

## Montana's SSIP Phase II Overview

Phase I and II State Systemic Improvement Plan (SSIP) work was completed for the Montana Part C Early Intervention Program to plan for improvements that would improve outcomes for children and families. Phase I culminated in the selection of the following State Identified Measurable Result (SIMR). Montana Milestones Program's SIMR is *improving the percentage of children who entered or exited the program below age expectations in positive social-emotional skills including positive relationships by substantially increasing their rate of growth by the time they turn 3 years of age or exit the program.*

Montana Milestones/Part C Early Intervention Program named two early intervention service programs, **Child Development Center (CDC)** and the **Developmental Educational Assistance Program (DEAP)** as demonstration sites as determined by factors described in Phase I which is available at <http://dphhs.mt.gov/dsd/developmentaldisabilities/PartC-EarlyInt/Part-C-Early-Intervention-Guidance-and-Forms>. These sites have agreed to implement, monitor, evaluate, and report on specific improvement components identified in Phase I which we believe will lead to improvements in our SIMR. With the aid of technical assistance from national centers, the two programs created an action plan and logic model that meet their unique needs to fully implement and evaluate the improvement strategies for Phase II. The strategies selected by the demonstration sites include the following:

- Providing evidence-based early intervention, **CDC** will use evidence-based practices to implement the coaching interaction style to build the capacity of parents and other care providers to promote child learning and to promote social and emotional development within the context of everyday routines and activities.
- Using the best, essential, and required practices, **DEAP** will first identify and then implement social-emotional screenings, assessments, and evidence-based curricula to promote and improve social-emotional competence for infants and toddlers with disabilities and their families.

State-wide implementation of the other key coherent improvement strategies components identified in Phase I necessitated the development of an additional action plan and logic model addressing the following improvement strategies for Phase II:

- Montana State University (MSU) Extended University, the interagency partner responsible for the state-wide professional system online platform, will provide systemic, sustainable, on-demand professional development around Montana's chosen evidence-based practices.
- State-wide Child Outcomes Summary Process guidance and train the trainer model will be used to create a systemic approach for all early intervention professionals to use consistent measuring and rating processes thereby increasing the validity and reliability of Child Outcomes data.
- Family Involvement in data practices and products will link families and early intervention service providers as they use outcomes data for decision making within families, within local programs, and state-wide.
- State-wide Monitoring and Accountability using Montana's Comprehensive Monitoring Tool for Part C will monitor and support early intervention service providers as they implement evidence-based practices with fidelity.

FFY 2014 APR data collected for Indicator 3, Outcome A, Summary Statement 1, reveals Montana did not meet the target (72%), as 66% of Montana's children who entered or exited the program below age

expectations in Outcome A increased their rate of growth by the time they turned 3 years of age or exited the program. In addition, there is a 12% decrease from FFY 2013 (72%) which was not unexpected. As identified in Phase I, analysis revealed inconsistencies in our measurement and ratings across the State leading to potentially unreliable data used to determine targets.

FFY 2014 data collected for Indicator 3, Outcome A, Summary Statement 2 shows that Montana again did not meet the target (63%) as 53% of Montana’s children were functioning within age expectations by the time they turned 3 years of age or exited the program.

Site	Outcome A, Summary Statements	Measurable and Rigorous Target FFY 2014	Actual Target Data FFY 2013	Actual Target Data FFY 2014
<b>MT Statewide</b>	Summary Statement 1	72%	72%	66% (-6%)
	Summary Statement 2	63%	63%	53% (-10%)
<b>DEAP</b>	Summary Statement 1	72%	100%	53% (-19%)
	Summary Statement 2	63%	83%	35% (-28%)
<b>CDC</b>	Summary Statement 1	72%	73%	63% (-9%)
	Summary Statement 2	63%	50%	48% (-15%)

While our analysis identified in Phase I and throughout this past year, indicates our Child Outcomes ratings and measurements are moving toward more validity and reliability, continued review and analysis is required in order to re-set targets to appropriate measures so that we may accurately verify the success of the identified improvement strategies. Our expectation, as we complete our Child Outcomes Process Summary guidance and state-wide train the trainer professional development, is that our actual state-wide target measurement will decrease and we will be required to re-set our measurable and rigorous target when submitting next year’s SPP/APR based upon more accurate indications of valid and reliable outcomes data. Against those valid targets, we will be able to accurately measure our success in improving the rate of growth for infants and toddlers with disabilities and their families in positive social-emotional skills.

