

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on  
FFY 2021**

**Montana**



**PART C DUE  
February 1, 2023**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

The Montana Department of Public Health and Human Services (DPHHS) is the State lead agency responsible for administering and overseeing the statewide system of early intervention services, Montana Milestones Part C Early Intervention Program. The Part C Program moved from the Developmental Disabilities Programs of the DPHHS to the Early Childhood and Family Support Division of the DPHHS in March 2021.

Montana Milestones' mission is to build upon and provide supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

The State contracts with five agencies to provide the Part C Program in geographic catchment areas for infants and toddlers who are experiencing developmental delays or at risk for developmental delays due to an established condition diagnosed by a physician or psychologist. Each agency's contract requires the provision of the following:

Referral System to ensure infants and toddlers suspected of having a developmental delay or disability can be easily referred to the early intervention program and all eligible children are enrolled.

Multidisciplinary evaluations to determine a child's initial and subsequent eligibility, multidisciplinary assessment initially and at least annually to determine the child's unique needs and the early intervention services appropriate to address those needs, and assessment of the family members to identify the resources, concerns, and priorities of the family related to the development of the child.

Individual Family Service Plan developed by a multidisciplinary team, including the family.

Individualized services provided under public supervision to meet the developmental needs of the child and the needs of the family related to enhancing the child's development.

Service Coordination provided to a child and family via, at a minimum, one monthly face to face meeting or, in the event of the pandemic, monthly teleintervention meeting.

Procedural safeguards accorded to children and families receiving services.

Transition from the Part C of the IDEA Program.

#### Additional information related to data collection and reporting

Montana Milestones transitioned to a new data management system, Med Compass, in February 2021. The reporting data included in this APR was collected from the state's data management system, Med Compass and from data extracts pertaining to Indicator 1, 3, 7 and 8 from the Med Compass system for the period of July 1, 2021 through June 30th, 2022.

#### General Supervision System

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

General Supervision focuses upon individualized support to identify practices that lead to compliant and high-quality services; and identifying and enforcing corrective action plans in areas of non-compliance. In order to ensure the quality of services provided to children and families enrolled in the Program and to comply with federal and State requirements through monitoring and professional development activities, Montana Milestones developed its general supervision system to promote the Program's mission, key principles and core values. Montana Milestones State Systemic Improvement Plan supports this effort by focusing on areas of lower performance with a systemic improvement approach.

Montana's General Supervision policies and processes were revised in July, 2022. Part C Contractors received training on the revised policies and procedures on August 9, 2022.

The Part C Coordinator provides administrative oversight and monitoring of regional Programs:

Monitor and evaluate regional compliance with the federal Part C of the IDEA regulations.

Monitor the contractor's compliance to ensure eligible children and families receive timely, comprehensive, community-based services that enhance the developmental progress of children from birth to age three.

Monitor and evaluate the contractor's contract activities.

Contribute to ongoing quality improvement of contractors to ensure a baseline of quality services for all families participating in Montana Milestones.

Five components of the monitoring system:

Contractor's annual report: the Program utilizes information from each agency's Annual Performance Plan (APR) data Indicators 1-11 to make determinations on performance. The Annual Report is a key piece of data gathering for federal Indicators and State reporting requirements. The results are used to make determinations. A corrective action plan is requested to address any issues of non-compliance identified through the annual report and submitted to the Part C Coordinator within 30 days of written notification.

Data verification process: information from the State's database, the Early Intervention Module, was used to verify and validate data submissions by each agency. Throughout the year, activities are completed by the Part C State team to verify the reliability, accuracy and timeliness of data reported by the agencies to DPHHS. Several methods are utilized such as the reporting features of the State's database and ongoing Leadership Team meetings to review data.

Dispute resolution system: the State's Dispute Resolution Process is a criterion used in making contractors' determinations. The Part C Coordinator oversees the Part C of the IDEA dispute resolution process. The coordinator and the Part C state team supports families and regional contractors to access the Part C procedural safeguard system; provide technical assistance to the regional contractors on the implementation of the procedural safeguards and completes Part C formal investigations within federal timelines. Informal and written complaints are investigated and documented to determine whether there are any findings of non-compliance with IDEA. The DPHHS Office of Legal Affairs provides consultation and the Part C

Coordinator sends a written response to the family and the regional contractor within 60 days of the complaint. If an area of non-compliance is identified, a corrective action plan is required of the regional contractor and the contractor has one year from the notification of noncompliance to come into compliance. The regional contractor must submit the corrective action plan to the Part C Coordinator within identified timelines. The Part C Coordinator reviews and approves the plan and develops a follow-up monitoring plan as appropriate. Any areas of non-compliance must be corrected within one year from the written notification.

**Determinations:** in making determinations, the Part C Coordinator and the Part C state team uses both the compliance and results Indicators. The coordinator utilizes information from the State's database, and annual report, and the dispute resolution system as criteria in making regional determinations. Each contractor receives a determination of "meets requirements," "needs assistance," or "needs intervention" based on compliance with Part C of the IDEA.

**Technical assistance and/or professional development:** Determinations guide the level of need for technical assistance and/or professional development for the agency.

#### **Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention service (EIS) programs.**

Montana Milestones provides technical assistance to each agency providing the Part C Program through communications and collaborations to bridge the gap between research, policy, and practices. During FFY 2020, Montana Milestones accessed technical assistance from CIFR, DaSy, IDC, ECTA, and NCPMI:

ECTA: Correcting Long Standing Non-Compliance, DMS Monitoring, SSIP support.

DASY and IDC: Data Management System development and now redesign to obtain valid and reliable reporting data.

NCPMI: Pyramid Model work leading to improvements in the State's SiMR.

CIFR: Fiscal systems and DMS Monitoring.

Montana's guidance documents, trainings, and implementation manuals and other resources are just a handful of types of TA made available for the Part C Program providers. Additionally, Montana has specific work groups focused upon the Child Outcomes Summary Process, Pyramid Model Leadership Team to implement Pyramid Model practices; CSPD to aid in the development and review learning courses leading to Primary and Comprehensive Certification; Data Systems to support the development and implementation of the new data management system; and the Part C Leadership Team focused upon building and sustaining a consistent and systemic model of early intervention in Montana.

#### **Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

The State's Comprehensive System for Personnel Development includes personnel standards outlining specific knowledge skills and competencies for Family Support Specialists/Service Coordinators leading to Primary and Comprehensive Certification. As noted in the SSIP, the CSPD is expanding to include on-demand learning courses leading to certification and aligned with the Division of Early Childhood's Recommended Practices.

Required Part C of the IDEA processes and high-quality performance measures are identified within each Program provider's contract:

Performance Plan/Annual Performance Report to evaluate efforts to implement the requirements and purposes of Part C.

State-wide Systemic Improvement Plan is a comprehensive multi-year plan focusing upon improving results for infants and toddlers with disabilities and their families.

Public awareness and Child Find System to identify, locate, and evaluate infants and toddlers with disabilities who are eligible for early intervention services including Indian infants and toddlers residing on a reservation geographically located in the region(s) as well as infants and toddlers who are homeless, in foster care, and wards of the State.

Use of funds and resources are efficient and effective to implement a high-quality program meeting the needs of children and families enrolled in Part C of the IDEA.

Collection and analysis of performance data to make decisions.

Implementation of quality standards which are consistent with professional practice guidance and identified in the most current version of Montana's Steppingstones for Early Intervention Success.

Build and sustain a high-quality intervention program following timelines and implementing supervisory oversight and accurate data entry.

Develop, write, and implement high-quality child and family outcomes following regulatory requirements.

Follow dispute resolution procedures for Part C of the IDEA.

Increased Collaboration through Community of Practice to connect contractors and creates an avenue for contractors to interact, pool resources, work in partnership, exchange of information and knowledge, innovate and create new ideas/knowledge, professional development, problem-solving.

#### **Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).**

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

**Apply stakeholder input from introduction to all Part C results indicators. (y/n)**

YES

**Number of Parent Members:**

4

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Montana continues to promote equitable parent engagement through the FSSAC's membership and policies for Council's structure. At least 20% of the members must be parents, including minority parents, of infants and toddlers with disabilities aged 12 years or younger with knowledge or experience with a regional Part C Program for infants and toddlers with disabilities. At least one parent must be the parent of an infant or toddler with a disability or a child with disability aged six years or younger.

Each region is represented by a family member of a child who is currently enrolled or previously accessed by a Part C Program. Two family members serve as the Co-Chairs of the Council providing the Part C State Team and other Council members with key information and recommendations for Montana's comprehensive system of early intervention. The intentional structure meaningfully involves and engages family members to promote their active participation in decision-making such as target setting, data analysis, developing improvement strategies and evaluating progress. The family members participated in regularly scheduled FSSAC meetings, specific Indicator data analysis meetings, and the target setting survey distributed to all groups.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

To increase the capacity of the diverse group of parents, the Part C team provided learning opportunities to increase knowledge and understanding of Montana's Part C program including compliance and results indicator data, the Statewide Systemic Improvement Plan, and the funds available via the American Rescue Plan. In addition, the Part C team has worked with FSSAC stakeholders and parent centers to create two workgroups focusing on developing content for parents to better understand Part C process and procedure and to ensure parents have a voice in connecting Part C to therapist, pediatricians, and other service providers. Parents or family members continue to contribute to the FSSAC's Strategic Plan and engage as part of the two work groups targeting increasing engagement and collaboration of multidisciplinary evaluation teams, an acronym dictionary, and transition at age 3. The Part C state team collaborated with and sought stakeholder input regarding setting new indicator targets and resetting baselines for some APR indicators. Stakeholders involved in this process included the state level team, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Montana Empowerment Center, and the FSSAC which has 4 parent members. To help prepare stakeholders to make informed decisions, the Part C Team shares an SPP/APR PowerPoint presentation annually to the FSSAC Stakeholder group in which is reviewed, discussed, questions are answered, and feedback is solicited regarding Montana's SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for prior years. To further increase stakeholder capacity and engagement, in the coming year Montana plans to also incorporate training to parents around the Part C Indicators in conjunction with the Montana Empowerment Center.

In FFY 2022, the Part C State team will begin conversations with the FSSAC and workgroups around how the State of Montana can increase outreach to underserved populations. The purpose of this outreach is to ensure that Montana is reaching underserved populations and to educate a more diverse population of Montana families, leading to enrollment in services and an improvement in outcomes for children and their families. Additionally, the State of Montana has started to investigate modes of outreach including social media, television advertisements, and articles in tribal population magazines and newspapers.

**Activities involving parents:**

The Part C Team, stakeholders, and parents created brochures on the process of transitioning from Part C services to Part B services. Parents led the discussion and explained how they felt throughout the process, pieces they didn't understand, and areas that needed to be included in the brochures. Prior to the creation of the brochures, the workgroup, including parents, reviewed documents around transition published by Montana's Office of Public Instruction, a transition toolkit created by Montana's Part C Team, and other resources from Technical Assistance providers around transition. After review of the resources and getting parents input around their experience with transitions, the workgroup created two brochures that would assist families across the State through the transition process. The brochures were published and sent to the Montana Empowerment Center for mass distribution to all individuals on the mailing list. The brochures are housed on the MT Milestones website and the Montana Empowerment Center Website. The brochures were developed for families to have at the transition meeting and include essential questions that parents might want to ask in order to fully engage in the meeting.

