Montana Milestones Part C of IDEA Program
Region 1 DEAP Annual Performance Report for FFY 2020 (July 1, 2020 – June 30, 2021)

Compliance Indicator 1: Timely Provision of Services

The percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive early intervention services on their IFSPs in a timely manner, within 30 days of the parent or guardian's consent. Any untimely receipt of services must include reasons for delays.

Target	Region 1 Data	Data Sources	Comments
100%	33/33x100 = **100%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Potential waiting lists for EI services. Data system reliability: data collected may not be reliable. Data system uses Timely Receipt of Services Task to collect data. If task is not completed by FSS, data is null.

Results Indicator 2: Services in Natural Environments

The percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

Target	Region 1 Data	Data Sources	Comments
98%	64/64x100 = **100%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. Data system uses IFSP Care Plan to account for settings data. If settings are incorrectly entered, data is null.

Results Indicator 3: Early Childhood Outcomes

The 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.

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

Summary Statement 2: Of those infants and toddlers who were functioning within age expectations for each Outcome by the time they turned three years of age or exited the program.

A. Positive social-emotional skills (including social relationships)

Summary Statement 1 Target	Region 1 Data	Data Sources	Comments
53.42%	(15 + 6)/(0 + 20 + 15 + 6)x100 = **51%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. 44 individuals assessed and 66 individuals exited = 22 individuals unaccounted.
Summary Statement 2 Target	**Region 1 Data**	**Data Sources**	**Comments**
31.93%	(6 + 3)/(0 + 20 + 15 + 6 + 3)x100 = **20%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. 44 individuals assessed and 66 individuals exited = 22 individuals unaccounted.

B. Acquisition and use of knowledge and skills (including early language/communication)

Summary Statement 1 Target	Region 1 Data	Data Sources	Comments
55.72%	(13 + 5)/(0 + 24 + 13 +5)x100 = **43%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. 44 individuals assessed and 66 individuals exited = 22 individuals unaccounted.
Summary Statement 2 Target	**Region 1 Data**	**Data Sources**	**Comments**
25.72%	(5 + 2)/(0 + 24 + 13 + 5 + 2)x100 = **16%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. 44 individuals assessed and 66 individuals exited = 22 individuals unaccounted.

C. Use of appropriate behaviors to meet their needs.

Summary Statement 1 Target	Region 1 Data	Data Sources	Comments
59.08%	(17 + 7)/(0 + 18 + 17 + 7)x100 = **43%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. 44 individuals assessed and 66 individuals exited = 22 individuals unaccounted.

Summary Statement 2 Target	Region 1 Data	Data Sources	Comments
29.49%	(7 + 2)/(0 + 18 + 17 + 7 + 2)x100 = **20%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. 44 individuals assessed and 66 individuals exited = 22 individuals unaccounted.

Results Indicator 4: Family Involvement

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 grow.

Know their rights.

Target	Region 1 Data	Data Sources	Comments
74.5%	(46)/(57) = **80.7%**	Agency self-report.	Beginning with the FFY 2022 APR, The State must include race and ethnicity in its analysis. In addition, the State must include demographic data: MT selects geographic location.

Effectively communicate their children's needs.

Target	Region 1 Data	Data Sources	Comments
78.6%	(50)/(57) = **87.7%**	Agency self-report	Beginning with the FFY 2022 APR, The State must include race and ethnicity

			in its analysis. In addition, the State must include demographic data: MT selects geographic location.

Help their children develop and grow.

Target	Region 1 Data	Data Sources	Comments
73.9%	(47)/(57) = **82.5%**	Agency self-report.	Beginning with the FFY 2022 APR, The State must include race and ethnicity in its analysis. In addition, the State must include demographic data: MT selects geographic location.

Results Indicator 5: Child Find (Birth to One)

Percent of infants and toddlers' birth to 1 with IFSPs. Data collected under section 618 of the IDEA Part C Child Count and Settings data collection in the Ed*Facts* Metadata and Process System (EMAPS) and Census (denominator).

