

Nevada HRSA ECCS Health Integration Project







System Asset and Gap Analysis







December 2022

Executive Summary

The Nevada Early Childhood System Asset and Gap Analysis (SAGA) has identified a number of key opportunities, as well as gaps, that will be utilized to develop a comprehensive and unified Early Childhood Strategic Plan. Of the fifteen key assessment areas included in the analysis, three have been identified as being in the “Implementation” phase, eight in the “development” phase and four in the “not started” phase.

INFRASTRUCTURE DEVELOPMENT		
Goal 1: Increase state-level infrastructure and capacity to develop and/or strengthen statewide maternal and early childhood systems of care.		
Assessment Area	Summary Analysis	Overall Status
NV Early Childhood Systems Leadership Capacity	<ul style="list-style-type: none"> Informal, relationship based Lack of resources to support leadership development Community-led, lacking authority Limited opportunities for family, parent leadership in decision-making Limited focus on diversity, equity, inclusion & justice in decision-making Some strategies with opportunity to scale Dedicated and passionate advocates 	<div style="background-color: #FF9933; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">Development Strategies Identified, Not Implemented</p> </div>
Existing Structures to Advance Goals	<ul style="list-style-type: none"> Inadequate data systems Lack of funding to implement ECIDS Commitment from ECS to improve data Silos in ECS Lack of coordinated structure & governance 	<div style="background-color: #FF9933; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">Development Strategies Identified, Not Implemented</p> </div>
Workforce Development	<ul style="list-style-type: none"> Critical staff shortages across all sectors Lack of resources to sustain enhanced compensation and benefits Lack of interest among workforce Leadership not representative of population Recognition of issue and efforts currently underway to address shortages in some sectors. 	<div style="background-color: #CC0000; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="margin: 0; color: white;">Not Started Limited/No Strategies Identified to Meet Goals</p> </div>

ADVANCING A COMMON VISION		
Goal 2: Increase coordination and alignment between maternal and child health and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being in Nevada.		
Assessment Area	Summary Analysis	Overall Status
Shared Strategic Plans	<ul style="list-style-type: none"> Current efforts across sectors to coordinate/align No existing shared strategic plans specific to the ECCS Limited focus on systems/infrastructure in state plans Some sectors still missing, not inclusive of full ECS Funding restrictions & guidelines prioritized and create silos across sectors 	
Advisory Council Structure	<ul style="list-style-type: none"> Utilization of existing NV ECAC to support ECCS Goals Cross Alignment of ECCS with Pritzker and PDG B-5 Developing Partnership with Maternal and Child Health Strategies in Place to Support Integration of Parent Leaders in NV ECAC Training in Place for NV ECAC and Community Partners to Assess Parent Engagement and Systems Structures Lack of Authority to Implement Goals/Priorities Lack of Sustained/Dedicated Funding Sources to Support Structures 	
Strengthening Partnerships	<ul style="list-style-type: none"> Network Analysis to be completed by Q2 2023 Contract in place with Visible Network Labs 	
HEALTH SYSTEM TRANSFORMATION		
Goal 3: Increase the capacity of health and early childhood systems in Nevada to deliver and effectively connect families to a continuum of services that promote early developmental health family well-being, beginning prenatally.		
Assessment Area	Summary Analysis	Overall Status
Health Integration & Practice Transformation	<ul style="list-style-type: none"> Several models currently being implemented Lack of funding to support scaling existing programs Lack of workforce capacity for program expansion Several technical assistance opportunities to identify strategies Cross sector support to expand, but lacking champions at decision-making levels 	
ECS & Health Sector Linkages	<ul style="list-style-type: none"> Strong linkages with IECMH sector Limited linkages with pediatric providers Very limited/no engagement with birthing providers Some strategies to improve, but needs additional focus 	
Coordinated Intake & Referral Systems	<ul style="list-style-type: none"> Pilot program with EC CHW Private providers (pediatric, birthing) not yet engaged Limited capacity/funding for implementation at scale Have not yet identified a scalable system that will work across sectors Lack of engagement of health provider sector 	

POLICY AND FINANCING		
Goal 4: Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the prenatal to three population in Nevada.		
Assessment Area	Summary Analysis	Overall Status
ECCS Policy	<ul style="list-style-type: none"> • Coordination and alignment between ECCs and Pritzker policy goals • Beginning to identify key policy champions • TA and Consultation available to support policy priorities and advocacy strategies • Leadership transitions among key decision-makers • Need to build cross-sector alignment of policy priorities 	
Financing	<ul style="list-style-type: none"> • Fiscal mapping analysis project started – to be completed in 2024 • Cost Modeling Analysis for early learning programs started • Lack of state investment in ECS • Over-reliance on federal funding • Limited philanthropic/private funding 	
Medicaid Partnership	<ul style="list-style-type: none"> • Strong coordination/alignment with ECS and Medicaid Administrator • TA from national partners to identify potential strategies • Limited funding capacity to support expansion • Reliant on federal funding sources • Limited access to disaggregated data (publicly available) 	
EQUITY		
Goal 5: Increase state level capacity to advance equitable and improved access to services for underserved prenatal to three populations.		
Assessment Area	Summary Analysis	Overall Status
Family Leadership	<ul style="list-style-type: none"> • Existing groups to support parent/family engagement • Training and technical support available from national partners • Lack of sustainable funding sources to support parent engagement • No formal structures in place to support parent leadership opportunities • Limited representation from impacted populations 	
State-Community Coordination	<ul style="list-style-type: none"> • Nevada ECAC and Local Councils in place • Grants to support Local ECACs • Lack of authority of ECAC • Lack of formal structures to support state-community coordination 	
Equitable Systems	<ul style="list-style-type: none"> • Limited policies to address equity in ECS • Two state offices focused on equity issues aligned with EC • Additional data and strategies needed to complete assessment of equity for systems level changes needed 	

Introduction

Nevada ranks toward the bottom of nearly all social indicators for children and families when compared to other states. The 2022 Kids Count Data Book ranked Nevada 47th overall with ranks of 46th for Economic Well-Being, 46th for Education, 37th for Health and 43rd for Family and Community.¹ Similarly, the 2022 State of Babies Yearbook by Zero to Three gave Nevada an R (Reaching Forward) for the category of “Good Health” and two G’s (Getting Started) in the categories of “Strong Families” and “Positive Early Learning Experiences.”² While strides have been made to improve programs and services for young children and their families in Nevada, there is still a long way to go to improve outcomes.

Although Nevada is not a large state in terms of population compared to other states, Nevada has experienced a significant amount of growth, particularly in our child population over the last several decades. The 2019 Kids Count Data Book, which looked at child population growth in each state from 1990 to 2017 indicated that Nevada experienced a 117% percentage change during that time period, compared to only 15% nationally.³ This was significantly higher than any other state, with the next largest percentage change noted for Arizona at 62%. This growth put a significant strain on Nevada’s infrastructure, which essentially did not keep up with population growth in regard to fiscal investments, workforce and structures needed to support children and families.

In 2020, there were approximately 108,000 children under the age of three in Nevada and over 33,600 births.⁴ Key demographics for the <3 population in Nevada include⁵:

- Race/Ethnicity: Over 41% of Nevada children are Hispanic (compared to 26% nationally); 10.9% are Black, non-Hispanic (compared to 14% nationally) and only 32% are White, non-Hispanic (compared to 48% nationally)
- Pre-Term Births: 10.7% of babies born in 2020 were pre-term in Nevada, compared to 10.1% nationally; similar to national data, racial disparities exist for pre-term births with 13.3% for Black, non-Hispanic in Nevada (compared to 14.4% nationally)
- Poverty: 19.4% of children under the age of three live in poverty (<100% FPL); 8.4% live in deep poverty (<50% FPL); and 32.2% live near poverty (<150% FPL)

The early childhood system needs for this population in Nevada are expansive. While there are many programs and services available to support the holistic needs of young children and families, most programs are significantly underfunded and lack the capacity to serve more than a fraction of the population that are eligible and in need of these supports. For example, in the early learning sector, only 2.4% of eligible children are served in Early Head Start, only 7.9% of eligible children in Head Start,

¹ Annie E. Casey Foundation, 2022 Kids Count Data Book, Nevada Profile - <https://assets.aecf.org/m/databook/2022KCDB-profile-NV.pdf>

² Zero to Three, State of Babies Yearbook 2022, The State of Nevada’s Babies - <https://stateofbabies.org/state/nevada/>

³ Annie E. Casey Foundation, 2019 Kids Count Data Book - <https://assets.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf>

⁴ Prenatal to 3 Policy Impact Center, 2022 Nevada Roadmap - <https://pn3policy.org/pn-3-state-policy-roadmap-2022/nv/demographics/>

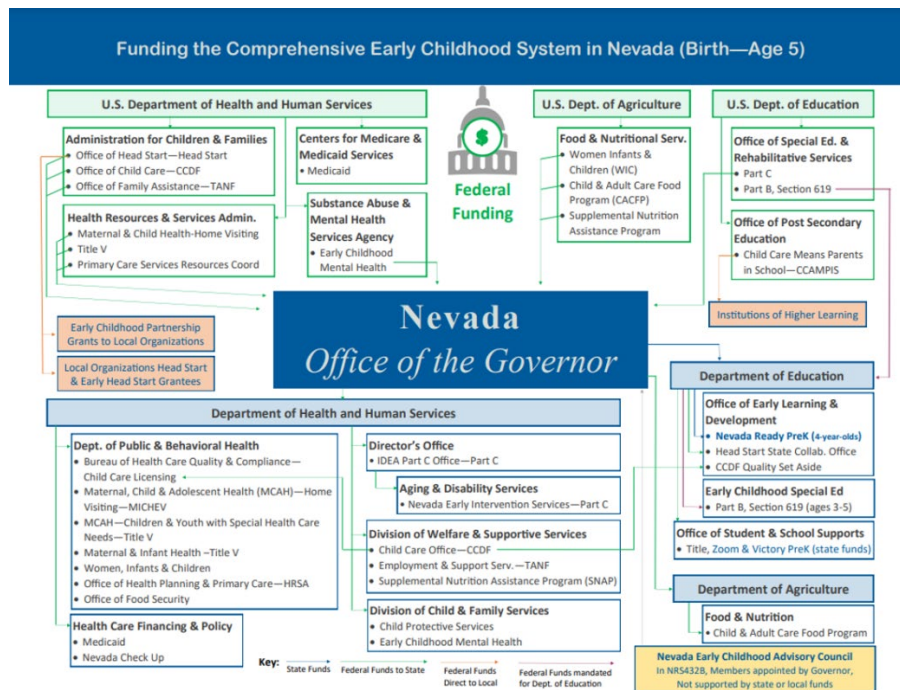
⁵ Prenatal to 3 Policy Impact Center, 2022 Nevada Demographics - <https://pn3policy.org/pn-3-state-policy-roadmap-2022/nv/demographics/>

approximately 4% of eligible children receive child care subsidy⁶, and only 8% of eligible 4 year olds participate in Nevada’s PreK program. Nevada relies heavily on federal funding to support programs and services, with only minimal investment of state funds to expand access to services and supports. However, programmatic investments are not the only factor impacting equitable access to programs and services to support improved outcomes for the prenatal to three population. Significant efforts are needed to support the infrastructure of Nevada’s early childhood system including:

- Enhancing Nevada Early Childhood Workforce (Child Care, Prenatal Care, Pediatric Care, Mental Health Care and other Specialty Providers)
- Data Systems (Availability of Disaggregated Data and Integrated Data Systems)
- Alignment of Policies and Procedures (Cross-Sector Alignment Focused on Family-Centric Needs)
- Leadership and Governance (Support Cross-Sector Alignment and Coordination, Financing and Policy Development)

The Early Childhood System (ECS) in Nevada is administered by multiple state agencies, divisions, offices and programs. While there is some coordination across programs, there is no formal leadership structure or alignment to address the holistic, cross-sector needs of young children and families. Funding streams for programs and services, most of which are federal, also play a factor in how the various sectors of the ECS align and coordinate. Priority populations, eligibility criteria, data collection, needs assessments and metrics are often dictated by these federal funding sources, which are themselves often not aligned or coordinated.

