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Montana’s Theory of Action

Montana’s SIMR data, 63% of infants and toddlers with disabilities exited the Program with progress being made in social-emotional development, fell short of the State’s target, 68%. However, the principle improvement strategies outlined below continued to promote continuous improvement in Montana’s Part C Program.

Table 1. Montana’s Updated Theory of Action: The principle improvement strategies Montana employed during the year with the intent to increase the percentage of infants and toddlers with disabilities exiting the Program with progress being made in social-emotional development.

Strands of Action	If Montana expends resources and efforts...	Then Montana realizes these outcomes...
Professional Development System	<ul style="list-style-type: none"> • Montana State University Academic Technology and Outreach: Montana Milestones Early Intervention Professional Development http://ato.montana.edu/mtmilestones/ • Comprehensive System of Professional Development • Montana Early Childhood Project, Practitioner’s Registry https://www.mtecp.org/practitioner.html 	Highly qualified Family Support Specialists demonstrate increased competence to effectively implement practices leading to the achievement of child and family outcomes.
MT Milestones Comprehensive Definition	<ul style="list-style-type: none"> • Regional contracts • Eligibility Flowchart • Multidisciplinary Guidance Tools 	Regional contractors provide Part C programs of quality in their catchment areas by employing highly qualified Family Support Specialists who effectively implement practices and adhere to regulatory requirements, policies, and procedures.
Social and Emotional Screening and Assessment	<ul style="list-style-type: none"> • ASQ: SE 2 and other social and emotional assessment tools • SE Pyramid Framework • SE Professional Development 	Family Support Specialists demonstrate skills and abilities to build responsive relationships with families thereby increasing family capacity - parent responsiveness and parent sensitivity - to promote healthy social emotional development for infants and toddlers. Measurable and achievable social and

		emotional outcomes are documented in every IFSP.
Data Quality Measures	<ul style="list-style-type: none"> • Child Outcomes Summary Process • Toolkit for Analysis of Child and Family Outcomes 	Valid and reliable data is used for reflection of practices and improvement strategies to ensure children and families receive early intervention services leading to measurable demonstrated improvement.
Family Engagement Practices	<ul style="list-style-type: none"> • Family participation and engagement activities • Family Outcomes Survey Process • Family Leadership Action Plan: Family Stories • EBPs promote family engagement: RBI - FGRBI, Coaching Interaction Style 	Families are meaningfully engaged in the Part C Program and recognize their roles as influencers and decision-makers both locally and State-wide.
Results-Driven Accountability and General Supervision	<ul style="list-style-type: none"> • Quality improvement and assurance system • Referral, eligibility, and established condition documentation • SSIP Matrix for Practice Change • New comprehensive data management system 	Regional contractors implement practices, strategies, regulatory requirements, policies, and procedures leading to continuous improvement in the provision of the Program.

Progress in Implementing the SSIP: Montana’s Improvement Strategies Progress and Impact

Professional Development System

A need to strengthen basic early intervention knowledge with an increased focus on social-emotional development was identified. In order to achieve targets for Montana’s SSIP State-identified Measurable Result (SiMR): increase the percentage of infants and toddlers who entered early intervention below age expectations in social-emotional skills and who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

The virtual professional development system developed in conjunction with Montana State University moved to a new platform: Montana State University Academic Technology and Outreach: Montana Milestones Early Intervention Professional Development <http://ato.montana.edu/mtmilestones/>. Noting differing needs for Family Support Specialists (FSSs) who provide different levels of support, the new platform provides additional flexibility, versatility, and means for accountability.

Montana contracted with technical assistance professionals, Jeffri Brookfield and Ardith Ferguson of WestEd, to guide and support Montana’s Part C Comprehensive System of Personnel Development (CSPD) action planning beginning January 2020 and create a 2-3-year

professional development action plan leading to the updated Montana Part C CSPD. The process will expand on the existing needs including assessment information collected from the Family Support Specialists Advisory Council (FSSAC), previously identified system needs, and a comprehensive snapshot of existing training and professional development activities for the early intervention and broader early childhood system.

Montana Part C professional development needs are most critical at the universal or foundational tier. Since FSSs do not have any requirements to have a child development background, there is great variation in the knowledge and skill level of the professionals in this tier. Therefore, to support all FSSs, a variety of levels of support are needed. Examples of the FSS “knowledge-base” areas, aligned with the *Division of Early Childhood Recommended Practices* (<https://www.dec-sped.org/dec-recommended-practices>) and identified in the *MT Stepping Stones* document, include:

- (a) basic child development, including milestones;
- (b) working with families from diverse backgrounds;
- (c) awareness of cultural impact on development;
- (d) understanding typical behavior and expectations for all children, and for children with common disabilities;
- (e) supporting families of children with disabilities;
- (f) foundational social and emotional development;
- (g) knowing when a child requires more specialized interventions;
- (h) how to refer children for more intensive support; and
- (i) common strategies to support children with specific disabilities.

To ensure that entry-level personnel are qualified to provide service coordination and have knowledge of the Part C of the IDEA regulatory requirements, Montana developed the Primary Family Support Specialist practitioner strand using the credentialing structure provided by the Montana Early Childhood Project, Early Childhood Practitioner Registry (housed at Montana State University). The development of the Comprehensive Family Support Specialist practitioner strand will be linked to the CSPD and the professional development system (housed at Montana State University) to meet ongoing training initiatives, in-service and professional development needs for seasoned FSSs.

Stakeholder/Work Group: Part C Coordinator, Dr. Christine Lux, Montana State University, Dr. Jody Bartz, Montana State University, Dan Slutka, Montana Early Childhood Project; Family Support Services Advisory Council members; Leadership Team (made up on regional contractor administrators and chosen staff members). New additions: WestEd technical assistance team members, Jeffri Brookfield and

Ardith Ferguson, along with representatives from the Early Childhood and Family Support Division where the Part C Program will be located beginning April 2020.

Montana Milestones Comprehensive Definition

To develop and implement a systematic, high quality Part C Program in every region and meet child and family outcomes targets including State-identified Measurable Result (SiMR) (increased percentage of infants and toddlers who entered early intervention below age expectations in social-emotional skills, who substantially increased their rate of growth by the time they turned 3 years of age or exited the program), three improvement strategies defining regulatory requirements and expectations of Montana's Part C Program were employed during the year.

1. Using *A System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs* resources, regional contracts were developed and include the regulatory responsibilities and quality resulting in achievement of child and family outcomes. The contractual language and general supervision activities led to the addition of two improvement strategies predicted to lead to systematic multidisciplinary evaluations, child and family assessments, and IFSP Teams.
2. The Part C Eligibility Flowchart was developed and implemented along with additional supporting materials adopted State-wide: eligibility determination document completed and stored in the data management system for every infant or toddler, MT Part C Established Condition List for consistent identification of established conditions with a high likelihood of a developmental disability, and the Established Condition Statement completed by the diagnosing physician or psychologist. The demonstration of greater understanding of Montana's eligibility process and procedures leading to consistent eligibility determinations across regions is expected.
3. The Multidisciplinary Guidance Tool was developed and implemented to ensure the multidisciplinary regulatory requirements (evaluation of the child, initial assessment of the child and family, and the IFSP Team) are consistently met. The tool conveys regulatory requirements for multidisciplinary activities and is expected to lead to systematic compliance with resulting high-quality evaluations, assessments, and IFSP Teams to develop, implement, and monitor IFSPs.

Stakeholder/Work Group: Part C Coordinator, Leadership Team.

Social and Emotional Screening and Assessment

Identifying the social and emotional needs of infants, toddlers and their families along with the appropriate interventions to build the capacity of families to support social and emotional development is imperative if Montana expects to achieve the SiMR target.

The ASQ: SE 2 and other social and emotional assessment tools are used or being scaled-up across regions to identify strengths and needs. The results are expected to guide IFSP teams, including families, as outcomes are developed, identifying referral sources, and making plans for early intervention services. General supervision activities identified a gap between the use of tools and the development of meaningful child and family outcomes related to improving social and emotional skills including positive relationships.

Accessing supports from an online learning collaborative supported by the National Center for Pyramid Model Innovations, Montana developed a Social Emotional Pyramid Framework. The Framework identifies the Family Support Specialist characteristics and strategies expected to improve infant and toddler social and emotional skills and increase family capacity to effectively communicate their child's needs and help their child develop and learn. The WestEd team contracted with Dr. Karen Finello, applied developmental psychologist with a specialization in birth to five-year-olds and their families, to provide targeted social and emotional professional development as Montana sets the stage for the Implementation of the SE Pyramid Framework to begin imminently.

Family Support Specialists will access learning opportunities along with reflective practices and supervision focused upon how to build responsive relationships with families and how to partner with families to teach social and emotional skills using Family-Guided Routines Based Intervention (FGRBI), Home Visits, and the Coaching Interaction Style. SE professional development scheduled and expected to lead to demonstrated improvement of Montana's SiMR.

