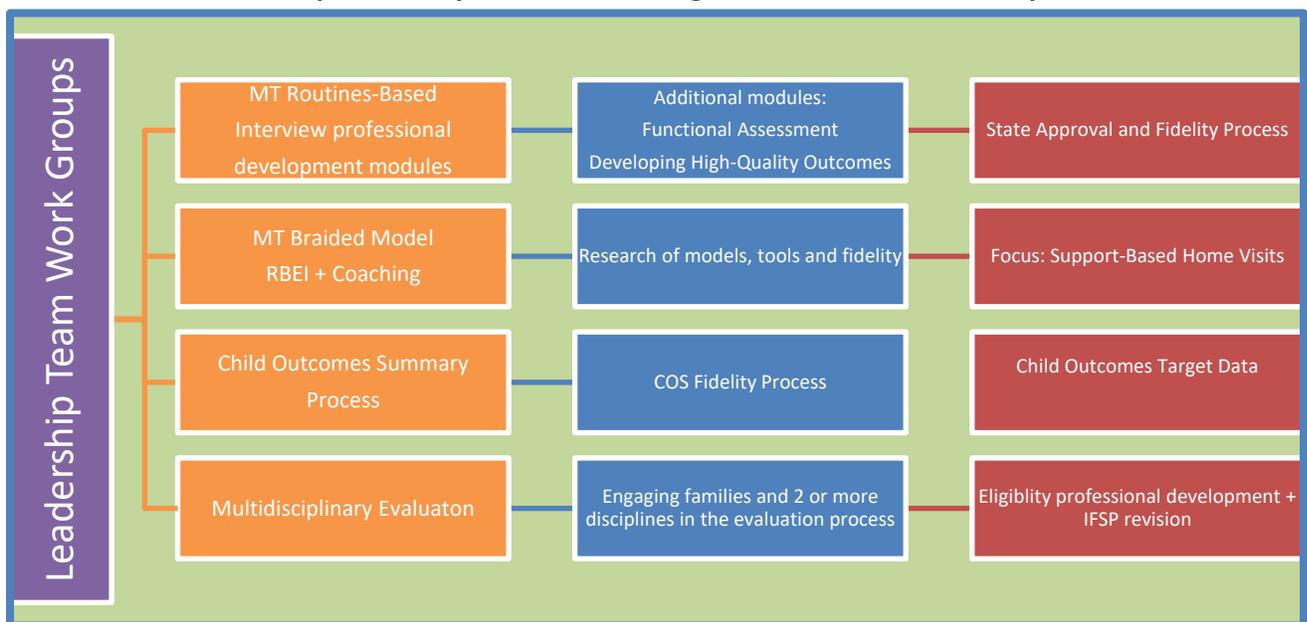


MT Summary of Phase III – Year 3:

Montana completed Year 3 of Phase III of its SSIP, focused on improved social and emotional development for infants and toddlers.

The Leadership Team, made up of contracted agency directors and their chosen team members representing each regional Part C Program provider, is an effective means to support engagement in State and local program accountability and continuous improvement. Throughout the past year, the team continued to plan, study, do, and act upon specific improvement strategies as identified in Table I. The team previously hypothesized the strategies will improve both infrastructure and the implementation of practices thus leading to demonstrated improvement in social-emotional development for infants, toddlers, and their families. They met both virtually and in person and reported on their progress prior to the face to face meeting held in late June 2018. Concurrently, Montana’s ICC – the Family Support Services Advisory Council (FSSAC) – reviewed Montana’s Child Outcomes data in March 2018 and requested recommendations from the Leadership Team regarding current child outcomes targets.

Table I. Leadership Team Improvement Strategies Linked to MT’s Theory of Action



The regional teams came together in June 2018 along with colleagues from the Office of Special Education Programs including Montana’s State Lead, Leslie Fox, for the purposes of:

- identifying progress of strategies and obtaining additional feedback from other team members;
- identifying next steps for each strategy including any modifications;

- reviewing Child Outcomes data plus targets and make recommendations to the FSSAC; and
- identifying technical assistance to support social-emotional practices.

The principle activities Montana employed during the year align with Montana’s Theory of Action with the intent to increase the percentage of infants and toddlers with disabilities leaving the program with progress being made in social-emotional development.

MT THEORY OF ACTION – LONG – TERM OUTCOME: Demonstrate improvement in positive social and emotional skills including positive relationships.

If Montana expends RESOURCES & EFFORTS...	...to implement these STRATEGIES	...to have these SHORT-TERM OUTCOMES	...we can realize these MID-TERM OUTCOMES...
Professional Development System	MSU Extended University	Learning modules developed consistent with regulatory requirements of the Act and chosen practices.	Family Support Specialist, with increased understanding and competence, effectively implement practices leading to achievement of IFSP outcomes.
Comprehensive Definition of Montana Milestones/Part C of the IDEA Program	Regional contracts, as result of Request for Proposal process, define Montana’s Part C Program and expectations and responsibilities.	Contracts build knowledge and skills for the development and implementation of systematic, high-quality Part C program in each region.	Regional programs are of high quality and useful leading to achievement of global child and family outcomes.
Social and emotional screening and assessment	ASQ: SE II and other social and emotional assessment tools are used consistently across the State to identify needs.	Results guide IFSP teams, including families, as outcomes are developed, identifying referrals, and plans for early intervention services.	Measurable and achievable social and emotional outcomes are documented in every IFSP.
Data Quality Measures	MT’s Child Outcome Summary Process	COSP data is valid and reliable across the State.	Accurate COS data is used for reflection of practices, strategies to ensure Part C

If Montana expends RESOURCES & EFFORTS...	...to implement these STRATEGIES	...to have these SHORT-TERM OUTCOMES	...we can realize these MID-TERM OUTCOMES...
			participants are receiving early intervention services that promote their development.
Family Engagement Practices	Families develop and implement measurable, functional and achievable IFSP based upon multidisciplinary evaluation and assessment.	Families have necessary resources to understand their child’s developmental needs and make informed decisions regarding practices, services, and fiscal decisions.	Families are consistently engaged in the Part C of the IDEA Program and recognize their roles as influencers and decision-makers both locally and State-wide.
Results-Driven Accountability and General Supervision	A quality improvement and assurance system implemented State-wide.	Using quality as a metric, early intervention practices are continuously enhanced using cycles of improvement.	Regional contractors implement practices, policies and procedures that lead to continuous improvement in the delivery of the Part C of the IDEA Program.

Theory: If a systemic and sustainable professional development structure is developed to increase understanding and competence in components of Part C of IDEA including social-emotional development; then Family Support Specialists/Service Coordinators will have increased understanding and knowledge to consistently and effectively implement and maintain current and new social-emotional practices. Evidence-based practices will be implemented by the Family Support Specialists/Service Coordinators to achieve IFSP outcomes.

- **Professional Development - Improvement Strategies employed during the most recent year:**

Montana Milestones/Montana State University Extended University is moving to a new platform with increased functionality for content, reflective activities, and a monitoring system to determine who is using the system and their level of completeness for individual modules. Like any online university learning system, Family Support Specialists will “register” for individual learning modules lending a sense of intentionality when participating in specific learning modules. Additional learning modules, either in development or finalized, will be taken in sequence based upon a user’s level of professional development. Learning modules in

development or finalized that are expected to be added to the platform by June 30, 2019 include the following:

- **MT Routines-Based Early Intervention (RBEI) Modules:** Eight modules: Introduction to MT RBEI, Family Ecomap, Functional Assessment, Introduction to MT’s Routines-Based Interview (RBI), Implementation of the MT RBI, Writing High-Quality, Functional Outcomes, Becoming State-Approved in MT RBI, and Support-Based Home Visits.
- **MT Child Outcomes Summary Process:** Eight learning modules leading Family Support Specialists and Program Managers through the background and purpose of the Child Outcomes Summary Process, Engaging Families, Ratings and Documentation, Age Anchoring Tool – the MEISR, and Fidelity Measurement and Procedure.
- **Transition at Age 3 Module:** Includes the process and procedure for transition as well as the documentation requirements.
- **Multidisciplinary Evaluation and Eligibility Module:** Includes the regulatory requirements for a multidisciplinary evaluation; Montana’s two types of eligibility; and the documentation requirements.

Theory: If a comprehensive definition of Montana Milestones/Part C of IDEA Early Intervention Program is developed by and shared with stakeholders, families, and partner agencies; then Montana’s roadmap of evidence-based practices, supports, services, policies, and procedures will be consistent within each contracted Part C of IDEA provider agency throughout the State leading to infants, toddlers, and their families being well-served throughout Montana using consistent and evidence-based approaches including social-emotional evidence-based practices implemented to achieve IFSP outcomes.

- **Infrastructure - Improvement Strategies employed during the most recent year:**

Montana’s Request for Proposal (RFP) process in 2017 provided opportunity to develop a comprehensive definition of Montana’s Part C of the IDEA program. Using the *System Framework for Building High-Quality Early Intervention and Preschool Special Education*, offerors responded to quality indicators including finance, personnel/workforce, data systems, accountability and quality improvement and quality standards. The responses received described what each agency had or will put in place to support a high-quality Part C system in a region. The RFP quality indicators became the basis for the regional contracts awarded; therefore, a comprehensive, consistent definition of the Program was developed, shared, and is now expected to be implemented Statewide.

Additionally, the fiscal portion of the contract for the five regional agencies providing Part C of IDEA programs was restructured as part of the Request for Proposal process to identify contractual funding “tiers” based upon Child Find targets. Results are dramatic for Indicator 6:

infants and toddlers birth to 3 years of age with IFSPs. Current state-wide child count data indicates an increase of 258 infants and toddlers with IFSPs over the previous year.

The contracts clearly articulate the specific responsibilities of the contractor and include comprehensive definitions for required services, processes and procedures. The contractual language has led to the identification of additional improvement strategies and activities to build knowledge and skills emphasizing regulatory and results requirements.

Theory: If Montana investigates and determines appropriate functional assessment methods to identify social-emotional needs of infants and toddlers with disabilities and their families; then appropriate assessments and interventions to enhance the 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 leading to families receiving coaching regarding social-emotional development.

- **Screening and Assessment - Improvement Strategies employed during the most recent year:**

The ASQ: SE II screener was selected as the social and emotional screening tool and is currently implemented; although, not yet consistently used at each agency for all children between the ages of birth and 36 months. Every agency reported it is fully implementing or has plans to do so in the coming year. Those that do utilize the tool use the results to guide IFSP teams, including families, as child and family outcomes are developed, identifying referrals, and to plan for special education services and supports.

Theory: If Montana gathers better information that informs IFSP outcomes and Child Outcomes Summaries, the Child Outcomes data will be rated accurately and used for reflection of strategies, practices, and professional development leading to families with enhanced capacity to support and promote their child's social-emotional development.

- **Data Quality - Improvement Strategies employed during the most recent year:**

- The State entered its second year of implementation of Montana's Child Outcomes Summary Process. Reviews of child outcomes data pointed to potential drift of fidelity regarding ratings as the percentage increased significantly over the previous year. Each agency implemented the newly developed Child Outcomes Summary Checklist with the expectation it will be completed at least annually. The fidelity process includes timelines and next steps should an individual not meet the 100% score on the Checklist for fidelity.
- Modifications to the State's data base, the Early Intervention Module, resulted in increased data quality completeness.
- Transition data was analyzed leading to the formation of a work group who helped develop a learning module describing the regulatory and documentation requirements

to ensure transition data is accurately collected. Improved data will lead to an improved understanding of transition strengths or gaps.