The graphic below illustrates just a sample of Nevada’s early childhood system – demonstrating the complexity of the system as depicted through federal funding streams into the state.



⁶ Note: This statistic does not include recent investments in the NV Child Care Subsidy Program – this percentage has likely increased, but data is not readily available to show these recent investments.

To address these systemic needs, the Nevada ECCS Health Integration Initiative is utilizing the Nevada Early Childhood Advisory Council (Nevada ECAC) as it's cross-sector advisory body, which has developed a new Strategic Plan with five overarching system goals and corresponding objectives:

1. Create a Coordinated Early Childhood Leadership Infrastructure
 - a. Establish Governor's Office for Early Childhood (prenatal to age eight) to align policy and fiscal decision-making for the early childhood system across relevant agencies.
 - b. Restructure the Nevada ECAC to establish program and community level advisory support to Governor's Office.
 - c. Establish supports and resources to ensure equitable engagement of parents/families in leadership and decision-making at state and local levels.
2. Increase Coordination and Alignment Between Systems of Care for Young Children and Families
 - a. Conduct assessment of the strengths, disparities, inequities, strategic priorities and goals among programs and agencies within the early childhood system.
 - b. Produce and disseminate an early childhood system assets and gaps analysis.
 - c. Integrate cross-sector priorities, goals, and initiatives into the Nevada ECAC work plan to better coordinate and align services and improve access and outcomes.
 - d. Establish workplan to update and align early childhood system standards, administrative rules and program practices.
3. Increase Capacity to Equitably Connect Families with the Early Childhood System Continuum of Care and Community at Large
 - a. Implement a strategic two-way communications plan to engage and connect providers, families, and stakeholders.
 - b. Expand engagement, training, and leadership opportunities for underrepresented and underserved populations.
 - c. Expand engagement, alignment, and coordination of services among all early childhood system providers.
 - d. Select and implement a centralized intake and referral system to streamline access and utilization of services.
4. Identify Budget and Finance Strategies to Drive Policy Goals and Objectives
 - a. Perform fiscal analysis of early childhood funding streams and program development needs.
 - b. Identify funding pathways and policy changes needed to meet program and system goals.
5. Execute Data Collection and Integrated Systems to Increase Equity and Accountability
 - a. Improve data collection by fostering understanding and collaboration with providers, families, policy makers, and other stakeholders.
 - b. Increase availability of, access to, and use of data that can be disaggregated to drive informed decision making.
 - c. Implement Early Childhood Integrated Data System (ECIDS) to improve service delivery.

Methods

The Nevada System Asset and Gap Analysis (SAGA) was conducted over a period of approximately six months and was led by the HRSA ECCS Lead in collaboration with numerous key stakeholders. It is important to note that the Nevada HRSA ECCS Health Integration Initiative is housed at The Children's Cabinet, a non-governmental organization that works collaboratively with numerous state agencies in the Early Childhood System. As a non-governmental organization, access to some data and information was limited and the perspective of the SAGA utilizes an 'outside-in' approach, referencing the Early Childhood System as facilitated by state government entities not directly contributing to the writing or analysis in this report.

The SAGA included a combination of both secondary data analysis and primary data collection, as well as observational assessments. Specific strategies included:

- Analysis of state and local needs assessments, strategic plans and action plans
- Key informant interviews (n=5) with individuals representing various sectors of the early childhood system
- Online surveys of key stakeholders (n=7) and parents/families of children (n=30)
- Analysis of meeting minutes and notes from several entities within the early childhood system
- Informal conversations and participation in meetings covering a range of topics in the early childhood system
- Informal observational assessments of meetings, interactions and discussions relating to the early childhood system
- Online research focused on state level entities and national data reports and information

Additional strategies are currently underway that will contribute to the development of the SAGA, as well as the upcoming Nevada Unified P-3 Strategic Plan:

- Network Analysis - Visible Network Labs has been contracted to conduct a network analysis of the Nevada's Early Childhood System. This project is expected to be complete in early 2023.
- Fiscal Mapping - The Children's Funding Project is in the process of conducting a fiscal mapping project which is beginning with a broad analysis of all funding sources for children and youth ages 0-24. A detailed fiscal mapping and analysis of funding for Nevada's early childhood system, including opportunities to implement new revenue sources will be conducted by 2024.

Limitations – There are several limitations of this SAGA:

- Limited engagement and participation of health providers – The ECCS team is currently working to better engage and facilitate partnerships with the health provider community, specifically pediatric providers, prenatal providers and mental health providers. Only one pediatric provider participated in a key informant interview and no health providers participated in the key stakeholder survey. Secondary data analysis does include some health provider perspective, but it is a limitation in the analysis and presents an area for development of the ECCS Initiative over the next year.
- Limited data – Some of the data included in the SAGA is several years old. Lack of publicly available data, particularly data that is disaggregated, is an identified limitation of Nevada's ECS and is a key priority in the current Strategic Plan.

- Limited knowledge of new programs/services - There are several new programs, services and initiatives underway in Nevada that impact the ECS. It is possible that not all new programs, and potentially some existing programs, are included in the SAGA due to lack of knowledge by the authors. Every attempt has been made to identify data sources and information critical to this analysis. Additional information will be incorporated into the SAGA and the corresponding Strategic Plan as the information becomes available.

Analysis of Findings

The sections below include a narrative of the key findings of the SAGA, structured in part based on the guiding questions provided in the HRSA SAGA Guidelines document. A summary of the key findings, along with a rating for each section of the SAGA are included in the Nevada HRSA ECCS SAGA Summary Table. Each area of the SAGA, which are aligned with the HRSA ECCS Goals, along with each subcomponent, were assessed based on the status of that topic area in Nevada’s ECS. The following status categories were created:



Meeting Goals – Strategies Completed to Achieve Goals

This status means that no additional efforts are needed to achieve the desired goals under this topic area.



Implementation – Currently Implementing Strategies to Meet Goals

This status means that sufficient strategies have been identified and are currently being implemented to achieve the desired goals under this topic area.



Development – Strategies Identified, Not Implemented

This status means that sufficient strategies have been identified, but are not currently being implemented to achieve the desired goals under this topic area.



Not Started – Limited or No Strategies Identified to Meet Goals

This status means that strategies have not been identified or insufficient strategies identified to achieve the desired goals under this topic area.

ECCS Goal – Infrastructure Development

Goal 1: Increase state-level infrastructure and capacity in Nevada to develop and/or strengthen maternal and early childhood systems of care.

This goal centers around three primary Assessment Areas:

- Nevada Early Childhood Systems Leadership Capacity
- Existing Structures in Nevada’s Early Childhood System to Advance Goals
- Workforce Development Efforts to Enhance Nevada’s Early Childhood System

Nevada Early Childhood Systems Leadership Capacity Assessment

Guiding Questions: What is the process for building the capacity of ECS champions and leaders? Is the pathway to leadership formal or informal? Is it equitable and accessible? Are DEIJ observed in leadership & decision-making at the state level? Which leaders have significant influence within the system? What dynamics currently exist related to your partnership with these leaders? Are there opportunities to engage others with existing leadership and decision-making power?

The process for building the capacity of early childhood system leaders in Nevada is informal, although there are currently some efforts in the state to formalize the process to create more equitable pathways for leadership and decision-making. One key stakeholder noted, “Nevada’s structure is currently based on relationships between agencies and departments. When individuals leave/turnover, we always take too many steps backwards and lose momentum.”⁷

The vast majority of decision-making for the early childhood system in Nevada occurs at the state level and includes decisions regarding:

- Fiscal Investments in Programs and Services
- Policies and Regulations for Eligibility and Utilization
- Coordination of Service Delivery through Community Based Organizations
- Development and Integration of Data Systems
- Communication and Engagement of Key Stakeholders and Impacted Populations
- Alignment and Coordination Across Agencies, Departments and Programs

Within the state, there are also multiple levels of decision-making authority that influence the structure, operation and coordination of the early childhood system in Nevada. The Office of the Governor and the State Legislature hold the highest level of authority in decision-making, however many of those decisions are delegated to state agency directors and administrators, then further down to program managers, and in some cases, to relevant advisory bodies. While the state legislature has ultimate authority for fiscal decision-making, programmatic budgets and policies are determined at the state agency/program level.

To hold a place of decision-making authority at any level, requires an individual who is either elected into office or appointed/hired through that chain. However, there are also opportunities for leaders, both within and outside the early childhood system, to influence decision-makers. Since these structures

⁷ HRSA ECCS SAGA Key Stakeholder Survey, October 2022.

of influence are informal and tend to be relationship-based, the ability of key stakeholders and impacted populations to influence key decision-making creates instability in the process as transitions occur among decision-making authorities in state government. Political ideologies, fiscal constraints and competing priorities also impact the ability of individuals, groups or organizations outside of government to influence decision-making authorities.

There is no formal pathway to leadership in NV and we often times have state and local leaders who do not understand the complexity of the system or the knowledge needed across the system to effectively move our system forward.

Partner Survey Respondent

Diversity, equity, inclusion and justice (DEIJ) in the early childhood system in Nevada is often discussed, however the ECCS team is currently unaware of specific strategies in state government to address these issues at the systems level. Additional research is needed with key state agency partners to identify strategies, if any, for training of leadership and/or state agency staff, as well as efforts to identify and change policies and procedures in state government to improve DEIJ in both decision-making and program implementation.

Key state government partners and decision-makers currently engaged with the ECCS Initiative include:

Name	Title	Agency	Engagement Assessment				
			ECAC - Active	HRSA LOS	Data Sharing	PN3 Member	Other
Patti Oya	Director	Office of Early Childhood Development, NV Department of Education	✓	✓	✓	✓	✓
Karissa Loper Machado	Agency Manager	Child Care and Development Program, NV Division of Welfare and Supportive Services, NV DHHS	✓	✓	✓	✓	✓
Vickie Ives	Deputy Bureau Chief	Child, Family and Community Wellness, NV Division of Public and Behavioral Health, NV DHHS	✓	✓	✓	✓	✓
Suzanne Bierman	Administrator	Division of Health Care Financing and Policy, NV DHHS		✓	✓	✓	✓
Rhonda Lawrence	Clinical Program Manager	Infant and Early Childhood Mental Health Services, NV Division of Child and Family Services, NV DHHS	✓		✓	✓	✓

The Children’s Cabinet, through funding from the Division of Welfare and Supportive Services, Child Care Development Program CRRSA grant, recently entered into a contract with Visible Network Labs (VNL) to conduct the Nevada Early Childhood System Network Analysis. VNL will develop a network mapping and analysis of the NV early childhood system that will measure the quantity and quality of interactions, identifying strong connections and key players, highlighting gaps and silos and assessing key outcomes. This information will be critical not only to identifying key decision-makers and influencers in the ECCS, but also identifying network gaps and the overall quality of these interactions and connections, which are key to collaboration and partnership.

An initial analysis of key decision-makers at the state level in the six areas outlined above yields the following results, although we anticipate being able to provide more detail to this matrix, including more information on key influencers, through the Network Analysis. Note: this information is current as of December 2022 and is likely to change due to leadership changes in 2023.