1. Reflective Practice Training and Mentoring (completed 3/9 – 3/10/2020 and mentoring begins April 2020 – December 2020)
2. Behavioral Assessment of Baby's Emotional and Social Style (BABES) Toolkit (tentatively scheduled 8/12/2020)
3. Infant-Family and Early Childhood Mental Health Training including:
 - The 3R's: Relationships, Resilience, and Readiness, Biological and Psychosocial Factors Impacting Outcomes (tentatively scheduled 5/18 - 5/19/2020)
 - Risk and Resiliency (tentatively scheduled 7/1/2020)
 - Parenting, Caregiving, Family Functioning, and Parent-Child Relationships, Building Collaborations & Partnerships on Behalf of Young Children & Families (tentatively scheduled 6/29 - 6/30/2020)
4. Early Childhood Development Foundations – A Relationship Based Approach including:

- Supporting the Development of Young Children with Special Needs, Meeting the Needs of Young children with Specific Developmental Characteristics, and Putting it All Together (tentatively scheduled 9/1 – 9/3/2020)

The ambitious timelines were set prior to the recognized outbreak of COVID-19 and Montana will be revamping timelines and delivery models in the months to come as well as accessing professional development targeting tele-intervention best practices to promote social and emotional skills including positive relationships.

Stakeholder/Work Group: Part C Coordinator; SE Workgroup members Hollin Buck, Catherine Hafliger, Kristi Negrette, Rachael Candelaria, Tassie Christiaens; CSPD Work Group; Leadership Team.

Data Quality Measures – Child Outcomes Summary Process

The ability to gauge the impact of the early intervention services and supports provided to children and families in terms of the SiMR as well as other outcomes measurements, Montana continues to employ improvement strategies intended to ensure valid and reliable outcomes data.

Montana’s Child Outcomes Summary Process is in its third year of implementation and, as noted in last year’s SSIP review, contractor reviews of child outcomes data pointed to potential drift detected when fidelity checklists were used to measure implementation. Contractors analyzed outcomes data formally for the most recent Annual Performance Report using specific tools such as the *Data Patterns for COS Ratings: What to Expect and What to Question*. The Child Outcomes Summary Work Group reconvened sharing strategies leading to the expected development of a Child and Family Outcomes Analysis Toolkit including resources such as:

- *Data Patterns for COS Ratings: What to Expect and What to Question*
- Pattern Checking Table
- Meaningful Differences Calculator
- Longitudinal Graphing Templates
- Age-Anchoring Guidance
- MEISR 2019 training
- Tips and Training Ideas

Montana's contractors continued to review child outcomes data throughout the year through the lens of target achievability (including the SiMR). Two regional contractors uncovered specific data patterns and, upon analysis, identified areas of needed targeted technical assistance to increase reliability and validity of child outcomes data. Specific details and Montana's suggestions for child outcome baseline revisions are described in the **Progress Toward Achieving Intended Improvements and Modifications to the SSIP** section.

Stakeholder/Work Group: Part C Coordinator, COS Work Group members: Hollin Buck, Catherine Hafliger, Sandy Peaslee, Elissa Erickson, Kari Hoover, Teri Lilletvedt, Christa Tescher, Laura Christiaens; Leadership Team.

Family Engagement Practices

Montana's improvement strategies were founded upon strong relationships with families promote family well-being, positive parent-child relationships, and the ongoing learning and development of children and parents. The relationship foundation with families begins with referral and must emphasize meaningful family engagement at the very first exposure to the Part C Program. Families are expected to have the necessary resources to help them better understand their child's development and needs leading to informed decisions regarding practices. An added benefit expected is increased parent capacity as measured by the Family Outcomes. Montana employs two evidence-based practices to promote family engagement: Routines-Based Interview (RBI)/Family Guided Routines-Based Intervention (FGRBI) and the Coaching Interaction Style.

Family members are regularly included as team members beginning with the multidisciplinary evaluation team, child and family assessments, and IFSP Teams to develop, implement, and monitor the IFSP. Additionally, family members input is obtained when determining both the baseline and exit Child Outcomes Summary measurements.

In an effort to enhance family engagement and as a result of analysis of Family Outcomes Surveys responses and representativeness data across regions, the Family Outcomes Survey Process was developed and implemented January 2020 including systemic requirements:

- Front-loading talking points
- Family Outcomes Survey completed at every six-month review
- Both online and in-person options to complete survey
- Addressing barriers
- Monitoring response rate
- Monitoring results

The feedback received from families on whether they feel well-informed and supported after receiving early intervention services is crucial to ongoing improvement cycles of service delivery at both the local and State-wide level. Reviewing child and family outcomes data and discovering trends will identify opportunities for system improvement. Survey results will be provided to families, local and State entities and used *to learn from parents* about what is working or not working and target ways to improve.

When families are engaged as leaders, they can provide insightful knowledge of policy and program agendas in ways that lead to suggestions and means to act on new ways to solve problems. Co-Chairpersons Laura McKee and Bonnie Ramage of Montana's Inter-agency Coordinating Council, the Family Support Services Advisory Council (FSSAC), begin each FSSAC meeting with a family story from a parent(s) currently enrolled or previously enrolled in Montana's Part C Program. Laura participated in two Family Leadership face-to-face meetings and ongoing mentoring through the Early Childhood Personnel Center this year. Drawing on her experiences as a parent of a child with a disability and the family stories she has listened to for the past seven years in her capacity on the Council, Laura and Bonnie developed the Family Leadership Action Plan: Family Stories. Family members will present their stories and experiences with current early intervention providers and early childhood education students in Montana's university system. Beginning at Montana State University with the support of Dr. Christine Lux and Dr. Jody Bartz (members of the CSPD Work Group), the family stories will provide one means to ensure current early intervention providers and students pursuing degrees that include serving infants and toddlers with disabilities and their families are exposed to family advocacy principles and to families who have experiences in early intervention. The intended impact will be an early childhood work force demonstrating increased understanding of family perspectives and experiences through the provision of family information and perspectives that will support their growth and development of family engagement skills.

Stakeholder/Work Group: Part C Coordinator; Dr. Bartz, FSSAC members Laura McKee, Bonnie Ramage, Dr. Lux; Family Outcomes Work Group members: Sandy Peaslee, Hollin Buck, Catherine Hafliger.

Results-Driven Accountability and General Supervision

Montana's Part C Coordinator has worked to establish a State-wide quality improvement and assurance system that includes quality reviews, compliance monitoring, and the provision of guidance to enhance the consistent implementation of high-quality early intervention practices, processes, and procedures. Expected results:

- Regional contractors implement practices, policies and procedures that lead to continuous improvement in the delivery of the Part C Program.
- Children and families access high quality Part C Programs and early intervention services leading to achievement of child and family outcomes.

The SSIP Matrix for Practice Change was developed and implemented State-wide to capture the status of practice change, implementation fidelity, and intervention fidelity for each chosen evidence-based practice. Regional contractors will demonstrate greater understanding of the level of implementation of evidence-based practices and the practices' impacts on child and family outcomes. Regional data collection will lead to the implementation of practices, policies and procedures designed to promote high-quality early intervention services and supports as measured by the child and family outcomes.

The development and implementation of systemic referral, eligibility, and established condition documentation including State review of eligibility determinations is expected to result in demonstration of greater comprehension of Montana's eligibility process and procedures leading to consistent eligibility determinations across regions.

The Program's lead agency, Montana's Department of Public Health and Human Services, is devoting considerable effort, time, and fiscal resources to the development of data management system, the Montana Medicaid Integration System (MMIS), linking the multitude of programs under the agency's umbrella. One of the first programs to move to the new system in a newly developed module, MedCompass, is Montana's Part C Program with an expected date of July 2020. The system's interoperability plans will allow the linking of Part C data with data collected from early intervention service providers, Medicaid, and multiple programs such as MIECHV, Child and Family Services, Children's Special Health Care, and others. The increased data collection and management capabilities of the system are expected to lead to better coordination of fiscal funding systems and services for infants and toddlers with disabilities and their families.

Stakeholder/Work Group: Part C Coordinator, Administrative Teams from the Developmental Disabilities Program and the Early Childhood and Family Support Division.

Montana's Data on Implementation of Improvement Strategies and Impact

Professional Development System - Early Childhood Practitioners Registry

26/75 Family Support Specialists are currently registered in the system. All new Primary Certifications are issued by the Registry. Representatives from the Registry team will participate in CSPD development to identify the needs of the Registry to link with the professional development system and issue both Primary and Comprehensive Certifications.

MT Milestones Comprehensive Definition

100% of eligibility determinations are now documented in the data management system and monitored for:

- ✓ Consent for evaluation
- ✓ Standardized tool(s)
- ✓ Two or more disciplines
- ✓ Documentation of team members' evaluation data
- ✓ Multidisciplinary team recommendations
- ✓ Eligibility Type – If Type I Established Condition, Established Condition Statement completed by the diagnosing physician or psychologist is in place
- ✓ Team members signatures (including family members)
- ✓ Consent to develop the IFSP
- ✓ Approval by the Family Support Specialist Supervisor and State Reviewer

The SSIP Matrix for Practice Change was developed to examine implementation levels of the evidence-based practices and resulting outcomes of the coherent improvement strategies. The Matrix provides the initial infrastructure of data sources and tools to measure SSIP implementation pertaining to the practices in three ways: practice change, implementation fidelity, and intervention fidelity. Each contractor provided evaluation data of the implementation level of the associated practices: Child Outcomes Summary Process, Multidisciplinary Teams, ASQ: SE 2 and social-emotional assessment, Routines-Based Interviews for Family-Guided Routines-Based Intervention, and the Coaching Interaction Style. The analysis of the data collected guides Montana to understand program effectiveness levels needed to maximize the benefits of early intervention and increase the percentage of infants and toddlers with disabilities exiting the Program with progress being made in social-emotional development.

If no evaluation data for a practice was collected, the contractor provided implementation stages the contractor will employ in the coming months to evaluate the level of implementation within the agency.