Target	Region 1 Data	Data Sources	Comments
.95%	(6)/(988)x100 = **.6%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable.

Results Indicator 6: Child Find (Birth to Three)

Percent of infants and toddlers' birth to three with IFSPs. Data collected under section 618 of the IDEA Part C Child Count and Settings data collection in the Ed*Facts* Metadata and Process System (EMAPS) and Census (denominator).

Target	Region 1 Data	Data Sources	Comments

2.36%	(58)/(2961)x100 = **2.0%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. Data system uses IFSP Care Plan to account for settings data.

Compliance Indicator 7: 45-Day Timeline

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. Data must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Target	Region 1 Data	Data Sources	Comments
100%	(51)/(61)x100 = 83.6% Number of documented delays attributable to exceptional family circumstances: 10 **100%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. Agency required to account for untimely evaluations, assessments and initial IFSP meetings including the reasons for delay. Data system uses Timeline task to account for any records completed outside of the 45-day timeline. If FSS does not complete the task, data is null.

Compliance Indicator 8: Early Childhood Transition

Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Develop 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.

Develop 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.

Target	Region 1 Data	Data Sources	Comments
100%	(21)/(33)x100 = 87.9% 8 documented delays attributable to exceptional family circumstances = **100%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. Data system uses Transition Plan to account for timeliness. If FSS does not account within the Plan for date of creation, data is null.

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.

Target	Region 1 Data	Data Sources	Comments
100%	(35)/(35)x 100 = **100%**	EI Module 7/1/2020 – 1/31/2021	Data system reliability: data

	0 parents opted out.	Med Compass data extracts (2) Validation of data extracts (2)	collected may not be reliable. Data system uses Transition Plan to account for LEA notification and opting out of LEA notification. If FSS does not account within the Plan for LEA notification or the parents opt out, data is null.

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.

Target	Region 1 Data	Data Sources	Comments
100%	(31)/(33)x100 = 94% 1 toddler for whom the parent did not provide approval for the transition conference; 1 toddler with documented delay attributable to exceptional family circumstances = **100%**	EI Module 7/1/2020 – 1/31/2021 Med Compass data extracts (2) Validation of data extracts (2)	Data system reliability: data collected may not be reliable. Data system uses Transition Plan to account for transition conference timeliness. If FSS does not account within the Plan for the transition conference date, data is null.

Results Indicator 10: Mediation

Data collected under section 618 of the IDEA Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS).

Region 1 reported no mediation requests.

For the FFY 2021 (July 1, 2021, through June 30, 2022) APR, MT will collect the number of disputes resolved at the local level for each agency.

Compliance Indicator 11: State Systemic Improvement Plan

The State's APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth: a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The State provided baseline data which is aligned with the State-identified Measurable Result (SiMR) for infants and toddlers with disabilities and their families. The State provided measurable and rigorous targets for each of the six years from FFY 2020 through FFY 2025.

SiMR: Outcome A, Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in Outcome A, Positive Social-Emotional Skills (including positive relationships), the percent who substantially increased by the time they turned three years of age or exited the program.

FFY 2020 Target: 53.42%   Region 1 Data: 51%

Summary of each infrastructure improvement strategy implemented in the reporting period (July 1, 2020, through June 30, 2021):

Comprehensive Personnel Development System - Montana continued to develop our CSPD expected to lead to Primary and Comprehensive Certification for Family Support Specialist (FSS). We contracted with WestEd 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 Part C Program providers and participated in piloting the first developed module: screening, assessment, and evaluation. The 2022-2023 timeline includes development of 3-5 additional modules, and we continue to work with Montana State Early Childhood Practitioner Registry to store the learning modules on their classroom platform. The platform will provide FSSs with the opportunity to track their professional record and the accountability to complete the modules and receive certification.