We will be concurrently implementing coherent improvement strategies leading to improved social-emotional skills as well as implementing targeted professional development and guidance in making valid and reliable outcomes measurements systemically across the State in Phase II and Phase III. Montana will continue to analyze child outcomes data to set accurate targets for our Child Outcomes benchmarks during the course of FFY 2015 and FFY 2016.

Phase II of Montana’s State-wide Systemic Improvement Plan focuses upon in-depth implementation strategies of Montana’s Theory of Action that were identified in Phase I. The work of the demonstration sites, stakeholders, and administration of Montana Milestones/Part C Early Intervention Program is outlined within the following components as our means to implement, monitor, and evaluate evidence

based practices leading to improved social-emotional skills for participants in Montana’s Part C programs.

**Component I: Infrastructure Development**

The following infrastructure related activities were begun in 2015 and will continue as we implement Phase II and III:

<p><b>Professional Development</b></p>	<ul style="list-style-type: none"> <li>• Master Coaches training by Drs. Shelden and Rush.</li> <li>• Professional development provided to early intervention programs in the development and required content of IFSPs; Procedural Safeguards; System of Payments; Developing High-Quality, Functional Child and Family Outcomes; and MT Routines-Based Interview (RBI) Boot Camp for Family Support Specialists.</li> <li>• Development of the Foundational Pillars of Early Intervention for the MSU Extended University.</li> </ul>
<p><b>Monitoring and Accountability</b></p>	<ul style="list-style-type: none"> <li>• Quarterly Outcomes Monitoring Meetings wherein each early intervention program reviews child outcomes data and performs data analysis of outcomes ratings.</li> <li>• Implementation and revisions of Montana’s Comprehensive Monitoring Tool for Part C.</li> <li>• Monitoring early intervention programs’ improvement plans following findings from the Monitoring Tool and providing technical assistance to identified programs to improve practices and systems.</li> </ul>
<p><b>General Supervision</b></p>	<ul style="list-style-type: none"> <li>• Development of the Primary Certification for Family Support Specialists element of Montana’s Early Childhood Practitioner Registry followed by the development of the criteria within the Extended University for Comprehensive Certification for Family Support Specialists via the Early Childhood Practitioner Registry.</li> <li>• Enhancements to several infrastructure components are leading to a strong system of data collection and analysis for use in decision making in early intervention programs locally and State-wide (i.e., the Early Intervention (EI) Module, Montana’s database for IFSPs, Child and Family Outcomes, Services and Supports, Transitions, Child Counts and Exiting data).</li> </ul>
<p><b>Stakeholder Involvement</b></p>	<ul style="list-style-type: none"> <li>• Collaborative efforts with other stakeholders (i.e., Children’s Special Health Services Bureau, Early Childhood Bureau, Children’s Mental Health Bureau, Healthy Montana Families home visiting services, Best Beginnings Advisory Council, Early Childhood Practitioner Registry, Office of Public Instruction, Special Education Advisory Panel, Montana School for the Deaf and Blind, Head Start and Early Head Start, PLUK, FSSAC).</li> <li>• Adapting and communicating Montana Milestones/Part C Early Intervention Program’s Mission and Recommended Practices to early intervention programs, families, and other early intervention professionals. Montana’s recommended practices were adapted</li> </ul>

	from the Division of Early Childhood's (DEC) Recommended Practices.
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In addition to the above, Montana will focus upon the following infrastructure components in Phase II to support both the demonstration sites and the early intervention services programs across the State to improve social-emotional skills and positive relationships for infants and toddlers with disabilities and their families.