Child Outcomes Summary Process and content of the SSIP Matrix for Practice Change:

Practice change

Bi-annually, FSS self-monitors validity and reliability by completing the Child Outcomes Summary (COS) checklist for two COS baselines and two COS exits.

Implementation fidelity

COS training provided to all FSSs at least annually.

The supervisor or mentor meets regularly using reflective supervision with the FSS and reviews FSS’s self-monitoring using the Checklist.

Intervention fidelity

The supervisor monitors validity and reliability using the Checklist for one COS baseline and one COS exit annually.

Scoring - Pass: no more than one (+ /-) total in regular items; no bolded/italicized item can have a (+/-) or (-); and the shaded items are only scored when necessary. If no deficiencies are identified, the same process will be completed in one year.

Remediation - If deficiencies are identified, FSS is provided additional COS training and the supervisor will recheck validity and reliability of COS ratings every three months until the FSS successfully completes the COS Fidelity Checklist using the threshold identified.

Child Outcomes Summary Process Data:

Contractor	Practice Change	Implementation Fidelity	Intervention Fidelity
Contractor A	92% of FSSs completed both baselines and exits checklists. 8% currently in training.	92% received annual COS training (all modules). 8% currently in training. 100% receive regularly scheduled reflective supervision.	62% passed Checklist. 30% needed remediation activities. 8% currently in training.
Contractor B	Bi-annual self-monitoring scheduled.	Annual COS training scheduled. 100% receive regularly scheduled reflective supervision.	Annual COS monitoring scheduled.
Contractor C	100% of FSSs completed baselines and exits checklists.	93%, including 5 new hires, received annual COS training (all modules). Supervisor meets at least once monthly with FSSs during staff meetings and/or 1-to-1 meetings to reflect on COS practice. Additional training will be provided this year by COS specialist to improve fidelity rating on COS for children 6-12 months.	25% passed Checklist. 75% needed remediation activities. COS fidelity is studied during staff meetings to ascertain training needs.
Contractor D	100% of FSSs completed baselines checklists.	100% completed annual COS Training (all modules) in November 2019. COS Trainers met with FSSs to provide mentoring, training and feedback during two staff meetings this fiscal year. COS Trainers reviewed COS Fidelity Checklists.	65% received a passing score. COS Trainers are implementing the following remediation measures: Staff training on completing COS Fidelity Checklists.

			COS Trainers will complete COS Fidelity Checklists and review individually with each FSS.
Contractor E	75% of FSSs completed baselines.	100% completed annual COS training. Monthly oversight meetings are held with all Family Support Specialists.	COS Checklists completed by Supervisors for 75% of Family Support Specialists. Remediation is needed as the passing percentage was low.

Multidisciplinary Teams and content of the SSIP Matrix for Practice Change:

Practice change

Bi-annually, FSS self-monitors validity and reliability using the Multidisciplinary Evaluation and Assessment Checklist for at least one initial IFSP and at least one “new” annual IFSP (IFSP documentation of redetermination for eligibility).

Implementation fidelity

Multidisciplinary evaluation and assessment training for all FSSs at least annually.

The supervisor or mentor meets regularly using reflective supervision with the FSS and reviews FSS’s self-monitoring using the Multidisciplinary Evaluation Checklist.

Intervention fidelity

The supervisor observes and monitors the implementation of the multidisciplinary evaluation and assessment team (including the family) to ensure regulatory requirements and quality measures are met for at least one initial or one “new” annual IFSP for each FSS annually. The supervisor uses the Checklist.

Scoring - Pass: a score of at least 76% indicating that the FSS uses the practice characteristics most of the time (example: 7 times out of 10 the FSS demonstrates the identifiable practices on the Checklist). If no deficiencies are identified, the same process will be completed in one year.

Remediation: if deficiencies are identified, FSS is provided additional training and the supervisor will observe and monitor every three months until the FSS meets the 76% threshold.

Following successful implementation, the supervisor will observe and monitor annually following the same process defined above.

Multidisciplinary Teams data:

Contractor	Practice Change	Implementation Fidelity	Intervention Fidelity
Contractor A	100% of FSSs completed baselines checklists.	100% received annual Multidisciplinary Teams training. 100% of FSSs receive regularly scheduled reflective supervision.	40% passed Checklist. 60% required remediation such as additional observation and training.
Contractor B	100% of FSSs completed baselines.	100% received annual Multidisciplinary Teams training. 100% of Family Support Specialists receive regularly scheduled reflective supervision.	100% passed Checklist.
Contractor C	100% of FSSs completed baselines.	100% of FSSs, including 5 newly hired FSSs, received training on the Multidisciplinary Teams Process. 86% of FSSs, including 5 newly hired FSSs, received all Multidisciplinary Team trainings. Annual Multidisciplinary Teams Process trainings include review of the Multidisciplinary Team Checklist to ensure fidelity and ascertain training needs. Supervisor meets at least monthly with FSSs during staff meetings and/or 1-to-1 meetings to reflect on process. Additional training provided this year to train on the assessments being used.	70% passed Checklist.
Contractor D	Evaluation Team initiated use of the Evaluation, Eligibility and IFSP Meeting Checklists. No baseline data collected to date.	100% of FSSs participated in the multidisciplinary evaluation and assessment training. Evaluation team attends weekly meeting for staffing and training purposes related to multidisciplinary evaluation, eligibility, and IFSP Teams.	Begin implementation of the Multidisciplinary Evaluation and Assessment Checklist, March 2020.
Contractor E	No baseline data collected to date.	100% of FSSs participated in training on multidisciplinary teams, including forms to be signed at intake and redeterminations.	100% of eligibilities and IFSPs completed with multidisciplinary teams.

		Monthly supervisory oversight scheduled with all FSSs. Annual training added to agency's policies.	
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ASQ: SE-2 and social-emotional assessment and content of the SSIP Matrix for Practice Change:

Practice Change:

Bi-annually, FSS scores and interprets, with sensitivity to children's environmental, cultural, and developmental differences, two ASQ: SE-2 questionnaires completed by parents and self-reflections using the tool's Quick Start Guide designed to help users implement the ASQ: SE-2 accurately and effectively, ASQ: SE-2 Implementation Progress Checklist used as a self-assessment.

Implementation Fidelity:

Annual ASQ: SE-2 training provided to all FSSs. *Screening requires prior written notice provided to the parents that explains the reasons why. The Quick Start Guide includes a family notification component.

The supervisor or mentor meets regularly providing reflective supervision with the FSS and review the FSS's self-monitoring using the Quick Start Guide (ASQ: SE-2 Implementation Progress Checklist).

Intervention Fidelity:

Bi-annual comprehensive file reviews: the ASQ: SE 2 Implementation Progress checklist, the ASQ: SE 2 form and home visit/contact log reports document the required steps. If needed, the supervisor will conduct further training and/or mentoring with the FSS.

At least annually the supervisor monitors the implementation of the ASQ: SE-2 using the ASQ: SE 2 Implementation Progress checklist, the ASQ: SE 2 form and home visit/contact log to ensure the screener is being used following the tool's Guide. If needed, the supervisor will conduct further training and/or mentoring with the FSS. If no deficiencies are identified, the same process will be completed in one year.

Remediation: If deficiencies are identified, the FSS is provided additional training and the supervisor will observe and monitor every three months. Following successful implementation, the supervisor will observe and monitor at least annually following the same process defined above.

ASQ: SE-2 and Social-Emotional Assessment Data:

Contractor	Practice Change	Implementation Fidelity	Intervention Fidelity
Contractor A	Implementing ASQ: SE 2 training in May 2020 for FSSs, currently using ASQ: SE 2 data collected from well-child checks.	Will implement at least annual training for all FSSs. FSSs will receive regularly scheduled reflective supervision.	At least annual review of the ASQ: SE 2 Implementation Progress checklist, the ASQ: SE 2 form and home visit/contact log reports.

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	Will provide training on the ASQ: SE 2 Implementation Progress checklist and the ASQ: SE 2 form and home visit/contact log reports that document the required steps.		If needed, the supervisor will conduct further training and/or mentoring with the FSS. If no deficiencies are identified, the same process will be completed in one year.
Contractor B	100% of FSSs completed at least two ASQ: SE 2 Implementation Progress Checklists.	100% of FSSs received ASQ: SE 2 annual training. The supervisor or mentor meets regularly with FSSs to provide reflective supervision and review the FSS's self-monitoring using the ASQ: SE 2 Implementation Progress Checklist.	100% of FSSs successfully implemented the ASQ: SE 2 procedure as verified by the bi-annual review of the Implementation Progress Checklist and the ASQ: SE 2 form and home visit/contact log reports. If any deficiencies were noted, the supervisor provided further training and/or mentoring with the specific FSS.
Contractor C	93% of FSSs, including 5 newly hired FSSs, received ASQ: SE 2 trainings. No baseline data obtained from the Implementation Progress Checklist to date.	100% of families received the ASQ: SE 2 questionnaires during initial evaluation with multidisciplinary team since August 2019. Supervisor meets at least monthly with FSSs during staff meetings and/or during 1-to-1 meetings to reflect on Social-Emotional Screening Practice.	Additional training by ASQ: SE 2 National Trainer was provided when reflections with FSSs revealed not all families are receiving screenings. Annual monitoring to be scheduled.
Contractor D	The agency will begin using the Quick Start Guide to self-reflect, two times per year. No baseline data obtained to date.	One member of the agency's personnel is annually trained in the ASQ: SE 2. Supervisor meets monthly with personnel to provide mentoring and will review Implementation Progress Checklist data.	Currently, 100% of Part C referrals, wherein the family consented to an evaluation to determine eligibility, also included the completion of the ASQ: SE 2 screener. Monitoring the implementation of the ASQ: SE 2 will begin May 1 st , 2020 and yield baseline data.
Contractor E	No baseline data to date.	75% of FSSs participated in ASQ: SE 2 training. New hires have not completed training. Monthly supervisory oversight scheduled with all FSSs. Annual training added to agency's policies.	50% of current infants and toddlers eligible for Part C received ASQ: SE 2 screening. No tool validity oversight was provided to date.

