

A. Summary of Phase III

Montana's Theory of Action and corresponding logic models for each coherent improvement strategy were the foundation of all infrastructure changes and implementation of evidence-based practices during Phase III:

- The development and implementation of a state-wide professional development system, MT Milestones/Montana State University Extended University;
- The development and implementation of Montana's Child Outcomes Summary Process to improve validity and reliability of outcomes measurements;
- The development of a web-based presentation to obtain family perspectives on child and family outcomes data;
- Montana's Comprehensive Monitoring Tool to identify specific elements of quality including implementation of evidence-based practices expected to lead to improved child and family outcomes measurements;
- Identification of social-emotional screener and assessment; and
- Identification of evidence-based practices to promote social-emotional competence and build the capacity of families using a coaching interaction style were identified.

Five improvement strategies have been launched either state-wide or at a demonstration site with the revision of the sixth strategy, applying social-emotional developmental evidence based practices when using a coaching style, set to be implemented in July 2017.

Effective implementation bridges the gap between research and practice by helping to ensure the evidence-based practices validated in the "laboratory" produce similar results in the "real world." Some timelines were especially ambitious for Montana as we recognized if the practice was not implemented properly or without sufficient fidelity to the established model, it will likely fail. Therefore, revisions and additional activities/outputs were identified; some were implemented; and the others are scheduled for implementation in FFY 2017.

The study of key data throughout the evaluation processes provided evidence regarding the full and effective use of the innovations identified in Montana's coherent improvement strategies. As each strategy was implemented and evaluated, new or revised activities/outputs were identified. Montana found that developing the initial improvement strategies was only the first step. Changes expected to occur at multiple levels (e.g., practice level, supervisory level, and administrative level) were met with anxiety and, at times, resistance. Missteps did occur. The transferring and presumed maintenance of the strategies in real world settings is a long and complex process requiring or necessitating revisions and/or additional activities/outputs. At the conclusion of this cycle of the SSIP, we continue to examine how the implementation phase relates to the improvement of the SiMR.

Montana's original improvement strategy to promote social-emotional development for infants and toddlers and their families using a coaching model to provide evidence-based practices needed adjustments as social-emotional practice content was more limited than previously

understood. Montana's Part C Coordinator overlooked a critical first step: conducting implementation research to assess readiness for change at the demonstration site. Therefore, erroneous conclusions were drawn as to the demonstration site's actual stage of implementation when using a coaching style. Coaching infrastructure exists across the state; however, evidence-based practices and strategies are not consistently applied within the coaching structure. The revised improvement strategy identified in Section F is designed to increase the knowledge and ability of Family Support Specialists state-wide and lead to improving the social and emotional development of infants and toddlers and building the capacity of family members to promote social-emotional development.

B. Progress in Implementing the SSIP: Description of Montana's Implementation Progress

Montana Milestones/Part C Early Intervention Program began implementing six improvement strategies in the spring, 2016. Montana's planned activities including outputs accomplished; milestones achieved; and timelines met are integrated in Table I for each improvement strategy. Additionally, Stakeholder/Work Groups are identified as well as their involvement in the ongoing implementation of each improvement strategy.

Major milestones accomplished during Phase III within the intended timelines include:

- The development and implementation of the online professional development system;
- State-wide training for the Child Outcomes Summary Process;
- Identification of a social-emotional screening tool which engages families; and
- The development of parent focus groups for guidance in implementing family data practices.

Throughout the implementation phase of the SSIP, Montana continues to identify additional activities and outputs for each improvement strategy which we believe will lead to continuous improvement. Three major activities added since the Phase II report includes:

- Research led by Montana State University studying the impact of early intervention on Montana families;
- Coaching training focusing upon evidence-based practices to promote social-emotional development and build the capacity of families to be led by Drs. Sheldon and Rush; and
- Inclusion in a NCSI cross-state learning collaborative focusing upon Results-Driven Accountability.

To truly move toward improving the percentage of infants and toddlers with disabilities who improve functioning in social-emotional development, families must be able to effectively communicate their child's needs and help their children develop and learn. While Montana has implemented family-focused practices such as MT Routines-Based Interviewing, Routines-Based Early Intervention, and Coaching Interaction Style, our SSIP work has led to discovery: families are not consistently informed about Part C processes and procedures. They are not well-versed

in child-level data to guide decision making for families, for early interventionists, and for program improvement locally and state-wide. Family Support Specialists, likewise, are not always consistently informed or well-versed:

- Child Outcomes Summary Process: Prior to the implementation of MT Child Outcomes Summary Process training, families were not engaged in their child's outcomes ratings at entry or exit, and did not have awareness of the three global outcomes or how the outcomes data collected was used or reported.
- Assessment: Families reported minimal understanding of their child's developmental assessment results and how assessment is used to identify child and family-focused outcomes and early intervention supports and/or services to improve the development of their child.
- MT RBI: Families reported participating in a routines-based interview but were not able to consistently identify the purpose or value of the interview with some believing it to be a required step prior to their child obtaining supports and services.
- RBEI and Coaching: Families were not able to consistently articulate the role and function of the Family Support Specialist/Service Coordinator in comparison to a specialist such as a physical therapist or speech/language pathologist. Families reported that routines-based intervention took place most frequently during one routine: playtime.

Stakeholders representing state staff, provider agencies, practitioners, families, and cross-agency personnel have been integrally involved in the development of the strategies and activities and have been meaningfully involved in decisions, for example:

- Dr. Lux and David Munson are leaders in identifying content and primarily responsible for decision-making regarding functionality and visual appearance of the Extended University;
- The Child Outcomes Summary team modified and then implemented the COS training modules; and
- A parent-led Work Group identified parent focus group members and is participating in long-range planning for the development and use of family data practices and products.

Table I: Progress in Implementing Improvement Strategies

<p>1. 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.</p>		
<p>Accomplished: Montana Milestones/Part C Early Intervention Program, in partnership with Montana State University/Extended University developed a state-wide professional development system (http://eu.montana.edu/mtmilestones/). All identified activities including outputs associated with this improvement strategy have been carried out with fidelity following the intended timeline.</p>		
<p>Stakeholder/Work Group: Dr. Christine Lux, Montana State University – Personnel Preparation Representative for the Family Support Services Advisory Council (FSSAC); David Munson, Executive Director of Early Childhood Intervention – Early Intervention Provider Representative for the FSSAC; and Wendy Studt, MT Milestones Part C Early Intervention Program Coordinator.</p>		
Activity/Output	Milestones	Stakeholder/Work Group Involvement
<p>Montana Milestones/Montana State University Extended University platform and learning content developed and in place. See content of learning modules below.</p>	<p>All modules accessible on 10/16/16.</p>	<p>Dr. Lux serves as point person to create platform and upload completed modules with MSU personnel. Dr. Lux is the “voice and face” of the online modules and platform.</p>
<p>Learning modules developed and available: Federal – Foundational Pillars of Early Intervention; Mission and Key Principles of Part C Early Intervention; Routines-Based Early Intervention; and pertinent links. State – Measurement of Engagement, Independence, and Social Relationships (MEISR) and pertinent links. Regional: Links to Montana Milestones Part C Early Intervention Program regional providers.</p>		
<p>First Phase: Modules reviewed by program supervisors. Second Phase: Modules currently under review by current Family Support Specialists (FSSs).</p>	<p>Supervisor(s) piloting of modules completed 11/15/16 (17 individuals). FSS piloting of modules through March 31, 2017. An online survey created by Dr. Lux and Sarah Nichols to provide feedback about navigation,</p>	<p>Dr. Lux and Mr. Munson are keys to informing providers and their staff members. As the Extended University is being piloted, Dr. Lux is monitoring use of the Extended University and relaying updates and modifications to the Extended University personnel. The online survey will provide meaningful information as we move forward with additional modules and determine what impact the modules have or may</p>

	content and the user's reflection begins 4/1/17.	have on a Family Support Specialist's practice by June 2017.
Marketing plan and materials disseminated to Part C provider programs and to providers' staff and FSSAC stakeholder group. Presentations made to other potential stakeholder groups: The Best Beginnings Council (State and local councils), the Council for Comprehensive Professional Development, and The Special Education Advisory Panel.	Marketing plan developed and disseminated completed 10/18/16.	Dr. Lux developed written document(s) with assistance from Mr. Munson. The document was vetted by the Part C Coordinator and then disseminated to 7/7 providers. The Stakeholder/Work Group is responsible for presentations.
Part C provider programs and stakeholders (FSSAC members and interested agency personnel) received protocol.	Protocol developed and disseminated completed 10/18/16.	Dr. Lux developed written document(s) with assistance from Mr. Munson. The document was vetted by the Part C Coordinator and disseminated to 7/7 providers.