- Fiscal reviews of invoicing led to identification of inconsistent application of Type I established condition and Type II measured delay eligibility criteria. This triggered targeted professional development and consistent eligibility documentation to be housed in the Early Intervention Module, the State’s database for the Part C of the IDEA data.

Theory: If Montana provides the framework for the supports and interventions needed by all families for healthy social-emotional development in infants and toddlers to Family Support Specialists/Service Coordinators to develop functional IFSP outcomes with families related to social-emotional development for their infant or toddler; then families will have the necessary resources needed to help them better understand their child’s social-emotional development and needs leading to data being used to make informed decisions regarding practices, policies and procedures, and State-wide and local program fiscal decisions.

- **Family Involvement - Improvement Strategies employed during the most recent year:**

- Families are consistently engaged in the baseline and exit Child Outcomes Summary Process across the State.
 - More family representatives are serving on the Family Support Services Advisory Council (FSSAC) and the FSSAC Parent Chair attended the national Leadership Conference in August 2018. This led to the addition of specific agenda items at each FSSAC meeting targeting child and family outcomes data, fiscal data, and reviews of the SSIP status.
 - Families are now included as members of the multidisciplinary team for eligibility evaluation.
- Montana’s Part C Coordinator and the FSSAC Parent Chair worked closely with Montana’s Parent Training Center, PLUK, and the Part B/619 Coordinator to revise the informational document for families, *Guide to Success: Navigating Montana’s Special Education Programs*.

Theory: 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 of IDEA Early Intervention Program providers will be supported as they implement evidence-based practices, and receive effective oversight and guidance.

- **Accountability and General Supervision - Improvement Strategies employed during the most recent year:**

- Each contracted provider completed an annual self-assessment (based upon the Comprehensive Monitoring Tool) for each Indicator, including Indicator 11, using data from multiple sources including the State’s data management system reporting features.

- Differentiated monitoring and supports were provided to each contracted provider. As each contract outlines monitoring responsibilities, the cycle of continuous improvement was smoother.
- A fiscal monitoring system was developed to review contractual payment tiers.
- The MT Department of Public Health and Human Services, Developmental Disabilities Program, restructured the responsibilities of Quality Improvement Specialists in the Regional Offices leading to the creation of a single Part C Quality Specialist position. This position will work closely with the Part C Coordinator and will be responsible for differentiated monitoring and supports. The position is currently posted and is expected to be filled by July 1, 2019.

**Progress in Implementing the SSIP:
 Description of Montana’s Implementation Progress**

Montana Milestones/Part C Early Intervention Program progress implementing the improvement strategies during the past year is summarized in the following tables including the following criteria:

- Description of extent to which Montana has carried out its planned activities with fidelity;
- Intended outputs that have been accomplished because of implementation activities; and
- Stakeholder involvement.

Table II. Montana Milestones/Montana 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>Accomplished: Montana Milestones/Part C Early Intervention Program, in partnership with Montana State University, is currently available on-demand, free of charge. Learning modules available: Mission and Key Principles of Part C Early Intervention, Foundational Pillars of Early Intervention, and Measurement of Engagement, Independence and Social Relationships (MEISR).</p>
<p>Stakeholder/Work Group: Dr. Christine Lux, Montana State University – Personnel Preparation Representative for the Family Support Services Advisory Council (FSSAC); Leadership Team Work Group members; Christy Hill, Interim Director of the Montana Early Childhood Project; Leadership Team Work Groups, and Wendy Studt, Part C Coordinator. Additional workgroups: Leadership Team work groups and the Universal Online EI Curriculum work group.</p>
<p>Output: June 2018: Leadership Team prioritized content to the Extended University beginning July 2018. Output: June 2018: Entered into contractual agreement with Montana State University outlining deliverables for the Extended University.</p>

<p>Output: September 2018: Migration of current content began to new platform. New platform includes enhancements to monitor usage for individual users.</p> <p>Output: August 2018 – June 2019: Leadership Team Work Groups continue to develop and finalize content for prioritized learning modules: MT RBEI; MT Child Outcomes Summary Process; Transition; Multidisciplinary Evaluation and Eligibility.</p> <p>Output: October 2018: Entered into contractual agreement with the Montana Early Childhood Project, Practitioner Registry (part of Montana State University) to launch Primary Certification component which will collect and maintain the educational and experiential qualifications of Montana’s Family Support Specialists/Service Coordinators.</p> <p>Next identified steps...</p> <p>Output: March 2019 – June 2019: Christy Hill will register the five regional agencies so that each Family Support Specialists/Service Coordinators with Primary Certification will be included in the MT Early Childhood Practitioner Registry.</p> <p>Output: March 2019 – June 2019: Dr. Lux will transfer learning module content to “learning shells” on the Extended University’s new platform.</p>
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Table III. State-wide Child Outcomes Summary Process guidance and train the trainer model will be implemented creating 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>Accomplished: Montana’s Child Outcomes Summary Process (COSP) curriculum including seven COSP modules for Family Support Specialists/Service Coordinators implemented state-wide. Enhancements to the State-wide data management system reflect required practices and processes. Updated <i>IFSP and COS Guidance</i> document reflective of data management system changes is in use at all regional contracted agencies. Data collected for the State’s Annual Performance Report and Reports for contracted providers, in some cases, validate decreased and more consistent Child Outcomes ratings.</p>
<p>Stakeholder/Work Group: Leadership Team Work Group members Hollin Buck, Teri Lilletvedt, Kari Hoover, Laura Christiaens, Sandy Peaslee, Elissa Erickson, Wendy Studt, Part C Coordinator, and Christa Tescher.</p>
<p>Output: August 2018 – October 2018: Work group developed and tested COS fidelity checklist and procedure gathering input from additional stakeholders at their individual agencies.</p> <p>Output: October 2018 – November 2018: All contractors used the fidelity tool with a small number of Family Support Specialists/Service Coordinators and provide feedback to the work group.</p> <p>Output: January 2019: COS modules, including the addition of a module outlining the fidelity tool and fidelity procedure, are finalized and submitted to Dr Lux for inclusion on the MT Milestones/MSU Extended University.</p> <p>Output: January 2019: Review of Child Outcomes data at FSSAC meeting prior to submission of the Annual Performance Report which reflected what had been hypothesized: some drift in the COS process had occurred at different agencies in the past year.</p>

Output: February 2019: Dissemination of finalized fidelity tool and fidelity procedure to all contracted agencies.

Next identified steps...

Output: Expected April 2019 – June 2019: Child Outcomes data to be reviewed by each individual agency and statewide by the FSSAC. Recommendations will be solicited regarding the child outcomes targets.

Table IV. 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.

Table V. 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.

<p>Accomplished: All families are consistently included in developing the Child Outcomes ratings for baseline and exit Child Outcomes Summary Process. Professional development was provided, and materials were disseminated to the FSSAC by MT’s parent training center, PLUK, <i>Serving on Groups That Make Decisions: A Guide for Families</i>. Led by Parent Chair, Laura McKee, the FSSAC meeting agendas were revised to include fiscal program data, child outcomes data, and SSIP results data.</p>
<p>Stakeholder/Work Group: Laura McKee, Parent and FSSAC Chair; Sarah Goldsmith, Regional Parent Representative for FSSAC; Rebecca Richards, Parent and Parent Involvement Center Representative for the FSSAC; and remaining FSSAC members; Wendy Studt, Part C Coordinator.</p>
<p>Output: March 2018: The FSSAC reviewed Child Outcomes data collected since 2013 and the identified targets. Noting that the Child Outcomes Summary Process had been fully implemented for a single year, members asked the Leadership Team to review data at their June 2018 meeting and provide a recommendation whether to adjust the targets.</p> <p>Output: June 2018: Because of technical assistance provided to the Program, all regional contractors began intensive planning to ensure a multidisciplinary team was consistently used to determine eligibility and that team will include family members. Further clarification provided allows Family Support Specialists/Service Coordinators to be considered as one of the disciplines on the multidisciplinary team; however, another qualified professional is required to complete the team.</p> <p>Output: December 2018: State Performance Plan/Annual Performance Report family outcomes data was reviewed by the FSSAC. A significant decrease in the percentage of families that reported early intervention services have helped their family know their rights; helped their family effectively communicate their needs; and helped their family help their children develop and grow was discussed. A work group was developed for drilling into family outcomes data, processes, and procedures, and provide recommendations to the FSSAC to increase percentages.</p> <p>Output: December 2018: 4/6 parent representative positions on the FSSAC are filled. Ensuring parent representation from each region on the FSSAC is now a contractual obligation for each contractor.</p> <p>Output: January 2019: Introductory letters for families new to the Program are developed and currently under review. The expected result will be families that are more informed about Part C of the IDEA including the services and supports available.</p>
<p>Accomplished: All families are consistently included in developing the Child Outcomes ratings for baseline and exit Child Outcomes Summary Process. Professional development was provided, and materials were disseminated to the FSSAC by MT’s parent training center,</p>

PLUK, *Serving on Groups That Make Decisions: A Guide for Families*. Led by Parent Chair, Laura McKee, the FSSAC meeting agendas were revised to include fiscal program data, child outcomes data, and SSIP results data.

Stakeholder/Work Group: Laura McKee, Parent and FSSAC Chair; Sarah Goldsmith, Regional Parent Representative for FSSAC; Rebecca Richards, Parent and Parent Involvement Center Representative for the FSSAC; and remaining FSSAC members; Wendy Studt, Part C Coordinator.

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Output: December 2018: 4/6 parent representative positions on the FSSAC are filled. Ensuring parent representation from each region on the FSSAC is now a contractual obligation for each contractor.

Output: January 2019: Introductory letters for families new to the Program are developed and currently under review. The expected result will be families that are more informed about Part C of the IDEA including the services and supports available.

Accomplished: Montana’s Comprehensive Monitoring system and local agency self-assessment tool were revised to link specific data collection points with compliance and results Indicators including Indicator 11. Montana’s Waiver of Face-to-Face Visit form and required documentation were modified to ensure the delivery of early intervention services and supports regardless of whether the Family Support Specialist/Service Coordinator had a face-to-face home visit during a month. Montana developed a fiscal monitoring system beginning with reviews of each contractor’s invoice when the number of individuals included on the invoice triggered a change in reimbursement tier.

Stakeholder/Work Group Members: Wendy Studt, Part C Coordinator; Novelene Martin, Bureau Chief, Cathy Murphy, Program Supervisor; Fiscal Bureau Chief Jennifer Garber; Regional Managers Laurel Gebo, Shannon Merchen-Cole, Lindsey Carter, Paula Tripp.

Output: 2018: Montana continues to virtually participate in the Part C Results-driven Accountability Cross-State Learning Collaborative.

Output: 2018: Montana began participating in the Fiscal Cohort V to enhance Montana’s understanding of Part C fiscal regulatory requirements, fiscal systems, and fiscal monitoring.

Output: July –April 2019: Fiscal monitoring system developed by the Part C Coordinator; Fiscal Director, and Developmental Disabilities Program Bureau Chief. Following implementation, trend data collections indicate varying interpretations of the State’s eligibility criteria across regions.