- Governor/Governor’s Office
 - Governor Steve Sisolak (D)⁸
 - Yvanna Cancela – Chief of Staff
 - Bailey Bortolin – Deputy Chief of Staff
- State Legislature⁹
 - Senator Nicole Cannizzaro (D), Majority Leader
 - Senator James Settlemeyer (R), Minority Leader
 - Assemblyman Steve Yeager (D), Speaker Pro Tempore¹⁰
 - Assemblywoman Dr. Robin Titus (R), Minority Floor Leader
- DHHS Director, Deputy Directors and Division Administrators
 - Richard Whitley, Director¹¹
 - Deborah Hasset, Deputy Director – Administrative Services
 - Stacey Johnson, Deputy Director – Fiscal Services
 - Marla McDade Williams, Deputy Director – Programs
 - Dena Schmidt, Administrator – Aging and Disability Services
 - Cindy Pitlock, Administrator – Child and Family Services
 - Lisa Sherych, Administrator – Public and Behavioral Health
 - Robert Thompson, Administrator – Welfare and Supportive Services
 - Suzanne Bierman, Administrator – Health Care Financing and Policy
- NDE Superintendent and Deputies
 - Jhone Ebert, Superintendent¹²
 - Craig Statucki, Interim Deputy Superintendent of Educator Effectiveness & Family Engagement
 - Heidi Haartz, Deputy Superintendent for Student Investment
 - Dr. Jonathan Moore, Deputy Superintendent of Student Achievement

Guiding Questions: Are there opportunities for families to participate as leaders in state decision-making? Are families there to provide input and/or are they involved in the co-creation of policies and practices?

Although there are some opportunities for families/parents to participate in the decision-making process, those opportunities are limited and rarely are elevated into leadership roles at the state level. Our survey of parents (n=40) yielded the following results regarding parent leadership in decision-making:

⁸ Governor Sisolak was up for re-election in 2022. As of the date of this report, he has lost re-election to Joe Lombardo (R), who will begin his term as Governor in 2023. All staff listed in the Governor’s Office are likely to change with this transition.

⁹ The Nevada Legislature meets once every two years; leadership and chair positions are dependent upon who holds the majority in each house and may vary after the November 2022 Midterm elections. Currently, NV Legislature has a female majority and is controlled by Democrats in both houses.

¹⁰ Speaker Jason Frierson stepped down from his position in 2022 when he was appointed to serve as the U.S. Attorney for the District of Nevada by President Joe Biden.

¹¹ The Department Director is appointed by the Governor and is subject to change.

¹² The Superintendent is appointed by the Governor and is subject to change.

- 50% of respondents indicated that they have not been asked to share their opinions about how to improve or increase access to state programs or services
- 52.5% indicated they have never been asked to serve on a board, commission, advisory group or similar entity to provide input on how to improve a program or service they have used; 30% indicated no opinion or n/a to this question
- 41% disagreed or strongly disagreed with the statement “there are opportunities for families to participate in state decision-making”; only 28% agreed or strongly agreed to this statement

Just under half of the respondents (17 out of 40) indicated that they have participated or are currently participating in a program or community level advisory group, such as Head Start Parent Council, a school based PTO/PTA or similar group. Similarly, only 17 respondents indicated that they knew who to talk to or ask about accessing state programs or services. While this survey represents a relatively small sample size, similar surveys of parents (Nevada PDG B-5 Needs Assessment, NV ECAC Strategic Planning Survey) have yielded similar responses. Generally, parents and family members do not feel that they have a voice in decision-making and often are unaware of opportunities to participate, or are unable to participate due to a range of barriers. Additionally, some have reported a “survey fatigue”, indicating that they are often surveyed or asked to participate in focus groups, but rarely see any changes or know what, if anything, resulted from their input.

The Governor’s Office of Boards and Commissions oversees the facilitation of appointments by the Governor to “approximately 250 boards and commissions representing various areas.”¹³ The ECCS Team has identified approximately 45 of these boards and commissions which may have some impact on the ECS. They include issues such as public health, education, social services, behavioral health, economic security, housing and revenue. Although there is no master list of membership requirements for these boards and commissions (most of which are set through statute or executive order), an analysis of a sample of these boards and commission revealed that there are no seats specifically reserved for a parent or family representative and most meetings are held during the business day, when many parents are working.

Name of Board/Commission	Parent/Family Representation Requirement
Behavioral Health and Wellness Council	No specific reference, but allows the Governor to appoint other “members who the Governor deems necessary...”
Board of Economic Development	None
Board of Education	None – partially appointed, partially elected; does include one “student representative”
Board of Health	None – one member “representing the general public”
Commission for Women	None; membership defined broadly in statute
Commission on Behavioral Health	None; does allow for representatives of the “general public”
Commission on School Funding	None
Council on Food Security	None
Early Childhood Advisory Council	None
Maternal and Child Health Advisory Board	None; Website: “Every effort is made to ensure that the State Maternal and Child Health Advisory Board is

¹³ https://gov.nv.gov/Board/Home_Board/

	representative of Nevada’s population both culturally and geographically while including a broad range of disciplines and interests, including parent representation.”
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Guiding Questions: Has an assessment of ECCS project leadership capacity been completed? What are the strengths and opportunities with regard to current ECCS project leadership?

A formal assessment of ECCS project leadership capacity has not been conducted. In collaboration with ECCS project partners, The Children’s Cabinet will be conducting two projects over the next several months which will assist with this assessment. The first is a project with Visible Network Labs (VNL) to conduct a network analysis of Nevada’s Early Childhood System. The network analysis is expected to provide insight the quantity and quality of interactions, cross sector connections, and identification of key stakeholders and leaders while also highlighting opportunities to enhance coordination and leadership capacity across sectors. The second project is with the Center for the Study of Social Policy (CSSP) who will be providing technical assistance and consultation with the ECCS project team and the Nevada ECAC to implement the *Early Childhood System Performance Assessment Toolkit*. The purpose of this project is to assess how well our early childhood system is working and includes system performance measures for Foundations, Reach, Coordination, Commitment and Equity. The system performance assessment will begin in early 2023, following training on the *Manifesto for Race Equity and Parent Leadership in Early Childhood Systems* by the Parent Leader Network in November 2022.

In addition to these formal assessments, the ECCS project team is also in the process of hiring an ECCS Manager II to support project activities and to work on establishing an early childhood systems leadership pathway for emerging leaders in the field. Through the first year of the project, we have realized that early childhood systems leadership has been limited to a small number of individuals in the field. Our goal is to develop a system for providing training, mentorship and leadership opportunities to individuals in the field in an effort to increase systems level leadership capacity in Nevada.

It is also important to note that the early childhood sector has been advocating for leadership capacity changes in the P-3 sector for many years. Numerous needs assessments, reports and analyses have been produced in Nevada that call out the fragmented system and recommend establishing an executive position to support cross sector coordination and alignment.

Document Name	Year	Finding/Recommendation
P-20W Council, P-3 Subcommittee “Building a Comprehensive P-3 Policy in Nevada”	2015	“Governance recommendation to add an Early Childhood position to the Governor’s Office to promote effective P-3 governance.”
Nevada Pritzker Prenatal to Three Strategic Policy Priorities	2020	“Establishment of a Children’s Commission that is housed in the Governor’s office to align cross-system collaboration and coordination, and act as an advocate on behalf of all children.”
Nevada ECAC 2022-2024 Strategic Plan	2022	“Establish [a] Governor’s Office for Early Childhood (prenatal to age eight) to align policy and fiscal decision-making for the early childhood system across relevant agencies.”

Northern Nevada Early Childhood Roundtable 2022 Report	2022	<p>“The need for Nevada to restructure its early childhood system(s) under one umbrella entity, similar to how other states have reorganized...Restructuring would provide the opportunity for seamless and unified goals, and fostering system that work for young children and families.” and</p> <p>“The need for a concerted, unified focus on the entire age span of early childhood, from the prenatal period through age 8. Such focus would be fostered by the creation of a state level office spanning multiple departments and divisions, highlighting the importance of creating seamless transitions for young children throughout the first 8 years of life.”</p>
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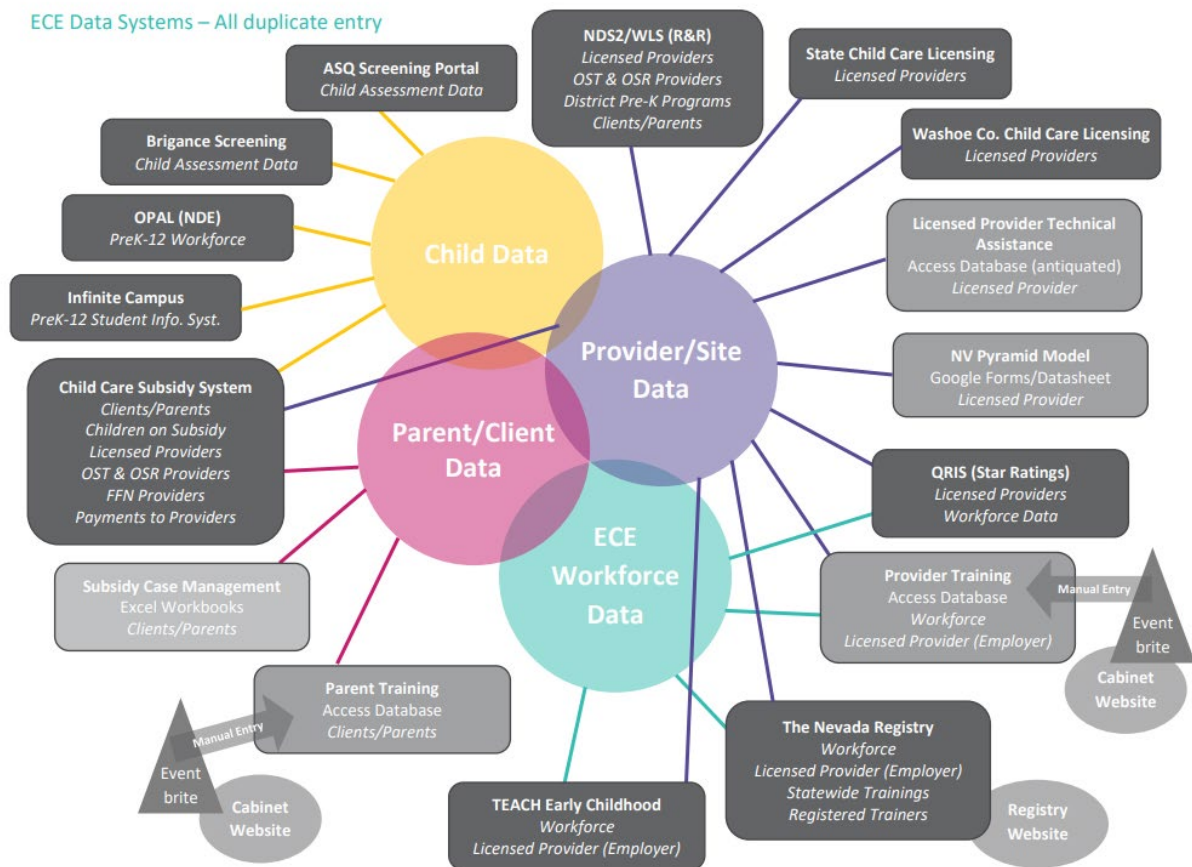
Existing Structures in Nevada’s Early Childhood System to Advance Goals

Guiding Questions: Are there existing data systems that may be used to strengthen statewide systems of care? Are they currently shared, and if so, by whom? What opportunities/forums exist to share data or information? What do these data systems capture? What data are commonly captured across systems? How are these data currently used to inform state ECS?

Access to comprehensive, disaggregated data has long been a gap in Nevada’s early childhood system, impacting our ability to make data-driven decisions in regard to programming, as well as to demonstrate outcomes or effectiveness of interventions. Leaders in the early childhood system have been advocating for improved data systems and cross sector integrated data systems, such as ECIDS, for well over a decade. Some of the key reports in this area include:

- Nevada State Early Childhood Database Planning: Feasibility Analysis Report (2009)
- Needs Assessment for Nevada’s Early Childhood Data System Project (2012)
- Silver State KIDS (Kindergarten Inventory of Development Statewide) (2012)
- Nevada State Longitudinal Data System (SLDS) Project Feasibility Study Report (2012)
- Nevada Early Childhood Integrated Data System (ECIDS) Feasibility Study (2014)
- P-20W Council’s Building a Comprehensive P-3 Policy in Nevada (2015)
- Nevada PDG B-5 Needs Assessment and Grant Proposal (2019)

The graphic below illustrates the complexity and fragmentation of early childhood education data systems in Nevada, which is just one sector of the ECS.



