**State Performance Plan / Annual Performance Report: Part C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on   
FFY 2020**

**Nevada**

U.S. Department of Education seal

**PART C DUE   
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The Nevada Department of Health and Human Services IDEA Part C Office, as Nevada’s lead agency for the statewide EI system, works diligently with key stakeholders, including the State Interagency Coordinating Council (ICC), in the yearly development of the State Performance Plan / Annual Performance Report (SPP/APR). The SPP/APR serves as both a progress report for Nevada’s EI system and as a report for the State’s stakeholders. The State of Nevada’s IDEA Part C FFY 2020 SPP/APR covers the timeframe from July 1, 2020 through June 30, 2021. This timeframe is Federal Fiscal Year (FFY) 2020, State Fiscal Year (SFY) 2021.   
  
Provided here is an overview of Nevada’s systems that are in place to ensure compliance with IDEA Part C requirements and purposes.   
  
FFY 2020 Indicator Results  
  
Indicator 1. Timely Provision of Services: Did not meet target; no slippage occurred.  
  
Indicator 2. Services in Natural Environments: Met target; no slippage occurred.  
  
Indicator 3. Child Outcomes: Did not meet target; slippage occurred.  
3 A1. Met target; no slippage  
3 A2. Did not meet target; slippage occurred  
3 B1. Met target; no slippage  
3 B2. Did not meet target; no slippage  
3 C1. Met target; no slippage  
3 C2. Did not meet target; slippage occurred  
  
Indicator 4. Family Involvement: Did not meet target; slippage.   
4 A. Did not meet target; slippage occurred  
4 B. Did not meet target; slippage occurred  
4 C. Met target; no slippage  
  
Indicator 5. Child Find (Birth to One): Did not meet target; no slippage occurred.  
  
Indicator 6. Child Find (Birth to Three): Met target; no slippage occurred.  
  
Indicator 7. 45-Day Timeline: Did not meet target; no slippage occurred.  
  
Indicator 8. Early Childhood Transition  
Indicator 8A. Did not meet target; no slippage occurred  
Indicator 8B. Did not meet target; slippage occurred  
Indicator 8C. Did not meet target; slippage occurred  
  
Indicator 9. Resolution Sessions: N/A  
  
Indicator 10. Mediation: N/A  
  
Indicator 11. State Systemic Improvement Plan: Met target; no slippage occurred  
  
Nevada’s FFY 2019 SPP/APR will be submitted electronically through OSEP’s EMAPS data system by the deadline of February 1, 2022. Following OSEP’s Clarification for FFY 2020, this report will be submitted to Nevada’s Office of the Governor and posted to the Nevada IDEA Part C Office website at http://dhhs.nv.gov/Programs/IDEA/Publications/

Additional information related to data collection and reporting

Nevada's FFY 2020 SPP/APR will be posted on the Nevada Department of Health and Human Services (DHHS) Director's Office, IDEA Part C Office website at http://dhhs.nv.gov/Programs/IDEA/Publications/ not later than June 1, 2022 which is 120 days from February 1, 2022. Additionally, FFY 2020 Report Cards for each of the early intervention service provider programs in the State will be posted on the same website.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

The IDEA Part C Office maintains a general supervision system that includes procedures for compliance monitoring, dispute resolution and to ensure all components of the statewide early intervention (EI) system meet requirements of Part C of the Individuals with Disabilities Education Act (IDEA). The general supervision system is also designed to evaluate the effectiveness of the EI system in improving outcomes for children and families. The system supports activities to ensure early identification of infants and toddlers with disabilities and the timely provision of early intervention services.  
  
Key monitoring system activities include:   
  
Nevada's Early Intervention (EI) services system is comprised of twelve (12) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2020, the Part C Office completed comprehensive virtual site monitoring for a cohort of six (6) EIS programs relative to this indicator. The remaining six (6) EI programs were previously monitored in FFY 2019 and will continue on the biennial cycle. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data is representative of all children across the state for each year of the cycle.  
  
• Implementing multi-level systems for verification of timeliness and accuracy of data entry by direct users with specific focus on data related to child outcomes  
• Conducting ongoing desk audits and focused monitoring as applicable for analyzing data across data sources to evaluate functioning of key system components at the state and program level  
• Collecting or verifying data through on-site monitoring and focused monitoring with increased emphasis on results for infants and toddlers and their families  
• Maintaining a system for compiling, analyzing and reporting data required under section 618 including investigation of complaints, mediation and due process requests  
• Issuing findings of noncompliance to early intervention service providers as a result of general supervision activities (e.g., monitoring and complaint investigation), working with providers to identify underlying causes and ensuring the timely correction of noncompliance  
• Collaborating with the ADSD to impose sanctions when appropriate to ensure early intervention service provider program improvement and compliance  
• Reporting to the Nevada Early Intervention Interagency Coordinating Council (ICC) and other key stakeholders on the outcomes of program monitoring and improvement  
  
Key dispute resolution procedures include:  
  
• Collaborating with families and programs to address and resolve concerns  
• Following IDEA regulations for timely follow up of complaints from families within 60 days of the complaint  
• Providing procedural safeguards at all junctures, with the following options available to families, including mediation, hearing, and dispute resolution  
• Having a board of mediators available should they need to be called upon to support communication and dispute resolutions among families and programs.  
  
Key procedures for data collection, analysis and reporting include:  
  
• Maintaining the statewide Tracking Resources and Children (TRAC) data system for collecting key data from the point a child is referred to the EI system to the time the child exits Part C services; the system also collects critical service data throughout the time the child is enrolled in early intervention services  
• Providing training and technical assistance (TA) to early intervention service providers regarding Part C data requirements  
• Participating in conferences and webinars hosted by OSEP and OSEP funded TA providers  
• Continuing to pursue statewide processes to obtain a data system that is more comprehensive and efficient at all levels of administration of the statewide EI system  
• Compiling, analyzing and reporting data results to the U.S. Office of Special Education Programs (OSEP), state administration, key stakeholders and the public on the effectiveness of the system in improving outcomes for young children with disabilities and their families   
• Collecting, compiling and analyzing data through the IDEA Part C Office Annual Family Survey to evaluate the impact of EI services in improving outcomes for families of infants and toddlers participating in early intervention services; working with stakeholders to review and revise the State's Family Survey instrument and process to optimize input from families in system evaluation and improvement  
• Compiling, analyzing and reporting data on specific outcomes for children served by the system by integrating data from the TRAC data system and the Child Outcomes analysis spreadsheet developed by the Early Childhood Outcomes (ECO) Center  
• Partnering with Nevada’s Aging and Disabilities Services Division (ADSD) to budget for a new data system, as well as review potential vendors for data system development  
  
Key activities for collaboration include:  
  
• Ongoing collaboration with Nevada Part C and the following entities in addressing concerns among EI families, programs and the system as needed: Aging and Disability Services Division (ADSD), ADSD Quality Assurance, National Center for Pyramid Model Innovations,   
• Two Part C staff are committee members for the Early Hearing Detection and Intervention (EHDI) program; participation involves attending monthly meetings, and advising the committee on raising community awareness for EHDI.  
•The IDEA Part C Office continued collaboration with state EI programs and a state leadership team of stakeholders for our pyramid project with technical assistance from the National Center for Pyramid Model Innovations (NCPMI). Nevada is the first Part C state in the nation to receive this technical assistance from NCPMI. Since the beginning of the Pyramid Model Project (November 2018) the State Leadership Team (SLT) has continued to be involved in developing leadership objectives, rating benchmarks of quality, action planning, and coaching support for Cohorts.   
• The Part C Coordinator serves as a governor-appointed board member on the Nevada Early Childhood Advisory Council (ECAC) and is Co-Chair for the ECAC’s Child and Family Health Subcommittee. The Part C Coordinator has assisted the ECAC in developing the ECAC strategic plan for systems improvement.

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

Technical assistance (TA) in Nevada’s EI system includes:   
  
• The IDEA Part C Office hosts monthly TA calls with management from all EI service provider agencies throughout Nevada. Topics and trainings are selected based on system needs or questions, and clarification includes references to IDEA regulation and DEC Recommended Practices.   
• The IDEA Part C Office provides technical assistance according to OSEP’s guidance on providing services to individuals with disabilities during the COVID-19 disease outbreak. TA topics included teleintervention strategies, transition supports for families and Phase Re-Entry planning.  
• All EI programs also have an assigned Part C Liaison from the Nevada Part C Team. Liaisons provide additional technical assistance as needed by programs.  
• Information and resources are emailed to program managers on at least a monthly basis including webinars and training resources to support program improvement.  
• The IDEA Part C Office facilitates a lending library with resources for EI providers and families, with evidence-based content available in books, journals, CDs, and DVDs.  
• The IDEA Part C Office receives TA at the federal level monthly from OSEP, ECTA, and NCPMI. Nevada received a determination of ‘Meets Requirements’ for the FFY 2019 period.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

The State IDEA Part C Office continues to focus on ongoing professional development for providers across the early childhood system for children birth to five, both for early intervention and for early childhood education. It is recognized that improved outcomes for children requires consistent implementation of evidence-based practices. The overall system of professional development for early intervention service providers includes the following:   
  
• The IDEA Part C Office and early intervention programs participated in NCPMI activities and trainings to support personnel in implementing evidence-based practices to improve the social-emotional outcomes for Part C eligible children and their families.  
• The IDEA Part C Office prepared a series of trainings for all professional staff to attend and earn professional development credits for licensure. These trainings were provided after thorough development (in FFY 2020) at no cost to staff during the first quarter of FFY 2021. These efforts were made in collaboration with EI programs (both state and community partners) across the state. Trainings developed included: IFSP Content, Timely and Accurate Documentation, Equity and Inclusion, Medically Fragile Cases/Serving the Most Vulnerable, Parent Complaints/Case Studies, and Family Engagement.  
• The IDEA Part C Office reviews ongoing developmental specialist applications regarding alternative certification to meet credentialing requirements. The goal is to ensure access to highly qualified individuals while reducing barriers for qualifying persons providing special instruction to infants and toddlers and their families. The Alternative Certification Endorsement remains available for Developmental Specialists who meet equivalent Department of Education coursework requirements for the Endorsement in Early Childhood Developmentally Delayed.   
• The IDEA Part C Office maintains a system for providing training to all new employees coming into the early intervention system, as well as existing employees directed to participate as a result of identification of noncompliance, through New Employee Orientation (NEO). This includes a comprehensive review of the system and stresses the importance of family centered evidenced-based practices.  
• Topical trainings are also provided or facilitated by the IDEA Part C Office as the need is identified through evaluation of the system or based on provider request. Examples of topical trainings and technical assistance conducting during FFY 2020 this past year included: Preparation for comprehensive monitoring, Social-Emotional modules, Pyramid model project/Social-Emotional trainings, COVID-19 emergency action procedures for alternative services, and DEC Recommended Practices.  
• The IDEA Part C Office routinely distributes information on webinars and other resources related to evidence-based practices to all early intervention providers on an ongoing basis.  
• The ADSD Quality Assurance team collaborates with the IDEA Part C Office by developing ongoing trainings to provide to early intervention service providers on quality practices to support improved outcomes for children and families e.g., trainings on Transition and social emotional development.   
• The IDEA Part C Office provides a lending library for early intervention providers and families to borrow books, articles from peer-reviewed academic journals, and materials which cover evidence-based practices for early intervention. The IDEA Part C Office collaborates with local university professors regarding text book information so books may be ordered for our lending library, and in turn, support early interventionists with reduced costs of textbooks for courses needed for licensure.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

**Apply stakeholder input from introduction to all Part C results indicators (y/n)**

YES

**Number of Parent Members:**

4

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parent members of the ICC are parents of children who have received are are receiving early interventions services. These parents were engaged in setting targets during the October 2021 Quarterly ICC Meeting , the November 2021 Public Stakeholder meeting, the January 11, 2022 Quarterly ICC Meeting and January 27, 2022 ICC Review and Certification of the Annual Performance Report. Engagement included receiving information and providing information on setting targets with the use of the meaningful difference calculator, analyzing data for trends and patterns over the past five years, developing improvement strategies to promote rigor, and evaluating progress through review of qualitative (family survey) and quantitative data (program data). Meetings were governed by Open Meeting Law, and parents were a part of voting process for all Possible Action items, including the review and certification for the Annual Performance Report.  
  