Output: October 2018: Professional development provided to regional contractors: *Evaluation of the Child and Assessment of the Child and Family: What is informed clinical opinion and when is it used?*

Output: November 2018 – January 2019: IFSP revisions including multidisciplinary evaluation and eligibility documentation for monitoring purposes; transition; and language more in congruence with high-quality IFSP procedures and adopted evidence-based practices developed and shared with work group members noted above. Revisions are developed in the EI Module with expected production date after January 2019.

Outputs: September 2018 – November 2018: Regional contractors receive and complete self-assessment tool for annual reporting purposes which included narrative requirements for progress reporting for each Indicator and a point in time update for each of Indicator 11 improvement strategies. Contractors access data reporting tools in the EI Module.

Output: December 2018: Based upon findings for Indicator 3, Data Quality Completeness, the contractors identified an error in the database logic when identifying children who left the Part C of the IDEA program within six months. The system error was corrected and tested to ensure the validity of the data.

Output: January 2019 - March 2019: Final review of the multidisciplinary evaluation for eligibility and transition components. Database system managers will complete remaining enhancements and expect to have in test environment by April 2019.

Output: March 2019: Using fiscal analysis resources obtained from the Fiscal Cohort, the Fiscal Bureau Chief will develop analysis questions to determine the costs associated with providing the Part C of the IDEA program as delivered by the five regional contractors. Initial fiscal data for early intervention services provided by qualified professionals and funded by Medicaid is collected.

Next identified steps...

Output: April 2019: Montana’s team will attend the Fiscal Cohort V face-to-face meeting.

Output: May 2019: Montana’s team will attend the final RDA Part C Learning Collaborative meeting.

Output: April – June 2019: Funds allocated to hire a Part C and FES Quality Specialist. This position will be responsible for monitoring and accountability functions for both programs. The position is set to be posted during this time frame with expected hiring by July 1, 2019.

Table VI. DEAP, demonstration site, will first identify and then implement social-emotional screenings to promote and improve social-emotional competence for infants and toddlers with disabilities and their families.

Accomplished: The demonstration site, DEAP, identified and consistently uses ASQ: SE II as the social-emotional screening tool for all Part C referrals. DEAP staff members developed

and implemented a procedure manual following the tool developers' recommendations for use. DEAP supervisory team monitors social-emotional outcomes. The agency's Family Support Specialists/Service Coordinators are increasing their knowledge of appropriate social-emotional behaviors and how to support the social-emotional development of children and families. Montana joined a social-emotional learning collaborative, *Pyramid Model and the Part C SSIP*.

Stakeholder/Work Group Members: DEAP staff members Director, Brooke Bartholomew; Sherry Taylor, Disabilities Services Program Director; Sandy Peaslee, Early Intervention Director; Catherine Hafliger, Hollin Buck, and Wendy Studt, Part C Coordinator.

Output: June 2018: Recognizing the impact of actual social-emotional content and practices upon a child and family's social-emotional development; the Part C Coordinator recommends pursuing additional technical support around social-emotional screening, assessment and practices. The Leadership Team agrees.

Output: August 2018: Montana applies to the National Center for Pyramid Model Innovations requesting to participate the learning collaborative, *Pyramid Model and the Part C SSIP*.

Output: September 2018: The Part C Coordinator presents to the FSSAC outlining Montana's SiMR and describing social-emotional development for infants and toddlers. The FSSAC concurs with the Part C Coordinator and the Leadership Team that technical support focused upon social-emotional practices for the Family Support Specialists/Service Coordinators will be a step toward improving positive social-emotional skills and relationships.

Output: November 2018: After acceptance to the learning collaborative, Montana identified three goals for participation in the learning collaborative:

1. Target relationships as the basis of social-emotional development through two prongs: family education and support and Family Support Specialist/Service Coordinator education and support;
2. Identify materials to use in scaling up. Provide professional development to build the capacity of Family Support Specialists to promote relationships and infuse relationship building skills in all outcomes using a coaching interaction style; and
3. Develop initial and post survey to measure changes in FSS and family practices.

A theory of action was developed to support goal achievement.

Output: January 2019: Working with Monica Mathur-Kaluri of WestEd/NCSI to provide technical assistance, a professional development outline was developed to infuse relationship-based practices for working with families into regulatory requirements such as intake, evaluation, and assessment as well as IFSP outcomes and routines.

Output: March 2019: Contractors reported either using the social-emotional screener or accessing social-emotional screener or assessment results from collaborative partners like Maternal and Infant, Early Childhood Home Visitors, Project Launch participants, and pediatricians performing Well-Child checks. One contractor stated that two Family Support Specialists/Service Coordinators will be attending an ASQ "train the trainer" institute soon with the idea this team may provide ASQ:SE training to other Family Support Specialists across the State.

Next identified steps...

Output: April – June 2019: Working with NCSI/WestEd, the Part C Coordinator will finalize content, identify resources, and develop timeline to provide professional development linking NCSI’s Three Circles of Evidence-Based Decision Making in Early Childhood resource with Montana’s model of Family Support Specialist/Service Coordinator coaching interaction style with families to promote social-emotional development.

Table VII. 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.

Accomplished: Montana’s Family Support Specialists/Service Coordinators utilize a coaching model to support learning that occurs between the parent and child during learning opportunities naturally occurring throughout the child and family’s day. Each contractor employs a Family Support Specialist/Service Coordinator who has completed “Master Coach” training with Drs. Shelden and Rush.

Stakeholders/Work Group Members: Master Coaches at five agencies; Leadership Team Work Group

Output: July 2018 – March 2019: The Leadership Team work group including master coaches developed a learning module focused upon Support-Based Home visiting using a coaching interaction style and a fidelity checklist.

Next identified steps...

Output: June 2019: The Support-Based Home Visiting learning module will be rolled out along with the fidelity checklist and procedure to all contracted agencies.

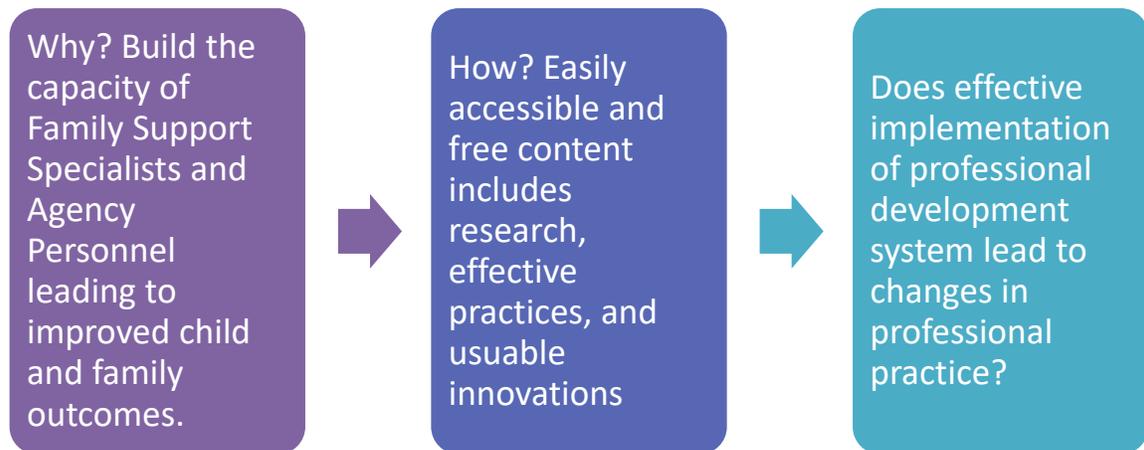
MT Data on Implementation and Outcomes:

How is Montana monitoring and measuring outputs to assess the improvement strategies effectiveness?

Each agency self-assessed using the Comprehensive Monitoring Tool and reported on their individual monitoring and measurements; thereby, providing the State with information regarding each improvement strategy’s effectiveness at their agency.

This information is used by the State as well as the various stakeholder groups to inform next steps in coming years. The following visual displays and narratives outline the degree to which each regional contractor self-identified implementing the practices for each improvement strategy. Each contractor detailed individual results for one or more improvement strategy, **Spotlight on Strategies**, that the specific agency trusted were of intensity and quality and will lead to demonstrated improvement in social and emotional skills and positive relationships.

Montana Milestones/Montana State University Extended University



Region 1 DEAP: All DEAP Family Support Specialists have completed the available training modules.

Region 2 Benchmark Human Services: Uses the system as the “how-to” guide for Family Support Specialists. All new staff use the system to learn about early intervention in Montana as part of their orientation. It is also used for MEISR training which is required for Child Outcomes Summary ratings and when conducting a Routines-Based Interview.

Region 3 Billings School District #2, Early Childhood Intervention (ECI): ECI staff, including newly hired Family Support Specialists, is 100% trained in each module. ECI gives assurance that 100% of staff will actively engage in all learning opportunities placed on the new Extended University system.

Region 4 Family Outreach: All new staff are required to complete the online MSU Extended University modules within three months of hire.



Region 5 SPOTLIGHT - Child Development Center (CDC): Montana Milestones/MSU Extended University Professional Development System

CDC personnel acted as leaders and committed participants in specific professional development work groups: MT COSP, MT RBEI, and Support-Based Home Visiting. MT Milestones/MSU Extended University is used to build capacity, provide consistency of learning experiences, and ensure delivery of high quality intervention services to improve

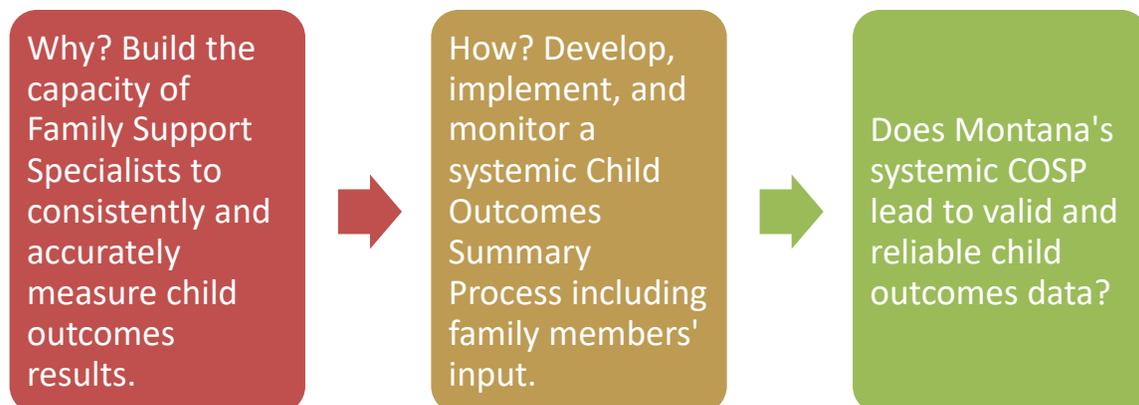
social-emotional outcomes for children and families. CDC is committed to utilize the Extended University to train new Family Support Specialists and continue to support the training needs of current Family Support Specialists.

