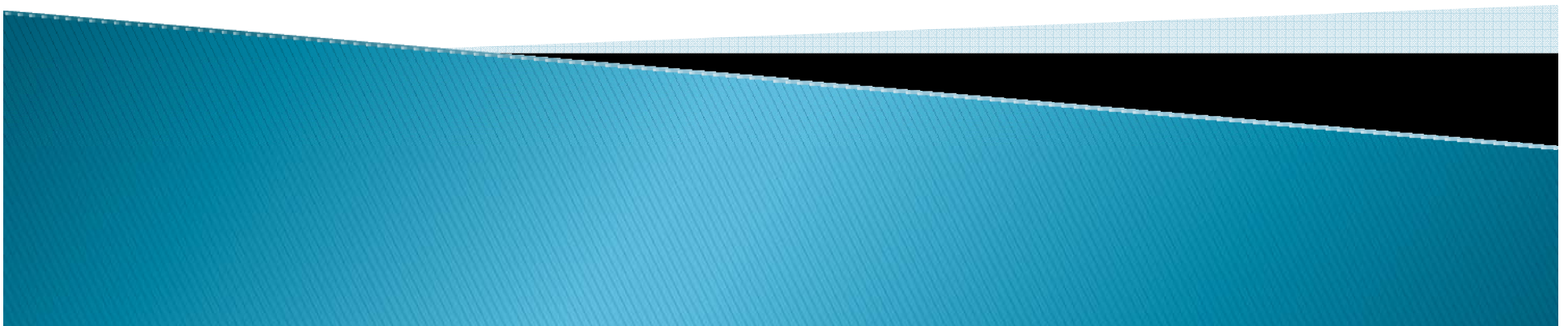


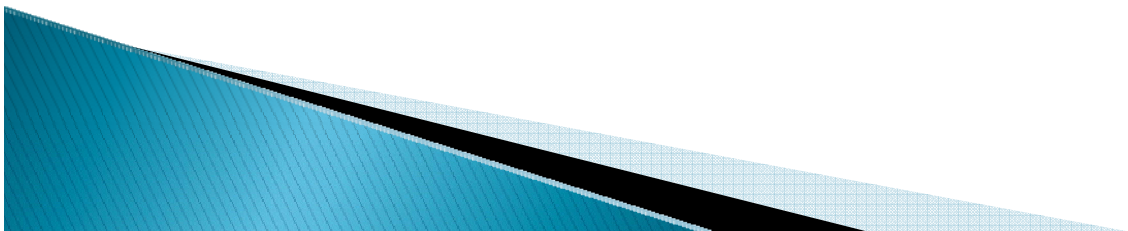
Nevada Part C State System Change

For Program Improvement



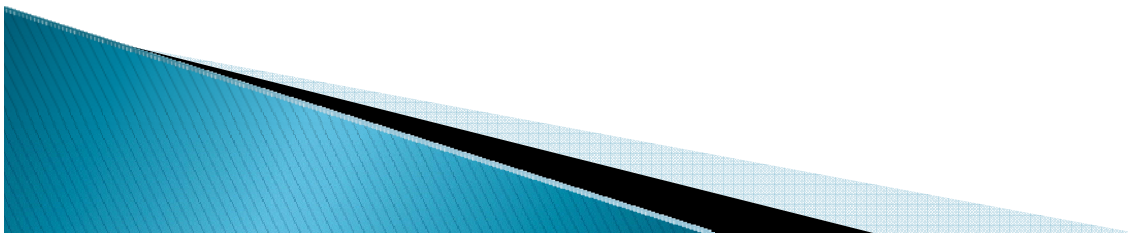
Nevada's System in 2003

- ▶ Services were provided through two divisions within state government
 - Health Division, practicing under a Medical/Clinic Model
 - Division of Child and Family Services, practicing under a Family Centered Model
- ▶ The Part C Lead Agency was housed in the Department of Health and Human Services, but had no direct supervisory authority over either of the Divisions within the State.