**Examples of capacity building actions:**

4/08/2022 - Lt. Governor Juras described the Governor's Executive Order, a two-year order, to continue the Family Support Services Advisory Council providing guidance regarding required membership based on Part C of IDEA law and the total number of Council members expected to serve the Council. She also clarified that each member's term is for two years unless the member was appointed to complete a two-year term for a representative who resigned. The Lt. Governor described an upcoming public service announcement about the Council and expressed her gratitude for the work this Council does and the members who serve.

6/07/2022 - At the request of Montana's Lt Governor's office, the FSSAC reviewed and revised the bylaws and membership list for during council meeting.

09/23/2022 - Coordination Workgroup shared the transition brochure developed by stakeholder group including state staff, parents, partners and contractor staff. Presentation of updates of projects including updates on the CSPD module development, Family Stories, the Part C American Rescue Plan describing expanded Child Find efforts at the state and local level, Family Outcomes Survey, and the development of a Part C Needs Assessment.

1/27/2023 - To support the development of implementation activities to improve outcomes for infants and toddlers with disabilities, their families and the workforce providing services coordination, we reviewed updates and held discussion on the status of the current Part C SSIP. Parents serving on the council provided input in revising subsequent targets for Indicator 2 and 4. Parents serving on the FSSAC continue to provide input on improvement strategies via ongoing FSSAC meeting, work groups, and surveys.

Examples Include:

Families participate on the Workforce workgroup to Increase multidisciplinary engagement and collaboration.

Families participate on the Collaboration workgroup to Improve Transition for children and families exiting Part C services and support.

Families participate consistently in data collection for the measurement of child outcomes data beginning at referral, Part C providers support families understanding of the processes and use of the child and family level data.

Family members serve on the State's Pyramid Model Leadership team.

Family members review and provide feedback on the state's CSPD module development.

#### **Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Virtual meetings beginning April 8, 2022, September 23, 2022, January 27, 2023, were dedicated to target setting, data analysis, developing and reviewing improvement strategies along with the evaluation of the State's progress. Montana updated subsequent revisions of FFY2021 targets with a survey to solicit stakeholder groups final input in January 2023.

#### **Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

Meeting Minutes, target setting, SSIP and the measurement tool are currently available on the Montana Milestone website.

Montana Milestones (mt.gov)

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

Montana Milestones Part C Early Intervention Program's FFY 2019 APR/SPP and FFY 2020 are currently available on the Montana Milestones website: <https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/partcreports>. The FFY 2021 APR/SPP will be available on the Department's website at the same location as soon as possible after the February 1, 2023 submission.

### **Intro - Prior FFY Required Actions**

The State's IDEA Part C determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

### **Response to actions required in FFY 2020 SPP/APR**

### **Intro - OSEP Response**

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2022 determination letter informed the State that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

### **Intro - Required Actions**

**The State's IDEA Part C determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.**

## Indicator 1: Timely Provision of Services

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

#### Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

#### Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	98.21%	100.00%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
198	216	100.00%	100%	97.69%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

The State of Montana recognizes that there was slippage from FFY 20 to FFY 21 in Indicator 7: 45-Day Timeline. After reviewing data in relation to timelines, the Part C Team recognized that regional providers needed support and professional development around meeting timelines. The Part C team held a training in February 2023 outlining acceptable reasons for delay in relation to exceptional family circumstances, agency delays, and other delays. The Part C program provided regional providers with resource documents that outlined if a delay in timeline occurred, what impacted that delay and how to report it in the data management system. Training also reviewed the importance of documenting the reason for delay in the comment area in the MedCompass assessment and reiterated the importance of meeting timelines. The Part C team has developed a hybrid work group to help address the issue obtaining a signature from the multidisciplinary team. Staff shortages and turnover continue to be a rising issue for FFY 2021. The Part C team has chosen to use some ARPA funds to address recruitment and retention for all 5 regional providers. The Part C team is also looking at revising our state policy to align with the IDEA requirement that only the IFSP meeting is held within the 45-day timeline, and not the requirement to obtain the signatures from all multidisciplinary team members within the 45-day timeline.

**Number of documented delays attributable to exceptional family circumstances**

***This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.***

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**Provide reasons for delay, if applicable.**

The common themes identified for reason for delay for exceptional family circumstances are as follows:

Family scheduling conflict

Family illness/exposure to COVID

Family choosing to wait to start services.

The common themes identified for agency and other reason for delay are as follows:

Provider staff shortages

Waiting list for specialist (OT, PT, SLP, Developmental Specialist)

Regional Provider staff illness/exposure to COVID

**Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Montana's definition of timely receipt of early intervention services: services and supports are initiated within 30 days from the date parent/family member provides consent to the early intervention services and supports identified within the IFSP (parent signature on IFSP).

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The time period which the data was collected is the fourth quarter April 1, 2022, through June 30, 2022.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The state used the fourth quarter data for FFY 2021 from the data management system (MedCompass) to report in this indicator and to monitor each contractor's compliance with timely services requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the timely services data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. One main reason for selecting fourth quarter data is the first quarter data is from a separate data system, additionally, the second and third quarter data was collected during a data system redesign. By the fourth quarter the redesign was completed, and training was provided to contractors on the use of the redesign assessments within the current data system. The state analyzed the data collected from IFSPs during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children with IFSPs served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of services that occurred throughout FFY 2021. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2021. The state has also been in the process of building our data system and Part C reports during FFY 2021. The state data system has worked through a redesign of our IFSP and Care Plan assessments, with the most updated versions being deployed prior to our fourth quarter reporting period. As a result, the state feels the data from the fourth quarter is the most reliable and valid data. The state did take steps to validate the accuracy of the fourth quarter data by sharing timely services data with each contractor and working with them to confirm data accuracy. The state met with contractors' multiple times and shared updated data reports to validate the accuracy of the data.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
			0

#### Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	1	0

#### FFY 2019

##### Findings of Noncompliance Verified as Corrected

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

In FFY 2019, one finding of noncompliance was issued to one regional program. To verify correction of this finding, the state reviewed 1-2 months and a minimum of 10 subsequent records for children with new services on their IFSPs using the Part C IFSP Services Report from the state's data management system (MedCompass) to verify if these children received timely services. Based on the review of this data, the state determined this program was at 100% compliance and was correctly implementing the timely services requirements.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The state verified that the EIS provider with noncompliance was correctly implementing the specific regulatory requirements as they achieved 100% compliance based on a review of updated data subsequently collected through desk level monitoring and by reviewing data in the state's database the program also had corrected each individual case of noncompliance. For each of the four children with noncompliance, Family Training, which is provided by the Service Coordinator, was not provided within 30 days of parent consent. However, each of these children's Family Training services were provided although late.

#### 1 - Prior FFY Required Actions

The State must demonstrate, in the FFY 2021 SPP/APR, that the one finding identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

#### Response to actions required in FFY 2020 SPP/APR

In FFY 2019, one finding of noncompliance was issued to one regional program. To verify correction of this finding, (1) The State verified correction of the four records of noncompliance. (2) The state reviewed 1-2 months with a minimum of 10 subsequent records for children with new services on their IFSP, using the Part C IFSP Services Report from the state's data management system (Med Compass) to verify if these children received timely services. Based on the review of this data, the state determined this program was at 100% compliance and was correctly implementing the timely services requirement. The state also reviewed services data in the data system to determine if the 4 children who had noncompliance due to a delay in providing Family Training services in this one program received their services although late or if they had exited the program before services were initiated. The state verified that each of these children received their Family Training services although late.

#### 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

OSEP's January 24, 2023 monitoring letter requested Montana provide an explanation of its data under this Indicator with its FFY 2022 APR due February 1, 2024 to address the issues identified in OSEP's letter. OSEP will follow up separately to Montana's other required submissions under the 2023 monitoring letter.

#### 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.



## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

#### Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2021	94.94%

FFY	2016	2017	2018	2019	2020
Target>=	98.00%	99.00%	99.00%	99.00%	89.00%
Data	99.32%	99.41%	99.52%	100.00%	98.84%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	94.94%	95.00%	95.00%	96.00%	96.00%

### Targets: Description of Stakeholder Input

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/partcreports>

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	713
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	751

### FFY 2021 SPPI/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
713	751	98.84%	94.94%	94.94%	N/A	N/A

**Provide additional information about this indicator (optional).**

The State met with Stakeholder groups prior to the FFY 2021 SPP/APR submission to revise and reset the baseline and targets for Indicator 2 Child count. Targets were adjusted to be reflective of the new baseline years selected, with growth overtime that is rigorous, but achievable. Data was analyzed to see what direction it is currently trending, and historical data to look at patterns and trends.

## 2 - Prior FFY Required Actions

The State did not provide targets, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

If the State chooses to revise its baseline in the FFY 2021 SPP/APR, the State must ensure that the data in the Historical Data table are consistent with the data in the SPP/APR Data table.

**Response to actions required in FFY 2020 SPP/APR**

After reviewing OSEP's comments and reviewing data with the stakeholders this current year, it was determined that last year's baseline was set incorrectly. No historical data was used, and the year reflected was a typographical error. For FFY 2021 APR, The state wishes to reset the Baseline Year and Baseline Data to 2021, @ 94.94% as shown in the FFY 2021 Data in the table above.

## 2 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

The State provided targets through FFY 2025 for this indicator, and OSEP accepts those targets.

OSEP's January 24, 2023 monitoring letter requested Montana provide an explanation of its data under this Indicator with its FFY 2022 APR due February 1, 2024 to address the issues identified in OSEP's letter. OSEP will follow up separately to Montana's other required submissions under the 2023 monitoring letter.

## 2 - Required Actions

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by ((# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

##### Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

#### Instructions

*Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

#### Targets: Description of Stakeholder Input

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/partcreports>

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2019	Target>=	65.00%	65.00%	68.00%	68.00%	58.00%
A1	57.77%	Data	53.42%	64.94%	62.78%	57.77%	52.36%
A2	2019	Target>=	56.00%	56.00%	59.00%	59.00%	32.00%
A2	31.93%	Data	35.22%	44.14%	40.22%	31.93%	24.07%
B1	2019	Target>=	64.00%	64.00%	67.00%	67.00%	58.00%
B1	57.67%	Data	55.72%	66.67%	61.63%	57.67%	54.31%
B2	2019	Target>=	47.00%	47.00%	50.00%	50.00%	26.00%
B2	25.72%	Data	30.73%	36.66%	32.83%	25.72%	22.08%
C1	2019	Target>=	70.00%	70.00%	73.00%	73.00%	61.00%
C1	60.84%	Data	59.08%	67.03%	61.50%	60.84%	55.96%
C2	2019	Target>=	55.00%	55.00%	58.00%	58.00%	30.00%
C2	29.49%	Data	35.93%	39.90%	38.91%	29.49%	25.31%

#### Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	58.00%	59.00%	59.00%	59.00%	60.00%
Target A2>=	32.00%	33.00%	33.00%	34.00%	34.00%
Target B1>=	58.00%	59.00%	59.00%	60.00%	60.00%
Target B2>=	26.00%	27.00%	27.00%	28.00%	28.00%
Target C1>=	61.00%	62.00%	62.00%	63.00%	63.00%
Target C2>=	30.00%	31.00%	31.00%	32.00%	32.00%

#### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

392

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	1.28%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	178	45.41%

Outcome A Progress Category	Number of children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	120	30.61%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	77	19.64%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	12	3.06%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	197	380	52.36%	58.00%	51.84%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	89	392	24.07%	32.00%	22.70%	Did not meet target	Slippage

**Provide reasons for A2 slippage, if applicable**

The State of Montana recognizes that there was slippage from FFY 20 to FFY 21 in Outcome A summary statement 2. The State has identified the following reasons for slippage: workforce turn over and shortage and ongoing professional development. The State of Montana has expanded their Part C Program staff from 1 to 4 individuals in order to address training or professional development needs as well as ensuring training is provided to all new Early Intervention Providers across the state. Through contractor monitoring, the Part C Program has identified that contractors across the State of Montana are completing the Child Outcome Summary differently based on previous regional training. The training is not currently consistent across the State of Montana for new and existing regional staff; therefore, ratings may vary from region to region. The State of Montana Part C Program has started to develop a Comprehensive System of Professional Development that will focus on increasing new employees understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. With a Comprehensive System of Professional Development, the program can ensure that all providers receive the same initial on-boarding training, which includes training in the Child Outcome Summaries. When practitioners or family support specialists don't fully understand the Child Outcome Summary Process, it can impact child outcome ratings, which in turn will impact data quality. The State of Montana has also created an annual training calendar that ensures all agency employees, across the State, receive updated and ongoing training on a yearly basis. As the State Program investigated, it became clear that some regions and agencies were focused on the compliance indicators and did not hold regular trainings around the Child Outcome Summary.