<p>2. 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.</p>		
<p>Accomplished: Montana Milestones Stakeholder/Work Group, with the assistance of targeted technical assistance (Katrina Martin and Judy Swett), developed Montana's Child Outcomes Summary Process (COSP) Train the Trainer curriculum including six COSP modules for Family Support Specialists. All identified activities/outputs associated with this improvement strategy have been carried out with fidelity following the intended timeline.</p>		
<p>Stakeholder/Work Group: The Stakeholder/Work Group is made up of 12 Family Support Specialists representing each regional provider of Part C early intervention and the Part C Coordinator. Members: Jill Ballantyne, Hollin Buck, Elissa Erickson, Chelsie Guilford, Denise Herman, Kari Hoover, Teri Lilletvedt, Jennifer Morrison, Sandy Peaslee, Cassandra Schrockenstein, Jenna Snow, Christa Tescher, Wendy Studt (Part C Coordinator).</p>		
Activity/Output	Milestones	Stakeholder/Work Group Involvement
Training of Trainers event for Part C provider representatives. Learning modules developed and disseminated to provider agency trainers and IFSP and COS Guidance	Train the Trainers completed May 31, 2016. MT Train the Trainer COS Curriculum as well as IFSP and COS	Members met via conference calls and in person to develop the Curriculum and supporting learning modules. The content was vetted by the Technical Assistance team and the Part C Coordinator.

document created and disseminated to provider agency trainers.	Guidance document completed 7/1/16.	The Guidance document was written by the Part C Coordinator and vetted by the Technical Assistance team.
Link to Montana IFSP and COS Guidance: http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/PartC/Guidance%20and%20Forms/MT%202016%20IFSP%20and%20COS%20Process%20Guidance.pdf		
Trainers and Quality Improvement Specialists completed the COS process.	Inter-reliability process developed and implemented 7/1/16.	Technical Assistance team developed process to be used after each learning module.
Part C provider program trainers followed their identified training plan.	Implementation of training timeline developed by each state trainer for their provider agency completed August 2016 (7/7).	Each stakeholder developed her individualized training timeline to best meet the needs of the provider agency. The timelines were shared across stakeholders, the Part C Coordinator, and Quality Improvement Specialists with the idea that some staff or administrators may participate in another agency's training.
MT COS Process Learning Modules 1-5 training sessions conducted. MT COS Process Learning Module 6 training sessions conducted.	MT COS Process Learning Modules conducted at each provider agency and include the regional Quality Improvement Specialist beginning July 1, 2016 through June 30' 2017. 5/7 Part C provider programs completed all learning modules by March 1, 2017. Learning Module 6 to be completed at remaining 2/7 Part C provider programs by April 30, 2017. State-wide implementation of the Child Outcomes Summary Process on track for July 1, 2017.	The 12 members of the Stakeholder group met via conference call with Part C Coordinator and technical assistance team to troubleshoot and offer encouragement after the first two modules. The work group continues to meet to share successes; ideas for improvement and additional activity focus work which will be described in Section F. Three members of the stakeholder group (Wendy Studt, Kari Hoover, and Christa Tescher) presented our work to date for attendees of the IDC/DaSY Child Outcomes cross-state learning collaborative at its final face to face meeting in January 2017.
MT COS Process Curriculum Modules content: 1) So what is this all about?		

- 2) Which Outcome is it?
- 3) 7-Point Rating Scale
- 4) More Information About Ratings
- 5) Special Considerations and Good Teaming, Good Decisions
- 6) Documenting the COS Rating and After the Rating

3. Family Involvement in data practices and products will link families and early intervention service providers as they use outcomes data for decision making with families, within local programs, and state-wide.

Partially Accomplished: Work has begun on this improvement strategy with some outputs complete. The timeline for implementation proved to be too ambitious; however, as noted below, all activities are scheduled.

Stakeholder/Work Group: Laura McKee, Parent and FSSAC Chair; Sarah Goldsmith, Regional Parent Representative for FSSAC; LaTosha Vavak, Regional Parent Representative for FSSAC; Ryane Holzworth, Parent and Quality Improvement Specialist Representative for the FSSAC; Rebecca Richards, Parent and Parent Involvement Center Representative for the FSSAC; Wendy Studt, Part C Coordinator.

Activity/Output	Milestones	Stakeholder/Work Group Involvement
<p>Presentation for families describing data collection and its uses at the child and state levels developed by the Stakeholder/Work Group: “Engaging Families with Data” to be used during presentations to the focus groups.</p> <p>Focus group meetings are held via WebEx.</p> <p>The Stakeholder/Work Group made personal calls to engage families in asking for their participation and found it worked best.</p>	<p>Families currently receiving Part C early intervention services identified and recruited participants for focus groups to learn about their involvement and understanding of any provider agency’s data processes.</p> <p>Presentation completed, November 2016.</p> <p>Focus group meetings held in December 2016, January 2017 and in progress for March/April 2017 meetings. Feedback received is meaningful to support Montana’s ongoing improvement strategy.</p> <p>Incentives to participate such as a \$25 VISA gift card increased participation.</p> <p>Participants volunteer to review products to be developed.</p> <p>Challenges: Organizational support from Montana’s Parent Involvement</p>	<p>Stakeholder/Work Group members reached out personally to invite families to participate.</p> <p>“Engaging Families with Data” developed by Part C Coordinator and the Stakeholder/Work Group provided feedback integrated into the presentation.</p> <p>In addition to the Part C Coordinator, members of the Stakeholder/Work Group participate in the WebEx focus group meetings.</p>

	<p>Center with recruitment was unsuccessful.</p> <p>Despite a variety of times provided to families, fitting this into their schedule is difficult. An additional meeting is scheduled to meet with one family who is eager to participate but unable to fit meetings held during the day into their schedule.</p> <p>Less than half of the Part C provider agencies were successful in recruitment for the strategy.</p>	
<p>Family Involvement with Data Practices: Guidance document for families and for providers to be developed and disseminated in late summer 2017.</p>	<p>Resources identified: MT COS Process training module #5 includes a video for FSSs to view successful family participation and engagement in the COS process. Resources provided in that module also include a family brochure describing the child and family outcome process.</p> <p>Resources obtained at the final face-to-face meeting of the IDC/DaSY cross-state Child and Family Outcomes learning collaborative were helpful in guiding Montana as we develop a succinct, informative family brochure. Additionally, helpful resources were obtained to improve the content of the guidance document.</p>	<p>Stakeholder/Work Group will analyze the information received throughout the focus group process to determine the content of the family brochure and the guidance document.</p> <p>Stakeholder/Work Group will vet the brochure and guidance document prior to its dissemination to families and provider agencies.</p>
<p>Link: Family Engagement in Data Practices WebEx http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/PartC/FSSAC/Engaging%20families.pdf</p>		
<p>Families and Data video to be developed with the MT Milestones/MSU Extended University reflective of family input and Montana’s identified practices with accompanying talking points for FSSs to guide video viewing with families. The video will be accessible at the MT Milestones/MSU</p>	<p>In progress with expected completion by October 2017.</p> <p>Family members to be part of video identified by May 2017 and video content developed by July 2017.</p>	<p>Dr. Lux will be the point person with the Extended University production team.</p> <p>The Stakeholder/Work Group will meet via conference call(s) in April to identify the steps to fulfilling this activity/output.</p>

<p>Extended University site.</p> <p>Talking points to be developed for FSSs to use with families post video viewing will be completed by August 2017. Identify any training needs for the FSSs.</p> <p>Video and talking points to be disseminated via MT Milestones website; websites of Part C early intervention providers.</p>		
<p>A Likert rating scale has been added to the Family Interview questions of the Comprehensive Monitoring Tool. The Family Interview questions:</p> <ul style="list-style-type: none"> • Overall satisfaction with early intervention services? • How helpful has early intervention been to understanding your rights? • How helpful has early intervention been to communicate your child’s needs? • How helpful has early intervention been in helping you help your child develop and learn? 	<p>Quality Improvement Specialists’ use of the rating scale during annual monitoring completed November 2016 provided more accurate data to gage satisfaction with Part C services and supports.</p> <p>To increase consistency in data collected, 4/7 Part C provider agencies used the Family Outcomes Survey for FFY 2015. The remaining 3 will use the Survey for FFY 2016.</p>	<p>A sub-group made up of regional Quality Improvement Specialists integrated specific questions and rating scale to support this learning strategy:</p> <p><u>Region 1</u>: Sandy Carpenter and Kathleen Kaiser, Quality Improvement Specialists</p> <p><u>Region 2</u>: Laurel Gebo, Regional Manager, and Lori Wertz, Quality Improvement Specialist</p> <p><u>Region 3</u>: Shannon Merchen-Cole, Regional Manager, and Troy Kelly and Ryane Holzworth, Quality Improvement Specialists</p> <p><u>Region 4</u>: Lindsey Carter, Regional Manager, and Joe Beneventi, Brooke Bartholomew, and Alexis Marthaller, Quality Improvement Specialists</p> <p><u>Region 5</u>: Paula Tripp, Regional Manager, and Jennifer Connors, Quality Improvement Specialist</p> <p>Wendy Studt, Part C Coordinator.</p>

4. 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.

Partially Accomplished: Montana’s annual monitoring identifies specific elements of quality implementation of two evidence-based practices (EBPs): Routines-Based Interviewing and Routines-Based Early Intervention and their effects on Outcomes. The Comprehensive Tool used during the most recent monitoring cycle for FFY 2015 met the timelines set out. The annual monitoring led to additional probing to determine what systems, if any, contracted Part C providers used to identify fidelity of the EBPs.

In-depth monitoring and associated remediation activities continues by the Quality Improvement Specialists linking regional Part C program’s self-assessments; and quarterly monitoring meetings reviewing Child and Family Outcomes. The Part C Coordinator and Stakeholder/Work Group are analyzing the relationships between quality child and family outcomes in the IFSP; services and supports provided using EBPs; and performance measures documented by the global child and family outcomes rating process. Montana recognizes building the foundational pieces of early intervention beginning with the quality of an IFSP is vital and necessary to positively impact children and families. Additional activities/outputs have been added to this improvement strategy and are documented in Section F.