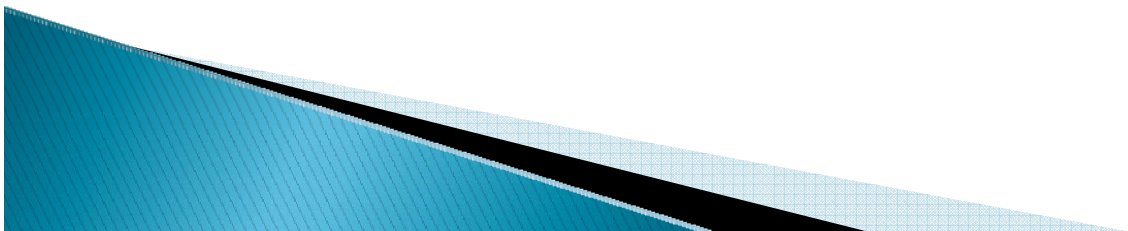
Nevada's System Cont'd.

- ▶ The Director of the Department determined there were internal inefficiencies and asked for a reorganization to look at:
 - One program name identity statewide
 - One set of policies and practices statewide (as much as practicable)
 - Assurances that services were available statewide
 - Streamlined administration
 - Better coordination between Part C and the direct service agencies



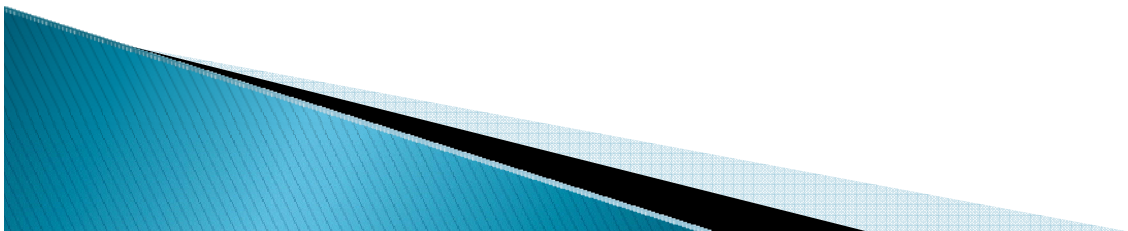
Bureau of Early Intervention Services Created

- ▶ In 2003 Early Intervention was reorganized under a new Bureau of Early Intervention Services.
- ▶ The Bureau included all direct service programs and the Part C Office.
- ▶ Created a Bureau Chief that had oversight of the entire system of early intervention services.
- ▶ Put programs under one budget account number.



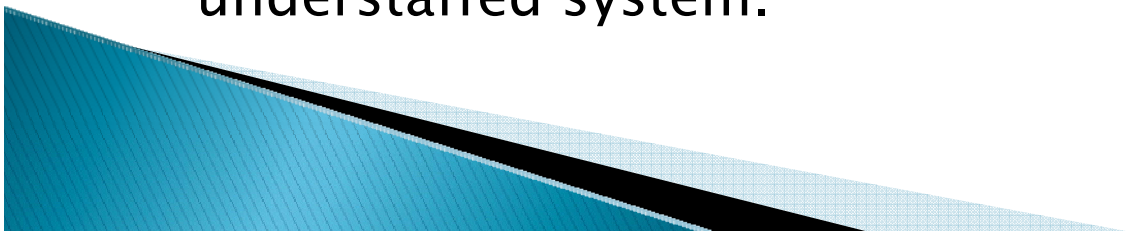
Challenges Facing the New Bureau

- ▶ There were two distinct divisions with different philosophies of service delivery and both thought their method was the best.
- ▶ There were many myths and rumors about each system that had to be dispelled.
- ▶ There was mistrust that both programs could blend without one program having to give everything up.
- ▶ Needed to create one name identity and programs were very protective of their individual identities.



