC will decide during the April 2020 and July 2020 meetings whether changes to targets are to occur.

Required Information from OSEP’s SSIP Template, re-formatted for Section 508 compliance:

Current SiMR: *Infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships).*

Has the SiMR changed since the last SSIP submission? No Yes

If “Yes”, provide an explanation for the change(s) including the role of stakeholders in decision-making. **N/A**

Progress toward the SiMR

	Baseline Data						
	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
FFY Target		65.78	66.31	66.84	67.37	67.90	67.90
FFY Data	65.25%	66.32%	70.42%	70.91%	65.87%	65.86%	To be reported during April 2021

Has the SiMR baseline data changed since the last SSIP submission?

No Yes

If “Yes”, provide an explanation for the change including the role of stakeholders in decision-making. **N/A**

Have SiMR targets changed since the last SSIP submission?

No Yes

If “Yes”, provide an explanation for the change including the role of stakeholders in target setting. **N/A, although information is provided regarding stakeholder involvement:**

Targets were set with stakeholder input. The target for next year’s reporting period will remain the same as this year’s reporting period’s target. This was discussed and agreed upon with stakeholders during the Oct 2019 Quarterly ICC Meeting. The IDEA Part C Office and the ICC will perform strategic planning during 2020 quarterly meetings to determine whether targets may need modifying for subsequent reporting periods.

4/26/2020: Clarification for Stakeholder engagement: Stakeholders were provided an opportunity to comment on targets as follows:

On October 17, 2019 the IDEA Part C Office facilitated the quarterly meeting for the Interagency Coordinating Council (ICC). The ICC is comprised of individuals representing the following: parent representatives who have or have recently had children enrolled in early intervention services, public and private early intervention programs, institutions of higher education, Part B 619, Inter-tribal council, Health Care Policy and Finances/Medicaid, parent advocacy and legal advocacy groups for individuals with disabilities, military early childhood community, and the Governor's Council for Individuals with Disabilities.

Following Open Meeting Law, the agenda topic to review APR targets was scheduled prior to the 10/17/2019 meeting with the agenda provided to all members prior as well. APR targets were discussed during the meeting with stakeholders having the opportunity to comment and ask questions during the meeting, as well as following the meeting via email or phone call to the Part C Office by December 1, 2019. The ICC agreed that the targets would remain the same for the APR until the board could perform strategic planning, likely to occur over the course of 1 to 2 quarterly meetings during 2020 in order to decide the targets for the next 5 years. The next quarterly ICC meeting was held on 1/9/2020, and included the minutes from the 10/17/2019 meeting which documented the stakeholder engagement re: discussion of the targets and the board's decision to keep the targets the same; these minutes were reviewed and approved by the ICC on 1/9/2020.

If applicable, describe any additional data used by the State to assess and describe progress toward the SiMR or check N/A if no additional data was collected.

N/A OR Additional Data:

Provider survey, social-emotional module pre and post-tests, Family survey, comprehensive monitoring for individualized IFSP Outcomes with a focus on social-emotional development, pyramid model project.

If applicable, describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns or check N/A if no data quality concerns were identified for the reporting period.

N/A OR Data Quality Concerns:

Nevada's IDEA Part C Office was unable to move forward with a vendor for a new data system during 2019. Nonetheless, we continue to utilize the already existing TRAC data system (Tracking Children and Resources) to collect all COS data (Child Outcome Summary data). Not all data which is used to assess and describe progress toward the SiMR is derived from this data system, however. Annual onsite, comprehensive monitoring continues and requires two months per year of statewide travel for the Part C Team. The Part C Office has been making intermittent efforts toward formulating new requests to adopt a new data system. A new data system would allow the Part C Team to more efficiently gather specific IFSP outcome data via desk audit rather than through onsite visits to EI programs; a new data system would also conserve the Part C Office's time that could then be used to provide trainings or other technical assistance for EI programs. More detail on this will be provided in the next sections of this report.

Section 3: Executive Summary

During 2014 to 2017, Nevada experienced child outcome statistics below the national average for social emotional developmental progress. Our state developed our SSIP (State Systemic Improvement Plan) to address gaps in our EI system, including efforts toward provider training, family engagement, and system awareness. Previous reports on the comprehensive description of Nevada's efforts to support social emotional development in our State is available on the IDEA Part C Office's website, under Publications for the State Systemic Improvement Plan (SSIP), at <http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/IDEA/SSIP-YearIII-April-2019.pdf>

In 2017, the Nevada IDEA Part C Office applied for a national Technical Assistance opportunity through NCPMI, the National Center for Pyramid Model Innovations. Nevada was the only Part C state selected for the implementation of the human model in an early intervention setting. A two-year MOU agreement began in January 2018, with the national TA committed to providing training, support, and overall TA. The NCPMI TA team travels to Nevada and provides trainings at no cost to Nevada. The IDEA Part C Office committed to annually budgeting \$20,000 to cover costs for training site facility fees, some materials, and in-state travel for Nevada's leadership team and coaches. We have two co-leaders in our Nevada IDEA Part C Office for pyramid model efforts.

We have a State Leadership Team (SLT) whose members come from early intervention stakeholders, administrators and decision makers (includes Part C, ADSD, QA, CPs, early childhood mental health, and parent advocacy groups). They work on benchmarks of quality (BoQ) advised by our NCPMI TA for statewide implementation and expansion. Each Implementation Site also has BoQ's which support the expansion within each of the specific sites. These BoQ's are used in action plans which will ensure programs implement the pyramid model with fidelity. These action plans include the recruitment and retainment of practitioner coaches, program coaches, future state leadership members, and support the frontline implementation teams.

Critical elements of the NCPMI Benchmarks of Quality include the following implementation components: Leadership Team, Staff readiness and Buy In, Family Engagement, Building Staff Capacity, Provider Interventions for Children with Persistent Challenging Behaviors, and Monitoring Implementation and Outcomes. Data on the progress of these BoQs is provided for each implementation site.

We have three (3) implementation sites among the twelve (12) EI sites currently in Nevada. We are working on the sustainability of those sites, plus the scale up to eventually make this a statewide implementation within the next two years. Each implementation site has an overall program coach, and site practitioner coaches that support the program by training and supporting each early intervention provider at that site, in turn benefitting every family on each provider's caseload.

The program coaches have been trained to support/train other implementation sites, as well, and so will be a part of the eventual scale up to occur statewide.

We have a statewide Data Coordinator that trains the data coordinators at the implementation sites. This will ensure we are collecting the data we need to reach fidelity. This will also enable us to use site information for SSIP and other federal reports.

These combined efforts are ultimately intended to move the needle toward results for progress among Nevada's children and families as we partner to help them achieving their developmental and health outcomes.

Some of the challenges which our teams are experiencing include budgeting for travel, as our state has rural providers and limited staff in some areas. Also, we are combatting slow buy-in from some programs who are facing their own challenges. Ways to overcome some of these barriers include meetings with administration re: decision making, plans for newsletter correspondence and updates with interesting highlights of the project, and family engagement resources via diverse platforms.

The Nevada team was looking forward to presenting our progress with NCPMI at the national level at the annual NTI conference in April 2020, however this conference was recently canceled due to the COVID-19 pandemic. The Nevada team is awaiting next steps from the NCPMI TA advisors regarding whether a presentation at the DEC's International Conference during October 2020 will occur.

The State's goal to promote improved child outcomes and overall better program functioning cultivates the vision to help more programs and children benefit from this S-E initiative over time. Therefore, explicit and intentional work completed by the State during 2019 included:

- Policy: The Program Coaches are currently developing a training manual. They shared the sample at our meeting on 2/19/2020. These are first steps toward incorporating the S-E initiatives into written state policy.
- Cross sector considerations: Nevada's SSIP includes actions that have been embedded, integrated and aligned within cross-sector collaborations with mental health programs, parent advocacy and family groups and the on-going EI systems where appropriate.
- Availability of information and materials: During 2019, the State was assisted by the NCPMI technical assistance advisors in ongoing maintenance of pertinent materials, i.e., data reports, training and coaching template materials, and data measures all within an accessible Sharepoint location. The State Leadership Team also utilizes Microsoft Teams Meetings to house ongoing working documents, including the NCPMI action plan, grant documents, State newsletter. Additionally, the IDEA Part C Office facilitates an ongoing public web presence to promote awareness of the S-E initiative and achievements such as through various trainings, postings of the State's annual performance report, data on child outcomes, and previous SSIPs.
- Efforts to measure the "health" of the State Leadership Team: The State Leadership team has made and continues to make concentrated efforts to operate at high fidelity in meeting the milestones needed for a healthy State Leadership Team (SLT). These milestones are inherent within the State's Benchmarks of Quality (BoQ). The SLT's BoQs include the critical elements that relate to sustainability and scaling-up, with plans to support all professionals in achieving high proficiency.

- Efforts to ensure a healthy State Leadership Team have included:
 - Sharing their implementation success with other programs through formal presentations or publications (January 23, 2020: NCPMI Program-Wide Leadership Team Mid-year Meeting/Program Presentations scheduled for March 23, 2020 in the North and May 4, 2020 in the South)
 - The SLT has a system for collecting program data and using data for decision-making.
 - The SLT has identified the program data elements that are needed to guide support to programs and understand outcomes, how data will be gathered from programs, and how data will be summarized in meaningful ways that can guide data decision-making. The IDEA Part C Office's Data Manager/Management Analyst III has been designated as the person responsible for overall state data and ongoing evaluation, with other individuals selected at the implementation sites as having been identified to oversee their own program's process for collecting and submitting data as well as communicating to the SLT.
 - The SLT has established a network of technical assistance professionals, the NCPMI advisors, who will continue to provide training and program coaching to program leadership teams and practitioners with training on program-wide implementation, practice training on evidence-based practices, training for practitioner coaches on the use of practice-based coaching, and training in data decision-making.
 - The SLT has a plan for the continued support and expansion of the S-E network, e.g., a potential new funding source through an OSEP grant application which will provide 8 awards to states has been identified as a specific SLT funding workgroup activity. During February 2020, the workgroup began an OSEP application profile in preparation for an eventual application submission by the grant application's deadline of April 13, 2020.

SSIP Goals

This SSIP report will provide activities which provide evidence of progress toward the following goals:

Short Term Goals

1. Local programs access data SE development of children in their program to improve program performance.
2. The IDEA Part C Office will have access to system data and be better able to monitor and support the full implementation of evidence-based practices.
3. Service practitioner's confidence and competence level will improve when identifying social-emotional needs for infants and toddlers.
4. Service practitioners will have an increase in their knowledge and skills to consistently and accurately determine appropriate child outcome measurement ratings for infants and toddlers.
5. There will be an increase in service practitioners' knowledge and ability to communicate with families about the role and impact of social-emotional development on successful interventions.

6. Service practitioners' working knowledge and understanding of the use of evidenced-based practices (EBP) to support the social-emotional development of infants and toddlers will increase.

Intermediate Goals

7. Local practitioners will be able to produce ongoing qualitative and quantitative reports to improve program performance and identify areas for targeted coaching and TA.
8. IFSPs will include functional outcomes and strategies that are based on the culture and routines of the family and address the social-emotional needs/skills of the child.
9. Families will be better able to support and enhance their child's social-emotional skills and overall development.
10. Service practitioners' use of evidence-based practices in assessing the social-emotional skills and needs of infants and toddlers will improve, be sustainable and implemented with fidelity.
11. IFSPs will include functional outcomes and strategies that are based on the culture and routines of the family and address the social-emotional needs/skills of the child.
12. Families will be better able to support and enhance their child's social-emotional skills and overall development.
13. Service practitioners' use of evidence-based practices in assessing the social-emotional skills and needs of infants and toddlers will improve, be sustainable and implemented with fidelity.
14. Families will be better able to support and enhance their child's social-emotional skills and overall development.

Long-term Goals

15. Infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships).

Section 4: Status of Infrastructure Improvement Strategies

Milestones Achieved: Progress in Infrastructure of Governance

- Our system has obtained buy-in from ADSD. A MOU with ADSD was completed during January 2020 and included language about division collaboration and support of travel for coaches and state leadership team members to continue the Pyramid Model. The pyramid model project has also received support from the Deputy Administrator who has stated that the Pyramid Model is something the entire state will be doing this year and over the next several years. Three programs are fully implementing the Pyramid model and they will be scaling up next in subsequent years.
- The MOU is an example of infrastructure change along with the commitment from ADSD. This formal process and agreement describe how the state is going to address aspects of scale up.
- The difference with the infrastructure is that this year there are additional funds specifically designated for personnel resources so that personnel may access trainings with lowered

barriers for travel costs required to access trainings. Therefore, accessing trainings is now institutionalized and is a change in the way the program operates.

- Infrastructure for data storage and accessibility:

Milestones Achieved: Data Infrastructure

Even though our planned data system build did not happen last year, our team continues to ensure we have the necessary data and information to complete accurate federal reporting. We are still able to pull data on SE Outcomes through our TRAC data base (Tracking Resources and Children), desk audits and comprehensive monitory/onsite visits.

Regarding data storage and accessibility for NCPMI items, Nevada's data infrastructure is improved as a result of careful utilization of shared platforms. Since November 2019, with oversight by the pyramid model project's Statewide Data Manager, the SLT has been utilizing Microsoft Teams, which allows some file sharing along with the video and chat. This has allowed the SLT to stay connected with internal and external partners. The features of the TEAMS platform have been built so that eventually the SLT will be able to use it as a full training site, although it is a living/fluid site. The biggest obstacles are: teaching people how to use it while the SLT is simultaneously learning how to use it, maintaining membership lists, knowing whether or not people have the equipment (like a microphone or speakers), playback and video sharing issues, personal connection issues, and finally the system is having issues because of the bandwidth everyone is using working from home during the COVID-19 pandemic.