The 2022-2024 Nevada ECAC Strategic Plan includes a key focus on data, including the establishment of a Data and Evaluation Subcommittee. That subcommittee is currently in the process of identifying key research questions in Nevada’s ECS, along with KPIs (key performance indicators) for each of the program areas within the ECS. This information will be utilized to determine what data current exists, to what level that data can be disaggregated, who holds or controls the data and how that data is shared to inform cross-sector decision-making. Ultimately, the NV ECAC intends to use this analysis to help inform the development of a comprehensive, cross-sector ECIDS (early childhood integrated data system).

Guiding Questions: Is there sufficient community or county-level data about service availability and access? What formal coordination and communication structures are in place between communities and state-level ECS (e.g. regular meetings, data-sharing, community representation on advisory councils, etc.)?

Additional research is needed to fully explore the availability of data and information sharing between state and local communities. Formal coordination and communication strategies are fragmented across early childhood system sectors and are generally based on grantor-grantee relationships between state government, local jurisdictions and community-based organizations. This analysis also requires inquiry

into different levels of data-sharing and communications. As referenced above, data sharing across systems (and some would argue within systems) is based on antiquated and inefficient processes. Accessing data often requires written requests for information that must be processed manually by the data holder. Given the population distribution of the state, detailed information for rural populations is often combined to preserve anonymity, but can make it difficult to analyze data in a way that is meaningful to what are often underserved and underrepresented populations.

Communications structures are also lacking in the ECS in Nevada, both across sectors and to the community to support knowledge of and access to available programs and services. Responses from parents on our SAGA survey indicate that many people are unaware of some of the programs and services available, particularly Home Visiting (62.5%), Child Care Resource and Referral (53%) and NV Ready! PreK (40%). Programs directly connected with Welfare and Supportive Services (Medicaid, SNAP, TANF) had some of higher recognition rates in the survey. The table below illustrates participation and awareness of the ten early childhood programs included in the survey, as well as the ability to find or apply for the program for those that were aware.

Name of Program	Current/Former Participant	Applied or Aware	Unaware of Program	Hard to Find or Apply
Medicaid/CHIP	80%	17.5%	2.5%	42%
NV Early Intervention Services	17.5%	50%	32.5%	54%
SNAP – Food Assistance	65%	27.5%	7.5%	45.5%
TANF – Cash Assistance	27.5%	62.5%	10%	64%
WIC Program	77.5%	20%	2.5%	23%
Child Care Subsidy	25%	47.5%	27.5%	87.5%
Child Care Resource & Referral	10%	37.5%	53%	64%
Early Head Start or Head Start	67.5%	22.5%	20%	65%
NV Ready! PreK	27.5%	32.5%	40%	68%
Home Visiting Program	7.5%	30%	62.5%	67%

The state is currently working on a comprehensive marketing and outreach campaign to raise awareness of programs and services available in the early childhood sector, which is expected to launch in early 2023. Additionally, the NV ECAC Communications and Engagement Subcommittee was established to support cross-sector communications, as well as engagement of impacted populations and community based organizations.

Guiding Questions: Within the state-level government, where do engaged partners sit? What are the governance structures? Are there clear and coordinated partnership and communication pathways across entities? Where are there silos?

In Nevada, advisory boards, commissions and similar entities exist in an effort to engage partners and support communications. As referenced above, there are over 250 entities in the State of Nevada and our analysis indicates that approximately 45 of those entities have the potential to impact, in some way, the comprehensive early childhood system. However, only two of those advisory bodies (Nevada Early Childhood Advisory Council and the Maternal and Child Health Advisory Board) specifically address the early childhood system in Nevada. Historically, informal communications and partnerships do exist across these entities, but no formal structure has been established to support shared governance or

alignment of goals and priorities. Assessment of these entities and their relationship to state-level decision-making will be analyzed in more detail below, Advancing a Common Vision.

Workforce Development Efforts to Enhance Nevada’s Early Childhood System

Guiding Questions: What state-level, tribal, or local efforts are in place to develop the early childhood workforce? How is the early childhood workforce defined under these efforts? How are these efforts connected and is there duplication? Is it inclusive of professional addressing mental and behavioral health needs of children and their caregivers? Is it inclusive of and/or prioritize professionals with community context expertise?

There are currently several initiatives focused on early childhood workforce development in Nevada, however, not all of these initiatives are aligned or coordinated. Current initiatives include, but may not be limited to:

- Early Childhood Educators – The Children’s Cabinet, along with a coalition of over 40 key stakeholders, has recently contracted with SRI International to develop an early childhood workforce framework focused on child care providers. The framework will encompass four key areas: Financial Compensation, Professional Pathways, Working Conditions & Support, and Workforce Data. This project is anticipated to be complete in June 2023.
- Early Childhood Educators – The NV Registry is currently conducting a pilot program through funding from the Division of Welfare and Supportive Services, Child Care Development Program to offer stipends (approximately \$1,000 per year) to child care providers as a wage enhancement. Data and information gathered from this pilot will be used to determine the impact and feasibility of establishing a sustainable wage incentive program.
- Early Childhood Educators – T.E.A.C.H. program is offered through the NV Association for the Education of Young Children (NevAEYC) and offers tuition support for child care providers to pursue their AA or BA degrees.
- Infant and Early Childhood Mental Health – The Division of Welfare and Supportive Services, in collaboration with The Children’s Cabinet, is in the process of establishing Nevada’s first IECMH Association, which will enable them to provide certifications for IECMH consultants, as well as offer alternative pathways for professionals to join this field.
- Community Health Workers – The Children’s Cabinet, the NV Community Health Worker Association and the NV Certification Board are working collaboratively to establish an Early Childhood Community Health Worker Endorsement. The purpose of this endorsement is to engage more CHWs in the early childhood sector, offering a broader range of skills and expertise to support families with young children in a variety of community based settings.

Overall, Nevada is experiencing critical staff shortages in nearly every sector and at every level with both state and community early childhood programs. According to the Nevada Division of Public and Behavioral Health, “All 17 counties in Nevada have some type of [healthcare provider] shortage designation, due to very high ratios of population to provider. In urban areas, poverty is also a significant factor in shortage designation, because many providers do not accept Medicaid.”¹⁴ Efforts and initiatives to increase and/or improve the healthcare workforce specific to the prenatal to three population, particularly OB/GYNs, Pediatricians, Doulas and Midwives, will require additional research.

¹⁴ https://dpbh.nv.gov/Programs/HPSA/Health_Professional_Shortage_Area_Designations_-_Home/

Guiding Questions: Is lived experience as a recipient of services or supports considered an asset or credential? What efforts are made to ensure that the workforce includes representatives with cultural and linguistic backgrounds similar to the populations being served? Are these efforts effective?

Little information is available to assess, objectively, current efforts to ensure our early childhood workforce is representative of the cultural and linguistic backgrounds similar to the populations served or if lived experience is considered an asset or credential for some positions. Observations in the sector suggest that Nevada has significant improvements to make in this area and that strategies need to be developed to ensure a more diverse workforce, both at the programmatic and leadership levels. It should be noted that most leadership positions in the early childhood sector, as outlined above, are held within state agencies. Most state agency offices are located in the state capital, Carson City, which is considered a rural area with a population of less than 60,000. According to the U.S. Census Bureau, over 66% of the population in Carson City reported their race/ethnicity as “White alone, not Hispanic or Latino”, 24% as “Hispanic or Latino” and 1.9% as “Black or African American Alone.” Comparatively, in Nevada as whole, only 46% of the population reported their race/ethnicity as “White alone, not Hispanic or Latino”, 30% as “Hispanic or Latino” and 10.6% as “Black or African American Alone.” This information, coupled with personal observations of the ECCS team, indicate that the vast majority (although not all) of state level decision-makers in the ECS are white and non-Hispanic.

ECCS Goal – Advancing a Common Vision

Goal 2: Increase coordination and alignment between maternal and child health and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being in Nevada.

This goal centers around three primary Assessment Areas:

- Shared Strategic Plans
- Advisory Council Structure
- Strengthening Partnerships

Shared Strategic Plans:

Guiding Questions: What current state-level strategic plans are in place? What are their goals and priorities? How does the work of ECCS align with these plans and the partners engaged in them? To what extent are specific ECCS priorities integrated into these plans currently? What existing state-level plans would be most feasible and have the highest value to integrate specific ECCS priorities?

For this assessment, the ECCS team selected the following strategic plans and action plans that most closely align with the goals and objectives of the HRSA ECCS initiative in Nevada.

- Nevada Early Childhood Advisory Council 2022-2024 Strategic Plan
- Nevada PDG B5 Proposal 2022
- Pritzker PN3 Implementation Plan
- Nevada Maternal and Child Health State Action Plan 2022

- Nevada Child Care Development Program (CCDP) COVID-19 Spending Plans¹⁵

Four of the five identified plans are very closely aligned and specifically address ECS priorities, in alignment with the ECCS goals and objectives. Those are the NV ECAC Strategic Plan, the NV PDG B5 Proposal, the Pritzker PN3 Implementation Plan and the NV CCDP COVID-19 Spending Plans. All of these plans were developed collaboratively to align and support one another, with input and engagement of over 150 key stakeholders from across the state. The NV Maternal and Child Health Action Plan has some components that are aligned, however additional collaboration and partnerships are needed to support full coordination.

The Nevada ECAC 2022-2024 Strategic Plan was developed to completely align with the HRSA ECCS goals and objectives. An analysis of shared goals and priorities among the identified strategic and action plans was conducted, using the Nevada ECAC Strategic Plan as a framework for the analysis.

ECS Strategic Plan Analysis:

Goal 1 – Create a Coordinated Early Childhood Leadership Infrastructure (NV ECAC SP)

- Pritzker PN-3 Implementation Plan:
 - Strategy 1.7 – Establishment of a certification/endorsement program for Infant and Early Childhood Mental Health Specialist
 - Strategy 2.1 – Establishment of an Early Childhood Endorsement for Community Health Workers
 - Strategy 4.1 - Establishment of a Children's Commission that is housed in the Governor's office to align cross-system collaboration and coordination, and act as an advocate on behalf of all children living in Nevada
- NV PDG B5 Proposal:
 - Activity 1 - Conduct Needs Assessment of the B-5 System
 - Activity 2 – Update the statewide B-5 Strategic Plan (NV ECAC Strategic Plan)
 - Activity 3 – Maximize parent and family engagement in the B-5 system
 - Activity 4 – Support the B-5 Workforce and Disseminate Best Practices
 - Bonus Activity 2 – Improving Workforce Compensation
- NV Maternal and Child Health Action Plan:
 - No systems or infrastructure priorities or strategies listed in plan
- NV CCDP COVID-19 Spending Plans:
 - Nevada Workforce Development Framework
 - Network Analysis Project with Visible Network Labs
 - Guinn Center for Policy Priorities – EC System Assessment
 - Center for the Study of Social Policy training and technical assistance on the Early Childhood Systems Assessment Toolkit

¹⁵ Although there is no specific “strategic plan” in place for the wide range of pandemic relief funds that have come into Nevada, the spending plans, specifically in regard to the Child Care Development Program funds are closely aligned with the ECCS efforts and are supporting several cross sector systems initiatives that are part of this analysis.