Routines-Based Interviews (RBI) for Family-Guided Routines-Based Intervention and content of the SSIP Matrix for Practice Change:

Practice Change:

Bi-annually, FSS completes two RBIs with families and self-reflects by completing the RBI Implementation Checklist.

Implementation Fidelity:

The supervisor or mentor meets regularly providing reflective supervision to the FSS and review the FSS’s self-monitoring using the RBI Implementation Checklist.

Annual RBI training (including development of high-quality outcomes) provided to all FSSs.

Intervention Fidelity:

Annually, the supervisor monitors by observing one RBI to monitor validity and reliability using the RBI Implementation Checklist.

Scoring - Pass: 85% of items scored as (+). If no deficiencies are identified, the same process will be completed in one year.

Remediation – If deficiencies are identified, the FSS is provided additional training and mentoring. The supervisor will observe an additional RBI to monitor validity and reliability using the Checklist until the FSS meets the 85% threshold.

Annually, the supervisor **monitors the quality of child and family outcomes** by reviewing a randomized, statistically valid sample size of active IFSPs (use of ECTA-developed tool, *Criteria Defining High Quality, Participation-Based Outcomes*). The supervisor may choose to review a statistically valid sample size of the FSS’s caseload or may choose to review a statistically valid sample size of the active IFSPs at the agency.

Scoring – Pass: 85% of IFSPs reviewed include child and family outcomes meeting all six criteria. If no deficiencies are identified, the same process will be completed in one year.

Remediation: If deficiencies are identified, the FSS is provided additional Development of High-Quality Outcomes training and the supervisor will recheck active IFSPs every three months until the FSS successfully meets the 85% threshold.

Routines-Based Interviews (RBI) for Family Guided Routines Based Intervention Data:

Contractor	Practice Change	Implementation Fidelity	Intervention Fidelity
Contractor A	Agency to begin gathering RBI and outcomes baseline data by 9/2020.	Annual RBI and outcomes training to be provided to all FSSs by 5/2020.	Beginning 12/2020, the agency will monitor fidelity and quality using RBI Checklist and quality of outcomes using defined criteria.

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		FSSs will receive regularly scheduled reflective supervision to review RBI Checklist and Outcomes Checklist.	Remediation will be provided to FSSs not meeting the threshold scores as identified.
Contractor B	100% of FSSs completed both RBI Implementation Checklist and outcomes criteria for baseline measurement.	Annual RBI and Outcomes training is scheduled. FSSs receive regularly scheduled reflective supervision to review RBI Checklist and Outcomes Checklist.	The agency will monitor fidelity and quality using RBI Checklist and quality of outcomes using defined criteria. Remediation will be provided to FSSs not meeting the threshold scores as identified.
Contractor C	50% of FSSs completed both RBI Implementation Checklist and outcomes criteria for baseline measurement in 2018-19.	100% FSSs, including 5 new hires, received RBI training including developing high-quality outcomes. Using live observation and/or recorded RBI home visit, RBI fidelity is reviewed at staff meetings to ensure fidelity and ascertain training needs. Supervisor meets regularly with FSSs to reflect on RBI (including high-quality outcomes) practice and a need for RBI training with foster families was identified. Additional training to be provided to support fidelity when completing RBIs and developing outcomes with foster families.	100% of those FSSs providing baseline data met the fidelity thresholds for both RBI Implementation and quality of outcomes in 2018-19. Remediation will be provided to FSSs not meeting the threshold scores as identified.
Contractor D	5/11 FSSs completed the RBI Implementation Checklist and noted lack of confidence in their skill set and requested additional training. 6/11 FSSs reported using a modified version of the RBI as they are not confident in their skill set.	11/11 FSSs participated in annual RBI (including outcomes) training. Annual training is scheduled for 12/2020. FSSs will receive regularly scheduled reflective supervision to review RBI Checklist and outcomes criteria checklist.	7/11 met the RBI Implementation Checklist and outcomes criteria threshold (baseline). 5/11 FSSs are new hires and did not complete baseline threshold data yet. Agency will implement annual RBI observation using Implementation Checklist and annual review of child and family outcomes. Agency is implementing the following remediation measures:

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	Agency will initiate the use of the RBI Checklist for self-reflection at least bi-annually.		All staff training using Montana State-approved RBI and Outcomes materials. All staff training on how to complete the RBI Implementation Checklist for self-reflection.
Contractor E	No baseline data to date. Agency will initiate the use of the RBI Checklist for self-reflection at least bi-annually.	RBI training, including developing high-quality outcomes, for new hires is scheduled. 100% of FSSs completed annual RBI, including developing high-quality outcomes, training. 75% of FSSs participated in regularly scheduled reflective supervision to review RBI Checklist and outcomes quality criteria.	Agency will implement annual RBI observation using Implementation Checklist and annual review of child and family outcomes. No validity tool oversight was provided to date.

Coaching Interaction Style and content of the SSIP Matrix for Practice Change:

Practice Change:

Bi-annually, FSS completes the Coaching Practices Rating Scale with at least a third of the FSS’s caseload.

Implementation Fidelity:

Annual Coaching Interaction Style training provided to all FSSs.

The supervisor or mentor meets regularly providing reflective supervision to the FSS and reviews the FSS’s self-monitoring using the Coaching Practices Rating Scale.

The supervisor or mentor meets regularly providing reflective supervision to the FSS and reviews the FSS’s implementation of Coaching Plans with families as part of ongoing home visits.

Intervention Fidelity:

Annually, the supervisor monitors by observing the FSS interacting with families, at least once, using the **Coaching Practices Rating Scale**, to determine the extent to which the FSS uses the practices with families in ways that promote self-assessment, self-reflection, and self-generation of new and existing knowledge and skills.

Scoring – Pass: 85% of items scored as (+). If no deficiencies are identified, the same process will be completed in one year.

Remediation: If deficiencies are identified, FSS is provided additional Coaching Interaction Style training and the supervisor will recheck using the Coaching Practices Rating Scale every three months until the FSS successfully meets the 85% threshold. If no deficiencies are identified, the same process will be completed in one year.

Annually, the supervisor monitors by reviewing the FSS’s use of **Coaching Plans** with families as part of ongoing home visits. The supervisor may choose to review a statistically valid sample size of the FSS’s caseload or may choose to review a statistically valid sample size of the active IFSPs at the agency.

Scoring – Pass: 85% of records reviewed include Coaching Plan documentation as part of ongoing home visits. If no deficiencies are identified, the same process will be completed in one year.

Remediation: If deficiencies are identified the FSS is provided additional training on the development and use of Coaching Plans. The supervisor will recheck the FSS’s case notes every three months until the FSS successfully meets the 85% threshold.

Coaching Interaction Style Data:

Contractor	Practice Change	Implementation Fidelity	Intervention Fidelity
Contractor A	7/15 FSSs completed the Coaching Practices Rating Scale for baseline measurements.	Annual Coaching Interaction Style training to be provided to FSSs, April 2020. FSSs will receive regularly scheduled reflective supervision to review Coaching Practices Rating scale and coaching plans.	No observational data collected yet. Of those Coaching Plans reviewed, 7/15 met the threshold. Beginning April – July 2020, observational data will be collected. Remediation will be provided to FSSs not meeting the threshold scores as identified.
Contractor B	100% of FSSs completed the Coaching Practices Rating Scale for baseline measurements.	Annual Coaching Interaction Style training to be provided to FSSs. FSSs will receive regularly scheduled reflective supervision to review Coaching Practices Rating scale and coaching plans.	No observational and coaching plan review data collected yet. Beginning April 2020, observational data and coaching plan reviews data will be collected. Remediation will be provided to FSSs not meeting the threshold scores as identified.
Contractor C	No baseline data to date.	93% of FSSs, including 5 newly hired FSSs, received all Coaching Interaction Style trainings. Coaching Interaction Style fidelity is studied during staff meetings to ensure fidelity and ascertain training needs. Supervisor meets at least monthly with FSSs during staff meetings and/or 1-to-1 meetings to	No observational and coaching plan review data collected yet. Beginning April 2020, observational data and coaching plan reviews data will be collected.