**MSU Extended University** provides online learning opportunities throughout the state. Under contract with the Program, they will provide the online platform to house our developed classes and make the classes available to all early intervention staff employed by Montana's early intervention programs. Classes on the topics included in the pyramid will be available by December 2017. Classes on the lower rungs of the pyramid have already been developed, those on the middle two rungs are under development. Current plans for the top tier are for more specialized instruction in Montana's chosen evidence-based practices and/or related to current topics in early childhood intervention. MSU Extended University will continue to expand to include the following professional development tiers:



When fully operational in FFY 2016, the Extended University will be available at no cost to other professionals whose work often intersects with early intervention service programs. While the content of the University is focused primarily on evidence-based practices, policies, and procedures used in Montana's Part C Early Intervention Program, we recognize that often families are enrolled in multiple service support programs. Recognizing our inter-relatedness, communicating with our partner

stakeholders such as the Best Beginnings Advisory Council, Healthy Montana Kids, Project Launch, Part B/619, Early Head Start and Head Start sharing the Extended University's content and accessibility is an ongoing piece of collaboration throughout all phases of the SSIP.

The workgroup identified in Phase I, the **Child Outcomes Cohort**, will work with staff from national centers to create Montana's Child Outcomes Summary Process (COSP) systemic professional development modeled and adapted from the COSP Modules developed by the Early Childhood Technical Assistance (ECTA) Center and the Center for IDEA Early Childhood Data Systems (DaSy). The Cohort's intended outcome is to produce a functional, sustainable training model and prepare Family Support Specialists state-wide within an identified timeline to improve reliability and validity of child outcomes measurements. Following the intensive three-day "train the trainer" event, trainers will be qualified to train local early intervention service program staff in the key components of the Child Outcomes Summary Process, which includes the following:

- Why child outcomes data are collected;
- The key features of the COSP;
- The essential knowledge needed to complete the COSP;
- How the three child outcomes are measured through the process;
- How to identify accurate COSP ratings using a team-based process;
- The importance of comparing children's current functional performance to age-expected functioning;
- When and how to measure progress in the three child outcomes; and
- How to document ratings and evidence to support those ratings in COS documentation.

Our valid and reliable child outcomes scores will become more meaningful and useful for our partners as early intervention service programs' ratings become more valid and reliable. The data will be useful during enrollment in Part C and in transition such as families, early intervention professionals, Part B/619, Head Start, child care providers, and community-based agencies serving children. Family Support Specialists will have increased knowledge within the context of the three global child outcomes, and will aid partners as they plan for and implement strategies to help children develop and learn, especially in the area of social-emotional development.

Following their attendance at the **Family Data Institute**, the Co-Chairs of the Family Support Services Advisory Council (FSSAC) identified increasing Part C families' knowledge of social-emotional outcomes and Montana's data collection and analysis systems to measure the progress of social-emotional skills as the priority Family Involvement strategy. They identified a multi-pronged approach (as described below) to inform families of the value of their cooperation and participation in providing data/input; influence of data upon funding, services, and providers; data's ability to impact the quality and quantity of services and, ultimately, the child outcomes.

- Recruit and identify current families receiving Part C early intervention services and supports for an advisory group;
- With the input of the advisory group, develop a plan for family engagement in social-emotional outcomes at the local and State-wide level that also includes instructional components around the purposes of data collection and analysis;
- Create communication products, e.g. videos, live presentations;
- Develop a protocol for how early intervention programs will use the products;

- Develop talking points for Family Support Specialists to use with families after video viewing (program accountability, measuring child progress, improving practices, interventions, and/or services);
- Disseminate products via early intervention service programs' websites; and
- Develop a monitoring and tracking system to determine the effectiveness of the knowledge-building communication plan.

