

## Executive Summary

**Purpose:** The Nevada Early Intervention Interagency Coordinating Council (ICC) began a strategic planning process in the fall of 2024. The ICC's five-year strategic plan is meant to effectively guide its efforts to realize its vision and achieve its mission by advising and guiding the Nevada Early Intervention Services (NEIS) system, making sure services are high-quality, families are heard, and agencies work together. This document summarizes information gathered as part of the strategic planning process.

**Process:** To prepare for the development of a new five-year strategic plan, a data gathering process was conducted between January and August 2025 to compile information to inform the priorities and goals of the ICC over the next five years. Information was gathered from **1.** document review, **2.** other state ICCs, and **3.** key partners and family member interviews and provider focus groups.

**Themes:** Two overarching themes emerged throughout the information gathering process: *Member Recruitment, Retention, and Engagement* and *Strengthened Infrastructure*. The ICC's *Advise and Assist Role* and *Continuous Quality Improvement* also emerged as themes under *Strengthened Infrastructure*.

**Priorities:** Based on recommendations made by key partners, families, and direct service providers, the ICC could advise and assist on behalf of children from birth to three with disabilities and/or developmental delays and their families by:

- ✓ Recruiting families of infants and toddlers with a disability and/or developmental delay to the Council by meeting them where they are at and retaining and engaging them by creating and maintaining a supportive infrastructure that shows them their voices are being heard;
- ✓ Mending a siloed and fragmented NEIS system by serving as both a bridge (improving communication and connections) and an accountability body (ensuring follow-through and transparency);
- ✓ Strengthening its role as a neutral policy influencer by using data-driven recommendations, transparent system findings, and partnerships with local advocacy groups to educate policymakers on systemic needs, particularly workforce shortages, while elevating priorities without engaging in direct lobbying;
- ✓ Using data to drive decision-making and policy recommendations to ensure the Council takes a systems-level view while staying responsive to community realities.

Overall, the ICC is well-positioned to amplify family voices, empower a skilled and diverse workforce, and lead the development of an inclusive, high-quality early intervention system.

## Introduction

The purpose of this document is to summarize the information gathered from **1. document review**, **2. other state ICCs**, and **3. key partners and family member interviews and provider focus groups** conducted to inform the Nevada Early Intervention Interagency Coordinating Council (ICC)'s strategic planning process. Specifically, this summary is designed to explore the following priority areas of inquiry decided on by the ICC and the Project Core Team (PCT):

1. **Member Recruitment, Retention, and Engagement**
2. **Strengthened Infrastructure**
3. **The ICC's Advise and Assist Role**
4. **Continuous Quality Improvement**

It is important to note that priority areas of inquiry three and four ultimately inform priority area two: *Strengthened Infrastructure*.

## Methodology

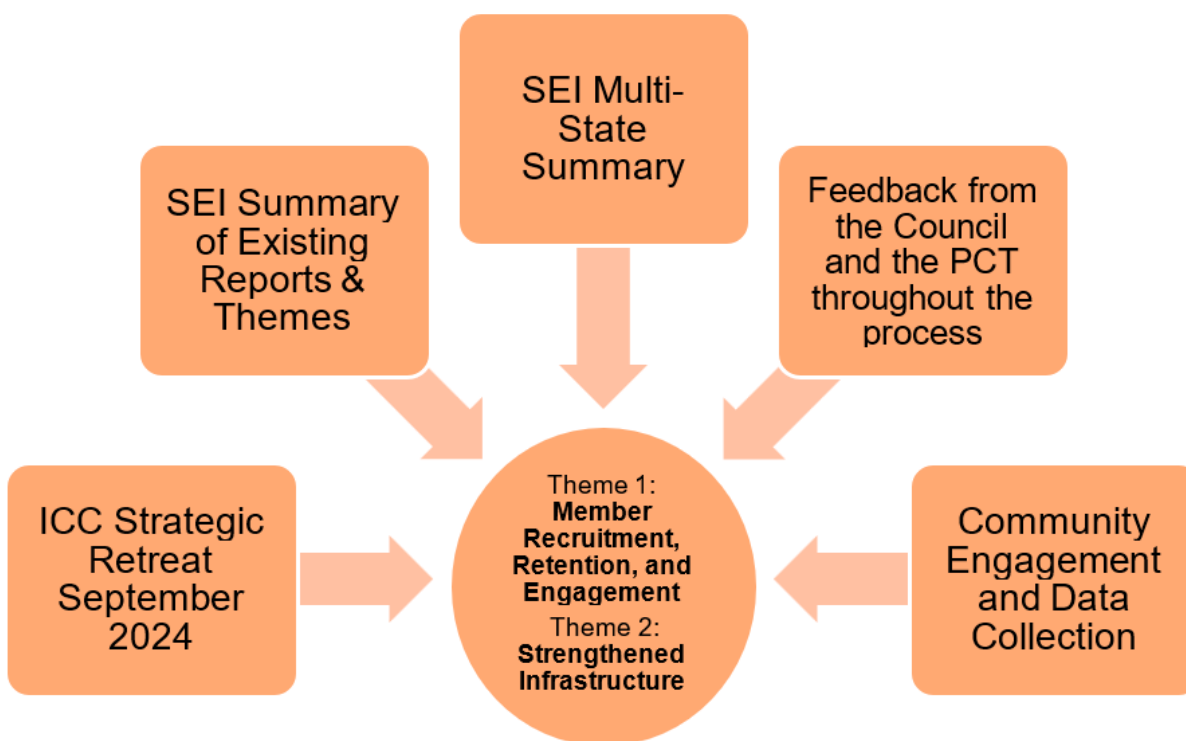
In 2024, the Nevada ICC embarked upon a strategic planning process to explore the issues facing infants and toddlers with disabilities and developmental delays and their families. The goal of this process was the establishment of a new five-year strategic plan.