In reviewing the data, the State Part C staff also identified that there was a decrease in infants and toddlers that improved functioning comparable to same-aged peers or maintained functioning comparable to same aged peers when compared to the State's historical data. The State identified that this is likely an ongoing impact of the COVID-19 Pandemic. During FFY 2021, regional contractors continued to provide virtual visits to families. This impacted regional staff's ability to observe infant and toddler development as measured by the age anchoring tool, MEISR. While every baseline and exit COS was completed using parental observation and/or input, tele-intervention views when possible, and input by therapists, or others involved with the child and family, assessments and caregiver observations were weighted more heavily than in pre-pandemic times. Regional staff reported difficulties in documenting the child's development across settings.

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	4	1.02%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	170	43.37%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	135	34.44%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	71	18.11%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	12	3.06%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who	206	380	54.31%	58.00%	54.21%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
substantially increased their rate of growth by the time they turned 3 years of age or exited the program							
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	83	392	22.08%	26.00%	21.17%	Did not meet target	No Slippage

#### Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2	0.51%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	174	44.39%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	126	32.14%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	81	20.66%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	9	2.30%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	207	383	55.96%	61.00%	54.05%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	90	392	25.31%	30.00%	22.96%	Did not meet target	Slippage

#### Provide reasons for C1 slippage, if applicable

The State of Montana recognizes that there was slippage from FFY 20 to FFY 21 in Outcome C summary statement 1. The State has identified the following reasons for slippage: workforce turn over and shortage and ongoing professional development. The State of Montana has expanded their Part C Program staff from 1 to 4 individuals in order to address training or professional development needs as well as ensuring training is provided to all new Early Intervention Providers across the state. Through contractor monitoring, the Part C Program has identified that contractors across the State of Montana are completing the Child Outcome Summary differently based on previous regional training. The training is not currently consistent across the State of Montana for new and existing regional staff; therefore, ratings may vary from region to region. The State of Montana Part C Program has started to develop a Comprehensive System of Professional Development that will focus on increasing new employees understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. With a Comprehensive System of Professional Development, the program can ensure that all providers receive the same initial on-boarding training, which includes training in the Child Outcome Summaries. When practitioners or family support specialists don't fully understand the Child Outcome Summary Process, it can impact child outcome ratings, which in turn will impact data quality. The State of Montana has also created an annual training calendar that ensures all agency employees, across the State, receive updated and ongoing training on a yearly basis. As the State Program investigated, it became clear that some regions and agencies were focused on the compliance indicators and did not hold regular trainings around the Child Outcome Summary.

In reviewing the data, the State Part C staff also identified that there was a decrease in infants and toddlers that improved functioning comparable to same-aged peers or maintained functioning comparable to same aged peers when compared to the State's historical data. The State identified that this is likely an ongoing impact of the COVID-19 Pandemic. During FFY 2021, regional contractors continued to provide virtual visits to families. This impacted regional staff's ability to observe infant and toddler development as measured by the age anchoring tool, MEISR. While every baseline and exit COS was completed using parental observation and/or input, tele-intervention views when possible, and input by therapists, or others involved with the child and family, assessments and caregiver observations were weighted more heavily than in pre-pandemic times. Regional staff reported difficulties in documenting the child's development across settings.

#### Provide reasons for C2 slippage, if applicable

The State of Montana recognizes that there was slippage from FFY 20 to FFY 21 in Outcome C summary statement 2. The State has identified the following reasons for slippage: workforce turn over and shortage and ongoing professional development. The State of Montana has expanded their Part C Program staff from 1 to 4 individuals in order to address training or professional development needs as well as ensuring training is provided to all new Early Intervention Providers across the state. Through contractor monitoring, the Part C Program has identified that contractors across the State of

Montana are completing the Child Outcome Summary differently based on previous regional training. The training is not currently consistent across the State of Montana for new and existing regional staff; therefore, ratings may vary from region to region. The State of Montana Part C Program has started to develop a Comprehensive System of Professional Development that will focus on increasing new employees understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. With a Comprehensive System of Professional Development, the program can ensure that all providers receive the same initial on-boarding training, which includes training in the Child Outcome Summaries. When practitioners or family support specialists don't fully understand the Child Outcome Summary Process, it can impact child outcome ratings, which in turn will impact data quality. The State of Montana has also created an annual training calendar that ensures all agency employees, across the State, receive updated and ongoing training on a yearly basis. As the State Program investigated, it became clear that some regions and agencies were focused on the compliance indicators and did not hold regular trainings around the Child Outcome Summary.

In reviewing the data, the State Part C staff also identified that there was a decrease in infants and toddlers that improved functioning comparable to same-aged peers or maintained functioning comparable to same aged peers when compared to the State's historical data. The State identified that this is likely an ongoing impact of the COVID-19 Pandemic. During FFY 2021, regional contractors continued to provide virtual visits to families. This impacted regional staff's ability to observe infant and toddler development as measured by the age anchoring tool, MEISR. While every baseline and exit COS was completed using parental observation and/or input, tele-intervention views when possible, and input by therapists, or others involved with the child and family, assessments and caregiver observations were weighted more heavily than in pre-pandemic times. Regional staff reported difficulties in documenting the child's development across settings.

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.**

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	882
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	193

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

Montana's Child Outcomes Summary Process and the MEISR as an age anchoring tool

**Provide additional information about this indicator (optional).**

### 3 - Prior FFY Required Actions

The State did not provide targets, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

If the State chooses to revise its baseline in the FFY 2021 SPP/APR, the State must ensure that the data in the Historical Data table are consistent with the data in the SPP/APR Data table.

#### Response to actions required in FFY 2020 SPP/APR

When setting targets and baseline the State made an error in rounding up the data from the data table. The correct baseline for A1 is 57.77%; A2 is 31.93%; B1 is 57.67%; B2 25.72%; C1 is 60.84%; C2 is 29.49% from FFY 2019.

### 3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

The State provided targets through FFY 2025 for this indicator, and OSEP accepts those targets.

### 3 - Required Actions

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

State selected data source. State must describe the data source in the SPP/APR.

#### Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

*Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2017	Target>=	94.00%	95.00%	95.00%	95.00%	65.00%
A	74.52 %	Data	84.64%	74.52%	94.27%	98.97%	85.79%
B	2017	Target>=	94.00%	95.00%	95.00%	95.00%	65.00%
B	###C04BBA SEDA TA###	Data	91.87%	78.56%	96.04%	99.33%	92.11%
C	2017	Target>=	94.00%	95.00%	95.00%	95.00%	65.00%



C	73.89 %	Data	85.93%	73.89%	94.03%	96.59%	88.95%
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#### Targets

FFY	2021	2022	2023	2024	2025
Target A>=	75.00%	75.00%	75.00%	76.00%	76.00%
Target B>=	79.00%	79.00%	79.00%	80.00%	80.00%
Target C>=	74.00%	74.00%	74.00%	75.00%	75.00%

#### Targets: Description of Stakeholder Input

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/partcreports>

The State met with Stakeholder groups prior to the FFY 2021 SPP/APR submission to revise and reset the baseline and targets for Indicator 4a, Indicator 4b, and Indicator 4c Family Outcomes. Targets were adjusted to be reflective of the new baseline years selected, with growth overtime that is rigorous, but achievable. Data was analyzed to see what direction it is currently trending, and historical data was utilized to look at patterns and trends.

#### FFY 2021 SPP/APR Data

The number of families to whom surveys were distributed	455
Number of respondent families participating in Part C	163
Survey Response Rate	35.82%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	136
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	163
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	141
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	163
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	132
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	163

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	85.79%	75.00%	83.44%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.11%	79.00%	86.50%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	88.95%	74.00%	80.98%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

To ensure that the future response data are representative of demographics such as race, ethnicity, and geographical location the State has chosen to change the methodology for collecting the Family Outcomes Survey data in FFY 2022. The State Part C program has started to collaborate with the University of Montana Rural Institute, to develop a text message link option to complete the Family Outcomes survey. This collaboration will allow the State to collect data for self-identified race, ethnicity, and the geographical location (region) when a survey is completed. For FFY 2023 the response rates and representativeness will be analyzed quarterly by the Part C program to ensure response rates and representativeness of each demographic are represented. If quarterly data shows a slip in response or shows a demographic is underrepresented with a regional provider, the Part C team will reach out and determine how the Part C program can support the regional provider to increase response rates and representativeness from a broad section of families that receive Part C services and ensuring groups that are underrepresented have representation. The State has also expanded their Part C Program staff to 4 individuals to address training and professional development needs statewide. This will ensure training is provided to all new Early Intervention Providers across the state. An annual training calendar was created that ensures all agency employees, across the State, receive updated and ongoing training on a yearly basis. This includes training on the Family Outcomes Survey. The state will provide universal guidance, procedures, and resources during training to help inform and educate our region providers and staff about the Family Outcome Survey. For FFY 2021, 8 surveys were removed from the data analysis due to item non-response (i.e., some questions were unanswered, therefore could not calculate results). Family Outcomes training will include a focus on item non-response to ensure all questions are asked to improve representativeness of our families.

#### Survey Response Rate

FFY	2020	2021
Survey Response Rate	30.65%	35.82%

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

State staff have set up monthly meetings with the regional provider that was underrepresented in FFY 2021. These meetings will review factors that the regional provider and Part C state staff have identified as factors to the low response rate, and under representation in the FFY 2021 data. State staff and the regional provider will set SMART goals (specific, measurable, achievable, relevant and time-bound) for the last quarter of FFY 2022 and the FFY 2023 timeframe. These goals will be reviewed on an ongoing basis throughout the year. Lastly the state staff will collaborate with the Montana Parent Empowerment center and regional providers to get messaging out to parents around the importance of family input.

Monthly meeting agenda items include:

Conducting a root cause analysis

Reviewing Family Outcome training documents and informing parents of the survey and providing a post card resource

Analyze the changes in the methodology of collection from FFY 2021 to FFY 2022 and possible new challenges for engaging groups that are underrepresented in the catchment area.

Quarterly meetings have also been set up to review current data for the quarter and review with the regional provider staff what adjustments could be made to help increase the response rate to underrepresented groups.

Encouraging the regional provider to think about how the family outcomes might vary based on geographic location, socioeconomic status, and/or race and ethnicity.

Strategies the Part C team will be implemented to help increase the response rate year over year for groups that are underrepresented are:

Consider changing how the survey is disseminated to a combination approach.

The month of exit, provide the family with a Family Outcomes postcard, that includes a QR code.