Through strategically planned communication measures, information shared with families will build engagement in Montana Part C's SIMR. Families will be active participants determining outcomes measurements and data collection processes in an ongoing manner throughout their time in the program. Families will be able to describe their child's behaviors and skills addressing both strengths and concerns/needs. These meaningful conversations about their child's outcomes will improve practices, interventions, and/or services and, ultimately, assist families to write IFSP/IEP outcomes and plan for services.

Montana's monitoring staff, the Quality Improvement Specialists, will assess the **fidelity** of Montana's implementation of our selected evidence-based practices, including Routines-Based Interviewing (RBI) and Routines-Based Early Intervention (RBEI). Further detail is included below.

- State monitoring staff will receive targeted training in RBI and RBEI;
- State monitoring staff will determine the essential elements for implementing RBI and RBEI with fidelity;
- Develop a monitoring plan with specific criteria outlined; and
- Develop and deliver materials to each early intervention services programs to ensure their knowledge of the required components necessary to implement RBI and RBEI with fidelity.

Building upon work completed during Phase II to develop and implement a comprehensive monitoring tool incorporating both quality and compliance, the addition of fidelity assessments of two previously adopted practices, RBI and RBEI, will hold local early intervention programs responsible and accountable for their required implementation. The data gathered and shared with local programs will help them develop improvement plans or identify targeted technical assistance needed while working toward implementation with fidelity. At the state level, the data collected will guide decision-making related to accountability and oversight, personnel development, and improvement planning. The data will guide us as we clarify or develop policies, procedures, and guidance.

The selected demonstration sites each identified and created action plans for two coherent improvement strategies. Each site's strategy will impact social-emotional skills and positive relationships through the development of infrastructure components. As Montana scales up during Phase III, these strategies will be implemented at the remaining five early intervention service programs throughout the state.

The development of social-emotional skills and emphasis on positive relationships is an improvement strategy across early childhood education in Montana. Early childhood interventionists, educators, and care providers recognize that knowledgeable, responsible, and caring children are supported by thoughtful, sustained, and systemic attention to children's social and emotional learning. The social-emotional development of infants is rooted in their relationships with their primary caregivers. This is what Montana's Part C Program wants to do best through the implementation of the coaching model

and social-emotional assessments and evidence-based practices throughout our early intervention service programs.