Stakeholder/Work Group Members: Wendy Studt, Part C Coordinator; Cathy Murphy, Program Supervisor; Regional Managers Laurel Gebo, Shannon Merchen-Cole, Lindsey Carter, Paula Tripp; Quality Improvement Specialists Sandy Carpenter, Kathleen Kaiser, Lori Wertz, Troy Kelly, Ryane Holzworth, Joe Beneventi, Brooke Bartholomew, Alexis Marthaller, Jennifer Connors.

Activity/Output	Milestones	Stakeholder/Work Group Involvement
<p>Annual Comprehensive Monitoring of all Part C providers completed.</p> <p>Part C providers identified if they used a systemic process to monitor ongoing fidelity implementing the EBP.</p> <p>Family Support Specialists continue to receive MT RBI Certification via MT RBI Boot Camp.</p> <p>Monitoring noted Family Support Specialists received Routines-based Early Intervention Training by the local Part C provider agency.</p>	<p>November 2016: Monitors identified each Part C provider’s system for qualified personnel including certification in MT RBI and training in RBEI during the FFY 2015 monitoring cycle.</p> <p>MT Milestones held an additional MT RBI Boot Camp in western Montana in April 2016 led by a cross-state team of RBI trainers attended by 15 FSSs. A Quality Improvement Specialist from northwestern Montana also attended.</p>	<p>Stakeholder/Work Group reported on Comprehensive Monitoring findings note remediation needed and exemplary practices to each Part C provider.</p> <p>Stakeholder/Work Group continues to monitor remediation plans and provide technical assistance to Part C providers. The team reports on progress during quarterly Outcomes Monitoring meetings with each Part C provider.</p> <p>Stakeholder/Work Group will continue to fine-tune measurement procedures to identify the impact of professional practices linked to</p>

	outcomes results.
--	-------------------

5. Using the best, essential, and required practices, DEAP, demonstration site, 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.

Accomplished: The Stakeholder/Work Group identified and implemented social-emotional screenings; identified available social-emotional assessments meeting the needs of MT Milestones; and reviewed evidence-based curricula within the timelines set forth and carried out their work with fidelity.

Stakeholder/Work Group Members: DEAP staff members Sylvia Danforth, Director; Sherry Taylor, Disabilities Services Program Director; Sandy Peaslee, Early Intervention Director; and Wendy Studt, Part C Coordinator; Kathleen Kaiser, Quality Improvement Specialist.

Activities/Outputs	Milestones	Stakeholder/Work Group Involvement
Principles of adult learning are applied to all professional development provided by the demonstration site.	DEAP’s Disabilities Services Program Director and Early Intervention Director are trained as Master Coaches by Drs. Shelden and Rush.	Team members worked together to intentionally apply adult learning strategies to all training events the agency provides.
Social-emotional screening materials, assessments and curricula are reviewed and training materials selected.	<p>July 2016 – September 2016, the Georgetown University Center for Child and Human Development Center for Early Childhood Mental Health Consultation (CECMHC) site was used to identify Social-Emotional Screening Tools matching the needs of the MT Milestones Program.</p> <p>The Ages & Stages Questionnaire: Social-Emotional 2nd Edition (ASQ: SE-2) was selected and purchased by MT Milestones Part C Early Intervention Program.</p> <p>ASQ: SE2 is a highly</p>	Members thoroughly researched training materials along with screeners, assessments and curricula.

	<p>reliable, parent completed tool with a deep, exclusive focus on children’s social and emotional development and is widely used by our collaborative partners: Maternal and Infant, Early Childhood Home Visiting Program and by licensed early learning centers and child care centers in Montana.</p> <p>ASQ: SE-2 training delivered by local trainer, Tabitha Williams of AWARE on 6/23/16.</p> <p>The screener is completed for all children between the ages of birth and 36 months of age entering the Montana Milestones Program at the demonstration site.</p> <p>Effective. July 1, 2016, 34 individuals thus far are screened using ASQ: SE-2.</p>	
<p>Developed process/protocol for ASQ: SE-2 for how and when screeners and assessments are completed.</p>	<p>Completed January 2017. DEAP follows the screener’s procedures. The DEAP team uses these same procedures for their protocol or follow-up, future referrals, and implementation of strategies.</p>	<p>The procedure/protocol document will be shared with other Part C providers as the improvement strategy is scaled up around the state in FFY 2017.</p>
<p>Social-Emotional Assessment identification</p>	<p>DEAP’s Early Intervention Director reviewed and identified few specific social-emotional assessments meeting the needs of MT Milestones.</p>	<p>After thoughtful discussion with the Part C Coordinator and the Stakeholder/Work Group, MT Milestones will use the combination of the ASQ: SE-2 as</p>

	MT Milestones uses and will continue to use specific developmental assessments (as identified on the ECTA site) to provide social-emotional developmental scores.	a screener following protocol and the current multi-domain assessments in use state-wide (including social-emotional) as our assessment tools.
Curriculum identification	DEAP's Early Intervention Director reviewed the four modules available on the Center on the Social Emotional Foundations for Early Learning (CSEFEL) website. The team reviewed curriculum from multiple sources. CSEFEL modules are likely to become part of the MT Milestones/MSU Extended University as a resource.	The Stakeholder/Work Group and the Part C Coordinator identified using Drs. Sheldon and Rush's materials focusing upon social-emotional skill development for children and families via a coaching model as the best choice for curricula at this time. See further improvement strategies related to coaching and social-emotional evidence-based practices in Section F.
Quarterly Progress Meetings with Part C Coordinator.	Ongoing. The meetings provide opportunity for reviewing processes, practices and data.	Members of the team meet quarterly via conference call or WebEx to determine next steps.
<p>Link to DEAP's report of progress shared with the FSSAC, January 2017: http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/PartC/FSSAC/DEAP%20Presentation%20SSIP%20FSSAC%201%2010%2017.pdf</p>		

6. Providing evidence-based early intervention, a demonstration site 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.

Not Accomplished and Revised per Section F: As the demonstration site team began its work toward accomplishing the first action/output (identifying specific content and competency needs for training to use a coaching interaction style to promote social-emotional development and build the capacity of families), evidence-based practice and content knowledge gaps were identified by Montana's administrative team and Montana's technical assistance advisor. The training protocol did not distinguish the social-emotional evidence-based practices to build

capacity and promote social-emotional development for children and families when using a coaching interaction style.

After analysis of the improvement strategy and conversations with Drs. Sheldon and Rush, MT Milestones administrative team members revised Montana’s approach to using a coaching interaction style to build capacity and promote social-emotional development. This revision, including actions/outputs and timelines, will be explained in depth in Section F. The revision will impact Improvement Strategy #5 as identified social-emotional curricula connected to coaching will be introduced state-wide.

Additional presentations used to report to wider Stakeholder group(s) on the implementation progress of Montana’s improvement strategies:

Event	Audience
Special Education Advisory Panel and Stakeholders Annual Combined Meeting	State-wide meeting with education personnel, higher education personnel, early childhood personnel, gifted and talented personnel, providers of child and family services in attendance.
Early Childhood Personnel Professional Development Meeting(s)	Early childhood personnel, higher education personnel, and early childhood special education personnel.
Best Beginnings Advisory Council Meeting(s)	Comprehensive early childhood advisory council including interested constituency groups, governmental agencies, the public at large, child care providers, state and local government, and tribal communities.
Montana’s ICC: Family Support Services Advisory Council (FSSAC) meeting(s)	Representatives from: Parents from all regions around the state, early intervention service providers, higher education, Quality Improvement Specialist, Montana School for the Deaf and Blind, Children’s Special Health Care Bureau, Early Childhood Bureau, Maternal and Infant, Early Childhood Home Visiting Program, Insurance Commissioner, Office of Public Instruction, Early Head Start, Child Protective Services, Special Education – Part B, Public Awareness Organization, Developmental Disabilities Program, and Family Support Specialist.

C. Data on Implementation and Outcomes: how Montana monitored and measured outputs to assess the effectiveness of the implementation plan:

Montana's theory of action is aligned with the evaluation activities of short-term, intermediate, and long-term outcomes which are embedded in Montana's logic models for the six coherent improvement strategies.

1. If a systemic and sustainable **professional development structure** is developed to increase understanding and competence in components of Part C Early Intervention, then Family Support Specialists will have increased understanding and confidence to consistently and effectively implement and maintain current and new access to evidence-based practices including those promoting social-emotional development:
 - Montana Milestones/Montana State University Extended University
2. If a comprehensive definition of Montana Milestones/Part C Early Intervention Program is developed by and shared with stakeholders, families, and partner agencies, then Montana's **early intervention roadmap of evidence-based practices, supports, services, policies, and procedures will be consistent** within each Part C provider agency and throughout the state:
 - Montana Child Outcomes Summary Process and using evidence-based strategies in a coaching model to promote social-emotional development
3. If Montana investigates and determines appropriate **functional assessment methods to identify social-emotional needs of infants and toddlers with disabilities**, then appropriate assessments and interventions to enhance a family's ability to support social-emotional development will be used consistently across the State and providers will be able to consistently identify social-emotional concerns:
 - Social-emotional screenings, assessments, and evidence based curricula
4. If Montana provides the **framework for the supports and interventions needed by families for healthy social-emotional development** of infants and toddlers to Family Support Specialists to develop functional IFSP outcomes with families related to social-emotional development for their infant and toddler, then families will have the necessary resources needed to help them better understand their child's social-emotional development and needs:
 - Family engagement in child and family outcomes data practices and products
5. If Montana establishes a **State-wide quality improvement and assurance system** that reviews, monitors, and provides guidance to enhance early intervention practices, then Montana's Part C Early Intervention providers will be supported as they implement evidence-based practices, and receive effective oversight and guidance:
 - State-wide monitoring and accountability using Montana's Comprehensive Monitoring Tool for Part C monitors and supports early intervention service providers as they implement evidence-based practices with fidelity (RBI and RBEI) as well as assess child and family Outcomes Quality; and state-wide implementation of common social-emotional screener and assessments to identify social-emotional areas of concern in FFY 2017.