Social Emotional Screening & Assessment - In FFY 2020, Sandy Cade, Part C Early Childhood Specialist and Jill Christensen, QRIS Early Education Specialist completed: *Bringing the Pyramid Model to Early Intervention: Training the Trainers to Deliver Pyramid Model Practices*. Following the training, we reached out to ECTA TTA Jani Kozlowski and Denver University to provide technical assistance in developing an action plan for statewide implementation of Part C Pyramid Model Framework. Montana contracted with NCPMI to develop online *Train the Trainers to Deliver Pyramid Model Practices* e-

modules for on demand access and sustainable training. Two out of five regional Part C Program providers implemented the ASQ-SE2 to assess and monitor progress in social-emotional developmental goals with families and inform the development of new goals.

Family Engagement Practices – FSSs continue to meet with families in a mixture of in-person and home visits following our developed Montana Milestones Tele-Practice Guidance. Montana contracted with Windfall Marketing group to develop family stories as part of our Family Leadership Action Plan developed by our ICC.

Data Quality Measures - Child Outcome Summary Process: The Child Outcomes Summary learning community continued to meet throughout the year to provide targeted technical assistance and mentoring to two Part C Program providers, the group determined that an annual training is necessary to continue to develop practice with fidelity.

Results-Driven Accountability and General Supervision - We continue to develop and refine our new data management system, Med Compass, so that data can be collected and available to FSSs to inform the IFSP development and lead to improved child and family outcomes and better services for infants and toddlers.

MT Milestones Comprehensive Definition - Montana launched the new data management system and with technical assistance from WestEd and ECTA developed a written supervision document. As part of our monitoring, Part C Coordinator Wendy Studt and Sandy Cade traveled to all five Part C Program providers for on-site visits. To maximize the usefulness of our Quality Assurance Review, we requested completed program self-assessments and a targeted desk review self-assessment prior to our visit. Information was gathered in the following areas: program's strengths and successes experienced in the last year in areas such as services to families; documentation; oversight practices; supervision; productivity targets; any data used to provide oversight and support; program efficiencies; trainings; or newly developed program initiatives. Feedback was provided after completion of all the visits.

Areas identified as needing improvement including staffing, productivity, program oversight and/or efficiencies and any plans to address these needs. Include the areas listed above.

Additionally, after the visits, feedback was provided to the Part C Program providers in some of the following areas:
A. Feedback regarding Indicator 2: Child Count and Settings:

1) How do Family Support Specialists/Service Coordinators with the IFSP Team members identify the setting for early intervention services to be provided?
2) What sources of information from the team are collected to identify the settings for the services?
3) When does the team determine the settings for each service?
4) How is the family's input incorporated?
5) What is the Program's process for monitoring the settings as identified on the IFSP?

B. In addition, program's processes for general oversight and supervision related to productivity.
1) Is data used to provide oversight and support to staff?
2) What is the program's efficiency measures?

Description of 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. Short-term outcomes are related 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 include an explanation 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.

Montana Milestones modified its Theory of Action and Logic Model; therefore, the State will measure and report on new outcomes next year.

Comprehensive Professional Development System (CSPD): Montana continues to build its comprehensive professional development system by developing our State personnel standards, working towards Primary and Comprehensive Certification for FSSs. Referencing the system framework as guidance, we are confident that this dynamic growth is the primary mechanism to which Montana will ensure that infants and toddlers with disabilities and their families are provided services by knowledgeable, skilled, competent, and highly qualified personnel. With Technical Assistance from WestEd, knowledge-based content modules were developed and refined with stakeholder input using a Delphi process. Content experts were identified to review each module for content and adult learning principles. All FSSs access the Early Childhood Practitioners' Registry to obtain Primary Certification and the Registry maintains a list of currently employed and certified FSSs. All Part C Program providers report that annual Routines-Based Interviewing and Coaching Interaction Style training is provided to all

FSSs. New Family Support Specialists receive mentoring by seasoned staff in both practices. Supervisors use the RBI and the Coaching/Home Visit Checklists as tools to validate the implementation of the practices. Supervisors observe at least one RBI and accompany the FSS to observe coaching practices in action during home visits. Coaching and RBI are components of ongoing staff meetings especially in times of the pandemic. Program providers report that RBIs required much modification in a virtual world while Family Support Specialists' coaching practices have become even more fine-tuned and successful in the virtual environment.