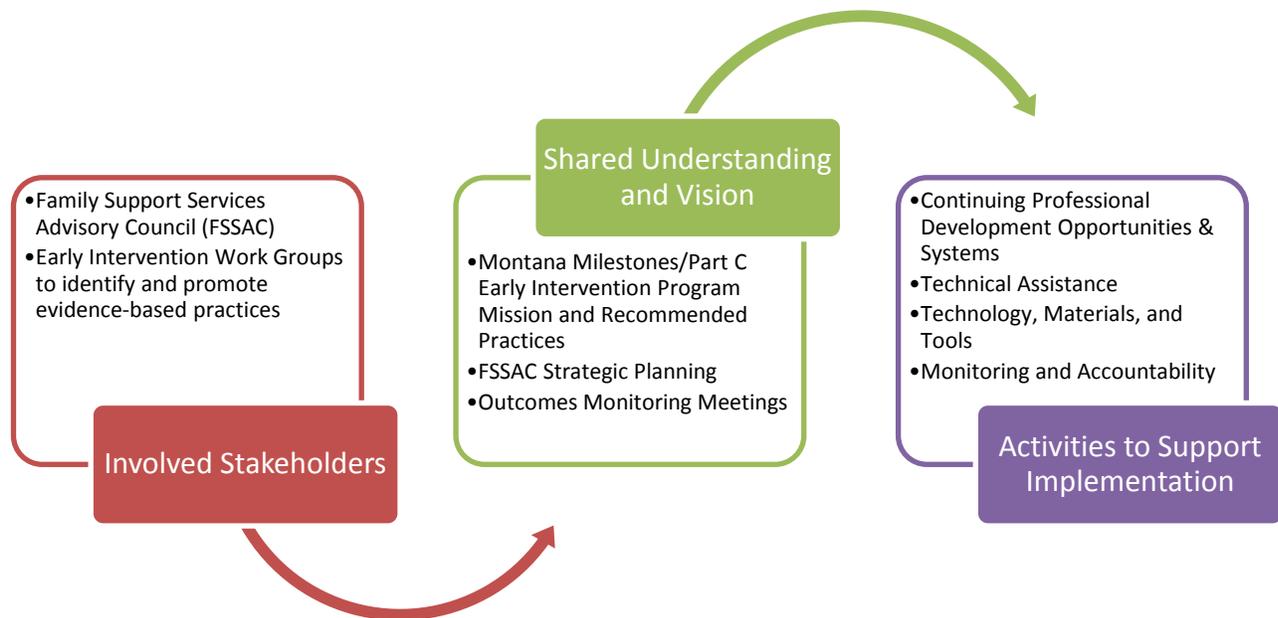
Recognizing our expertise and continued development through the best possible professional development, our role in collaboration with our stakeholders is to inform and support that, as with any child, a child with special needs develops social competence and emotional regulation over time. Children may require explicit teaching of social cognition and related skills in order to navigate their social worlds successfully. That instruction begins in early intervention through the support of families, a child's first and best teachers, in functional ways throughout the family's daily routine.

Montana Milestones/Part C Early Intervention Program Coordinator is a member of the Best Beginnings Advisory Council and, within that role, is able to collaborate through the dissemination of early intervention information and inclusion in professional development opportunities. Montana's Best Beginnings Advisory Council serves as the comprehensive early childhood advisory council and the collaborating entity for the early childhood system in our state. Montana's ICC, the Family Support Services Advisory Council (FSSAC), intersects with local Best Beginnings early childhood coalitions within the regions they serve. The state-level opportunity afforded by membership in the Advisory Council extends Montana Milestones outreach to multiple offices within Montana Department of Public Health and Human Services, the Office of Public Instruction, higher education, tribal communities, interested constituency groups, child care providers, and the public at large. This much larger group of stakeholders will support continued development of Montana Milestones/Part C Early Intervention infrastructure to promote best practices for improving social-emotional outcomes. As Montana Milestones/Part C Early Intervention Program involves multiple stakeholders in the our state-wide systemic improvement plan, the Best Beginnings Council provides access and networking opportunities with multiple local, state, public, and private entities making up Montana's early childhood community. What we all learn as we promote social-emotional competence for Montana's youngest, will impact the early childhood system tomorrow and into the future.



## Component 2: Support for Early Intervention Service providers' implementation of evidence-based practices

Montana recognizes improving social-emotional outcomes for Montana's infants and toddlers with disabilities and their families is one component of long-term systems change for the Part C Program. Following the National Early Childhood Technical Assistance Center's (NECTAC), now known as ECTA, long-term systems change model, Montana Milestones has employed the following strategies to support early intervention programs' implementation of evidence-based practices state-wide as seen below.



The stakeholders, CDC and DEAP, with the assistance of national centers and the state office, created the activities based upon practices which are both doable and a good fit for each early intervention program. The identified local early intervention programs' teams are undertaking relevant pieces of the plan to implement evidence-based practices.

**CDC**, the demonstration site located in western Montana, will implement **Coaching Interaction Style Model Training and Follow-up Support** by doing the following:

- Determining the specific content and competency needs for the coaching model training;
- Identify core competencies/practices that must be demonstrated to build the capacity of parents and other care providers to promote child learning and to promote social and emotional development within the context of everyday routines and activities;
- Develop training module;
- Implement training including sharing information, assessing skills and knowledge, and providing opportunities for active participation;
- Follow-up support (ongoing information and professional development, peer mentor, and role playing, purposeful pairings for home visits by seasoned FSS or coach);
- Family Support Specialists will self-reflect on their practices through coaching logs;
- Provide feedback on coaching logs; and

- Offer recurring professional development and model coaching behaviors by Master Coaches.