For FFY 2023 change when the survey will be disseminated to the month the child exits the Part C program.

Work with our parent center, Montana Empowerment Center, to get the message out to families about the importance of their input.

Work with University of Montana Rural Institute to analyze demographics to help identify groups that are underrepresented.

Focus on Family Survey training with all 5 regional providers, and ensure annual training is provided.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

The State analyzed the response rate statewide and for each of the 5 regional Part C providers (geographical location). The statewide response rate for this year is 35% (163 Part C families responded out of 455 surveys distributed).

The distribution of response rates across the 5 regional Part C providers shows the following: Region 2 had the response rate of 73% (38 Part C families responded out of 52 surveys distributed), followed by Region 4 with 63% (28 Part C families responded out of 44 surveys distributed), Region 1 with 44% (28 Part C families responded out of 63 surveys distributed), Region 5 with 26% (35 Part C families responded out of 135 surveys distributed), and Region 3 with a 20% (33 Part C families responded out of 161 surveys distributed) response rate. There is an indication of nonresponse bias since

region 3 and region 5 family response rates are below the statewide percent.

The steps we will take to reduce identified bias and promote response from a broad cross section of families are the following:

Work with the Parent Information Center, Montana Empowerment Center, to get the message out to families about their importance of their input.

Work with regional providers about the message to families around the importance of their input through training and providing resources such as Family Survey postcard with QR code to help inform the family.

Work with University of Montana Rural Institute around the messaging to families to ensure families know the text message link is secure and not spam.

Work with the University of Montana Rural Institute around messaging families around the importance of their input.

**Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

Representativeness was analyzed by examining the percentage of families enrolled in the Part C program by region and the percentage of families who responded to the survey by geographical location (region). Representativeness was determined by using a +/-3% threshold.

Region 3 (-14%) was underrepresented since it was outside of the +/-3% threshold while Region 2 (7%) and Region 1 (6%) were overrepresented. Region 4 (-1%) and Region 5 (1%) were represented since they were within the +/-3%.

In analyzing the regional data, the response rate for region 3 is underrepresented to the number of children that region provides Part C services to. Region 3 provides Part C services for 258 children (34%) however only 33 families responded to the survey. The State will work with the regional provider to determine what TA and support the State can provide to ensure representativeness for region 3 families in the future.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The metric used to determine representativeness is +/-3%, geographical location (5 regional Part C providers).

Region 3 (-14%) was underrepresented since it was outside of the +/-3% threshold while Region 2 (7%) and Region 1 (6%) were overrepresented. Region 4 (-1%) and Region 5 (1%) were represented since they were within the +/-3%.

**Provide additional information about this indicator (optional).**

#### 4 - Prior FFY Required Actions

The State did not provide targets, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

If the State chooses to reset its baseline in the FFY 2021 SPP/APR, the State must ensure that the data in the Historical Data table are consistent with the data in the SPP/APR Data table.

In the FFY 2021 SPP/APR, the State must analyze the response rate to identify potential non-response bias and take steps to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities, as required by the Measurement Table.

In the FFY 2021 SPP/APR, the State must describe the metric used to determine representativeness, as required by the Measurement Table.

#### Response to actions required in FFY 2020 SPP/APR

After reviewing OSEP's comments from the FFY 2020 APR and reviewing data with stakeholders this current year, it was determined that last year's baseline and targets were set incorrectly. No historical data was used to set our baseline in the FFY 2020 submission. For FFY 2021 APR, The state wishes to reset the Baseline Year and Baseline Data to year 2017, for 4A at 74.52%, 4B at 78.56%, and 4C at 73.89% as shown in the Data in the table above. The baseline and targets selected was based on discussions held with stakeholders regarding our analysis of the historical data from past five years. We reviewed the fluctuation of data over this timeframe, as well as our current downward trend for 4A, 4B, and 4C. Discussion included the changes to our methodology for FFY 2022, including the upcoming reporting requirement changes to report race/ethnicity in addition, to at least one other approved demographic in its analysis. The state and stakeholders acknowledged that changes to the methodology could affect our response rate to our Family Outcomes Survey. In our analysis of the historical data the targets were intentionally set to be rigorous yet achievable over the next 5 years.

The State analyzed the response rate statewide and for each of the 5 regionals Part C providers (geographical location). The statewide response rate for this year is 35% (163 Part C families responded out of 455 surveys distributed).

The distribution of response rates across the 5 regional Part C providers shows the following: Region 2 had the response rate of 73% (38 Part C families responded out of 52 surveys distributed), followed by Region 4 with 63% (28 Part C families responded out of 44 surveys distributed), Region 1 with 44% (28 Part C families responded out of 63 surveys distributed), Region 5 with 26% ( 35 Part C families responded out of 135 surveys distributed), and Region 3 with a 20% (33 Part C families responded out of 161 surveys distributed) response rate.

To ensure that the future response data are representative of demographics such as race, ethnicity, and geographical location the State has chosen to change the methodology for collecting the Family Outcomes Survey data in FFY 2022. The State Part C program has started to collaborate with the University of Montana Rural Institute, to develop a text message link option to complete the Family Outcomes survey. This collaboration will allow the State to collect data for self-identified race, ethnicity, and the geographical location (region) when a survey is completed. The State acknowledges some families may not prefer to receive the text link to complete the survey electronically. To reduce any identified nonresponse bias families will still have the option to complete a paper survey. For FFY 2023 the response rates and representativeness will be analyzed quarterly by the Part C program to ensure response rates and representativeness of each demographic are represented. If quarterly data shows a slip in response or shows a demographic is underrepresented with a regional provider, the Part C team will reach out and determine how the Part C program can support the regional provider increase response and representativeness from a broad section of families that receive Part C services and ensuring groups that are underrepresented

have representation. By tracking and analyzing the response and representativeness data quarterly the State can determine if changes to the methodology of collection, training, and other factors need implemented. The State has also expanded their Part C Program staff to 4 individuals to address training and professional development needs statewide. This will ensure training is provided to all new Early Intervention Providers across the state. An annual training calendar was created that ensures all agency employees, across the State, receive updated and ongoing training on a yearly basis. This includes training on the Family Outcomes Survey. The state will provide universal guidance, procedures, and resources during training to help inform and educate our region providers and staff about the Family Outcome Survey. For FFY 2021, 8 surveys were removed from the data analysis due to item non-response. Family Outcomes training will include a focus on item non-response to ensure representation of each family.

The metric used to determine representativeness is +/-3%, geographical location (5 regional Part C providers).

Representativeness was analyzed by examining the number of families enrolled in the Part C program by race and the number of families who responded to the survey by geographical location (region). Representativeness was determined by using a +/-3% threshold. Region 3 (-14%) was underrepresented since it was outside of the +/-3% threshold while Region 2 (7%) and Region 1 (6%) were overrepresented. Region 4 (-1%) and Region 5 (1%) were represented since they were within the +/-3%.

#### **4 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2017, and OSEP accepts that revision.

The State provided targets through FFY 2025 for this indicator, and OSEP accepts those targets.

#### **4 - Required Actions**

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2019	0.95%

FFY	2016	2017	2018	2019	2020
Target >=	1.46%	1.46%	1.46%	1.46%	0.95%
Data	0.99%	1.19%	1.24%	0.95%	0.80%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	0.95%	1.15%	1.15%	1.20%	1.20%

### Targets: Description of Stakeholder Input

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/partcreports>

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	83
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	10,555

### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
83	10,555	0.80%	0.95%	0.79%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

Baseline Year	Baseline Data
2019	2.36%

FFY	2016	2017	2018	2019	2020
Target >=	2.20%	2.20%	2.25%	2.25%	2.36%
Data	2.34%	2.21%	2.28%	2.36%	1.74%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	2.36%	2.61%	2.61%	2.86%	2.86%

#### Targets: Description of Stakeholder Input

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/partcreports>

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	751
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	33,695

#### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
751	33,695	1.74%	2.36%	2.23%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**



## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

#### Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

#### Instructions

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.51%	99.51%	100.00%	100.00%	97.60%

### Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

### FFY 2021 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
160	212	97.60%	100%	91.04%	Did not meet target	Slippage

### Provide reasons for slippage, if applicable.

The State of Montana recognizes that there was slippage from FFY 20 to FFY 21 in Indicator 7: 45-Day Timeline. After reviewing data in relation to timelines, the Part C Team recognized that regional providers needed support and professional development around meeting timelines. The Part C team held a training in February 2023 outlining acceptable reasons for delay in relation to exceptional family circumstances, agency delays, and other delays. The Part C program provided regional providers with resource documents that outlined if a delay in timeline occurred, what impacted that delay and how to report it in the data management system. Training also reviewed the importance of documenting the reason for delay in the comment area in the

MedCompass assessment and reiterated the importance of meeting timelines. The Part C team has developed a hybrid work group to help address the issue obtaining a signature from the multidisciplinary team. Staff shortages and turnover continue to be a rising issue for FFY 2021. The Part C team has chosen to use some ARPA funds to address recruitment and retention for all 5 regional providers. The Part C team is also looking at revising our state policy to align with the IDEA requirement that only the IFSP meeting is held within the 45-day timeline, and not the requirement to obtain the signatures from all multidisciplinary team members within the 45-day timeline.

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

33

**Provide reasons for delay, if applicable.**

The common themes identified for reason for delay for exceptional family circumstances are as follows:

Family scheduling conflict and had to reschedule for a later date

Family had issues with access to internet and/or phone and had to reschedule

Family choosing to wait to start services.

Family illness/exposure to COVID

The common themes identified for agency and other reason for delay are as follows:

Schedule conflict with multidisciplinary group, even with virtual option

Regional provider staff shortages

Signature from all Multi-disciplinary team members for eligibility evaluation (OT, PT, SLP, Developmental Specialist)

Regional Provider staff illness/exposure to COVID

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The time period which the data was collected is the fourth quarter April 1, 2022 through June 30, 2022.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The state used the fourth quarter data for FFY 2021 from the data management system (MedCompass) to report in this indicator and to monitor each contractor's compliance with the 45-day timeline requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the 45-day timeline data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. One main reason for selecting fourth quarter data is the first quarter data is from a separate data system, additionally, the second and third quarter data was collected during a data system redesign. By the fourth quarter the redesign was completed, and training was provided to contractors on the use of the redesign assessments within the current data system. The state analyzed the data collected from IFSPs during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children with IFSPs served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of the initial evaluation and assessment and initial IFSP meeting that occurred throughout FFY 2021. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2021. The state has also been in the process of building our data system and Part C reports during FFY 2021. The state data system has worked through a redesign of our IFSP and Care Plan assessments, with the most updated versions being deployed prior to our fourth quarter reporting period. As a result, the state feels the data from the fourth quarter is the most reliable and valid data. The state did take steps to validate the accuracy of the fourth quarter data by sharing 45-day timeline data with each contractor and working with them to confirm data accuracy. The state met with contractors' multiple times and shared updated data reports to validate the accuracy of the data, with them to confirm data accuracy.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	0	1	0

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

In FFY 2020, one finding of noncompliance was issued to one regional program. When the state reviewed updated timely services data for this one regional program to verify timely correction, the data did not demonstrate that the program was at 100% compliance.

As a result, the Part C team and regional provider have been working together and meeting monthly to correct and verify the program is at 100% compliance for the 45-day timeline. The state notified the agency of the noncompliance after validating all 13 records were untimely due to agency delay, and a complete examination was done to evaluate the extent of non-compliance. The Part C team evaluated where and with whom the issue was occurring, historical data and trends, what internal controls were in place to monitor timeliness, and if each of the 13 individual records were already corrected prior to review.

