



Department of Public Health and Human Services

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Steve Bullock, Governor

Sheila Hogan, Director

April 11, 2017

Carolyn Prussen
Child Development Center
3335 Lt Moss Rd
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Re: Letter of Determination
Child Development Center Annual Performance Report for Montana Milestones/Part C
Early Intervention Program (July 1, 2015 – June 30, 2016)

Montana Milestones/Part C Early Intervention Program used two specific implementation drivers to review the overall quality of the Child Development Center’s (CDC) – Part C Early Intervention program for Federal Year 2015 in addition to CDC’s self-assessment. The monitoring mechanisms capture a broad representation of compliance and results indicators.

The data gathered distinguishes practices, policies, and procedures that are well-executed and reveal quality practices and corresponding results. Additionally, particular issues identified require improvement approaches and strategies to meet compliance indicators and/or results indicators. The improvement proposals are generated by CDC to address monitoring findings and monitored by the program’s Quality Improvement Specialist, Jennifer Connors, and the Part C Coordinator, Wendy Studt. The expected outcome is increased compliance and quality measured in terms of results as well as identification of needed technical assistance to achieve improved results for infants and toddlers with disabilities and their families.

(1) Montana’s Comprehensive Monitoring Tool reviews a randomized statistically valid sample (based upon FY 2015 Child Count Data) for the following components:

- Program Management
- Multidisciplinary Teams
- Qualified Personnel
- Evaluation and Assessment
- IFSP development
- IFSP implementation
- Outcomes quality and implementation
- Family Interview

(2) Montana's data management system, the Early Intervention (EI) Module, manages the full data lifecycle needs of Montana Milestones/Part C Early Intervention Program. The data identified during the comprehensive monitoring process is conditional upon the validity and reliability of the data as entered by CDC staff. The database is an organized collection of:

- IFSP records;
- Child Outcomes records;
- Transition records;
- Exit records
- Child Outcomes Summary data;
- Child Counts;
- Exiting Reports;
- Child Outcomes Analysis;
- IFSP status;
- Notification reports of potentially eligible children;
- Transition conferences reports;
- Part B service referrals;
- IFSP services;
- Children turning age 3 transition reports; and
- Children turning age 8 transition reports.

CDC Exemplary Practices:

- CDC developed a system of monthly notices sent to Family Support Specialists and Coordinators to identify initial IFSPs and exit IFSPs which require baseline or exit Child Outcome Summary ratings. Coordinators track the records to ensure Outcomes ratings are completed.
- CDC achieved greater than 90% in meeting the standard criteria for Program Management, Qualified Personnel, Evaluation and Assessment, IFSP Implementation, and Family Interviews.
- CDC used Family Survey Results to enhance program planning by incorporating changes in CDC's strategic plan and addressed topics during Leadership Team meetings.

CDC Improvement Plans and timelines:

- CDC will provide training to Family Support Specialists focused upon the development of family outcomes and ensuring the measurability of family outcomes (accepted 1/6/17). Trainings are scheduled for 2/21/17 and 2/28/17. A copy of materials presented as well as a list of participants from both trainings will be provided to Jennifer Connors, Quality

Improvement Specialist, and Wendy Studt, MT Part C Coordinator. CDC Program Coordinators will monitor child and family outcomes within the State's data management system on a monthly basis. This monitoring data will be reviewed during the next cycle of comprehensive monitoring for FY 2016 (July 1, 2016 – June 30, 2017).

- CDC will require Family Support Specialists to complete and submit six month reviews in the data management system within 30 days prior to the actual review date beginning March 1, 2017 (accepted 1/6/17). Family Support Specialists will be informed of this change in February 2017. CDC's Program Director will begin monitoring the timeliness of entering six month reviews. **Note:** The State's data management system also issues upcoming timeline reminders to both the Family Support Specialist and the agency's identified overseer of the State's data management system. The agenda and participant list of the Early Intervention Meeting(s) held in February 2017 will be provided to Jennifer Connors, Quality Improvement Specialist, and Wendy Studt, MT Part C Coordinator, after the meeting(s). This monitoring data will be reviewed during the next cycle of comprehensive monitoring for FY 2016 (July 1, 2016 – June 30, 2017). CDC continues to monitor initial IFSPs to identify and eliminate barriers to meeting the 45-day timeline.

The Office of Special Education Programs Evaluation Team(s) reviewed Montana's Annual Performance Report for FY 2014 (July 1, 2014 through June 30, 2015) and identified the following systems for targeted State-wide Technical Assistance in FY 2016 and 2017:

- **Child Count:** The Office of Special Education Programs (OSEP) will provide targeted assistance to improve Montana's state-wide efforts to serve infants (birth to one year of age) and toddlers (one year of age to 3 years of age) thus improving Montana's Section 618 Child Count. Additionally, referral sources (Child Protective Services and hospitals, clinics, and medical personnel focusing upon low birth weight babies) and their impact upon Child Count will be analyzed.
 - CDC Point in Time, Birth to 1 year of age: 17 infants
 - CDC Point in Time, Birth to 3 years of age: 208 infants and toddlers
- **Outcome Data:** OSEP will provide targeted assistance to improve the percentage of children exiting Part C that are included in outcome data.
 - The percentage of children exiting CDC who are included in CDC's outcome data: 40%.
- **Performance Indicators:** OSEP will provide targeted assistance to improve performance outcomes for infants and toddlers in the three global outcomes. CDC's outcomes/results data:
 - **SiMR - Outcome A, Summary Statement 1:** Of those children who entered or exited the program below age expectations in Outcome A, 67% substantially

increased their rate of growth by the time they turned three years of age or exited the program.

- Outcome A, Summary Statement 2: 42% of the children were functioning within age expectations in Outcome A by the time they turned three years of age or exited the program.
- Outcome B, Summary Statement 1: Of those children who entered or exited the program below age expectations in Outcome A, 79% substantially increased their rate of growth by the time they turned three years of age or exited the program.
- Outcome B, Summary Statement 2: 38% of the children were functioning within age expectations in Outcome A by the time they turned three years of age or exited the program.
- Outcome C, Summary Statement 1: Of those children who entered or exited the program below age expectations in Outcome A, 73% substantially increased their rate of growth by the time they turned three years of age or exited the program.
- Outcome C, Summary Statement 2: 52% of the children were functioning within age expectations in Outcome A by the time they turned three years of age or exited the program.

CDC's contract with the Montana Milestones/Part C Early Intervention Program is essential to the delivery of Part C of IDEA services in Lincoln, Flathead, Lake, Sanders, Mineral, Missoula, and Ravalli counties. Thank you for your commitment to meeting the requirements of Part C of IDEA and increasing the quality of early intervention in Montana.

Sincerely,

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