**CDC** will build its local infrastructure by:

- Identifying supervision structure for Family Support Specialists to support training and implementation;
- Family Support Specialists will self-evaluate using fidelity criteria; and
- Fidelity checks of coaching model via independent observation will occur within scheduled time periods.

**CDC** will build their Outreach Program with targeted communication strategies:

- Appoint staff person to be the main contact with partner agencies;
- Develop clear message/verbiage and include in outreach materials;
- Training on coaching social-emotional development and behavior management at coalition of early childhood service providers (Best Beginnings, AEYC);
- Include frontline staff in developing interagency agreements;
- Share materials, trainings regarding social-emotional development at Child Find activities and playgroups; and
- Utilize website and social media to promote social-emotional development.

Coaching practices are used to varying degrees by many of our collaborative partners' programs. All partners agree that coaching is a relationship-based process used to support practitioners' in achieving desired outcome. We all continue to promote coaching professional development that is targeted to each practitioner's caseload, regardless of the population they serve. Some of the populations served include the following groups: infants and toddlers with disabilities and their families; Early Head Start; preschool children enrolled in Head Start or the State's Preschool programs; families engaged in Child and Family Services; or enrolled in Healthy Montana Kids home visiting programs. Discussions within our collaborative work groups note the overlap of multiple coaching strategies implemented across programs and question whether there is a meaningful and practical way to incorporate those coaching structures in a unified way within professional development accessible by many in a low cost or free format. As Phase III evolves, further planning will be instigated to determine the effectiveness of aligning and leveraging such an endeavor.

**DEAP**, the demonstration site located in eastern Montana, will investigate, identify, and implement **evidence-based social-emotional screening and assessment tools and social-emotional curricula** to improve social-emotional outcomes for infants and toddlers and their families by:

**DEAP** will implement the following professional development strategies:

- Applying adult learning activities to trainings;
- Review and select training materials that have been developed:
  - Social Emotional Screeners, Assessments and Curricula
  - Develop protocol for how and when screeners and assessments are completed
- Assure training is accessible to all staff no matter their location;
- Web-based modules, video vignettes when developed, use of technology for virtual face to face trainings; and
- Assure training is provided in a timely fashion.

**DEAP** will implement the following to support monitoring, supervision, mentoring:

- Offer peer to peer support, for reflection and sharing knowledge
- Observe in person, through scheduled observations, and feedback to ensure fidelity in implementing skills;
- Incorporate fidelity into the staff members' annual performance reviews; and
- Evaluate training process and modify as needed.

**DEAP** will develop internal infrastructure by developing a career ladder for Family Support Specialists in an effort to retain well-trained staff.

### **State Office Activities:**

As part of Montana's early childhood system, Montana Milestones/Part C Early Intervention Program will continue to work in partnership with early childhood system colleagues across offices within the Montana Department of Public Health and Human Services; Part B/619 of the Office of Public Instruction, and Early Head Start/Head Start Collaboration to:

- Support and encourage the use of valid instruments for screening and assessment of infants and toddlers at risk for social-emotional developmental delay.
- Support high quality training and technical assistance to ensure implementation fidelity of valid screening and assessments tools for those involved in the eligibility determinations and who provide supports at the child and family level.
- Support access to a range of evidence-based interventions and support, in particular, relationship-focused dyadic infant and toddler interventions, specifically using a Coaching Interaction Style to promote social-emotional development. Coaching is an adult learning to strategy used to build the capacity of a parent to improve existing abilities, develop new skills, and gain a deeper understanding of his or her practices.
- Support the training and technical assistance to support the widespread adoption of evidence-based interventions to address the social-emotional developmental needs of young children eligible for Part C programs.