Parents in the Early Intervention system are encouraged to join the ICC and any ICC Subcommittees, which include the Child Find Subcommittee, Parent Resource Subcommittee and Equity Subcommittee. The ICC Equity Subcommittee was approved during the ICC's July 2021 quarterly meeting and began the first Equity Subcommittee meeting during October 2021.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

Activities to increase the capacity of diverse groups of parents to support the development of implementation activities included:  
  
- Formation of a new ICC Equity Subcommittee during October 2021. Subcommittee members are tasked with developing goals, vision and strategies/activities to support diversity, equity and inclusion in Nevada's EI system. The IDEA Part C Office plans to report on the Equity Subcommittee's work in improving representativeness in the Family Survey results along with any brainstorming for improving meaningful engagement for all EI families in Nevada.  
- Recruitment through email to all Early Intervention programs, with information to be relayed by email, in person and virtually from Developmental Specialist/Service Coordinators to families  
- Recruitment through the IDEA Part C Office's quarterly Family Newsletter, with recurring newsletter sections which appealed to parents to utilize their voice and become more involved with the Early Intervention system  
- State Leadership Team recruitment to parents through direct service practitioners to join the Pyramid Model Project to promote social emotional development which is designed to improve overall outcomes for infants and toddlers with disabilities and their families.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

October 2021: Introduced ICC to Target Setting by reviewing DaSy framework for setting targets  
November 2021: An in depth review of the Target Setting process was provided at the Public Stakeholder meeting.  
January 2022: Discussed with ICC the finalized targets which are being set for FFY 2020 and up to 2025.  
  
Mechanisms for input include: public meeting in person and virtual comments, email and public survey.  
Mechanisms for developing improvement strategies include State Leadership Team collaboration.  
Mechanisms for evaluating progress include fidelity testing and gather qualitative (parent report and direct service provider report) and quantitative data (program data on fidelity).

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

Public Stakeholder meeting Nov 2021 incorporated the exploration of target setting with final targets set at the January 2022 ICC meeting. Data analysis included review of Indicator data on January 11th and 27th, 2022. Development of improvement strategies included feedback to ensure rigor for the targets. Evaluation for progress was conducted during ICC meetings.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

Nevada's FFY 2019 SPP/APR is posted on the Nevada Department of Health and Human Services (DHHS) Director's Office, IDEA Part C Office website at http://dhhs.nv.gov/Programs/IDEA/Publications/ Additionally, FFY 2019 Report Cards for each of the early intervention service provider programs in the State are posted on the same webpage as listed, under Regional Programs Report Cards.

## Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2019 SPP/APR**

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## Intro - Required Actions

OSEP notes that one or more of the Introduction attachment(s) included in the State’s FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

**Instructions**

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 61.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 91.80% | 97.93% | 98.31% | 96.00% | 97.54% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 111 | 121 | 97.54% | 100% | 97.52% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

***This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.***

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**Provide reasons for delay, if applicable.**

Examples of family circumstances resulting in untimely initiation of services included missed or rescheduled appointments due to changes in the family’s schedule or child/family illness.  
  
After accounting for services delayed due to family circumstances, it was found that 118 of the 121 children reviewed (98%) had all new services initiated in a timely manner. For the three (3) children who did not receive timely services, the reasons for delay include scheduling conflicts and personnel shortages.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Nevada's Definition of Timely Services:  
  
Early intervention services identified on the initial and subsequent Individualized Family Service Plans (IFSP) of an eligible child, including IFSP reviews, will be provided to the child and family as soon as possible following the family's consent to implement the IFSP. Determination of whether or not the services are provided in a timely manner will be based on:   
1. Initiation of new services within 30 days from the date the parents provided consent for the IFSP service; or   
2. The projected IFSP initiation date as determined by the IFSP team including the family and indicated on the IFSP. This may include services such as periodic follow-up or services needed on an infrequent basis (ex. on a quarterly basis).

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Nevada's Early Intervention (EI) services system is comprised of twelve (12) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2020, the Part C Office completed comprehensive virtual site monitoring for a cohort of six (6) EIS programs relative to this indicator. The remaining six (6) EI programs were previously monitored in FFY 2019 and will continue on the biennial cycle. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data is representative of all children across the state for each year of the cycle.  
  
Data for this indicator are gathered through child record reviews and are required to include all IFSP junctures (initial, annual and all reviews including 6-month reviews or other reviews requested by the program or family). The timeframe covered for the FFY 2020 monitoring was all activity between July 1, 2020 and March 31, 2021.

**Provide additional information about this indicator (optional)**

A minimum number of records was required to be reviewed by the IDEA Part C Office, which included: 10% of enrollment for large programs (300 or more active children) and 20% for smaller programs (fewer than 300 active children). The number of records reviewed is sufficient to ensure the data was representative of the statewide enrollment and accurately reflected the programs performance relative to all children served by the program.  
  
Comprehensive Monitoring  
  
A total of six (6) EIS programs were monitored for timely initiation of IFSP services in FFY 2020 and included a review of 146 records. Of the records reviewed, 121 had new services added at some juncture during the period covered for the review (July 1, 2020 through March 31, 2021). A total of 111 records had all new services initiated within the required timeline. Seven (7) children had at least one service initiated after the required timeline due to family circumstances. Family circumstances resulting in untimely initiation of services included missed or rescheduled appointments due to changes in the family’s schedule or child/family illness. After accounting for services delayed due to family circumstances, it was found that 118 of the 121 children reviewed (98%) had all new services initiated in a timely manner. For the three (3) children who did not receive timely services, the reasons for delay include scheduling conflicts and personnel shortages. This is equivalent to the number of children with Timely Initiation of Services reported last period in FFY 2019.  
  
One (1) EIS Program was issued a finding of noncompliance relative to Indicator 1 based on the FFY2020 monitoring. Findings were as follows:  
  
• Timely initiation of IFSP services for 28 of 31 children (90%) were compliant. This level of performance is not considered substantially compliant. Therefore, a Corrective Action Plan (CAP) was required. The program was notified they must correct the noncompliance as soon as possible but not later than one (1) year from the date the finding was issued (June 30, 2021). The program's correction for this indicator will be reported to OSEP in FFY 2021 APR.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 2 | 2 | 0 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Two programs did not meet the 100% target in FFY 2019 and were notified of findings of noncompliance. The programs were required to analyze root causes to address program issues through corrective action plans. Since the programs who were issued findings of noncompliance in FFY 2019 based on IDEA Part C Office monitoring were not on the cycle for comprehensive monitoring in FFY 2019, the IDEA Part C Office conducted a verification audit for both of the programs. A selection of children enrolled in each program was pulled from the TRAC data system. Both programs have an enrollment of 300 or more active records. Therefore, 10% of records were selected to verify correction. These data reflected that both programs were performing at 100% and implementing the timely services requirements correctly. Therefore, the IDEA Part C Office verified timely correction of noncompliance for both programs.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The IDEA Part C Office verified through desk audits and ongoing program reporting that services were initiated for each individual child, although late, unless the child was no longer in the jurisdiction of the EIS provider program/Early Intervention system and no later than one (1) year from the date of notification of noncompliance. This is verified and documented through the utilization of a standard individual child correction form that is a part of the state's monitoring procedures.   
  
When appropriate (depending on the length of the delay), a remedy for the delay was also offered to the family to compensate for the delay in initiation of services. There were two (2) child records reviewed for one program and eight (8) child records reviewed for the second program to verify full correction of noncompliance from FFY19. Both programs also underwent training in the requirements for Timely Initiation of Services to ensure continued compliance is sustained.  
  
Both programs achieved correction of noncompliance within the one (1) year time for correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

## 1 - OSEP Response

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 96.00% | 96.00% | 96.00% | 96.00% | 97.50% |
| Data | 99.62% | 98.64% | 99.51% | 99.30% | 99.68% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 97.79% | 98.08% | 98.37% | 98.66% | 98.95% | 99.27% |

**Targets: Description of Stakeholder Input**

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 2,951 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 2,953 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,951 | 2,953 | 99.68% | 97.79% | 99.93% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

Data for this indicator are generated using the Tracking Resources and Children (TRAC) child data collection system. These data are reported based on the 618 data report for December 1, 2020 and reflect the number and percent of children who received the majority of their early intervention services in natural environments. All early intervention (EI) programs were reviewed during this reporting period based on 618 data from December 1, 2020 to determine whether children enrolled in each program received the majority of their services in settings considered natural environment. There were no findings issued in this performance indicator based on the December 1, 2020 count.   
  
Nevada continues to maintain a high level of performance in this area and has exceeded the state target. This reporting year's performance data of (99.93%) is slightly higher than 99.68% reported in FFY 2019. These data continue to represent a high level of achievement and are attributable to the individualization of services for children and families.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** 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.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

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

**Measurement for Summary Statement 1:**

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

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

**Measurement for Summary Statement 2:**

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

**Instructions**

*Sampling of****infants and toddlers with IFSPs****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)**

NO

**Targets: Description of Stakeholder Input**

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
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• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2013 | Target>= | 66.31% | 66.84% | 67.37% | 67.90% | 67.90% |
| **A1** | 65.25% | Data | 70.42% | 70.91% | 65.87% | 65.86% | 69.84% |
| **A2** | 2013 | Target>= | 40.04% | 40.04% | 40.14% | 40.14% | 40.14% |
| **A2** | 39.94% | Data | 41.85% | 44.48% | 42.86% | 38.48% | 35.93% |
| **B1** | 2013 | Target>= | 70.86% | 70.86% | 71.96% | 71.96% | 71.96% |
| **B1** | 70.76% | Data | 76.00% | 79.17% | 76.30% | 74.05% | 65.64% |
| **B2** | 2013 | Target>= | 38.34% | 38.34% | 38.44% | 38.44% | 38.44% |
| **B2** | 38.24% | Data | 37.49% | 40.43% | 39.59% | 35.02% | 33.07% |
| **C1** | 2013 | Target>= | 66.18% | 66.18% | 66.28% | 66.28% | 66.28% |
| **C1** | 66.08% | Data | 73.55% | 77.51% | 74.12% | 72.13% | 72.85% |
| **C2** | 2013 | Target>= | 41.80% | 41.80% | 41.90% | 41.90% | 41.90% |
| **C2** | 41.70% | Data | 46.68% | 49.63% | 47.71% | 41.42% | 40.96% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 68.43% | 68.96% | 69.49% | 70.02% | 70.55% | 71.08% |
| Target A2>= | 40.24% | 40.24% | 40.34% | 40.34% | 40.44% | 40.44% |
| Target B1>= | 72.06% | 72.06% | 72.16% | 72.16% | 72.26% | 72.26% |
| Target B2>= | 38.54% | 38.54% | 38.64% | 38.64% | 38.74% | 38.74% |
| Target C1>= | 66.38% | 66.38% | 66.48% | 66.48% | 66.58% | 66.58% |
| Target C2>= | 42.00% | 42.00% | 42.10% | 42.10% | 42.20% | 42.20% |

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

2,076

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 7 | 0.34% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 489 | 23.55% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 866 | 41.71% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 578 | 27.84% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 136 | 6.55% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. 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 turned 3 years of age or exited the program | 1,444 | 1,940 | 69.84% | 68.43% | 74.43% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 714 | 2,076 | 35.93% | 40.24% | 34.39% | Did not meet target | Slippage |

**Provide reasons for A2 slippage, if applicable**

Nevada demonstrated slippage and did not meet the target for Outcome A2. In order to determine the root cause leading to this slippage, analysis of FFY 2020 data was completed. The analysis of the data included looking at: a child's length of time in service, eligibility category, and age at entry. Reasons for slippage may include the COS ratings for this year's set of children are ratings for different children with differing diagnoses, abilities and outcomes. 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.   
  
