

Nevada Prenatal to Three System Asset and Gap Analysis (SAGA)

Summary of Key Findings, Current Efforts, and Potential Strategies

Updated May 2024

The NV Prenatal to Three System Asset and Gap Analysis (SAGA) was developed in November 2022 as part of a series of key project deliverables for Nevada’s Early Childhood Comprehensive Systems Health Integration grant from the Health Resources and Services Administration (HRSA). The purpose of the SAGA is to understand the landscape of the state’s early childhood system and existing efforts, address integration of the early childhood system and health sector, and identify gaps in promoting early developmental health and family well-being. The SAGA also laid the foundation for the Nevada Prenatal to Three Strategic Plan. This updated summary is intended to support re-assessment of current or future priorities, objectives, and implementation timelines.

The SAGA builds upon existing state level needs assessments, such as those conducted by the MIECHV Program, the Title V MCH Block Grant Program, the Preschool Development Grant Birth to Five Initiative (PDG), and the Nevada Strong Start (Pritzker PN3) Initiative, to avoid duplication of efforts and strengthen integration.

The SAGA examines Nevada’s early childhood system – with a specific focus on the prenatal to age three population – in order to identify opportunities and barriers to be addressed with state level planning and implementation of improvements to Nevada’s early childhood system. Priorities areas include:

1. The effectiveness and strength of coordination and integration between the early childhood system and the health sector;
2. The availability and reach of best practices and interventions in health systems that promote early developmental health and family well-being; and
3. The use of early childhood data in systems design.

Early Childhood System Defined

An “early childhood system” is comprised of all of the programs, services and supports that young children and their families need to enhance optimal health and development. The system includes both direct services, as well as governance and support structures that enable programs and services to be delivered effectively.

A “comprehensive early childhood system” is a well-organized network of programs, services, and resources designed to support children prenatally through their early years. This system is designed to provide a holistic approach to child development and early education, addressing the various needs and stages of a child's growth. It includes the following program elements, which are often referred to as “early childhood sectors”:

- Early Education and Care
- Health, Mental Health and Nutrition Services
- Family Supports
- Economic Well-Being

In addition to the program elements, a comprehensive early childhood system also includes governance and support elements:

- Leadership and Governance
- Partner Engagement
- Financing and Budgets
- Laws, Policies and Standards
- Technology and Networks
- Workforce

A **comprehensive early childhood system** aims to provide a seamless, unified, and coordinated approach to early childhood development, recognizing how various factors (health, safety, learning, etc.) that influence a child's well-being and potential must work together. This approach is crucial in setting the stage for a child's future success by addressing their physical, cognitive, emotional, and social development during these formative years.

INFRASTRUCTURE DEVELOPMENT

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

Assessment Areas: Leadership Capacity; Structures to Advance Goals; & Workforce Development

Nevada Early Childhood Systems (ECS) Leadership Capacity

Guiding Questions	<i>What is the process for building the capacity of ECS champions and leaders? Is it equitable and accessible? Are there opportunities for families to participate as leaders in state decision-making? Do families provide input and/or are they involved in the co-creation of policies and practices?</i>
Key Findings	<ul style="list-style-type: none"> ▪ Limited number of “key decision makers” identified as early childhood systems “champions” – lack of prioritization of issue in leadership & decision-making; some emerging leaders, but siloed ▪ Leadership structure is relationship-based, transitions/changes in leadership impact progress toward goals and prioritization of issues – lacking sustainability ▪ Advisory bodies, including issue area expertise, lack authority/power to effectuate change; growing number of cross-sector advocates with knowledge and passion to advance issues ▪ Limited opportunities for family, parent leadership in decision-making process; parent/family leadership programs forming and coordinating to build a base of family leaders
Current Efforts	<ul style="list-style-type: none"> ▪ First 5 Nevada Leadership Academy established with 16-member cohort in April 2024 ▪ NV Early Childhood Family Leadership Council – integration and alignment with Nevada ECAC ▪ Convenings with key policy makers to increase knowledge of ECS and build champions
Potential Strategies	<ul style="list-style-type: none"> ▪ Evaluate, improve and sustain the First 5 Nevada Leadership Academy to provide cross-sector training on Nevada’s early childhood system – expand cohorts to include family representatives and policy makers ▪ Establish opportunities to support professional learning opportunities for state leaders and elected officials to learn about and understand the comprehensive early childhood system ▪ Support & sustain the NV Early Childhood Family Leadership Council, including mentorship opportunities