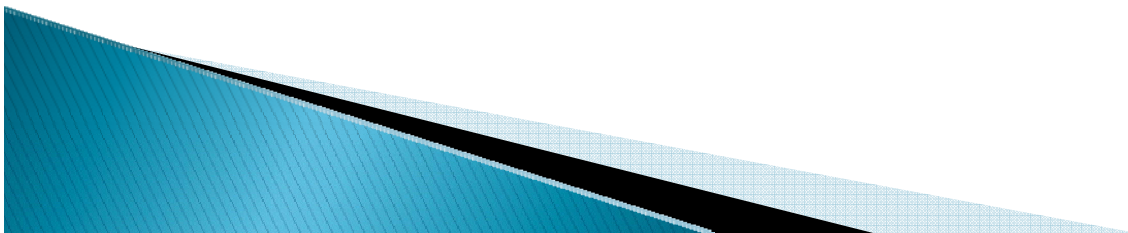
Continued

- ▶ The self-assessment process from CIMP had determined that programs were not collecting and reporting data the same way.
- ▶ Early intervention programs had 510 children waiting over 45 days when the new Bureau was created.
- ▶ Early Intervention had not received increases in funding in 7 years.
- ▶ In-migration in Nevada for 2007 was 39.4% in addition to birth statistics.
- ▶ The number of children referred to early intervention is 3 times the number of children exiting the program with IFSPs.
- ▶ The children who were waiting had to be served at the same time that the referrals into the system were increasing, putting added burden to an already understaffed system.



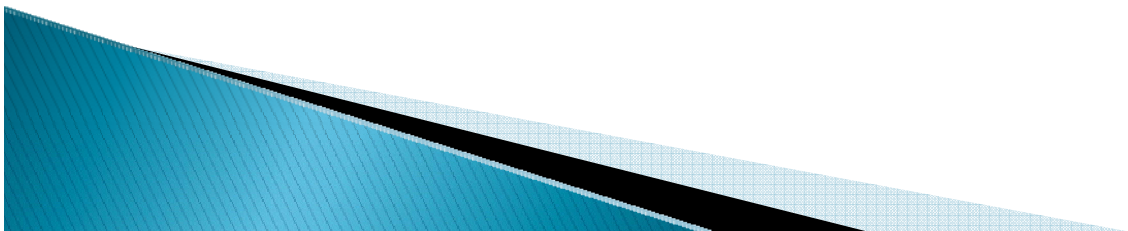
Decisions to Create a Functional Bureau

- ▶ Determined that system redesign was essential to create a new Bureau with a new vision.
- ▶ Requested technical assistance from NECTAC for systems change.
- ▶ For two years worked on strategic planning that included the Bureau Chief, Part C, Program managers and supervisors, direct service staff, parents and ICC members.
- ▶ To create a new identity renamed the entire system, Nevada Early Intervention Services.



Decisions Cont'd.

- ▶ Begin working on relationship building across regions and programs, including blending program staff, etc.
- ▶ Worked with NECTAC to develop technical assistance related to evidence based practice.
- ▶ Created a New Staff Orientation for all staff hired to give them an orientation to IDEA and the Bureau's requirements.
- ▶ Begin to work on Effective Practice Documents.



STATE OF NEVADA, DIVISION OF HEALTH
BUREAU OF EARLY INTERVENTION SERVICES

Effective Practice
Guidelines
Foundation and Philosophy

Nevada



Effective Practice Guideline Modules Include:

- Module 1 - Foundation & Philosophy
- Module 2 - Intake, Evaluation/Assessment & Eligibility
- Module 3 - Individualized Family Service Plan (IFSP)
- Module 4 - Service Coordination
- Module 5 - Transition
- Module 6 - Autism
- Module 7 - Screening and Monitoring Program

Module 1

- ▶ Designed to have uniform practice guidelines statewide.
- ▶ Incorporated evidence based practices.
- ▶ Training tool for new and existing staff.

Nevada Geography and Demographics



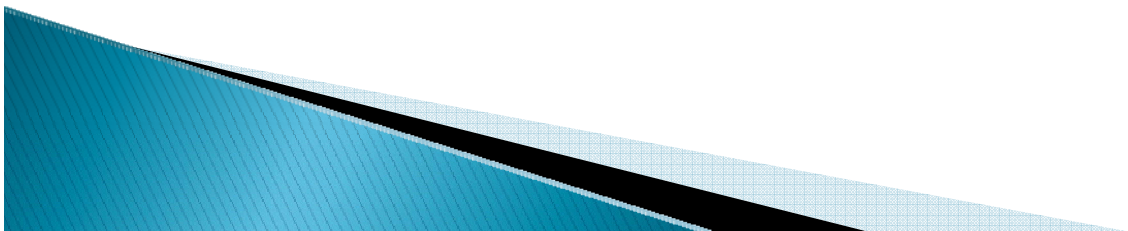
3 Regions Statewide

- ▶ Fastest growing state since the 1960's
- ▶ Nevada is the seventh largest state with 110,540 square miles
- ▶ Las Vegas has the largest portion of the population at 72%
- ▶ Reno area second largest with 15%
- ▶ Remaining 13% of population is rural and frontier
- ▶ Services provided through state agencies