MT Milestones Comprehensive Definition: Montana continues to implement the Part C Eligibility Flowchart and the Multidisciplinary Guidance tool. Considering Accountability and Quality Improvement and to ensure effective statewide accountability and improvement, multidisciplinary teams are documented through the data management system and validated as part of the State's regulatory monitoring process. All Part C Program providers report that 100% of assessments, evaluations, and IFSP teams are made up of multidisciplinary representatives. The State monitors every eligibility determination via the State's data management systems and all eligibility determinations are made by a multidisciplinary team. Family Support Specialists self-monitor their application of multidisciplinary evaluation, assessment and IFSP teams using the Multidisciplinary Checklist at least twice annually. Supervisors observe at least one evaluation annually and perform file reviews using a randomized sample for each Family Support Specialist which includes reviewing multidisciplinary team documentation. Annual training on the regulatory requirements of the multidisciplinary team is held at each Part C Program provider agency. With the collection of performance data, we can collect and analyze data, use the results for continuous improvement in a multi-level approach to improve the use of data informed practices for overall statewide system improvement.

Social Emotional Screening and Assessments: Regional Part C Program providers used the ASQ-SE2 to assess for social-emotional development and continue to scale up across the regions and use the data to inform the IFSP development, advance workforce, and build family capacity. With NCPMI Technical Assistance, Sandy Cade, Part C Program Specialist completed the *Bringing the Pyramid Model to Early Intervention: Training the Trainers to Deliver Pyramid Model Practices*. Montana also received technical assistance from NCPMI to explore statewide implementation of the Part C Pyramid Model framework with the direction of the Social-Emotional Leadership Team meeting monthly. All Part C Program providers report that 100% of infants or toddlers are screened using the ASQ: SE2. Data from this initial screening is integrated into the multidisciplinary evaluation as well as incorporated within the family's IFSP. Annual file reviews include review of the use of social-emotional data in the development of IFSPs

as well as review of Home Visiting Notes. ASQ: SE 2 training is provided annually for every Family Support Specialist.

Data Quality Measures - Child Outcomes Summary Process: The Child Outcomes Summary Community of Practice met throughout the year to provide technical assistance and support as needed. This infrastructure improvement strategy helped Montana increase the reliability of COS ratings for reporting and inform additional support needed. Part C Program providers reviewed Child Outcomes Summary data and determined the need to further validate data given the challenge of virtual assessment during the pandemic. Montana continues to collect and analyze COS data to inform our target setting for this current FFY 2020 APR/SPP. All Part C Program providers report that 100% of Family Support Specialists are trained using the Child Outcomes Summary Process training modules. Every Family Support Specialist completes the Montana COS Fidelity Checklist at least twice annually followed by reflective practice with the supervisor or mentor. Every Program provider reported ongoing team meetings to discuss challenges to the observational component of the COS process during a time of virtual home visits. Additionally, agencies continue to monitor both baselines and exits providing 1:1 assistance as necessary.

Family Engagement Practices: The Family Outcomes Survey Process was completed using both online Survey Monkey and paper surveys to mitigate the challenge of in-home visits during COVID-19. Montana is contracting with University of Montana in the development of an online texting delivery method to distribute the survey, and in turn, will increase swiftness of delivery, increase the return rate, and streamline data collection. This additional data collection tool will improve the quality of the data collected and provide input to the evaluation of ongoing practices to support family engagement and outcomes. Part C Program providers continued to engage families in Routines-Based Interviewing/Family Guided Routines-Based Intervention and Coaching Interaction Style as part of the IFSP development and reflective feedback process. Due to the pandemic, we had to postpone the development of Family Stories and have since contracted with Windfall Marketing to develop Family Stories with a deliverable anticipatory timeline of 2022. Part C Program providers report that the agency follows the Family Outcomes Process.