In order to prepare for the development of a new five-year strategic plan, a data gathering process was conducted to compile information that could inform the priorities and goals of the ICC over the next five years.

Data gathering took place between January 2025 through August 2025. A phased approach, consisting of the following methods, was used.



Two overarching themes emerged throughout this process, as illustrated below: **Member Recruitment, Retention, and Engagement** and **Strengthened Infrastructure**.



Descriptions of each phase are included below.

## Document Review

Key themes were identified based on a review of the following Nevada-specific documents: Nevada Early Intervention System Evaluation (June 2024), ICC Retreat Summary Documentation (Sept 2024), the Part C Annual Performance Report (FFY 2023), and the Nevada Educator Performance Framework Standards and CTE Quality Program Standards (2023).

These key themes were related to:

- **Engaging and Centering Families (→ Member Recruitment, Retention, and Engagement)**
- **ICC's Operations (→ Strengthened Infrastructure)**
- **ICC's Advise and Assist Role**
- **Data Collection and Sharing (→ Continuous Quality Improvement; added in June 2025)**

These themes directed the next stage of the process: a multi-state summary exploring what can be learned from other ICCs across the country.

## Multi-State Summary

The purpose of the multi-state summary was to inform the development of the ICC Strategic Plan by reflecting key themes from existing data and reports to understand ICC practices in other states and guide subsequent data collection and community engagement efforts.

SEI interviewed or received responses from specific states recommended by the PCT. A structured interview tool based on key themes from the project's first phase was used by SEI in interviews and is included in [Appendix A](#). Follow-up questions regarding data collection and sharing were sent to the states after the interviews (see "Follow-up [Questions](#)" in [Appendix A](#)). A total of five states were engaged in this stage: Georgia, Minnesota, Nebraska, Massachusetts, and Pennsylvania.

This multi-state summary offered a rich compilation of strategies, structures, and practices employed by ICCs in Georgia, Minnesota, Nebraska, Massachusetts, and Pennsylvania. It provided insights related to **Member Recruitment, Retention, and Engagement** and **Strengthened Infrastructure**; and practical examples that can inform the development of the ICC Strategic Plan.

## Community Engagement

Community engagement efforts were conducted to center the voice of families and leverage the work of partners in identifying strategic plan priorities for ICC consideration.

This stage of data gathering took place over July and August 2025 and built off the first two stages. The four areas of inquiry were explored with individuals who work within agencies that serve the ICC's population of focus through an interview format or focus groups. Families of infants and toddlers with disabilities and developmental delays were also engaged for area of inquiry one: *Member Recruitment, Retention, and Engagement*.

## Key Partner Interviews

One-on-one interviews were conducted with key partners identified by the PCT. A structured interview tool based on key themes from the project's first two phases was used by SEI in interviews and is included in [Appendix B](#). A total of 11 key partners were interviewed.

In addition to being asked questions specifically to inform the four areas of inquiry (see questions in [Appendix B](#)), these individuals were asked to identify families with infants and toddlers with disabilities and developmental delays who may be willing to participate in an interview.

## Family Interviews

On the recommendation of key partners, families were invited to share their feedback and thoughts on potential opportunities and barriers related to *Member Recruitment, Retention, and Engagement* (i.e., area of inquiry one). One-on-one interviews were conducted with families using a structured interview tool included in [Appendix C](#). A total of four families were interviewed.

## Provider Focus Groups

Three focus groups were conducted to gather input from service providers in the NEIS. The focus groups were attended by three different groups of the NEIS: supervisors, program managers, and compliance. The first focus group was for supervisors and was held on August 21, 2025 with seven attendees. The second focus group was for program managers and was held on August 26, 2025 with seven attendees. The third focus group was for compliance and was held on August 27, 2025 with 10 attendees. All focus groups were held virtually and conducted using a structured facilitation tool included in [Appendix D](#). In total, 24 service providers attended across groups. The focus groups aimed to facilitate open dialogue, allowing participants to share insights, validate common experiences, and collaboratively brainstorm potential solutions.

## Summary of Findings

The following summary of findings is a result of the data collection efforts described above. The recommendations included in this section are based on key partner, family, and provider input and are not recommendations made by SEI.

### Priority Area 1: Member Recruitment, Retention, and Engagement

A key theme that emerged across interviews is that the ICC should **prioritize recruiting families of infants and toddlers with a disability or developmental delay** to serve on the Council. As one key partner said, “Nothing about us without us is so true. We really shouldn’t be making decisions about people unless they are involved in every stage.” Unfortunately, many navigating the Nevada Early Intervention Services (NEIS) system do not know what the ICC is or what it could do for them and families like them.