A root cause analysis was conducted, and it was determined that staff shortages, large caseloads, recruitment and retention efforts, outdated policies, and procedures, and lack of staff training were identified as causes that resulted in program non-compliance.

The provider has worked to increase recruitment and retention through all 3 locations, including revision of wages to become consistent with the cost of living in each location, as well as new incentives for staff reaching milestones. To help streamline their intake process the provider revised policies, and procedures to ensure timeliness. Intake training and IFSP training were held with all staff at all three locations. Internal monitoring controls were put in place to track timeliness and staff turnover. Internal work group created to review IFSP timeliness, and completeness. As well as review of how many children are on each staff members caseload.

Evidence was provided to the Part C team that the provider continues to recruit and retain staff in each location. Intake training and IFSP training was held with all staff. Updates were made to outdated policies, and procedures to ensure timeliness. Implementation of internal controls to monitor IFSP timeliness and completeness, and reviews of staff caseloads and reassignments are happening in a timely manner to reach the 45-day timeline.

It was determined that at least two months would be needed to implement program changes to see affects.

Following the submission of the APR on 2/1/2023, the state reviewed 10 subsequent records over the span of 2 months for children with new IFSPs, using the Part C IFSP Status Report from the state's data management system (MedCompass) to verify the 45-day timeline was met, and additional documentation was requested by State staff to verify the program is functioning at 100% compliance. Based on the review of the report data and the additional documentation, the State determined the regional provider had met the compliance of 100% and was implementing the requirements related to the 45- day timeline.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The state also reviewed individual child record in MedCompass and verified that each of the 13 children with non-compliance had an initial evaluation, assessment and IFSP meeting that was held late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

OSEP's January 24, 2023 monitoring letter requested Montana provide an explanation of its data under this Indicator with its FFY 2022 APR due February 1, 2024 to address the issues identified in OSEP's letter. OSEP will follow up separately to Montana's other required submissions under the 2023 monitoring letter.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .
- B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .
- C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.47%	100.00%	100.00%	100.00%	98.72%

## Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

## FFY 2021 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
87	89	98.72%	100%	100.00%	Met target	No Slippage

## Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

2

## Provide reasons for delay, if applicable.

Reasons for delay attributable to Exceptional Family Circumstances include family rescheduling appointment and family moving.

## What is the source of the data provided for this indicator?

State database

## Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The time period which the data was collected is the fourth quarter April 1, 2022 through June 30, 2022.

## Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The state used the fourth quarter data for FFY 2021 from the data management system (MedCompass) to report in this indicator and to monitor each contractor's compliance with transition plan requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the transition plan data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. One main reason for selecting fourth quarter data is the first quarter data is from a separate data system, additionally, the second and third quarter data was collected during a data system redesign. By the fourth quarter the redesign was completed, and training was provided to contractors on the use of the redesign assessments within the current data system. The state analyzed the data collected from transition plans during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children exiting with transition plans served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of transition that occurred throughout FFY 2021. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2021. The state has also been in the process of building our data system and Part C reports during FFY 2021. The state data system has worked through a redesign of our IFSP and Care Plan assessments, with the most updated versions being deployed prior to our fourth quarter reporting period. As a result, the state feels the data from the fourth quarter is the most reliable and valid data. The state did take steps to validate the accuracy of the fourth quarter data by sharing transition data with each contractor and working with them to confirm data accuracy. The state met with contractors' multiple times and shared updated data reports to validate the accuracy of the data.

## Provide additional information about this indicator (optional)

## Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1		0

## FFY 2020 Findings of Noncompliance Verified as Corrected

## Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

One program was issued a finding due to 4 children who had noncompliance related to transition plans. The state reviewed 1-2 months, or a minimum of 10 records of subsequent data from the state's data management system on all children exiting Part C for the program to verify that regulatory requirements were correctly implemented. As a result of reviewing this data, the state verified that the regional program was at 100% compliance with timely transition plans.

## Describe how the State verified that each individual case of noncompliance was corrected.

The state verified the program also had corrected each individual case of noncompliance. The state reviewed each of the four children's records in MedCompass and--verified that they- received a transition plan and exited Part C services with referrals and or conferences although late.

## Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

### 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

#### Response to actions required in FFY 2020 SPP/APR

### 8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

### 8A - Required Actions

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .
- B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .
- C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

**FFY 2021 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
83	89	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

6

**Provide reasons for delay, if applicable.**

6 families selected to opt out of notification.

**Describe the method used to collect these data.**

Montana used the state data management system. The agency's personnel document dates for all transition activities including the data of notification to the SEA and LEA (completed twice annually, January and August). Documentation was captured within the system of a parent's decision to opt out or reasons for delay. Agencies personnel reviewed data extracts for their region and documented the LEA and SEA notification date for each child as well as any opt-out data using the internal system at the agency to validate.

**Do you have a written opt-out policy? (yes/no)**

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The time period which the data was collected is the fourth quarter April 1, 2022 through June 30, 2022.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The state used the fourth quarter data for FFY 2021 from the data management system (MedCompass) to report in this indicator and to monitor each contractor's compliance with transition notification requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the transition notification data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. One main reason for selecting fourth quarter data is the first quarter data is from a separate data system, additionally, the second and third quarter data was collected during a data system redesign. By the fourth quarter the redesign was completed, and training was provided to contractors on the use of the redesign assessments within the current data system. The state analyzed the data collected from transition notifications during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children potentially eligible served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of notification that occurred throughout FFY 2021. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2021. The state has also been in the process of building our data system and Part C reports during FFY 2021. The state data system has worked through a redesign of our IFSP and Care Plan assessments, with the most updated versions being deployed prior to our fourth quarter reporting period. As a result, the state feels the data from the fourth quarter is the most reliable and valid data. The state did take steps to validate the accuracy of the fourth quarter data by sharing notification data with each contractor and working with them to confirm data accuracy. The state met with contractors' multiple times and shared updated data reports to validate the accuracy of the data.

**Provide additional information about this indicator (optional).****Correction of Findings of Noncompliance Identified in FFY 2020**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**



Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

#### 8B - Prior FFY Required Actions

None

#### 8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

#### 8B - Required Actions

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .
- B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .
- C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	96.16%	100.00%

## Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

## FFY 2021 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
75	89	100.00%	100%	98.77%	Did not meet target	Slippage

## Provide reasons for slippage, if applicable

Reasons for slippage is related to staff turnover and insufficient information provided about transition requirements during onboarding.

## Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

8

## Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

5

## Provide reasons for delay, if applicable.

Reasons for exceptional family circumstances included family cancellation, and family availability, and rescheduling of the transition conference meeting. The reason for program delay was related to a new family support specialist being new and not understanding the transition conference timelines.

## What is the source of the data provided for this indicator?

State database

## Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The time period which the data was collected is the fourth quarter April 1, 2022 through June 30, 2022.

## Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The state used the fourth quarter data for FFY 2021 from the data management system (MedCompass) to report in this indicator and to monitor each contractor's compliance with transition plan requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the transition conference data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. One main reason for selecting fourth quarter data is the first quarter data is from a separate data system, additionally, the second and third quarter data was collected during a data system redesign. By the fourth quarter the redesign was completed, and training was provided to contractors on the use of the redesign assessments within the current data system. The state analyzed the data collected from transition conferences during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children exiting with transition conferences served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of transition that occurred throughout FFY 2021. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2021. The state has also been in the process of building our data system and Part C reports during FFY 2021. The state data system has worked through a redesign of our IFSP and Care Plan assessments, with the most updated versions being deployed prior to our fourth quarter reporting period. As a result, the state feels the data from the fourth quarter is the most reliable and valid data. The state did take steps to validate the accuracy of the fourth quarter data by sharing transition data with each contractor and working with them to confirm data accuracy. The state met with contractors' multiple times and shared updated data reports to validate the accuracy of the data.

## Provide additional information about this indicator (optional).

## Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

## Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	14	14	0

#### FFY 2019

#### Findings of Noncompliance Verified as Corrected

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Through a subsequent review of a sample of updated data from the state's database, the State was able to verify that the two programs are now demonstrating full compliance with the regulatory requirements for timely transition conferences. They had timely transition conferences for 100% of the children in the sample.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The state reviewed each of the 14 children's records in the state's data management system (MedCompass) and verified that, all 14 kids had exited the program before their transition conference was held but they all were referred and transitioned to Part B for evaluation and eligibility determination.

### 8C - Prior FFY Required Actions

The State must demonstrate, in the FFY 2021 SPP/APR, that the 14 findings identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

#### Response to actions required in FFY 2020 SPP/APR

In FFY 2019, of the five programs in the state, two programs had 14 findings of non-compliance identified. To verify correction of this finding, the state reviewed 1-2 months and a minimum of 10 subsequent records] for all children exiting Part C with a timely transition conference to the LEA using the Part C Transition Report from the state's data management system (MedCompass). Based on the review of this data, the state determined that each program was at 100% compliance and was correctly implementing the transition conference requirements.

In the previous FFY 2109, because of the impact of the pandemic, the state did not identify any findings of non-compliance. The state did verify that although late, all 14 kids identified were tracked to ensure that transition conferences did happen.

### 8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

### 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

#### Measurement

Percent = (3.1(a) divided by 3.1) times 100.

#### Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

Montana adopted Part C due process procedures under section 639 of the IDEA.

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the EDFacts Metadata and Process System (EMAPS)).

#### Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

#### Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.**

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/partcreports>

#### Historical Data

Baseline Year	Baseline Data
2005	

FFY	2016	2017	2018	2019	2020
Target>=					
Data					

#### Targets

FFY	2021	2022	2023	2024	2025
Target>=					

#### FFY 2021 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

#### 10 - Prior FFY Required Actions

None

#### 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

#### 10 - Required Actions

## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Targets:** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

##### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

**Phase II: Plan** (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

**Phase III: Implementation and Evaluation** (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

##### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

#### C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

#### Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

### Section A: Data Analysis

#### What is the State-identified Measurable Result (SiMR)?

Montana will increase the percentage of infants and toddlers with IFSPs who demonstrate improved positive social and emotional skills including positive relationships by the time they turn three or exit the program.

#### Has the SiMR changed since the last SSIP submission? (yes/no)

NO

#### Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

#### Is the State's theory of action new or revised since the previous submission? (yes/no)

YES

#### Please provide a description of the changes and updates to the theory of action.

Montana updated its Theory of action to include two improvement strategies related to the SiMR: Improvement Strategy 1: Comprehensive System of Professional Development: If We... develop and implement the CSPD Then... we have learning modules available on the ECP learning platform So that... FSSs will access the learning modules to acquire Primary and Comprehensive Certification which will lead to highly qualified Family Support Specialist.

Improvement Strategy 2: Establish Montana's Part C Pyramid Model Framework If We...establish a Part C Model Pyramid Model Framework Then... FSSs will acquire knowledge and skills and will implement Pyramid Model practices in homes with families So that... families will have increased capacity to support their child with social and emotional development.

The FFY 20 Theory of Action included a third improvement strategy, but the State of Montana does not wish to include this third strategy and did not speak to a third strategy in the FFY 20 APR or logic model.