Results-Driven Accountability and General Supervision: The data management system launched in February of 2021, and we continue to refine the development and the implementation of the system to meet the requirements of Part C Rules and Regulations and support accountability and monitoring. Virtual training sessions were held for the five Part C Program providers on the use of the data management system and office hours were provided as continued technical assistance support to the Part C Program

providers. Training sessions were recorded and provided for new staff to access as part onboarding and training for Part C Early Intervention. Montana's development and implementation of a variety of structures such as self-reflection, structured supervision, annual training, and continuous monitoring of procedures and practices at each agency has resulted in a more systematic Part C Program. Part C Leadership Team meetings at least monthly with the Part C Coordinator are a vehicle to discuss the status of each improvement strategy and provided needed input into the selection of the SSIP's next actions.

Yes, the State implemented any <u>new</u> (newly identified) infrastructure improvement strategies during the reporting period.

Description of each <u>new</u> (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Part C Early Intervention Specialist Sandy Cade completed the *Bringing the Pyramid Model to Early Intervention: Training the Trainers to Deliver Pyramid Model Practices*. With the guidance of our Social-Emotional Leadership Team, some initial actions we identified to begin implementation of Part C Pyramid Model:

(1) Reach out to NCPMI and Rob Corso about the possibility of developing online Train the Trainer E-modules. To ensure sustainability of training, these E-modules will be available for Family Support Supervisors and Family Support Specialists as a professional development training tool on how to implement Pyramid Model practices in Part C.

(2) Provide a 2-day Pyramid Model Practice training to all early intervention staff across the State.

(3) With the support of technical assistance from ECTA, develop an implementation plan to scale up statewide use of the Pyramid Model Framework. With training, awareness, and coaching of the use of Pyramid Model Practices, we believe this will directly impact our SiMR. Montana will increase the percentage of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills including positive relationships by the time they turn three or exit the program.

Summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.
Montana continues to build upon and bridge activities written in the previous SSIP with the revised SSIP in the continued development of our CSPD and the addition of establishing Montana's Part C Pyramid Model Framework.

<u>Improvement Strategy #1 Develop a Comprehensive System of Personnel Development</u>

to ensure that highly qualified personnel are providing early intervention services. Montana contracted with WestEd to build upon our previous activities of developing our CSPD system and we continue to make significant progress. Learning module development continues with piloting of each module and identified proficiency measures to inform continual professional development of Family Support Specialists. Each learning module will be designed in a way that meets the core principles of adult learning and intentionally mirror how the FSS will use the same principles to support the family. Principles: provide strength-based, relationship-based, family-centered and culturally responsive support while supporting families and consider principles that include the following approach: learning takes time, learning happens in many ways, adults learn best when they are actively engaged, and experience-based learning is powerful.

To help Montana further achieve its long-term goal to develop a Comprehensive System of Personnel development, Part C Montana Milestones contracted with WestEd to continue the refinement and development of learning modules for our CSPD system to ensure that highly qualified Family Support Specialists are employed. The knowledge-based content modules will lead to Primary and Comprehensive Certification of Montana's FSSs. During the development phase of the modules, early intervention programs will continue to provide training to new FSSs to obtain Primary Certification and existing FSSs will continue to develop portfolios encompassing the evidence of selected Division of Early Childhood Recommended Practices for Comprehensive Certification.

As completed, modules will be housed on the Montana Early Childhood Practitioner Registry classroom platform and available for FSSs to complete and move toward Primary and/or Comprehensive Certification. Once Comprehensives Certification is completed, FSSs will submit annual renewal hours to maintain certification. By establishing a cadre of regional coaches, we continue to develop our CSPD infrastructure by identifying proficiency measures to inform regional coaching and reflective supervision and engage FSSs in continuous improvement to improve and implement practices.