A hypothesis for a contributing factor which led to slippage in this outcome may be the impact on service delivery options due to the COVID-19 pandemic. This is based on families that would have received more than 6 months of services but ended services prior to the 3rd birthday due to declining service options available, e.g. services within home and community settings ranged from alternative service options via telehealth, telephone consultation, and limited in-clinic appointments during the COVID-19 pandemic State of Emergency for this reporting period. Some families expressed their preference to forego their EI service visits via telehealth or telephone consultation and chose to obtain in-person community therapy services beyond the capabilities of the EI system.  
  
As a result of slippage, the meaningful difference calculator developed by the Early Childhood Outcome (ECO) Center was used to determine if the State’s performance in this outcome truly had a meaningful difference compared to the State target and result data from the current and previous year. Based on the targets which have been re-established to occur over the span of the next 5-year target cycle, the data represented will have a statistically significant difference in the State’s performance as compared to the previous year’s targets.

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 9 | 0.43% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 438 | 21.10% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 933 | 44.94% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 617 | 29.72% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 79 | 3.81% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,550 | 1,997 | 65.64% | 72.06% | 77.62% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 696 | 2,076 | 33.07% | 38.54% | 33.53% | Did not meet target | No Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 6 | 0.29% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 435 | 20.95% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 859 | 41.38% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 677 | 32.61% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 99 | 4.77% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,536 | 1,977 | 72.85% | 66.38% | 77.69% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 776 | 2,076 | 40.96% | 42.00% | 37.38% | Did not meet target | Slippage |

**Provide reasons for C2 slippage, if applicable**

Nevada demonstrated slippage and did not meet the target for Outcome C2. In order to determine the root cause leading to this slippage, analysis of FFY 2020 data was completed. The analysis of the data included looking at: a child's length of time in service, eligibility category, and age at entry. Reasons for slippage may include the COS ratings for this year's set of children are ratings for different children with differing diagnoses, abilities and outcomes. 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.   
  
A hypothesis for a contributing factor which led to slippage in this outcome may be the impact on service delivery options due to the COVID-19 pandemic. This is based on families that would have received more than 6 months of services but ended services prior to the 3rd birthday due to declining service options available, e.g. services within home and community settings ranged from alternative service options via telehealth, telephone consultation, and limited in-clinic appointments during the COVID-19 pandemic State of Emergency for this reporting period. Some families expressed their preference to forego their EI service visits via telehealth or telephone consultation and chose to obtain in-person community therapy services beyond the capabilities of the EI system.  
  
As a result of slippage, the meaningful difference calculator developed by the Early Childhood Outcome (ECO) Center was used to determine if the State’s performance in this outcome truly had a meaningful difference compared to the State target and result data from the current and previous year. Based on the targets which have been re-established to occur over the span of the next 5-year target cycle, the data represented will have a statistically significant difference in the State’s performance as compared to the previous year’s targets.

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 3,275 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 934 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

The data collected for infants and toddlers who received six (6) months or longer of early intervention services for FFY 2020 were collected using the Child Outcome Summary Form (COSF) 7-point rating scale. The rating scale was developed by the Early Childhood Outcome (ECO) Center to support criteria for defining how NV’s infants and toddlers are compared to same-aged peers. NV also uses the decision tree to support practitioners in determining an appropriate child outcome rating for infants and toddlers. The criterion to determine “comparable to same-aged peers” is defined as a child who has been assigned a score of 6 or 7 on the COS (Child Outcome Summary).

**Provide additional information about this indicator (optional).**

The number of infants and toddlers who exited the Part C program during the reporting period was 3,275 children. Of these 3,275 children, 2,341 children were expected to have Exit COSF data based on having received early intervention for six (6) months or more, with a remaining 934 children who received less than 6 months of services. Of the 2,341 children, complete data were available for 2,076 children. Nevada is reporting complete data for 2,076 of 2,341 (88.68%) of infants and toddlers who exited services with a program length of six (6) months or longer . A difference of 265 children exists then for progress data which could not be reported.  
  
Progress data could not be reported for 265 of 2,341 infants and toddlers who exited services having received six (6) months of services. Reasons for the missing Exit data for these 265 children include:  
   
• Some families that would have received more than 6 months of services but ended services prior to the 3rd birthday due to declining service options available during the moratorium on face-to-face EI services, e.g. services within home and community settings shifted to services via telehealth, telephone consultation and limited in-clinic service option during the COVID-19 pandemic State of Emergency which was occurring during this entire reporting period. Some families expressed their preference to forego their EI service visits via telehealth, telephone consultation and limited in-clinic option, and chose to obtain in-person community therapy services beyond the capabilities of the EI system or to forego services altogether.  
• Entry data were submitted but the EIS program reported the child did not receive early intervention for the entire six (6) month timeframe due to loss of contact with families.   
• Entry data were submitted for the child, however Exit data was not submitted by the program due to a lack of internal tracking processes.   
• Exit data were submitted for the child, however Entry data had not been submitted. Therefore, progress could not be determined.   
Representation of progress data has decreased compared to the previous year. In comparison to FFY 2019 when the State reported 2,307 children with complete Exit data.   
Measures the State is taking currently in FFY 21 in order to promote increased representation of progress data include additional training of IDEA Part C data staff, additional quarterly monitoring to increase to monthly COS desk audits, and efforts to secure a new data system with improved processes to gather data for this indicator. A new data system is expected during calendar year 2023 through the use of American Rescue Plan funds.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

*Sampling of****families participating in Part C****is allowed.* *When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year’s response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2006 | Target>= | 96.00% | 96.50% | 97.00% | 97.50% | 97.50% |
| A | 94.29% | Data | 94.37% | 98.05% | 97.16% | 96.84% | 98.87% |
| B | 2006 | Target>= | 95.00% | 95.50% | 96.00% | 96.50% | 96.50% |
| B | 91.32% | Data | 93.86% | 94.81% | 96.02% | 95.26% | 94.38% |
| C | 2006 | Target>= | 93.00% | 93.50% | 94.00% | 94.50% | 94.50% |
| C | 91.00% | Data | 94.64% | 97.09% | 95.74% | 92.89% | 97.18% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 97.75% | 98.00% | 98.25% | 98.50% | 98.75% | 99.00% |
| Target B>= | 96.75% | 97.00% | 97.25% | 97.50% | 97.75% | 98.00% |
| Target C>= | 94.75% | 95.00% | 95.25% | 95.50% | 95.75% | 96.00% |

**Targets: Description of Stakeholder Input**

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

During the October ICC meeting it was decided the target for FFY202 will remain the same and increase each year at a rate of 0.04% until FFY2025.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,559 |
| Number of respondent families participating in Part C | 293 |
| Survey Response Rate | 18.79% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 282 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 290 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 269 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 292 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 277 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 290 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 98.87% | 97.75% | 97.24% | Did not meet target | Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 94.38% | 96.75% | 92.12% | Did not meet target | Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 97.18% | 94.75% | 95.52% | Met target | No Slippage |

**Provide reasons for part A slippage, if applicable**

Here are the reasons for slippage:   
1. The COVID Pandemic and NV Mandate requiring telehealth instead of face to face visits. This caused some families to feel telehealth services were less helpful than face to face visits for their family per the open text box replies from families on the Family Survey. Thus, some families chose to decline early intervention services.   
2. Families declining services during the COVID Pandemic due to health concerns, employment issues or moving out of state.  
Both of these reasons likely contributed to the slippage in parents knowing their parental rights (A) and ability to effectively communicate their children's needs (B).

**Provide reasons for part B slippage, if applicable**

Here are the reasons for slippage:   
1. The COVID Pandemic and NV Mandate requiring telehealth instead of face to face visits. This caused some families to feel telehealth services were less helpful than face to face visits for their family per the open text box replies from families on the Family Survey. Thus, some families chose to decline early intervention services.   
2. Families declining services during the COVID Pandemic due to health concerns, employment issues or moving out of state.  
Both of these reasons likely contributed to the slippage in parents knowing their parental rights (A) and ability to effectively communicate their children's needs (B).

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | YES |
| If your collection tool has changed, upload it here. | 2021 Fam Survey English-Spanish JAN2021 FINAL 2.10.21 (002) |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

Our IDEA Part C Office plans to continue utilizing existing and new strategies to promote representativeness. Existing strategies which worked this past year toward a doubled return involved family calendar and family newsletter dissemination along with requests to direct service providers to remind families to complete their surveys. However, reminders to families during the reporting period were in large part done virtually due to COVID-19 limitations. In the next reporting period, providers will have the opportunity to remind families via text, phone call, email and in person since direct services have periodically returned to being provided in-person and via telehealth. A new strategy is to seek assistance from Nevada's Interagency Coordinating Council (ICC) Equity Subcommittee in brainstorming additional methods to promote representativeness.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 9.52% | 18.79% |

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

The overall survey results increased from 9.52% last year to 18.79% this year and are equitable both ethnically and regionally as described below. The IDEA Part C Office made some changes to the Family Survey from FFY19 to increase clarity and ease of use for the families. Due to last years ethnic and regional under-representation, the IDEA Part C Office made the following changes to the Family Survey. Race/Ethnicity were re-ordered the to start with the least common Race/Ethnicity and move to the most common Race/Ethnicity, and in order to obtain more accurate identification of program response rate we listed each program name along with its geographic location. The Family Outcomes Survey Instrument has 17 close-ended questions and use the five-point Likert scale (strongly agree, agree, undecided, disagree, and strongly disagree). There is one open-ended question at the end of the survey which allows families to provide a written comment, and families still have the option of not answering questions if they feel they are not applicable.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

To ensure the data are representative of the demographics of the State, the IDEA Part C Office used the Tracking Resources and Children (TRAC) database to obtain the names and addresses of all families in the early intervention system who had a child with an IFSP for a minimum of six (6) months and had been receiving early intervention services from one of the state or community early intervention programs as of January 22, 2021. A total of 1,593 children met this criterion, and these families were sent a survey for each child in the home enrolled in early intervention services. On February 11, 2021 an email was sent to all eligible families to provide notice and information ahead of the actual survey to be emailed in March. Then on March 9, 2021, the survey was mailed to all eligible families. Surveys were mailed via USPS with a return envelope in English to those that identify as English speakers and in Spanish to those who identify as Spanish speakers. The eligible families were also sent an email invitation to complete Family Survey via Survey Monkey if that is easier for them. Any surveys returned as undeliverable with the family’s mailing address were then sent to the family’s physical address, if there was one on file. There were 1,593 families eligible to complete the Family Survey, of those there were 34 Family Surveys returned without a forwarding address, leaving 1,559 Family Surveys sent out. There were 293 completed and returned responses there were 19 which did not have the race/ethnicity identified which represents 1.22% (down from 16.3% in 2019). The answers from those 19 surveys are included in the overall data but those returns are listed in the “No Answer” section for the Race/Ethnicity and Program data.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.** **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

The representativeness in the response rate for Native Hawaiian or Other Pacific Islander population had a 2.05% return rate with a survey eligible percentage of 0.96%; and the American Indian or Alaska Native population had a 1.02% return rate and 0.38% of survey eligible population. Two or more races population made up 30% of the returns with 7.18% of the survey eligible population. The Asian and White populations and returns were very close to the percentage represented in the eligible population. (White population 37.46% return rate with 37.54% survey eligible population; Asian population with 4.75% return rate with 4.78% survey eligible pop.). The Black population had a return rate of 10.13% despite accounting for only 5.12% of the surveys sent out, and the Hispanic/Latino population had a return percentage of 18.09% although this population accounted for 37.9% surveys sent out.   
  