#### Recruitment – “Word of mouth is key.”

##### *Recommendation 1.1 | Build awareness of the ICC and its mission.*

One of the most pressing issues that the ICC could address is to **build awareness** of the ICC and its mission. This seems to be a system-wide issue because families are not the only ones who do not know what the ICC is. As an example, one potential key partner declined to be interviewed because they had never heard of the ICC.

One way to build awareness would be to develop concise, accessible communication tools (e.g., FAQ, short bulletins, infographics, “Did You Know” sheets, brochures) that could be shared on the ICC website and with partner agencies. Many parents rely on internet searches to get information, so an update to the ICC website could be a simple way to enhance the ICC’s visibility across the state.

Additionally, direct service providers recommended that the ICC reach out to community and state providers and provide presentations on the ICC. This will allow for more staff buy-in to tell their families about the ICC.

##### *Recommendation 1.2 | Cultivate relationships and trust with families of infants and toddlers with a disability or developmental delay and meet those families where they are at.*

Key partner agencies emphasized the importance of **relationship- and trust-building** within the population of families served. Through these relationships, potential members can be identified. For example, efforts can be made to intentionally reach out to people who show leadership or advocacy potential. As one key partner said, “It’s helpful when it’s someone the family knows that says, ‘You’d be good at that.’”

Providers, families, and key partners agree that the ICC should be accessible to families and meet people where they are at. This requires out-of-the-box thinking and targeted, intentional outreach to underrepresented groups (e.g., Spanish-speaking, tribal, rural). One key partner noted that they use social media, flyers, and emails to recruit members, but the biggest progress has been made through word of mouth.

In practice, this looks like engaging with non-traditional avenues for recruitment. One partner agency emphasized advertising at places families frequent. They noted their board looks for potential families for

**Other State ICCs:** Across all states, one of the most prominent themes is **the central role of families** in shaping ICC priorities, membership, and operations. Strategies such as virtual family meet-and-greets, beginning meetings with a family story, honoraria for participation, and intentional outreach to ensure diversity have proven effective in building family leadership and trust. States also emphasized structural flexibility, such as hybrid or virtual meetings and partnerships with community-based organizations, to improve accessibility and engagement.

membership at community events, like back-to-school nights, and larger-scale events, like conferences that are disability-focused. They also suggested advertising at pediatrician offices and local school districts. One direct service provider agreed and noted, “I’ve never seen [the ICC] reach out to the community to let them know they are a resource.”

A direct service provider also emphasized the need for recruitment of the “boots-on-the-ground;” direct service providers also need to feel represented on the ICC. These individuals can provide insight and context around changing demographics and the provision of services across the state. This was also expressed by a parent who described an increasing number of families who are not comfortable with service provision inside their homes, which may warrant discussion among ICC members.

Once a potential new member is identified, providing them with clear instructions about the application process will help to ensure follow-through. Several key partners noted that the application process is often stalled at the governor’s office for long periods of time, which would be something to communicate to the potential new member, while also keeping them engaged as they await their appointment.

***Recommendation 1.3 | Develop a strong, comprehensive membership onboarding program.***

Families and key partners agreed on the need for **better family education** and **clearer communication** about the ICC’s structure. One key partner said, “There’s a level of transparency that is owed to families.” Whether a new member is a caregiver or not, a strong, comprehensive membership onboarding program is critical to support retention and engagement down the line.

One key partner agency described an onboarding process that could serve as a model for the ICC:

**Equity Consideration:**

Cultural and linguistic barriers may inhibit Spanish-speaking families from participating.

From the beginning, work on relationship building and have an introductory meeting to get to know the new member. Have a formal handbook to give them that uses plain language but is as detailed as possible about being involved. This might include a glossary of commonly used acronyms. One former ICC member said, “When I was a member, I didn’t know the purpose. I didn’t have onboarding. They gave me a big binder to read through, but what was in the binder wasn’t happening in those meetings.” As such, this handbook should be updated regularly.

Following that, schedule and provide one-on-one training over Zoom (or in person, if the member prefers). The 1:1 structure allows for a non-intimidating onboarding process, which lets new members ask questions they might not ask in a group setting. In this training, it is important to clearly communicate what is expected of members and what they can expect from the ICC. For example, multiple agencies discuss open meeting law in their training. Continue to support the member throughout their tenure by pairing them with another council member and/or encouraging check-ins with the chair. Direct service providers also suggested that new members should observe direct service provision to gain a better understanding of what happens on the ground.

Ultimately, the ICC should focus on clearly communicating to new members what to expect in their role so that they are prepared to be effective and active participants.



## Retention – “Am I really making the best use of my time?”

Families face time constraints and childcare barriers that limit participation in systems-level work. Across the interviews and focus groups, there was an emphasis on the importance of a **supportive infrastructure that adapts to families** in order to retain members.