Stakeholder input regarding the use of Teams includes that working in a Microsoft environment is user friendly, although not all of the applications that can be incorporated in TEAMS are useable. Incidentally, the encouragement provided to the SLT for this little bit of infrastructure has helped ADSD get on board quickly with their telehealth and their own NCPMI and agency groups (for internal business, sharing, and training). Of course, due to HIPAA, all users are advised they must not share PII or PHI on TEAMS, and those participating have maintained that requirement.

Milestones Achieved: Professional Development System:

The State Pyramid Leadership Team, in collaboration with the Part C Office and ADSD, have developed criteria for the selection of the next cohort of EI programs to implement the Pyramid model. The first scale-up of the Pyramid model includes a State program that serves Carson City and the rural area in the northwestern area of the state, as well as the largest program in the State that serves southern Nevada, both urban, rural, and frontier.

We are increasing our EI system's capacity to provide training/TA/coaching such as:

- Continued to provide ongoing online instruction: The SE module is available on the IDEA Part C website and has been accessed by all EI developmental specialists. As required by IDEA Part C and ADSD, staff complete once every two years. Results are reported in the SSIP. Data: A total of 270 frontline staff have completed the pre- and post- tests of the module.

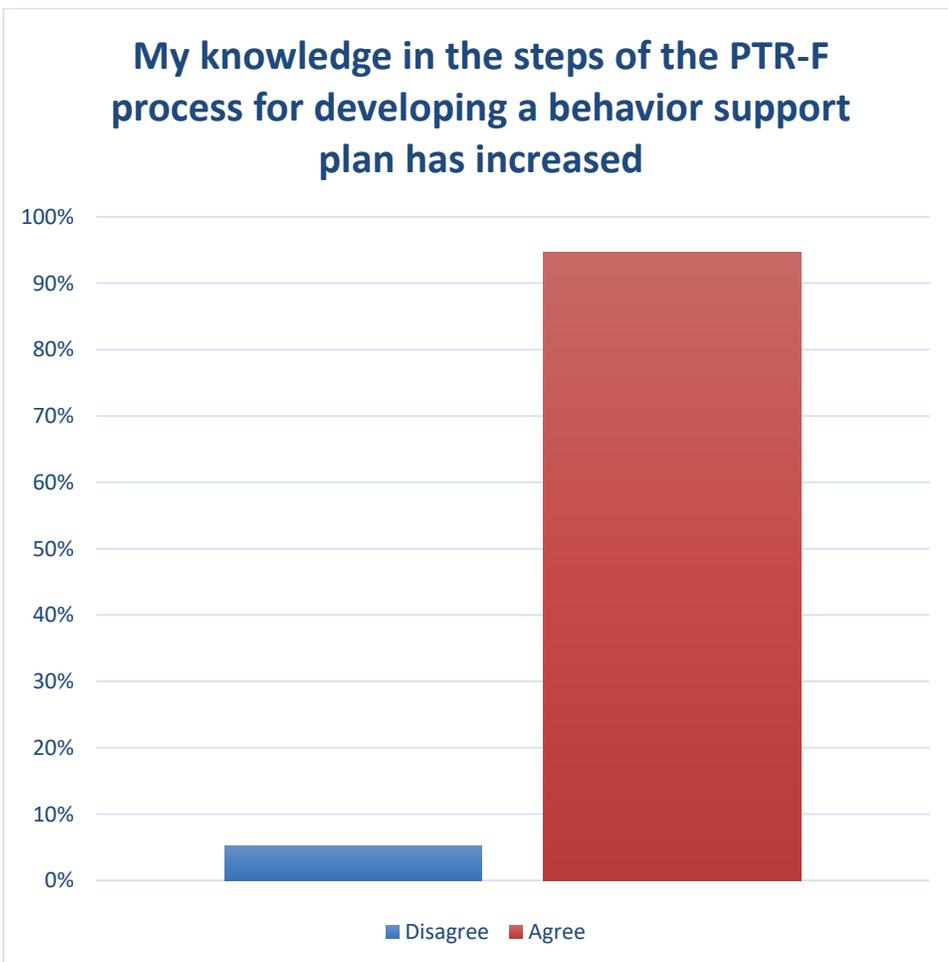
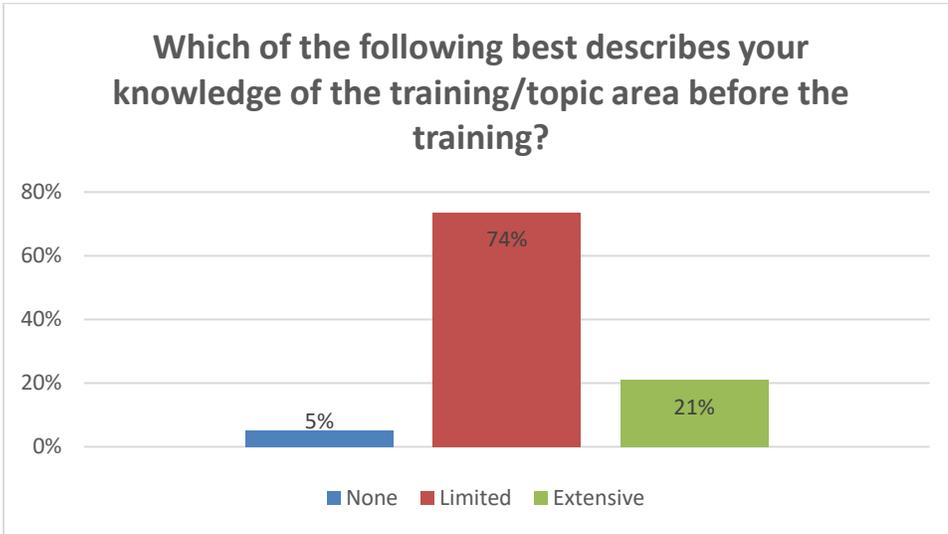
Across all programs, IDEA Part C set the acceptable minimum-score standard at 75% on the post-test. While we did have median score of 89%, the average score was 86%. This is demonstration of increased knowledge and use of evidence-based practices through the post-test answers.

- Developing criteria for selection of initial Pyramid Model implementation sites and sites for scale up; additionally, we are selecting the sites in a progressive, scale up fashion with 3 of 12 sites implementing the pyramid model activities during 2019. Eventual scale up is discussed in Section 7: Plans for Next Year.
- Developing procedures/criteria for selecting and training practitioner coaches
- Developing training curriculum/materials and TA resources, not only related to EBPs, but also related to practitioner coaching, collecting and using implementation fidelity data for decision-making
- Training program coaches and TA staff
- Using data to improve the PD system, including modifying training materials and the effectiveness of program coaching
- Nevada has a State Data Coordinator and each Implementation site collects data.
- Developed criteria for selection of initial Pyramid Model implementation sites and sites for scale up; additionally, we are selecting the sites in a progressive, scale up fashion with 3 of 12 sites implementing the pyramid model activities during 2019. Eventual scale up is discussed in-Section 7: Plans for Next Year are already in place.
- Developing procedures/criteria for selecting and training practitioner coaches
- Developing training curriculum/materials and TA resources, not only related to EBPs, but also related to practitioner coaching, collecting and using implementation fidelity data for decision-making
- Training program coaches and TA staff
- Using data to improve the PD system, including modifying training materials and the effectiveness of program coaching
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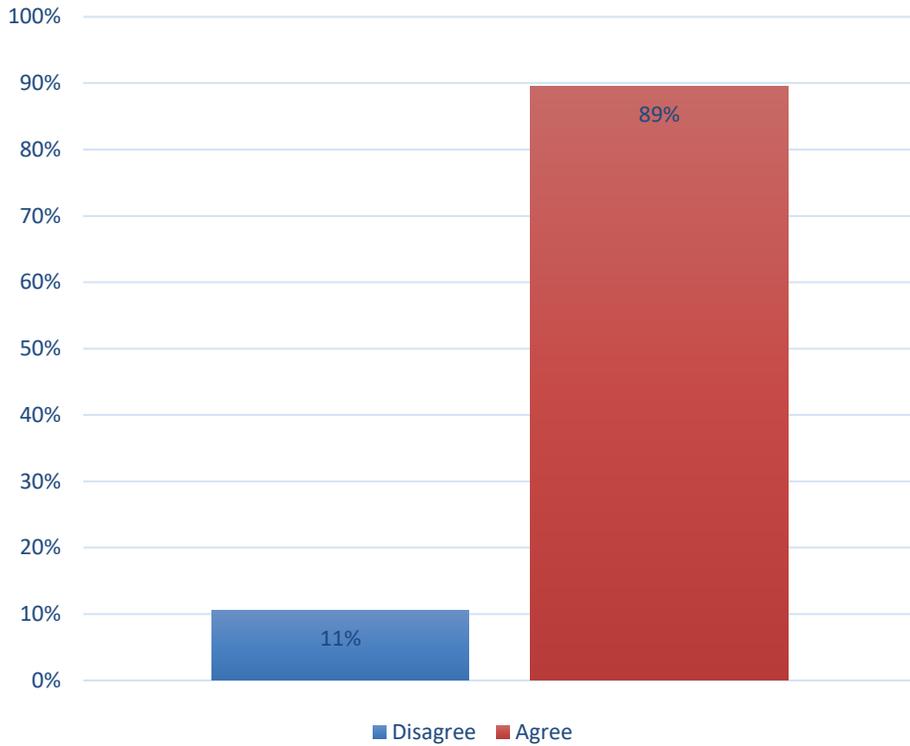
Prevent Teach Reinforce Training among the Three Implementation Sites

- The IDEA Part C Office ordered 100 Prevent, Teach, Reinforce books. Approximately 40 books have been provided to implementation sites and the Program Coaches as well as the State Leadership Team. These books were ready for distribution by the November 14, 2019 training date.
- Attendees received instruction on the following topics: behavior, teaming and goal setting, conducting functional assessment, selecting interventions, developing family plans, coaching the family to implement plans with fidelity, data decision making and implementation planning.
- Please see attached the PTR instructional power point training guide, Training Evaluation, and below for the findings from the Training Evaluation. This data reflects that the infrastructure for professional development is successfully building within the EI system at those sites implementing SE evidence-based practices. This in turn matters because the practitioners who

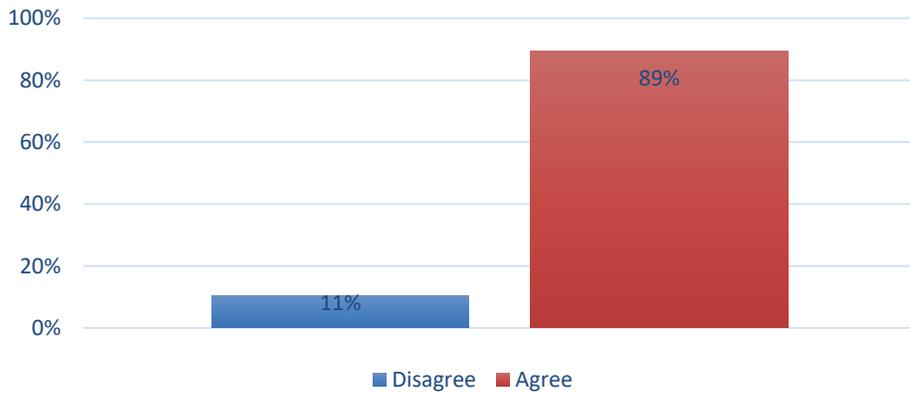
carry caseloads are further equipped to instruct families on the evidence-based SE developmental strategies individually targeted for each child's SE outcomes.



My capacity to work with others in the development of a behavior support plan has increased



I am satisfied with the training received



Additionally, attendees of the Prevent Teach Reinforce (PTR) training provided constructive comments, see below. The IDEA Part C Office will utilize this data to improve on future trainings as scale up is planned statewide and hence, the PTR training will occur again for the other programs.

Comments from Evaluation of Prevent Teach Reinforce Training, November 14, 2019

Attendee comments are provided below:

More time on forms

This training was fabulous! I can see how this topic could easily be split up into 2 days of training. I think breaking it up into parts would be good if the training time allowed.

Breaking down some of the actual pen to paper tools and having examples in order to begin with would have been more helpful for me to follow along.

Very beneficial. I felt like I walked away with a lot from the training.

It could be broken up into a two-day training to go more in depth regarding the forms being used and how to make them relevant to the families. I felt that we went through that material too quickly to be deeply understood. Or come out to revisit the training again in either 3 to 5 months to discuss implementation or barriers and strategies.

Having an opportunity to review book before taking a quiz would have been more effective. I felt like all I did all day was flip through pages

I think she did well in working with the audience and flexing the training where it needed to be longer and shorter in certain areas

I think the overall training went really well. I know that all cases are going to be different so strategies are going to be different, but I really think that when showing the videos that it would be nice to see what happens next. What strategies were applied and how the DS went about it. How was the communication between the DS and the family. How does this look to fit the pyramid model?

There should have been more time spent on completing the different worksheets with examples and practice. That part was rushed and confusing.

Annual Provider Survey

The IDEA Part C Office gathered statewide feedback from providers, with the following data results. This data reflects that the EI system continues to need additional trainings, supports (coaching,

mentoring) and opportunities for provider experience in order to continue effective implementation of evidence-based SE practices at the family/caseload level.