Goal 2 – Increase Coordination and Alignment Between Systems of Care for Young Children and Families (NV ECAC SP)

- Pritzker PN-3 Implementation Plan:
 - Implementation Strategies include cross-sector coordination and alignment, including membership on the Pritzker Leadership Team and Statewide Collaborative
- NV PDG B5 Proposal:
 - Activity 5 – Support Program Quality Improvement
 - Bonus 1 Activity – Coordinated application, eligibility and enrollment
- NV Maternal and Child Health Action Plan:
 - Strategies – Collaborate with public and private partners to conduct outreach, improve data collection and increase access to programs and services
- NV CCDP COVID-19 Spending Plans:
 - Network Analysis Project with Visible Network Labs

Goal 3 – Increase Capacity to Equitably Connect Families with the Early Childhood System Continuum of Care and Community at Large (NV ECAC SP)

- Pritzker PN-3 Implementation Plan:
 - Implementation Strategies include outreach to families, particularly those in underserved communities, including grants to community based organizations
- NV PDG B5 Proposal:
 - Activity 3 – Maximize parent and family engagement in the B-5 system
 - Bonus Activity 3 – Increasing access to inclusive settings
- NV Maternal and Child Health Action Plan:
 - Strategy - Collaborate with public and private partners to engage (outreach) and educate (e.g. website, materials, etc.) women, ages 18 through 44, communities, and health care professionals, regarding women's health, including early prenatal care and screenings.
 - Women/Maternal Health Priorities: Improve preconception and interconception health among women of child bearing age, reduce substance use during pregnancy,
 - Perinatal/Infant Health Priorities: Promote breastfeeding, promote safe sleep
 - Child Health Priorities: Increase developmental screening, promote a medical home
- NV CCDP COVID-19 Spending Plans:
 - EC Marketing and Outreach Campaign
 - CBO Grants to Conduct Outreach in Underserved Communities
 - ELogic Case Management and Referral System for the EC CHW Program

Goal 4 – Identify Budget and Finance Strategies to Drive Policy Goals and Objectives (NV ECAC SP)

- Pritzker PN-3 Implementation Plan:
 - Strategy 1.1 – Enact 12-month continuous eligibility for children on Medicaid
 - Strategy 1.2 – Expand presumptive eligibility for Medicaid for pregnant persons
 - Strategy 1.3 – Enact 12-month post-partum coverage on Medicaid for pregnant persons
 - Strategy 1.4 – Remove the 5-year wait period for lawfully residing pregnant persons for Medicaid
 - Strategy 2.2 – Increase funding to expand evidence-based home visiting services

- Strategy 3.1 – Support funding to establish infant/toddler contracted slots in the child care subsidy program
- Strategy 3.2 – Secure state general fund resources to expand Early Head Start eligibility from 100% FPL to 200% FPL
- Strategy 3.4 – Support funding to establish contracted slots for children with disabilities in the child care subsidy program
- Strategy 4.2 - Shift in culture and the value Nevadans place on investments in services during the prenatal to age three developmental period.
- Implementation Strategies include funding to support the Fiscal Mapping Project
- NV PDG B5 Proposal:
 - Activity 6 – Subgrants to enhance quality and expand access (includes PreK, home visiting, homelessness, social-emotional development and developmentally appropriate practices)
- NV Maternal and Child Health Action Plan:
 - No financing or policy priorities or strategies listed in plan
- NV CCDP COVID-19 Spending Plans:
 - Fiscal Mapping Project with The Children’s Funding Project
 - Child Care Subsidy Cost Modeling Project

Goal 5 – Equity/Execute Data Collection and Integrated Systems to Increase Equity and Accountability (NV ECAC SP)

- Pritzker PN-3 Implementation Plan:
 - Implementation Strategies including a training series on equity with Evident Change
- NV PDG B5 Proposal:
 - Activity 3 – Maximize parent and family engagement in the B-5 system
- NV Maternal and Child Health Action Plan:
 - Strategy – Collaborate with public and private partners to conduct data collection, surveying, and other activities to improve maternal health and birth outcomes, including continuation of Nevada PRAMS
- NV CCDP COVID-19 Spending Plans:
 - Center of the Study of Social Policy/Parent Leader Network training on the Manifesto for Race Equity and Parent Leadership in Early Childhood Systems
 - Data Systems Manager and Data Integration Project
 - ECAC Grants to Support Community-Led EC Priorities

Advisory Council Structure:

Guiding Questions: What ECS advisory bodies currently exist? What are their goals and priorities? How are they aligned with the ECCS Advisory Council structure? How are families and/or community members engaged? Who is missing from the ECCS Advisory Council? Are there state-local pathways for coordination? Is there representation from systems outside of ECS (e.g., housing, employment, transportation, etc.)? Is there representation from tribal health or other child-serving systems?

As mentioned above, the Governor’s Office of Boards and Commissions oversees the facilitation of appointments by the Governor to “approximately 250 boards and commissions representing various

areas.”¹⁶ While there are approximately 45 boards or commissions which may impact the early childhood system in some capacity, this analysis focuses on the two primary state level advisory bodies in the ECS – NV ECAC and NV Maternal and Child Health Advisory Board – as well as the Pritzker PN3 Collaborative and the newly established NV Early Childhood Family Leadership Council (NECFLC).

Nevada Early Childhood Advisory Council (Nevada ECAC)

The Nevada ECAC serves as the advisory council for the NV HRSA ECCS initiative and is aligned through nearly identical goals and objectives which focus on establishing a comprehensive early childhood system. Membership and duties of the NV ECAC are codified in statute (NRS 432A.076) and align with the requirements of the Head Start Reauthorization Act (42 U.S.C § 9837b(b)(1)(A)(i)). Although the statute establishing the Nevada ECAC is located under Chapter 432A – Services and Facilities for Care of Children, the Nevada Department of Education, Office of Early Learning and Development provides (some) administrative support to the Council. As currently drafted, the duties of the Council focus on “early childhood education”, however the work and priorities of the Nevada ECAC, as outlined in the Strategic Plan, take a more holistic approach to early childhood, inclusive of healthy development of young children. Despite the statutory authority to establish the Nevada ECAC and a requirement to submit an annual report to the Governor and Legislature, there are no funds or staffing specific to the operation or support of the Nevada ECAC and it has no authority to act on recommended changes to the ECS.

Membership of the Nevada ECAC is outlined in the statute and all members are appointed by the Governor. Membership includes representatives from the following agencies/fields:

- Child Care Licensing
- Department of Education
- Department of Education Section 619 or Part C
- School Board Trustee
- Nevada System of Higher Education
- Local Provider of Early Childhood Education and Developmental Services
- Head Start Programs
- Head Start State Collaboration Office
- Aging and Disability Services Division
- Southern Nevada Nonprofit Providing Early Childhood Education Programs
- Northern Nevada Nonprofit Providing Early Childhood Education Programs
- Pediatric Mental, Physical or Behavioral Health Care Industry
- Other Members as the Governor Determines are Appropriate

The Nevada ECAC is currently reviewing membership and, pending approval by the full Council in November, will be making recommendations in their 2022 Annual Report to the Governor and Legislature to add representatives from the following areas:

- Maternal Child and Adolescent Health, Division of Public and Behavioral Health
- Child Care Development Program, Division of Welfare and Supportive Services

¹⁶ https://gov.nv.gov/Board/Home_Board/

- Tribal Entity
- Parent or Guardian of a Child Age 0-8

The Nevada ECAC has five standing subcommittees, which are outlined in the Bylaws and align with each of the five goals included in the Strategic Plan. Each subcommittee must be chaired by an appointed member of the Nevada ECAC, but can include others members as deemed appropriate by the chair(s) of the subcommittee. This process is utilized to engage non-appointed individuals in the work to ensure representation and input from all key stakeholders. The Leadership subcommittee is chaired by the Chair of the Nevada ECAC (currently Denise Tanata, who is also the HRSA ECCS Lead) and includes the chairs of each subcommittee, as well as a provider representative and a parent representative. The provider representative is appointed by the Nevada Child Care Provider Action Committee (CCPAC) and the parent representative is appointed by the Nevada Early Childhood Family Leadership Council (NECFLC). Since the NECFLC is newly established, Ashley Dines, the Parent Leadership Coordinator, serves in this seat currently.

There are also six local Early Childhood Advisory Councils (Local ECACs) who operate regionally in collaboration with the Nevada ECAC, but are not formally structured under the state Council. The six Local ECACs are led by volunteers and represent a total of eight of Nevada’s seventeen counties, including two urban councils, three rural councils and one tribal council. Through funding from the NV Child Care Development Program, federal pandemic relief grants, a grant program was setup to provide financial resources to each of the councils to focus on local ECS efforts.

Nevada Maternal and Child Health Advisory Board (Nevada MCHAB)

The Maternal and Child Health Advisory Board (MCHAB) is established under state statute (NRS 442.133) and is facilitated by the Maternal Child and Adolescent Health Program in the Division of Public and Behavioral Health. The MCHAB consists of nine members appointed by the State Board of Health from a list of persons provided from the Administrator of the Nevada Division of Public and Behavioral Health, as well as two nonvoting members appointed by the Legislative Commission; one who is a member of the Senate and one who is a member of the Assembly. The current composition of the MCHAB includes:

- Two State Legislators (one Senator, one Assemblyperson)
- Three doctors (MDs)
- Three nurses
- One representative from NV Early Intervention Services
- One midwife
- One representative from a nonprofit organization serving medically fragile children

As outlined on the state website:

The Advisory Board provides comprehensive advice and guidance to the State Division of Public and Behavioral Health to ensure the enhancement and development of vital services to promote the healthy birth, growth and development of Nevada’s children. Per Nevada Revised Statutes (NRS) the Board advises the Administrator of the Nevada Division of Public and Behavioral Health “concerning perinatal care to enhance the survivability and health of infants and mothers, and concerning initiatives to improve the health of preschool children.” Every effort is made to ensure that the State Maternal and

Child Health Advisory Board is representative of Nevada’s population both culturally and geographically while including a broad range of disciplines and interests, including parent representation.

The State Title V /Maternal and Child Health Program is housed in the Bureau of Child, Family and Community Wellness within the Nevada Division of Public and Behavioral Health. The goal of the State Maternal and Child Health Program is to improve the health of families, specifically pregnant women, infants, children and adolescents, including Children with Special Health Care Needs. The Program is funded by Title V of the Social Security Act, the Maternal and Child Health Block Grant. This federal legislation, which dates back to 1935, calls for services that are “comprehensive, coordinated, family-centered, community-based, and culturally appropriate.”

The ECCS Team provided a presentation on the NV ECCS Health Integration initiative to the MCHAB in Year One and will be providing another presentation to the MCHAB in December 2022. The initial presentation was to provide an overview of the initiative and the second presentation will focus on alignment of priorities. The ECCS Team will be meeting with the Deputy Bureau Chief over MCHAB in November 2022 to discuss specific opportunities for collaboration and engagement. Representatives from MCHAB actively participate in the Nevada ECAC, which included an in-depth presentation during the Nevada ECAC Strategic Planning Retreat, as well as the Pritzker PN3 Collaborative (see below).

Pritzker PN3 Collaborative

Nevada’s Pritzker PN3 Initiative is led by a statewide nonprofit organization, Children’s Advocacy Alliance. The current project focuses on a range of policy and systemic priorities to increase utilization of programs and services for the prenatal to three population in Nevada, with a focus on those living at or below 200% FPL. The structure of the NV Pritzker PN3 Initiative includes a Leadership Team, a statewide Collaborative and multiple workgroups who focus on specific priority areas. There is a significant amount of coordination and alignment between the Pritzker PN3 Initiative, the Nevada ECAC and the ECCS Initiative, including cross-over of membership and leadership. The ECCS Lead, Denise Tanata, previously served as the Executive Director of the Children’s Advocacy Alliance and previously led the NV Pritzker PN3 Initiative. Marty Elquist, who provides oversight of the HRSA ECCS Initiative, and Denise Tanata, the ECCS Lead, have served as co-leads of the Pritzker PN3 Collaborative, in addition to serving on the Leadership Team, since the project’s inception.

The NV Pritzker PN3 Leadership team includes the following members:

- Children’s Advocacy Alliance Staff (4 members)
 - Executive Director, PN3 Director, Education Policy Director & Health Policy Director)
- The Children’s Cabinet (4 members)
 - These positions include cross-representation of the NV ECAC, NECFLC, and Child Care Provider Action Committee
- NV Institute for Children’s Research & Policy, UNLV School of Public Health (1 member)
 - This member also serves on several NV ECAC Subcommittees and well as multiple MCH and Children’s Mental Health initiatives and coalitions
- NV Department of Education, Office of Early Learning & Development (2 members)
 - These members also support or serve as members of the NV ECAC

- NV Division of Health Care Financing & Policy – Medicaid/CHIP (2 members)
- NV Maternal Child and Adolescent Health (1 member)
 - This member is also a NV ECAC partner/meeting participant

The Pritzker Children’s Initiative has announced the next funding cycle (which Nevada will be eligible to apply for in approximately one year) will focus on early childhood systems improvements. Meetings to discuss aligned priorities, goals and activities have already begun between the NV Pritzker PN3, NV ECCS and NV PDG B5 teams to ensure coordination and alignment.