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		<p>reflect on Coaching Interaction Style Process practice.</p> <p>Additional training provided when reflections showed a need for more examples of what Coaching Interaction Style looks like in real life.</p> <p>Additional training to be provided by Master Coaches this year by videotaping a select number of home visits and analyzing them during staff meetings.</p>	<p>Remediation will be provided to FSSs not meeting the threshold scores as identified.</p>
Contractor D	<p>Agency will begin using the Checklist. No baseline data has been collected yet for self-reflection.</p>	<p>Agency provides annual Coaching Interaction Style training. 11/11 FSSs participated in Coaching Interaction Style trainings in January and August of 2019.</p> <p>FSSs will receive regularly scheduled reflective supervision to review Coaching Practices Rating scale and coaching plans.</p>	<p>No observational and coaching plan review data collected yet.</p> <p>Beginning April 2020, observational data and coaching plan reviews data will be collected.</p> <p>Remediation will be provided to FSSs not meeting the threshold scores as identified.</p>
Contractor E	<p>No baseline data to date.</p>	<p>Coaching Interaction Style training provided to all new hires.</p> <p>50% of FSSs participated in annual Coaching Interaction Style training.</p> <p>FSSs will receive regularly scheduled reflective supervision to review Coaching Practices Rating scale and coaching plans.</p>	<p>No observational and coaching plan review data collected yet.</p> <p>Beginning April 2020, observational data and coaching plan reviews data will be collected.</p> <p>Remediation will be provided to FSSs not meeting the threshold scores as identified.</p>

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

Professional Development System

Montana Milestones Extended University successfully moved to the new platform: Montana State University Academic Technology and Outreach: Montana Milestones Early Intervention Professional Development at <http://ato.montana.edu/mtmilestones/>. The new platform is expected to increase functionality for content, reflective activities and include a monitoring system to measure usage and completion of

learning modules. The ongoing development of learning modules by different work groups in different formats led, in part, to the Part C Coordinator's focus upon Montana's Part C Comprehensive System of Personnel Development.

The Comprehensive System of Personnel Development (CSPD) work group, including technical assistance providers from WestEd, reviewed Montana's Part C workforce's current educational attainment and a compilation of completed in-service training to date. Using this data, the work group has begun work focused upon the perceived needs for increased knowledge and skills across core competency areas, including social and emotional development, and advanced skills/knowledge needs as well as preferred training methods and availability to participate in different types of professional development opportunities. The expected result will be the creation of a 2-3-year professional development action plan in coordination with *Montana Milestones* staff to:

- Adopt and/or adapt professional/paraprofessional competencies;
- Identify topics to be covered throughout the plan;
- Determine most appropriate training formats to be offered (e.g. online versus in-person);
- Outline the reflective supervision and peer supports (e.g. Communities of Practice) that will be adopted, who will receive them, and how much they will receive;
- Create an evaluation plan for the new CSPD trainings;
- Craft plans to expand the content of the curriculum for FSS certification; and
- Review/revise procedures for use of the Early Childhood Registry and the expectations for providers on achieving comprehensive certification.

Each training initiative will be evaluated for changes in participants' knowledge, confidence, skills and/or competencies as appropriate. To the extent that training targets evidence-based intervention practices (EBPs), evaluation may include assessment of the implementation of the EBPs in the workplace, and the extent and quality of the support provided to participants after the initial training. A secondary goal of the evaluation is to build evaluation capacity and data-based decision-making skills among Montana Milestones' leadership and staff, and the directors of the regional contractors. The leadership, staff, and directors will have enhanced capacity to summarize, analyze and report evaluation data in a timely manner, providing a basis for evaluating each project component/initiative in an on-going fashion so that corrections, modifications, and improvement may be made as the data indicate.

Additional work may include the development or modification from any other subcomponents (leadership, coordination, and sustainability; state personnel standards; preservice personnel development; in-service personnel development; recruitment and retention; and evaluation) of a CSPD that may be desirable to the State and stakeholders.

Montana's Early Childhood Practitioners Registry implemented the Primary Certification strand for Family Support Specialists in January 2020. The Registry team met either face to face or virtually with each regional contractor agency providing personnel an overview of the system and the system's requirements for Certification. Next steps for the Registry include the content expansion of the CSPD curriculum leading to both Primary and Comprehensive Certification for Family Support Specialists. This will require the review and revision of procedures for:

- Use of the Registry;
- Develop link to the Montana Milestones Early Intervention Professional Development modules, and
- Expectations for contractors to achieve Comprehensive Certification.

Modifications to the SSIP, Professional Development System: None expected at this time.

Montana Milestones Comprehensive Definition

The contracts clearly articulate the specific responsibilities of the contractor and include comprehensive definitions for required services, processes, and procedures. The contractual language and general supervision system led to additional improvement strategies such as the development and implementation of the Eligibility Flowchart and the Multidisciplinary Guidance to ensure compliance with the regulatory requirements. The strategies are expected to build the contractors' knowledge and skills leading to Montana's systematic, high-quality Part C Program across regions.

Modifications to the SSIP, Montana Milestones Comprehensive Definition: None at this time.

Social and Emotional Screening and Assessment

Implementation of the ASQ: SE 2 screener increased during the past year. Recognizing potential deficits in the skill sets of Family Support Specialists, the social-emotional work group developed the Social-Emotional (SE) Pyramid Framework. In essence, the Framework is a practice profile describing specific activities, identifies who will carry them out and gives clear descriptions of what each person must do.

The Framework identifies the Family Support Specialist characteristics and strategies expected to improve social and emotional skills for infants and toddlers and increase capacity for families to effectively communicate their child's needs and help their child develop and learn. The first step in the Framework is to develop an effective workforce.

Montana via WestEd contracted with Dr. Karen Finello to provide specific relationship-based social and emotional professional development expected to be provided in the coming months. Family Support Specialists will access learning opportunities, reflective practices and supervision focused upon how to build responsive relationships with families and how to partner with families to teach social and emotional skills using the State's identified evidence-based practices:

- Family-Guided Routines-Based Intervention
- Home Visits
- Coaching Interaction Style

Modifications to the SSIP, Social-Emotional Screening and Assessment: timelines and delivery methods pertaining to the SE professional development are expected to change during the upcoming year due to the current health emergency.

Data Quality Measures

Montana targeted the Child Outcomes Summary Process as the assessment means to identify the progress of Montana's SiMR: *increased percentage of children who entered the Program below age expectations in positive social-emotional skills (including positive relationships) who substantially increase their rate of growth by the time they turn three years of age or exit the Program.* As described in each phase of Montana's SSIP, data quality issues were discovered early as the validity and reliability of Montana's outcomes ratings across the State were questionable. Initially, individual contractors' data analysis identified validity and reliability but only insofar as their specific agency's child outcomes data. The Child Outcomes Summary Process work group labored (and continues to do so) diligently on developing and now implementing the State's systematic and consistent Child Outcomes Summary Process.

Montana's ratings and, thus, percentages have fluctuated over the years of the SSIP. Montana's original baseline for the SiMR (72%) was based upon suspect data quality and as more valid and reliable data collected over the years, the baseline is not an accurate reflection of a level in which to measure progress. The value of the baseline is imperative in setting a SiMR target that is both rigorous and attainable for infants and toddlers and enables the State, contractors, and stakeholders to ascertain the amount of progress children should make during the time examined. The Part C Coordinator continues to shine a spotlight on the link between SSIP improvement strategies and activities and the outcome targets as a means for monitoring progress and determining if progress is on schedule and achievable given the improvement strategies implemented.

Montana continued 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 (July 1, 2018 – June 30, 2019) prior to suggesting the re-setting of child

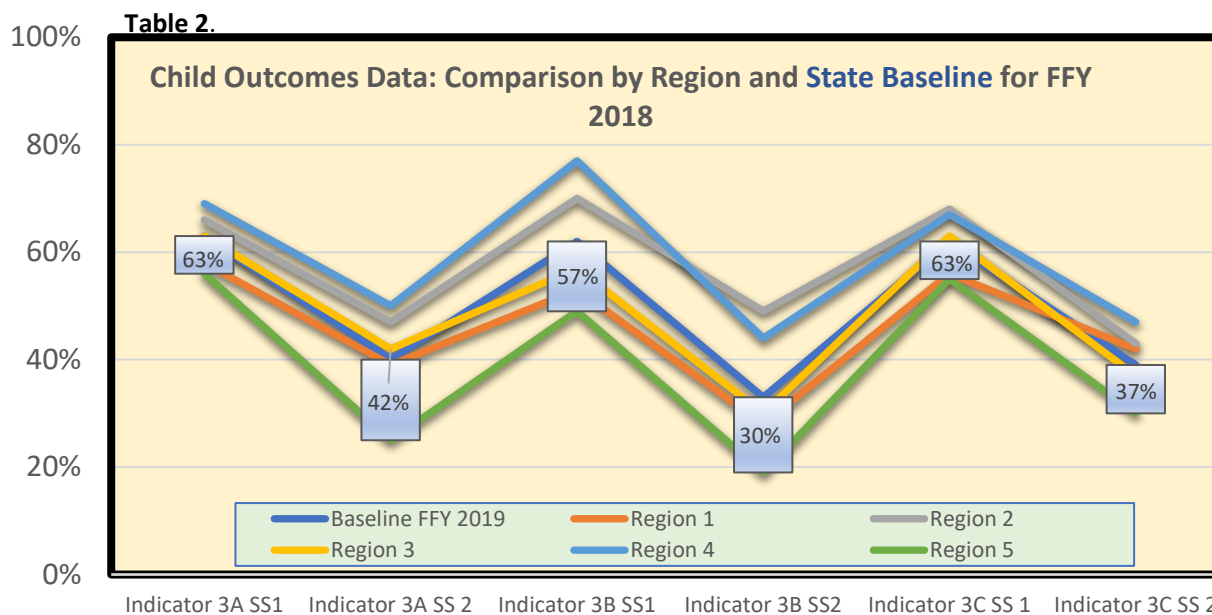
outcomes baselines and targets. All agencies were required to analyze child outcomes data using *Data Patterns for COS Ratings: What to Expect and What to Question* for reporting in each agency's annual performance report and, to this end, the beginnings of the Toolkit for Analysis of Child and Family Outcomes was developed. As reported previously, the work group pointed at the potential of drift from the Outcomes Process unless a consistent combination of personnel development, self-reflection, supervisory support, and fidelity checks were implemented. The drift would be recognizable from the data analysis by agency and by the State's overall data picture.