The following Provider Survey result was aimed at the goal of improving Service practitioners' confidence and competence levels when identifying social-emotional (S-E) needs for infants and toddlers. The decrease in the percentage reporting this from last year (94%) to this year (77%) may be attributed to the fact that less surveys were completed than last year, 166 total from last year verses 70 total completed this year. A follow up suggestion to improve this finding would be to continue with trainings for the system, but supplement these trainings with additional coaching, role play, and reciprocal mentoring to other new practitioners in order to build confidence and solidify the new information received from trainings.

“After receiving training, I am more comfortable and confident in my knowledge about typical social-emotional development in infants and toddlers”

Note: The 2019 lined through data reflects errors reported last year and corrected here.

<i>Year</i>	<i>Agree</i>	<i>Partially Agree</i>	<i>Total Responses</i>	<i>Total % Agreeing</i>
2017	18	16	41	83%
2018	21	19	40	100%
2019	110	59	185	91%
	102	53	166	93.4%
2020	52	2	70	77%

This next Provider Survey data focuses on the goal for service practitioners to have an increase in their knowledge and skills to consistently and accurately determine appropriate child outcome measurement ratings for infants and toddlers. The results of 84% of practitioners reporting this during this past year indicates an increase over last year's result of 82%. This is important to the fidelity of the data reported as well as proper planning required to assist the family in achieving accurately identified skills and behaviors targeted within child outcomes.

“I am more comfortable obtaining information about the child's social-emotional functioning to inform the entry and exit Child Outcome Summary (COS) ratings.”

Note: The 2019 lined through data reflects errors reported last year and corrected here.

Year	Agree	Partially Agree	Total Responses	Total % Agreeing
2017	14	13	17	100%
2018	22	14	40	90%
2019	86	62	181	82
	85	50	162	83%
2020	41	18	70	84%

The following data reflects that there has been an increase in the percent of practitioners participating in training and reporting they have meaningful conversations with families regarding their child’s S-E development. This is important because the EI system must be as effective as possible in reaching families with the evidence-based practices through the practitioners directly serving these families.

“I’ve used the information gained in social-emotional development trainings to support meaningful conversations with families about their child’s social-emotional development and its importance”

Year	Agree	Partially Agree	Total Responses	Total % Agreeing
2017	14	17	40	78%
2018	10	7	17	100%
2019	102	65	183	91%
2020	49	24	78	93.6

Milestones Achieved: Accountability and Sustainability

Feedback loops were strategically placed within the pyramid model activities to ensure collaborative efforts remained transparent, cooperative, and effectively focused, as explained here:

- **Monitoring:** The IDEA Part C team uses the comprehensive monitoring data to determine the percent of children with a social-emotional delay and in turn how many of those children have functional IFSP outcomes they are working on to make progress towards.

- COS Follow Up: We also gather program’s procedures and protocols for providing continuous COS trainings for all staff on an annual basis. Part C program liaisons as well as QA staff provides COS trainings when requested and/or needed for programs.
 - Beginning September 2019 to present, the Part C Coordinator has attended national level peer learning community forums among Part C states regarding the Child Outcome Summary (COS) process. During these meetings, discussion and sharing occurs to build understanding on most appropriate classifications for a child’s actual function verses the child’s age-expected function. Examples from local/district level data among the various states are shared, providing additional insights and opportunities for questions surrounding the COS process. This activity is important in that Nevada’s IDEA Part C Office may take the information learned to improve on statewide trainings and may ultimately disseminate additional knowledge on process fidelity at the state and local levels in Nevada. This in turn loops back to provider knowledge as they complete COS forms for every EI case, which in turn is the basis for SiMR data.
- Data System: Operation of the data system was handled within these accountability contexts:
 - Building data system based on business rules
 - Developing report functions that generate reports needed for monitoring and program improvement, APR reporting, 619 reporting, etc.
 - Piloting/testing new data system
 - Migrating data from TRAC to new data system
 - Using data for program improvement
 - Data linkages with other programs
- Buy-In for Scaling Up: The state leadership team has been solidly in place since March 2019, and includes stakeholders who are state employees, private providers, community partners in mental health and parent advocacy representatives. Overall, there is general excitement from the stakeholders. While there have been at times some push-back from providers who have expressed concerns re: time commitment, that resistance seems to be shifting. Those previously resistant are even volunteering to be the next implementing site, all of the State Programs would then be implementation sites, with the final expansion to be the remaining Early Intervention Community Partners.

The State met the 6-month and annual measurement timelines associate with our activities, with the following outputs accomplished as a result of these activities included:

Section 5: Status of Evidence-Based Practices

Milestones Achieved: Evidence Based Practices

The data from implementation sites are processed through a PDSA cycle (e.g. Plan-Do-Study-Act) in that our Office is using the data to assess the success of the activities being implemented and making changes as needed to those activities. Last year, NV reported updates on each of the 4 TOA infrastructure areas. Specifically, NV reported out on training, content, and practices. This NV IDEA Part C State Systemic Improvement Plan, April 2020

year NV has fidelity data on practitioner's implementation of practices. The state is collecting practitioner fidelity data through program coach reporting. An update this year regarding the tools being used to collect this data include practices from NCPMI's Technical Assistance, including:

- The Benchmarks of Quality (BoQ) is an assessment and progress-monitoring tool to examine program-wide implementation. This tool is scored by capturing the consensus opinion about the level of implementation of the benchmarks for program wide critical elements. The tool can be used as often as the Implementation leadership teams decides is good for their program but must be done at least two times a year. It is used to collect data that can help the program make data-based decisions and action plans. The Implementation Leadership team can use an excel record for each of the critical elements to track program progress. Stakeholder input for use of this is ongoing during SLT meetings and correspondence; this has been a focus of discussions during April 2019 to Oct 2019, see SLT agendas.
- The implementation site BoQ will measure implementation infrastructure fidelity at the program level. NCPMI TA advisors trained program coaches and practitioner coaches in the use of the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF). This tool measures early interventionists practice fidelity with targeted items and a scoring structure. Stakeholder input on this tool is ongoing during SLT meetings and correspondence and had been a focus of discussion during July 2019 to November 2019, see SLT Agendas.
- Through the Pyramid action plans, the SLT and the Part C Office has developed procedures and criteria for selecting and training additional Program Coaches and Practitioner Coaches. This supports the next cohort of programs in the scale up of additional programs implementing the Pyramid model.
- Practitioner Coaches are currently participating in coaching calls with National Training Institute (NTI) TA assistance. Next year, additional Practitioner Coaches will be supported and trained by Program Coaches.

Results of Practitioner Coach Activities

Implementation Site Infrastructure	Program 1 NEIS North East (Elko)	Program 2 NEIS North West (Reno)	Program 3 The Continuum
Number Program Coaches	1	1	1
Number Practitioner Coaches	2	7	1
Number Practitioners that have been coached	2	5	1
Number of families receiving services with S-E skills enhanced by Practitioners	8	All, 5 families have had observations	Various
Number of times the fidelity tool has been completed	1 (3 in process at time of SSIP draft March 2020)	4 (2 in process at time of SSIP draft March 2020)	1

- Evidence for these results is also located within the Program and Practitioner Coach Logs. The Program Coaching logs show the progress the implementation sites are making toward fidelity in coaching the frontline personnel to provide family support and parent coaching to the individuals receiving early intervention. The Program Coach supports the Practitioner Coaches which work directly with the frontline personnel. This frontline support is provided by conducting observations and setting goals with the DS using the EIPFFI. These outcomes are to assist the DS in improving her family/parent coaching skills which in turn increases the potential to work on social-emotional skills for the family as a whole. The State's system has improved as a result of these improvement activities because additional leadership is in place to provide guidance to programs, practitioners, and ultimately families.

Monitoring IFSP outcomes and strategies is a good way to measure progress of practitioner's use of EBPs. The monitoring of Social-emotional outcomes in the accountability and monitoring system is an example of how one part of the system has been changed to ensure NV is able to monitor one aspect of how practitioner's use EBPs. NV would like to highlight the accountability component. The key difference for the system in this regard is that a way to measure progress on practitioner use of EBPs was not available other than self-assessment or reflection obtained from provider surveys. Particularly important for children and families is the credibility piece that is associated with using the appropriate tools to evaluate and guide a practitioner's instruction, as the practitioner will be guided to make improvements as needed which will in turn benefit families in their acquisition of key information regarding interacting with their children.

Section 6: Stakeholder Engagement

Existing Stakeholder Relationships

Updates to the ICC occurs quarterly or more frequently. The biannual face-to-face meeting which was to occur in Las Vegas, NV during April 30 to May 1, 2020 has been cancelled for the face-to-face meeting but is still planned to occur via videoconference. This change in plans is due to taking an abundance of caution during the COVID-19 pandemic. Also canceled was the teleconference for Stakeholder engagement for the SSIP, which was scheduled for March 18, 2020 due to emergency action planning as state offices began closing or winding down the week of March 16, 2020. Nonetheless, opportunities for stakeholder feedback occurred at each ICC quarterly meeting as the IDEA Part C Office provided updates on NCPMI activities. During 2019, ICC members expressed interest and requested to attend presentations on NCPMI progress. The presentation planned for March 23, 2020 was canceled due to the COVID-19 pandemic, but this has been rescheduled tentatively for some time in May 2020.

ICC Members are governor-appointed, and include individuals who are parents with children who are receiving or recently received early intervention services, individuals from Institutions of Higher Education (University of Nevada, Las Vegas, UNLV, and University of Nevada, Reno, UNR), Part B 619, military base installation, parent advocacy and legal groups, ADSD, Community Partner representative, Health Care Policy and Finance, Inter-Tribal Liaison, and the Governor's Council on Disabilities. One of the ICC Members from UNLV is also collaborating with NCPMI advisors for university-level research and application, and offered to assist the IDEA Part C Office with pyramid model efforts.

Monthly State Leadership Team (SLT) meetings continue for the pyramid model project, as well as subcommittee workgroups (list, e.g. Logistics workgroup, grant workgroup, fiscal workgroup, communication workgroup), program coach calls. Agendas and minutes are developed for the monthly SLT meetings. The members for the SLT include individuals from IDEA Part C, ADSD, Community EI programs, State EI programs, and a Parent Advocacy group.

New Stakeholder Relationships

An opportunity arose during February 2020 to share our SE efforts with another state agency that does home visits, Children and Youth with Special Health Care Needs (CYSHCN), within the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health. CYSHCN reached out to the IDEA Part C Office, stating they would like to learn from Nevada's experiences to see if there may be application for their work with families in their homes and in the community. The IDEA Part C Office invited CYSHCN to the presentations by the implementation sites that was to occur on March 23, 2020, however as mentioned, that meeting was canceled due to the COVID-19 pandemic. We look forward to future opportunities to share our experiences with this important program, and will invite CYSHCN when meetings and presentations resume.

Another opportunity to receive feedback at the federal level occurred during February 2020 when a research associate from the National Center for Children in Poverty (NCCP) in New York,

New York reached out to the IDEA Part C Office to learn of Nevada's efforts surrounding Infant Early Childhood Mental Health (IECMH) supports in Part C Policies. NCCP would like to use the information for a few purposes. Their survey is part of a broader project called PRiSM, on IECMH supports in state policy, which features profiles of exemplary state policies (for general information, please see <http://nccp.org/prism/>). NCCP is interested in developing a profile on Nevada's Part C work. Also, in the report that NCCP eventually would be writing based on the 50-state Part C survey responses, they would include short qualitative case studies highlighting promising state practices, so they may wish to include information from Nevada there. NCCP has also been working on Part C TA with a few states as part of their survey, and the states have expressed interest in social-emotional-related trainings and other work supports for their Part C workforce. As the IDEA Part C Office continues to receive national technical assistance from NCPMI regarding work with NCCP, we hope to have additional activities to report in next year's SSIP.

Stakeholder Programs: The Implementation Sites

A few brief recaps of the presentations and NCPMI newsletter excerpts which the three implementation sites showcased to the SLT during January 2020 are provided here below along with individual site program coaching data and Benchmarks of Quality data. This data is important because it reflects the progress made this past year toward building a system that will be sustained to promote SE developmental outcomes for children in early intervention. Presented below are multiple graphs of data which have allowed the program coaches and State Leadership Team to identify where pyramid model project efforts are most effective, such as meetings occurring via face-to-face verses via telephone, or where there are areas of need, such as additional time must be set aside for coaches to develop meeting materials. Having the distinctive data per region is also helpful in that Nevada's population encompasses varying needs among urban, rural and frontier areas. During the next year, scale up may be an easier process for the program coaches while they begin including new programs because many of the organizational tools and materials are in place while effective approaches are also evidenced.