Performance Issue in new Bureau

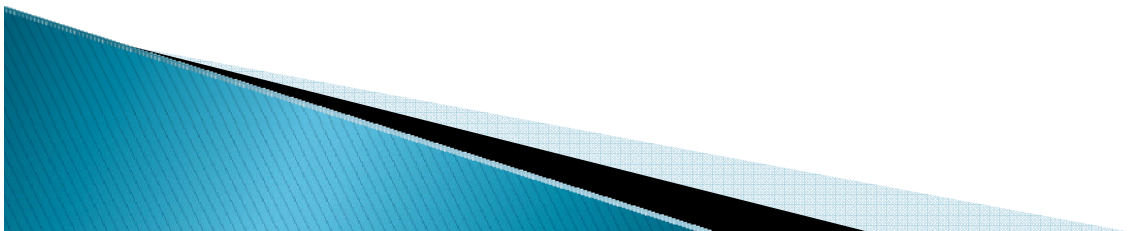
- ▶ State Performance Plan Baseline Data Performance for Indicator 7 (45-day Timeline):

Region	SFY 05
Statewide	25%
Northwest	49%
Northeast	58%
South	9%



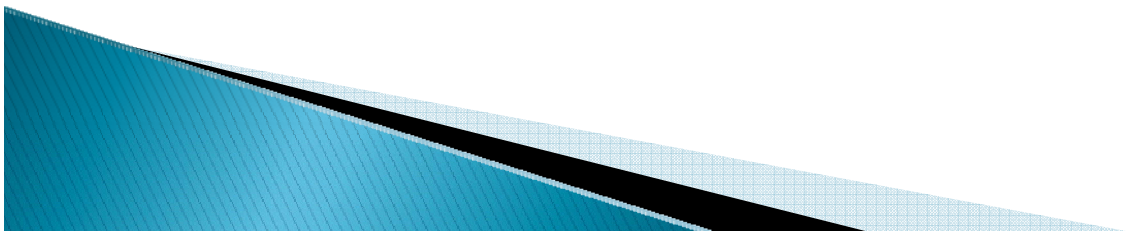
Strategic Planning for System Change

- ▶ Analyzed internal policies and procedures.
- ▶ Looked for efficiencies within the programs utilizing existing staff and resources.
- ▶ 45-day timeline data was reviewed on a weekly basis at all levels, Part C, the Bureau and regional programs.
- ▶ Staff were reassigned and a team process was created to assign MDTs more efficiently.



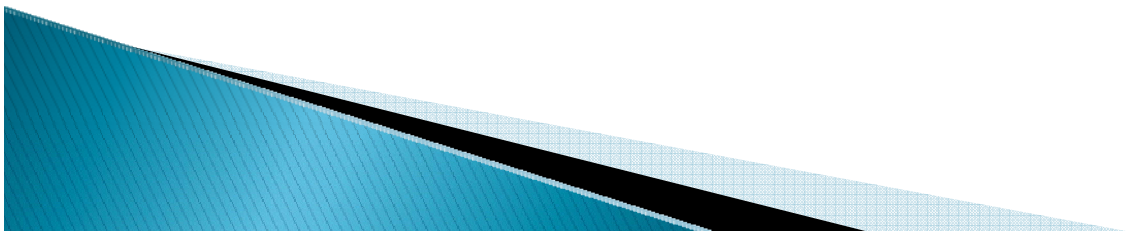
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- ▶ Scheduling was automated which allowed staff to more easily fill cancelled appointments.
- ▶ Ensure data was public to garner support from Legislature for increased funding.
- ▶ Focused monitoring from OSEP assisted with analyzing current practices, resulting in moving more resources to the 45-day timeline process.
- ▶ In SFY06 began the process of expanding services through community partners.