Nevada Early Childhood Family Leadership Council (NECFLC)

The Nevada Early Childhood Family Leadership Council (NECFLC) was established in 2022 as part of the NV ECCS Initiative and is led by the Parent Leadership Coordinator. The NECFLC held its first meeting in September 2022 and currently includes seven members from Southern Nevada. The Children’s Cabinet has secured additional resources through the Child Care Development Program, federal pandemic relief funds, to hire a second Parent Leadership Coordinator in Northern Nevada to start a NECFLC in the northern part of the state. The goal is to provide training, technical assistance and peer mentorship to support the engagement of members on state level advisory boards, beginning with the NV ECAC. The NECFLC is also receiving technical assistance from the National Center for Parent Leadership through a grant from the Pritzker Children’s Initiative.

Strengthening Partnerships:

Guiding Questions: Has a network analysis of engaged partners been completed? If not, does your current ECCS team and/or partners have the capacity and expertise necessary to conduct a network analysis? Who are the most connected or most influential partners? Where are opportunities to build further partnerships, particularly outside of state-level government?

The Children’s Cabinet, through funding from the Division of Welfare and Supportive Services, Child Care Development Program CRRSA grant, recently entered into a contract with Visible Network Labs (VNL) to conduct the Nevada Early Childhood System Network Analysis. VNL will develop a network mapping and analysis of the NV early childhood system that will measure the quantity and quality of interactions, identifying strong connections and key players, highlighting gaps and silos and assessing key outcomes. This information will be critical not only to identifying key decision-makers and influencers in the ECCS, but also identifying network gaps and the overall quality of these interactions and connections, which are key to collaboration and partnership. This project is anticipated to be complete in April 2023.

ECCS Goal – Health System Transformation

Goal 3: Increase the capacity of health and early childhood systems in Nevada to deliver and effectively connect families to a continuum of services that promote early developmental health family well-being, beginning prenatally.

This goal centers around three primary Assessment Areas:

- Models for Health Integration and Practice Transformation
- Statewide Early Childhood Systems and Health Sector Linkages
- Coordinated Intake and Referral Systems

Models for Health Integration and Practice Transformation:

Guiding Questions: What models for health integration and practice transformation are currently being implemented or piloted (e.g., behavioral health integration, early literacy promotion, delivery of group-care)? Do they include a focus on P-3 populations, particularly comprehensive screening (e.g., developmental milestones, social-emotional development, social determinants of health, ACEs, maternal depression, autism, etc.) and effective connection to resources? What is their reach and do they reach underserved communities? Is there potential for statewide spread? Who are the decision-makers and collaborators leading these initiatives, and what is your ECCS initiative's current connection to them? Have these models been effective and culturally responsive for the populations in your state you are trying to reach? Are there broad statewide efforts such as Medicaid/CHIP reform, value-based payment initiatives, or other health transformation efforts underway? If so, to what extent is early childhood included as a priority?

Current and pending models for health integration and practice transformation in Nevada include:

Early Childhood Community Health Worker (EC CHW) Program

The NV EC CHW Program launched in April 2022 in Southern Nevada and recently expanded to Northern Nevada. The EC CHW Program hires CHWs with a broad range of experience to provide resource, referral and support services to children, families and providers in early education settings. CHWs receive a comprehensive three-week training and orientation program upon hire and all must receive CHW Certification within their first 90 days of employment. All of the CHWs also are on track to be the first to receive the newly established Early Childhood Endorsement through the Nevada Certification Board. Specific to the population of children and families served in the program, EC CHWs provide the following services and supports:

- ASQ and ASQ-SE Assessments
- Social Determinants of Health Assessment
- Mental Health and Behavioral Health Referrals
- Pediatric and Specialist Healthcare Referrals
- Basic Needs Supports and Referrals
- Health Literacy Resources
- Nutrition Education
- Healthcare and Social Service Systems Navigation Support

EC CHWs also work with early education providers to ensure they receive the supports and services needed to provide high quality early education services. The EC CHW Program has a Program Fund to provide resources to implement case plan activities and has secured partnerships with hundreds of local providers to coordinate identified referrals.

The EC CHW Program is overseen by Denise Tanata, ECCS Director and NV ECAC Chair. This program has been integrated into the NV ECAC, as well as the Pritzker PN3 Initiative. There are also two EC CHWs who serve on the NV Early Childhood Family Leadership Council.

Infant-Toddler Court Program

The Division of Child and Family Services, Infant and Early Childhood Mental Health Program facilitates the Infant Toddler Court Program in Washoe County (Northern Nevada) and recently received a HRSA grant to expand the program. The program is a partnership between the IECHMH Program, Child

Welfare and Washoe County Courts. The ECCS Team partners closely with the IECHMH Program and will continue to analyze this program, outcomes and opportunities for partnership and expansion.

Infant and Early Childhood Mental Health Association

The Division of Child and Family Services, Infant and Early Childhood Mental Health Program recently partnered with the Child Care Development Program and The Children’s Cabinet to establish the IECMH Association. The Children’s Cabinet will serve as the nonprofit organization that will house the Association until it receives it’s own nonprofit status. The Director has been identified and will start in November 2022. This project will serve as part of Nevada’s ECS workforce efforts to create training and certification of IECMH Consultants, including alternative pathways to certification.

Nevada Home Visiting

The Nevada Home Visiting (MIECHV) program is operated by the Nevada Division of Public and Behavioral Health, Bureau of Maternal Child and Adolescent Health. There are seven home visiting programs in Nevada and all are funded by federal the MIECHV grant:

- Southern Nevada Health District – Nurse Family Partnership
- Sunrise Children’s Foundation – Early Head Start and HIPPIY
- University of Nevada, Reno – Early Head Start
- Yerington Paiute Tribe – Parents as Teachers
- Lyon County Human Services – Parents as Teachers
- The Children’s Cabinet – Parents as Teachers
- Community Chest, Inc. - Parents as Teachers

Expansion of evidence-based home visiting programs in Nevada, including efforts to make state general fund appropriations to these programs, is a key priority under the Pritzker PN3 Initiative. Identification of funding sources to support expansion is a significant barrier in Nevada and more efforts are needed to education decision-makers about the long-term impacts and outcomes achieved through these evidence-based programs.

TA: Aligning Early Childhood and Medicaid through the Center for Health Care Strategies

This project is funded through the Robert Wood Johnson Foundation and provides technical assistance to Nevada. Initial conversations with the technical assistance providers have focused on developing a communication tool to educate providers/policy makers on the IECMH Programs and to increase understanding of how we can better support health providers to refer/understand the resources that are available. The project partners also discussed including development of a CIRS (and possibly the HMG or CHW models in provider settings). Concerns arose around marketing these programs publicly since there are limited program resources available to expand access. However, without providing additional communication and outreach, there is limited demand which is the primary mechanism for securing additional programmatic resources. This project is ongoing and will continue to be an area of focus for the ECCS.

Mind in the Making/Vroom Pediatrician Partnership

The Children’s Cabinet is currently partnering with pediatric providers (Dr. Rebecca Hood Meyers, who is also a member of the NV ECAC, and Dr. Vigil) to expand outreach of the MITM/Vroom program in pediatric settings. Pediatric partners at the Kirk Kerkorian School of Medicine at UNLV and the UNR School of Medicine will distribute materials and utilize the Keystones of Development for Pediatric Resident trainings. This partnership is relatively new and has identified the following partnerships needed for further development:

1. UNLV Residency
2. LTSAE Ambassador
 - a. Reach clinics and physicians
 - b. Share materials and training
 - c. Promote Early Relational Health CME (add to UNR CME directory)
 - d. Promote Keystones of Development
 - e. Schedule presentations and outreach
3. Nevada Chapter American Academy of Pediatrics
 - a. Add early relational health CME class to online menus
 - b. Identify regional providers to have staff complete self-guided modules
 - c. Schedule presentation at conferences (help reach clinics and pediatricians)
 - d. Promote Vroom on website/in newsletters
4. Hospitals/Pediatric clinics

Food Insecurity for Early Childhood Populations – Dr. Gabriela Buccini in the UNLV School of Public Health is overseeing a National Institute of Health (NIH) grant awarded to impact maternal and child health by decreasing food insecurity among pregnant persons and caregivers of children under 3 years in the following zip codes: 89101, 89106, 89030, 89031, and 89032. The ECCS team will be supporting this project through community connections and outreach support. Specifically, the project will partner with the EC CHW Program to assist reaching target populations and aligning resources and referrals.

Help Me Grow (discussion only)

Representatives from the Pritzker PN3 Initiative and the ECCS Initiative have started to explore potential opportunities to implement a Help Me Grow program in Nevada. This initiative will require additional research regarding funding, capacity and partnerships necessary for implementation.

Transforming Pediatrics for Early Childhood (TPEC) - not funded

The Kirk Kerkorian School of Medicine at the University of Nevada, Las Vegas submitted a grant application for the TPEC grant, but the grant was not funded. Despite not receiving the grant funding, the concept of implementing a similar program is still under discussion with the Pediatrics Department at UNLV. During a recent key stakeholder interview, a pediatrician in the department indicated the need to provide comprehensive wraparound support services to pediatric patients and their families, indicating that pediatricians are seeing up to 50 patients per day due to provider shortages and often do not have time to provide the additional support that many families need. Pediatricians and their patients would benefit from having an early childhood specialist on staff to support families in accessing specialist referrals, implementing health and nutrition guidance and assessing other social determinants of health. The key informant suggested connecting with the Nevada Chapter of the American Academy of Pediatrics to engage a broader audience of pediatric providers in this discussion.

Statewide Early Childhood Systems and Health Sector Linkages:

Guiding Questions: What types of providers are currently engaged in ECS efforts? Are there provider champions advancing practice transformation and/or prioritizing ECS in the state? What other types of providers are engaged or disengaged? Where is there significant coordination or supportive data around

connection of the health sector and systems of services (e.g., home visiting, WIC, TANF/economic supports, early intervention, quality child care, etc.)?

Currently, the ECS efforts include engagement of pediatric and mental health professionals. Pediatric champions in this effort include:

- Dr. Rebecca Meyers – Kirk Kerkorian School of Medicine at UNLV, Pediatrics – Dr. Meyers is an appointed member of the NV ECAC and is also a key partner in the MITM/Vroom Partnership, having participated in the Keystones of Development training. Dr. Meyers is also an active member of the NV Chapter of the American Association of Pediatrics.
- Dr. Debra Vigil – University of Nevada, Reno School of Medicine, Department of Speech Pathology and Audiology. Dr. Vigil is a key partner in the MITM/Vroom Partnership, having participated in the Keystones of Development training program.
- Dr. Dodds Simangan – Kirk Kerkorian School of Medicine at UNLV, Pediatrics – Dr. Simangan oversees the Pediatric Residency Program at UNLV. He has partnered with the Children’s Advocacy Alliance to train residents on advocacy and is currently partnered with the EC Community Health Worker Program to assist in training residents on early childhood development and early learning. This partnership is still in development, but aims to connect pediatric residents with CHWs to provide information on how to assess the holistic needs of young children and their families.
- Dr. Steven Shane – Pediatrician in Reno, NV. Although Dr. Shane is not yet directly involved in the ECCS, he is well known in Nevada for his efforts to combat childhood obesity. Dr. Shane has been a leader in implementing best practices for nutrition and physical activity, including establishment of training and incentive programs within his practice and participating in the development of Nevada’s Early Childhood Obesity Prevention Plan.
- Rhonda Lawrence, MFT – Clinical Program Manager II at the NV Division of Child and Family Services, Infant and Early Childhood Mental Health Program. Rhonda Lawrence is actively engaged in the ECS efforts, overseeing several of the practice models referenced in the previous section (Infant-Toddler Court Program, IECMH Association and the Center for Health Care Strategies TA Project). She also represents DCFS/IECMH during NV ECAC meetings and participates on the Pritzker PN3 workgroups.