The Annual Performance Report results led the Leadership Team to the following conclusions:

- 3/5 agency data was more closely aligned with predictable patterns at entry, at exit, progress categories review and expected patterns, and data completeness.
- 2/5 agency data uncovered specific data patterns outside of the predictable data patterns other agencies identified consistently.

Child Outcomes Data Comparison for FFY 2018

Table 2. Child Outcomes Data: Comparison by Region and State Baseline for FFY 2018 (July 1, 2018 – June 30, 2019) shows the individual child outcomes data collected for all five regions and the State's potential baseline data. Regions 2 and 4 are significantly elevated compared to the other three regions (1, 3, 5) which follow a similar pattern even though the three regions provide early intervention services to much different numbers of children based upon regional populations.

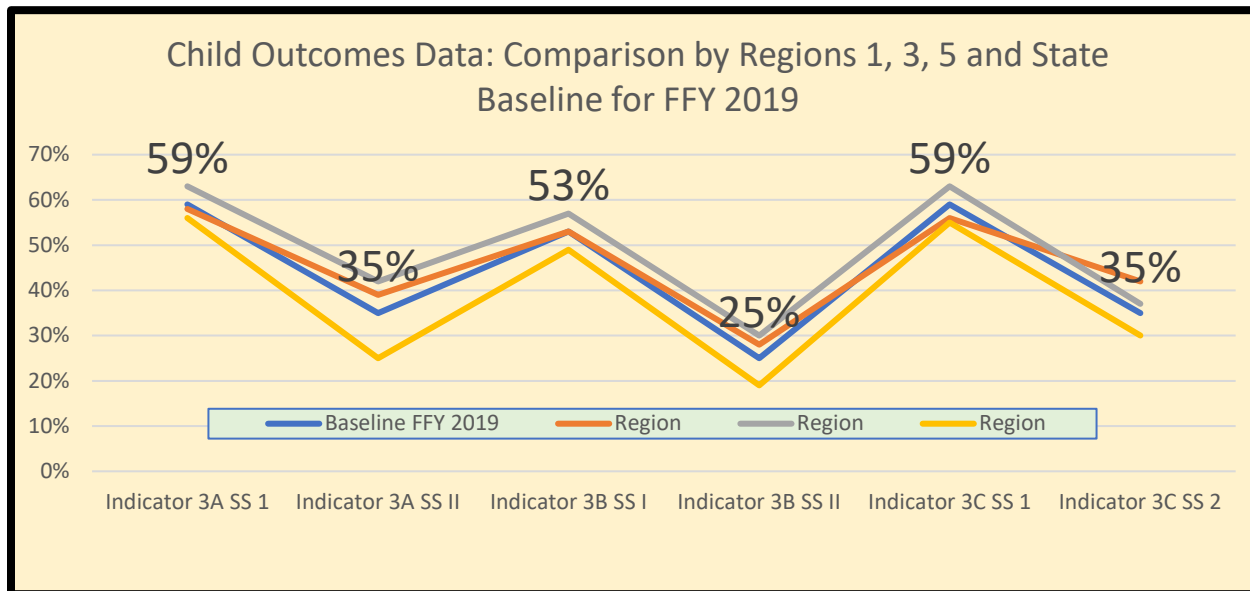


Taken in consideration with the individual agency’s data analysis results, the Leadership Team expressed certainty that 3/5 agencies were more likely to be most reflective of valid and reliable outcomes data. By including the outliers, Regions 2 and 4, the State’s potential baseline is inflated and likely less valid.

The Part C Coordinator and the Leadership Team contemplated: What would the baseline look like if the two regions with the highest percentages and the least reliable outcomes data were not included? Would the baseline created be more consistent with current outcomes percentages as measured by the three regions? Using new baselines based on valid and reliable data, the Leadership Team would be better able to set targets that will provide valuable comparison data when measuring the impact of the improvement strategies.

Table 3. Child Outcomes Data: Comparison by Regions 1, 3, 5 for FFY 2019 shows the more valid and reliable data from Regions 1, 3, 5 for all child outcome summary statements and identifies the State’s potential baseline for target setting in FFY 2019.

Table 3.



Modifications to the SSIP, Data Quality Measures: Montana requests changes to the child outcomes targets, including the **SiMR**, based upon more reliable and valid child outcomes data as outlined in **Table 4**.

Montana Modifications to the SSIP, Data Quality Measures for Child Outcomes Summary Statements

Table 4. Suggested FFY 2019 Targets shows Montana’s current child outcomes data including the **State’s SiMR**, current targets, and the proposed new targets for each child outcome based on more valid and reliable data collected from regional contractors.

Table 4.

Outcome A: Child has positive social-emotional skills (e.g.; social relationships).	Current Data for 5/5 regions	Current Data for 3/5 regions	Current Target:	Met Target?	Proposed New Target:
SiMR - Outcome 3A, SS 1: Of those children who entered the program below age expectations in social-emotional skills, the	63%	59%	68%	no	63%

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percent who substantially increased their rate of growth by the time they turned three years of age or exited the program.					
<u>Outcome 3A, SS 2:</u> The percent of children who were functioning within age expectations in social-emotional skills by the time they turned three years of age or exited the program.	42%	35%	59%	no	42%
Outcome B: Child acquires and uses knowledge and skills (e.g.; early language/communication).	Current Data for 5/5 regions	Current Data for 3/5 regions	Current Target:	Met Target?	Proposed New Target:
Outcome 3B, SS 1: Of those children who entered the program below age expectations in acquisition and use of knowledge and skills, the percent who substantially increased their rate of growth by the time they turned three years of age or exited the program.	57%	53%	67%	no	57%
Outcome 3B, SS 2: The percent of children who were functioning within age expectations in acquisition and use of knowledge and skills by the time they turned three years of age or exited the program.	30%	25%	50%	no	30%
Outcome C: Child uses appropriate behaviors to meet their needs.	Current Data for 5/5 regions	Current data for 3/5 regions	Current Target:	Met Target?	Proposed New Target:
Outcome C, SS 1: Of those children who entered the program below age expectations in using appropriate behaviors to meet their needs, the percent who substantially increased their rate of growth by the time they turned three years of age or exited the program.	63%	59%	73%	no	63%
Outcome C, SS 2: The percent of children who were functioning within age expectations in using appropriate behaviors to meet their needs by the time they turned three years of age or exited the program.	37%	35%	58%	no	37%

Performance measurement is generally defined as regular measurement of outcomes and results, which generates reliable data on the effectiveness and efficiency of programs. Knowledge of how different regions perform is valuable information. A stronger performance

measurement system must be based upon baselines and targets that reliable data indicates are achievable. Montana will then manage performance by examining the triggers for any changes in performance - triggers such as the measurable impacts of improvement strategies implemented. Targets developed after determining an appropriate baseline will provide specific standards to measure success. Clear targets are more meaningful for individuals and teams to strive toward them. However, Montana cannot only report on the successes of three regional contractors. All Montana's children and families have rights to ensure the early intervention services and supports received from every regional contractor achieve the following for families:

- Families understand their child's strengths, abilities, and special needs.
- Families know their rights and advocate effectively for their child.
- Families help their child develop and learn.
- Families have support systems.
- Families access services, programs, and activities in their community.

Therefore, contractors for Regions 2 and 4 developed individualized Child Outcomes Summary Measurement Improvement Plans for the next 12 months with the input and expected support of Part C Coordinator and other regional contractors.

Region 2 COS Improvement Plan:

The agency performed significant data mining using the current fiscal year's Child Outcomes Summary Analysis Report targeting specifically those children included in the "d" and "e" categories:

- Reviewed data in the "c" category following similar data components (referral source, initial assessment data, baseline COS data, baseline COS measurement timelines, any additional assessment data obtained closer to exit, and exit COS data).
- Agency invited colleagues (who have successfully implemented strategies leading to reliability and validity) from two agencies to participate in data review.
- Reviewed methods of sharing assessment data with families.

Based upon the contractor's reviews and with assistance from colleagues and the Part C Coordinator, the agency developed the following improvement strategies, timelines, and measurements:

February 2020: All staff will be trained, using the State-developed COSP Modules, on how to review assessment scores, the MEISR 2019, and the information from other sources (parent, therapist, etc.) with the COS team to determine the appropriate COS rating.

March 2020: All staff will be trained on the revised process for completing the exit COS which will now include updating the standardized assessment. All staff will be retrained on scoring standardized assessments accurately, age anchoring age-appropriate skills, and how to determine functional skills for a child's age. Ongoing annual training on assessment will be identified for the staff and included as part of ongoing supervision and monitoring.

February – July 2020: COS Trainers will address COS procedures, concerns, and questions during staff meetings each month (sharing data collected, touch upon fundamental skills and identify training topics related to child development). Family Support Specialists will complete the COS Fidelity Checklist for every baseline and exit COS. The checklist is reviewed with the supervisory staff prior to submitting summary data in the data management system. The COS Checklist will be used by Family Support Specialists to measure the results of the additional training and supervisory support at two points during the year.

February – July 2020: COS Trainers will complete the COS Fidelity Checklist for every baseline and exit COS completed. Trainers will meet with Family Support Specialists at regularly scheduled reflective practice meetings to review checklist results and retrain on any areas of concern.

February 2020 and Quarterly: The Child Outcomes Summary Process work group will meet to collaborate, ensure consistency, and create supplemental training materials to support the Child Outcomes Summary Process across agencies.