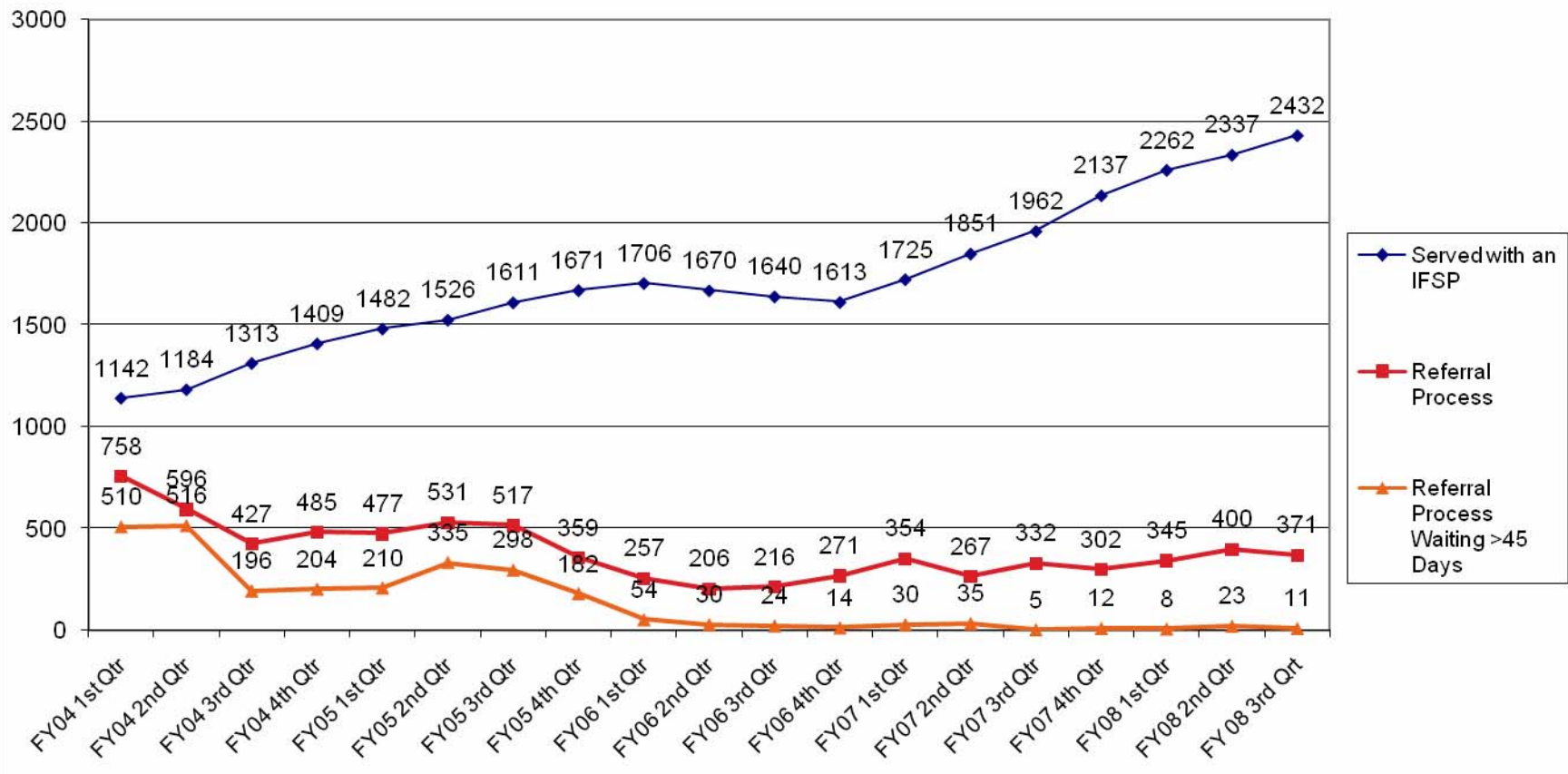
Results Accountability Model

- ▶ Nevada used a results accountability model to determine what was successful.
- ▶ Analyzed data monthly with regions to determine what strategies being implemented were or were not working.
- ▶ Tracked data quarterly to see if Nevada was “turning the curve.”