Existing Structures to Advance Goals

Guiding Questions	<i>Within the state-level government, where do engaged partners sit? What are the governance structures? Are there existing data systems that may be used to strengthen statewide systems of care? How are these data currently used to inform state ECS? 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?</i>
Key Findings	<ul style="list-style-type: none"> ▪ Lack of coordinated structure and governance across early childhood sectors; silos among sectors ▪ Inadequate systems/IT infrastructure to support data integration across programs and sectors, but shared interest in establishing a coordinated data system ▪ Lack of funding and/or prioritization of funds to improve data systems
Current Efforts	<ul style="list-style-type: none"> ▪ Enhance and build support for policy proposal to establish Governor’s Office for Early Childhood ▪ NV ECAC Data & Evaluation Subcommittee developing EC Data Matrix ▪ Data system needs identified to comply with new CCDP rules – opportunity for cross-sector alignment
Potential Strategies	<ul style="list-style-type: none"> ▪ Establish a Governor’s Office for Early Childhood Systems to coordinate governance structure recommendations that support development of a comprehensive early childhood system in NV

	<ul style="list-style-type: none"> Develop and implement an Early Childhood Integrated Data System (ECIDS), including data disaggregated by key demographic factors
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Workforce Development

Guiding Questions	<p><i>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? 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?</i></p>
Key Findings	<ul style="list-style-type: none"> Critical staff shortages across sectors – lack of appropriate compensation/benefits and lack of interest from workforce; workforce framework completed for early learning/child care sector, but not available for other EC sectors Leadership not representative of population
Current Efforts	<ul style="list-style-type: none"> Integration of cross-sector workforce focus in proposed Governor’s Office for ECS Sector specific efforts including: <ul style="list-style-type: none"> NV Child Care Workforce Framework – workgroups established to develop & implement workplan, staffed through PDG B-5 grant Establishment of the IECMH Association
Potential Strategies	<ul style="list-style-type: none"> Conduct and/or review analyses of workforce issues across early childhood system sectors to identify needs, barriers and strategies for improvement

ADVANCING A COMMON VISION

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

Assessment Areas: Shared Strategic Plans; Advisory Council Structure

Shared Strategic Plans

Guiding Questions	<i>What current state-level strategic plans are in place? What are their goals and priorities? 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?</i>
Key Findings	<ul style="list-style-type: none"> ▪ Cross sector, systems focused P-3 Strategic Plan finalized December 2023 ▪ NV ECAC Strategic Plan 2022-2024 focused on system; leadership transitions; new plan to be developed in 2024 ▪ Limited focus/understanding of “systems” strategies vs. “programmatic” strategies ▪ Not all sectors of Early Childhood System are represented in current discussions ▪ Funding restrictions/guidelines/sector specific priorities create silos
Current Efforts	<ul style="list-style-type: none"> ▪ NV ECCS Leadership Team – P-3 Strategic Plan implementation and development of workplan ▪ NV ECAC Strategic Planning for 2025-2027 starting
Potential Strategies	<ul style="list-style-type: none"> ▪ Development of cross-sector workplans aligned with P-3 and ECAC Strategic Plans ▪ Create early childhood system definition (<i>complete/pending final approval from ECAC</i>) and infographic, inclusive of all system components ▪ Identify underrepresented sectors and strategies for coordination and alignment ▪ Complete early childhood fiscal gap analysis to identify opportunities to share/align resources – ensure resources to address systems/infrastructure needs

Advisory Council Structure

Guiding Questions	<i>What ECS advisory bodies currently exist? What are their goals and priorities? How are families and/or community members engaged? Who is missing from the ECCS Advisory Council? 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?</i>
Key Findings	<ul style="list-style-type: none"> ▪ Multiple “advisory” bodies exist in early childhood system - NV ECAC, Pritzker/Strong Start Coalition and ECCS Leadership Team include cross-sector focus/participation, but lack authority at state level to implement change ▪ NV ECAC created in statute, but membership determined by Governor appointments and OML requirements are restrictive ▪ Authentic engagement of parents/families as leaders in decision-making/serving on advisory bodies is lacking, but strategies are being developed to integrate/support parent leadership ▪ Limited resources available to support advisory bodies/parent engagement; grant funded projects (HRSA ECCS Leadership Team, PDG, Pritzker) lack sustainability
Current Efforts	<ul style="list-style-type: none"> ▪ Inclusion of ECAC formal structure included in Governor’s Office for ECS proposal (pending) ▪ ECAC/NECFCLC collaboration to integrate family leaders and assess infrastructure to support engagement
Potential Strategies	<ul style="list-style-type: none"> ▪ Assess and develop plan to support alignment across various advisory bodies within the ECS, including cross-walks to identify specific goals, priorities, and key activities