Regionally the Northeast region represents 3.5% of the children served and had a return rate of 20%; the Northwest region represents 29.2% of the children served and had a return rate of 18.90%. The Southern region represents 67.3% of the population and had a return rate of 18.11%.   
  
According to these results, family responses show over-representation in the ethnicities for White and More than one race. Family responses reflect a somewhat even representation according to eligible population for ethnicities Family responses reflected under-representation in the African American or Black population and Hispanic population.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The representativeness includes racial and geographic location as we do not use socio-economic status data for the State of Nevada. The IDEA Part C Office compared the population eligible to receive the survey to the actual surveys returned both in ethnicity and region to determine representativeness.

**Provide additional information about this indicator (optional).**

Clarification added 4/21/2022:  
  
The family survey was re-uploaded as an attachment above for this indicator to reflect 508 compliance. The accessibility report is within the document; to access open the document > Select Tools > Accessibility > Accessibility Report to the right side of screen. The accessibility report will generate to the left, reflecting passing for all checks and that the reading order is correct. Also, the family survey is the same survey from FFY 2019 and FFY 2020, and is now available on the NV IDEA Part C website under Publications, State Annual Report to OSEP at this link: https://dhhs.nv.gov/Programs/IDEA/Publications/  
  
-- (end Clarification point) --  
  
Survey Responses:  
The IDEA Part C Office and Aging and Disability Services continued the use of EI telehealth services and provided guidance in support of that to the early intervention providers in a timely manner. The final total of unduplicated survey responses was two-hundred and ninety-three (293). One-hundred and ninety (190) surveys were received by mail and one hundred and three (103) responded via SurveyMonkey. This is a return rate of 18.79% which is a significant increase over 9.5% from last year. Of the two hundred and ninety-three (293) Family Surveys completed, there were nineteen (19) Family Surveys which were turned in without a race/ethnicity chosen, those are accounted for in the “No Answer” section of the Race/Ethnicity Distribution.  
  
The results of the FFY 2020 Survey are as follows:  
1. Know Their Rights  
Statewide: This data are based on responses to Question 13 of the SFY 2021 Annual Family Survey. Families generally agreed or strongly agreed with the three federally mandated questions on the survey. For questions related to understanding their rights under IDEA, 97.24% (282/290) of the families responding to the 2021 survey agreed with the following statement: "My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook)". There were 2.06% of the families were undecided (6/290) and 0.68% of the families disagree (2/290) with the statement. Performance for this statement did not meet the state target of 97.75% and showed a decrease of 1.63% compared to the 2020 survey.   
  
2. Effectively Communicate Their Children’s Needs  
Statewide: This data are based on responses to Question 6 of the SFY 2021 Annual Family Survey regarding the impact of participating in early intervention services on helping them to support their child’s development, 92.12% (269/292) of responses were favorable for the statement: “The early intervention services we received have helped me effectively communicate my child’s needs". There were 1.36% of families disagreed with the statement (4/292) and 6.50% families indicated they were undecided regarding this question (19/292). Performance for this statement did not meet the state target of 96.5% and showed a decrease of 2.26% compared to the 2020 survey.   
  
3. Help Their Children Develop and Learn  
Statewide: These data are based on responses to Question 14 of the SFY 2021 Annual Family Survey regarding helping their child develop and learn 95.52% (277/290) responded favorably to the following statement: “My Early Intervention providers have supported me in knowing how to help my child develop and learn.” There were 1.37% of families which disagreed with the statement (4/290) and 3.10% families indicated they were undecided regarding this question (9/290). Performance for this statement met the state target of 94.5% and showed a decrease of 1.67% compared to the 2021 survey.

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.  
  
OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2019 SPP/APR**

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.  
  
OSEP notes that one or more of the Indicator 4 attachment(s) included in the State’s FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

## 4 – State Attachments



# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.47% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.00% | 1.00% | 1.00% | 1.00% | 1.08% |
| Data | 1.24% | 1.11% | 1.13% | 1.08% | 1.08% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.08% | 1.12% | 1.16% | 1.20% | 1.24% | 1.28% |

Targets: Description of Stakeholder Input

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

The IDEA Part C Office facilitates 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. On November 30, 2021, an APR Target Setting Stakeholder meeting was held, the targets were agreed upon at that time. The target for FFY202 will remain the same and increase each year at a rate of 0.04% until FFY2025.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 382 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 35,704 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 382 | 35,704 | 1.08% | 1.08% | 1.07% | Did not meet target | No Slippage |

**Provide additional information about this indicator (optional)**

Data for this indicator are gathered through the Tracking Resources and Children (TRAC) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2020. This is a point-in-time count.  
Nevada count of children served ages birth to one (1) year for this reporting period was 382 which is 5 children less than reported for December 1, 2019. The number represents 1.07% of the general population of infants in the State.  
Nevada’s performance at 1.07% did not meet the 1.08% target. This is slightly below the national average of 1.14%. The IDEA Part C Office continues to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants for whom there is a developmental concern.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations . The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.36% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 2.00% | 2.00% | 2.00% | 2.00% | 2.46% |
| Data | 2.99% | 2.98% | 2.95% | 2.97% | 3.19% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.46% | 2.63% | 2.80% | 2.97% | 3.14% | 3.31% |

Targets: Description of Stakeholder Input

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

The IDEA Part C Office facilitates 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. On November 30, 2021, an APR Target Setting Stakeholder meeting was held, the targets were agreed upon at that time. The target for FFY2020 will remain the same and increase 0.17% each year to FFY 2025.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 2,953 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 108,316 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,953 | 108,316 | 3.19% | 2.46% | 2.73% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

Data for this indicator are gathered through the Tracking Resources and Children (TRAC) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2020. This is a point-in-time count.  
Nevada count of children served ages birth to three (3) years for this reporting period was 2953, which is 517 children less than reported for December 1, 2019 (3,470). Nevada’s performance at 2.73% met the 2.46% target. This performance is below the national average of 3.93%. The IDEA Part C Office continues to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants for whom there is a developmental concern.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

**Measurement**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

**Instructions**

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 67.10% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.38% | 99.88% | 99.76% | NVR | 99.01% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,909 | 3,308 | 99.01% | 100% | 99.18% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

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**Provide reasons for delay, if applicable.**

Reasons for delay included many exceptional family circumstances, many in part due to the pandemic. Those delays attributed to programs included closures and absences due to the COVID-19 pandemic, as well as technological connection and platform access issues, implementation of telehealth services, and delayed phase re-entry due to ongoing pandemic spikes. Those individual children who could not be evaluated via telehealth were scheduled to be seen in-person in the clinic during phase 2 of Nevada's re-entry plan which was unavailable until September 2020. This process took additional time to schedule in order to protect the multi-disciplinary team, children and their families. Here is a breakdown of Nevada’s EI Re-Entry Phases:  
  
COVID-19 Pandemic/State of Emergency: March 15, 2020: A moratorium was placed on all face-to-face services including evaluations and assessments that would typically have been completed in person. EI service continuity was ensured with alternative services via teleintervention, and this remained the only option until Phase 1 Re-Entry August 27, 2020. Phase 1 included limited in-clinic visits for standardized diagnostic testing for Autism Spectrum Disorder (ASD), Newborn Hearing screening, feeding and nutrition, assessments for motor concerns only (i.e. abnormal tone, torticollis, etc.), and a limited number of visits that require Direct Observation Clinical Encounter Examination (DOCEE) and/or other hands on physical observation/maneuvers. The moratorium was in effect from March 15, 2020 until August 27, 2020, with Phase 1 occurring toward the end of Quarter 1 for the reporting period. During the time of the moratorium, some IFSPs were completed as Interim IFSPs if direct observation or hands on evaluation was not possible. For these cases, programs were challenged with scheduling as quickly as possible to meet these families face-to-face while also scheduling new incoming referrals as appropriate. Other challenges included critical staff shortages and employee turnover during the COVID-19 pandemic.  
  
From February 24, 2021 to June 30, 2021, EI Re-entry moved to Phase 2: Increasing Face-to-Face Encounters (Services) In-clinic. This phase built on Phase 1 visits and expanded in-clinic visits for limited Multidisciplinary Team (MDT) evaluation services, Functional Vision Assessments (FVA), limited therapy services, and expanded audiology testing for services that could not be conducted virtually (telehealth or telephonic) either due to technology barriers or the requirement for hands-on physical observation/maneuvers or demonstration of strategies.   
  
Phase 2 was implemented for the remainder of the reporting period. On June 6, 2021, Nevada’s EI system issued guidance that EI Re-entry would move to Phase 3 which would be expanding face-to-face visits to include a hybrid of in-home visits and continued teleintervention that would be allowed beginning July 1, 2021.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data represent all new IFSPs during the reporting period, July 1, 2020 through June 30, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The performance data for this indicator are taken from the Tracking Resources and Children (TRAC) data system. All early intervention service (EIS) providers in the State are required to maintain individual child data in the TRAC system for all children enrolled in their programs. The data for this report are based on the final data for the FFY 2020 reporting period. Data were collected from every child with a new referral and IFSP in all programs for the period from July 1,2020 through June 30, 2021 and is representative of the total population served in this time period.

**Provide additional information about this indicator (optional).**

The Nevada Part C Team considers that these data may be impacted due to staff turnover resulting in critical staff shortages and limitations on the EI system during the COVID-19 pandemic. From March 2020 to the end of this reporting period, June 2021, the state of Nevada was in a state of emergency issued by Nevada's Governor. Although this time period of the state of emergency (since March 2020 ) does not largely cover the reporting period (July 2020 to June 2021), the data were still affected because the data system was inaccessible to the Part C TRAC Data Manager while working remotely. Due to limitations during the COVID-19 pandemic, state staff were required to work remotely as state offices were closed following the state of emergency. Remote work was fraught with a lack of networking capabilities, e.g. lack of virtual private network (VPN) and lack of access to the backend of the data system.  
  
A finding of noncompliance is issued to any program whose performance was less than 100%. In FFY 2020, seven (7) programs were issued findings of noncompliance. Quarterly data reviews revealed three (3) programs had timely correction on June 30, 2021 and were implementing the program requirements. The remaining four (4) program are still within their year of correction and will be reported on next year’s Annual Performance Report.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 2 | 0 | 1 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

(Clarification added 4/21/2022):  
  
Quarterly data reports for this indicator are generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to non-compliance and to ensure compliance with the 45-day timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three quarters, the agency’s TRAC data for the fourth quarter of the year is used to verify correction.   
  
The IDEA Part C Office verified through desk audits and ongoing program reporting that the evaluation and assessment and an initial IFSP meeting were conducted, although late, for the children whose program had noncompliance. In FFY 2019, three (3) programs were issued findings of noncompliance. Quarterly data reviews revealed two (2) programs had timely correction: one (1) program on September 14, 2020 and the other program on June 30, 2021, bringing these programs at 100% compliance. One (1) program did not demonstrate correction for this indicator during this past year, reflecting 99.6% compliance, which is considered substantially compliant. Nonetheless, this program remains on a corrective action plan (CAP) for this indicator and this will be reported upon next year. The data for this indicator is taken from the first three (3) quarters of FFY 19. Additional training was provided in the requirements of the 45-Day Time requirement to ensure continued compliance is sustained.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

In FFY 2019, three (3) programs were issued findings of noncompliance. During FFY 2020 (July 1, 2020 to June 30, 2021), quarterly data reviews revealed two (2) programs had timely correction: one (1) program on September 14, 2020 and the other program on June 30, 2021, bringing these programs at 100% compliance. One (1) program did not demonstrate correction for this indicator during this past year FFY 2020, reflecting 99.6% compliance, which is considered substantially compliant. Due to ongoing program noncompliance, a corrective action plan (CAP) was required for this program. The IDEA Part C Office will continue to monitor quarterly data for correction to this indicator to ensure all children are receiving services within the mandated 45-day timeline.

**FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Due to ongoing program noncompliance, a corrective action plan (CAP) was required for one (1) program. The IDEA Part C Office will continue to monitor quarterly data for correction to this indicator to ensure all children are receiving services within the mandated 45-day timeline. The program will be considered to be compliant upon achieving 100% compliance during one quarter.  
  
Clarification added 4/21/2022:  
  
The one (1) program on a corrective action plan (CAP) for this indicator demonstrated 100% correction verified by desk audit on April 20th, 2022 and a letter of correction was issued. The IDEA Part C Office will report this on the next Annual Performance Report FFY 2021.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 85.71% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 94.85% | 95.10% | 97.98% | NVR | 93.51% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 61 | 62 | 93.51% | 100% | 98.39% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**   
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

0

**Provide reasons for delay, if applicable.**

Delay on the development of the transition plan for one child record reviewed was attributed to a missing component in the plan, rendering it incomplete. The transition plan was completed, although late. Correction will be reported in FFY2021.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Nevada's Early Intervention (EI) services system is comprised of twelve (12) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2020, the Part C Office completed comprehensive virtual site monitoring for a cohort of six (6) EIS programs relative to this indicator. The remaining six (6) EI programs were previously monitored in FFY 2019 and will continue on the biennial cycle. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data is representative of all children across the state for each year of the cycle.  
  
Virtual monitoring included desk audit of TRAC data system, review of official child records in community EI program data bases and review of official child records scanned from programs to the Part C Office.   
  
Data for this indicator are taken from comprehensive Program monitoring for the reporting period (July 1, 2020– March 31, 2021). A minimum number of records were required to be reviewed by the IDEA Part C Office, which included: 10% of enrollment for large programs (300 or more active children) and 20% for smaller programs (fewer than 300 active children). The number of records reviewed is sufficient to ensure the data was representative of the statewide enrollment and accurately reflected the programs performance relative to all children served by the program. Throughout this monitoring period the provision of services included telehealth or telephone conference and limited in-clinic visits due to the mandated moratorium of temporarily suspending face-to-face services within the home and community..   
  
The data are gathered through monitoring for this indicator, rather than from the TRAC data system, resulting in a difference between the total number of children exiting Part C services in the State during the fiscal year and the number of children for whom data is reflected for Indicator 8A.

**Provide additional information about this indicator (optional)**

Although the state did not meet the target there was no slippage in this indicator. The data reflect an increase of 4.88% bringing compliance in this indicator to 98.39%.  
  
One (1) program was issued a finding of noncompliance in FFY 2018 based on IDEA Part C Office monitoring. This program was not on the cycle for comprehensive monitoring during the FFY19 period of monitoring, but rather the IDEA Part C Office conducted a verification audit and the program subsequently corrected, September 22, 2020.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 3 | 0 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Three (3) programs were issued new findings, however, all three (3) had timely correction. A selection of children enrolled in each program was pulled from the TRAC data system. For one small program, 20% of records were selected to verify correction. For the second larger program, 10% of records were selected to verify correction. The data reflected that all three programs were performing at 100% and had timely correction.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The IDEA Part C Office verified through desk audits and ongoing program reporting for these three (3) programs, transition plans for all children with noncompliance were developed, although late. This is documented through the utilization of a standard individual child correction form that is a part of the state's monitoring procedures.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,128 | 2,926 | 100.00% | 100% | 72.73% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The staff member responsible for reporting this indicator passed away before training on data reporting from the back end was provided to the current staff member. Access to the backend of the Access TRAC data system was limited until November 2020. The front end "canned" reports did not provide the complete contact information for families and as such these reports were limited. The final data report by the previous TRAC Data Manager (M. Knight) from the back end of the system was pulled in January 2020. Her method of pulling all children who were 9 months from their third birthday allowed her final LEA/SEA notification pull to cover all children turning three (3) through September 2020, with the exception of those children who entered between January and September of 2020. Since November 2020 LEA/SEA reporting has improved, although it continued to be sporadic throughout the FFY20 reporting period as access and code writing in the back end of the data system improved. Improvements to the Nevada IDEA Part C have allowed more streamlined processes for review, program data correction, and LEA and SEA reporting and contact needs. It should be noted that of the lag in LEA/SEA reporting approximately 84% occurred within the first 2 quarters leaving approximately 16% of delays in reporting in the final six months of the reporting period. The passing of the staff member, as well as challenges including inadequate access and training, and the COVID-19 Pandemic lead to slippage in this indicator.

**Number of parents who opted out**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

0

**Provide reasons for delay, if applicable.**

The staff member responsible for reporting this indicator passed away before training on data reporting from the back end was provided to the current staff member. Access to the backend of the Access TRAC data system was limited until November 2020. The front end "canned" reports did not provide the complete contact information for families and as such these reports were limited. The final data report by the previous TRAC Data Manager (M. Knight) from the back end of the system was pulled in January 2020. Her method of pulling all children who were 9 months from their third birthday allowed her final LEA/SEA notification pull to cover all children turning three (3) through September 2020, with the exception of those children who entered between January and September of 2020. Since November 2020 LEA/SEA reporting has improved, although it continued to be sporadic throughout the FFY20 reporting period as access and code writing in the back end of the data system improved. Improvements to the Nevada IDEA Part C have allowed more streamlined processes for review, program data correction, and LEA and SEA reporting and contact needs. It should be noted that of the lag in LEA/SEA reporting approximately 84% occurred within the first 2 quarters leaving approximately 16% of delays in reporting across the final six months of the reporting period. The passing of the staff member, as well as inadequate access and training, and the COVID-19 Pandemic lead to delayed reporting to the LEAs and SEA in this indicator.

**Describe the method used to collect these data.**

Nevada does not have an opt-out policy for notifications to the State Education Agency (SEA) and the Local Education Agency (LEA).   
  
The compliance percentage for this indicator was derived using the Tracking Resources and Children (TRAC) child data collection system. In completing the 618 Exit Data Report, Nevada used the categories under Program Completion for FFY 2020 to calculate the number of children exiting Part C and potentially eligible for Part B. Nevada has defined "potentially eligible for Part B" as all Part C eligible children since Nevada has a restrictive eligibility definition.   
  
In previous years, the method to collect data entailed that between the first and third of each month, the Data Manager created a Crystal Report and Excel spreadsheet of children who are turning three (3) or have turned three (3) within the reporting period. However, the Part C Office's Data Manager passed away during September 2020, and our new Data Manager faced the challenge of learning data processes with limited understanding and access to the back end of the data system as well as limited understanding to developing code to gain access. Nonetheless, by November 2020 and January 2021, our new Data Manager and Data Team were able to improve efficiency for the LEA process. The Part C Office is anticipating continued improvements for the LEA process with the American Rescue Plan grant as the Part C Office will utilize in large part these funds toward purchasing a new data system. Expected vendor selection is scheduled to occur during March 2022 and potential roll out of a new data system is scheduled during 2023.   
  
The IDEA Part C Office issues monthly email notifications to the pertinent LEA and to the SEA. An email is sent to each county school district. If an email is returned undeliverable, the 619 Coordinator and the county are contacted to determine the reason and correct the contact information to ensure timely and accurate notification. School districts where there were no children potentially eligible received notifications that stated there were no children in their district who were potentially eligible for Part B during the reporting period. Children who were referred less than 90 days prior to their third (3rd) birthday are not included in this calculation, though the LEA/SEA were notified late.

**Do you have a written opt-out policy? (yes/no)**

NO

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data for this indicator represent all children exiting IDEA Part C services in Nevada and potentially eligible for Part B services from July 1, 2020 to June 30, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The process is verified at multiple levels to ensure appropriate notification has been sent for all children with an IFSP which are all potentially eligible for Part B services. Notification is sent to the LEA and the SEA for all children exiting Part C and potentially eligible for Part B during the reporting period. The State of Nevada verifies the number of Part B potentially eligible children exiting Part C against the notifications sent to LEAs and SEAs for all children. For this reporting period spanning the entire reporting period, there were 2926 children who were potentially eligible for Part B services, 2128 children were reported for transition to the LEA/SEA on time.

**Provide additional information about this indicator (optional).**

In order to correct issues that were found in FFY20 the LEA/SEA notification process has been adjusted to allow for contact information correction by the EI Programs from the 1st to the 10th working day of the month. This conforms to the 10 day record update grace period allowed by the NV IDEA Part C Policy Manual and has reduced errors. After corrections are returned from the programs (via the TRAC data system within a day or two of "correction needed" notification) data are re-pulled and verified. All children whose 3rd birthdays have passed from July 1 at the beginning of the reporting period to the date of the LEA/SEA notification are included with contact information under an excel report "Turned Three" for each individual EI Program and individual school district. All active children whose 3rd birthday will occur within the following 9 months of the date of notification are reported to individual school districts and individual programs via an excel spreadsheet "Active Children Turning 3." This allows for all children who may have been missed on prior notifications and those late children with late referrals (less than 90 days before the third birthday) to have their information sent to the LEAs and SEA, although late.  
  
Previously, the final documentation for LEA/SEA notification had been formatted as a letter from an excel mail merge formatter. The previous formatted letters caused issues for both NV Part B LEAs and the EI Programs in regards to searchability, user friendliness and ease of use, as well as for NV Part C staff when annually tallying the data to find any gaps in reporting. Removing the mail merge step from our notification report has improved and streamlined the process for all end users. With the improvements to the code and process, Nevada Part C is now able to easily and efficiently generate and verify the LEA/SEA notifications from the backend of the TRAC Access data system.   
  
Though the COVID -19 Pandemic and the death of the staff member caused devastating slippage in FFY20, from consistent year-to-year reporting of 100%, by 27.27% down to 72.73%. Nevada has continued to improve the notifications to LEA/SEA throughout the FFY21 year.  
  
The Part C Office is anticipating continued improvements for the LEA process with the American Rescue Plan grant as the Part C Office will utilize in large part these funds toward purchasing a new data system. Expected vendor selection is scheduled to occur during March 2022 and potential roll out of a new data system is scheduled during 2023.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 71.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.74% | 97.94% | 98.51% | 97.49% | 99.92% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,575 | 1,841 | 99.92% | 100% | 97.96% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

From March 2020, prior to the beginning of the reporting July 2020 and through August 2020 Child Find in-person meetings were "paused" as both Part C and Part B were enmeshed in the COVID Pandemic. At some point Part B child find services were able to begin scheduling families for tele-transition meetings. In August 2020, when schools returned to in-person or hybrid learning, a number of facilities and individual districts were closed in order to train staff and disinfect for school re-openings, causing widespread cancellations after a summer of delay. Many families in March of 2020 as well as throughout the summer and into the fall chose to "pause" services as well as delay transition meetings until the face-to-face meetings could be held. Family loss of contact also increased for the quarter prior to and throughout the FFY 20 reporting period. Much of the slippage is attributable to COVID-19. Some families opted for early transition meetings at the very beginning of the pandemic but those children exited on third during the reporting period, as such they were not in the time frame. The data reflect a slippage of 1.96% bringing the compliance for the year down to 97.96%.