Did the professional development activities promote changes that were aligned with the mission of the Part C of the IDEA program including the State-identified Measurable Result – improving positive social-emotional skills including positive relationships? The State’s data does not yet determine if, indeed, the activities promoted changes. However, the State did identify gaps in the professional development content related to regulatory requirements of the Act in addition to needed necessary content to improve consistent application of evidence-based practices. The gaps identified below have become part of Montana’s plans for next year:

- Initial intake including multidisciplinary evaluation for eligibility and functional assessment for programming needs;
- Evaluation and assessment results consistently used for IFSP development, implementation, and service delivery;
- Service Coordination and Using a Coaching Interaction Style (teaming and collaboration) link directly to assessed needs and IFSP outcomes; and
- Family Support Specialists employ social-emotional practices to promote social-emotional development within each home visit.

Currently, Montana recognizes that the professional development content available is vital to the initial development of Family Support Specialists and agency personnel. However, additional learning modules – some in development – are crucial to continuous improvement leading to effective practices which Montana believes will link with measurable improved social-emotional competence for infants, toddlers and their families.

Montana’s Child Outcomes Summary Process



Region 1 DEAP: Montana’s COSP is used as a systemic approach for consistent measuring and rating processes increasing validity and reliability of Child Outcomes data. All DEAP Family Support Specialists have completed the COSP training. DEAP recognizes the importance of having each FSS trained in how to complete the COS process as accurately, efficiently and effectively as possible. DEAP recognizes that there is value in group learning and that having the opportunity for peer support is important while training, therefore, one DEAP Family Support Specialist recently completed COSP training in Great Falls. Upon the completion of the COSP Fidelity Checklist under development, DEAP will implement the COSP Fidelity Checklist using the required framework in the coming year.

Region 2 Benchmark Human Services: As of October 2018, all Benchmark Family Support Specialists are trained with the State developed materials. Benchmark has one staff member who was engaged in the development of the COSP fidelity checklist and work group finalizing the COSP learning modules for the Montana Milestones/MSU Extended University.



Region 3 SPOTLIGHT - Billings School District #2, ECI: Engaging families in the Child Outcomes Summary Process

Led by Family Support Specialist Christa Tescher, original COSP work group member, the ECI staff agreed (with some trepidation) to engage families consistently in the Child Outcomes Summary Process. The Director identified the results as being “the cat’s meow.” The practice has been a resounding success with families more engaged through open conversations; deeper understanding of the three global outcomes and the rating scale; and more valid and reliable child outcomes data. ECI staff, including newly hired Family Support Specialists, receive training with the comprehensive COSP modules. The COSP trainer uses the COSP Fidelity Checklist to monitor and follow up with all Family Support Specialists to assure fidelity and compliance with the COSP. The Director reviews every Child Outcomes Summary portion of each IFSP during weekly one-to-one reflection meetings with each Family Support Specialist. The agency will follow the COSP fidelity procedures in the coming year.



Region 4 SPOTLIGHT - Family Outreach: Child Outcomes Summary Process Fidelity Checklist

Family Outreach’s Teri Lilletvedt was instrumental in the development of the COSP Fidelity checklist as she had already begun development on a tool for use within her agency. The work group further enhanced the tool. All Family Outreach staff have completed the COSP modules and new hires complete the modules within the first nine months of hire. Family Outreach staff implemented the COSP fidelity checklist and procedure to ensure ongoing fidelity.

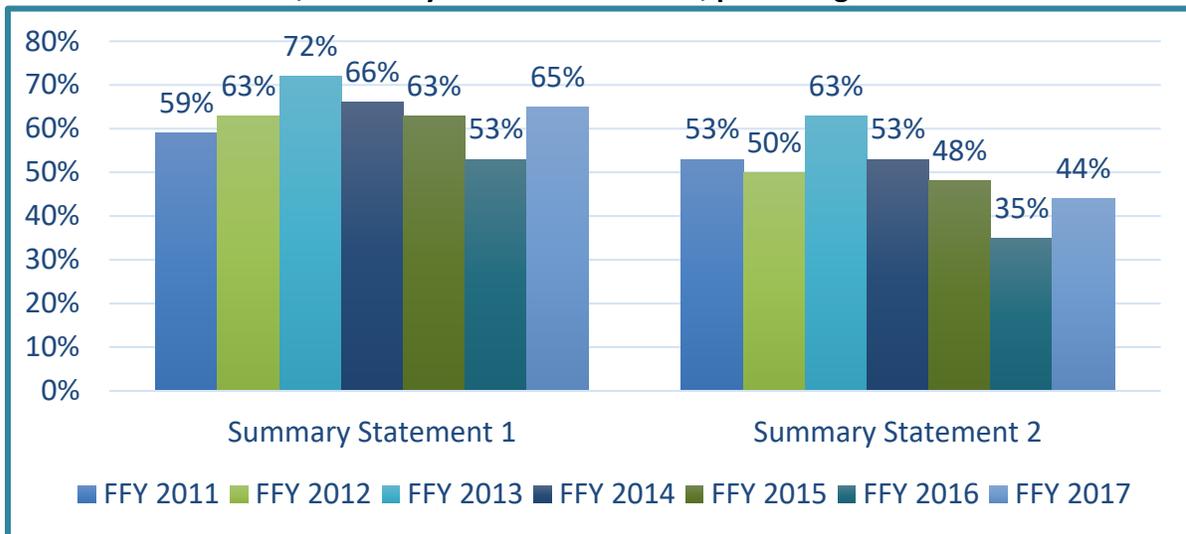


Region 5 SPOTLIGHT - Child Development Center: Montana’s Child Outcomes Summary Process

MT’s Child Outcomes Summary Process is used as a systematic approach for consistent measuring and rating processes increasing validity and reliability of Child Outcomes data. CDC has been involved and committed to improving the Child Outcomes Summary Process from the beginning. CDC trained all FSSs with State-trained trainers and held an additional training in FFY 2018 to ensure that all FSSs had been trained to fidelity. In addition, CDC volunteered to lead the work group on ensuring that the COSP was completed to fidelity after FSSs were trained around the State. This work group created and tested a Child Outcomes Summary Checklist and disseminated it to all agencies within the State. This work group also created procedural timelines and requirements regarding the checklist. Furthermore, a spreadsheet was created, with which agencies may keep track of individual FSSs to ensure that all FSSs undergo regular fidelity checks of their Child Outcome Summary Processes. CDC implemented the Checklist and every Family Support Specialist has participated in reviews of baseline and exit Child Outcomes Summaries. CDC’s Family Support Specialists report using the checklist for self-reflection along with supportive supervisory meetings have led to greater understanding of expectations and improvement in their practice.

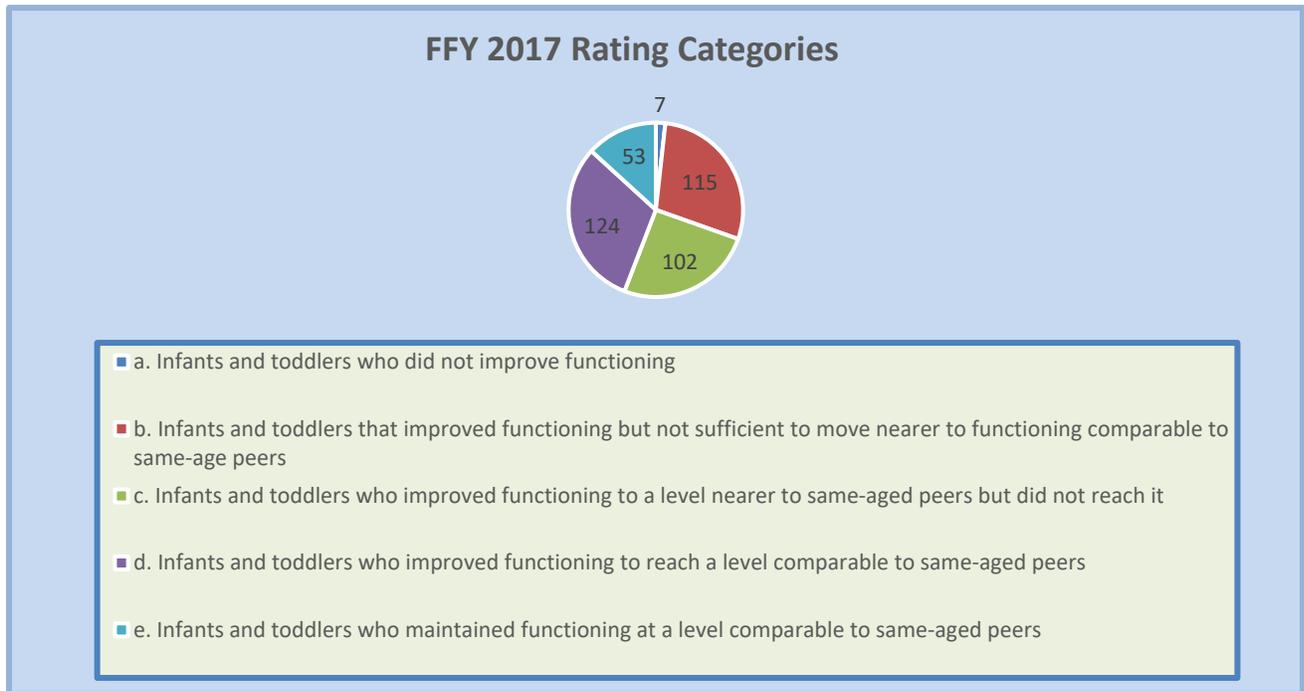
Did the Child Outcomes Summary Process promote data quality changes that were aligned with the mission of the Part C of the IDEA program - valid and reliable data correlated to the State-identified Measurable Result – improving positive social-emotional skills including positive relationships? Montana continues to monitor child outcomes data closely examining trends that indicate validity and reliability. The Leadership Team agreed to review and analyze ratings data for an additional year prior to any re-setting of child outcomes targets.

Table VIII: Outcome A, Summary Statements 1 and 2, percentages FFY 2013 - FFY 2017



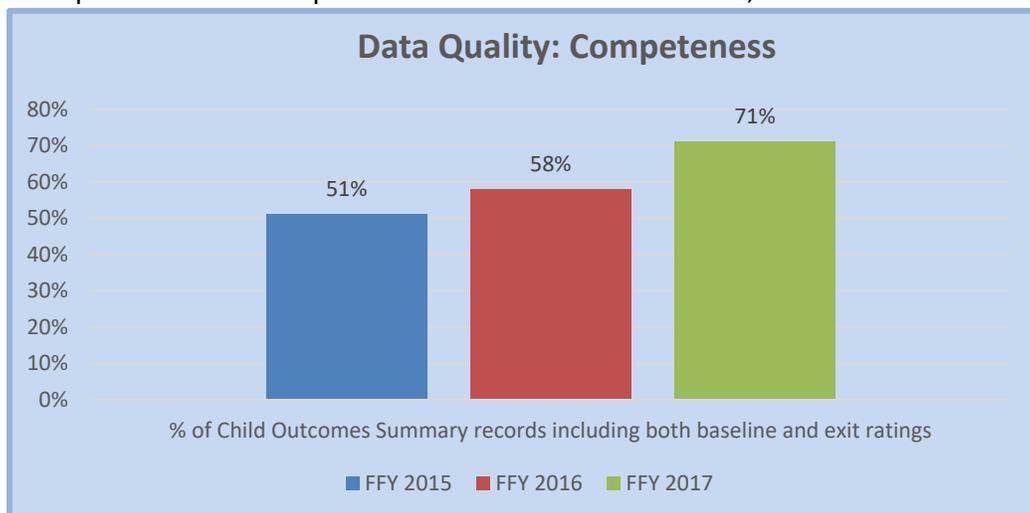
Montana’s data for Outcome A, Summary Statements 1 and 2, showed percentage increases of 12% and 9%, respectively, over the previous year.