An additional infrastructure support is making available an incentive upon completion of Primary or Comprehensive Certification. Once an FSS applies for certification and uses the platform to access and compete the modules, incentives will be awarded corresponding to the completion of Primary or Comprehensive Certification. Once Primary and Comprehensive Certification is achieved, we anticipate FSSs will acquire knowledge and skills to implement practice leading to an increase percentage of infants and toddlers demonstrating improved positive social-emotional skills, including positive

relationships.

<u>Improvement Strategy #2 Establish Montana's Part C Pyramid Model Framework</u>
Montana is dedicated to continuing to promote social-emotional outcomes for all children in Part C and promote family engagement in their child's social-emotional development. To help Montana further sustain infrastructure supports that enable FSSs to implement Pyramid Model practices consistently and build families capacity to support their child's social-emotional development, the implementation of the Pyramid Model framework is Strategy #2.

Montana Milestones Program Specialist completed the *Bringing the Pyramid Model to Early Intervention: Training the Trainers to Deliver Pyramid Model Practices* and the Social-Emotional Leadership team made the determination that to fully implement the Part C Pyramid Model framework, technical assistance was needed to develop an implementation plan to establish Montana's Part C Pyramid Model Framework and implement the model. The first element is the stages of implementation and the steps to follow in the effort of high-fidelity implementation of an evidence-based practice. With technical assistance from ECTA and Denver University, Montana will develop an implementation plan. Initial implementation includes the establishing a State Leadership team that meets regularly, establishes data systems, and determines the schedule of Cohort sites to implement parts of the of the model with fidelity. To support sustainable professional development infrastructure, Montana contracted with NCPMI and Rob Corso to develop train the trainer E-modules for *Bringing the Pyramid Model to Early Intervention*: *Training the Trainers to Deliver Pyramid Model Practices* and deliver a 2-day Pyramid Model training to all Part C program providers whether in person or virtual. Regional Part C staff will have access to the modules on the same platform as the CSPD modules to support onboarding of new staff and coaching. Additionally, to fully implement the practice of the Pyramid Model with fidelity, regional coaches will be identified to support local implementation and the use of fidelity tools to measure practice and inform coaching FSSs. FSSs will continue to use the ASQ-SE2 and reflective practice data to inform their own practice and develop IFSP goals to improve child and family outcomes. Montana will provide an annual statewide training on the use DEC Recommended Practices to build capacity of families.

Montana intends to move toward full implementation and, with all the elements of the infrastructure in place, to support high fidelity implementation. The State Leadership team will plan for and provide support for the expansion of infrastructure to scale up to include Cohorts to reach supported high-fidelity implementation and determine how to sustain high-fidelity implementation over time.

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

Summary of each evidence-based practice:

- Pyramid Model Framework: Montana implemented the Pyramid Model (PM), a conceptual framework of evidence-based practices for promoting young children's healthy social-emotional development. Because 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 evidence-based practices that would promote the social-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 are:
  (1) collaborative partnerships;
  (2) family coaching strategies;
  (3) responsive caregiving and nurturing responsive relationships;
  (4) confidence and competence; and
  (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; and
  (6) social-emotional assessment.
  Practices are aligned with the relevant Division for Early Childhood (DEC) Recommended Practices (2014) and Principles of Early Intervention. The practices

are expected to look different across families, caregivers, and early interventionists.

- Practice-Based Coaching (PBC): 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 of social-emotional skills that lead to positive outcomes for children and occur in the context of collaborative partnerships.
- Reflective Practice: Reflective practice is the cycle of ongoing learning that occurs when early childhood professionals take 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.