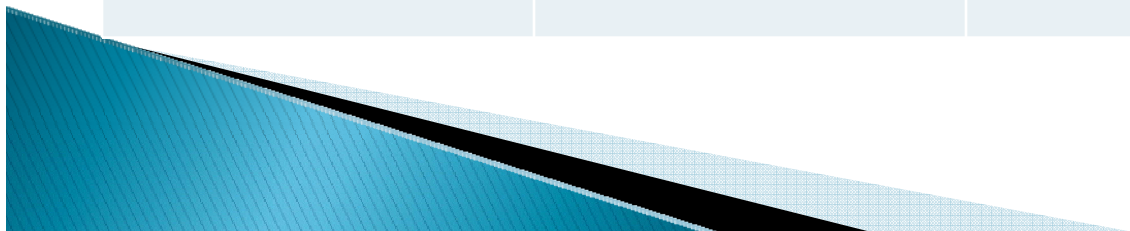
Performance Tracking

**Bureau of Early Intervention Services
Early Intervention Services - Program Performance Data**



Performance Improvement

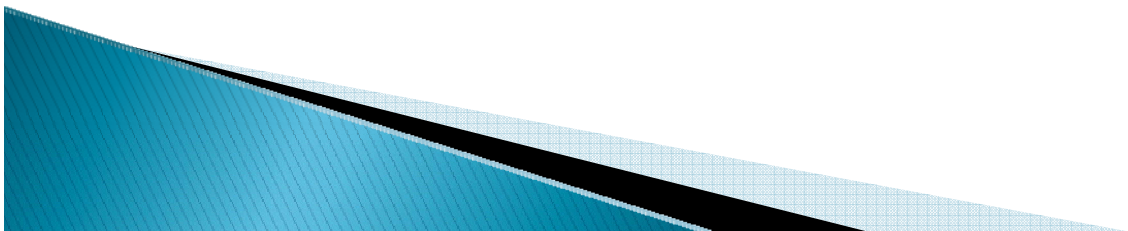
Region	SFY 2005 Number and Percent of IFSPs completed within 45 days	SFY 2006 Number and Percent of IFSPs completed within 45 days	SFY 2007 4th Quarter Number and Percent of IFSPs completed within 45 days
Statewide	318 25%	783 67%	499 96%
Northwestern	187 49%	240 70%	145 92%
Northeastern	57 58%	68 74%	26 100%
Southern	74 9%	475 65%	276 99%
Easter Seals	NA	NA	15 79%
REM Nevada	NA	NA	37 100%



Primary Factor Contributing to System Correction

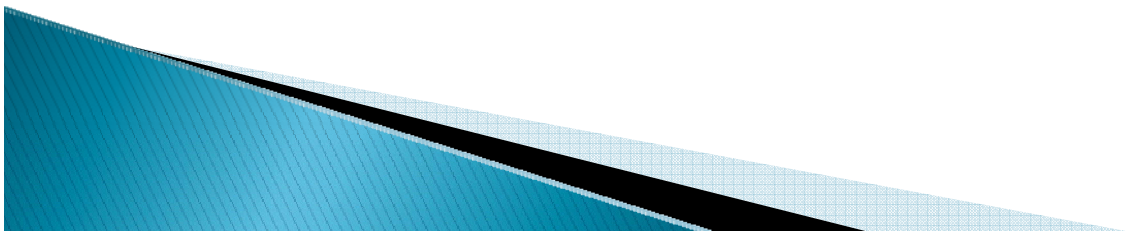
- ▶ 2007–08 Legislative Session gave an increase of funding of 30 additional developmental specialist positions.
 - 6 Northwest Region
 - 1 Northeast Region
 - 23 Southern Region

It took a full year for all of these positions to be filled and for staff to be at full implementation.



System Change Challenges

- ▶ OSEP gave direction that more resources had to be moved toward meeting 45-day compliance.
- ▶ Acknowledged that this would impact services once the IFSP was created, but at that time, this was not a compliance issue.
- ▶ Fixing one area of a system can adversely impact another area of the system.
- ▶ Now focusing on timely delivery of services without jeopardizing the correction for the 45-day timeline.



- ▶ Information on Nevada's State Performance Plan and Annual Performance Report can be found at:
- ▶ <http://health.nv.gov>
- ▶ Under Bureau of Early Intervention Services -- Publications

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