Table IX: FFY 2017 raw data drill-down: 401 child records with both a baseline and exit

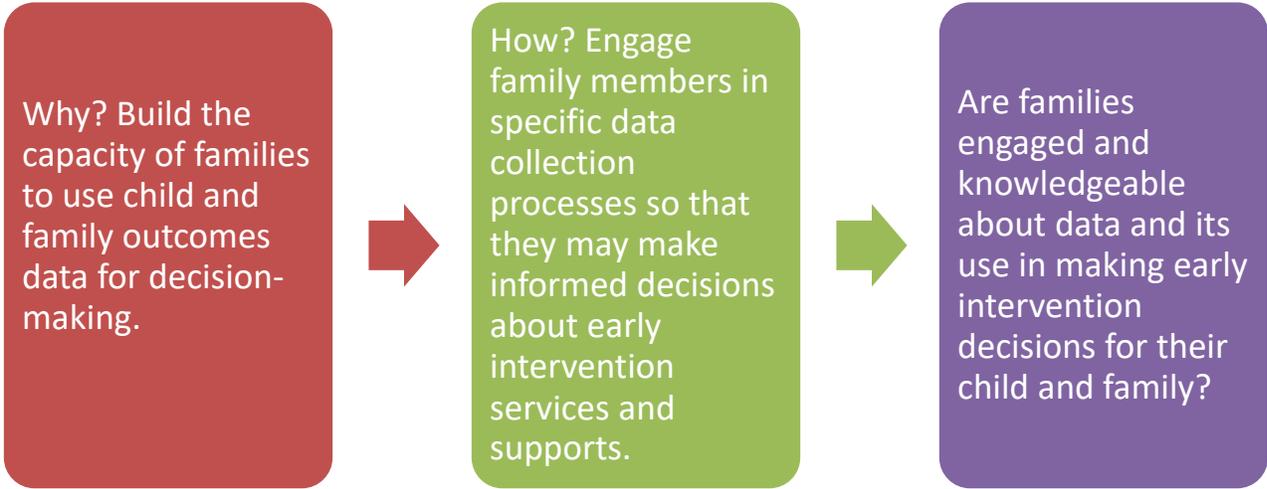


Given Montana’s criteria for eligibility: Type I established condition diagnosed by a physician or psychologist leading to developmental delays and/or disabilities or Type II measured delay of 25% in two or more developmental domains or 50% in at least one developmental domain; and that Montana chose not to serve children “at-risk” for developmental delays, **177/401** Child Outcomes Summary statements (**44%**) identify infants and toddlers with established conditions or significant development delays exiting the Program with *functioning comparable to same-aged peers* leads to expected additional data analysis in the coming year. Additional drill-down into the outcomes data is forthcoming in the next year.

Due to modifications to the Early Intervention Module and COSP training, Montana found continued improvement in completeness of Child Outcomes data, **Table X:**



Engaging Montana families in data practices and products



Region 1 DEAP: DEAP is committed to providing families and early intervention service providers with data that assists them in making informed decisions regarding intervention options. DEAP completed the self-assessment of quality indicators and has utilized the data collected from that tool to provide training to Family Support Specialists as well as to provide information to families. DEAP share information and data gathered through Montana’s Comprehensive Monitoring Tool with Family Support Specialists, families and stakeholders. Information from the Tool is also used as a guide for training needs. DEAP uses the COSP data that has been integrated into the IFSP in the EI Module as one way to provide families with information about their child’s development as compared to peers.



Region 2 SPOTLIGHT - Benchmark Human Services: A Different Approach to Engaging Families in Underserved Regions

Working in collaboration with the Early Head Start Program on the Blackfeet Reservation, the Benchmark team is bringing Part C of the IDEA to the Early Head Start Program. In an effort to

strengthen and, in some cases, build relationships with families, Benchmark began with building and strengthening relationships with families in a trusted environment, the Early Head Start Center, with trusted Early Head Start staff members. Benchmark is providing early intervention services and supports to infants and toddlers within that environment and gradually allowing families to proceed with early intervention at their own pace and comfort level. Early indicators suggest that families are more interested in Part C services and supports than child count numbers have shown previously and Early Head Start staff describe the supports and services are making a difference for children with significant developmental delays, staff, and the families.

Benchmark’s Family Support Specialists are consistently developing and scoring the Child Outcomes Summary with family input. This process has educated and empowered the family on their child’s development as well as the importance of data from the COS. The exit COS done with the Family Support Specialist and the IFSP team has given the family information on how to be an active participant when scoring the entry Child Outcomes Summary for Part B/619.

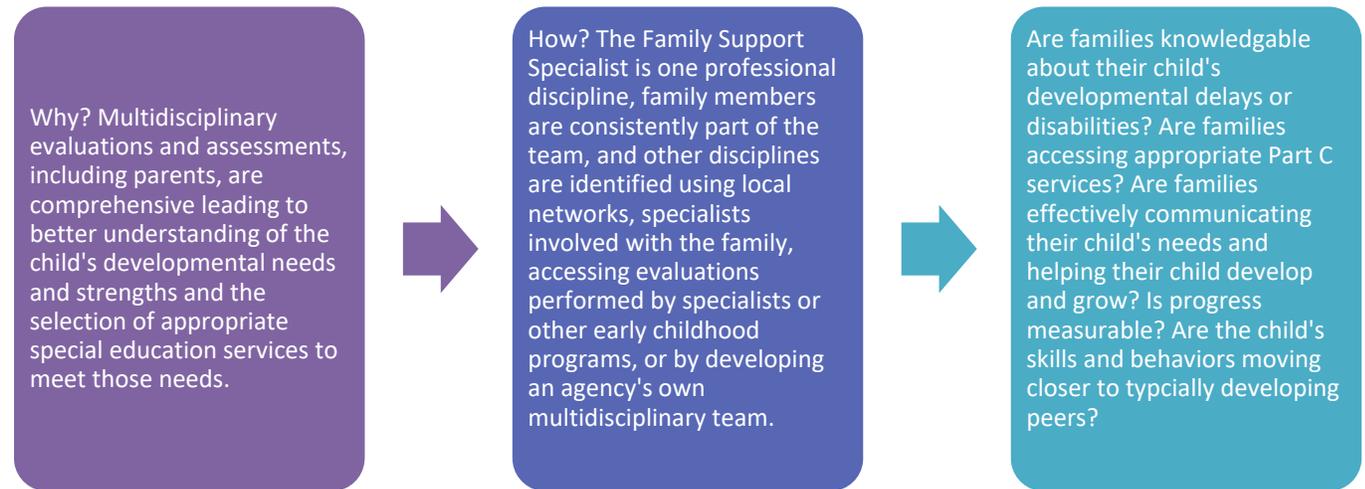
Region 3 Billings School District #2, ECI: Each ECI family is actively engaged in creating the COS for their child. Every baseline and exit COS follows State guidelines for family participation.

Region 4 Family Outreach: Family Outreach shares COS data with families to assist with decision making. The Summaries are completed with families at baseline and exit. Family Support Specialists are working to complete exit COS with Part B/619 upon transition to special education preschool services.

Region 5 Child Development Center: Data practices and products are used to link families and early intervention service and providers with outcomes data for decision making with families, within local programs. CDC will carry out the recommendations to support the FSSAC data products work group.

For many children and families, a multidisciplinary team evaluation is their introduction to special education systems such as Part C of the IDEA. Federal guidelines mandating parent involvement in all aspects of service provision have meant that parents are being asked to participate as part of the evaluation team. Detected in January 2018, Montana was not including family members as part of the evaluation team nor were multidisciplinary teams used consistently to determine eligibility. Eligibility results indicate substantial variability in eligibility determinations across the State and of the inclusion of parents and other professionals and their respective roles in child evaluation and child assessment. Therefore, monitoring and evaluating multidisciplinary evaluations and eligibility determinations will be a focus in the upcoming year.

Engaging families in the multidisciplinary evaluation process



Two of Montana's Part C contractors, DEAP and Benchmark Human Services, quickly moved forward using different approaches to ensure compliance and engaging families in the process.



Region 1 SPOTLIGHT - DEAP: Using local professional networks to access other disciplines as part of the multidisciplinary evaluation team.

DEAP's Executive Director, Brooke Bartholomew, volunteered to be part of the Statewide Leadership Team, Multidisciplinary Evaluation work group. DEAP's Early Intervention Director, Sandy Peaslee, later joined the group. At the Leadership Team meeting in June 2018, the work group developed a plan for each regional agency to attempt to expand the membership of the Eligibility Review Panel (ERP) in their regions to include qualified professionals from two different disciplines. Eligibility Review Panels were developed to meet the multidisciplinary evaluation team regulatory requirements but had not consistently included members representing other early intervention disciplines such as PTs, OTs, SLPs, Special Educators, etc.

DEAP reached out to various qualified professionals in the communities it serves to begin to build a network of ERP-multidisciplinary- team members. Due to the vast area and small population base of Region 1, utilizing as many local qualified professionals appears to be the

most cost effective and practical solution. An additional benefit to this approach has been that those qualified professionals with an ongoing relationship with the family has expanded and strengthened the team approach across the system.

On September 25, 2018, Brooke Bartholomew, Disabilities Services Program Director Sherry Taylor, and Family Support Specialist Pam Ash met with pediatric staff from the Northern Cheyenne Service Unit (NCSU) of Indian Health Services (IHS) in Lama Deer, MT. The meeting included two IHS pediatricians and their nurses. DEAP has a long-standing relationship with the NCSU pediatric staff and have permission to use office space as needed at the clinic to meet with families. By meeting at the clinic with families to conduct initial assessments, DEAP established an easily accessible ERP team. DEAP staff meet with families at the pediatric department, a developmental assessment is completed, and the results are shared with the family and either a pediatrician or registered nurse for eligibility determination.

DEAP continued to build on this momentum. DEAP works collaboratively with social workers from Montana's DPHHS Child and Family Services (CFS) Division to provide developmental screenings for children who have been placed into foster or kinship placement due to abuse or neglect. DEAP requested additional information from CFS social workers to document their observations regarding children's development. Once a developmental assessment is completed, the social workers review results and participate as members of the ERP.

DEAP developed partnerships with WIC Registered Dietitians and utilized them as a second qualified professional on the ERP. When possible, DEAP can coordinate visits with WIC appointments where developmental concerns are noted. Following the families' appointment with WIC, a developmental assessment is completed and then the results are shared with the registered dietician and family members to determine eligibility.

Similarly, DEAP has utilized physicians as team members by first having families discuss their developmental concerns with their doctor and sign releases of information so that their doctor can share their observations as part of the ERP team. After a developmental assessment is completed, the results are shared with the family members and physician. If the physician agrees with the results of the developmental assessment, eligibility determination is made.

DEAP developed more detailed referral forms that allow referrals from qualified professionals to document any developmental assessment and observations they have completed. DEAP recognizes the benefit of having as many as possible qualified professionals connected to Part C early intervention services. Expanding our evaluation teams while promoting early intervention should benefit all children within DEAP's service area.