CONTINUUM OF SERVICES

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

Assessment Areas: Early Learning & Health Sector Integration; Health Integration & Practice Transformation: Coordinated Intake and Referral Systems

Early Learning & Health Sector Integration/Linkages

Guiding Questions	<i>What types of providers are currently engaged? Are there provider champions for practice transformation or prioritizing ECS? Where is there coordination around connection of the health sector and other sectors (home visiting, WIC, economic supports, early intervention, quality child care, etc.)?</i>
Key Findings	<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
Current Efforts	<ul style="list-style-type: none"> ▪ Multiple HRSA grant-funded projects focused on EC sectors – cross representation/ engagement to support coordination and alignment ▪ Pritzker Strong Start Initiative includes cross-sector integration/linkages – opportunities to enhance alignment ▪ First 5 Nevada Leadership Academy – training to support cross-sector knowledge and understanding of programmatic and systemic issues ▪ First 5 Nevada website and eligibility portal – cross-sector partnership/collaboration
Potential Strategies	<ul style="list-style-type: none"> ▪ Identify opportunities for ECS leaders to participate in health sector focused meetings and events to build understanding and relationships – identify opportunities for collaboration and alignment

Health Integration and Practice Transformation

Guiding Questions	<i>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 and effective connection to resources? Are there broad statewide efforts such as Medicaid/CHIP reform, value-based payment initiatives, or other health transformation efforts underway?</i>
Key Findings	<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
Current Efforts	<ul style="list-style-type: none"> ▪ Medicaid state plan/MCO RFP development – input provided specific to ECS (f/u needed) ▪ EC Fiscal Mapping Project – Revenue Plan to identify opportunities for fiscal alignment; funding needs for comprehensive screening and connection programs & resources ▪ EC CHW Program
Potential Strategies	<ul style="list-style-type: none"> ▪ Engage with Medicaid MCOs to identify strategies for implementation/support ▪ Assess and develop plans for implementation of fiscal strategies identified in EC Fiscal Mapping Project specific to Medicaid and development of identified health integration models

Coordinated Intake and Referral Systems

Guiding Questions	<i>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?</i>
Key Findings	<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
Current Efforts	<ul style="list-style-type: none"> ▪ Nevada CIRS Workgroup established in 2023 <ul style="list-style-type: none"> ○ Adopted definition of NV EC CIRS and key functionalities desired for system ○ Assessing referrals to identify key partner engagements needed
Potential Strategies	<ul style="list-style-type: none"> ▪ Assessment of EC CIRS in other states/jurisdictions ▪ Identify all key partners and engage in workgroup/decision-making process ▪ Identify funding opportunities for establishment/implementation (sustainable); align with governance and oversight structure

POLICY AND FINANCING

Goal Statement: 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.

Assessment Areas: Cross Sector Policy Priorities; Strategic Financing; Medicaid Partnerships

Cross Sector Policy Priorities

Guiding Questions	<i>What current efforts are underway to change state-level policies to improve services and resources for P-3 populations? Who is providing leadership for these efforts? How are they advanced by engaged partners? What state policies, statutes, or regulations are in place that are specifically addressing ECS?</i>
Key Findings	<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
Current Efforts	<ul style="list-style-type: none"> ▪ CAA policy agenda aligned with cross-sector systems initiatives – established coordination and alignment
Potential Strategies	<ul style="list-style-type: none"> ▪ Coordinated/strategic communications plan and unified messaging from systems partners ▪ Identify and build ECS Champions among policy makers and state level key influencers