#### Please provide a link to the current theory of action.

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/PartCPubNotice>

#### Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

#### Historical Data

Baseline Year	Baseline Data
2019	57.77%

#### Targets

FFY	2021	2022	2023	2024	2025
Target>=	58.00%	59.00%	59.00%	59.00%	60.00%

#### FFY 2021 SPP/APR Data

# of infants and toddlers who improved functioning near or similar to same aged peers in Outcome A	Total # of infants and toddlers who did or did not improve functioning in Outcome A	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
197	380	52.36%	58.00%	51.84%	Did not meet target	No Slippage



**Provide the data source for the FFY 2021 data.**

The State of Montana used its data management system (Med Compass) to compile the FFY 2021 data. All five regional contractors verified the data using data extracts. The data is from all five programs across the state making it representative of the entire state. The state analyzed the data for a full reporting year. The state data system has worked through a redesign of the IFSP and Care Plan assessments and believes that with contractors using data extracts from Med Compass to validate data, the data is both reliable and valid.

**Please describe how data are collected and analyzed for the SiMR.**

Med Compass: The Child Outcomes Summary Analysis Report for July 1, 2021, through June 30, 2022, was one source of child outcomes summary data. The regional agency's personnel document all baseline and exit Child Outcomes Summary Forms within the Med Compass system. The system converts the numerical ratings to the a-e OSEP reporting categories. Ongoing monitoring and data extracts provide continuous analysis of the data. Data extracts were created for each contractor identifying the infants or toddlers exiting the Program during the time period and those infants and toddlers with both a baseline and exit rating collected in the data management system. Additionally, input addressing the SiMR was gathered via existing virtual meetings from multiple groups such as the ICC and the Part C Leadership Team. Please see Descriptions of Stakeholder input.

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

YES

**Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.**

The State of Montana recognizes that there is workforce turnover, a workforce shortage, and a need for ongoing professional development. The State of Montana has expanded their Part C Program staff from 1 to 4 individuals in order to address training or professional development needs as well as ensuring training is provided to all new Early Intervention Providers across the state. The State of Montana Part C Program has started to develop a Comprehensive System of Professional Development that will focus on increasing new employees understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. With a Comprehensive System of Professional Development, the program can ensure that all providers receive the same initial on-boarding training, which includes training in the Child Outcome Summaries. When practitioners or family support specialists don't fully understand the Child Outcome Summary Process, it can impact child outcome ratings, which in turn will impact data quality. The State of Montana has also created an annual training calendar that ensures all agency employees, across the State, receive updated and ongoing training on a yearly basis. As the State Program investigated, it became clear that some regions and agencies were focused on the compliance indicators and did not hold regular trainings around the Child Outcome Summary.

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

**Section B: Implementation, Analysis and Evaluation****Please provide a link to the State's current evaluation plan.**

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/PartCPubNotice>

**Is the State's evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

The State of Montana has revised the evaluation plan in order to align with the revised improvement strategies and activities. This is also to ensure that the evaluation of implementation and evaluation of outcomes will be manageable as the State of Montana starts to implement the SSIP activities and outcomes. Montana's previous evaluation plan did not address each activity or outcome. In the new evaluation plan, the State has identified key activities and outcomes that will help the State move forward with both their Comprehensive System of Professional Development and Pyramid Model Implementation. These updates include specific timelines and activities that need to be met by those timelines. The State has revised the evaluation plan in order to ensure that they have a plan in place to review and analyze activities and outcomes as the state completes activities and progresses through the SSIP.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

The State of Montana has revised the evaluation plan in order to align with the revised improvement strategies and activities. This is also to ensure that the evaluation of implementation and evaluation of outcomes will be manageable as the State of Montana starts to implement the SSIP activities and outcomes. Montana's previous evaluation plan did not address each activity or outcome. The State has revised the evaluation plan in order to ensure that they have a plan in place to review and analyze activities and outcomes as the state completes activities and progresses through the SSIP and to use data to make improvements when needed. The State of Montana also wanted to ensure that they had a solid plan in place that built on itself in order to achieve implementation of Pyramid Model across the State of Montana and to ensure Family Support Specialists and agency staff can access and receive a Comprehensive System of Professional Development.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

Comprehensive Personnel Development System- Montana continued to develop our CSPD to lead to primary and comprehensive certification for Family Support Specialist. We contracted with West Ed to develop the 13 knowledge-based content area learning modules identified through the Delphi process, leading to Primary and Comprehensive certification. Content specialists were identified from our regional contractors and participated in piloting the first developed module on, screening, assessment, and evaluation. This work included answering questions presented by WestEd, reviewing content that was recorded by WestEd, and helping with embedded evaluations in the module. Through this review and input process, the State and WestEd were able to modify and improve on the content that will be presented to all new Family Support Specialists and other contractor staff across the State of Montana. The first module has been uploaded to the Learning Management System but is not yet accessible by new Family Support Specialists. In addition, a pre and post quiz has been added to the first module. West Ed and the State Part C Team have worked with the learning management

system (New World Now) to ensure that courses will be structured and completed in sequential order. Due to a brief lapse in contract, West Ed had to pause development on the modules but will resume their work in January 2023. The 2023-2024 timeline includes development of 3-5 additional modules, and the State and West Ed continue to work with Montana Early Childhood Practitioner Registry to store the learning modules on the classroom platform. The platform will provide FSS's with the opportunity to track their professional record and the accountability to complete the modules and receive certification.

Social Emotional Screening & Assessment- In FFY2021, Sandy Cade, Part C Coordinator, Samantha Hoggatt, Part C Early Intervention Program Specialist, and Jill Christensen, QRIS Early Education Specialist worked with the Pyramid Model State Leadership Team to develop an Implementation plan and identify cohorts for the 5 regional contractors. The State Leadership Team was able to build a vision and mission statement for the State Team as well as identified group meeting norms. The State Team also worked with TA from ECTA and the University of Denver to outline an implementation plan. In November, the State Team also took a poll to determine who would attend NTI Pyramid Model Conference in April 2023. All members of the State Leadership Team identified that they would like to attend. The State of Montana agreed to pay for 17 members to attend and as of January 2023, 8 individuals have been moved from the NTI waitlist to being able to register and attend. Regarding the Implementation Plan, the State Team identified that implementation would stretch over 5 years. The first cohort will start implementation of the Pyramid Model Framework in January 2023. Cohort 1 and the Part C State Team will be attending NTI in April 2023 in Tampa, FL. The MT Part C Team and the Pyramid Model State Leadership Team worked with ECTA TA, Jani Kozlowski and Denver University to provide technical assistance in developing an action plan for statewide implementation of Part C Pyramid Model Framework. After extensive work with ECTA and Jani Kozlowski, the MT Part C Team, as well as Jani agreed that Montana should shift to TA support through NCPMI with Ben Riepe. This TA support with NCPMI will begin in the Spring of 2023. In addition, the MT Part C Team contracted with Rob Corso and NCPMI to develop online Train the Trainer Modules to deliver Pyramid Model Practices e-modules for on demand access and sustainable training. These Train the Trainer e-modules were completed and are set to be placed on the online learning platform in the Spring of 2023.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Comprehensive Professional Development System: Content specialists were identified from our regional contractors and participated in piloting the first developed module on, screening, assessment, and evaluation. The content specialists have been modified based on current employment and position. Piloting work included answering questions presented by WestEd, reviewing content that was recorded by WestEd, and helping with embedded evaluations in the module. Through this review and input process, the State and WestEd were able to modify and improve on the content that will be presented to all new Family Support Specialists and other contractor staff across the State of Montana. The first module has been uploaded to the Learning Management System but is not yet accessible by new Family Support Specialists. In addition, a pre and post quiz has been added to the first module. West Ed and the State Part C Team have worked with the learning management system (New World Now) to ensure that courses will be structured and completed in sequential order. Due to a brief lapse in contract, West Ed had to pause development on the modules but will resume their work in January 2023.

Strategy #1 Short Term Outcome: The State of Montana currently has a process for new Family Support Specialists to obtain Primary and Comprehensive Certification while the modules and learning platforms are being developed. The current process requires Family Support Specialists to submit a portfolio to the State Part C Staff and present the portfolio to the State staff. During the FFY 2021 reporting period, there were no new submissions for primary certification but there were 5 submissions for comprehensive certification. The 5 presentations were held for Comprehensive Certification in the late Spring to Early Summer of the FFY 2021 reporting period. This outcome was not fully met as not all necessary data was available to determine if the outcome was met.

Social Emotional Screening & Assessment- In FFY2021, Sandy Cade, Part C Coordinator, Samantha Hoggatt, Part C Early Intervention Program Specialist, and Jill Christensen, QRIS Early Education Specialist worked with the Pyramid Model State Leadership Team to develop an Implementation plan and identify cohorts for the 5 regional contractors. Strategy #2 Short Term Outcome #2: The State Leadership Team met six months out of 12 during FFY 2021. This outcome, specifically section 1a was not met as the State Leadership Team did not meet 10 out of 12 months. However, section 1b of this outcome has been completed as the State Leadership Team identified cohorts and an implementation plan. The State Leadership Team was able to build a vision and mission statement for the State Team as well as identified group meeting norms. Three cohorts were identified, and the first cohort starts implementation of pyramid model practices in January 2023. The implementation plan will be completed over five years with on-going support and data collection in order to determine if implementation and infrastructure supports are adequate. Cohort 1 contains 1 regional contract, while cohorts 2 and 3 will include two regional contractors for a total of the five regions. Strategy #2 Intermediate Outcome #1: The MT Part C Team contracted with Rob Corso and NCPMI to develop online Train the Trainer Modules to deliver Pyramid Model Practices e-modules for on demand access and sustainable training. These Train the Trainer e-modules were completed in late 2022 and are set to be placed on the online learning platform in the Spring of 2023. Once on the learning platform, State Part C staff will review the content on the modules. With this review, State staff will ensure content is appropriate for regional contractors, titles will be given to each module, and a sequential flow will be determined on the learning platform. This Intermediate outcome has not yet been completed as the learning modules have been placed on the Learning Management System but are not available to the regional staff as the Part C Team still needs to review and provide feedback to the developers.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Comprehensive Professional Development System: During the FFY 2022 reporting period, West Ed and the State of Montana Part C Team will continue to meet and develop 3-5 more modules. After each module is created, subject matter experts will review each module, provide input on content, and ensure pre and post test questions are fair. After input and review, modules will be uploaded to the Learning Management system (New World Now) in sequential order. Module development will likely continue into the FFY 2023 reporting period before they are completed to their entirety. While modules are developed and the Learning Management System created, Family Support Specialists will continue to submit portfolios to the State Part C Staff in order to gain primary, comprehensive, and recertification. The State Part C Team also plans to continue to work with their fiscal department on ways to provide payment incentives for comprehensive certification. Through these activities, the State of Montana will be working to complete and provide data on Strategy #1 Short Term Outcome: Certification: FSSs will receive primary certification within the first 2 years. Existing FSSs develop portfolios around the DEC RPs in order to apply for comprehensive certification; and Strategy #1 Intermediate Outcome: Infrastructure: FSS's are using learning platform to access learning modules and receive incentives.