*Recommendation 1.4 | Provide a supportive infrastructure for members and offer training and leadership opportunities throughout the year.*

**“We don’t have much time to give – we need the right supports to be an advocate.”**

Nevada parent of a child with a disability

There are several ways the ICC can be supportive of its members by building off what it already does. The ICC already holds hybrid meetings (allowing for in person and virtual attendance), which accommodate busy schedules and rural participation. However, it is important to consider that members in rural communities may face challenges attending virtually due to internet availability. If a member cannot make the allotted meeting time, one key partner suggested meeting with them separately. This type of engagement conveys to the members that their voice matters. Additionally, the ICC already offers a stipend to enable parent participation. Another way to enable parent participation is to survey members to allow flexible scheduling: see what times work best for meetings instead of having a set time. This also helps to ensure quorum is met at meetings and allows progress on ICC business.

Another way to support members is to **provide continuous training and leadership opportunities**. A key partner agency provides monthly training on topics that will help members participate in systems-level and policy conversations. Additionally, the agency offers 30-minute webinars after 5:00 pm or during lunch hours.

## Engagement – “Make sure they feel like their voice is being heard and progress is being made.”

The overarching theme that emerged regarding engagement is that ICC **meetings should be streamlined to make them more efficient, accessible, and impactful**. The current meeting structure was discouraging for a former member of the ICC: “I didn’t feel like my voice was heard.” Across interviewees, there was agreement that the ICC should make sure families feel that their voices are heard or else they will not feel like their engagement with the ICC is meaningful.

*Recommendation 1.5 | Maximize meeting time by fixing structural inefficiencies, supporting and preparing members, and making communication clear and transparent.*

Families and other potential ICC members are overwhelmed by time, work, and caregiving commitments. Maximizing meeting time would help support engagement from busy members by signaling to them that their time matters.

Structural inefficiencies that reduce impact mentioned across interviews and focus groups included:

- Quorum requirements frequently prevented meetings from moving forward and often led to cancellation
- Meetings often exceed the scheduled time, discouraging busy parents and professionals
- Delays result in old business piling up and limiting time for new issues
- Discussions stalled without decisions, which left the former member feeling like “nothing gets done”
- Meetings felt overwhelming and inaccessible due to jargon and lack of training

Some of the ways that the ICC can address these issues have already been mentioned. For example, comprehensive onboarding of new members will alleviate the feeling that meetings are overwhelming and inaccessible. Additionally, scheduling flexibility, if feasible, may help meet quorum requirements and allow progress on ICC business and prevent old business from piling up and discussions from stalling out. Key

partner agencies suggested holding meetings after work hours to allow for more participation from members who may work outside traditional hours.

The ICC should continue to send agendas in advance. If possible, other relevant materials should be sent prior to the meeting so that members can prepare beforehand, allowing meaningful participation during the meeting. This is particularly true of data, which can be hard to digest; as one provider put it, “[The data] is completely overwhelming and you’re going to shut down.” Further, they noted that the data should be up to date in order to reflect what programs and providers are doing currently. This was met with vigorous head nodding from other participants in the focus group.

Multiple key partner agencies noted they offered materials in as many platforms as possible (e.g., ASL, braille, languages other than English). One partners with an agency to translate presentations into Spanish. Ultimately, it was suggested to: “Anticipate the needs of the families and provide resources accordingly.”

Across the board, the ICC should be clear and concise in its language, avoiding technical jargon. This includes meeting materials and presentations, particularly those that are data-heavy.

In summary:

- ✓ **Recruit** families of infants and toddlers with a disability or developmental delay by meeting them where they are at and empower families and other members with clear information, training, and support to participate meaningfully;
- ✓ **Retain** members by creating and maintaining a supportive infrastructure that adapts to families and other members;
- ✓ **Engage** members by ensuring their voices are heard through streamlined meetings.

## Priority Area 2: Strengthened Infrastructure – “The foundation is broken.”

According to key partner agencies and direct services providers, **the current NEIS system is siloed and fragmented**. As one provider put it, there is a clear opportunity for the ICC to “be the bridge between the programs and the people making [systems-level] decisions.”

### Recommendation 2.1 | Position itself as both a bridge and an accountability body between families, providers, the Part C office, and policymakers.

Currently, interested parties, particularly direct service providers, perceive the ICC as disconnected from decision-making, as lacking follow-through, and as unclear in its purpose. If the ICC positions itself as **a bridge and accountability body**, these issues would be addressed.

#### Recommendation 2.1.1 | Clarify the ICC’s role in the Nevada Early Intervention Services System.

During the interviews and focus groups, it became clear that many participants did not understand the role of the ICC, in general, and specifically as it relates to the Part C office. Several direct service providers recommended that the ICC provide monitoring and/or oversight of the Part C office. For example, several participants recommended that the ICC require more transparency from the NEIS system around funding decisions and budget allocations, assuming a monitoring/oversight role.

#### Other State ICCs:

Operationally, the use of subcommittees, action plans tied to annual goals, and collaborative planning with state agencies emerged as promising practices. However, administrative and structural support varies, and capacity challenges remain a common theme—particularly regarding family recruitment, appointment processes, and workforce development.



The ICC has the opportunity to be a **bridge** by clarifying its role in the NEIS system. By clearly communicating its function, the ICC will help align expectations, reduce confusion, and strengthen trust among interested parties.