CDC's and DEAP's efforts throughout Phase II will provide the foundation for the five remaining early intervention service programs to scale up social-emotional screening, assessment, and evidence-based strategies including Coaching Interaction Style between 2017-2018.

The attached action plans and logic models outline Montana's identified improvement strategies. These documents include activities to meet outcomes; steps to implement activities; and resources needed to support implementation. In addition, they outline who is responsible; expected timelines; and how other agencies or offices will be involved in this important work.

### **Component 3: Evaluation**

Montana Milestones/Part C Early Intervention Program's evaluation plan is an integral part of Phase II to provide information to help advance and expand the SSIP during development and implementation of the improvement strategies. Information on whether outcomes are being met and on how different aspects of the SSIP are working will be essential to Montana's continuous improvement process. Additionally, evaluation may provide new insights or new information not previously anticipated and may be among the most useful outcomes of the evaluation endeavor.

Montana’s Phase II evaluation design is separated into six specific evaluation plans based upon our Theory of Action encompassing Professional Development, Assessment, Family Involvement, Monitoring and Accountability, Evidence-based Practices. Four of the six evaluation plans are state-wide Part C improvement strategies:

- 1) MSU Extended University, a state-wide professional development system;
- 2) Child Outcomes Summary Process, guidance and Train the Trainer model;
- 3) Involving families in data practices and products;
- 4) Assessing the fidelity of implemented practices, RBI and RBEI, via monitoring and program accountability.

Two of six evaluation plans pertain to the implementation of identified practices at the demonstration sites to be scaled up state-wide in Phase III:

- 1) Using a Coaching Interaction Style to build the capacity of parents and other care providers to promote child learning and social and emotional development within the context of everyday routines and activities;
- 2) Identification and implementation of social-emotional screenings, assessments, and evidence based curricula to promote and improve social-emotional competence for infants and toddlers with disabilities and their families.

The plans include the following types of evaluation and will inform ongoing needs for modification:

<b>Formative Evaluation:</b> assessing ongoing activities	<b>Implementation Evaluation:</b> assessing whether the project is being conducted as planned	<b>Monitoring:</b> an external check responsible for determining progress and compliance	<b>Progress Evaluation:</b> assessing progress in meeting the goals of the program and project.	<b>Summative Evaluation:</b> assesses a mature project’s success in reaching the stated long-term outcomes
Program training, monitoring, supervision, mentoring, and infrastructure to implement identified improvement strategies with measurements and timelines.	Identified performance indicators for each strategy/activity component of the improvement strategies with measurements and timelines.	Quality Improvement Specialists using the state’s Comprehensive Monitoring tool for fidelity checks, documentation indicating implementation, and family/staff surveys and interviews to measure quality of implementation throughout the course of the SSIP.	Evaluation questions, performance indicators and timelines to measure short-term and intermediate outcomes for each improvement strategy.	Evaluation questions, performance indicators and timelines to measure long-term outcomes including the SIMR.

Montana’s evaluation will provide data on our evidence-based practices to communicate with a variety of interested stakeholders. Montana’s Part C early intervention service programs will be better able to

tell their story using data to describe how they are improving social and emotional development for infants and toddlers with disabilities and their families. It will also provide Montana’s Part C office the data needed to inform the Office of Special Education Programs about the outcomes of their investment in Montana’s Part C Program.