Provider gaps in the ECS efforts include:

- Midwives, doulas and other birthing professionals
- OB/GYNs
- Private mental health providers

Coordinated Intake and Referral Systems:

Guiding Questions: What coordinated intake and referral system (CIRS) efforts currently exist? Are they statewide, regional, provider/system, or population specific? Who oversees the CIRS efforts (e.g., local advisory group, government entity, or nonprofit entity)? What is the reach of the CIRS (i.e., what percentage of eligible families are touched by the CIRS)? Are inequities or disparities in the families engaged in the CIRS observed?

Development of a comprehensive Coordinated Intake and Referral System (CIRS) in Nevada is an area that requires additional efforts through the ECCS Initiative and with our partners. The EC CHW Program

piloted the Unite US platform as a potential CIRS, however that platform did not provide the case management functionality and was limited in referral capabilities due to the number and type of organizations that were utilizing the platform. The Children’s Cabinet is currently working with The Center for Applied Management Practices (CAMP) to customize their eLogic Genesis platform for the EC CHW Program, as a pilot for a CIRS. The initial customization will be limited to case management and referral within the existing platform, which is also being utilized for the Child Care Development Program (child care subsidy case management) and all of the state-funded Family Resource Centers. The platform is also connected to the Nevada 211 system. The initial integration to eLogic Genesis is anticipated in late 2022 or early 2023. The ECCS team will continue to work with CAMP to develop a closed loop process for referrals and eventually, expansion of the CIRS to a broader network of ECS partners. The development of this platform as a comprehensive CIRS is a partnership between The Children’s Cabinet and the Child Care Development Program in the NV Division of Welfare and Supportive Services.

ECCS Goal – Policy and Financing

Goal 4: Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the prenatal to three population in Nevada.

This goal centers around three primary Assessment Areas:

- Policy
- Financing
- Medicaid Partnership

Policy:

Guiding Questions: What current efforts are underway to change state-level policies to improve services and resources for P-3 populations? Are these efforts reflected in any strategic planning? Who is providing leadership for these efforts? How are they advanced by engaged partners? How are these and other policy initiatives tracked? What state policies, statutes, or regulations are in place that are specifically addressing ECS?

Current efforts to drive ECS policy in Nevada are led by the Nevada Pritzker PN3 Initiative, which is supported through statewide Leadership, Collaborative and Workgroup teams. The NV ECAC has also established a Policy and Finance Subcommittee to assess and support strategic policy priorities for the ECS in Nevada. The NV Pritzker PN3 Initiative also receives technical support and guidance on policy priorities from the Pritzker Children’s Initiative and their consultants with BUILD and the Prenatal to Three Policy Center. The Children’s Cabinet is also contracting with the Guinn Center for Policy Priorities to assess Nevada’s EC System, which will result in an “Interim Study” report including policy recommendations.

The Pritzker PN3 policy priorities included in the NV Implementation Plan and the PN3 Policy Roadmap focus on programmatic policies aimed at increasing access and utilization of EC programs and services. The Nevada ECAC Policy and Finance Subcommittee and the Guinn Center assessment are focused on policies to improve the EC System and state level infrastructure to support the EC System. All policy

efforts are being conducted in partnership and alignment with one another. Below is a summary of current ECS specific policy efforts and/or recommendations.

NV Pritzker PN3 Policy Priorities:

- Medicaid – 12 month continuous eligibility for children; 12 month post-partum coverage; expand presumptive eligibility for pregnant persons; eliminate 5 year wait period for lawfully residing pregnant persons
- Community-Based EC Support Services – Implement and expand EC CHW Endorsement; expand home visiting programs
- Child Care – Establish contracted slots for infants and toddlers, children with disabilities, and for non-traditional hour care; expand eligibility for Early Head Start to 200% FPL; and enhance supports for the NV Silver State QRIS program
- Systems - Establishment of a Children's Commission that is housed in the Governor's office to align cross-system collaboration and coordination, and act as an advocate on behalf of all children living in Nevada

Prenatal to Three Policy Roadmap – NV

- Expand Income Eligibility for Health Insurance – NV Meeting Policy Goal
- Reduce Administrative Burden for SNAP – NV Not Meeting Policy Goal
- Paid Family Leave (minimum 6 weeks) - NV Not Meeting Policy Goal
- State Minimum Wage – NV Meeting Policy Goal
- State Earned Income Tax Credit – NV Not Meeting Policy Goal (no state income tax)
- Comprehensive Screening and Connection Programs (Dulce, HealthySteps or Family Connects) - NV Not Meeting Strategy Goal
- Child Care Subsidies (reimburse at true cost of care, decrease/eliminate family co-pays, reduce family share of cost, expand income eligibility requirements) - NV Not Meeting Strategy Goal (strategies in process to achieve goals)
- Group Prenatal Care (financial support, enhanced reimbursement rates, and number of individuals served) - NV Not Meeting Strategy Goal
- Evidence-Based Home Visiting Programs (% of families served; state/Medicaid investment) - NV Not Meeting Strategy Goal (worst state for % eligible served at .8%)
- Early Head Start (state financial support; % of eligible children served) - NV Not Meeting Strategy Goal
- Early Intervention Services (% of eligible children served; enhanced eligibility; maximize Medicaid) - NV Not Meeting Strategy Goal

Nevada ECAC (draft recommendations in 2022 Annual Report to Governor and Legislature)

- Establish the Governor's Office for Early Childhood
- Revise membership of the NV ECAC to include parent representative, CCDP representative, MCH representative and tribal representative
- Expand scope of NV ECAC by replacing "early childhood education" with "early childhood" including adding a definition of "early childhood" in statute to include the comprehensive ECS
- Increase state general fund investment in EC Programs including: child care subsidy, QRIS, home visiting and early intervention services

Financing:

Guiding Questions: Has any fiscal mapping been completed for efforts relevant to ECCS? If not, how may fiscal mapping be completed? Who are the key decision-makers/collaborators as it relates to ECS financing? Where are opportunities for alignment across major federal or state funding streams (e.g., MCH, child care and early education, child welfare, poverty relief, etc.)? How do current priorities align with American Rescue Plan Act (ARPA) funding, and how might these priorities be supported by ARPA funds?

The Children’s Cabinet, through funding support from the Children’s Advocacy Alliance (Pritzker PN3 Grant) and Child Care Development Program federal pandemic relief funds, are working with the Children’s Funding Project to conduct fiscal mapping. The first phase of the fiscal mapping project is a multi-state cohort with Children’s Funding Project focused on a comprehensive assessment of federal and state funding streams for children and young adults ages 0-24. Once the cohort mapping is complete, the Children’s Funding Project will conduct an in-depth analysis of Nevada ECS funding. The projects will result in an interactive, digital fiscal map of existing funding sources, as well as an analysis of revenue options to expand funding accompanied by a feasibility analysis. The final report for the ECS fiscal mapping and revenue analysis is expected to be complete by December 2024.

Medicaid Partnership:

Guiding Questions: What is the current strength of ECCS' partnership with Medicaid? Where are opportunities for coordination and alignment? Are there efforts to address inequities between the populations who are uninsured or insured under Medicaid and commercially insured populations? Are there efforts to address inequities within the P-3 population receiving Medicaid benefits? What data are available from Medicaid and how might it be used?

The Nevada Division of Health Care Financing and Policy (DHCFP) in the Department of Health and Human Services is the agency responsible for administering Medicaid and Nevada Check Up (CHIP). They work collaboratively with the Division of Welfare and Supportive Services, which oversees eligibility and enrollment in these health insurance programs. Suzanne Bierman is the Administrator of DHCFP and has been an active and engaged partner in ECS efforts. Ms. Bierman has served on the Pritzker PN3 Leadership Team since the initiative started and has proactively sought out national technical assistance and support to identify innovative strategies to expand Medicaid programs and services for the early childhood population in Nevada. Although Ms. Bierman has expressed support for many of the policy priorities identified to enhance Medicaid services for this population, funding constraints have limited implementation of many of these policy changes.

Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change – A team from Nevada, led by Suzanne Bierman, participated in a technical assistance project with CSSP and Manatt to explore opportunities for implementing strategies identified in the Blueprint. The ECCS team will follow up with this project to determine next steps and potential opportunities for implementation activities as part of the P3 Unified Strategic Plan.

Aligning Early Childhood and Medicaid – Center for Health Care Strategies – Nevada has recently been awarded a technical assistance grant focused on prenatal to early childhood supports for Substance Use Disorders (SUD) and mental health. Partners in this project include: DCFS, MCAH, The Children’s Cabinet and the Children’s Advocacy Alliance.

July 2022 - The Medicaid State Plan Amendment was approved for Doula, Community Health Worker and Licensed Pharmacist services. Must be associated with approved Medicaid provider (currently not applicable to EC CHW Program) Reference CMS Web Announcement 2853, July 22, 2022.

Medicaid partnerships is an area where there has been some momentum, but further partnerships and collaboration are needed to fully develop engagement strategies aligned with ECS priorities. This will be a strong component of ECCS project activities in the upcoming year.

ECCS Goals – Equity

Goal 5: Increase state level capacity to advance equitable and improved access to services for underserved prenatal to three populations.

This goal centers around three primary Assessment Areas:

- Family Leadership
- State-Community Coordination
- Equitable Systems

Family Leadership:

Guiding Questions: What structures and processes are in place to support family leaders? Is the pathway to leadership formal or informal? In what settings or ways are families involved in ECS efforts? Are efforts made to ensure that family leaders are representative of the population being served by the system? Are family leaders compensated for their time? If so, how? Are these methods sufficient for the level of engagement expected? What relevant state, tribal, and/or community efforts to involve families in decision-making could be leveraged by ECCS to advance priorities?

Parent and family leadership development is a primary focus of the ECCS efforts. Historically, the pathway to leadership has not only been informal, but it has been difficult, particularly for providing impacted populations with an opportunity to engage in authentic leadership roles. While there are some opportunities for parents and families to engage in “advisory” bodies at the program level, there is limited engagement of this population in state level decision-making.

Please allow the communication to listen to [parents] accurately. And also put in factors that benefit both parties, parents and children. Leader[s] in these organizations should communicate often according to the individual parents who want it.

Parent Survey Respondent

Current structures in the NV ECS to support parent/family leaders include:

- Head Start Parent/Policy Councils – While each grantee has established councils, to date, these groups have not been coordinated to address systems level issues beyond the HS or EHS programs they represent. Additional outreach to support coordination is needed. Ashley Dines is the outgoing president of the Acelero HS Program in Clark County and Patrice Gardner, the NV ECAC Vice Chair is the Director of the Head Start State Collaboration Office in the Department of Education.
- Home Visiting Parent Advisory Group – Denise Tanata will be meeting with Vickie Ives to discuss opportunities for partnership and collaboration, including this parent advisory group.

- NV PEP – Statewide nonprofit organization focused on advocacy and support for families of children with disabilities. Need to further develop this partnership.
- Strong Start Parent Ambassador Program – A project of the Children’s Advocacy Alliance as part of the Pritzker PN3 Initiative. The ECCS Team is engaged with this group – Ashley Dines is an alumni of the program and regularly attends these meetings. Members receive stipends for participation, funding from the Pritzker grant.
- Nevada Early Childhood Family Leadership Council (NECFLC) - Led by The Children’s Cabinet through the HRSA ECCS grant. Members receive stipends for participation.