### Recommendation 2.1.2 | Strengthen formal communication between the ICC and the Part C office to monitor progress on issues raised by families and providers.

This directly supports both the **bridge** (communication) and **accountability** (monitoring and follow-up) functions.

The ICC can enhance its advisory role by issuing data-backed recommendations to the Part C Office.

### Recommendation 2.1.3 | Share real-time child find and waitlist data with interested parties and policymakers to inform resource allocation and system improvements.

Advances **accountability** by making system metrics data visible and actionable, while also equipping policymakers to make informed funding/resource decisions.

### Recommendation 2.1.4 | Partner with pediatricians, NICUs, and childcare providers to ensure families learn about EI services earlier.

This strengthens the **bridge role** by connecting ICC more directly to referral pathways, while also addressing family awareness gaps that were raised in interviews. As one direct service provider said, “Families don’t know that [the NEIS] is a resource to them. So many children come in at 30 months when they could have been getting services for months. Pediatricians don’t know about us. There is not enough info about EI that is shared between families, hospitals, NICUs, etc.”

### Recommendation 2.1.5 | Establish cross-council liaisons (e.g., with ECAC) to reduce duplication and align statewide early childhood efforts.

This reinforces the **bridge role** at the systems level, ensuring coherence across councils and reducing redundancy.



One key partner said, “I would love to have an [ICC member] representative on one of our committees, particularly our policy committee, because that helps us influence public policy and change.”

### Recommendation 2.1.6 | Develop and publish a formal feedback loop showing how family and provider input influences ICC actions.

This advances **accountability** by making participant input metrics data visible to track how voices lead to action.

Families and providers felt their input “goes nowhere” and wanted a tangible record of what ICC did with their concerns.

A structured follow-up (e.g., “You said → We did”) could be included in meeting minutes, newsletters, and/or on the ICC website. This ensures the ICC is not only collecting input but holding the NEIS accountable for responding to it. For example, below is a template for sharing information:

Issue Raised (You Said)	ICC Response (We Did)	Status/Next Steps
<b>Families reported long waitlists for therapy services in rural Nevada.</b>	ICC requested real-time waitlist data from Part C to share publicly at meetings.	 In progress – Data dashboard to launch Q1 2026
<b>Providers said there is no clear feedback loop after raising concerns at ICC meetings.</b>	ICC created a standing agenda item: “Follow-up on Provider/Family Issues” with updates on prior concerns.	 Ongoing – first update cycle begins December 2026

This template creates visible accountability: it closes the loop, shows progress, and builds trust. As one provider put it, “That would be helpful for us to see that we aren’t just being pushed to the side.”

In summary, the NEIS system is siloed and fragmented. Interested parties want the ICC to serve as both a **bridge** (improving communication and connections) and an **accountability body** (ensuring follow-through and transparency). The above recommendations would help make the ICC clearer in purpose, more connected to decision-making, and visibly responsive to both providers and families.

### Priority Area 3: The ICC’s Advise and Assist Role – “[The ICC] has the ability to educate policymakers on what changes need to take place.”

Providers, families, and key partners agree that if the ICC can coordinate efforts across the NEIS, **policy influencer** would be an important role to take on. Interviewees agree that the ICC should be asking itself, “Is there a need within our community, and are we trying to elevate that need?”

#### Recommendation 3.1 | Strengthen the ICC’s role as a policy influencer, educating lawmakers about the need for systemic change.

Legally, the Nevada ICC is not explicitly authorized to engage in direct advocacy such as lobbying, formal public testimonies, or budget negotiations. However, the ICC can maintain its position as a neutral advisory body while still putting system needs in front of policymakers in a way that drives action.

For example, the ICC could strengthen its influence by:

- Producing formal recommendations grounded in data (e.g., on workforce retention or funding needs).
- Sharing system-level findings (e.g., service gaps, delays) with policymakers in a structured, transparent way.

Additionally, the ICC can align with partners (e.g., ECAC) to provide policy recommendations, so the ICC’s findings feed into formal advocacy pipelines.

#### *Policy Action Area: Workforce Development*

Across interviews and focus groups, people emphasized the lack of providers across the state, in both urban and rural areas, disrupting the provision of timely care to young children with disabilities and developmental delays. One direct service provider said, “Meeting the individualized needs of children is very difficult given the array of services needed and there is some prioritizing or directing families to what exists because not everything is available that would be useful.” Multiple providers noted the lack of pediatric optometrists, in particular.

**“We are lacking providers. We are working with a huge waitlist. We as providers feel terrible about that. We know that the children need the support, but we don’t have the financial backing of the state to provide that. Parents sit and wait.”**

Direct Service Provider

Potential avenues to consider when advising about systems-level changes to the workforce are funding mechanisms to stabilize EI providers, including loan forgiveness, alternative licensure pathways, and retention incentives.

**Relevant issues raised by one or more family members:** Families emphasized that early intervention is key. Caregivers must push persistently for referrals and recognition of delays. One caregiver had to wait over two years for their child to be diagnosed. Families agreed that they would like assistance at the policy level for more medical professionals in Nevada.