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 the FSS implementing practices in homes with families to build their capacity thus supporting their child's social-emotional development. In turn, this practice will impact Montana's SiMR by increasing 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 establishment of the Pyramid Model Framework, Montana will implement the use of Pyramid Model practices to promote the social-emotional outcomes of 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. FSSs will implement Pyramid Model Practices with fidelity in the home to build families' capacity and families will have the knowledge and skills to enhance their child's social-emotional development. Because families' needs are dynamic, practices are altered to accommodate all levels of support. The FSSs will build collaborative partnerships with 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, our SiMR will be impacted; thereby, increasing the percentage of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills including positive relationships by the time they turn three or exit the program.

Practice Based Coaching (PBC): The use of Practice Based Coaching promotes the effective use of Pyramid Model Practices by an FSS in their work with families, and additionally, the PBC framework and essential coaching components support implementation of FSS practices as intended. Pyramid Model in Part C promotes the following:

(1) support for the early interventionist (FSS);

(2) the early Interventionist (FSS) builds family capacity; and

(3) families enhance children's social-emotional development.

By implementing the PBC model with fidelity to support the FSS to implement quality effective practices, we expect to generate improved child outcomes in social-emotional development impacting Montana's SiMR by increasing the percentage of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills including positive relationships by the time they turn three or exit the program. Likewise, PBC will be effective in improving FSS practices to coach the family to build their 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: reflect on actions; determine the effectiveness of actions (practice): develop a plan; and consider immediate and future situations. Since reflective practice consists of the 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.

Description of the data collected to monitor fidelity of implementation and to assess practice change.

The fidelity of implementing the CSPD is measured by the FSS completing a pre-self-assessment to measure their content knowledge and a post self-assessment to measure their content knowledge after completion of the module. The fidelity of CSPD learning module adult learning principles is measured by the evidence of content knowledge gain after completion of the learning module. Self-assessment data will be shared with the FSS's coach and/or mentor and used to inform their coaching plan. Additionally, coaches will use fidelity tools such as related DEC Practices Improvement tools to help FSS practitioners implement evidence-based practices and related checklist(s) to help improve skills and inform coaching plan goals; thus, supporting FSS practice change.

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 using measures and evaluation procedures to determine fidelity of implementation and of intervention practice. State, regional, and local leadership teams will use the Benchmarks of Quality to assess infrastructure development and support. Coaches and FSSs will use the Early Intervention Pyramid Model Practices Fidelity Instrument to assess intervention practices fidelity in the home with the family. EPPFI Practices are aligned with the relevant Division for Early Childhood (DEC) Recommended Practices (2014) and Principles of Early Intervention.

Montana will use Ages & Stages SE:2 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 outcomes. In addition, systems, and procedures for collecting data will be established.

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

Additional data was collected anecdotally from Montana's five Part C Program providers that make up a variety of workgroups and participate on the Social Emotional Leadership team and Part C Leadership team. During onsite monitoring visits, feedback was provided that two current EBPs, Routines-Based Interviewing and Sheldon & Rush Coaching in Early Childhood, proved cumbersome to administrate, especially virtually. Observations of FSSs noted questions provided 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 EBPs and begin implementation of the Pyramid Model Framework to further support FSS practice and build capacity in families to enhance their child's social-emotional development.

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 toddler's social-emotional development by recognizing the infant or toddler's needs and the 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-emotional development.

As Montana begins work toward establishing the Pyramid Model Framework, we will be working primarily on infrastructure; continuing module development for the CSPD; putting into place coaching and reflective supervision supports to build infrastructure; and developing a Pyramid Model implementation road map.

Specifically, next steps for EBP's include providing a 2-day Pyramid Model Practices Training leading to developing an awareness of practices to support social emotional development for each FSS. Practiced Based Coaching training will be provided to identified coaches; thus, supporting each FSS in the implementation of PM practices in the home with families. The development of Train the Trainer Part C Pyramid Model E-Modules is part of building infrastructure by creating sustainable training for new staff. Montana will continue to embed adult learning principles and the DEC Recommended Practices in CSPD learning module development and 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(s) to inform the development of goals and identify coaching strategies to support each FSS to understand and improve practice; plan intervention; and self-evaluate their use of evidence-based practices. DEC Reflective Practice training will be held annually to support this professional development infrastructure while learning modules are developing. Reflective Practice in relationships profoundly affects the quality of services provided by FSS and promotes self-awareness; careful and continuous observation; and respectful, flexible responses that result in reflective and relationship-based support with the families. Montana uses Reflective Practice as a form of ongoing learning as each FSS examines what happens in settings and reflect on what they might change or adjust in their home visit with the families. Each Part C Program provider includes the practice of Reflective Supervision to coach and support FSSs to implement high quality practices to impact child and family outcomes.