Table II identifies the data sources for each key measure, baseline data, data collection procedures and associated timelines and assessment of progress toward achieving the intended improvements. Technical Assistance providers from IDC helped Montana identify evaluation methods appropriate for each component of the improvement strategy logic models during Phase II.

- **MT Milestones/MSU Extended University:** Most Part C providers' supervisory staff have completed review of the University and Family Support Specialists are in process of reviewing the navigation, content, and quality of reflection activities. Survey data, professional development records, and annual monitoring will be used to measure the impact of the learning modules on Family Support Specialists' practices.
- **MT Child Outcomes Summary Process:** All Part C provider staff is participating in or have completed the MT COS Process training. Implementation checklists, professional development records, annual monitoring, and data management system review will be used to measure the impact of the training and practice on Montana's Child Outcomes Summary ratings. Additionally, the measurements will allow Montana to develop targets for the SiMR and other summary statements based upon valid and reliable data.
- **Family involvement in data practices and products:** Families provided much information for Montana to build strong family-centered data systems and products to inform decision making. Survey data, Family Support Specialist professional development records, annual monitoring, and data management system review will assist Montana to measure families' knowledge of child-level data and how the data has impacted their decision-making as their child participates in Part C or transitions to another early childhood provider.
- **Monitoring and Accountability:** Comprehensive monitoring reveals elements of compliance, quality, and identifies systems or procedures in need of targeted assistance. Review of annual monitoring content and timelines; professional development records; data management system reviews; fidelity system to review implementation of MT RBI, RBEI, and coaching helps Montana identify quality and to measure the results of early intervention practices in each of the global child and family outcomes. The Part C Results-driven Accountability learning cohort will provide tools, strategies, and support as Montana moves toward increased quality and accountability in its Part C programs.
- **Social-emotional screening, assessment, and curricula:** The demonstration site's preliminary screening results and continued monitoring of services and supports provides foundational data to identify strengths and weaknesses within our state-wide system to address social-emotional concerns. Fidelity checklists; professional development records; annual monitoring; IFSP reviews, and data management system review will guide Montana to measure the changes in IFSP social-emotional outcomes and their impact on global child outcome ratings for infants and toddlers and their

families. Undoubtedly, additional resources will be needed to support Family Support Specialists as grow in their knowledge and understanding of social-emotional development and interventions for infants and toddlers and their families.

- Coaching to promote social-emotional development and build the capacity of parents and caregivers:** Data indicates inconsistencies in Family Support Specialists’ knowledge of evidence-based practices to implement while using a coaching model. Professional development records; coaching fidelity checklists; IFSP reviews; data management system; and annual monitoring will enable Montana to identify coaching quality, and the use and fidelity of evidence-based practices to achieve measureable results for infants and toddlers and their families.

Table II: Montana Monitoring and Measurement to Assess Effectiveness

Professional Development: Montana Milestones/Montana State University Extended University	
Data Sources	<ul style="list-style-type: none"> ➤ MT Milestones/MSU Extended University participant records ➤ FSSs Certificate of Completion ➤ Provider agency records of supervisor and FSS reflection meetings. ➤ Part C provider feedback survey regarding navigation, content, and reflection meetings with supervisor or FSS. ➤ FFY 2016 Annual Comprehensive Monitoring review will document number of FSSs who completed modules and reflection activities.
Current Baseline Data	<ul style="list-style-type: none"> ➤ 17 supervisors representing 7/7 Part C provider agencies reviewed navigation, content, and quality of reflection activities by 11/15/16. ➤ To be identified: # of FSSs who reviewed navigation, content, and quality of reflection activities by 3/31/17. ➤ <i>Will 80% of FSS’s demonstrate proficiency on post training knowledge?</i> Evidence will be found in printed Certificates of Completion for each module and stored in FSS professional development file. ➤ <i>Did 80% of FSS’s participate in mentoring with their supervisor following the protocol guidance?</i> Data to be collected after 3/31/17 via FSS professional development file. ➤ <i>Did 90% of professional development records note reflection and feedback process has occurred following the protocol guidance?</i> Review of reflection meetings tracking in Comprehensive Monitoring Tool for FFY 2016 will be completed by November 2017.
Collection Procedures	<ul style="list-style-type: none"> ➤ Dr. Lux collects recorded data within the required timelines

<p>and Timelines</p>	<p>from the Extended University to share with Part C Coordinator.</p> <ul style="list-style-type: none"> ➤ Supervisors’ usage data by 11/15/16. ➤ FSS usage data by 3/31/17. ➤ Survey data regarding navigation, content, and quality of reflection activities by 3/31/17. ➤ Professional development records and supervisory file reviews during annual monitoring for FFY 2016 and will be compiled by November 1, 2017.
<p>Assessment of progress toward achieving intended improvements</p>	<ul style="list-style-type: none"> ➤ Progress toward achieving intended improvement is being evaluated as professionals use and provide feedback for the modules which are foundational knowledge in scope. ➤ The evaluation will assist the Stakeholder/Work Group as additional modules are developed and uploaded. ➤ Deeper analysis by the Part C Coordinator and the Quality Improvement Specialists will be enacted in FFY 2017 to determine what effect the online professional development system has upon the quality of evidence-based practices and the impact on children and families as measured by child and family outcomes. ➤ See section F for additional outputs/activities along with evaluation components for the improvement strategy.

<p>Collaboration: Montana Child Outcomes Summary Process</p>	
<p>Data Sources</p>	<ul style="list-style-type: none"> ➤ MT Child Outcomes Process training curriculum, IFSP and COS Guidance, and train the trainer participant records. ➤ Training timelines developed; submitted to the Part C Coordinator; and implemented by each trainer. ➤ Participant records of Training conducted for regional Part C provider agency staff. ➤ Inter-rater reliability records for each training session. ➤ Data management system, the EI Module, enhancements and deployment dates: <ul style="list-style-type: none"> • Linking IFSP outcomes to global outcomes completed October 2016. • Summary of Child’s Functioning is a required field completed October 2016.
<p>Baseline Data</p>	<ul style="list-style-type: none"> ➤ 6 learning modules developed along with inter-rater reliability process. ➤ 6 modules and inter-rater reliability process disseminated to 12 trainers. ➤ IFSP and COS Guidance document completed and disseminated to 7/7 Part C providers (document available on MT Milestones website).

	<ul style="list-style-type: none"> ➤ 12/12 trainers submitted and followed training timelines. ➤ 7/7 Part C provider staff completed MT COS Process modules 1-5. ➤ 5/7 Part C Provider staff completed MT COS Process modules 1-6. ➤ 2/7 Part C Provider staff completing Module 6 by April 30, 2017. ➤ 119 FSSs and administrative staff trained state-wide. ➤ 12/12 Trainers submitted evidence of inter-rater reliability following each MT COS Process training module.
Collection Procedures and Timelines	<ul style="list-style-type: none"> ➤ Train the Trainer curriculum, inter-rater reliability developed and trainers trained by April 30, 2016. ➤ IFSP and COS Guidance document developed, vetted, and disseminated by July 1, 2016. ➤ The Part C Coordinator collected training timelines for each Part C provider by July 1, 2016. The Part C Coordinator monitored the implementation of trainings beginning August 1, 2016 through March 2017. ➤ The Part C Coordinator collected fidelity checklists and participant lists following each training event through March 2017. ➤ Trainings completed according to each provider’s timeline and data collected January 2017.
Assessment of progress toward achieving intended results	<ul style="list-style-type: none"> ➤ MT is on track to fully meet all outputs and timelines with full implementation of MT COS Process beginning July 1, 2017. ➤ The Outcomes data collected in FFY 2017 will be used as the baseline Outcomes measurements. With the Outcomes measurements more reliable and valid, measuring the impact of Montana’s evidence-based practices on Child and Family Outcomes will provide data to identify successful strategies and practices to promote social-emotional development and build the capacity of family members. ➤ Data management system work group formed September 2016 (Christa Tescher, Kari Hoover, Hollin Buck, Chelsie Gilford, and Wendy Studt, Part C Coordinator). ➤ Ongoing comprehensive monitoring and Part C provider self-assessments of MT COS Process are required.