Region 2 SPOTLIGHT - Benchmark Human Services Spotlight: Developing the Agency's Multidisciplinary Evaluation Team

In August 2018, Benchmark became the first contractor in Montana to assemble a multidisciplinary Evaluation Team. Benchmark developed a team consisting of one Infant and Toddler Clinical Specialist who is licensed in the State and two part-time Infant and Toddler Developmental Specialists (both are certified Family Support Specialists, one with a master's degree in education and one finishing up her master's degree in special education) as well as family members thus meeting the Federal and State regulatory requirements.

The Evaluation Team meets in the family home to provide a multidisciplinary evaluation. Along with developmental assessment instrument results, information is gathered from the family providing the foundation for becoming "informed" about the child's developmental status and for making decisions about the presence of delays in the child's development. As eligibility is determined, the team makes recommendations for services and supports which are documented in the beginnings of an initial IFSP. Initial anecdotal reports received from families and Family Support Specialists are positive. Families express they can obtain needed services and supports quickly. Family Support Specialists agree and are quickly coordinating services for families.

With this new process, each child evaluated will have an ASQ-SE administered. The Evaluation Summary includes documentation of the screener including where the child's behavior is reviewed and possible goals for the IFSP are added. Benchmark anticipates that this will increase not only the number of outcomes that address a child's behaviors/social and emotional needs, but awareness for professionals and families of the importance of a child's social-emotional development along with the other developmental domains.

Two contractors are at different stages of consistent implementation of a multidisciplinary evaluation team including families:

Region 3 Billings School District #2, ECI: ECI's administrative team plans to move a key Family Support Specialist with a Special Education degree into an "Intake Evaluator" position. This person is scheduled to take the necessary coursework to become recertified by the State per the Montana Office of Public Instruction licensure requirements as a Special Educator during the spring 2019 semester. ECI anticipates employing this new model by late spring/early

summer 2019 to meet the Federal and State regulatory requirements for a multidisciplinary evaluation team that will also include family members.

Region 4 Family Outreach: Family Outreach staff participated in the Multidisciplinary Evaluation Team work group. Family Outreach’s current evaluation model includes gathering information from other professionals on the child’s team to provide additional evaluation results for eligibility determinations.

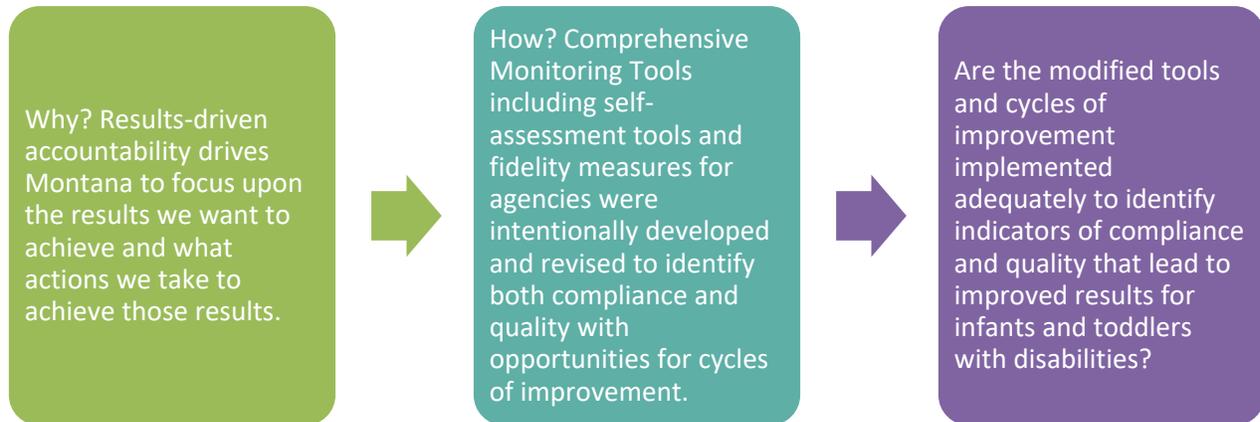


Region 5 SPOTLIGHT - Child Development Center: Developing the Agency’s Multidisciplinary Evaluation Team

At first glance, CDC was somewhat daunted by the regulatory requirement. Since then, CDC has been involved in creating a strong multidisciplinary team process internally as well as Statewide. CDC strategically created a plan to ensure success and sustainability: reaching out to community partners, training Family Support Specialists and Evaluation Coordinators, creating documents, and piloting a multidisciplinary team to provide children and families with comprehensive developmental evaluations for eligibility determinations. CDC employs a SLP and a PT who, with the Family Support Specialist and the family members, make up the Missoula multidisciplinary team. This model is being replicated in the Kalispell area. In other parts of their service region, CDC administrative team members have collaborated and partnered with community partners and specialists to implement multidisciplinary teams throughout their catchment area. The collaborations have been extremely successful with much positive feedback received resulting in even stronger relationships. CDC evaluated the pilot project and made changes as necessary and will be fully compliant throughout the region by April 2019.

If families and professionals are to serve as partners in the evaluation process, mutual respect and understanding of one another's perspectives are crucial. Montana’s plans for next year include identifying techniques for involving families in the assessment process in more meaningful ways. The Family Survey Work Group will be reviewing data addressing the evaluation questions regarding family outcomes (knowledge, accessing of services, effective communication, use of strategies to support of own children).

Results-Driven Accountability: Statewide monitoring and accountability



To measure implementation, compliance, and results, the five regional agencies conducted self-assessments on each of the indicators and related practices to determine the degree to which they are implementing the practices for each indicator. To reorient the five regional agencies to the expected practices needed to improve child and family outcomes, Montana developed the Leadership Team in January 2018 to review and continue to jointly discuss the indicators (including Indicator 11, the SSIP) and related practices as a basis for improving understanding about what practices are expected to improve the results of child and family outcomes. For example, this past year agency personnel developed, implemented and monitored improvement plans to:

- Indicator 1: ensure services were provided in a timely manner; and
- Indicator 7: ensure evaluation, assessment, initial IFSP meeting was held within 45 days.

Working from the hypothesis that Family Support Specialists were inconsistent in recording data documenting the receipt of early intervention services and parent consent for the services, each agency developed improvement plans consisting of training of the regulatory requirements followed by monitoring. The resulting improvement plan:

- ❖ 100% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner (within 30 days after that IFSP is signed).
- ❖ 99.5% (cumulative count: 2015/2025) of all infants and toddlers eligible for Part C services will have completed evaluation(s) and assessment(s) and an initial IFSP meeting conducted within Part C's 45-day timeline.

Improvement Strategy - Results-driven Accountability and Monitoring: Develop an evaluation model adhering to Part C of IDEA Rules and Regulations that includes at least two

or more disciplines to participate in multidisciplinary evaluation teams throughout the State. Leader Carolyn Prussen will coordinate the work group which includes core members Brooke Bartholomew, Catherine Hafliger, Kari Hoover, Kathy Keel, and Teri Lilletvedt.

Following the Leadership Team’s additional meeting in June 2018 and with the support of Montana’s State Lead, Leslie Fox, team members acknowledged that the systemic use of multidisciplinary evaluation teams, including family members, is not only a regulatory requirement but the best practice:

- a) Montana’s evaluation process must be sufficiently comprehensive to obtain valid and useful information about the child and family that will inform decisions about the Part C program eligibility and early intervention service planning, as well as day-to-day interactions between the primary caregivers and the child.
- b) Evaluation results will clearly link to and establish present levels of development and functional performance including statements of the child’s unique needs and strengths in each of the developmental domains.
- c) The impact of the developmental statements will prioritize needs and guide the development of child and family outcomes and the selection of early intervention services in the child and family’s most natural environment, to the greatest extent possible.

As noted, the five agencies are in various stages of implementing and monitoring their approach to multidisciplinary evaluations. The eligibility component in the Early Intervention Module is being revised to capture Montana’s evaluation model:

- Identification of the specific questions to be answered
- Identification of the meaningful data to be collected
- Identification of methods and timelines for data collection
- Designation of staff for data compilation and analysis
- Development of mechanisms to review data and design strategies to modify and adapt components as evaluation outcomes indicate.

The expected result is a systemic multidisciplinary evaluation process throughout the State with the engagement of families leading to high-quality child and family outcomes, targeted supports and special education services, and, ultimately, measurable improvement in achievement of the global child and family outcomes.

Montana’s focus upon multidisciplinary evaluations led to additional emphasis on actual eligibility criteria, most specifically “informed clinical reasoning.” Montana plans to address this topic within the context of Montana’s eligibility criteria.

Improvement Strategy - Evidence-based practices and Results-driven Accountability:
Determine a methodology to continue Montana’s RBI training and practice working toward

consistency and fidelity across the State. Leader Kari Hoover will coordinate the work group which includes core members Hollin Buck, Catherine Hafliger, Tressa Atkinson, and Teri Lilletvedt.

The work group and the Part C Coordinator developed the MT RBEI learning modules, State approval process, and fidelity checklist along with timelines for fidelity. The expected result is consistent implementation of MT RBEI with fidelity leading to improved measurable child and family outcomes. The modules will soon be available on the Extended University.

Improvement Strategy - Evidence-based practices and Results-driven Accountability: Braid together Montana’s evidence-based practices including RBI, RBEI and Coaching, to improve social-emotional skills (including social relationships) for infants and toddlers and their families. Leader David Munson is coordinating the work group which includes core members Hollin Buck, Kari Hoover, Teri Berg, Stephanie Stark, and Teri Lilletvedt.

The work group investigated the idea of “braiding” in depth accessing research and technical assistance. The group collectively decided to focus upon one aspect of Montana’s Routines-Based Early Intervention model: Support-Based Home Visiting. The group developed a learning module along with a fidelity checklist which is in production at this time and will be part of the Extended University soon. The expected result is consistent home visiting criteria implemented and fidelity to the model expected to link to improved child and family outcomes and improved social-emotional functioning for infants, toddlers and their families.

Additional comprehensive monitoring results:

- ✓ Monitoring data uncovered inconsistent methods of recording transition data. A work group developed a learning module as well as modifications to the Early Intervention Module used for recording transition data. The learning module will be available on the Extended University and database changes are expected spring 2019.
- ✓ Additional findings related to functional, high-quality outcomes precipitated changes in the IFSP template and the development of two learning modules (functional assessment and writing functional, high-quality outcomes) set to be implemented and monitored in 2019.
- ✓ Monitoring of Family Outcomes data triggered the development of a work group to study the methodologies of obtaining family outcomes data and ensuring the data collected is meaningful and useful for both families and agencies. Following a drill-down into the data, the work group noted the variety of ways the family survey is provided to families, the different timing of obtaining survey data across the State, and a potential low-level understanding of the purpose and use of the survey that may lead potentially unreliable data along with low return rates. The work group will summarize their findings and their recommendation(s) to be shared with the Family Support Services Advisory Council in May 2019.

- ✓ The technical assistance received thus far from the Fiscal Cohort has led to the development of fiscal monitoring procedures including contractual reimbursements, payor of last resort including Medicaid payments and private insurance payments for early intervention services, and the beginnings of cost analysis study.