Social Emotional Screening & Assessment: In November, the State Pyramid Model Team took a poll to determine who would attend NTI Pyramid Model

Conference in April 2023. All members of the State Leadership Team identified that they would like to attend. The State of Montana agreed to pay for 17 members to attend and as of January 2023, 8 individuals have been moved from the NTI waitlist to being able to register and attend. These individuals included the identified cohort 1. By attending NTI or the Pyramid Model Conference, the State of Montana's cohort 1 will gain information on the EIPPF tool used for fidelity and coaching, the Early Intervention Benchmarks of Quality, and general Pyramid Model Practices. The Cohort 1 individuals also signed up for additional training in Practice Based Coaching in order to shift from the Shelden and Rush coaching model to Practice Based Coaching. State, regional, and local leadership teams will use the Benchmarks of Quality to assess infrastructure development and support, Coaches and Family Support Specialist will use the Early Intervention Pyramid Model Practices Fidelity Instrument to assess intervention practices fidelity in the home with the family. EIPPF Practices are aligned with the relevant Division for Early Childhood (DEC) Recommended Practices (2014) and Principles of Early Intervention<sup>2</sup>. The EIPPF tools use will be initiated in the coming years (2024 or 2025) as the first cohort started implementation and will receive training on the tool in 2023. The other two cohorts will start implementation in 2024 and 2025. Through these activities, the State of Montana will be working to complete and provide data on Strategy #2 Short Term Outcome: EI Practitioners attend 2-day Pyramid Model Training, Fidelity, and measurement tool training, and training on tools such as the ASQ-SE and DEC RPs; Strategy #2 Short Term Outcome: Infrastructure supports including the State Leadership Team, Cohorts, and coaches are in place and functioning across the State of MT; Strategy #2 Intermediate Outcome: Modules are placed on Montana's ECP learning classroom platform and practitioners are gaining knowledge from the modules; and Strategy #2 Intermediate Outcome: Training: Coaches train and coach to the DEC Recommended Practices.

#### **List the selected evidence-based practices implemented in the reporting period:**

Pyramid Model for promoting social emotional competence in Infants and Young Children  
Pyramid Model Practices  
Practice Based Coaching  
Reflective Practice

#### **Provide a summary of each evidence-based practice.**

**Pyramid Model Framework:** Montana implemented The Pyramid Model; The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. Because the PM consists of Family Support Specialist implementing practices in homes with families to build their capacity to support their child's social emotional development, in turn, this practice will increase the percentage of infants and toddlers with IFSPs who demonstrate improved positive social and emotional skills including positive relationships by the time they turn three or exit the program.

**Pyramid Model Practice:** The identification of evidence-based practices that would:

- Promote the social and emotional outcomes of all children,
- Promote the skill development of children with social, emotional, and behavioral delays to prevent the need for more intensive supports; and
- Intervene effectively when children have persistent challenging behavior.

PM practices were identified through a systematic review of the research on promotion, prevention, and intervention practices that have been associated with positive social emotional outcomes and decreases in challenging behavior in young children with and without disabilities.

The five primary principles for using the Pyramid Model in Part C Pyramid are: (1) collaborative partnerships, (2) family coaching strategies, (3) responsive caregiving and nurturing, responsive relationships, (4) confidence and competence, (5) prevention of challenging behavior

Key practice areas are (1) Building Partnerships with families, (2) Social Emotional Development, (3) Family Centered Coaching, (4) Dyadic Relationships, (5) Supporting Families with Children with severe, persistent behavior, (6) Social Emotional Assessment. Practices are aligned with the relevant Division for Early Childhood (DEC) Recommended Practices (2014) and Principles of Early Intervention<sup>2</sup>. The practices are expected to look different across families, caregivers, and early interventionists.

**Practice-Based Coaching (PBC)** is a professional development strategy that uses a cyclical process to promote social emotional outcomes for all children and promote family engagement in their child's social emotional development This process supports the FSS use of effective practices, building families capacity to promote their child's learning and the development social emotional skills that lead to positive outcomes for children and occurs in the context of collaborative partnerships.

**Reflective Practice:** Reflective practice is the cycle of ongoing learning that occurs when early childhood professionals take the time to stop, think, challenge, and change their practices to incorporate new understandings and advance children's learning and development. It occurs spontaneously as well as in essential planned reflection time. Most importantly, reflective practice leads to action.

#### **Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

**Pyramid Model Framework:** Pyramid Model Framework consists of Family Support Specialist implementing practices in homes with families to build their capacity to support their child's social emotional development, in turn, this practice will impact Montana's SiMR; increase the percentage of infants and toddlers with IFSPs who demonstrate improved positive social and emotional skills including positive relationships by the time they turn three or exit the program.

**Pyramid Model Practice:** Within the implementation of establishing the Pyramid Model Framework, Montana will implement the use of Pyramid Model practices to promote the social and emotional outcomes of all children, promote the skill development of children with social, emotional, and behavioral delays to prevent the need for more intensive supports; and intervene effectively when children have persistent challenging behavior. Family Support Specialist will implement the pyramid model practices with fidelity in the home to build the families capacity so that families can enhance their child's social emotional development. Because families' needs are dynamic, practices are changed to accommodate all levels of support, FSS will build collaborative partnerships with all families, use family coaching strategies to meet the needs of caregivers, provide families with knowledge and skills related to responsive and nurturing relationships, build families confidence and competence in supporting their child's social emotional development and provide families with tools and strategies that address and focus on the prevention of challenging behavior. Montana is confident that by building the capacity of families to promote their child's social emotional development will impact our SiMR and increase the percentage of infants and toddlers with IFSPs who demonstrate improved positive social and emotional skills including positive relationships by the time they turn three or exit the program.

**Practice Based Coaching:** The use of Practice Based Coaching promotes the Family Support Specialist effective use of Pyramid Model Practices in

their work with families, and additionally, PBC framework and essential coaching components support implementation of FSS practices as intended. Pyramid Model in Part C promotes the following:

- Support for the early interventionist
- Early Interventionist build families capacity
- Families enhance children's social emotional development

By implementing the PBC model to build the fidelity and quality of the FSS to implement effective practice, we expect to generate improved child outcomes in social emotional development impacting Montana's SiMR, which is to increase the percentage of infants and toddlers with IFSPs who demonstrate improved positive social and emotional skills including positive relationships by the time they turn three or exit the program, as it has been effective in improving FSS's practice to coach the family's and build capacity to support their child's social emotional development. Reflective Practice: Montana intends to use reflective practice to engage in the process for continuous improvement to reflect on actions, determine the effectiveness of actions (practice) develop a plan, consider immediate & future situations. Since reflective practice consist of FSS working with the families to develop strategies that can be used to support their child's development, this practice is intended to have a positive impact on Montana's SiMR by increase the percentage of infants and toddlers with IFSPs who demonstrate improved positive social and emotional skills including positive relationships by the time they turn three or exit the program.

#### **Describe the data collected to monitor fidelity of implementation and to assess practice change.**

In measuring practitioner's implementation of practices based on the trainings in the CSPD, Family Support Specialists (FSSs) will start by completing a pre-self-assessment to measure their content knowledge and a post self-assessment to measure content knowledge after completion of each module. This pre-post measure will reflect evidence of content knowledge gain based on completing the learning module. This gain in content knowledge is an essential precursor for FSSs to be able to implement the practices embedded in the modules. Self-assessment data will be shared with the FSS's coach and or mentor and used to inform their coaching plan to support practitioners in implementing the practices with fidelity. Additionally, coaches will use tools such as the related DEC Recommended Practice improvement tools to help practitioners implement evidence-based practices and related checklist to help improve skills and inform coaching plan goals and thus supporting practice change with the FSS's. We expect to begin collecting pre-post self-assessment data in 2025 after the modules have been completed by WestEd and uploaded to the learning platform.

Statewide Implementation of the Pyramid Model Framework includes a variety of measurement tools to collect data and monitor the fidelity of infrastructure to support practices. The use of data-based decision making is key in implementation, with measures and evaluation procedures to help determine fidelity of implementation and fidelity of intervention practice. These tools include the Early Intervention Pyramid Model Practices Fidelity Instrument and the Benchmarks of Quality. Montana will use Ages & Stages as a screener to measure social emotional development which will drive social emotional outcomes and in turn Pyramid Model practices. As Implementation advances, data collection will be examined for alignment in the need for measuring fidelity of implementation and child and family outcomes.

#### **Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

In our FFY 2020 APR, the State of MT Part C Team noted that "feedback was given that the current EBP Routines Based Interviewing and Sheldon & Rush Coaching in Early Childhood proved cumbersome to administrate, especially virtually, and that it was observed that Family Support Specialist provided questions in a rote manner and therefore not engaging with families as intended. The SE Leadership team held discussion and made the decision to continue with the current EBP and begin implementation of the Pyramid Model Framework to further support FSS's practice and build capacity in families to enhance their child's social emotional development." As Cohort 1 starts to implement the Pyramid Model Framework, they have noted that they will be discontinuing the use of Sheldon and Rush and moving towards the Practice Based Coaching Model. With this change, the State of MT Part C Team will be working with the other two cohorts to face out Sheldon and Rush and move towards the Practice Based Coaching Model.

#### **Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

Montana's selected evidence-based practices support an infant or toddlers social and emotional development recognizing the infants or toddlers needs and family's capacity to support these needs. Each practice identifies the key component of social emotional development in infants and toddlers, positive relationships with caregivers and support development in the context of the family. The practices impact the social emotional development of infants and toddlers with disabilities by strengthening the capacity of families to support their child's social and emotional development.

As Montana begins to work towards establishing the Pyramid Model Framework, we will be working primarily on infrastructure; continuing module development for CSPD, putting in to place coaching and reflective supervision supports to build infrastructure, and continuing to roll out and implement the Pyramid Model implementation road map with the three identified cohorts. Next steps include annual training on the DEC Recommended Practices as well as Pyramid Model Practices and Implementation, continued development of the CSPD learning modules with West Ed, and ensuring access to the Train the Trainer Part C Pyramid Model E-Modules on the Early Childhood Practitioner Learning platform in order to train new staff. In addition, Montana will continue to embed adult learning principles and the DEC Recommended Practices in CSPD learning module development, self-assessment tools will be used to measure content knowledge growth pre and post learning module completion. Coaches will use the self-assessment data and the DEC Recommended Practice checklist to inform the development of goals and identify coaching strategies to support FSS to understand and improve practice, plan intervention and self-evaluate their use of evidence-based practices.

#### **Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

#### **If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

The State of Montana Part C Team intends to continue implementing the SSIP without modifications as data and stakeholder feedback are indicating that we are in the early stages of Pyramid Model Implementation and are working to continue to develop the Comprehensive System of Professional Development modules. This data and stakeholder feedback supports moving forward with the intended activities and timelines. However, timelines will likely need to be reviewed in the FFY 2022 APR to ensure the State is still on track with meeting activities and outcomes as outlined on the State's evaluation plan. In the FFY 2022 APR, the State of Montana will have more evaluation data that will help guide decisions on whether or not the SSIP activities and outcomes need to be modified, deleted or if the evaluation plan needs modification.

## **Section C: Stakeholder Engagement**

## Description of Stakeholder Input

Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers. To specifically engage parent members as well as early intervention service providers, agency representatives, higher education representatives, agency directors and Family Support Specialists/Service Coordinators in target setting, data analysis, developing improvement strategies, and evaluating progress, the following actions were taken virtual meetings beginning April 8, 2022, through January 27, 2023, with the FSSAC, Part C Leadership Team, administrative team; Part C state team meeting; specific Indicator data analysis meetings: target setting survey distributed to all groups; and the dissemination of the survey results and rationale for proposed baseline and target decisions to the various stakeholder groups. Subsequent Target Setting Survey results are available on the Montana Milestones website at

<https://dphhs.mt.gov/ecfsd/ChildCare/montanamilestones/partcreports>

## Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The State of Montana Part C Team expanded in FFY 21 and into FFY 22 from two staff members to four. With this expansion, roles were created to focus solely on Professional Development and Quality, Policy and Procedure, Data Management, and the Part C Coordinator. From these roles, workgroups with the regional contractor's family support specialists, directors, supervisors and other staff were established and focus on quality and professional development topics and a Hybrid Approach workgroup. These workgroups allow for regional contractors to discuss potential training opportunities, barriers to families and children, and brainstorm possible solutions.