In summary, the ICC should strengthen its role as a neutral policy influencer by using data-driven recommendations, transparent system findings, and partnerships with local advocacy groups to educate policymakers on systemic needs, particularly workforce shortages, while elevating priorities without engaging in direct lobbying. In addition, the ICC should prioritize their legislative representative and leverage that individual's position to cultivate stronger engagement between the ICC and the state legislature.

## Priority Area 4: Continuous Quality Improvement – “Data often secures funding.”

Key partner agencies and providers highlighted the importance of **using data to drive ICC decision-making and policy recommendations** to ensure the Council looks at the bigger picture while staying grounded in community needs and realities.

### Recommendation 4.1 | Utilize data to pinpoint needs within the community and elevate those needs at a systems-level.

Data collection is currently fragmented, with agencies tracking information separately and families unclear about the value of surveys, resulting in missed opportunities to demonstrate community needs and secure funding. To strengthen its advisory role, the ICC should collaborate with the Nevada Office of Data Analytics and trusted local sources like the Guinn Center to **unify reporting and establish consistent, credible data streams**. Regularly sharing Child Find indicators, waitlist and transition data, and regional disparities would not only help policymakers understand where gaps exist but also show the impact of proposed changes on children and families. Position statements should always be supported by current data, with findings contextualized by region to reflect the unique challenges in both urban and rural Nevada. By committing to a regular policy review cycle informed by this data, the ICC can elevate community needs at the systems level, strengthen its credibility, and improve its influence in securing funding and shaping early intervention policy.

**Other State ICCs:** The general theme that emerged regarding continuous quality improvement is to support members through the process of data interpretation. This may look like scheduling meetings on data literacy or by allowing plenty of time during data presentations for members to ask questions.

### Recommendation 4.2 | Update the ICC website to support data transparency and continuous quality improvement.

Across interviews and focus groups, people highlighted the need for an **updated ICC website**. An up-to-date ICC website is essential for strengthening the Council's role as a data-driven advisor and as a trusted connector for families, providers, and policymakers. Right now, fragmented data collection and limited access to clear information create missed opportunities to demonstrate needs, secure funding, and build public trust. A modernized website could serve as a central hub for sharing real-time indicators (e.g., Child Find rates, waitlist trends, regional disparities), publishing plain-language budget dashboards that show where funds go and what outcomes they achieve, and highlighting return on investment (e.g., “This dollar provided X therapy hours”). It

could also host quarterly updates, feedback loop summaries (“You Said → We Did”), and policy briefs grounded in unified data from the Nevada Office of Data Analytics and the Guinn Center. By making data accessible, visual, and transparent, the ICC would not only improve accountability but also increase its influence in shaping policy, advocating for state-level support, and securing funding needed to expand early intervention services.

The information could also be included in a newsletter. One direct service provider said they would like to see, “some type of email or newsletter that [shows the ICC is] recognizing the issues and what plan is put into place to support the issue.” One key partner agency recommended using an email platform, specifically [Campaign Monitor](#). This platform has an accessibility feature that ensures that all emails are accessible. It also has data tracking features that allow the user to track how many people opened the email, where they are located, etc. The agency uses this data in reports for internal and external interested parties.

In summary, partners and providers stressed that **data must drive ICC decision-making and policy recommendations**, ensuring the Council takes a systems-level view while staying responsive to community realities. Currently, fragmented data collection and unclear communication limit the ability to demonstrate needs and secure funding.

## Conclusion

Two clear overarching themes were confirmed throughout this process: **Member Recruitment, Retention, and Engagement** and **Strengthened Infrastructure**. Based on recommendations made by key partners, families, and direct service providers, the ICC could assist and advise on behalf of children from birth to three with disabilities and/or developmental delays and their families by:

- ✓ Recruiting families of infants and toddlers with a disability and/or developmental delay to the Council by meeting them where they are at and retaining and engaging them by creating and maintaining a supportive infrastructure that shows them their voices are being heard;
- ✓ Mending a siloed and fragmented NEIS system by serving as both a bridge (improving communication and connections) and an accountability body (ensuring follow-through and transparency);
- ✓ Strengthening its role as a neutral policy influencer by using data-driven recommendations, transparent system findings, and partnerships with local advocacy groups to educate policymakers on systemic needs, particularly workforce shortages, while elevating priorities without engaging in direct lobbying;
- ✓ Using data to drive decision-making and policy recommendations to ensure the Council takes a systems-level view while staying responsive to community realities.

Overall, the ICC is well-positioned to amplify family voices, empower a skilled and diverse workforce, and lead the development of an inclusive, high-quality early intervention system.

# Appendix A. Questions for Other ICCs

## Overview

The Nevada Interagency Coordinating Council (ICC) is in the process of developing a five-year strategic plan. As part of that process, the ICC has reviewed Nevada-specific documents to identify key areas for further exploration.

- **INFRASTRUCTURE:** What are the essential practices and components of a high-functioning ICC?
- **ROLE OF THE ICC:** How can the ICC meet and balance its statutory requirements most effectively? What aspects of Nevada's Early Intervention System should be prioritized for ICC's advise-and-assist roles?

### Statutory Requirements

ICC will advise and assist on the development and implementation of NEIS policies, including ... helping to identify systemic strengths and issues of concern.