Region 5 SPOTLIGHT - Child Development Center: Evidence-based practices and Results-driven Accountability

CDC developed a position description for Program Evaluation and Quality Assurance Manager. Hollin Buck accepted this position which is focused upon quality and compliance measures for the agency. She meets with every Family Support Specialist providing supervisory oversight and coaching to ensure validity and accuracy of the Child Outcomes Summary Process; compliance measures; and performance/results measures including IFSP monitoring. The agency implemented a career ladder that fiscally compensates not only for longevity but for performance/results measures using a quality matrix.

Assessing social-emotional development

Why? Screening and assessing infants and toddlers using social-emotional screening or assessment tools will identify gaps in development.



How? Consistent use of the ASQ:SE2 screening tool, following the developer's procedure, will drive the development of intentional social-emotional outcomes and identification of needed intervention services.

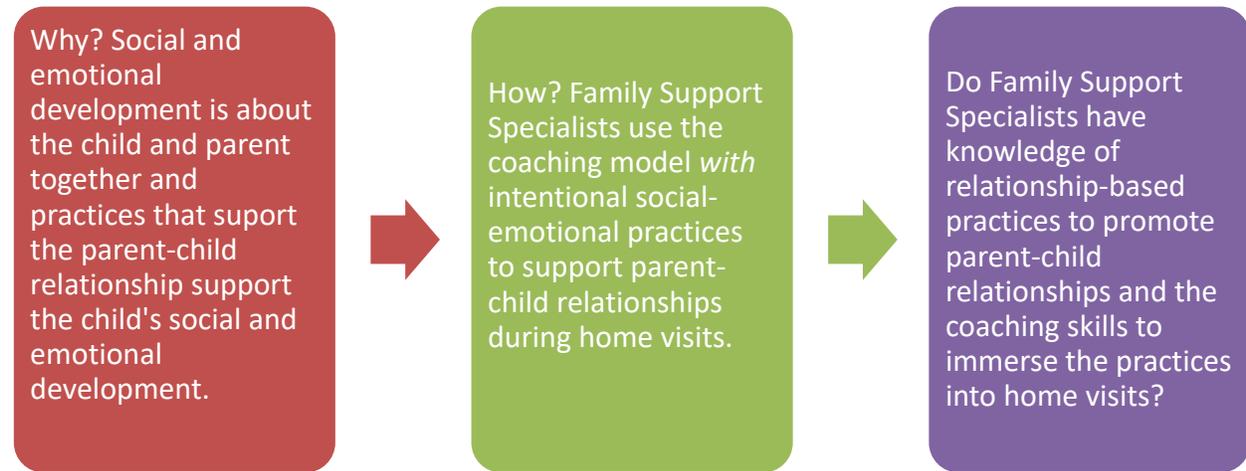


Is the social-emotional wellbeing of infants and toddlers in Part C promoted through identifiable links between social-emotional screening or assessment to child and family outcomes to services and supports to improved social-emotional functioning?

<p>Region 1 DEAP: Each infant and toddler in Part C of the IDEA is screened using the ASQ:SE2 prior to his or her initial IFSP. If the child scores below the “cutoff” score which indicates no social-emotional concerns and does not demonstrate social-emotional delays when developmentally assessed, no further screening is completed until the child’s final IFSP. For children who score above the “cutoff” score or have social-emotional delays discovered using another developmental assessment, the Family Support Specialist will rescreen in six months. Referrals may be made to other intervention sources. Family Support Specialists consult with the Disability Services Director or Early Intervention Director for other options. With the consistent use of the screener, monitoring results indicate an increased awareness of the importance of social-emotional development impacting all developmental domains as measured by more numerous outcomes targeting social-emotional development in IFSPs.</p>
<p>Region 2 Benchmark Human Services: Benchmark’s Evaluation Team ensures each child evaluated for Part C of the IDEA eligibility will also have an ASQ:SE2 administered. The Evaluation Summary completed by the team includes child behavior documentation and possible goals for the IFSP. Benchmark anticipates that this will increase not only the number of outcomes that address a child’s behaviors/social and emotional needs, but awareness for families and professionals of the importance in a child’s development.</p>
<p>Region 3 Billings School District #2, ECI: Family Support Specialists are highlighting social-emotional needs as documented on currently used assessments. An increasing number of social-emotional outcomes are reflected on IFSPs. ECI stands ready to implement the statewide plans for social-emotional screenings/assessments following the pilot project, DEAP. In anticipation of utilizing the ASQ:SE2, ECI has partnered with Region III CSPD to organize formal training by Brookes Publishing. This training will include contractor and subcontractor staff along with other early intervention professionals from across the State.</p>
<p>Region 4 Family Outreach: Family Outreach staff is anxiously awaiting the training and process developed by the pilot site, DEAP, using the ASQ:SE2. Family Outreach will implement the process upon roll-out.</p>
<p>Region 5 Child Development Center: CDC team members recently joined the Part C Coordinator in participating in a nation-wide learning collaborative, <i>Pyramid Model and the Part C SSIP</i>, to assess and create social-emotional educational materials for Montana’s families and Family Support Specialists. CDC acknowledges the need for further Family Support Specialist training; therefore, CDC has enlisted the advice of Family Support Specialists in creating Montana’s social-emotional education materials. CDC understands the Pyramid Model theory and the need to create more social-emotional educational information for Family Support Specialists and all families.</p>

Montana remains in the earliest stages linking the SiMR, demonstrating improved positive social-emotional skills including positive social relationships, with screening and assessment practices; the development and achievement of high-quality IFSP outcomes including the clearly articulated criteria, procedures and timelines that enable Family Support Specialists and early intervention service providers to access appropriate practices and interventions to support social-emotional development. Montana and the Leadership Team recognize intentional social and emotional screening, assessment, and practices are necessary to move toward demonstrated improvement.

Use coaching to promote social-emotional development for infants, toddlers and their families



Region 1 DEAP: Family Support Specialists received training in Routines-Based Early Intervention components and early intervention coaching. Ongoing training at staff meetings is provided in these areas as well as on how to improve social-emotional outcomes. Family Support Specialists use coaching to help parents identify child and family goals; provide responsive parenting; and work on addressing social-emotional and other skills. Four master coaches support ongoing use of coaching with families by discussing progress with Family Support Specialists.

Region 2 Benchmark Human Services: All Benchmark staff have been trained in coaching techniques used for home visiting and Benchmark has identified this as a method of best practice.

Region 3 Billings School District #2, ECI: The coaching interaction style is integrated into each home visit by ECI staff. The two master coaches at ECI hold regular reflective conferences with each FSS to ensure fidelity to the coaching model. The coaching interaction style is reinforced and modeled in weekly one-on-one reflection meetings between the director and each Family Support Specialist. ECI has taken on a leadership role with the EBP work group with a 2019 plan to address best coaching practices in supported home visits through the development of a learning module and fidelity checklist.

Region 4 Family Outreach: Family Outreach staff provides Montana Milestones/Part C support to families using the coaching interaction style. Family Outreach staff are participating in a work group to develop a fidelity checklist for supported home visiting using the coaching model and the subsequent learning module for the Extended University.

Region 5 Child Development Center: CDC has been involved in developing learning materials to ensure all Family Support Specialists are trained in Routines-Based Early Intervention which includes components from the coaching model to compile a well-rounded training

plan. CDC is committed to using the Supportive Home Visiting Checklist (2012) with all staff to ensure fidelity to the model as it will be defined in the learning module.

A genuine coach has a far more interesting and refined role than giving orders. If you are on a mountain climbing expedition, struggling with some difficult terrain, lost in a fog or snowstorm, and not able to see the top of the mountain or most of the path ahead, you are grateful for a veteran guide, calling down from above, “Go to the right. Dig in. Watch out for loose rocks. You’re doing fine.” The guide has perspective, experience, and crucial knowledge that you don’t have. Similarly, the players on a sports team, caught up in the moment-to-moment action on the field, have little perspective. An effective coach rises above the playing to get a more complete picture from which to guide optimal approaches. Great coaches blend expertise and facilitation to help players go beyond their previously held boundaries.

Do Montana’s Family Support Specialists have the expertise and facilitation methods to help infants, toddlers, and their families “go beyond their previously held boundaries?” After the lead agency’s administrative reviews of IFSPs, including outcomes, services, and supports, Montana does not find sufficient data that supports the theory that the current coaching model is impacting positive social and emotional skills including positive relationships. Therefore, next steps for Montana’s coaching model are ensuring Family Support Specialists have the perspective, experience, and crucial knowledge to:

- Implement practices (including social and emotional practices) that, with consistent repetition, lead to results for children such as positive social-emotional skills; acquisition and use of knowledge and skills; use of appropriate behaviors to meet needs;
- Collaborate to assess and understand the parent/family member/guardian and his or her development needs so that he or she knows their rights; can effectively communicate their child’s needs; and help their child develop and learn;
- Challenge both the Family Support Specialist and family members to eliminate any element or factor that works as a constraint to achieving goals and explore new possibilities; and
- Ensure accountability and support for reaching the child’s and family’s goals to sustain development.

Montana’s Demonstrated Progress Toward Achieving Intended Improvements and Modifications to the SSIP:

Work groups, made up of members of the Leadership Team and additional agency staff members, examined progress focusing upon the prioritized improvement strategies:

- Developing an evaluation model adhering to Part C of the IDEA Rules and Regulations that includes at least two or more disciplines and family members to participate in multidisciplinary evaluation teams throughout the State. This strategy is not fully

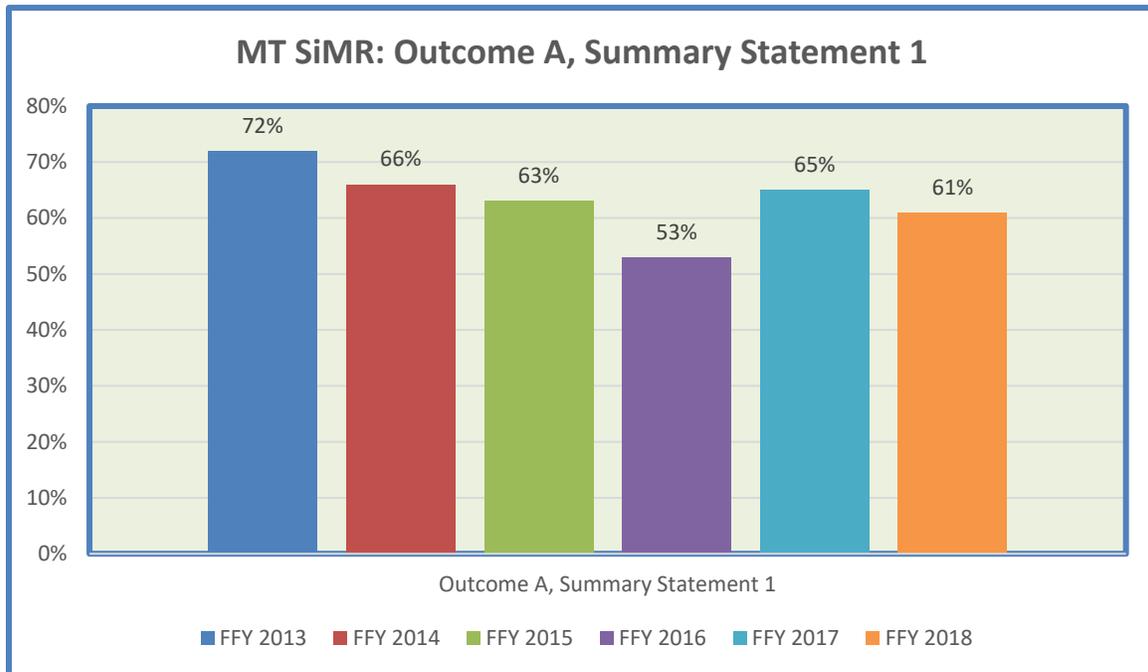
implemented Statewide and is a priority for monitoring and technical assistance in 2019-2020.