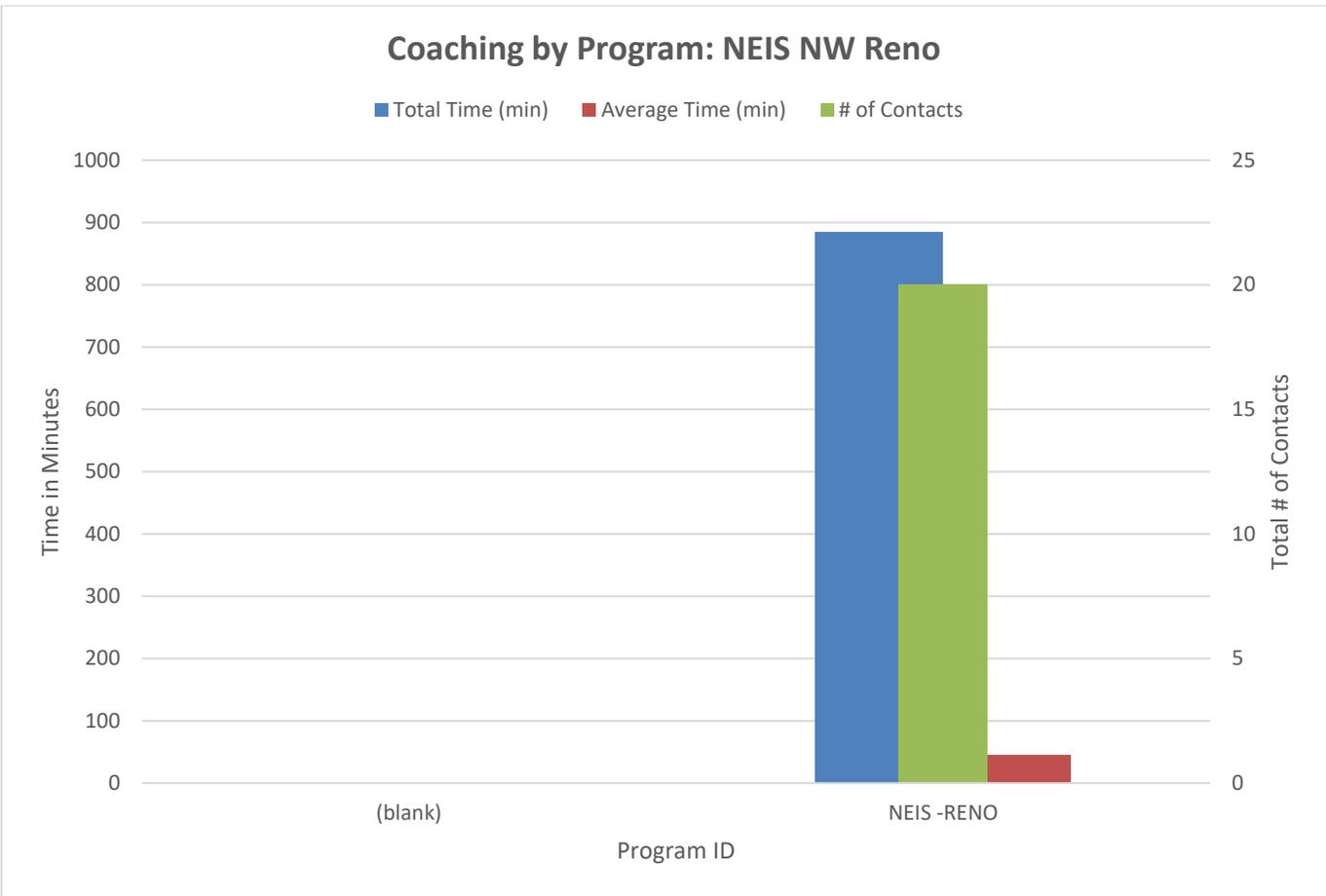
Site 1: Nevada Early Intervention Services Northwest, (NEIS) Reno

"NEIS-Reno has made great strides in implementing the Pyramid Model practices. We are consistently promoting pyramid to all staff so that they become more familiar with the framework. We had over 60 staff members attend the initial training and had 11 staff members attend Prevent, Teach, and Reinforce training. We have 7 practitioner coaches who have started the coaching process with our developmental specialists.

We are striving to incorporate Pyramid into our daily practice. One of the strategies we have implemented is 'Pyramid Pieces,' which are conversation starters to help our teams reflect on their practices. This challenges them to try different coaching strategies. We review 'Pyramid Pieces' at our weekly staff meetings to keep pyramid at the forefront of our agency. We also have a dedicated bulletin board for NCPMI information that we keep up-to-date."

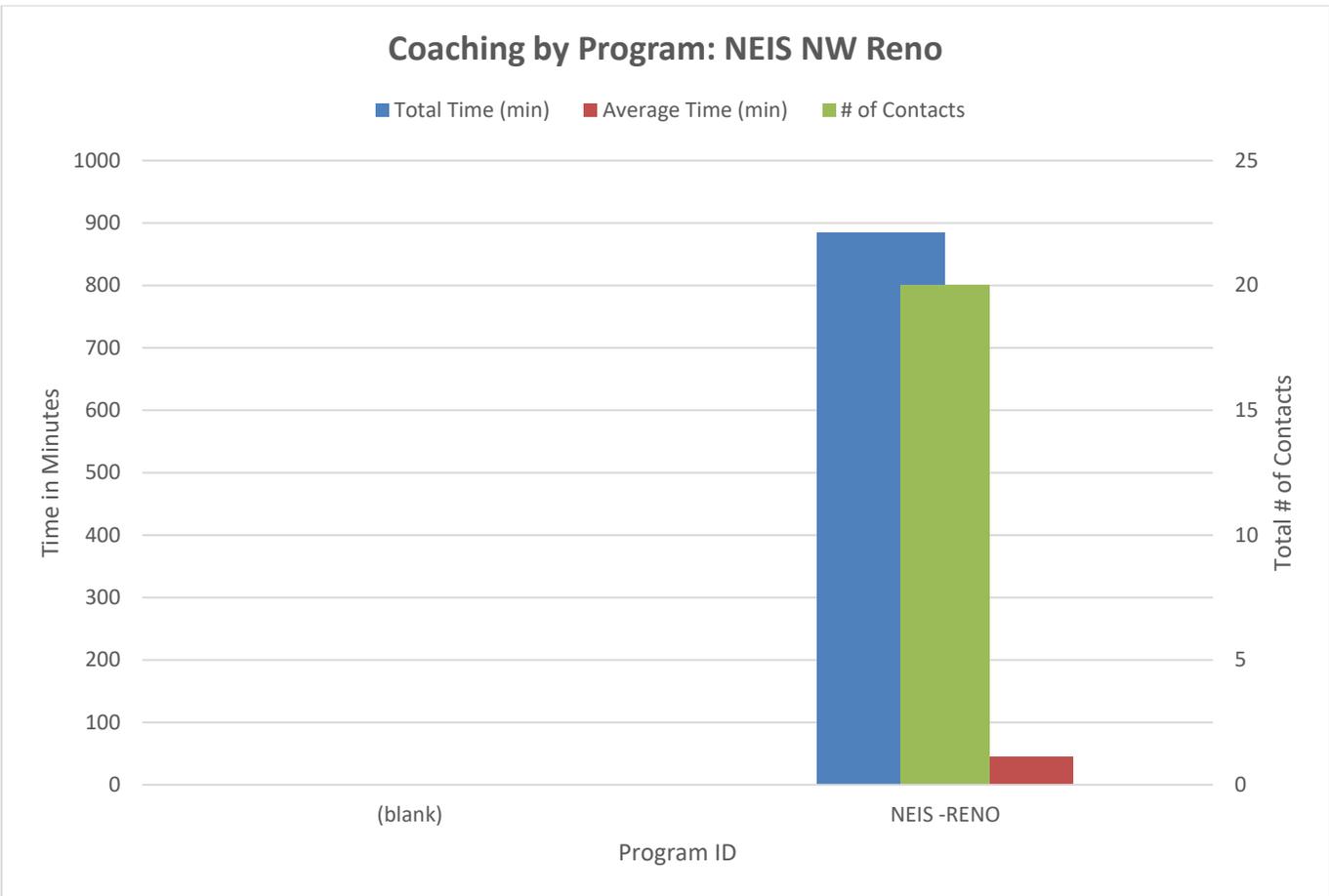
"We are committed to building collaborative partnerships that support caregiver's nurturing relationships with their child". NEIS-Reno Mission Statement

Coaching by Program: NEIS NW Reno



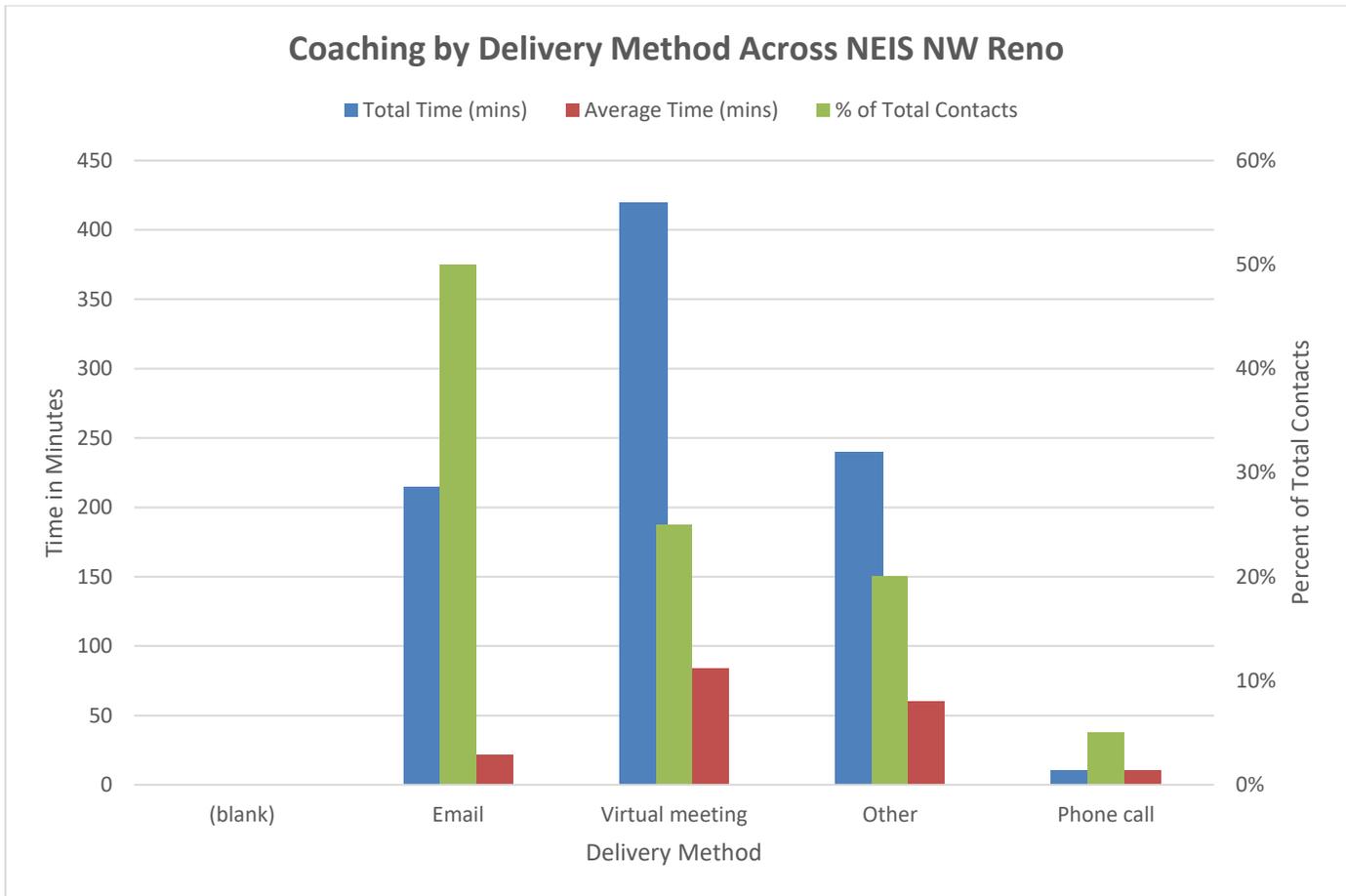
Program ID	Total Time (min)	Average Time (min)	# of Contacts
(blank)			
NEIS -RENO	885	44.3	20
Grand Total	885	44.3	20

Coaching by Program: NEIS NW Reno



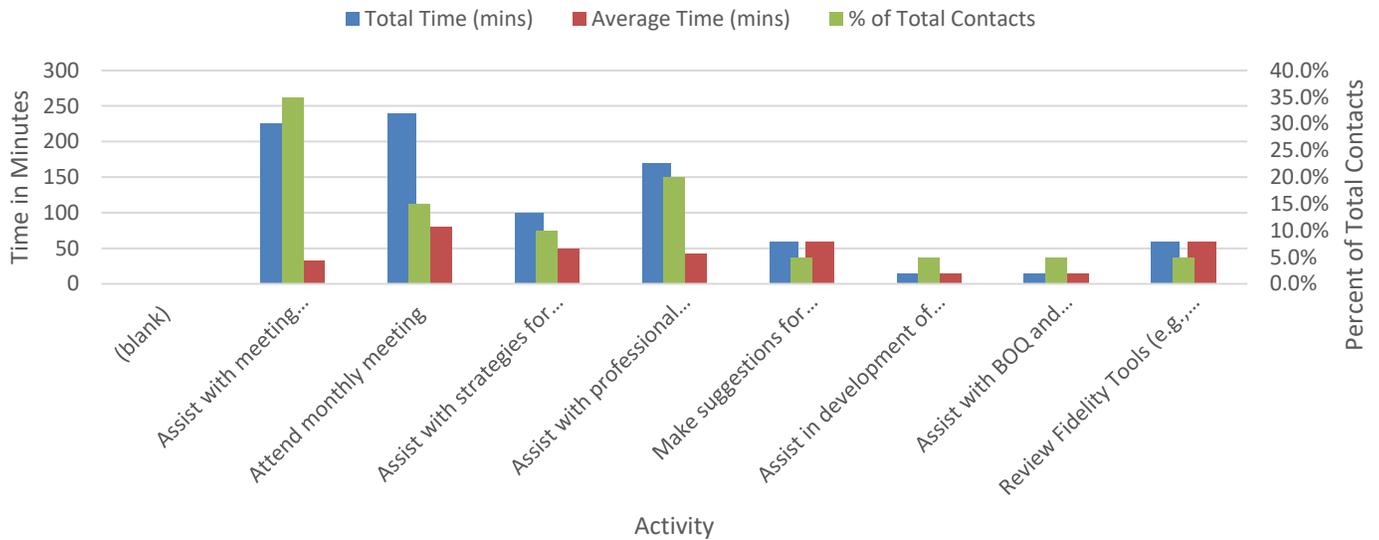
	Focus	Total Time (min)	Average Time (min)	% of Total Contacts
	(blank)			0.0%
	Leadership Team	815	45.27777778	90.0%
	Practitioner Coach	70	35	10.0%
	Grand Total	885	44.25	100.0%