Description of any changes to the activities, strategies, or timelines described in the previous submission 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.

- Montana continues to bridge activities from the previous SSIP with expanded strategies in the new SSIP. The activities completed over the last five years built the foundation for us to expand our efforts in the following Improvement Strategies:

- Improvement Strategy #1: Develop a Comprehensive System of Personnel Development (CSPD) to ensure that highly qualified personnel are providing early intervention services.
- Improvement Strategy #2: Establish Montana's Part C Pyramid Model Framework.

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 October 1, 2021 through January 19, 2022 with the FSSAC, Part C Leadership Team, administrative team; onsite visits with the five Part C Program providers in October and November 2021; 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. Target Setting Survey results are available on the Montana Milestones website at:
https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/partcreports

Description of the specific strategies implemented to engage stakeholders in key improvement efforts.

MT engaged FSSs as content specialists to assist in the development of learning modules through review and piloting the completed modules. The State's Part C Coordinator kept stakeholders informed about Montana's SSIP activities through participation in a variety of collaborations and initiatives at the State level such as the State Advisory Council, The 0-5 Statewide Early Childhood Initiative, and the Special Education Council. To further help with implementation efforts, all stakeholder groups met virtually at least monthly, and the FSSAC meeting quarterly. Stakeholder groups are made up of a variety of the following representatives: Part C Coordinator, the Part C Early Childhood Specialist, Bureau Program Manager, Bureau Chief, FSSAC parent

representatives and other agency discipline representatives, Leadership Team comprised of Part C Program providers' administrators and chosen team members such as FSSs and FSS Supervisors, Intake Coordinators, technical assistance providers, and the Data Management Stakeholder/Workgroup.

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 03/26/21, 09/10/21, 10/01/21,12/03/21 and 01/14/21. 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. At the meetings on 10/01/21 and 12/03/21, FSSAC members were provided with an update on Montana's Part C Child Find for FFY 2020. After being presented with the Child Find data, FSSAC members were asked for their input on ways to continue increasing the number of children and families receiving Part C services in FFY 2021. During the meeting on 12/03/21, the FSSAC members were also tasked with providing input on Montana's use of additional funding for Part C through the American Rescue Plan Act (ARPA). These discussions focused on identified buckets, actions associated with the buckets, and impact on current programming. Additional stakeholder input was gathered through Montana's Legislative Oversight Committee and the ECFSD Leadership team. Additional meetings with the FSSAC were convened on 12/3/21 and 01/14/22 to allow more time and opportunity to seek broad stakeholder input with the target setting process and, in addition, analyze the SSIP data and identify improvement strategies. Following the meeting on 12/03/21, the FSSAC members provided their input via an electronic survey through Survey Monkey on the target setting process. During the FSSAC meeting on 01/14/22, 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. 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 October 1, 2021 through January 19, 2022 with the FSSAC, Part C Leadership Team, administrative team; onsite visits with the five Part C Program providers in October and November 2021; 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.

The number of parent members attending stakeholder meetings: 6

The Social-Emotional leadership team comprised of regional representatives from all five Part C Program providers met quarterly in 2021 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 representatives, Alissa Rausch and Benjamin Riepe.

FSSs contributed as content specialists to review and pilot CSPD modules as they are developed.

In developing the data management system, FSSs and FSS Supervisors met weekly with the development team to provided expert feedback on the development of forms, processes, and training manuals.