- Determined a methodology to continue Montana’s RBI training and practice toward consistency and fidelity across the State. This strategy expanded to include all components of Montana’s RBEI model: Ecomap, Functional Assessment, MT RBI process and procedures, High-Quality Outcomes, Support-Based Home Visits, and associated procedures and fidelity tools. Monitoring and documenting fidelity is a priority in 2019-2020.
- Developed follow-up for the Child Outcomes Summary Process to avoid drift that included a fidelity checklist and process. Again, this is a monitoring priority in 2019-2020.

Montana targeted the Child Outcomes Summary Process as the assessment means to identify the progress of Montana’s SiMR: *an increased percentage of children who entered or exited the program below age expectations in positive social-emotional skills (including social relationships) who substantially increased their rate of growth by the time they turned three years of age or exited the program.* As described in each phase of Montana’s SSIP, problems with data collection methods were discovered early as the validity and reliability of Montana’s Child Outcomes Summary ratings across the State were dubious. Individual contracted providers’ data analysis identified validity and reliability but only insofar as their specific agency’s child outcomes data. As the work group for this improvement strategy worked diligently on developing and now implementing a systematic and consistent Child Outcomes Summary Process, Montana’s ratings and, thus, percentages have fluctuated over the years of the SSIP. Montana’s FFY 2018 data identifies **65%** of infants and toddlers demonstrating improvement.

Montana’s SiMR target: of those children who entered or exited the program below age expectations in Outcome A, Summary Statement 1, **76%** will substantially increase their rate of growth by the time they turned 3 years of age or exited the program. **Table XI** visually depicts Montana’s SiMR data since FFY 2013 and up to March 2019.

Table XI. Montana’s actual data:



Montana’s original baseline for the SiMR (72%) was based upon suspect data quality. Local contracted programs within the State had outcome data significantly different from both the State’s overall outcome data and differences from other local contracted programs’ outcome data. The value of the baseline is imperative in setting Montana’s SiMR target that is both rigorous and attainable for infants and toddlers and enables the State, contracted providers, and stakeholders to determine the amount of progress children should make during the time examined. The Part C Coordinator must continue to shine a spotlight on the link between SSIP activities and the targets as a means for monitoring progress and determining if progress is on schedule.

At the close of the fiscal year, June 30, 2018, the stakeholder groups including the Leadership Team, the Family Support Services Advisory Council, and the Department’s administrative team members agreed to collect an additional year of COS data noting that each agency is focusing upon fidelity to the COSP. Data will be further analyzed in 2019 to determine if Montana’s target is achievable or re-set.

Montana is not modifying the State’s SSIP at this time; however, evaluation of each improvement strategy implemented leads the State to continuous improvement and additional supporting strategies. More information about additional supporting strategies is found in **Montana’s Plans for Next Year.**

Data Quality Issues:

Data quality is of paramount importance to truly gauge the impact of Part C of the IDEA services and supports to impact the development of infants, toddlers, and their families. Montana recognizes that an organization’s ability to manage data correctly and understand its inherent value will make great strides toward positively impacting child and family outcomes. The better the data quality, the more confidence Montana’s contracted providers will have in the outputs they produce. The old “garbage in, garbage out” adage is true, as is its inverse. When data quality cannot be trusted, confidence in the results it provides is quickly eroded causing missed opportunities at multiple levels of systems. For example, if a Family Support Specialist and the family are not gaining insights from the data, a critical opportunity for intervention is missed.

Two significant data quality strategies implemented since July 2017 and beginning January 2018:

1. The Child Outcomes Summary Process was implemented at each contracted provider site and scaled up state-wide in July 2017. The systematic methodology for Child Outcomes Summary ratings following targeted professional development and the use of *IFSP and COS Process Guidance* is believed to be the initial steps to improving outcomes data quality. The addition of the Fidelity Checklist as well as a systematic method for measuring fidelity at each agency is another step toward ensuring quality child outcomes data.
2. To implement a high-quality program for meeting the needs of children and families enrolled in Part C of the IDEA, providers are contractually obligated to:
 - a. Develop and implement procedures to ensure the quality and integrity of data collected in the Early Intervention Module and any other State data management system;
 - b. Support the use of the data collected at the local and State level;
 - c. Conduct data analysis and prepare data products to promote understanding of the data and inform decision-making; and
 - d. Disseminate data products to stakeholders to meet their needs.

Collecting multiple forms of data, verifying its validity, analyzing and using data to inform decision-making is a work in progress at Montana’s Part C of the IDEA program and each agency. The SSIP journey has informed the State and stakeholders that quality is a metric – a standard of measurement – and that implementing prioritized quality improvement activities integrated with accountability activities takes time.



Montana’s Plans for Next Year:

Montana Milestones/Montana Extended University Activities:

Montana allocated \$301,802 of the FFY 2019 grant toward pre-and in-service personnel preparation of Family Support Specialists targeting quality measures:

- Maintenance costs for the digital learning platform.
- Development of enrollment, monitoring features, and reporting on the new platform.
- Transfer of all learning module content to “learning shells.”
- Anticipated additional learning modules: Multidisciplinary Evaluation and Eligibility and Montana Transition Procedures.
- Re-development of Montana Part C Comprehensive System of Professional Development with support from the Office of Special Education Programs technical assistance providers.
- Expansion of Montana’s Early Childhood Practitioner Registry to include Family Support Specialist Primary and Comprehensive Certification.

Multidisciplinary Evaluation Team and Eligibility:

- Eligibility results indicate variability in eligibility determinations across the State and of the inclusion of parents and other professionals and their respective roles in child evaluation and child assessment. The Leadership Team has engaged the Governor’s Office personnel, the Director of the Department of Public Health and Human Services, the Developmental Disabilities Program Administrator, Bureau Chief, Fiscal Director, and the Part C Coordinator in ongoing discussions to obtain clarity regarding a perceived change in eligibility criteria; most specifically, “informed clinical opinion/reasoning.”

- Given Montana’s criteria for eligibility: Type I established condition diagnosed by a physician or psychologist leading to or the identification of developmental delays and/or disabilities or Type II measured delay of 25% in two or more developmental domains or 50% measured delay in at least one developmental domain; and that Montana chose not to serve children “at-risk” for developmental delays, data analysis presents additional questions that will be probed in the next year:
 - 177/401 Child Outcomes Summary statements or 44% of infants and toddlers with established conditions or significant development delays, per Montana’s eligibility criteria, exit the Program with *functioning comparable to same-aged peers*.
- Montana’s evaluation process must be sufficiently comprehensive to obtain valid and useful information about the child and family that will inform decisions about the Part C program eligibility and early intervention service planning, as well as day-to-day interactions between the primary caregivers and the child.
- Evaluation results will clearly link to and establish present levels of development and functional performance including statements of the child’s unique needs and strengths in each of the developmental domains.
- The impact of the developmental statements will prioritize needs and guide the development of child and family outcomes and the selection of early intervention services in the child and family’s most natural environment, to the greatest extent possible.

Results-Driven Accountability and Monitoring:

- Multidisciplinary evaluation and eligibility criteria to be added to the State’s data management system, the Early Intervention Module.
- New Part C Quality Specialist position will provide oversight for multidisciplinary evaluations and eligibility determinations; fidelity to chosen practices, and the COSP data as well as the following:
 - Initial intake that includes multidisciplinary evaluation for eligibility and functional assessment for programming needs;
 - Evaluation and assessment results consistently used for IFSP development, implementation, and service delivery;
 - Service Coordination and Using a Coaching Interaction Style (teaming and collaboration) link directly to assessed needs and IFSP outcomes; and
 - Family Support Specialists employ social-emotional practices to promote social-emotional development within each home visit.
- Revised IFSP template includes documentation requirements related to functional assessment and functional, high-quality outcomes;
- Participation in the Fiscal Cohort will enhance fiscal monitoring systems including Payor of Last Resort, Maintenance of Effort, and Part C cost analysis.
- Collect and analyze fidelity data regarding practices: COSP and MT RBEI components.
- To ensure a high-quality program is being provided Statewide, an analysis of exit data (FFY 2018 to date) will be undertaken:

- 568 exits
- 145 enrolled in Part C of the IDEA Program for less than 6 months (26%)
- 124 withdrawn by parent (22%)
- 42 withdrawn as attempts to contact unsuccessful (7%)

Family Involvement in Data Practices and Products:

- Monitoring of Family Outcomes data triggered the development of a work group to study the survey data, the methodologies for obtaining survey data, and the use and/or recommended use of the data to inform decision-making at multiple levels. The group will provide the data analysis and recommendations to the Family Support Services Advisory Council.
- Measure the implementation and monitor the results of parents being asked to participate as part of the multidisciplinary evaluation team.
- Measure infant and toddler social and emotional outcomes infusing authentic family engagement and appropriate clinical reasoning.
- Provide resources to agencies that identify techniques for involving families in the assessment process in more meaningful ways.

Social-Emotional Screening and Assessment:

Accurate assessment of SE development in infants and toddlers is important and challenging. Each agency will consistently offer social and emotional screening using the ASQ:SE II to ensure:

- Identification of infants and toddlers with signs of possible delays or disorders
- Identification of infants and toddlers needing formal assessment
- Service planning
- Monitor change over time
- Determine whether outcomes were achieved.

Montana’s contracted agencies will be intentional in linking social and emotional intervention screening and/or assessment, IFSP outcomes, referrals, early intervention services and coaching family members using social-emotional practices.

Coaching: Using Social and Emotional Practices

Montana will develop effective and balanced professional development for Family Support Specialists and administrators focused on specific social and emotional practices (**the what**) using the coaching strategy as the method of delivery (**the how**) with each family to facilitate the social-emotional development of their child and, as needed, facilitate social and emotional interventions. The practices will be systematic, sustained, and directly related to the social and emotional practice.

Targeted Practice: relationships-based early intervention social and emotional practices focusing upon building a relationship with the parent; supporting the parent’s understanding of typical development; supporting the parent to better understand their child; and supporting the parent to respond to their child.

Montana will access technical assistance from the U.S. Department of Education, Office of Special Education Programs. The professional development will incorporate the following themes:

- How will Family Support Specialists be supported to understand social and emotional practices?
- Does Montana have a way to determine the current strategies and content focus of home visits?
- How will Family Support Specialists be supported to integrate knowledge and skills within a home visit?
- What supports must Montana have in place to enhance the Family Support Specialists' skills to coach parents?

Data Quality:

Montana will develop quality matrixes as part of Results-Based Accountability and General Supervision implementation that will measure an agency's compliance with the following contractual obligations:

- a. Develop and implement procedures to ensure the quality and integrity of data collected in the Early Intervention Module and any other State data management system;
- b. Support the use of the data collected at the local and State level;
- c. Conduct data analysis and prepare data products to promote understanding of the data and inform decision-making; and
- d. Disseminate data products to stakeholders to meet their needs.