Coaching by Delivery Method Across NEIS NW Reno

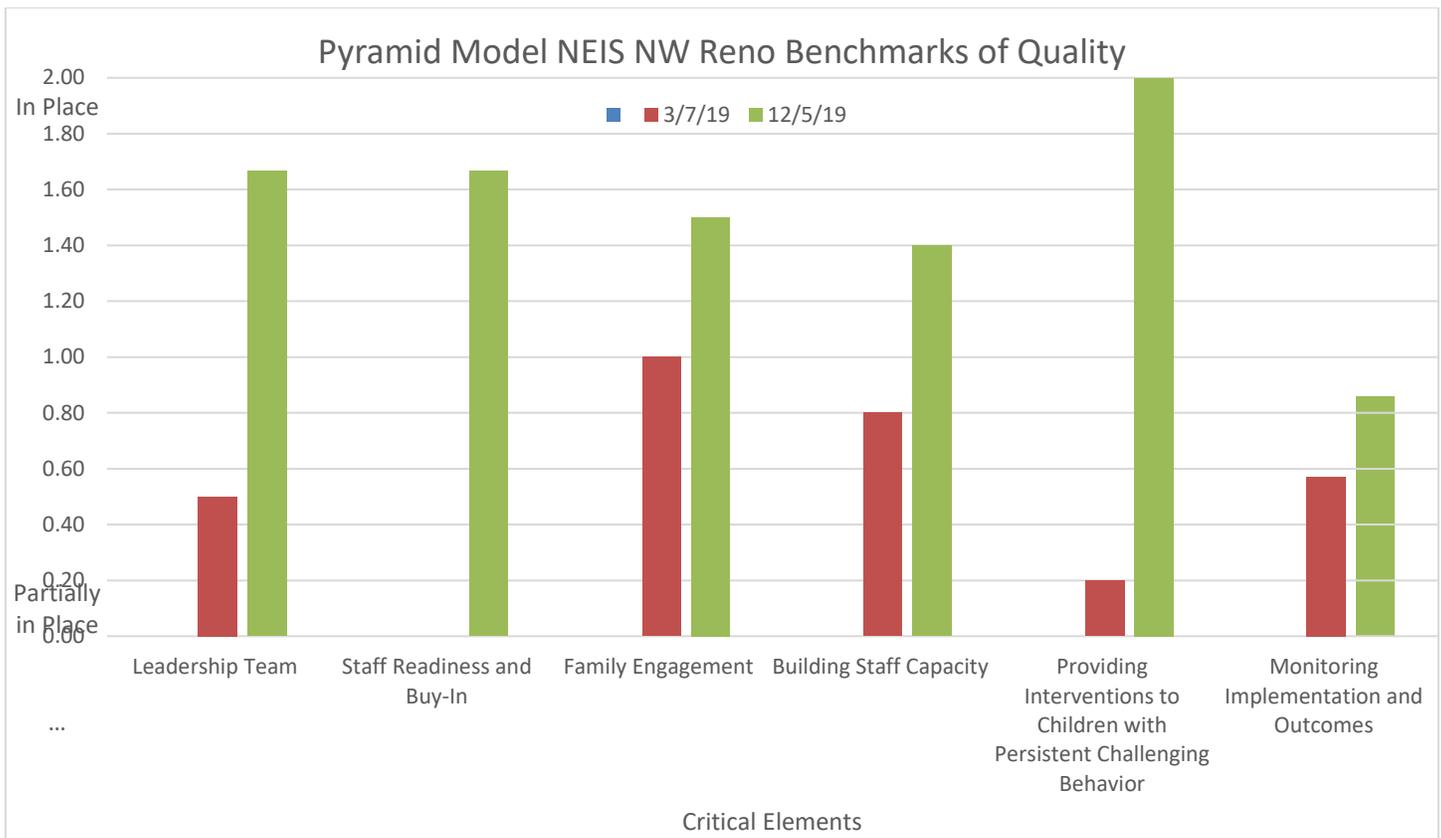


Delivery Method	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)			0.0%
Email	215	21.5	50.0%
Virtual meeting	420	84	25.0%
Other	240	60	20.0%
Phone call	10	10	5.0%
Grand Total	885	44.25	100.0%

Coaching by Activity Across NEIS NW Reno



Activity	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)			0.0%
Assist with meeting process (e.g., develop agenda, minutes, evaluations, etc.)	225	32.14285714	35.0%
Attend monthly meeting	240	80	15.0%
Assist with strategies for engaging families (e.g., planning meetings, sharing data)	100	50	10.0%
Assist with professional development (e.g., planning, delivering, and/or evaluating)	170	42.5	20.0%
Make suggestions for sharing data with staff and/or families	60	60	5.0%
Assist in development of materials	15	15	5.0%
Assist with BOQ and Action Planning	15	15	5.0%
Review Fidelity Tools (e.g., BOQ, TPOT, TPITOS, EI tool, BIR, Coach Log)	60	60	5.0%
Grand Total	885	44.25	100.0%



Date	Leadership Team	Staff Readiness and Buy-In	Family Engagement	Building Staff Capacity	Providing Interventions to Children with Persistent Challenging Behavior	Monitoring Implementation and Outcomes	Not In Place	Partially In Place	In Place
3/7/19	0.50	0.00	1.00	0.80	0.20	0.57	16	12	2
12/5/19	1.67	1.67	1.50	1.40	2.00	0.86	3	10	17

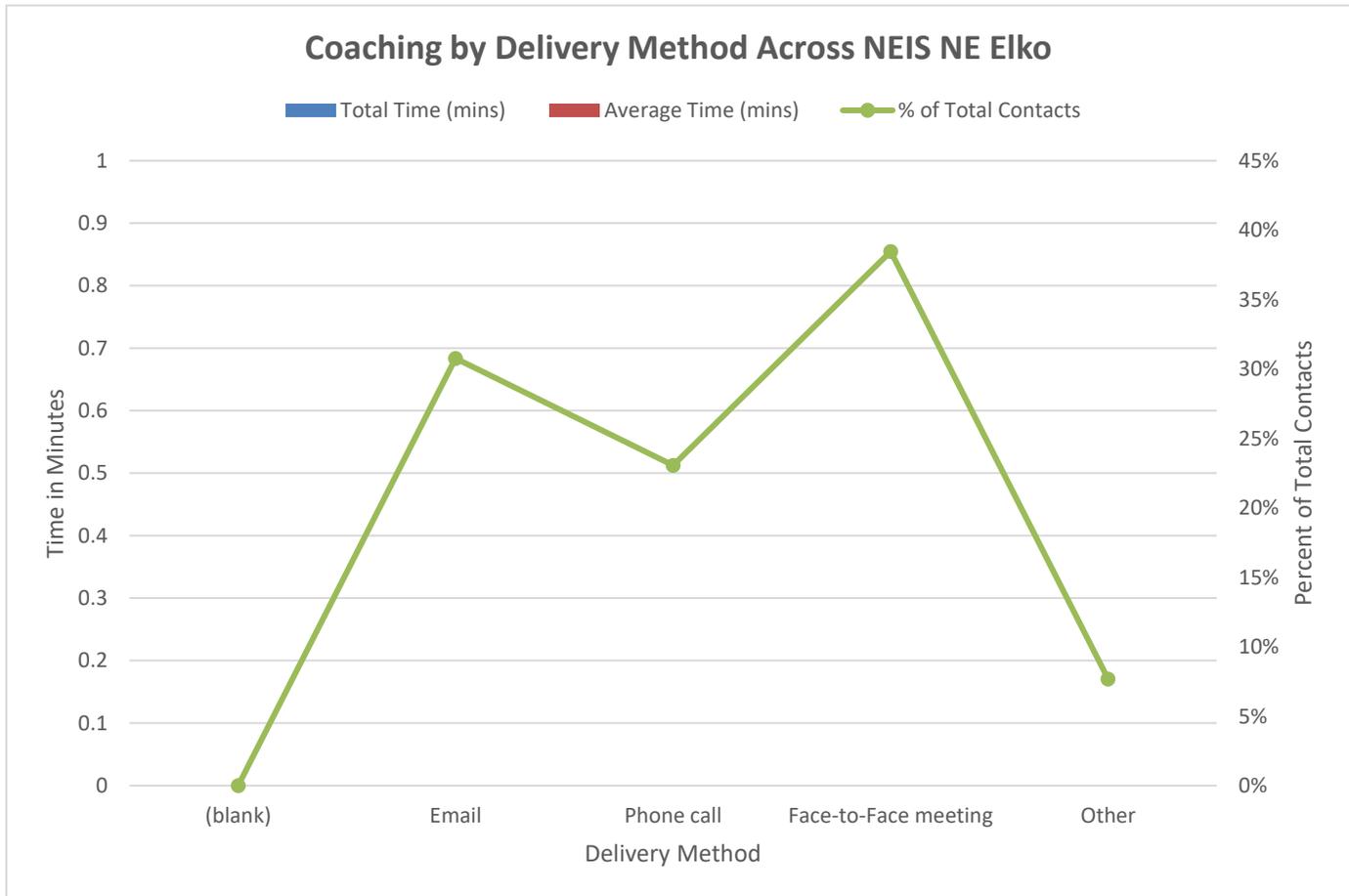
Site 2: Nevada Early Intervention Services Northeast, (NEIS) Elko

“Leadership staff collaborated to provide staff with a quick at hand resource guide for families use surrounding social and emotional development. Using page protectors the pages of the binder can be divided into sections for practitioners to use for themselves or give to parents as needs arise. The folders were inspired by the [Backpack Collection](#), as designed to keep the pyramid topics organized. Each office was provided a binder that includes our mission statement and handouts separated by domains.

The leadership reported that to encourage our staff involvement and participation, two different activities using 3-D paper pyramids and their version of “mash” using inspirational quotes was enjoyed by the staff. We also have a set of dice created by a staff member’s mom with 4 different emotions on each die and each office has a set of these for family engagement during visits.

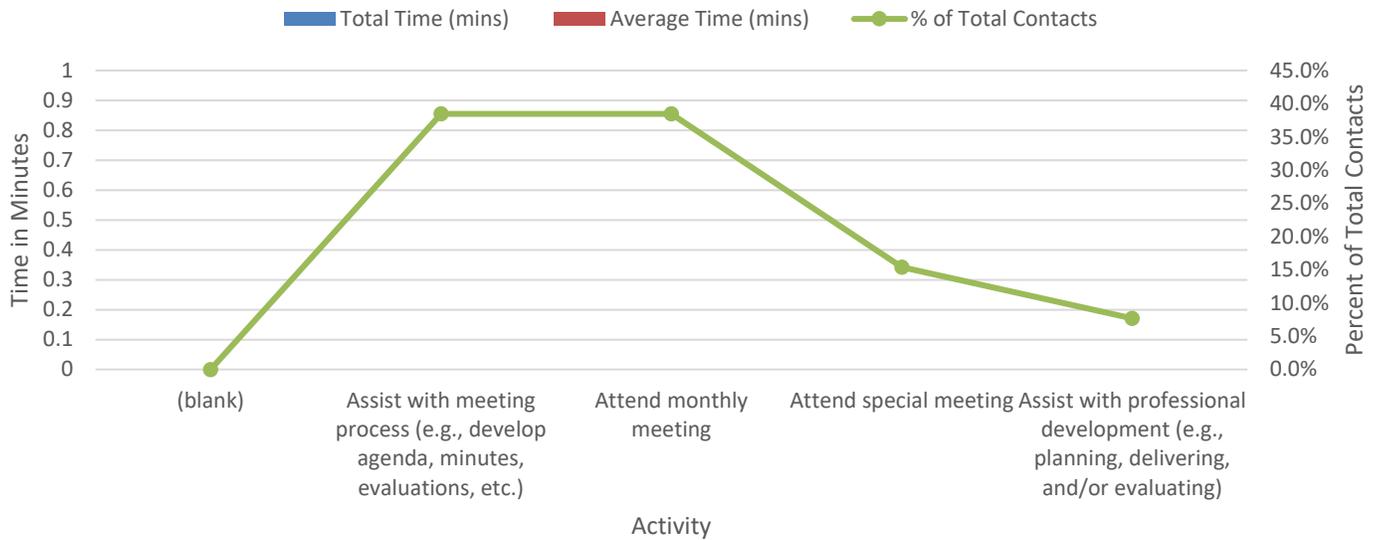
Leadership shared that approximately 81 family members attended a family barbeque to introduce the Pyramid Model to NEIS families receiving Early Intervention Services.”