Collaboration: Using evidence-based strategies in a coaching model to promote social-emotional development	
Data Sources	<ul style="list-style-type: none"> ➤ Develop training protocol: Using Coaching Interaction Style to promote social-emotional development.
Baseline Data	<ul style="list-style-type: none"> ➤ Spring 2016: Coaching materials purchased by MT Milestones Part C Early Intervention Program and delivered to

	<p>demonstration site.</p> <ul style="list-style-type: none"> ➤ May 2016: Training protocol outline developed by demonstration site identifying content; core competencies; and practices to be demonstrated is received by Part C Coordinator and MT Milestones administrative team members. ➤ June and July 2016: Subsequent training protocol revisions by demonstration site submitted to Part C Coordinator and MT Milestones administrative team members.
<p>Collection Procedures and Timelines</p>	<ul style="list-style-type: none"> ➤ Meetings held May, June, and July 2016 to review and revise the training protocol with the demonstration site personnel and MT Milestones administration team members. ➤ July 2016: Review of the initial training protocol and subsequent revisions by the MT Milestones administrative team and Montana’s Technical Assistance professional. ➤ July 2016: The Administrative team identified knowledge gaps of evidence-based social-emotional strategies when using a coaching interaction style. ➤ August 2016: The current version of the improvement strategy concludes. ➤ September 2016: The Part C Coordinator and Drs. Shelden and Rush identify a revised approach to the improvement strategy culminating with Drs. Shelden and Rush’s submission of a training proposal to and accepted by MT Milestones Part C Early Intervention Program. ➤ The first state-wide action/output will be to identify previously trained Master Coaches for participation in October 2017 training by Drs. Shelden and Rush following contracting for Part C providers in July 2017.
<p>Assessment of progress toward achieving intended results</p>	<ul style="list-style-type: none"> ➤ MT did not meet the expectations for this improvement strategy. While it is evident that Montana’s Part C providers use a variety of coaching techniques with families, knowledge gaps of evidence-based intervention strategies within the coaching practice are found across the state. ➤ The revision of the improvement strategy, as defined in Section F, will be an approach to increase FSSs social-emotional development knowledge and application of skills to promote social-emotional development. ➤ The expectation of the FSSs increased knowledge and application of skills will provide a baseline measurement to determine the impact of coaching to build capacity and promote social-emotional development for children and families. ➤ Further actions/outputs along with timelines and data collection components are identified in Section F.

Assessment: Social-emotional screenings, assessments, and evidence-based curricula	
Data Sources	<ul style="list-style-type: none"> ➤ Participant evaluations measuring quality of professional development. ➤ Training agenda and participant records for ASQ: SE-2 training. ➤ FSS professional development files. ➤ Child records: ASQ: SE-2 screening tool implemented by program staff and Quality Improvement Specialist ➤ Demonstration site: ASQ: SE2 screener data. ➤ Child records: Social-emotional assessment tool(s) currently being used for social/emotional developmental assessment.
Current Baseline Data	<ul style="list-style-type: none"> ➤ 100% of fidelity checklists completed by trainees reported adult learning strategies were used. ➤ 100% of demonstration site FSSs trained in the administration of the screener ➤ 100% of FSSs at demonstration site receive written procedures for administration of the screener. ➤ 100% of FSSs receive additional protocol to identify procedures for follow-up, future referrals, and implementation of social-emotional strategies developed and disseminated. ➤ 100% children entering Part C services at demonstration site are screened using the social-emotional screener effective July 1, 2016 (34 individuals through March 2017). ➤ 8 /34 children screened were identified within the “monitor” or “refer” range at the time of intake (24%). The families received additional information based upon the areas of concern identified. ➤ October 2016: 100% of FSSs use of Montana’s identified multi-domain developmental assessments to obtain social-emotional developmental scores.
Collection Procedures and Timelines	<ul style="list-style-type: none"> ➤ Beginning June 2016, the Part C Coordinator collects participant evaluation data. ➤ June 23, 2016: training agenda and participant records. ➤ Screener and resources purchased July 2016. ➤ Written procedures for administration of the screener disseminated July 2016. Additional protocol to identify procedures developed and disseminated January 2017. ➤ Data sources and evaluation procedures from identified action/output from logic model were and continue to be reviewed during ongoing quarterly team meetings or more frequently if needed. ➤ Progress reporting on actions/outputs is shared at the FSSAC meetings quarterly including follow-up data on the results of

	<p>the “monitor” or “refer” data.</p> <ul style="list-style-type: none"> ➤ FFY 2016 annual monitoring to review child and family records and FSS records for implementation of screener, assessment and protocols. Data will be compiled by November 1, 2017.
<p>Assessment of progress toward achieving intended improvements</p>	<ul style="list-style-type: none"> ➤ MT is on track, having met timelines, to scale up the demonstration site’s social-emotional screening and follow up process state-wide in FFY 2017. ➤ Beginning October 2017, identified Master Coaches from provider agencies will participate in Drs. Sheldon and Rush’s training focusing upon evidence-based practices to promote social-emotional development build capacity of parents using a coaching model and follow-up activities. Details of this revision appear in Section F. ➤ For FFY 2017 and FFY 2018, in-depth monitoring of the impact of social-emotional screening, assessment, and evidence-based curricula upon Montana’s SiMR will commence using baseline data from the valid and reliable COS ratings. ➤ Identifying social-emotional needs at intake informs the development of outcomes and the identification of supports and services, to meet the social-emotional needs of the infant or toddler and their family members. ➤ The monitoring of the social-emotional progress of the identified children will be ongoing to determine if early identification of social-emotional needs will impact the child’s social-emotional ratings at exit from the Part C program.

<p>Family Involvement: Family engagement in child and family outcomes data practices and products</p>	
<p>Data Sources</p>	<ul style="list-style-type: none"> ➤ Focus group data collected in the following areas: <ul style="list-style-type: none"> • Knowledge of child and family outcomes; • Data collected currently for global child and family outcomes; and • Opinions and ideas to improve a family’s understanding of using data to drive decision-making.
<p>Baseline data</p>	<ul style="list-style-type: none"> ➤ Families reported minimal knowledge or understanding of the following: <ul style="list-style-type: none"> • COS process; • Developmental assessment or evaluation; • Existing resources explaining MT Milestones/Part C Early Intervention such as “Let’s Chat About Early Intervention;” • Family Support Specialist/Service Coordinator’s role; and • Unawareness of data collected that could inform decision-

	making for their child’s supports, services, and ongoing development.
Collection procedures and timelines	➤ 4 WebEx presentations beginning in December 2016 through March 2017 using consistent presentation and questioning.
Assessment of progress toward achieving intended improvements	<ul style="list-style-type: none"> ➤ The discussions with family members were informative and identified families deeply interested in the data collected especially about foundational, intermediate functioning, and age-expected functioning. ➤ Families believe both a video description along with printed information, hand in hand, would be helpful to learn more about data practices. ➤ Families prefer visual representations of data when shown examples. ➤ Families noted that better informed Family Support Specialists/Service Coordinators will be able to share developmental assessment and evaluation results and how those results change over time. ➤ Families expressed support to review products developed and appear in the Family Data video to be developed. ➤ See Section F for further details regarding the improvement strategy.

Monitoring and Accountability: Monitoring the implementation of evidence-based practices with fidelity as well as assess child and family Outcomes Quality; and state-wide implementation of ASQ: SE-2 and developmental assessments to identify social-emotional areas of concern (FFY 2017)	
Data Sources	<ul style="list-style-type: none"> ➤ Montana’s Comprehensive Monitoring Tool: Each Part C provider program is monitored for the following performance measures: <ul style="list-style-type: none"> • Procedural Safeguard Guidelines • Program Management • Qualified Personnel • Assessment & Evaluation • IFSP Development • IFSP Outcomes • IFSP Implementation • Family Interview ➤ Monitoring Tool: Qualifications of Family Support Specialists using RBI for family information gathering and RBEI for embedding early intervention supports and services within the child and family’s daily routines. ➤ Monitoring Tool: Child and Family Outcomes Quality

<p>Baseline data</p>	<ul style="list-style-type: none"> ➤ Percentage of Part C Provider programs meeting standards: <ul style="list-style-type: none"> • 50% met standards for Procedural Safeguard Guidelines; • 85% met standards for Program Management; • 86% met standards for Qualified Personnel; • 100% met standards for Assessment and Evaluation; • 52% met standards for initial IFSPs; • 59% met standards for six month review IFSPs; • 87% met standards for annual IFSPs; • 74% met standards for overall Outcomes; • 94% met standards for Child Outcomes; • 62% met standards for Family Outcomes; • 93% met standards for implementation of IFSPs; • 97% met standards for Family Interviews. ➤ 3/7 Part C providers named a systemic process to monitor ongoing fidelity implementing the EBPs. ➤ 73% of Montana’s FSSs received MT RBI Certification through Montana’s systemic practice of MT RBI training and RBI video review. ➤ 99% of Montana’s FSSs received RBEI training at their provider agency.
<p>Collection procedures and timelines</p>	<ul style="list-style-type: none"> ➤ For each performance measure, the Part C provider is identified as meeting standard, failing to meet standard, measure does not apply, and errors/data missing requirement correction. ➤ From the qualitative and quantitative analysis, remediation forms are generated to remedy failing to meet standards or errors/data missing. ➤ Following the compilation of monitoring data in November annually, providers are informed of identified areas of exemplary practice as well as areas requiring remediation. The remediation is monitored throughout the year by the Quality Improvement Specialist and the Part C Coordinator. ➤ All data components were collected during annual monitoring cycle and compiled November 2016. ➤ Additional analysis of the data will be completed during ongoing Quarterly Outcomes Monitoring calls. ➤ Family outcome data will continue to be scrutinized by Part C provider during Quarterly Outcomes Monitoring Calls. ➤ More frequent, targeted monitoring to review IFSP outcomes will be performed by Quality Improvement Specialists and data shared during Outcomes Monitoring Calls.
<p>Assessment of progress toward achieving intended</p>	<ul style="list-style-type: none"> ➤ The Comprehensive Monitoring Tool with revisions was used for the second time in FFY 2015 ➤ Quality Improvement Specialists identified an issue in using a