February 2020 and ongoing: COS Trainers will compile summary data and document extenuating circumstances that may impact the data. The Monitoring Spreadsheet will be updated as each COS is completed and reviewed. Data will be analyzed when overall COS data results are outside of the expected range per data patterns guidance. Baseline and Exit COS data from the prior month will be pulled from the EI Module Reports (current data management system) and transferred to the spreadsheet for analysis on the 15th of each month. Data will be analyzed with the previous month's data, State data, and target data.

The agency expects data reliability to improve with the implementation of this plan. If no improvement is identified by 9/1/2020, COS Trainers will complete additional data mining and reassessment.

Region 4 COS Improvement Plan:

The agency's team performed significant data mining using the current fiscal year's Child Outcomes Summary Analysis Report targeting specifically those children included in the category's "d" and "e." The agency's personnel identified the following initial strategies for improvement:

- Professional development for all Family Support Specialists and Supervisors to become better informed and knowledgeable about assessment tools that are most appropriate and meaningful for infants and toddlers between the ages of birth to three years.
- Child Outcomes Summary Process training (using the State's developed tools and methodologies) for all Family Support Specialists and Supervisors.

Based upon the contractor's reviews and with assistance from colleagues and the Part C Coordinator, the agency developed the following improvement strategies, timelines, and measurements:

March – April 2020: Assessment Training, *Connecting the Dots – Battelle Developmental Inventory*, to be provided by Dr. Jody Bartz, MSU Assistant Professor of Early Childhood & Child Services. The training is the first of a series devoted to assessment with the additional topics and dates to be confirmed. Family Support Specialists and administrative personnel are expected to be more effective at determining a valid baseline or exit outcome rating with increased knowledge of different child assessments, evaluation of results, and use assessment results for the appropriate selection of successful early interventions. 100% FSS attendance is expected followed by reflective supervision following the training at least once a month.

Dr. Bartz, will provide three "take-away lessons" for staff to complete after the training. Takeaways will be evaluated and monitored. If all staff shows demonstrated improvement in performing assessment and understanding of appropriate and meaningful assessment tools, this practice will become part of agency practice. Supervisors will follow up on the impact of the assessment training and takeaway lessons using reflective supervision. Two child case records will be monitored on every caseload to determine if valid and reliable assessment results are achieved.

FSSs will use the COS checklist to reflect upon the assessment(s) completed and its incorporation into the COS ratings. Randomized samples taken by supervisors twice annually on individual FSSs COS and IFSP documentation as captured in the IFSP and Child Outcomes Summary data will ensure that written consent was provided by the parent; the COS fidelity checklist tool is used consistently; and multidisciplinary teams participate in the evaluation, assessment, and the initial and annual IFSP team meetings. Each FSS will have at least one sample taken twice a year by supervisors. Supervisors will complete three checklists for each FSS per year. Any FSS requiring remediation as

identified by the COS checklist will receive oversight by the supervisor for 100% of their child outcome summaries, until they exhibit competency. Based upon the results, the supervisor will continue to use the COS checklist tool and data oversight. The agency will provide mandatory assessment training annually and encourage staff to participate in any outside agency assessment training. Based upon results of assessment reviews for validity and reliability; COS measurements for validity and reliability; and if any disparities between COS measurements and assessment results are found, determinations will be made for additional training and/or supervision. Supervisors will use the DEC assessment checklist to monitor the high-quality assessment practices to target specific development opportunities and feedback at least twice a year and more frequently based upon needs. Overall, the agency will monitor the COS process twice a year to ensure valid and reliable data is collected for each child and measure any improvement in assessment completions.

The agency's Child Outcome Summary work group meets monthly to review completed COS checklists; completed COSs; and the agency's COS data. By evaluating the COS process and purpose, the agency expects to gauge FSS understanding of the process. The work group will identify patterns in the COS data. The patterns may identify individual FSSs with deficits in generating valid and reliable data for whom additional supervision and training are needed. In addition, the agency will identify expected or unexpected patterns in the overall agency COS data and institute practice changes as necessary. Supervisors will note in the feedback given to FSSs any discrepancies in the rating as compared to the documentation collected. Agency data will be shared with FSSs in group meetings and one on one for specific caseload COS data. The agency will build buy-in through the sharing of positive results, too, leading the FSSs to recognize their work and attention to practice is resulting in valid and reliable outcomes data.

Targeted COS Training by April 30: The targeted COS training will identify relevant and effective skills to be included in the COS summary in order to provide a full and accurate depiction of a child's strengths and needs. The training will incorporate the use of the COS Fidelity Checklist to provide clear comprehension of what constitutes every-day functioning, age-appropriate skills and behaviors; pertinent sources of information; and a suitable rating for the three child outcomes using the Decision Tree from the COSP learning modules. FSSs will use the COS checklist to ensure suitable ratings at least two times a year and more frequently if new or needed. FSSs will document three functional skills the child is able to perform and three skills they are working toward. FSSs will also use self-reflection/ identification on the quality of the information in the review of their work. Documentation will be part of monthly meetings one on one with FSSs.

Within one year, the agency expects at least 80% of FSSs will complete COS ratings independently without supervisory oversight and the agency data will align with expected COS results. Other targeted COS topics may include baseline data, improvement targets, engaging families, and the use of the age-anchoring tool (MEISR 2019). DEC checklists will be utilized to measure high quality practices.

Annual COS Training completed annually by March 31 – with pre and post-tests: Annual COS training ensures staff receive any new and/or updated information regarding the COS process including any State or nationally developed tools and methodologies, age-anchoring tool updates, checklists, or instruments. The purpose of pre-test is to evaluate FSS's initial understanding of COS procedures. After completing the annual COS training, staff will complete the post-test with the expected result of 100% mastery of COS procedures leading to valid and reliable data. 100% of FSSs will complete the pre- and post-tests of the COS procedural training annually. Remediation plans with individual staff members will occur until 100% compliance is achieved following completion of the annual training. FSSs must achieve an 80% score on post- test in order to be considered in compliance. Supervisors will monitor the annual completion of the COS training. The agency will continue to utilize the COS checklists, monthly work group, self-monitoring, supervisor oversight, and data monitoring for practice change and fidelity. Successes will be shared during group meetings.

Review agency data bi-annually with staff: The agency will meet bi-annually, February and August of each year. The first data review will occur on March 23, 2020. By reviewing the data with staff, the expected result is greater understanding of the agency's data and why it matters. They will identify agency data patterns, and how they can individually make positive changes. Staff will provide feedback for additional training needs. They may also achieve better understanding of the feedback they are receiving from supervisors and, ultimately, take some ownership in the agency data. Improvement plan strategies will be explained to staff along with the expected results. If those results are not achieved, staff will provide input on modified improvement plans.

Continue to Monitor COS Data monthly: The agency met with other Child Outcomes Summary Process work group members to obtain additional information regarding COS data monitoring. The result of the meetings were modifications made to data spreadsheets in order to determine if the agency's data is following expected patterns. The agency continues to drill down into specific child information if outliers are identified and make changes as appropriate.

Modifications to COS data spreadsheets: A table was added next to COS Entry/Exit Distributions data and provides data of the percentage of COS that changed 0-1, 2-3, and 4+ points from baseline to exit. The agency will collect data from FSS Checklists, supervisor Checklists and any follow up remediation. The cycle will be repeated with a different process if agency-wide change does not occur.

Montana's Demonstrated Progress Toward Achieving Intended Improvements and Modifications to the SSIP continued

Family Engagement Practices

Montana's families are consistently included as members of the multidisciplinary evaluation and assessment team. In an effort to continue building upon the practice, regional contractors are encouraged to access the DEC Recommended Practices for engaging families as partners in their child's assessment.

The Family Outcomes Survey Process is in differing stages of implementation across the five regions. FFY 2019 will be the final year that contractors collect and submit Family Outcomes data as all survey data will be collected in the new data management system beginning in July 2020.

Family Leadership Action Plan continues to be studied as Co-Chairs Bonnie Ramage and Laura McKee, work with Dr. Christine Lux of Montana State University. The Action Plan will be reviewed at the Family Support Services Advisory Council Strategic Planning Meeting expected to be held virtually by May 31, 2020. The review will finalize the next steps including recruitment of families, development of a checklist to support families to share their stories successfully, and initiate contact colleges and universities to present to classes with similar family engagement goals.

To ensure systemic Routines-Based Interviews (RBI) that will lead to Family Guided Routines Based Intervention (FGRBI) practices across regions and Family Support Specialists, regional contractors identified annual training timelines using the training presentation developed by the MT RBI Boot Camp work group. Not all contractors used the Implementation Checklist to measure fidelity or the criteria to ensure high-quality outcomes consistently. Per each contractor's SSIP Matrix, contractors committed to the use of the measurement tools and the collection of data plus reflective/supervision and systemic professional development guiding high-quality practice delivery.

In a similar vein, the Coaching Interaction Style is implemented to varying degrees across regions and Family Support Specialists. To ensure the practice is systemic, regional contractors identified annual professional development timelines incorporating Drs. Shelden and Rush's text, The Early Childhood Coaching Handbook, 2nd Edition and/or Early Childhood Investigations Webinars "Coaching in Early Childhood" by Dathan Rush and M'Lisa Shelden (<https://www.earlychildhoodwebinars.com/webinars/coaching-in-early-childhood-by-dathan-rush-and-m-lisa-shelden/>). Specific coaching planning and Coaching Interaction Style checklists developed by Shelden and Rush will be used consistently across contractors to ensure validity with the model.