“We are committed to building relationships with our staff and families that grow confidence and capabilities to support social emotional competence.” NEIS-NE Mission Statement



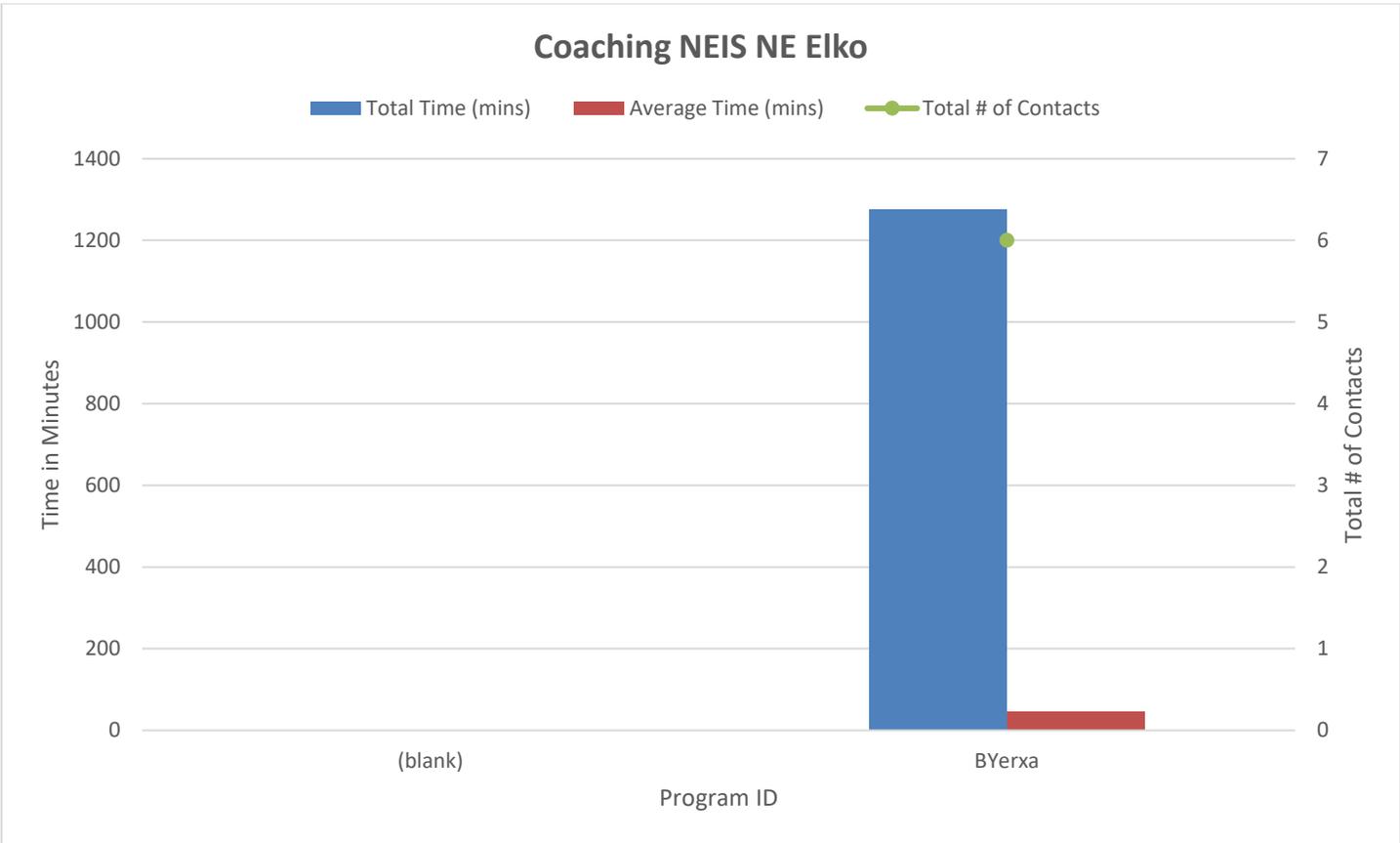
Delivery Method	% of Total Contacts
(blank)	0.0%
Email	30.8%
Phone call	23.1%
Face-to-Face meeting	38.5%
Other	7.7%
Grand Total	100.0%

Coaching by Activity Across NEIS NE Elko



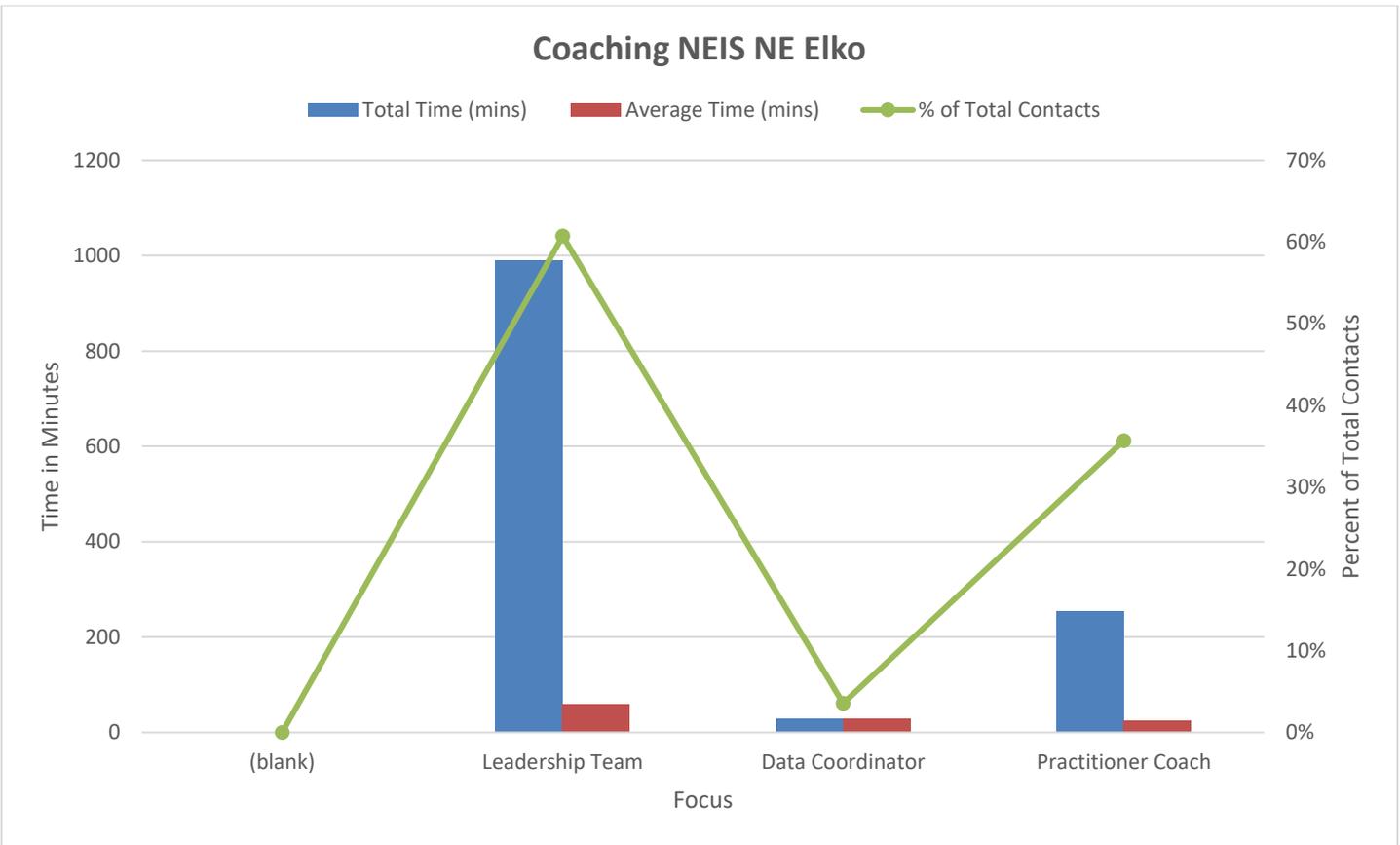
Activity	% of Total Contacts
(blank)	0.0%
Assist with meeting process (e.g., develop agenda, minutes, evaluations, etc.)	38.5%
Attend monthly meeting	38.5%
Attend special meeting	15.4%
Assist with professional development (e.g., planning, delivering, and/or evaluating)	7.7%
Grand Total	100.0%

Coaching NEIS NE Elko



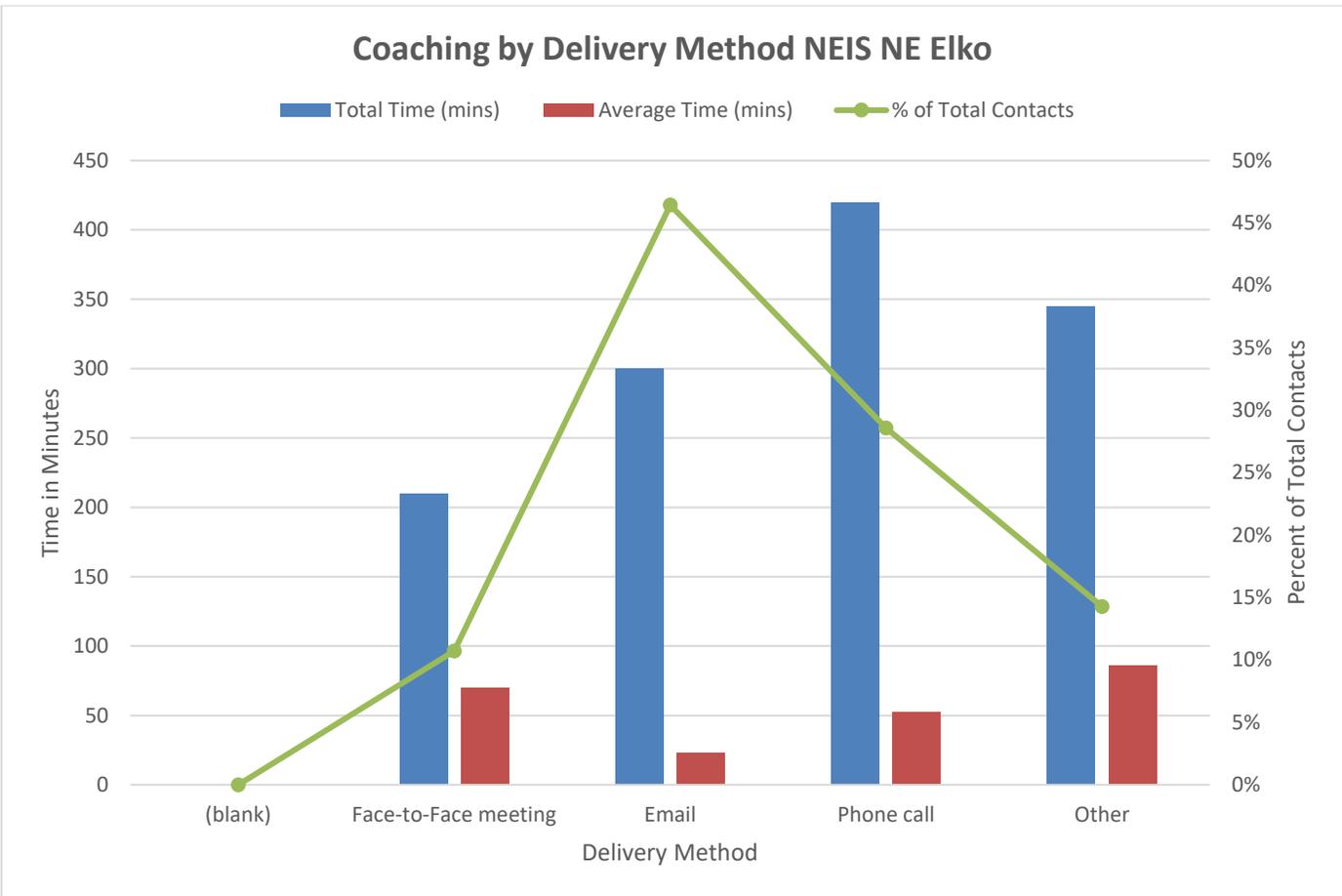
Program ID	Total Time (mins)	Average Time (mins)	Total # of Contacts
(blank)			
	1275	45.5	6
Grand Total	1275	45.5	6

Coaching NEIS NE Elko



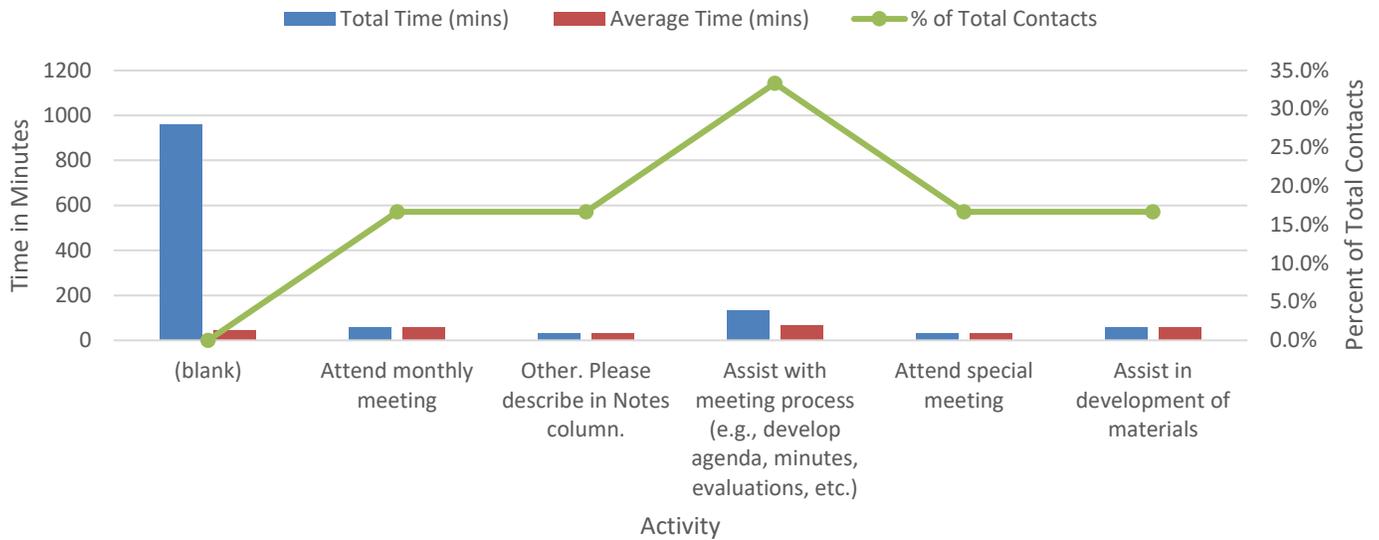
Focus	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)			0.0%
Leadership Team	990	58.23529412	60.7%
Data Coordinator	30	30	3.6%
Practitioner Coach	255	25.5	35.7%
Grand Total	1275	45.53571429	100.0%