<p>improvements</p>	<p>large sample size for the second year as a number of child records reviewed were the same as the prior FFY 2014.</p> <ul style="list-style-type: none"> ➤ Remediation written and corrected in FFY 2014-2015 were identified again as the Part C provider had not completed the remediation procedures for the previous monitoring cycle. ➤ The Stakeholder/Work Group is meeting to identify a monitoring timeline that will be more reflective of a provider's improved systems following remediation. More information regarding this strategy can be found in Section F. ➤ Any links between the fidelity of RBI and RBEI and improving social-emotional outcomes for children and families are weak due to an inadequate state-wide process to monitor ongoing fidelity implementing the EBPs plus connecting fidelity data with outcomes data. ➤ A systemic, sustainable process exists for MT RBI training and Certification. A RBEI learning module exists on the Extended University; however, no systemic training processes exist for RBEI. ➤ For FFY 2017, Montana will work to identify and implement systemic training and fidelity checklists using resources from R.A. McWilliam's text, <u>Routines-Based Early Intervention, Supporting Young Children and Their Families</u>. ➤ While encouraging those IFSP child outcomes met the quality criteria, evidence was uncovered that child outcomes may not link to a developmentally assessed need. Therefore, services and supports may not be provided to a child and their family to build capacity or promote development for an identified developmental delay. Overall, family outcomes were not written as outcomes but rather as a service to be provided. ➤ Overall, the Comprehensive Monitoring Tool provides data for analysis to determine the effectiveness of policies, procedures, and EBPs upon improving social-emotional skills for children and families as well as the other global child and family outcomes. For FFY 2017, Montana will analyze IFSP outcomes, assessment information, and identify links to improvement in social-emotional functioning.
----------------------------	---

Montana's Demonstrated Progress and Modifications to the SSIP:

Throughout the initial implementation and evaluation phase of the SSIP, Montana identified additional activities and outputs for each improvement strategy which we believe will lead to continuous progress toward achieving intended improvements to infrastructure and the SiMR.

Montana's implementation framework may be best described as a combination of "making it happen" as the implementation teams (Stakeholders/Work Groups) directly helped Part C providers effectively implement the identified strategy and "helping it happen" as the teams discovered specific resources or tools to be designed for the Part C providers to enhance or sustain the strategy.

Improvement Strategy #1: MT Milestones/MSU Extended University providing systemic, sustainable, on-demand professional development around Montana's chosen practices:

Currently, an online survey is being conducted state-wide for Family Support Specialists and their Supervisors to provide feedback regarding the navigation, content, and reflection processes embedded within each learning module. The data collected will inform Montana's next steps to ensure usability and value of the system as we move forward with additional learning modules. Ultimately, the targeted professional development within each tier (federal, state, and regional) offered by the Extended University to enhance the knowledge, understanding, abilities of Family Support Specialists and their Supervisors will be prerequisites for Primary and Comprehensive Certification of Family Support Specialists.

The activities/outputs of four improvement strategies necessitate supporting learning modules to be accessible on the Extended University:

- The six learning modules for the state-wide Child Outcomes Summary Process will be created and then available on the Extended University after July 2017.
- A module examining the social-emotional screener, Ages and Stages Questionnaire: Social-Emotional 2nd Edition, and the protocol and procedures for its required use state-wide will be created and available after July 2017.
- A module exploring the quality and integrity of Montana's data management system, the Early Intervention Module, to comply with federal and state reporting, state-wide monitoring, and using data to build a system of services to improve outcomes will be created and available after July 2017.
- A module instructing Family Support Specialists on how to write quality outcomes and introduction of guidance materials will be created and available after July 2017.

Improvement Strategy #2: State-wide Child Outcomes Summary guidance and train the trainer model is used to create a systemic approach for all Family Support Specialists to use consistent measuring and rating processes thereby increasing the validity and reliability of Child Outcomes data:

Enhancements to Montana's data management system are necessary to support the practice changes to reflect Montana's Child Outcomes Summary Process by July 1, 2017 when state-

wide scale-up is scheduled. The Stakeholder/Work Group identified changes to both the IFSP and the COS form. The changes were presented to the data management system contractor with an expected completion date of July 1, 2017:

- IFSP outcomes are now linked to a global child or family outcome;
- The Summary of the Child's Functioning within the IFSP is a required field and will pre-populate on the COS form;
- Prompts to perform Baseline and Exit COS ratings will be added;
- The COS form will be revised to reflect the pre-population of the most current Summary of the Child's Functioning and evidence of age-appropriate functioning, immediate foundational skills/functioning, and functioning that is not yet age appropriate or immediate foundational.

Data gathered from Comprehensive Monitoring identified a need for guidance and learning opportunities for Family Support Specialists to write high quality child and family outcomes. The link between well-written IFSP child and family outcomes and the three global child outcomes is critical to a child's improvement as measured by the Child Outcomes Summary Process. The training was developed along with guidance documents and presented state-wide for both Family Support Specialists and Quality Improvement Specialists. In some cases, the Part C provider used the state-wide training and presented it to their Family Support Specialists again and for future use with new staff members. Link to Outcomes guidance documents: <http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/PartC/Guidance%20and%20Forms/StepsforbuildingandIFSPChildandFamilyOutcomes.pdf>

Improvement Strategy #3: 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:

Montana's Part C Coordinator and Montana's ICC Chairperson were asked to present on this improvement strategy at the Leadership Conference 2016. In addition to two successful presentations, we received many family engagement resources while in attendance at the Conference. Specifically, the information gathered there became the basis of our family focus group presentation, "Engaging Families with Data" and follow-up conversations with families. Video resources and family brochures about the child outcomes process from our Part C collaborative partner, Illinois, are guiding us as we develop the video and brochure for Montana's families. Additionally, resources from Montana's Child Outcomes Summary Process training presented additional family video ideas.

Identified within Montana's SSIP Phase I, "stakeholders were doubtful that the current baseline for Family Outcomes was a true and accurate reflection of Outcomes measurements in

Montana.” Dr. Kalli B. Decker of Montana State University and her team of researchers performed research of parents’ experiences of Montana’s Part C services. In collaboration with Montana’s Part C Coordinator, and the Part C providers, Dr. Decker and team used family interviewing procedures to determine the impact of early intervention. Dr. Decker presented her research ideas to the Part C providers giving assurance and gathering input prior to heading to the field to interview families.

Dr. Decker shares her preliminary findings:

Throughout the summer of 2016, Dr. Decker and her research team interviewed 30 families who had children with diverse delays and/or disabilities who were receiving Part C services. Between 2 and 7 families participated from each of the 7 provider agencies and 15 counties were represented. Each family completed a survey and participated in a semi-structured interview regarding the early intervention services they receive, including the professionals they work with and what these services are typically like.

Each of the 30 families was seeing a Family Support Specialist and 21 families had children who were seeing one or more other therapists. Based on the survey data collected, the majority of families in this study reported seeing their Family Support Specialist in their home and that they are actively involved with the child and the Family Support Specialist during these visits. For families who see a therapist, they reported that their visits often take place in a clinical or office setting. Of the 21 families seeing a therapist, 3 families indicated they are not present when their child receives services (such as sitting in a waiting room), 6 families indicated that they observe the therapist working with their child, and 12 families indicated that they are actively involved with their child and therapists during these visits. Families report that they receive information about what they can do within everyday routines and activities with their child during these visits with Family Support Specialists and therapists. However families reported that the routines incorporated into services primarily focused on play, and very few families reported that services included other daily routines such as mealtime, bath time, and getting dressed.

Preliminary findings from the interviews conducted with families include that Family Support Specialists spend time discussing important topics with families including, but not limited to:

- *Current challenges;*
- *Information about child development milestones;*
- *Suggestions for how to follow through with therapists’ recommendations, thereby bridging families’ experiences with therapists in clinical settings to how these recommendations can relate to their everyday lives with their children; and*
- *Service coordination and resources.*

Families reported that their time spent with therapists tends to focus on specific strategies or tools to use when interacting with their children, primarily related to social interactions, language development, and motor skills. Based on families' discussion of how the focus of their services was based on the parents' or the child's specific needs, and while services provided by therapists were also considerate of parents and child specific needs, they were largely based on the therapists' professional expertise and recommendations. While parents' survey responses indicated that they were typically actively involved in services with both Family Support Specialists and other therapists, their interviews indicated that they may frequently take on the role of actively observing. It is unclear if parents typically observe because these early intervention professionals prefer that families observe, or if families' preferences are driving this aspect of services. The interviews suggest that some families are encouraged to be observers when their child is working with a therapist, while other families described a preference for observing since they viewed the Family Support Specialist or therapists as experts they wanted to learn from by watching.