Both practices, RBI - Family Guided Routines Based Intervention and the Coaching Interaction Style, are woven into the SE Pyramid Framework as the means to develop and promote positive social and emotional practices with families. As Montana learns more and more about the sustainability of high-quality practices, the SSIP Matrix links implementation science that involves constant evaluation and mechanisms for continuous quality improvement and allows for adjustments to increase effectiveness more quickly with the improvement strategies. Reflective practice and supervision become imperative. The contractors identified actions within their expected activities to promote practice change, implementation fidelity, and intervention fidelity by documenting, understanding and refining the practical steps needed to bring effective strategies to scale at their agencies. As contractors completed the SSIP Matrix for their agencies, they also acknowledged the implementation drivers such as policies, procedures, leadership, resources, coaching, and training that will promote effective strategies implemented well and achieve their intended outcomes.

Modifications to the SSIP, Family Engagement Practices: None at this time.

Results-Driven Accountability and General Supervision

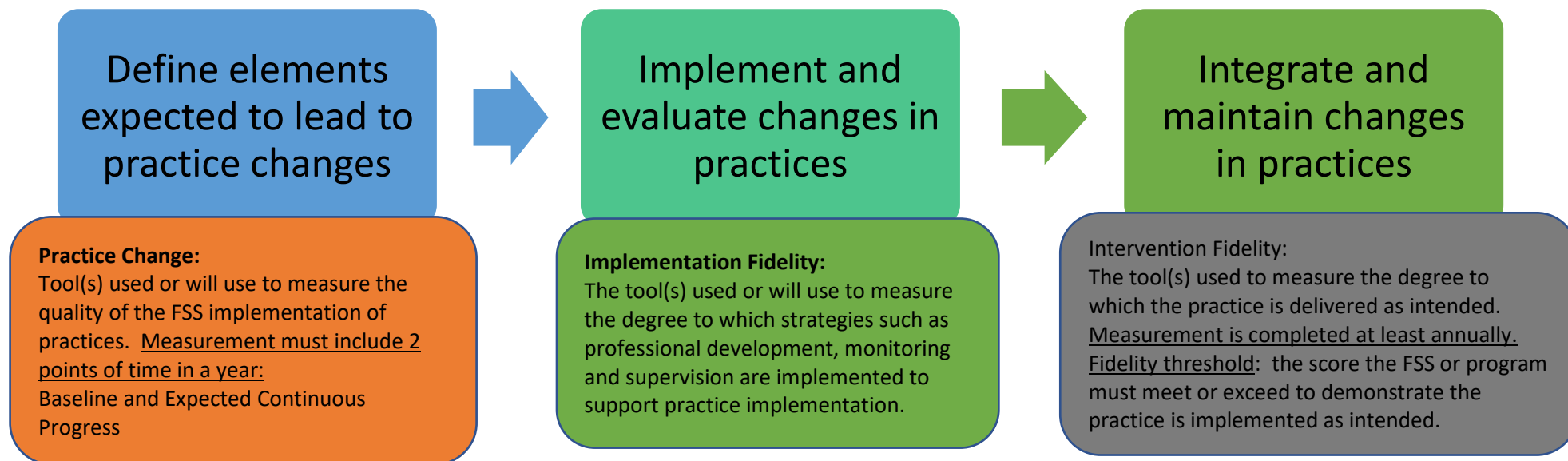
Montana's quality improvement and assurance system includes reviews, monitoring, and the provision of guidance that sets the standards of high-quality Part C Programs throughout the State: early intervention services that meet the needs, expectations and requirements of children and families and build trust and loyalty with referral sources, collaborative partners, and early intervention service providers. Montana continues to spell out the standards and procedures to prevent non-compliance and unsatisfactory early intervention services before they arise.

Misperceptions of eligibility definitions and requirements led to product development for uniform State-wide use:

- Montana's eligibility flowchart and eligibility requirements (including State review)
- Established Condition List for Type I Established Condition Eligibility
- Established Condition Statement for Type I Established Condition Eligibility
- Eligibility, Assessment and Informed Clinical Reasoning training slides
- Eligibility Documentation with State review requirements and revised IFSP
- Multidisciplinary Evaluation and Assessment Checklist
- Multidisciplinary Guidance

The SSIP Matrix for Practice Change was created to guide contractors to measure the results of implementation thereby connecting the Family Support Specialists' evidence-based practices + early intervention services provided by qualified personnel = improved positive social

and emotional skills (including positive relationships) for infants and toddlers with disabilities and their families as measured by the Child Outcomes Summary Process.



Montana Milestones Part C Program's new data management system and the specific Montana Milestones Part C module, MedCompass, will replace the stand-alone legacy system, the Early Intervention (EI) Module. The new system integrates child-, family-, program-, and workforce-level data in a manner that supports decision-making and continuous system improvement. The system will include data from a variety of Montana's Department of Public Health and Human Services programs such as Medicaid, Healthy Montana Kids, early intervention service providers, childcare licensing, and home visitors. Montana's Part C Program is one of the first set to migrate to the new system July 1, 2020 with expectations that the system will better support planning, operations, service delivery, monitoring and evaluation.

Modifications to the SSIP, Results-Driven Accountability and General Supervision: None at this time.

Montana Data Quality Issues

Montana implemented targeted activities to improve data quality:

1. The Child Outcomes Process is a systematic methodology to determine Child Outcomes Summary ratings leading to improved outcomes data quality.
2. The addition of the Fidelity Checklist to measure validity and reliability provides most contractors with tools necessary to evaluate the Process.
3. The ongoing development of a toolkit for analysis of child and family outcomes is also expected to increase data quality and confidence in the results the data provides.

To implement a high-quality program meeting the needs of children and families enrolled in Part C of the IDEA, contractors are obligated to:

- 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;
- Support the use of the data collected at the local and State level;
- Conduct data analysis and prepare data products to promote understanding of the data and inform decision-making; and
- Disseminate data products to stakeholders to meet their needs.

As documented in [Data Quality Measures](#), Montana’s growing child outcomes data quality provides opportunity to request adjustments to Montana’s child outcomes baselines and the development of meaningful outcomes targets. Armed with reliable and valid outcome measurements, the contractors are in a better position to measure the impacts and benefits of the improvement strategies leading to improvement of the SiMR: infants and toddlers will have improved social and emotional skills including positive relationships as well as other child and family outcomes. To help connect the workforce and stakeholders, contractors will prepare and disseminate data products illuminating the expected improvements as measured by the child and family outcomes. More accessible and meaningful data makes it easier for teams to gain insight and determine actions needed – valid data can be used for data-driven decision-making.

Montana’s Plans for Next Year

Professional Development System

- Maintenance for the digital learning platform.
- Development of enrollment, monitoring features, and reporting on the new platform.
- Improve and transfer all learning module content to “learning shells.”
- Learning modules to be developed in a consistent, high-quality way with reliable and meaningful content.
- Redesign and implementation of Montana Part C Comprehensive System of Personnel Development.
- Expansion of the Early Childhood Practitioner’s Registry to include Family Support Specialist Comprehensive Certification.

Results-Driven Accountability and General Supervision

- Review of Montana’s evaluation process to ensure it is comprehensive and obtains 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.
- Multidisciplinary evaluation results link to and establish present levels of development and functional performance including statements of the child’s unique needs and strengths in each of three developmental domains.
- The impact of the developmental statements (developed by the multidisciplinary team) 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.
- SSIP Matrix for Practice Change provides infrastructure as contractors collect practice change data to measure the impacts of the improvement strategies on the SiMR and other child and family outcomes.
- Implementation of MedCompass, data management system for Montana Milestones Part C.

Family Engagement Practices

- Family Outcomes Survey Process expected to be fully implemented State-wide.
- Family Stories to become part of early intervention and early childhood educator’s professional development systems.

Social and Emotional Screening and Assessment

- Implementation of State-wide ASQ: SE 2 screening.
- SE Pyramid Framework implemented State-wide as the practice profile for the social and emotional practices to facilitate the social and emotional development of children and facilitate social and emotional interventions.
- SE Professional Development to support implementation of the SE Pyramid Framework: Relationship-based early intervention to build relationships with the parent; support the parent’s understanding of social and emotional development of his/her child; and support the parent’s responsiveness to his/her child.
- Reflective Practice and Reflective Supervision mentoring provided to 8 supervisors and 8 Family Support Specialists beginning April through December 2020 to support practice change in every region.

Coaching Interaction Style and RBI – Family Guided Routines Intervention Practices

Family Support Specialists will implement the two evidence-based practices with fidelity thereby ensuring each Family Support Specialist is able to:

- Translate early intervention strategies as provided by early intervention specialists into procedures that are effective, efficient, and capacity building for families;
- Develop a better understanding of the factors that contribute to effective natural environment to support intervention for children and their families;
- Investigate strategies to use that facilitate the family’s interactions with their children that promote participation in their everyday routines, and activities; and
- Use coaching as an adult learning strategy.

Family Support Specialists will implement coaching and family-guided routines intervention practices as they focus on specific social and emotional practices with each family to facilitate the social emotional development of their child and facilitate social and emotion interventions.

Family Support Specialists will use principles of relationships-based early intervention to build relationships 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.

Data Quality

- The State and regional contractors will continue monitoring of child outcomes data.
- The Part C Coordinator will provide targeted assistance for two contractors improvement strategies expected to lead to valid and reliable child outcomes data.

To improve is to change; to be perfect is to change often.

Winston Churchill