Coaching by Delivery Method NEIS NE Elko



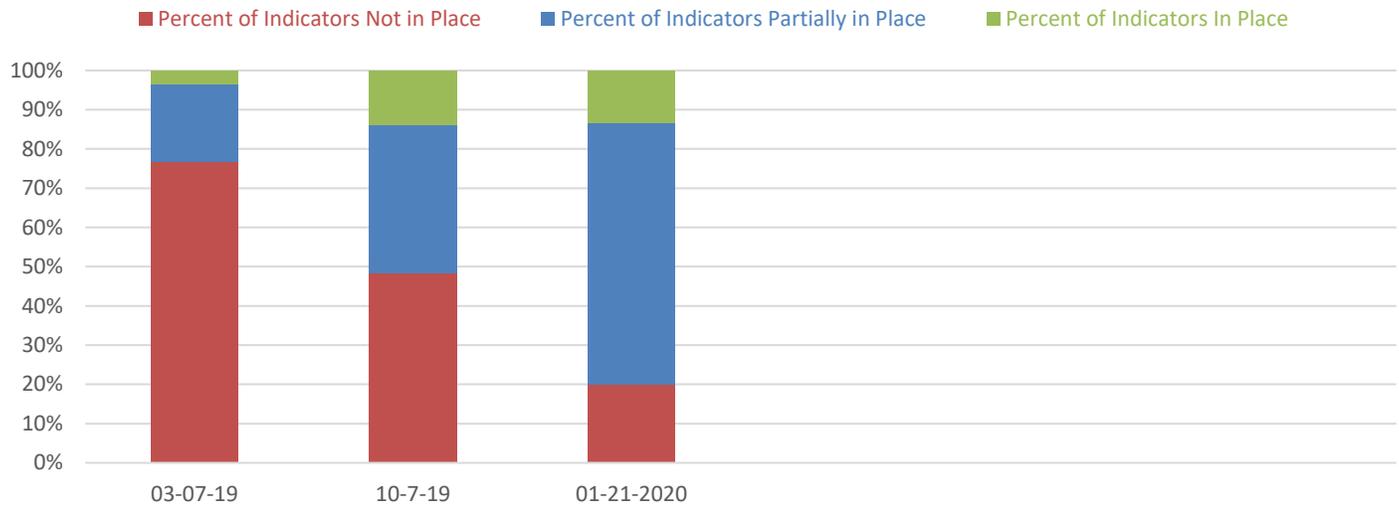
Delivery Method	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)			0.0%
Face-to-Face meeting	210	70	10.7%
Email	300	23.07692308	46.4%
Phone call	420	52.5	28.6%
Other	345	86.25	14.3%
Grand Total	1275	45.53571429	100.0%

Coaching by Activity NEIS NE Elko



Activity	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)	960	43.63636364	0.0%
Attend monthly meeting	60	60	16.7%
Other. Please describe in Notes column.	30	30	16.7%
Assist with meeting process (e.g., develop agenda, minutes, evaluations, etc.)	135	67.5	33.3%
Attend special meeting	30	30	16.7%
Assist in development of materials	60	60	16.7%
Grand Total	1275	45.53571429	100.0%

Pyramid Model NEIS NE Elko Benchmarks of Quality



Date	Leadership Team	Staff Readiness and Buy-In	Family Engagement	Building Staff Capacity	Providing Interventions to Children with Persistent Challenging Behavior	Monitoring Implementation and Outcomes	Not In Place	Partially In Place	In place
03-07-19	0.50	0.00	0.25	0.20	0.60	0.00	23	6	1
10-7-19	1.17	0.33	0.75	0.50	1.00	0.14	14	11	4
01-21-2020	1.33	1.00	1.00	1.00	1.00	0.43	6	20	4

Site 3: The Continuum

“The Continuum has been a community provider of Nevada Early Intervention Services since 2009 yet has been providing wellness and rehabilitation services to the Reno/Sparks community for the past three decades. Previous to becoming an implementation site for NCPMI grant, the Continuum’s early intervention (EI) program was committed to enhancing social-emotional competency in professional development for the benefit of the families served. In place prior to NCPMI training, each child is given a social-emotional screening at 6 month and annual review of IFSPs, several professionals are trained in social-emotional assessments, and we participated in monthly coaching calls with TACSEI representative, Janice Lee. In addition, Developmental Specialists were meeting monthly for internal training on Pyramid model practices.

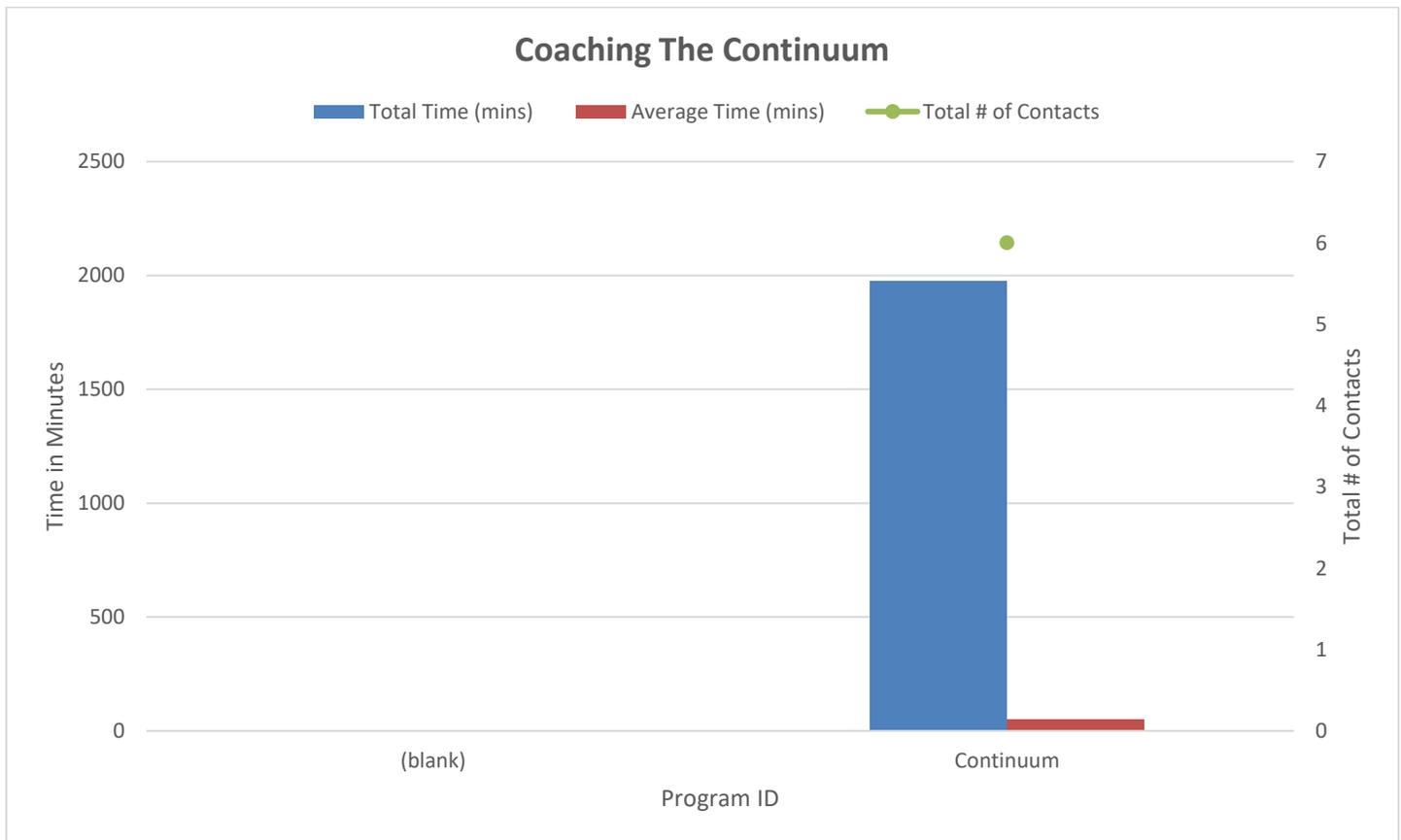
Since becoming an implementation site, we’ve already begun to see changes in the practices of our professionals even before coaching cycles have begun. We have committed to monthly staff meetings with all EI staff – speech pathologists, physical therapists, occupational therapists, administrative staff, and developmental specialists – in building staff buy-in. These meetings consist

of updates in procedures, universal Pyramid model practices, and challenging staff in pursuing aspects on EI Fidelity Instrument in their practice.

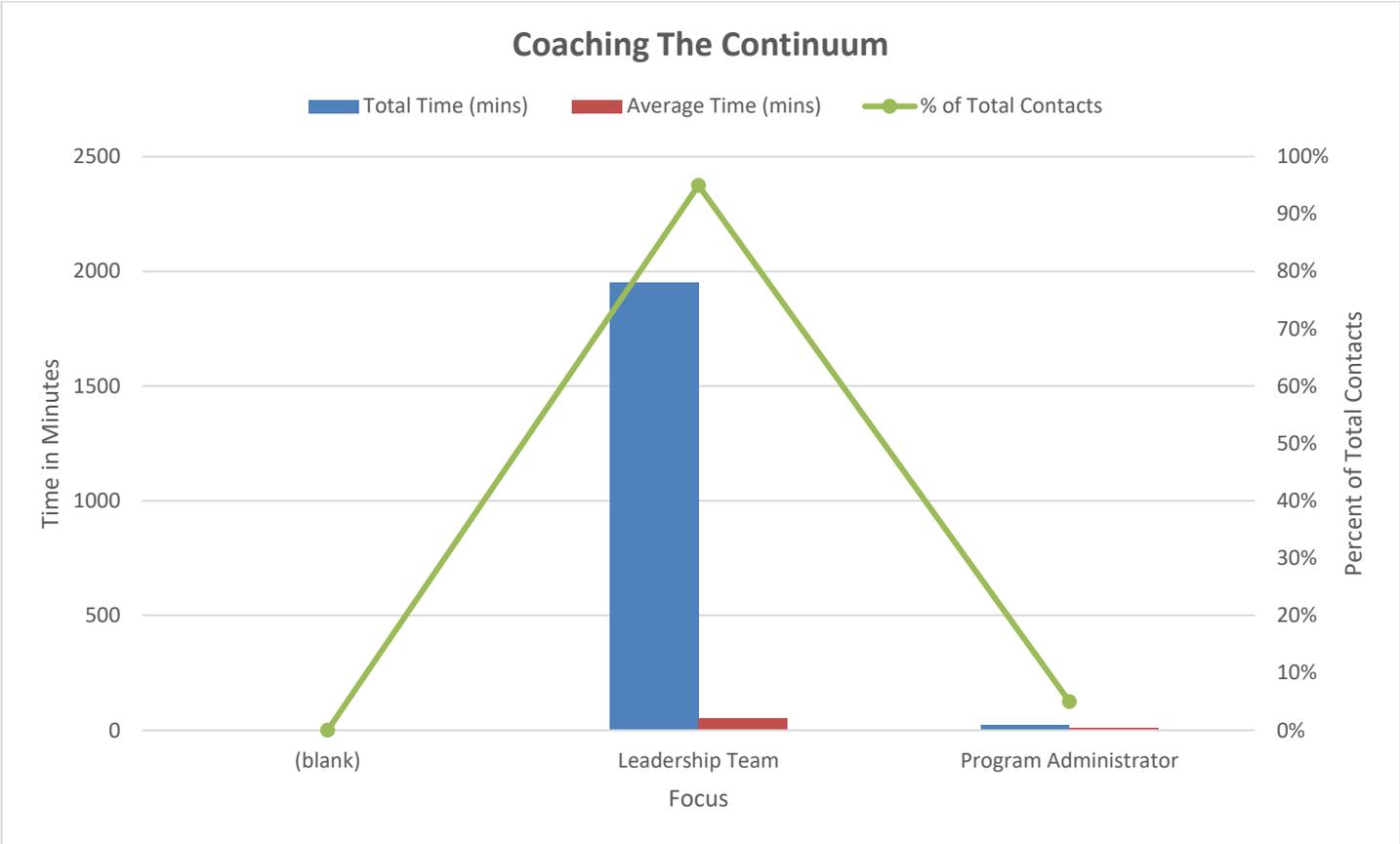
In order to engage families in the process of using Pyramid model to fidelity, we started an Instagram social media account dedicated to providing milestones, tips, and resources to parents to enhance their social-emotional competence in young children. We are strategic to ensure content is high quality and have consulted with a parent within our program who has used Instagram for their own business.

Our site leadership team currently consists of a Data Coordinator, Practitioner Coach, and Program Coach.”