When asked how services could be improved, families indicated that there may be a need for clarity of roles (e.g., how their Family Support Specialist differs from therapists they may see). Families also shared that they struggle to find pediatric therapists who can provide the services their children need, and that when they do find a therapists, many families have to travel great distances in order to have their child involved in these therapies. Families also expressed a desire to receive services more frequently, with most families and children currently seeing these professionals about once a month. Importantly, many parents indicated that they were quite satisfied with the current services they receive from both Family Support Specialists and therapists.

Data collected from this study indicate that potential next steps including providing professional development to therapists regarding the importance of family-centered services that actively involve parents in therapy services even when they take place in a clinical setting, rather than in the home. There is also a need for professional development for both Family Support Specialists and therapists regarding how to support families during the various types of everyday activities and routines they do with their children that go beyond play; for instance, support may be needed for Family Support Specialists and therapists to feel confident in how to support families within other daily routines that may seem mundane but that are the basis of children's interactions with their families, such as during mealtime. Lastly, there is a need to identify barriers Family Support Specialists and therapists may face when trying to provide family-centered and routines-based services. Questions remain regarding these professionals' attitudes and beliefs, and how this may influence early intervention services and child-and family-level outcomes. For instance, these professionals may have attitudes and beliefs that align with recommended family-centered and routines-based services, but they may struggle

with buy-in from families who prefer a “watch and learn” modality of services. Future efforts should address supporting both Family Support Specialists and therapists in their efforts to actively involve families in early intervention services that focus on a variety of families’ everyday routines.

Link to Parents Experiences of Montana’s Part C Services: Preliminary Findings:
<http://dphhs.mt.gov/Portals/85/dsd/documents/DDP/PartC/FSSAC/Decker%20Research%20Preliminary%20Findings%20FSSACPresentation%201%2010%2017.pdf>

Montana’s and Dr. Decker’s next steps for this addition to the improvement strategy are identified in Section F.

Improvement Strategy #4: 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 strategies with fidelity:

The review of IFSP outcomes during the monitoring cycle for FFY 2014 provided data indicating IFSP outcomes were not always well-written and did not always include criterion, strategies, and timelines. As written and with vague data regarding how the outcomes were chosen, written, and measured; the outcomes were unlikely to impact the SiMR. To improve the quality of child and family outcomes, *Writing High Quality Outcomes* training was provided state-wide along with the development of guidance documents. Added to Montana’s Comprehensive Monitoring Tool was child and family outcomes monitoring criteria.

Child-focused Outcomes:

- Outcome is functional and reflects the child and family’s everyday routines and activities;
- Outcome reflects present levels of development;
- Outcome emphasizes child participation in a routine;
- Outcome specifically states what the child will do that is necessary or useful to participate within the routine including interaction or engagement;
- Outcome includes an observable indicator of when/how the child will use the skill in the routine;
- Outcome includes a reasonable time-frame for completion with criteria that are clearly linked to the outcome;
- Outcome describes priorities and measures progress in words the family would use (i.e., jargon-free);
- Outcome links to the family priorities as listed on page 2 of the IFSP;
- The child focused outcome is or is not considered a quality outcome.

Family Outcomes:

- Outcome states specifically what the family will do (i.e., the family is the actor) based on family priorities as listed on page 2 of the IFSP reflecting a family need or interest;
- Outcome includes an indicator of when or how the family will know the goal is met;
- Outcome is written in words the family would use;
- The family-focused outcome is or is not considered a quality outcome.

After revising the Comprehensive Monitoring Tool for FFY 2015, the Stakeholder/Work Group continued to wrestle with measuring the impact of the monitoring of quality practices and systems and the effects upon the SiMR. The Stakeholder/Work Group applied and was accepted to be members of the newly developed NCSI cross-state learning collaborative: **Part C Results-Driven Accountability**. Montana's inclusion in the collaborative will provide much needed support, innovations, and resources as we implement quality monitoring to measure performance results in each of the global child and family outcomes.

The first face-to-face meeting was held November 2016 and the next is scheduled for June 2017. Two members of the Stakeholder/Work Group participated, Regional Quality Improvement Specialist staff members Troy Kelly and Connie Wethern. Troy and Connie presented information about Montana's monitoring process and system including sharing Montana's Comprehensive Monitoring Tool. They gathered input and ideas to improve our process which have been shared with the greater Stakeholder/Work Group. We continue to participate in conference calls with the learning collaborative members. Based upon Troy and Connie's experiences, the Stakeholder/Work Group will meet during the summer of 2017 to identify our next steps for performance monitoring including using a coaching interaction style to improve social-emotional development, MT RBI, and RBEI fidelity monitoring. A broad view of those next steps is included in Section F.

Improvement Strategy #5: The demonstration site Stakeholder/Work Group will identify and then implement social-emotional screening, assessments, and evidence-based curricula to promote and improve social-emotional competence for children and their families:

When reviewing social-emotional assessment tools for infants and toddlers with disabilities, the Stakeholder/Work Group determined that many developmental assessment tools currently in use state-wide in Montana's Part C Program provide valid and reliable social-emotional developmental assessment results:

- AEPS
- Battelle Developmental Inventory™, Second Edition
- Bayley Scales of Infant and Toddler Development®, Third Edition
- Brigance IED III-Early Childhood Edition

- DAYC-2
- Developmental Profile™3
- The Early LAP

Rather than purchasing a new social-emotional assessment, the Stakeholder/Work Group suggested better cross-state training on the available, familiar tools and increase emphasis on drilling down into the assessment information to inform outcomes, practices, and strategies to improve the SiMR. Activities/outputs will be described in Section F pertaining to social-emotional assessment.

Efforts to identify a social-emotional curriculum for infants and toddlers with disabilities and their families that compliment current family-focused practices such as RBEI and coaching proved to be challenging. The Stakeholder/Work Group was provided multiple resources from experts both within and outside of Montana. Over the course of the team's research, the members identified information shared by Drs. Sheldon and Rush in a workshop format the previous spring as more compatible with our state-wide emphasis that early relationships effect development, *Coaching and Parent Responsiveness*. The team also identified resources from the Center on the Social and Emotional Foundations for Early Learning to include within the MT Milestones/MSU Extended University:

- Promoting Social and Emotional Competence Infant/Toddler Training Modules;
- Parent Training Modules; and
- Zero to Three Resources for parents available on the CSEFEL site.

Simultaneously, the demonstration site implementing **Improvement Strategy #6, using evidence-based practices when implementing 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** did not have enough evidence-based practice content within the coaching structure to make an impact on outcomes. As we attempted to identify the content needed such as practices that promote developmental guidance; model coping and regulation; provide relational guidance; and, ultimately, help parents modify their own behaviors; Montana's Administrative Team turned to Drs. Sheldon and Rush for support. Drs. Sheldon and Rush shared an example of a similar situation they had encountered and provided resources for Montana to consider. Montana's Administrative Team revised the course of the improvement strategy incorporating Drs. Sheldon and Rush's professional development plan thereby to build content-rich coaching interactions between Family Support Specialists and families. Revised activities and outputs pertaining to this strategy are included in Section F.

Stakeholder Involvement in the SSIP Evaluation:

The implementation framework Montana designed includes multiple feedback loops to integrate data-driven decision making in an ongoing way. Table I identifies the members of

each Stakeholder/Work Group for each coherent improvement strategy. The groups met face-to-face, through conference calls, and via online webinars to identify activities/outputs, content, implementation timelines, and needed technical assistance or support. Many of the groups' members actually implemented the strategies applying real life experiences to our evaluation activities. Montana's Part C Coordinator is a member of each Stakeholder/Work Group; therefore, input received from the groups was immediately used in decision-making for each strategy.

The Stakeholder/Work Groups used some or all core implementation components to drive improvement strategies implementation, evaluation, and revisions.

Recruitment and selection: Stakeholders/Work Groups are made up of individuals with desired knowledge, skills, and experiences ideally suited to the implementation of an identified improvement strategy.

Pre-service and/or in-service training: Stakeholders/Work Groups possess starting competence related to the strategy and develop fuller competence through their work implementing, evaluating, and revising or adding additional components to the strategy.

Coaching and consultation: Stakeholders/Work Groups receive coaching and consultation during the course of implementation – while engaging in a practice, assessing activities, providing feedback, and receiving support from fellow team members. Guided experience with positive feedback is the best teacher.

Staff performance assessment: Thoughtful assessments such as implementation checklists and calls boost engagement and motivation. This also provides for innovation within the improvement strategies, still maintaining fidelity to the identified practice but adaptive to the real-life application in order to achieve successful implementation.

Decision support data systems: The Stakeholder/Work Groups work to identify effective data collection and reporting systems to manage the processes and outcomes following the logic models developed for each improvement strategy. This foundation helps Montana move to a continuous improvement model for implementation supports. Montana continues to evolve data systems to make information more accessible and useful to Montana's Part C providers.

Facilitative administration: As the Stakeholders/Work Groups and teams personally experience implementing improvement activities and see the results; their experiences reinforce and make real the philosophy behind the improvement activity. Montana anticipates Family Support Specialists will be confident and competent in coordinating and providing supports to children and families thus leading to improved outcomes.