Strategic Financing

Guiding Questions	<i>Has any fiscal mapping been completed for efforts relevant to ECCS? 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.)?</i>
Key Findings	<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
Current Efforts	<ul style="list-style-type: none"> ▪ EC Fiscal Mapping Project (Children’s Funding Project): EC Fiscal Map; Gap Analysis; and Revenue Plan (in progress, to be complete in 2024)
Potential Strategies	<ul style="list-style-type: none"> ▪ Identification of key priorities for funding, including specific systems and infrastructure needs to improve and streamline service delivery ▪ Cross-sector engagement and understanding of EC Fiscal Mapping Project findings and recommendations to support aligned vision and messaging

Medicaid Partnerships

Guiding Questions	<i>What is the current strength of ECCS' partnership with Medicaid? Where are opportunities for coordination and alignment? Are there efforts to address inequities between 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?</i>
Key Findings	<ul style="list-style-type: none"> ▪ Previous strong coordination/alignment with ECS and Medicaid – lack of system integration to sustain through transitions ▪ 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)
Current Efforts	<ul style="list-style-type: none"> ▪ Medicaid state plan/MCO RFP development – input provided specific to ECS (f/u needed) ▪ EC Fiscal Mapping Project, Revenue Plan to include assessment of Medicaid integration to support ECS ▪ ECAC Data & Evaluation Subcommittee assessment of available data; development of clear definition to identify underserved/vulnerable populations
Potential Strategies	<ul style="list-style-type: none"> ▪ Identify engagement and partnership opportunities with MCOs – including alignment of priorities to support the ECS and P-3 populations ▪ Assess findings from EC Fiscal Mapping and Revenue Plan to identify opportunities and develop strategic partnerships

EQUITY

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

Assessment Areas: Family Leadership; State-Community Coordination; Equitable Systems

Family Leadership

Guiding Questions	<i>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?</i>
Key Findings	<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
Current Efforts	<ul style="list-style-type: none"> ▪ Grant funded parent leadership groups (NECFLC, Strong Start) focused on ECS ▪ Rubric/assessment process for addressing engagement strategies with the NV ECAC ▪ PDG B-5 Parent Engagement focus – NDE Family Engagement Framework, inclusion of EC
Potential Strategies	<ul style="list-style-type: none"> ▪ Align/integrate family leadership strategies in key policy priorities (Governor’s Office for ECS) ▪ Assess EC Fiscal Mapping Project (Gap Analysis and Revenue Plan) to identify where/how to include compensation structure for family leadership ▪ Establish formal structures for family leadership and engagement within the ECS

State-Community Coordination

Guiding Questions	<i>To what extent do state systems strengthen community-level ECS through funding, resources, and policy solutions?</i>
Key Findings	<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
Current Efforts	<ul style="list-style-type: none"> ▪ ECAC Grants – currently through CCDP/ARPA, PDG B-5 – focus on alignment of state and local councils ▪ EC Fiscal Mapping, Revenue Plan includes focus on local funding sources and opportunities
Potential Strategies	<ul style="list-style-type: none"> ▪ Establish sustainable structure for coordination, alignment, and funding resources of the NV ECAC and local councils ▪ Assess and implement identified strategies from the Fiscal Mapping project to support development of local funding sources that align with state ECS priorities (unified vision)

Equitable Systems

Guiding Questions	<p><i>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?</i></p>
Key Findings	<ul style="list-style-type: none"> ▪ Limited policies to address equity in ECS ▪ Two state offices focused on equity issues aligned with EC (Governor’s Office for New Americans & NV Office of Minority Health & Equity) – staff transitions impact collaboration/partnerships w/ECS ▪ Additional data and strategies needed to complete assessment of equity for systems level changes needed ▪ Lack of a comprehensive and ECS focused set of strategies to address inequities at the programmatic and systemic levels
Current Efforts	<ul style="list-style-type: none"> ▪ NV ECCS P-3 Strategic Plan identifies programmatic and systemic equity goals, including strategies to integrate JEDI principles ▪ Language access focus – ensuring equitable access to information and resources ▪ ECAC Data & Evaluation Subcommittee focused on identification of disaggregated data to assess inequity and inform decision-making
Potential Strategies	<ul style="list-style-type: none"> ▪ Development of an ECS Equity Toolkit to support integration of equity strategies in EC programs and systems efforts ▪ Assess and review data gaps identified by ECAC Data & Evaluation Subcommittee to develop key activities for ensuring the availability of disaggregated data for the P-3 population