**Number of toddlers for whom the parent did not provide approval for the transition conference**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

29

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

200

**Provide reasons for delay, if applicable.**

From March 2020, which is prior to the beginning of the reporting period, through to August 2020, local Part B school districts were unable to provide in-person transition meetings to Part C families as school transition facilities were closed due to the COVID-19 pandemic. Some Part B school districts gradually re-opened, with schools returning to in-person or hybrid learning. Throughout this time, a number of facilities and individual districts were periodically in order to train staff and disinfect for school re-openings, causing widespread cancellations to transition meetings after a summer of delay. Many families in March of 2020 as well as throughout the summer and into the fall chose to "pause" EI services as well as delay transition meetings until the face-to-face meetings could be held. Family loss of contact also increased throughout the FFY 20 reporting period. The delays are attributable to the COVID-19 pandemic. There were 241 transition meetings provided out of timeline.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data includes all children exiting early intervention services and potentially eligible for Part B between July 1, 2020 to June 30, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The data include every child who exited at three within the reporting period with an exit category of Part B Eligible or Part B Not Determined, who were required to have a transition conference.

**Provide additional information about this indicator (optional).**

Following Nevada’s State of Emergency on March 12, 2020 due to the COVID-19 pandemic, all school districts were closed for in-person learning from March 16, 2020 through June 2020. The State of Emergency has continued through this monitoring period with intermittently open classrooms and virtual learning. This has impacted some 90-day transition meetings with school districts as services with school district transition teachers were on hold and transition teachers were not available to meet with EI teams.   
Programs have continued to experience and increased number of families declining a transition to the school districts and school districts experiencing challenges to the transition process due to the COVID-19 pandemic.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 2 | 1 | 1 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Two (2) programs were issued new findings for this indicator. In one (1) program, a timely transition conference was missed for one (1) child. Timely correction was verified on September 3, 2020, The other program issued a finding because two (2) children missed timely transitions and timely correction was verified on May 24, 2021. Each of these three (3) children received transition conferences, although late. By reviewing subsequent quarterly data, the IDEA Part C office verified that each of these two (2) programs were at 100% and had timely corrected their FFY 2019 findings.  
  
Data reports for all EI programs for this indicator are generated on a quarterly basis from the Tracking Resources and Children (TRAC) data system. Data is individualized by each program to include the total number of required transition conferences including: the number of children exiting Part C services, transition conferences completed within the required timeline, conferences not completed due to family exception and program exception. From that information, the percentage of compliance is calculated for each program. The Part C Office reviews this data each quarter for compliance. All data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter it was determined the program had met the requirements for all children enrolled and the program was provided with written notification of correction of the noncompliance.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

Four (4) children across (2) programs did not have timely transition conferences in FFY 19. The data for this indicator were taken from the first three (3) quarters of FFY 19. One (1) program had timely correction June 14, 2021. Each of these four (4) children were verified by quarterly data system desk audits to have had a transition conference, although late.   
  
Data reports for all EI programs for this indicator are generated on a quarterly basis from the Tracking Resources and Children (TRAC) data system. Data is individualized by each program to include the total number of required transition conferences including: the number of children exiting Part C services, transition conferences completed within the required timeline, conferences not completed due to family exception and program exception. From that information, the percentage of compliance is calculated for each program. The Part C Office reviews this data each quarter for compliance. All data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter it was determined the program had met the requirements for all children enrolled and the program was provided with written notification of correction of the noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.   
  
If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Select yes to use target ranges.**

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/03/2021 | 3.1 Number of resolution sessions | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/03/2021 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  | 0.00% | .00% |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

**Targets**

| **FFY** | **2020 (low)** | **2020 (high)** | **2021 (low)** | **2021 (high)** | **2022 (low)** | **2022 (high)** | **2023 (low)** | **2023 (high)** | **2024 (low)** | **2024 (high)** | **2025 (low)** | **2025 (high)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target |  |  |  |  |  |  |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2019 Data** | **FFY 2020 Target (low)** | **FFY 2020 Target (high)** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

The State did not have any occurrences of dispute resolutions during this reporting period.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

Indicator 10 is N/A due to no mediations occurred during FFY 2020.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  | 0.00% | .00% |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

The State did not have any occurrences of mediation during this reporting period.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

**Instructions**

***Baseline Data:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

***Targets:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (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? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

Indicator 3 data are used, along with data from online professional development, online provider survey, and Pyramid Model project cohort programs.

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/IDEA/Theory%20of%20Action\_SSIP\_1.5.22.pdf

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 65.25% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 68.43% | 68.96% | 69.49% | 70.02% | 70.55% | 71.08% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A1. 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 turned 3 years of age or exited the program | Children who entered or exited the program below age expectations in Outcome A | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 1,444 | 1,940 | 69.84% | 68.43% | 74.43% | Met target | No Slippage |

**Provide the data source for the FFY 2020 data.**

Child outcome summary (COS) has been used for Indicator 11 State Systemic Improvement Plan (SSIP) annually since 2013, and continues to be used for FFY 2020 reporting.

**Please describe how data are collected and analyzed for the SiMR**.

COS from all children at entry and exit for children with at least 6 months of services. FFY 2020 data of 74.43% reflects the FFY 2020 Target of 68.43% was met with no slippage.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Other data collected to assess Nevada's progress toward the SiMR include:  
 Official child records IFSP SE outcome progress  
 Social Emotional (SE) modules: Professional development modules required for all EI providers to take a pre-test, review of SE topics, and to take a post-test, bi-annually.  
 Annual EI Provider survey  
 Annual Family survey  
 SSIP Social Emotional/pyramid model project State Leadership Team (SLT) evaluation and action planning

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

COVID-19 significantly impacted data in the following ways: Data Manager roles transferred from a previous data manager to a new data manager during COVID-19 and during this reporting period. IDEA Part C staff had limited access to data due to work needing to be performed remotely as during this reporting period staff were working hybrid schedules of in office and remote work to mitigate risks of COVID-19 transmission. Additionally, due to lack of knowledge on some processes, unavailable code and lack of knowledge of code to provide increased access to the data system, the ability to obtain data was impacted. Steps taken included requests to collaborate with other data analysts and our IDEA Part C Data Team learning through trial and error to navigate data system processes. Knowledge for pulling COS data correctly has improved in the months leading up to submission of the report. Additional steps being taken to promote data accuracy include taking internal trainings and receiving external trainings for the IDEA Part C Data team and steps toward obtaining a new data system in 2023 with ARP funding.

Section B: Implementation, Analysis and Evaluation

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

The State is utilizing an evaluation/action plan as advised by national technical assistance to promote Nevada's SiMR.   
  
A vision for this plan is directly related to the State's State-identified Measurable Result (SiMR). The vision is: To create a sustainable statewide foundation using evidence-based practices with fidelity to coach and mentor all Early Intervention practitioners to be confident and capable regarding social, emotional, and behavioral development. These efforts will promote reciprocal relationships with families in their natural environments and support every family to help their child successfully achieve family-identified outcomes.   
  
The evaluation/action plan is available at our IDEA Part C Office website on the Publications page at: https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/IDEA/SLT%20Action%20Plans%20Combined(2).pdf  
   
Also, all previous SSIP work is available at: https://dhhs.nv.gov/Programs/IDEA/Publications/  
Please see on the Publications page, under State Systems Improvement Plan.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

• Quality Standards/Data: The Pyramid tool Benchmarks of Quality (BoQs) continues with updates every 6 months by the State Leadership Team and Implementation Site Leadership Teams. The BoQs measure the extent to which these indicators/critical elements are in place: Leadership team, Staff readiness/buy in, Family engagement, Building staff capacity, Providing interventions to children with persistent challenging behavior and Monitoring implementation and outcomes.   
  
 • Technical Assistance/Accountability: Annual comprehensive monitoring and monthly technical assistance continued to be provided to all programs and included guidance on developing and evaluating IFSP child SE outcomes.  
  
 • Governance/Finance: Decision-making continued with the SLT and with the administrations with Part C and ADSD as the most recent MOU from July 1, 2020 to June 30, 2021 was updated to include funding for Pyramid materials as well as for travel should travel resume for eventually for Pyramid practices training.  
  
 • Professional Development: SE Modules continued to be required to be completed by practitioners every two years; also, Pyramid Model scale up continued with expansion from Cohort 1 to include the new Cohort 2.  
  
Outcomes achieved included these below, with more information provided in the next section on evaluation of this outcome.  
  
 • A sustainable increase occurred with 6 additional Pyramid Model coaches and mentors being added to the original 10 existing statewide coaches, for a total of 16 coaches working toward the goal of increasing early intervention provider capacity in all EI programs; there has been some staff turnover within the cohorts during this past reporting period.  
  
• The geographical diversity of EI programs now includes programs hailing from a large city- Las Vegas (1 program), a small city- Reno (2 programs), a rural city- Carson City (1), and a frontier region- North East-Elko (1 program). This diversity has allowed for richer and more multifaceted conversations, occurring at least monthly, on supporting families statewide.  
  
 • Service practitioners’ working knowledge and understanding of the use of evidenced-based practices (EBP) to support the social-emotional development of infants and toddlers increased statewide, even for programs which have not yet joined in a Pyramid Model cohort.   
  
 • Service practitioners’ use of evidence-based practices in assessing the social-emotional skills and needs of infants and toddlers improved in terms of being sustainable and implemented with fidelity.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Short term outcomes achieved:  
  
1. Service practitioner’s confidence and competence level will improve when identifying social-emotional needs for infants and toddlers.  
2. 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.   
3. 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.  
4. 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 outcomes achieved pending data:  
  
Intermediate Goals  
1. Local practitioners will be able to produce ongoing qualitative and quantitative reports to improve program performance and identify areas for targeted coaching and TA.  
2. 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.  
3. Families will be better able to support and enhance their child’s social-emotional skills and overall development.  
4. 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.   
5. 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.   
6. Families will be better able to support and enhance their child’s social-emotional skills and overall development.  
7. 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.   
8. Families will be better able to support and enhance their child’s social-emotional skills and overall development.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Nevada experienced scale up challenges for the pyramid model being fully implemented in the most recent cohort of programs due to COVID-19. Anticipated next steps to streamline implementation and the building of knowledge in the EI system includes Professional Development with the IDEA Part Office's purchase of pyramid e-modules that will be accessible to all EI providers and which will not be limited to only programs in the scale up.  
  
Other strategies which we will continue to implement include:  
  
Professional development:  
  
• SE modules – access remains the same, staff required to take this training bi-annually  
• E-modules- expected to be purchased during calendar year 2022, will serve as a refresher for staff and as foundational training for staff whose programs have not yet participated in pyramid model scale up; these modules will be purchased through ARP funds and will be made available to all Early Intervention providers at no cost for the time span of 7 years, with the option for the IDEA Part C Office to renew thereafter.  
  
Collaboration:  
• State Leadership Team (SLT) plans to expand by taking on additional members to include programs which are scaling up.  
• Gathering other information from other states for strategies—attending and presenting at the National Training Institute (NTI) conference in April 2022.  
• TA is still available upon request from NCPMI who will advise us for NTI presentation  
• Annual celebration during summer 2022 to continue to promote buy in among EI programs statewide (connect the dots) builds understanding, capacity for pyramid work, to eventual proactive efforts for trainings so that there is service delivery to families provided with fidelity, and thus positively impacting children’s social emotional outcomes.