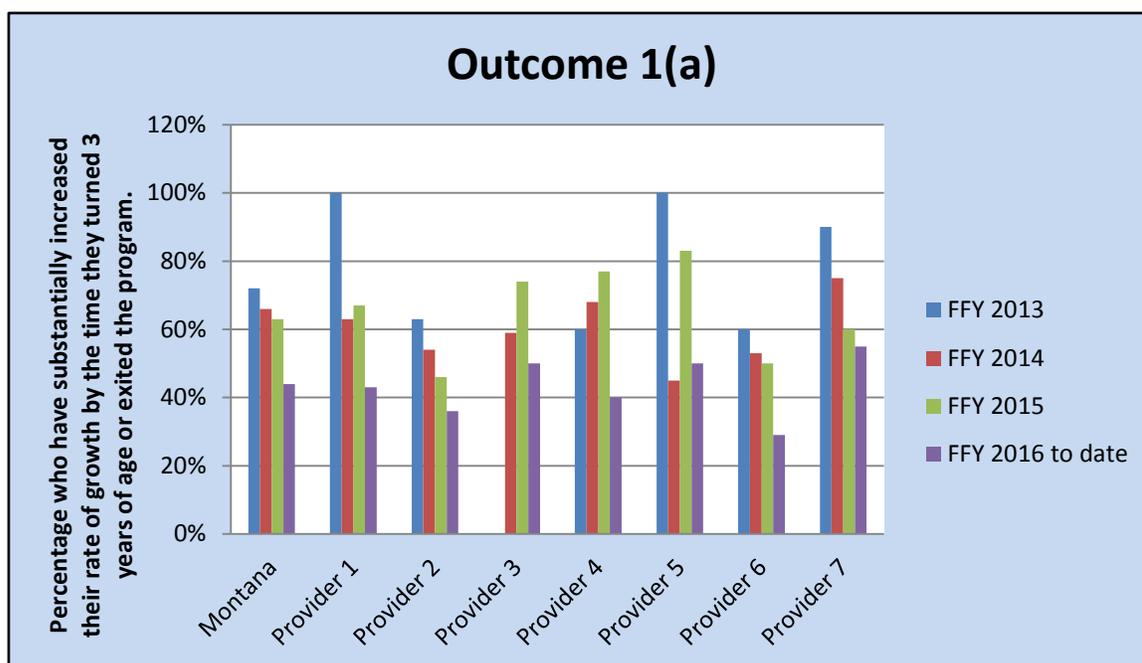
System intervention: Montana 's Part C Coordinator and Stakeholder/Work Groups must attend to multi-level alignment (local, state, and federal); maintaining leadership and focus; creating and staying connected to the champions across Montana providing Part C early

intervention services; intervening to provide guidance and processes; and remain attentive at local, state and federal levels looking for windows of opportunity to positively impact outcomes for infants and toddlers with disabilities and their families.

D. Montana Data Quality Issues:

Outcomes data analysis conducted in FFY 2013 and 2014 for the SSIP Phase I identified similarities and patterns when infants and toddlers were rated upon entry and exit. The similarities and patterns were exclusive to a regional Part C provider. Another pattern would be evident at another regional Part C provider. The unique similarities and patterns were discovered at all seven Part C providers. Therefore, the inflated ratings of the majority of providers showed consistent intra-provider similarities but inconsistencies in the ways in which outcomes were rated across providers.

Montana implemented some adjustments to the Child Outcomes Summary Process prior to FFY 2015 which impacted the Outcomes measurements resulting in percentages for the majority of summary statements to decrease. Effective FFY 2016, Montana implemented all actions under the Child Outcomes Summary Process coherent improvement strategy. In so doing, Montana hypothesizes summary statement percentages, including the SiMR, will decrease again in FFY 2017 as the COS process is fully implemented.



Annual monitoring data collected for FFY 2015 was used to identify the fidelity of the implementation of practices such as MT RBI, Coaching, and RBEI. The data is inconclusive due to inconsistent fidelity-monitoring systems across Part C program providers. To ensure Montana is able to measure the impact of the identified practices upon results for infants and toddlers and their families, the Monitoring and Accountability Stakeholder/Work Group will

address this data gap within their work as members of the NCSI Part C Results-Driven Accountability learning cohort during FFY 2017.

As the original targets for the SiMR and other summary statements are not necessarily based upon valid and reliable ratings, Montana will need to revise targets based on data we know will be more valid. Montana is completing frontloading work in FFY 2016: state-wide process for accurate ratings; accuracy checks; and implementation and sustainability monitoring. Montana's data collection, evaluation, and analysis during FFY 2017 will establish if improvement has been achieved – we will see if this work has made a difference.

E. Montana's Progress toward Achieving Intended Improvements:

Multiple state-wide infrastructure changes are identified and implemented to support Montana's coherent improvement strategies. The systemic changes are expected to support achievement of the SiMR and sustainability of the coherent improvement strategies:

MT Milestones/Extended University: The learning platform and high-quality learning modules developed by early intervention experts are available and under review by Montana's Family Support Specialists for navigation, content, and quality of reflection activities. Marketing and guidance protocol are developed and distributed to Part C providers. The Extended University and participation in specified learning module content will eventually be required for Primary and Comprehensive Certification.

Montana Child Outcomes Summary Process: Montana's process and training are provided to every Family Support Specialist. Quality training materials developed for each COS learning module and disseminated to each current Part C program provider are expected to be provided to each new FSS thus be sustainable state-wide. Changes to Montana's data management system to reflect required COS practices are in process.

Family Involvement in Data Practices and Products: Selected families currently receiving Part C early intervention supports and services participated in focus group meetings to pinpoint families' general understanding of Montana's child and family outcomes data practices and how they would like to receive child-level data information.

Monitoring and Accountability: Training and guidance materials were developed to increase the quality of IFSP child and family outcomes. Monitoring of outcomes to ascertain quality was conducted in FFY 2015. Family Support qualifications including MT RBI certification, RBEI and coaching training reviews were completed identifying inconsistent fidelity by Part C program providers. This will be addressed in FFY 2017.

Social-emotional Screenings, Assessments, and Curricula: The demonstration site selected the ASQ: SE2 for screening, participated in training, and implemented it. Guidance protocols were developed and the practice will be scaled-up statewide in FFY 2017. Social-emotional assessment tools were identified from a current list of tools being used state-wide with

additional professional development to be provided in FFY 2017. Curriculum choices made will focus on *Coaching and Responsive Parenting* developed by Drs. Shelden and Rush.

The Coaching Interaction Style: Acknowledging the power of coaching to build the capacity of parents and other care providers, implementation of the coherent improvement strategy revealed insufficient knowledge of evidence-based practices to promote child learning and social and emotional development within the context of everyday routines. To apply evidence-based practices while using coaching, Montana will implement state-wide *Coaching and Responsive Parenting* developed by Drs. Shelden and Rush in FFY 2017.

Montana uses a combination of Comprehensive Monitoring by Quality Improvement Specialists; professional development records; self-assessments; surveys; checklists; and data from the state's data management system to track progress and fidelity of practices and effect of practices. Review of data collected occurs during Quarterly Outcomes Monitoring calls with each Part C provider and Quality Improvement Specialist wherein means to support infrastructure or system changes and monitor practices are discussed.

F. Plans for Next Year:

Each piece of qualitative and quantitative data collected during Phase III brings Montana Milestones closer to better implementation of evidence-based practices, better processes and procedures to support implementation, and, ultimately, better child and family outcomes leading Montana to a state-wide system of quality as we provide Part C services and supports. As we evaluate and analyze our child outcomes data and revise our targets based upon reliable and valid data, Montana will be able to effectively measure the impact of our chosen evidence-based practices. To support continuous improvement leading to results, Montana will implement innovative coherent improvement strategies; use data to analyze the results of the strategies; and determine whether the strategy made a difference for infants and toddlers and their families. If the strategy is successful, we will continue to implement on a wider scale and continuously assess the results. If the strategy did not work, we begin the cycle of continuous improvement again.

Montana's additional activities and outputs to be implemented are identified in the attached tables for each improvement strategy:

- **Table A. State-wide Professional Development System**, MT Milestones/Montana State University Extended University expansion;
- **Table B. State-wide Assessment Strategy**, MT Child Outcomes Summary Process;
- **Table C. State-wide Family Involvement Strategy**, Family-focused data Practices and products;
- **Table D. State-wide Monitoring and Assessment Strategy**, Results-driven Accountability and fidelity of evidence-based practices;

- **Table E. State-wide Evidence-based Practice Strategy**, EBPs to build the capacity of parents and other care providers to promote social-emotional development while using a coaching interaction style;
- **Table F. State-wide Screening and Assessment**, Implementation of social-emotional screener and social-emotional assessments to identify, refer, and plan early interventions strategies.

Each table links the expected activities/outputs with timelines, data collection, performance measures, and expected outcomes.

A potential barrier to implementation of the additional activities and outputs may be the organizational climates of Part C provider(s) to monitor fidelity of practices and processes; and implement fidelity checklists for self-assessment and program assessment. The process of creating systems for continuous monitoring leading to improvement within an intentional structure is relatively new to Montana's Part C program providers. With the technical support of the regional Quality Improvement Specialist and the Part C Coordinator, ongoing monitoring calls, targeted technical assistance will be used to identify needs, set goals, and measure progress. To promote successful implementation of the current and additional strategies, the primary use of data is for improvement and secondary use is for program evaluation.

Additional support for Montana will be obtained through the following sources:

- NCSI Part C Results-driven Accountability Cross-State Learning Collaborative
- Drs. Shelden and Rush
- IDC and DaSY technical assistance advisors