In addition to these existing initiatives, the ECCS team is receiving technical support, consultation and training from two national groups:

- Center for the Study of Social Policy, Parent Leader Network – Providing training on the Manifesto for Race Equity and Parent Leadership in Early Childhood Systems, including trainings for the NECFLC, the NV ECAC and community partners. We will utilize this training to identify strategies to support authentic engagement of parents in leadership and decision-making roles.
- National Center for Parent Leadership – A new technical assistance opportunity through the Pritzker Children’s Initiative, including the development of a statewide Leadership team. Specific activities and resources will be determined as this program develops.

State-Community Coordination:

Guiding Question: To what extent do state systems strengthen community-level ECS through funding, resources, and policy solutions?

The primary method of state-community coordination in the ECS is through state funded program implementation grants. Funding levels, program guidance and eligibility criteria are usually set by the state agencies in accordance with federal funding guidelines. Current efforts to support community-level, cross-sector early childhood system work is limited, however there are several examples of state-led efforts in the early childhood sector.

- Local Early Childhood Advisory Councils – There are currently six Local Early Childhood Advisory Councils (Local ECACs) that work collaboratively with the Nevada ECAC to address issues at the community level. In 2021, funds were allocated through the Division of Welfare and Supportive Services, Child Care Development Program Pandemic Relief Funds (CRRSA/ARPA) to provide small grants to the Local ECACs. Local ECACs and their community-focused priorities include:
 - Carson/Douglas ECAC – This local ECAC covers two rural counties (Carson and Douglas) and is focused on professional development activities for the early childhood education sector. Professional development topics include: diversity, behavioral health in early childhood, advocacy, circle time and inclusion.
 - Elko/Northeastern NV ECAC – This local ECAC covers one rural county (Elko) and is focused on professional development activities for the early childhood education sector working with children ages 0-3rd grade.
 - Southern NV ECAC – This local ECAC covers the largest urban county in Nevada (Clark), as well as some rural areas within or near Clark County. Focus areas include facilitation of the annual “Step Up for Kids” event, which incorporates a broad range of cross-sector services and supports for children and families, as well as the bi-annual “Children’s

Week at the Legislature” which promotes policy and advocacy engagement of cross-sector providers and families.

- Tri-County ECAC – This local ECAC covers three rural counties (Lyon, Storey and Mineral) and was recently re-established. Areas of focus are still being developed.
- Tribal ECAC- This local ECAC is facilitated by the Inter-Tribal Council of Nevada, which includes 15 of Nevada’s 27 federally recognized tribes. The focus area of the Tribal ECAC is supporting mental health and wellness of early childhood education providers.
- Washoe ECAC – This local ECAC covers one urban County (Washoe) and is focused on supporting PreK to Kindergarten transitions. The group recently sent a team to the national P-3 Institute and has established four working groups (Social-Emotional; Family Access; Communications; and Developmentally Appropriate Practice) to identify priorities and strategies for this work.
- Regional Behavioral Health Councils – Nevada is divided into five distinct behavioral health regions that are overseen by Regional Behavioral Health Policy Boards. These boards, composed of community leaders, law enforcement, healthcare and treatment providers, social services, family and peer advocates, and others, bring diverse perspectives to the table, and facilitate collaboration focused on improving the behavioral health system in Nevada. A primary goal of the Regional Behavioral Health Policy Boards is to enable stakeholders to develop a shared understanding of the behavioral health issues facing each region, allowing for more effective planning and resource distribution across the state. Each Board is supported by a Regional Behavioral Health Coordinator position, funded through federal block grants and positioned with a county or community agency depending on the region.
- Infant Toddler Court Program – NV Division of Child and Family Services oversees the program in coordination with local judicial divisions (1st District Court in Carson City; 2nd District Court in Washoe County; and 8th District Court in Clark County) and local child welfare agencies in Clark and Washoe Counties. This includes the provision of training and technical assistance from the National ITCP Resource Center at Zero to Three.
- Home Visiting Program – The Nevada Maternal, Child & Adolescent Health Bureau funds seven community based organizations to administer MIECHV funded home-visiting programs. Program models vary by jurisdiction, but include: Parents as Teachers, HIPPPY, Early Head Start and Nurse Family Partnership.

These are just a few examples of state-community partnerships in the early childhood system in Nevada. Additional research is needed to identify opportunities to develop cross-sector partnerships, including development of formal efforts to coordinate and align state and community early childhood systems efforts.

Equitable Systems:

Guiding Questions: Across ECS, how do current policies drive or impede equity progress? Have sector-specific or cross-sector bodies established equity goals that drive state-level efforts? If so, do they mention P-3 populations specifically? How are inequities in population needs and access to services identified and addressed? What inequities relevant to ECS are currently observed (e.g., service delivery, coordination with tribal systems, ECS workforce representation, etc.)? Are there any specific communities or sub-populations within your state who are consistently underserved or disengaged?

There are currently two primary state agencies that address equity in state systems: the Governor’s Office for New Americans and the Nevada Office of Minority Health and Equity. In 2021, the Governor’s Office for New Americans spear-headed a bill (Senate Bill 318) to establish the Nevada Initiative for Language Access (NILA). Senate Bill 318 (SB318), signed into law by Governor Steve Sisolak during the 2021 Nevada Legislative Session, requires all state agencies to create a Language Access Plan (LAP) to improve access to government services, programs, and information for Nevadans with Limited English Proficiency (LEP). To date, twenty-three agencies have published LAPs including several that are part of the ECS (Department of Agriculture, Division of Health Care Financing and Policy (Medicaid), Division of Welfare and Supportive Services, Aging and Disability Services, and Division of Public and Behavioral Health. The Nevada Department of Education is in the process of developing their LAP, including key stakeholders from the Office of Early Learning and Development.

The Office of Minority Health and Equity has established a series of toolkits (Amplify Equity Toolkits) which the ECCS team will be reviewing to identify strategies for addressing equity in the ECS. In particular, the ECCS team will focus on “Cultural Literacy Strategies”, “Outreach and Awareness Strategies” and “Action Planning and Reporting Strategies.” The ECCS team will also be conducting outreach with the Office, as well as the Minority Health and Equity Coalition to identify opportunities for collaboration and partnership.

While most of the ECS strategic plans and action plans assessed have some reference to equity (addressing equitable access to programs and services and/or identifying underserved and under-resourced populations), little information is available that outlines specific efforts to address systemic inequities in the comprehensive early childhood system. The Nevada ECAC will be conducting an assessment with support from the Center for the Study of Social Policy utilizing their *Early Childhood System Performance Assessment Toolkit* in early 2023. The toolkit covers five key areas in early childhood systems: Foundations, Reach, Coordination, Commitment and Equity. Our goal is to use this assessment to develop a System Performance Improvement Action Plan, which will be incorporated into our ECAC Strategic Action plan.

The Nevada ECAC Communications and Engagement Subcommittee has drafted a definition of “Vulnerable or Underserved Populations” which will be presented to the full ECAC on November 30, 2022 for discussion and potential approval. The purpose of this definition, which lists specific priority populations is to help identify which communities and sub-populations are prioritized for outreach, engagement and services. The draft definition states:

Vulnerable or Underserved children and families include those that:

1. Are at or under 200% of the Federal Poverty Level
2. Reside in rural areas
3. Reside in tribal areas or are members of a tribe
4. Are dual or multi-language learners
5. Are immigrants or refugees
6. Have a child with a disability
7. Have a child with special needs
8. Have a child with behavioral and mental health needs
9. Have a child under 3 years of age
10. Are experiencing homelessness

11. Are involved with Child Protective Services, or
12. Have a child having 4 or more adverse childhood experiences or environments (CDC, 2019):
 - emotional abuse
 - physical abuse
 - sexual abuse
 - mother treated violently
 - substance abuse in the household
 - mental illness in the household
 - parental separation or divorce
 - incarcerated household member
 - emotional neglect
 - physical neglect
 - experiencing racism
 - witnessing violence
 - living in an unsafe neighborhood,
 - living in foster care
 - experiencing bullying

Appendix – Information Sources

State Level Needs Assessments, Strategic Plans and Reports:

- Nevada Title V MCH/MIECHV Programs Needs Assessment (2020) – Accessed online: <https://dphh.nv.gov/uploadedFiles/dphhnavgov/content/Programs/TitleV/Needs%20Assessment%20Final.pdf>
- Nevada Maternal and Child Health Services Title V Block Grant Application (2021) – Accessed online: [https://dphh.nv.gov/uploadedFiles/dphhnavgov/content/Programs/TitleV/dta/Publications/NV TitleV PrintVersion FY22 8.27.21.pdf](https://dphh.nv.gov/uploadedFiles/dphhnavgov/content/Programs/TitleV/dta/Publications/NV%20TitleV%20PrintVersion%20FY22%208.27.21.pdf)
- Nevada PDG B-5 Needs Assessment (2019) – Accessed online: [https://doe.nv.gov/uploadedFiles/nde.doe.nv.gov/content/Early Learning Development/State PreK/PDG Needs %20Assessment %20Final.pdf](https://doe.nv.gov/uploadedFiles/nde.doe.nv.gov/content/Early_Learning_Development/State_PreK/PDG_Needs_%20Assessment_%20Final.pdf)
- Nevada PDG B-5 Grant Proposal (2022) – Draft proposal provided by Nevada Department of Education, Office of Early Learning and Development, not publicly available at this time.
- Nevada P-20W Council P-3 Subcommittee Recommendations Report (2015) – Internal copy of report
- Nevada Early Childhood Advisory Council 2022-2024 Strategic Plan (2022) – Available online: http://nvecac.com/wp-content/uploads/2022/02/NECAC2022_2024StrategicPlanFINAL.pdf
- Northern Nevada Early Childhood Roundtable 2022 Report (2022) – Accessed online: <http://nvecac.com/wp-content/uploads/2022/03/2022-Northern-Nevada-ECE-Report97.pdf>
- Nevada Prenatal Care Gap Assessment (2021) – Available online: <https://nic.unlv.edu/files/Prenatal%20Gap%20Assessment.pdf>
- Nevada Pritzker PN-3 Implementation Plan – Internal copy of plan
- Nevada State Early Childhood Database Planning: Feasibility Analysis Report (2009)
- Needs Assessment for Nevada’s Early Childhood Data System Project (2012)
- Silver State KIDS (Kindergarten Inventory of Development Statewide) (2012)
- Nevada State Longitudinal Data System (SLDS) Project Feasibility Study Report (2012)
- Nevada Early Childhood Integrated Data System (ECIDS) Feasibility Study (2014)
- Nevada Child Care Development Program (CCDP) COVID-19 Spending Plans (2021 and 2022) – Internal documents

Key Informant Interviews, Focus Groups and Surveys:

- Nevada CCDP ARPA Provider Focus Groups (2021) – Internal documents, primary data collection conducted by The Children’s Cabinet
- HRSA ECCS SAGA Parent/Family Survey (2022) – Internal documents, primary data collection conducted by The Children’s Cabinet (n=40)
- HRSA ECCS SAGA Key Stakeholder Survey (2022) – Internal documents, primary data collection conducted by The Children’s Cabinet (n=7)
- Nevada ECAC Strategic Plan Data Report (2021) – Internal documents, primary data collection conducted by University of Nevada, Las Vegas (n=130)

- HRSA ECCS SAGA Key Informant Interviews (2022) – Internal documents, primary data collection conducted by The Children’s Cabinet (n=5)

Other State Sources:

- Nevada Early Childhood Advisory Council (Nevada ECAC) – website, meeting minutes – nvecac.com
- Nevada Pritzker PN-3 Initiative – participation in leadership, collaborative and workgroup meetings
- Nevada Legislature website – www.leg.state.nv.us
- State of Nevada website – agencies, programs, leadership and related documents – <https://nv.gov>
- Nevada Governor’s Office of Boards and Commissions – https://gov.nv.gov/Board/Home_Board/

National Reports and Data Sources:

- [P-3 Policy Impact Center, Nevada Prenatal to Three Policy Roadmap \(2022\)](#)
- [Kaiser Family Foundation, State Health Facts](#)
- [Zero to Three, State of Babies Yearbook 2022, The State of Nevada’s Babies](#)
- [Annie E. Casey Foundation, Kids Count Data Book, Nevada Indicators](#)