ICC will assist DHHS in achieving full participation, coordination, and cooperation among public agencies and resolving system disputes as needed.

ICC will advise DHHS on policies for toddlers with disabilities transitioning to preschool and other appropriate services.

ICC will provide input on the Annual Performance Report on NEIS.

The ICC would like to gather information from other ICCs around the country to better understand how they are structured and what they have prioritized as part of their advise and assist role. If possible, a team member from Social Entrepreneurs, Inc. (SEI), the firm engaged by the ICC to assist with strategic planning, would like to interview someone from your ICC to answer the following questions. If an interview is not possible, we would appreciate answers in writing or any information you can provide.

## Engaging and Centering Families

- How has your ICC engaged and recruited parents of young children with disabilities to participate on the ICC? What are best practices or lessons learned?
- What strategies have you used to bolster recruitment and retention?
- What strategies have you used to achieve a membership that reflects the diversity of your state?
- Are your meetings virtual only, hybrid, or in-person?

## Operations

- Do you have a current strategic plan you can share?
- What are some best practices or lessons learned in terms of, for example, establishing and adhering to bylaws, utilizing subcommittees, coordinating and communicating with state agencies, and coordinating and communicating with community-based organizations?
- What kind of administrative support does your ICC have?
- What role does your state's Part C Office play?

## Advise and Assist Role

- How does your ICC typically balance efforts across the core statutory requirements?
- What aspects of the Early Intervention System does the ICC prioritize for its advice-and-assist role?
- In what ways does the ICC typically advise, and in what ways does the ICC typically assist?
- Does the ICC take action on any items noted in the Annual Report as slipping?

## Follow-up Questions for Other ICCs

The Nevada Interagency Coordinating Council (ICC) is in the process of developing a five-year strategic plan. As part of that process, the ICC Project Core Team has identified a key area for further exploration: **data collection and sharing**.

The ICC would like to gather information from other ICCs around the country to better understand how they approach data collection and sharing. We would appreciate answers in writing or any information you can provide.

1. What is your overall approach to data sharing about the Early Intervention system?
2. What types of data are shared with ICC members, and through what methods or formats are these shared?
3. How do members of your ICC use the data provided to support their role in advising on system-level improvements, without overstepping operational responsibilities?
4. How do ICC members engage with the data provided—e.g., in terms of reviewing, interpreting, or applying the information to their advisory role?
5. In what ways do you share the data collected throughout the year, particularly in relation to the Annual Performance Report (APR)?
6. What criteria or considerations guide your decisions on which data points or findings to share?
7. Are there specific strategies or supports in place to help members process and act on data effectively?



## Appendix B. Key Person Interview Questions—Partner Agencies

Thank you for taking the time to participate in this interview. We're interested in your insights regarding the Interagency Coordinating Council (ICC)'s role in early intervention services for young children with disabilities and their families, focusing on member engagement, organizational infrastructure, defined roles, and continuous quality improvement. Your feedback will help shape an upcoming retreat designed to support the team in developing a Strategic Plan.

Information you share with us today may be provided to the ICC and/or shared in public documents in aggregate or as direct quotes. The names of organizations that participated in our data collection activities may be listed in the report. However, nothing you write or share verbally will be directly attributed to you in these public documents. These may be attributed to your organization or the type of organization you represent (e.g., advocacy group, direct service provider). In other words, we may write that "A representative from an advocacy organization said xxxx....." but we will never write "Megan Figueroa said xxxx....." If you do not want the name of your organization listed in the report as a participant, please indicate that verbally or in the chat.

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### Section 1: Member Engagement and Recruitment

*In this section, we'd like to learn about your experiences recruiting and retaining members and engaging families in early intervention services.*

1. What strategies do you utilize to recruit new members?
2. What support and resources do you provide to families to onboard them and to be able to participate on an ongoing basis?
3. What feedback have you received concerning your efforts to recruit, retain, and engage members?
4. If the ICC were to establish goals related to member recruitment, retention, and engagement, what considerations should be prioritized to best support early intervention efforts?
5. How has your organization addressed issues of inclusivity, equity, and cultural or linguistic barriers in early member engagement? And how have you/what have you tried to ensure geographic representation?
6. What forms of communication do you use with families, not just families who are members, to notify them of your work or engage in recruitment?
7. Would you be able to connect us with families receiving early intervention services who might be willing to share their perspectives?

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### Section 2: Infrastructure

*Next, we'd like to discuss the organizational infrastructure that supports early intervention services and the ICC's role in advising and assisting agencies like yours.*

8. What do you see as the value and impact of the ICC within the early intervention context? How can the ICC leverage its strengths?
9. In what ways can the ICC provide meaningful assistance to you and your organization?