“Families and professionals: a team working together to promote happy and healthy relationships in young children”. The Continuum Mission Statement

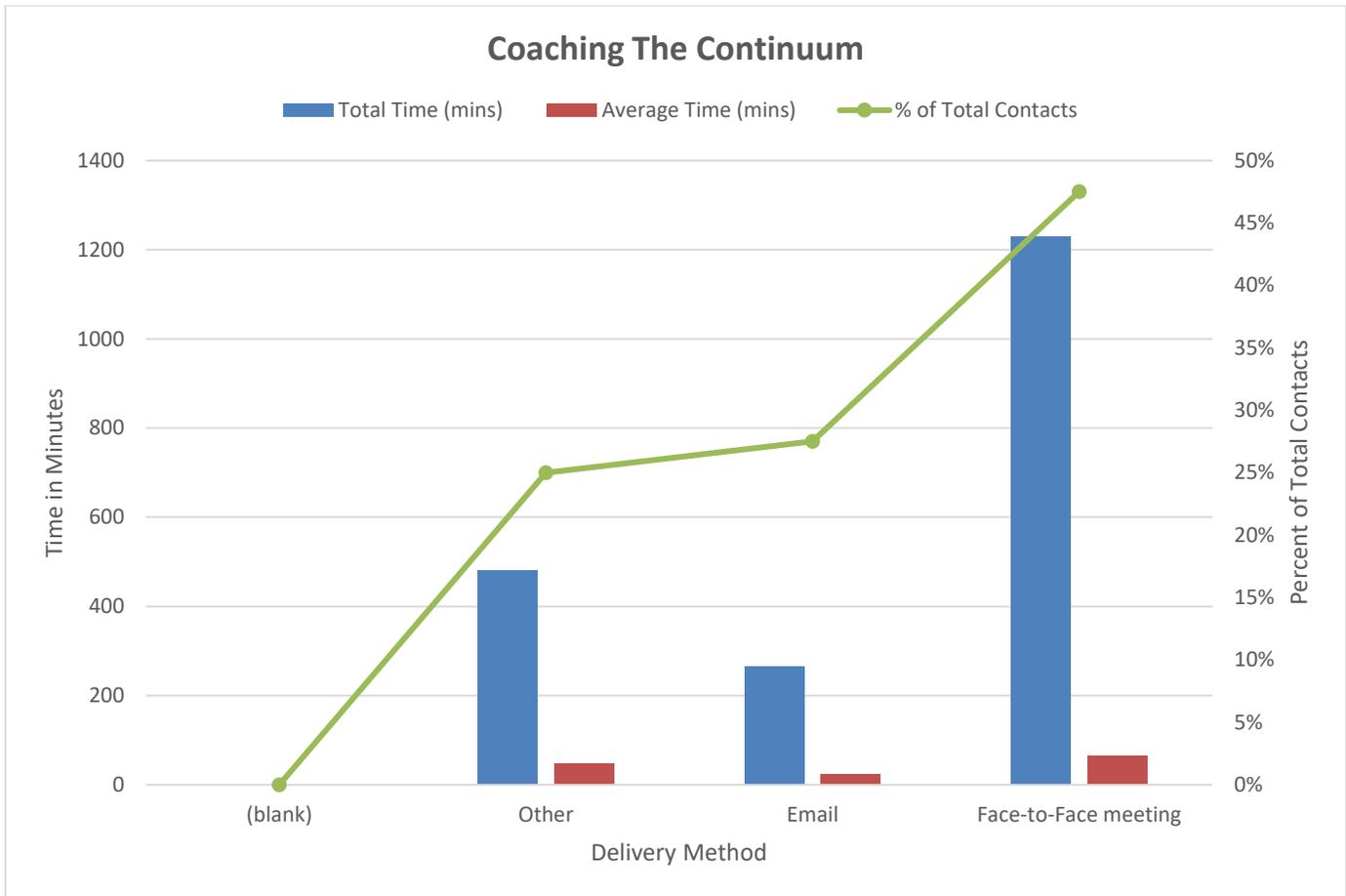


Program ID	Total Time (mins)	Average Time (mins)	Total # of Contacts
(blank)			
Continuum	1975	49.4	6
Grand Total	1975	49.4	6



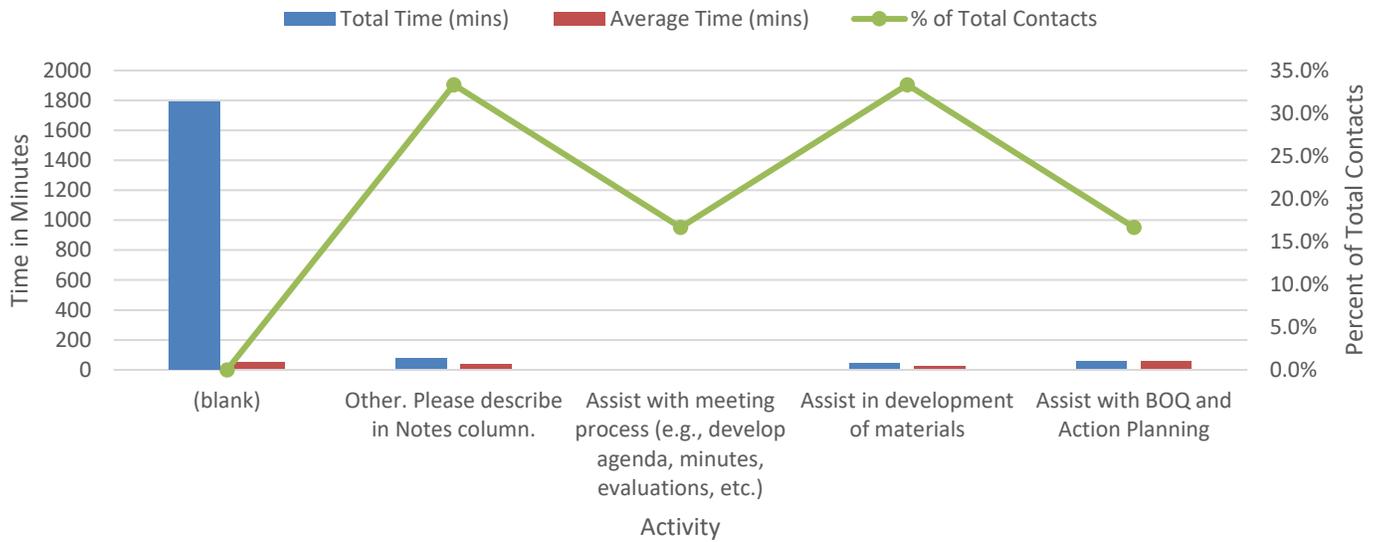
Focus	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)			0.0%
Leadership Team	1950	51.31578947	95.0%
Program Administrator	25	12.5	5.0%
Grand Total	1975	49.375	100.0%

Coaching The Continuum



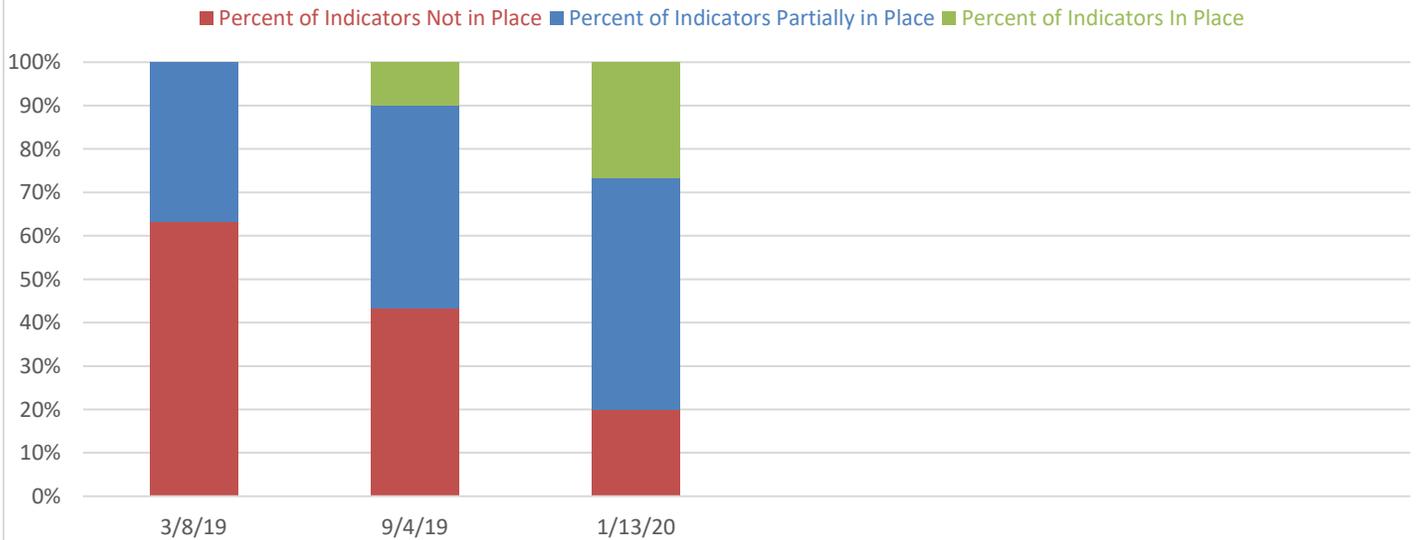
Delivery Method	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)			0.0%
Other	480	48	25.0%
Email	265	24.09090909	27.5%
Face-to-Face meeting	1230	64.73684211	47.5%
Grand Total	1975	49.375	100.0%

Coaching The Continuum



Activity	Total Time (mins)	Average Time (mins)	% of Total Contacts
(blank)	1790	52.64705882	0.0%
Other: Develop, review, revise Power points, meeting documents	75	37.5	33.3%
Assist with meeting process (e.g., develop agenda, minutes, evaluations, etc.)	5	5	16.7%
Assist in development of materials	45	22.5	33.3%
Assist with BOQ and Action Planning	60	60	16.7%
Grand Total	1975	49.375	100.0%

Pyramid Model Benchmarks of Quality: Continuum



Date	Leadership Team	Staff Readiness and Buy-In	Family Engagement	Building Staff Capacity	Providing Interventions to Children with Persistent Challenging Behavior	Monitoring Implementation and Outcomes	Not In Place	Partially In Place	In Place
3/8/19	0.33	0.00	0.50	0.60	0.20	0.43	19	11	0
9/4/19	1.50	0.67	0.50	0.60	0.20	0.43	13	14	3
1/13/20	1.67	1.33	1.00	1.00	0.80	0.71	6	16	8

Section 7: Plans for Next Year

As of March 15, 2020, executive orders from Nevada’s Governor and the EI system limited EI system activities, including face-to-face trainings and meetings such as are required for pyramid model scale up. Due to the COVID-19 pandemic, plans were pushed back by at least 2 months or more for the expansion of the pyramid model project among additional sites. This has hampered programs which are already implementing the pyramid model in their ability to conduct observations to assess for coaching and fidelity. Although the practitioner coaches are not able to actively observe the practitioners, practitioners continue to receive support through coaching calls from TA advisors. We anticipate that this and any other challenges which arise re: coaching procedures will be reported on during April 2021. Per the Governor’s Executive Orders in March of 2020, no face-to-face visits were to take place and all agencies were to transition to alternative services via methods such as telehealth or telephone consultation, until further notice.

- http://gov.nv.gov/uploadedFiles/govnewnv.gov/Content/News/Emergency_Orders/2020/DeclarationofEmergencyDirective006reOML.3-21-20.pdf
- [http://gov.nv.gov/News/Emergency_Orders/2020/2020-03-20 - COVID-19 Declaration of Emergency Directive 003/](http://gov.nv.gov/News/Emergency_Orders/2020/2020-03-20_-_COVID-19_Declaration_of_Emergency_Directive_003/)

Nonetheless, scale up is still planned so that the remaining 9 of 12 programs throughout the state will have practitioner coaches in place during the next 1 to 2 years. Milestone markers include projections by the IDEA Part C Office for Summer/Fall 2020 to include two to three programs in Southern Nevada to begin rolling out their Benchmarks of Quality and NCPMI trainings, with actual implementation for SE evidence-based practices for these programs and their caseloads of children and families occurring during Winter/Spring 2021.

Pyramid model project sustainability is certainly in place to ensure that programs will be supported, providers will be trained and evaluated, and families will receive evidence-based parent education to support their children’s social emotional development. As mentioned, scale up for the new programs during the next year is anticipated to be an easier streamlined

process, especially for the program coaches, since the project's infrastructure (leadership organizational tools, data and accountability processes, guidance materials and stakeholder engagement) are now in place with results for sustainability within Nevada's EI system.

Section 8: Appendix

NV 2020 SSIP: 508 Compliance

April 26, 2020

Clarification: Please see below screenshot of updated Accessibility Check for 508 Compliance: No accessibility issues were found.

The screenshot displays a Microsoft Word document titled "Nevada SSIP 4.1.2020 - Saved to this PC". The document content is centered and includes the following text and graphics:

- State of Nevada Department of Health and Human Services
- Director's Office, IDEA Part C Office
- The official seal of the State of Nevada.
- State Systemic Improvement Plan (SSIP)
- Phase III Year 4 Report
- April 1, 2020

The Accessibility Checker pane on the right side of the document shows the following results:

- ✓ No accessibility issues found. People with disabilities should not have difficulty reading this document.
- Keep accessibility checker running while I work.
- Additional Information: [Read more about making documents accessible](#)

The status bar at the bottom of the window indicates "Page 1 of 40" and "Accessibility: Good to go".