In addition, the Part C team has worked with FSSAC stakeholders and parent centers to create two workgroups focusing on developing content for parents to better understand Part C process and procedure and to ensure parents have a voice in connecting Part C to therapist, pediatricians, and other service providers. Parents or family members continue to contribute to the FSSAC's Strategic Plan and engage as part of the two work groups targeting increasing engagement and collaboration of multidisciplinary evaluation teams, an acronym dictionary, and transition at age 3. The Part C state team collaborated with and sought stakeholder input regarding setting new indicator targets and resetting baselines for some APR indicators. Stakeholders involved in this process included the state level team, statewide supervisors/specialists, statewide service coordinator and direct services staff/contractors, Montana Empowerment Center, and the FSSAC which has 4 parent members. To help prepare stakeholders to make informed decisions, the Part C Team shares an SPP/APR PowerPoint presentation annually to the FSSAC Stakeholder group in which is reviewed, discussed, questions are answered, and feedback is solicited regarding Montana's SPP/APR indicator data. The data shared includes current targets and actual data, as well as the targets and actual data for prior years. To further increase stakeholder capacity and engagement, in the coming year Montana plans to also incorporate training to parents around the Part C Indicators in conjunction with the Montana Empowerment Center.

In FFY 2022, the Part C State team will begin conversations with the FSSAC and workgroups around how the State of Montana can increase outreach to underserved populations. The purpose of this outreach is to ensure that Montana is reaching underserved populations and to educate a more diverse population of Montana families, leading to enrollment in services and an improvement in outcomes for children and their families. Additionally, the State of Montana has started to investigate modes of outreach including social media, television advertisements, and articles in tribal population magazines and newspapers.

## Activities involving parents:

The Part C Team, stakeholders, and parents created brochures on the process of transitioning from Part C services to Part B services. Parents led the discussion and explained how they felt throughout the process, pieces they didn't understand, and areas that needed to be included in the brochures. Prior to the creation of the brochures, the workgroup, including parents, reviewed documents around transition published by Montana's Office of Public Instruction, a transition toolkit created by Montana's Part C Team, and other resources from Technical Assistance providers around transition. After review of the resources and getting parents input around their experience with transitions, the workgroup created two brochures that would assist families across the State through the transition process. The brochures were published and sent to the Montana Empowerment Center for mass distribution to all individuals on the mailing list. The brochures are housed on the MT Milestones website and the Montana Empowerment Center Website. The brochures were developed for families to have at the transition meeting and include essential questions that parents might want to ask in order to fully engage in the meeting.

The social emotional leadership team (Pyramid Model State Leadership Team) comprised of regional representatives from all five contractors met quarterly in 2021-22 to guide the direction of the implementation of the Pyramid Model framework. This team now meets monthly as a Pyramid Model Leadership Team with ECTA technical assistance specialist Jani Kozlowski and Denver University Pyramid Model technical assistance, Alissa Rausch and Benjamin Riepe. Going forward, the Technical Assistance will be provided by NCPMI and Ben Riepe.

Regional Contractors Family Support Specialist contributed as content specialist to review and pilot CSPD modules as they are developed.

Montana's Family Support Coordinating Council (FSSAC) was also used to seek broad stakeholder input regarding Montana's SiMR and ongoing SSIP improvement strategies. Quarterly meetings with the FSSAC were held on: 1/14/22, 4/8/22, 6/17/22, 9/23/22, and 1/27/23. During these meetings, information and data about the progress being made toward the SSIP outcomes was shared to help make data-driven decisions about the SSIP activities, particularly those related to professional development and Child outcomes in social emotional development. FSSAC were convened on 1/27/23 to seek broad stakeholder input with the revision of baseline and target setting and, in addition, analyze the SSIP data. During the meeting on 1/27/23, the FSSAC members provided their input via an electronic survey through Microsoft Forms on the revision of baseline data and targets. During the FSSAC meeting on 1/27/23, review of the Annual Report data, identified targets and the progress of the SSIP was shared for any additional feedback.

Broad Stakeholder Input: Input addressing all indicators was gathered via existing virtual meetings held at least monthly from multiple groups: the Interagency Coordinating Council, the Family Support Services Advisory Council (FSSAC) as well as the Part C Leadership Team (core working group), subgroups from the Leadership Team (work groups), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialist, and the Unit's managers.

The number of parent members attending stakeholder meetings: 5

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

NO

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

N/A

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

N/A

**Describe any newly identified barriers and include steps to address these barriers.**

N/A

**Provide additional information about this indicator (optional).**

N/A

## **11 - Prior FFY Required Actions**

The State did not provide targets, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

If the State chooses to revise its baseline in the FFY 2021 SPP/APR, the State must ensure that the data in the Historical Data table are consistent with the data in the SPP/APR Data table.

**Response to actions required in FFY 2020 SPP/APR**

When setting targets and baseline the State made an error in rounding up the data from the data table. The correct baseline is 57.77% from FFY 2019. By correcting the historical data rounding error in the baseline, the States targets from FFY 2020 APR are based on historical data and align with the measurement table.

## **11 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2019, and OSEP accepts that revision.

The State provided targets through FFY 2025 for this indicator, and OSEP accepts those targets.

## **11 - Required Actions**

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

#### **Certify**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

#### **Select the certifier's role**

Designated Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

#### **Name:**

Sandy Cade

#### **Title:**

Part C Coordinator

#### **Email:**

scade@mt.gov

#### **Phone:**

406-522-2261

#### **Submitted on:**

04/25/23 6:46:33 PM

## Determination Enclosures

### RDA Matrix

## 2023 Part C Results-Driven Accountability Matrix

### Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
75.00%	Needs Assistance

### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	8	4	50.00%
Compliance	14	14	100.00%

### 2023 Part C Results Matrix

#### I. Data Quality

##### (a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	392
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	882
Percentage of Children Exiting who are Included in Outcome Data (%)	44.44
<b>Data Completeness Score<sup>2</sup></b>	1

##### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score<sup>3</sup></b>	2
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#### II. Child Performance

##### (a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

<b>Data Comparison Score<sup>4</sup></b>	0
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##### (b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

<b>Performance Change Score<sup>5</sup></b>	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2021	51.84%	22.70%	54.21%	21.17%	54.05%	22.96%
FFY 2020	52.36%	24.07%	54.31%	22.08%	55.96%	25.31%

<sup>1</sup> For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.



2023 Part C Compliance Matrix

Part C Compliance Indicator <sup>6</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	97.69%	N/A	2
Indicator 7: 45-day timeline	91.04%	YES	2
Indicator 8A: Timely transition plan	100.00%	YES	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	98.77%	N/A	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

<sup>6</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

## Appendix A

### I. (a) Data Completeness:

#### The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

## Appendix B

### I. (b) Data Quality:

#### Anomalies in Your State's FFY 2021 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e<sup>78</sup>. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

<b>Category a</b>	<b>Percent of infants and toddlers who did not improve functioning</b>
<b>Category b</b>	<b>Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</b>
<b>Category c</b>	<b>Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</b>
<b>Category d</b>	<b>Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers</b>
<b>Category e</b>	<b>Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers</b>

<sup>7</sup> Numbers shown as rounded for display purposes.

<sup>8</sup> Values based on data for States with summary statement denominator greater than 199 exits.

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
<b>Outcome A\Category a</b>	1.43	1.62	-0.19	3.05
<b>Outcome B\Category a</b>	1.26	2.27	-1.01	3.53
<b>Outcome C\Category a</b>	1.14	1.59	-0.45	2.73

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
<b>Outcome A\ Category b</b>	23.62	8.94	5.75	41.49
<b>Outcome A\ Category c</b>	20.32	12.69	-5.05	45.69
<b>Outcome A\ Category d</b>	27.33	9.46	8.42	46.24
<b>Outcome A\ Category e</b>	27.3	15.11	-2.92	57.52
<b>Outcome B\ Category b</b>	25.16	9.76	5.65	44.68
<b>Outcome B\ Category c</b>	28.73	12.11	4.5	52.95
<b>Outcome B\ Category d</b>	31.76	8.06	15.64	47.87
<b>Outcome B\ Category e</b>	13.09	8.56	-4.02	30.21
<b>Outcome C\ Category b</b>	20.27	8.49	3.29	37.26
<b>Outcome C\ Category c</b>	23.01	13.08	-3.16	49.17
<b>Outcome C\ Category d</b>	34.09	8.09	17.9	50.28
<b>Outcome C\ Category e</b>	21.49	15.06	-8.62	51.6

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

# Anomalies in Your State's Outcomes Data FFY 2021

Number of Infants and Toddlers with IFSP's Assessed in your State	392
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	5	178	120	77	12
Performance (%)	1.28%	45.41%	30.61%	19.64%	3.06%
Scores	1	0	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	4	170	135	71	12
Performance (%)	1.02%	43.37%	34.44%	18.11%	3.06%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	2	174	126	81	9
Performance (%)	0.51%	44.39%	32.14%	20.66%	2.30%
Scores	1	0	1	1	1

	Total Score
Outcome A	4
Outcome B	5
Outcome C	4
Outcomes A-C	13

Data Anomalies Score	2
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## Appendix C

### II. (a) Data Comparison:

#### Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement<sup>9</sup>. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.*

*Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.*

#### Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

#### Your State's Summary Statement Performance FFY 2021

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	51.84%	22.70%	54.21%	21.17%	54.05%	22.96%
Points	1	0	0	0	0	0

Total Points Across SS1 and SS2(*)	1
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Your State's Data Comparison Score	0
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<sup>9</sup> Values based on data for States with summary statement denominator greater than 199 exiters.

## Appendix D

### II. (b) Performance Change Over Time:

#### Comparing your State's FFY 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

#### Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of  $p \leq .05$ . The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g.,  $C3A \text{ FFY}2021\% - C3A \text{ FFY}2020\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on<sup>10</sup>

$\text{Sqrt}[(\text{FFY}2021\% * (1 - \text{FFY}2021\%)) / \text{FFY}2021N] + ((\text{FFY}2022\% * (1 - \text{FFY}2022\%)) / \text{FFY}2022N)] = \text{Standard Error of Difference in Proportions}$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 3 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

<sup>10</sup>Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	382	52.36%	380	51.84%	-0.51	0.0362	-0.1420	0.8871	NO	1
SS1/Outcome B: Knowledge and Skills	394	54.31%	380	54.21%	-0.10	0.0358	-0.0291	0.9768	NO	1
SS1/Outcome C: Actions to meet needs	386	55.96%	383	54.05%	-1.91	0.0359	-0.5329	0.5941	NO	1
SS2/Outcome A: Positive Social Relationships	403	24.07%	392	22.70%	-1.37	0.0300	-0.4548	0.6492	NO	1
SS2/Outcome B: Knowledge and Skills	403	22.08%	392	21.17%	-0.91	0.0292	-0.3119	0.7551	NO	1
SS2/Outcome C: Actions to meet needs	403	25.31%	392	22.96%	-2.35	0.0303	-0.7750	0.4384	NO	1

Total Points Across SS1 and SS2	6
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Your State's Performance Change Score	1
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## Data Rubric

### FFY 2021 APR<sup>11</sup>

	Part C Timely and Accurate Data -- SPP/APR Data	
APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
	<b>Subtotal</b>	12
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	17

<sup>11</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

		618 Data <sup>12</sup>		
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			<b>Subtotal</b>	9
<b>618 Score Calculation</b>			<b>Grand Total</b> (Subtotal X 2) =	18.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

<sup>12</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part C 618 Data

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>