<b>Communication Strategies:</b>					
<p><b>Early intervention programs</b> engage in consistent feedback loops with <b>FSS’s</b> through mentoring, coaching, fidelity checks and other professional development and supervisory structures promoting identified improvement strategies.</p>	<p><b>Demonstration Sites</b> engage in consistent feedback loops with <b>Part C Coordinator</b> and <b>Quality Improvement Specialists</b> to support and/or modify implementation efforts.</p>	<p><b>Quality Improvement Specialists</b> engage in consistent feedback loops with <b>early intervention program administrators</b> and <b>FSS’s</b> measuring effectiveness of improvement strategies.</p> <p><b>Quality Improvement Specialists</b> engage in consistent feedback loops with <b>families</b> measuring the impact of implementation strategies upon the recipients.</p>	<p><b>Early intervention programs, Part C Coordinator, and Quality Improvement Specialists</b> engage in quarterly Outcomes Meetings to monitor implementation activities and Outcomes.</p>	<p><b>Early Intervention programs, Part C Coordinator, and Quality Improvement Specialists</b> report to the <b>FSSAC</b> regarding implementation and outcomes measurements.</p>	<p><b>Part C Coordinator</b> reports on implementation plans to <b>Best Beginnings Council, Montana Special Education Advisory Council, Montana Head Start Association,</b> and other interested stakeholders.</p>
<b>Advised Communication Timelines:</b>					
<p>Consistent feedback loops are based upon need but are no less than once monthly.</p>	<p>Consistent feedback loops are based upon need but are no less than once monthly.</p>	<p>Consistent feedback loops are based upon need but are no less than once monthly.</p> <p>Consistent feedback loops with families are based upon need but are not less than biannually.</p>	<p>Part C Coordinator and Quality Improvement Specialists meet face to face with early intervention programs biannually.</p>	<p>FSSAC face to face meetings held quarterly.</p>	<p>Meetings held quarterly.</p>

The quality and usefulness of monitoring and evaluating our early intervention programs, the implemented improvement strategies, and outcomes fundamentally relies on our ability to collect and

analyze quantitative and qualitative data. Monitoring and evaluation plans, needs assessments, baseline surveys and situational analyses are all located within Montana’s SSIP and require high-quality data to inform needed modifications, evidence-based decision-making, and programmatic learning to achieve intended improvements in the SIMR.

<b>Methods of Data Collection and Analysis</b>	
<p><b>Quantitative Data:</b> Data collected is used to create information. Descriptive statistics help to summarize data and inferential statistics will be used to identify statistically significant differences between groups of data. Ultimately, the data will help us determine the changes brought on by our implementation strategies.</p>	<p><b>Qualitative Data:</b> The collection of descriptive information obtained via interviews or focus groups that, when combined in a systemic way, will offer explanations or interpretations. Using framework analysis, we will reflect upon our identified evaluation questions and outcomes to determine their effectiveness.</p>
Comprehensive Monitoring Tool (randomized sampling)	Quantitative data
Fidelity and Implementation Checks (randomized sampling)	Quantitative data
EI Module (IFSPs, Services and Supports, Child Counts, COSP) (randomized sampling)	Quantitative data
Program’s monitoring documentation (randomized sampling)	Quantitative data
Self-assessments by FSS and program staff	Qualitative data
Staff and family surveys (randomized sampling)	Quantitative data
Staff and family interviews and focus group discussions	Qualitative data
Annual Performance Reports (state-wide APR and early intervention programs’ APRs) (randomized sampling)	Quantitative data

The attached evaluation plans outline Montana’s methods to collect evaluation data to examine the effectiveness of implementation of the coherent improvement strategies, assess our progress toward achieving the intended improvements, and modify as necessary.

**Technical Assistance and Support:**

Montana intends to continue accessing technical assistance and support from the national centers, especially those specialists who already have contributed to Montana Milestones/Part C Early Intervention Program:

- SRI
- IDC
- WestAt
- WestEd
- DaSY

Their contributions and ongoing support directly impact the following:

- National Child Outcomes Cohort – Child Outcomes Summary Process “Train the Trainer” model and COSP guidance
- Development and implementation of evaluation components
- SSIP development
- Social-emotional Communities of Practice
- Data system enhancements
- Evaluation of system components

The technical assistance and support is necessary to develop, implement, and evaluate Montana’s SSIP.