**List the selected evidence-based practices implemented in the reporting period:**

Ongoing evidence-based practices have been referenced within pyramid materials based on:  
  
1) Division for Early Childhood’s Recommended Practices (2014, http://www.dec-sped.org/recommendedpractices) and  
2) OSEP Technical Assistance Community of Practice Workgroup on Principles and Practices in Natural Environments (2008, https://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3\_11\_08.pdf)  
3) National Center for Pyramid Model Innovations (NCPMI): All practices listed in the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPFI)  
  
Ongoing evidence-based practices in NV Part C include, but are not limited to due to space limitations in this reporting section:  
  
• Building partnerships with families: Practitioner identifies and uses the caregiver’s individual preferences, priorities, and needs when providing supports. (DEC F-3, F-4; EI Key Principle 4)  
DEC Family F3. Practitioners are responsive to the family’s concerns, priorities, and changing life circumstances.  
DEC Family F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.  
Key principle 4: The early intervention process from initial contacts through transition must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles and cultural beliefs.  
• Social emotional development: Practitioner supports caregivers in promoting their child’s social emotional competence by scaffolding and expanding on their child’s expressions, interactions, play, communication, and autonomy. (DEC F-5, F- 6, INT1-5; EI Key Principle 3)  
DEC Family F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family- child relationships by acting in ways that recognize and build on family strengths and capacities.  
DEC Family F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family’s preferences.  
DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.  
DEC Teaming and Collaboration TC2. Practitioners and families work together systematically and regularly exchange expertise, knowledge and information to build team capacity, and jointly solve problems, plan and implement interventions.   
Key Principle 3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.  
• Family Centered Coaching: Practitioner collaborates with the caregiver to identify opportunities to practice new skills during daily routines and activities in between visits. (DEC INS-13; EI key principle 3, 4 already listed above)  
DEC Instruction INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult- child interactions and instruction intentionally designed to promote child learning and development.  
• Dyadic Relationships: Practitioner coaches the caregiver in responding to challenging behaviors in ways that reduce the efficacy and efficiency of the challenging behavior. (INS 7, INS 9, INS 13, INT5. EI key principle 2, 3).  
DEC Instruction I7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.  
DEC Instruction I9. Practitioners use peer mediated intervention to teach skills and to promote child engagement and learning.  
DEC Instruction INS13. Already listed above  
DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self- regulation.  
Key principle 2. All families, with the necessary supports and resources, can enhance their children’s learning and development.  
• Challenging behavior: Practitioners collaborates with caregivers and other professionals to create a contextual and relevant behavior support plan. (DEC F3, F4. previously listed; EI key principle 2-4 listed, 5, 6, 7).  
Principle 5. IFSP outcomes must be functional and based on children’s and families’ needs and family-identified priorities.  
Principle 6. The family’s priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.  
Principle 7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

**Provide a summary of each evidence-based practice.**

DEC Recommended practices and Early Intervention Key Principles used in Nevada's Pyramid Model include: Building partnerships with families, SE development, Family-centered coaching, Dyadic relationships and Challenging behavior:  
  
Examples of how Nevada IFSP teams promote SE outcomes for families with the use of evidence-based practices include:  
   
DEC Recommended Practice Family F 6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family’s preferences.   
  
 o Use the caregiver’s preferred language  
 o Ask caregiver to share information or ideas on which strategies to implement  
 o Observe and bring attention to child responses or initiations (e.g. facial expressions, eye contact, gestures) to caregiver behaviors during caregiver-child interactions  
 o Support caregiver in identifying specific routines the caregiver and child already do to practice skills throughout the day  
 o Model or suggest ways for the caregiver to support the child's communication attempts during caregiver-child interactions  
 o Provide supportive and specific feedback to caregivers when attempting new strategies to expand on child’s communication  
 o Affirm caregiver competence and confidence in caregiver-child interactions  
  
NCPMI Family Centered Coaching: Practitioner engages the caregiver in collaborative problem-solving regarding caregiver child interactions and their child’s social emotional competence; DEC Teaming and Collaboration TC DEC Teaming and Collaboration TC2. Practitioners and families work together systematically and regularly exchange expertise, knowledge and information to build team capacity, and jointly solve problems, plan and implement interventions.  
   
 o Ask reflective questions in response to caregiver comments, questions, or concerns.  
 o Actively listens to family’s suggestions and offers additional suggestions when appropriate.  
  
DEC Assessment A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social and emotional characteristics, and DEC Assessment A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's current level of functioning and to determine the child's eligibility and plan for instruction:  
  
 o Collaborates with the caregiver to create social emotional goals based on the caregiver’s preferences, priorities, and needs.  
 o Writes goals using language the caregiver can understand.  
  
By implementing Pyramid Model and selected DEC RPs and EI Key Principles, practitioners will be better able to coach families to respond to their children's social-emotional needs, and families will be better able to support their children's social-emotional development.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

The IDEA Part C Office is collaborating with stakeholders to explore making a requirement that all staff complete the upcoming e-modules, to be purchased with ARP funds.  
Also, the IDEA Part C Office is in the process of purchasing more SE screeners, ASQ SE, SEAM, Piccolo, DECA; with every program already trained for these, with options for programs to choose the tool that works best with each family. (DEC Recommended Practice Leadership L 10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision and DEC Recommended Practice Instruction I 13. Practitioners use coaching or consultative strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development). These practices along with those listed in sections throughout this SSIP/Indicator 11 and related activities support the SiMR by equipping practitioners to be trained on social emotional development within the field of early intervention for children ages birth to 3 years with disabilities and their families, and on using the most appropriate social emotional screening or assessment tool with their families. These efforts will in turn promote practitioner confidence and competence in identifying areas potentially in need of instruction for improvement regarding social emotional development. Therefore, efforts with practitioners growing in their competence an confidence to support families in social emotional development, combined with families growing in their trust in working with their IFSP teams, will move these practices toward fidelity, and will then promote families in achieving their social emotional outcomes. Further, increased statewide results for infants and toddlers making progress in their social emotional development will continue to move the needle forward for Nevada's Early Intervention services system in consistently meeting targets for the State SiMR. And finally, the effective cycle will be expected to successfully and sustainably continue through to 2025 with thoughtful and intentional collaborations occurring from the 'grass tops to grass roots,' i.e., state leadership team levels of support to programs, coaches, practitioners and families with our youngest and most vulnerable population in Nevada.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

NV Pyramid Model practices have implemented use of the Early Intervention Pyramid Practice Fidelity Instrument (EIPPFI), see EIPPFI at this link: https://challengingbehavior.cbcs.usf.edu/Implementation/data/EIPPFI.html  
  
The EIPPFI is used at baseline/initial, 6 months, annual and then annually thereafter to measure a practitioner's fidelity of practices. Used by practitioners regarding work with families, the EIPPFI identifies the ranges of implementation so that coaches may establish targeted professional development activities to strengthen common areas of need.   
  
By March 2021, data showed fidelity averages across Cohort 1 programs for the following indicators: Building partnerships with families (92%), SE development (90%), Family-centered coaching (74%), and Dyadic relationships (75%). Cohort 2 programs will begin EIPPFI data collection during May 2021.  
   
Program and Practitioner Coach logs reflect the number of coaching cycles attempted and completed, duration of the cycles, strategy/activity across observed sessions/debriefing sessions, and identified number and percentage of action plan goals completed by practitioner. Logs from Cohort 1 programs during June 2020 - March 2021 reflected that program coaches individually spent a majority of time coaching programs through virtual meetings, phone calls and emails to discus action plans and BoQs, spending an average of 3,241 min (54 hrs) per program which is an increase from FFY 2018, when the same programs received an average of 1,378 min (23 hrs) of coaching per program the previous year.   
  
Together, these tools help the programs to address policy, time, and additional supports required to meet action plan goals, while shifting the culture and practices of early interventionists in the cohorts. (DEC Recommended Practice Leadership L 13. Leaders promote efficient and coordinated service delivery for children and families by creating the conditions for practitioners from multiple disciplines to work with the family as a team).

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

Official child records:  
Statewide data from comprehensive monitoring conducted during April to June of 2021 included the percent of SE outcomes achieved within IFSPs were 29.8% (43 of 144 total outcomes).  
  
Provider survey results:  
82% of practitioners survey agreed to the statement: I have received ongoing or follow-up guidance regarding support of the social-emotional development of infants and toddlers.  
91% of practitioners surveyed agreed to the statement: After receiving training, I am more comfortable and confident in my knowledge about typical social-emotional development in infants and toddlers.  
94% of practitioners surveyed agreed to the statement: I have 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.  
85% of practitioners agreed to the statement: Because of training I have received, I am more comfortable obtaining information about the child's social-emotional skills and needs to inform IFSP development and program planning for the child and family.  
81% of respondents agreed with the statement: I am more comfortable obtaining information about the child's social-emotional skills to inform the entry and exit Child Outcome Summary (COS) ratings.  
  
SE Modules:  
For this reporting period, we are presenting results from the SE modules scores from July 2021 to present, as results previous to this time period were reported in the prior SSIP report. From July 2021 to present, there was a total of 110 staff who completed the pretest with a 79% average, with a result range from 18% to 100%.  
For the post test, 103 staff scored results with an 85% average, with a result range from 41% to 100%  
Compared to last year’s results, the percentage for pre test results was the same, while the percentage for post test average scores declined from 3% from 88 to 85.  
Nonetheless, 99% of test takers agreed with this post-training statement that they felt they had increased their knowledge:  
After completing this Module do you feel you have increased your knowledge to begin to address the social-emotional needs and challenging behavior of young children:  
  
Family Survey results (DEC Recommended Practice Family F 9. Practitioners help families know and understand their rights and Family F 3. Practitioners are responsive to the family’s concerns, priorities and changing life circumstances):  
  
95.5% of Family Survey respondents (279 of 292) agreed with the statement:  
I have meaningful conversations with our service providers about my child’s social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding, and following rules and being able to effectively communicate needs).  
  
87.7% of Family Survey respondents (253/288) agreed with the statement:  
Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults.  
  
This data reflects progress in that SSIP efforts continue to move the system forward toward fidelity of practice which will result in improved outcomes for the families receiving EI services.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

Provided below are a few of the next steps for evidence-based practices anticipated for Nevada's Early Intervention services system:  
  
DEC Recommended Practice Leadership L 13. Leaders promote efficient and coordinated service delivery for children and families by creating the conditions for practitioners from multiple disciplines to work with the family as a team:  
  
• Continued expansion of professional development to be web-based and easily accessible.  
• Continue scale up with program coaching and practitioner coaching with the 2 existing cohorts, with plans to add another cohort during Summer/Fall 2022.  
  
DEC Recommended Practice Family F 1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic and socio- economic diversity:  
  
• Collaborate with parent members on the Interagency Coordinating Council (ICC) and on the ICC Equity Subcommittee to brainstorm engaging methods to reach diverse families as well as to solidify social emotional learning strategies occurring in a families' visits with practitioners, e.g. the use of social media to meet families where they are re: obtaining useful information quickly and meaningfully;  
• Gather family survey feedback on early intervention received re: social emotional development; compile family responses into a Family Survey Report, to post online on the IDEA Part C website by Summer 2022; have practitioners share this web information with their families; suitable for all families to review in that families already in scaled up pyramid implementation sites may learn and gauge from other families on social emotional perspectives, and families whose programs have not yet joined the scale up may have information on upcoming pyramid model project steps for their respective programs.  
  
DEC Recommended Practice Family F5. Practitioners support family functioning , promote family confidence and competence and strengthen family-child relationships by acting in way that recognize and build on family strengths and capacities; DEC Recommended Practice Instruction INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development; and DEC Recommended Practice Interaction INT2. Practitioners promote the child's social development by encourage the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback or other types of guided support:  
  
• Continue to assess for fidelity among practitioners, as well as continue to provide training and support to ensure that practitioners are affirming caregiver competence and confidence during caregiver-child interactions.  
• Continue to train, support and assess for fidelity among practitioners to ensure practitioners support the caregiver in strategies to support their child's social emotional development, e.g., coaching on imitating child’s play and commenting on child’s play.  
  
DEC Recommended Practice Leadership L 12. Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.  
  
• The State Leadership Team (SLT) and Pyramid Model project statewide Data Manager will continue to support Data Coordinators at each implementation site with training and collaborative meetings to ensure fidelity data is collected, analyzed and reported accurately and timely.  
• The SLT will work to develop an annual report with data visualization to distribute to stakeholders (which include families) and the public re: the State’s progress. This annual report, while not required by OSEP for federal reporting, is planned to be a key informing data tool toward future SPP/APR/SSIP reporting and will be a tool which practitioners may share and discuss with families.   
  