10. If the ICC were to establish goals related to organizational infrastructure, what considerations should be prioritized to best support early intervention efforts?
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### **Section 3: Defined Roles**

*Next, we would like to understand how roles and responsibilities are or could be delineated.*

12. How could roles and responsibilities within the ICC and the broader early intervention system be structured to best serve children and families?
13. From your perspective, how could the ICC more effectively fulfill its advise-and-assist role to enhance services for your agency and the families you support?
14. How have roles and responsibilities been clearly defined and documented within your organization?
15. If the ICC were to establish goals related to understanding roles and responsibilities, what considerations should be prioritized to best support early intervention efforts?
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### **Section 4: Continuous Quality Improvement**

*Finally, we would like to learn how your organization utilizes data for continuous quality improvement.*

16. What data sources or key indicators does your agency regularly monitor to assess service delivery and impact?
17. In what ways does your agency utilize this information to guide decision-making, program development, or service improvements?
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### **Closing:**

Thank you for your time and insights. Your feedback is invaluable and will help guide improvements to better serve families and agencies in the early intervention community.

## Appendix C. Key Person Interview Questions—Families

Thank you for taking the time to participate in this interview. We're interested in your insights regarding how the Interagency Coordinating Council (ICC) can better support, engage, and partner with families like yours who are involved in early intervention services. We are especially interested in hearing directly from families about what works, what challenges exist, and how the ICC can improve. There are no right or wrong answers—your honest input is incredibly valuable and will help guide how we connect with and support families in the future.

Nevada's ICC was created by federal and state law to support Nevada's Department of Human Services in carrying out Early Intervention Services (NEIS). The ICC gives advice and helps guide policies for programs that support infants and toddlers with disabilities and developmental delays. The ICC is required by law to include family members of infants and toddlers with disabilities and developmental delays.

Information you share with us today may be provided to the ICC and/or shared in public documents in aggregate or as direct quotes. Nothing you write or share verbally will be directly attributed to you in these public documents. These may be attributed to your role as a parent/caregiver. In other words, we may write that "A parent said xxxx....." but we will never write "Megan Figueroa said xxxx....."

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1. Do you have any suggestions on how organizations like ours can better engage and retain families of children under the age of 12 as members?
  2. In your experience, what kinds of barriers or challenges might make it harder for families to participate in meetings to improve the overall system? What ideas do you have that might help overcome those challenges?
  3. Given your experience, what should a body like the ICC prioritize when it comes to advising and assisting the early intervention system?
  4. What things could be done by the ICC or its partners to ensure services are individualized to each child served?
  5. Thinking about your own situation, what kinds of support would make it easier for you to participate—like the timing of meetings, availability of childcare, or other considerations?
  6. When it comes to staying in touch or getting updates, what forms of communication work best for you—such as phone calls, text messages, emails, or something else?
  7. Is there anything else you'd like to share that I haven't asked about—any ideas, concerns, or suggestions you think would help improve how families are supported and involved?
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**Closing:** That's all the questions I have for today. Thank you so much for sharing your thoughts and experiences with me. Your feedback is invaluable and will help guide improvements to better serve families and agencies in the early intervention community.

## Appendix D. Provider Input

Thank you for taking the time to speak with us today. My name is...and I'm with SEI, a group that is helping the Nevada Interagency Coordinating Council (ICC) develop a five-year strategic plan. We're conducting this focus group to gather important data from direct service providers to inform the development of the plan, and to help make it responsive to the needs of providers. Your insights are essential in helping fulfill the ICC's statutory responsibilities in a meaningful way for everyone involved, and we appreciate your candor.

Information you share with us today may be provided to the ICC and/or shared in public documents in aggregate or as direct quotes. The names of organizations that participated in our data collection activities may be listed in the report. However, nothing you write or share verbally will be directly attributed to you in these public documents. These may be attributed to your organization or the type of organization you represent (e.g., advocacy group, direct service provider). In other words, we may write that "A direct service provider said xxxx....." but we will never write "Megan Figueroa said xxxx....." If you do not want the name of your organization listed in the report as a participant, please indicate that verbally or in the chat.

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1. What is your understanding of the purpose and role of the ICC within the Nevada Early Intervention Services (NEIS) system?
  2. In what ways, if any, has the ICC's work impacted your program or practice?
  3. Have you or your organization previously used the ICC as a resource to guide decision-making or program improvement? If so, can you share an example?
  4. What information about your program is most important for the ICC to know?
  5. What are the best methods or formats for sharing information between your program and the ICC (e.g., reports, meetings, designated liaisons, surveys)?
  6. Once information is shared with the ICC, how would you like to see the Council respond or act on it? What would an effective feedback loop look like to you?
  7. What systemic challenges—either from your perspective or that of the families you serve—would you want the ICC to be aware of and help address?
    - a) What successes—either from your perspective or that of the families you serve—would you want the ICC to be aware of and build from in the future?
  8. What topics or trends do you think the ICC should be focused on right now? Are there data that could help the ICC understand these trends?
  9. In what ways would you like to see the ICC more actively engage with your organization or the broader early intervention community? Conversely, how would your program like to engage more actively with the ICC?
  10. How could programs or families better leverage the ICC to advocate for or implement change?
  11. Is there anything we haven't asked that you feel would help the ICC better understand and support your work or the needs of the families you serve?
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**Closing:** Thank you again for sharing your insights and experiences. Your input is essential as the ICC continues to refine how it communicates with and supports providers across the state. We're committed to building a collaborative and responsive system, and we hope this is the beginning—or continuation—of a strong partnership. If you have additional thoughts after this conversation, we welcome them at any time.