These combined efforts will then promote DEC Recommended Practice Family F 10. Practitioners inform families about leadership and advocacy skill- building opportunities and encourage those who are interested to participate:   
  
• Practitioners will invite families to join their respective program’s implementation site leadership team and/or the State Leadership Team to promote their valuable voice being heard and being a part of sound decision making to promote progress for all families in Early Intervention, thus promoting progress for the State’s SiMR.  
• Families may in turn also reach out to other families to encourage participation in pyramid model project efforts that extend beyond SLT meetings to community celebrations and connections.  
  
These steps will fuel the attainment of the following outcomes:  
  
Short term outcomes:  
  
1. Service practitioner’s confidence and competence level will improve when identifying social-emotional needs for infants and toddlers.  
2. 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.   
3. 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.  
4. 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 outcomes achieved pending data:  
  
Intermediate Outcomes:  
  
1. Local practitioners will be able to produce ongoing qualitative and quantitative reports to improve program performance and identify areas for targeted coaching and TA.  
2. 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.  
3. Families will be better able to support and enhance their child’s social-emotional skills and overall development.  
4. 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.   
5. 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.   
6. Families will be better able to support and enhance their child’s social-emotional skills and overall development.  
7. 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.   
8. Families will be better able to support and enhance their child’s social-emotional skills and overall development.

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

Nevada IDEA Part C is operationalizing flexibility for pyramid model scale up due to COVID-19 limitations and critical provider/staff shortages systemwide.  
A possible modification for the implementation of SSIP efforts may be the inclusion of other programs within our pyramid SLT to eventually utilize pyramid-related supports and collaboration as appropriate within programs for early childhood mental health and with the Nevada Pyramid Model Partnership of early childhood Head Start, early childhood education and special education classrooms.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets, which were updated for this FFY 2020 report with stakeholder feedback during the October 2021 ICC meeting and November 2021 Public Stakeholder Meeting for Target Setting.   
  
Throughout the course of FFY 2020, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disabilities Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC) including ICC Subcommittees, state EI and community partner EI programs, federal, state, and local community agencies (i.e. United States Air Force base representative for the military community stationed in Southern Nevada; Medicaid and Health Care Finance Policy representative; northern region early childhood mental health program representative), the Nevada System of Higher Education, Nevada Department of Education Part B/619, inter-tribal liaisons, and family and legal advocacy groups.  
  
Key stakeholder involvement activities included:  
  
• Quarterly ICC Meetings, via videoconference across the State’s southern, northwest and northeast regions during October 2020, January 2021 and April 2021, and most recently July 2021, October 2021,and January 2022. These meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program presentations, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings occur during the months of July, October, January and April.   
  
• ICC Subcommittee meetings for Child Find and for Family Advisory are available to meet quarterly as needed with board members from the ICC as well as community stakeholders interested in supporting EI initiatives.   
  
• Stakeholder support and feedback occurred during the meetings for the Part C pyramid model/social emotional project, such as monthly State Leadership Team meetings with stakeholders, statewide pyramid project Coaching Call meetings, and statewide pyramid project Data Team meetings.   
  
The Pyramid Model State Leadership Team (SLT) meets monthly to support statewide Early Intervention efforts to promote social emotional development. The SLT is comprised of IDEA Part C staff, EI program leaders from both the public and private sectors, Quality Assurance staff, and family advocacy personnel. The pyramid model project is being implemented within five (5) of twelve (12) EI sites, with continued scale up planned statewide over the next year.   
  
Target setting stakeholder meetings occurred during October 2021 with the ICC and November 2021 with public stakeholders. Additional target setting and SPP/APR review occurred with the ICC during January 11, 2022 and January 27, 2022, with a review of all indicators and targets as well as proposed targets for the next 5 years. Stakeholder feedback included suggestions to increase targets to reflect more rigorous expectations, especially for Indicator 3 A1 on Child Outcomes with regard to progress in Social Emotional development, as this is the indicator for Nevada's State-identified measurable result (SiMR). The stakeholder feedback regarding increasing the target for Indicator3 A1 stemmed from the State meeting the target with no slippage for Indicator 3 A1. The ICC and the IDEA Part C Office decided to keep the proposed target setting within the percentage according to the meaningful differences calculator since the State showed a significant improvement for just one year, which was for this current FFY 2020 reporting period. The ICC and the IDEA Part C Office agreed that review of next year's SiMR result may provide additional data for informed decision making for whether to re-establish the target next year or as applicable for any upcoming years.   
  
The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting, target setting and overall advising for Nevada's Early Intervention Services system.

Stakeholder input included: SLT meetings (monthly January to November 2021), ICC meetings (quarterly, January, April, July, October 2021) and public forum (Target setting, Tues, Nov. 30th, 2021).

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Strategies to engage stakeholders included:  
  
Assistance and support through collaboration for pyramid model practitioner coach calls and program coach calls between IDEA Part C Office and the pyramid model coaches/Quality Assurance team;  
  
Assistance in having SLT members attend the National Training Institute conference, however the conference was canceled due to COVID.  
Information dissemination: Announce updates at every monthly Technical Assistance call with EI programs, every ICC meeting and every NECAC meeting.  
  
Specific strategies implemented to engage stakeholders in key improvement efforts toward meeting the SiMR included:  
  
• State Leadership Team (SLT) monthly meetings with stakeholders, who have signed an agreement of their commitment to the EI Pyramid project, continues with EI program representatives, family members, parent advocacy representative, Quality Assurance and IDEA Part C team which includes the Pyramid Model Co-Leads, Data Manager and Lead Administrative Assistant. SLT members are considered equal partners in making decisions, helping with implementation and proposing strategies to improve action plans. Members are invited to join based on expertise and interest in social emotional development. The SLT develops these following activities to promote further engagement with EI programs and families:  
  
 o Evaluation/Action plans for Nevada EI Pyramid Model, rating of Benchmarks of Quality (BoQ),   
 o Trainings with technical assistance by NCPMI (National Center for Pyramid Model Innovations)  
 o Pyramid Model newsletters   
 o Annual Pyramid Model celebrations, typically with forward invitations for the next cohort to attend.  
  
• IDEA Part C revised the annual Memorandum of Understanding with ADSD to clarify ADSD’s scope of work and budget, which now includes stakeholder parameters for roles and responsibilities, data collection and reporting, and implementation site engagement and scale up. Further, resources are now allocated to include travel, training and materials for Pyramid Model implementation.   
  
This governance has streamlined EI services among participating programs so that these programs have multiple layers of local and statewide support for staff who work directly with families; in turn, these efforts are connecting to what is happening at child and family levels in that families are now directly receiving from trained providers the instructional services and supports to promote their child's social emotional development.  
  
• Lastly, additional stakeholder input is obtained quarterly from the Interagency Coordinating Council (ICC), which is a Governor-appointment board that must include representatives from families, EI programs, family advocacy, Medicaid and private insurance, Part B 619, Head Start/Early Head Start, child welfare services, Bureau of Indian Education, and the field of mental health. Appointment to the ICC is determined through the State of Nevada’s Governor’s Office with recommendations considered.   
  
During ICC meetings, the council discusses information regarding EI services in Nevada, and ICC members will ask questions and brainstorm solutions for various issues.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholder concerns included:  
  
Administration for state EI programs reported to the IDEA Part C Office that they were concerned about critical provider shortages, with remaining staff needing to prioritize direct service provision, which would in turn impact the number of staff who would be able to attend program coaching calls and practitioner coaching calls. One of the community EI programs in Cohort 1 experienced critical staff shortages relative to pyramid work, with turnover at manager level, program coach, data manager/coordinator, practitioner coaches and practitioners. The program requested a reprieve temporarily from SLT meetings in January 2022, and they plan to return to the pyramid collaboration upon hiring additional staff. With limited staff availability, and the need for more information from remaining participants in pyramid model efforts, SLT members worked diligently to provide new pyramid cohort programs a resource with frequently asked questions, FAQs, which would provide clear, streamlined support amidst critical shortages.  
  
Another challenge was that face to face work/connections generally stopped due to COVID-19, and connections needed to be made virtually, which can be a challenge when staff are in multiple meetings per day with their caseloads of families, with their supervisors, etc. This can lead to virtual interaction fatigue. The SLT aspired to maximize virtual call to the extent possible by adding meeting strategies such as providing more in depth notes following each call, and providing a ‘parking lot’ section for items needing to be addressed at a later time.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

N/A

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

Scale up to continue for Cohorts 1 and 2, with anticipated scale up for Cohort 3 during Summer/Fall 2022.  
Expected purchase of new E-modules through the Pyramid Model Consortium during Spring 2022, with development of the modules to occur during Summer 2022, and availability to all Nevada EI providers by Fall 2022. These new E-Modules will focus on the EI population of families with children ages birth to 3 years with disabilities and will be a source of professional development hours toward professional EI licensure.

**Describe any newly identified barriers and include steps to address these barriers.**

Staff turnover and a critical shortage of practitioners continues. Additionally, due to surges in COVID-19 exposure, remote work continues broadly across the state EI system, reportedly resulting in screen fatigue for virtual interaction among EI providers who must provide services largely via teleintervention and then must continue meetings with colleagues also virtually.   
  
The IDEA Part C Office continually strives to provide provider retention activities which align with DEC Recommended practices for Leadership, namely:   
  
 Leadership L1. Leaders create a culture and a climate in which practitioners feel a sense of belonging and want to support the organizations missions and goals.   
  
Examples of this Leadership practice by the IDEA Part C Office include:  
  
Provision of professional development trainings throughout the year, which include opportunities for staff to obtain education units at no cost, thus allowing providers to save on costs toward licensure renewals;  
  
Provision of team building with cultural relevance through fun, seasonal system wide activities which included family photo and art project sharing;  
  
Provision of resources to build cultural competency, knowledge for best practices, and family engagement;  
  
Provision on an at least monthly basis to all EI program management (to disseminate to their programs) resources to build cultural competency, knowledge for best practices, family engagement and self care.

**Provide additional information about this indicator (optional).**

Momentum for pyramid model project efforts continues to build for Nevada at local, state, regional and national levels. Additional updates from this past year include:  
  
Local level: Pyramid model implementation site scale up continues across northern and southern Nevada within EI programs, with additional scale up expected during Summer/Fall 2022  
  
State level: The State Leadership Team (SLT) is planning to include additional members from programs joining in scale up; efforts to support these programs statewide include technical assistance provided statewide for data coordination, program coaching and practitioner coaching. Additionally, the State's Memorandum of Understanding continues for pyramid model project support, policies and procedures between the Aging and Disability Services Division (ADSD) and the IDEA Part C Office.  
  
Regional level: Nevada has been in contact with a few other states who reached out to us for feedback on our pyramid model project implementation. We have shared our evaluation/action plans, benchmarks of quality, training materials, information on highlights and pitfalls and information on our fiscal planning.   
  
National level: Nevada IDEA Part C staff have been invited to attend and present on the State's pyramid model project at the National Training Institute (NTI) conference in April 2022. IDEA Part C staff will represent Nevada at the NTI conference as the first state receiving the technical assistance collaboration from the National Center for Pyramid Model Innovations, NCPMI. Further, State Leadership Team members who are program coaches statewide from the ADSD Quality Assurance team have been invited to present on Nevada's pyramid model project at the upcoming Division for Early Childhood (DEC) International Conference scheduled for September 2022.   
  
These activities are just a few examples which reflect the dedication of the many families, individuals, programs, and leadership who are committed to seeing families with infants and toddlers with disabilities achieve their social emotional outcomes for improved developmental progress and quality of life.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 11 - Required Actions

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

Designated Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

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04/21/22 4:33:23 PM

# ED Attachments

  