

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2023**

Montana



**PART C DUE
February 3, 2025**

**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) and early intervention service (EIS) providers and EIS programs 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 is in the Early Childhood and Family Support Division of DPHHS.

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 contracted 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.
- Procedural safeguards accorded to children and families receiving services.
- Transition from the Part C of the IDEA Program to Part B of IDEA or other community services.

Additional information related to data collection and reporting

The reporting data included in this APR was collected from the state's data management system, MedCompass, for the period of July 1, 2023, through June 30th, 2024.

The Part C Montana Milestone program continues to work on improving the state's data management system since the onsite DMS visit in June of 2022. Since then, the state has continued to work on the development of our business rule documents and 16 individual Part C reports that are used for internal monitoring, APR reporting, and 618 data reporting. The state continues to take a multi-pronged approach to ensuring that Part C data is valid and reliable. Prong 1: Provide Technical Assistance, Training, and Resources for the Part C data system, and Part C reports. Prong 2: Internally monitoring and timely data cleaning.

The first prong was to initially set up to ensure our regional EI program staff understood where each data point in each of the Part C reports was pulling from in the data management system. The state implemented Office Hours beginning November 2022 and has continued to hold a one-hour virtual meeting every week to provide technical assistance, trainings, and professional development for all EI regional program staff. DaSy TA staff, AssureCare (data management system vendor staff), and our state project management staff are also in attendance for weekly Office Hours. Report resources continue to be updated and provided to help staff better understand each Part C report, and through Office Hours, regional EI program staff continue to report a better understanding of the data management system MedCompass and the Part C reports.

The second prong was to ensure that our regional programs understood how to internally monitor and clean their agency's data monthly.

The second prong includes:

- Data completeness checks: Ensure there are no blank or null values.
- Data range check: Ensure formatting for dates are correct; ensure dates are valid and in chronological order.
- Data consistency check: Ensure data entered is accurate and uniform.
- Data uniqueness check: Ensure no duplication; Ensure nothing odd is standing out in the data set that needs to be investigated further.
- Data code check: Ensure the code is mapping the correct data point into the report.

During Office Hours each of the data checks were reviewed with regional staff and each of the APR reports were reviewed in-depth for understanding on what to look for when cleaning data. This included review of the data freeze process and timeline from the MT Milestones Part C monitoring manual. One on One Technical Assistance was provided to each EI regional program during the initial data freezing process as well.

The second prong also includes the states internal controls: This includes volume control for any changes made to business rule documents, reports, and change request forms related to the data system. Each document tracks the historical changes, and all new changes are signed off by the Part C Coordinator and project manager. A multi-level testing process continues to be implemented to ensure deployments and enhancements are fully vetted and signed off prior to deployment. The multi-level testing team includes AssureCare and project management staff, Part C staff and regional program staff.

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

Montana monitors all Part C programs annually for SPP/APR indicators, including notification of findings of noncompliance and verification of correction.

Monitoring verifies that valid and reliable data are reported in the APR and used to make decisions about regional program compliance and performance.

In addition, Montana conducts integrated comprehensive monitoring that includes supplementary measurements for quality, compliance, and results indicators for both programmatic and fiscal monitoring. The frequency of comprehensive monitoring for regional programs is based on an established schedule of one program every 4 years.

The Part C Coordinator may also perform focused monitoring on emergent issues in a specific region if any are discovered through fiscal or programmatic data reviews, technical assistance, on the results of the current FFY SPP/APR, or informal and formal dispute resolution processes.

The Montana Milestones monitoring procedures include combinations of on-site and desk reviews, interviews, focus groups, record or document reviews, and possibly self-assessments. These tools ensure that the state has a reasonably designed system of general supervision and oversight that results in compliance with IDEA and improved results for children and families.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

Data from the data system (ECFSD caseload report) for all available records will be pulled for the integrated comprehensive monitoring period based on the following criteria:

If 10 percent of a region's population of children and families with IFSPs equals less than 15, a minimum of 15 records are selected for review based on Montana Milestones' stratified selection rules. If the total of the subpopulation is less than 15, all records are selected.

The list of records to be reviewed is based on all active and recently inactive (within one year or within six months of the date of the scheduled monitoring) IFSP records in MedCompass or Montana Milestone's IFSP data system for the regions being monitored. The list of records is provided to regional staff 14 business days before the scheduled monitoring period for the region.

The SPP/APR selection of all records from the fourth quarter (April 1 to June 30) to report data and monitor performance on APR indicators 1, 7, 8A, 8B and 8C.

For instances where the regional program had noncompliance, Montana Milestones will verify that the regional program is correctly implementing the requirements. Montana Milestones will review a minimum of 10 children's records for 1-2 months and the regional program must be at 100 percent compliance. Data may come from subsequent desk reviews, on-site monitoring, or a database.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

Montana Milestones will review data in the Med Compass database to identify noncompliance and assess progress toward federal and local targets for implementation of Part C IDEA requirements. Data for the SPP/APR will be reviewed one time per year.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

Within 90 days after the monitoring activity (including analysis of APR indicators) or on-site visit, Montana Milestones will notify the regional program of any findings of noncompliance. A written letter of findings includes:

- The citation for the requirements with which the program is not compliant
 - A requirement that the program correct the noncompliance as soon as possible, and in no case more than one year after the date of notification
- A detailed monitoring report will outline the regional program's performance for each indicator monitored, along with a list of individual children records where noncompliance was identified. The monitoring report will also delineate child- and regional program-level corrective actions for the identified noncompliance. The report will also address areas in need of improvement and actions that must be taken to make these improvements. The date of the findings letter and monitoring report serve as the date of the notification of the noncompliance. Montana Milestones must account for all instances of noncompliance. To determine the steps that the regional program must take to correct the noncompliance and to document the correction, Montana Milestones may consider whether the noncompliance:
- Is extensive or found in only a small percentage of files
 - Shows a denial of a basic right under IDEA
 - Represents an isolated instance in the program's administration of the program
 - Reflects a long-standing noncompliance to meet IDEA requirements

In the findings letter and the monitoring report, Montana Milestones will include the required actions a regional program may need to take, such as developing tracking or changing policies and procedures. For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement, Montana Milestones must also confirm that the regional program has corrected each individual case of noncompliance, unless the child is no longer within the area of the regional program. For example, if a child's evaluation was not conducted by a multidisciplinary team which resulted in noncompliance, the regional program would need to conduct the child's evaluation using a multidisciplinary team. In addition, Montana Milestones must confirm that each program correctly implements the IDEA requirement. Montana Milestones also must ensure that each regional program has changed policies and procedures, developed internal tracking protocols, provided training to staff and providers, and other required actions to address the contributing factors that led to the noncompliance.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

n/a

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

If a regional program fails to demonstrate correction within the one-year timeline, Montana Milestones will impose additional corrective actions, sanctions, or enforcement actions based on the level of noncompliance and the duration of the failure to correct the noncompliance. Montana Milestones will continue to collect and review updated data to confirm that child-specific instances of noncompliance have been corrected and that the regional program is correctly implementing the requirements. If the program is not correctly implementing the regulatory requirements, Montana will identify the causes of the continued noncompliance and take action to ensure correction, including enforcement actions.

Enforcement actions include, but are not limited to, mandatory technical assistance, increased reporting requirements, and the required use of funds for

specific actions. If Montana Milestones finds additional children with noncompliance for the same requirement during later reviews, the regional program will require the child-specific noncompliance to be corrected but will not issue another finding. Montana Milestones will continue to pull data and verify individual child correction until the program is at 100 percent compliance and all child-specific noncompliance is corrected. Montana Milestones will maintain written documentation of corrections, including the date the correction of noncompliance was verified.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

When making determinations, the Part C Coordinator and the Part C state team use both the compliance and results indicators. The coordinator uses information from the state's database, SPP/APR, and the dispute resolution system as criteria for making regional determinations.

The SPP/APRs include indicators that measure child and family outcomes and other indicators that measure compliance with the requirements of the IDEA.

Montana Milestones uses the information provided by each regional program for the state's annual performance report, information obtained through any monitoring visits, and any data collected in the state's data management system to determine if the regional program:

- 1) Meets the requirements and purposes of Part C of IDEA
- 2) Needs assistance in implementing the requirements of Part C of IDEA
- 3) Needs intervention in implementing the requirements of Part C of IDEA
- 4) Needs substantial intervention in implementing the requirements of Part C of IDEA

Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by Montana Milestones and will affect the regional program's annual determination. Likewise, the regional programs timely correction of noncompliance will also be considered in the regional program's annual determination.

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

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

<https://dphhs.mt.gov/ecfsd/childcare/montanamilestones/part-c-early-intervention-guidance-and-forms>

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 EIS programs.

Montana Milestones uses data from monitoring to help plan targeted technical assistance and training to support and sustain correction and overall improvement. Montana Milestones identifies specific technical assistance and training for a region or statewide by looking at trends and patterns of noncompliance related to IDEA requirements, results, quality areas, or practices. Technical and training needs may include activities like writing appropriate justifications when services are not provided in natural environments or transition conference requirements that include procedures for inviting LEA staff in sufficient time so they can participate.

Montana Milestones trains the regional program to use the Local Contributing Factors Tool and other root cause analysis tools or processes to develop a corrective action plan that will be monitored by the Part C staff. Root cause analysis focuses on the infrastructure issues that contribute to the noncompliance. These can include policies and procedures, funding, training and technical assistance, supervision, data, workforce shortages, and provider's practices. Training teaches how to develop and implement corrective action or improvement strategies to support and sustain correction and improvement. To use the Local Contributing Factors tool, go to (https://ectacenter.org/-pdfs/topics/gensup/ContributingFactor-Results_Final_28Mar12.pdf).

Technical assistance provides knowledge, skills, and professional effectiveness to a program to ensure they meet the quality, compliance, and results indicators of the Part C of IDEA regulatory requirements. This assistance may vary in duration, topic, form, and structure. The results of monitoring inform the types of technical assistance and can include mentoring, coaching, training, and consultation. Technical assistance helps regional programs:

- Identify or emphasize areas that need attention during focused monitoring visits
- Determine need for additional technical assistance
- Modify policies and procedures

The Montana Milestones Part C staff review progress data on a monthly or quarterly basis to ensure benchmarks are being met.

Montana Milestones Part C/Early Intervention staff use the Office of Special Education Programs (OSEP) national technical assistance centers to support Part C IDEA practices, processes, and procedures to achieve compliance, results, and quality. The Montana Milestones Part C team offers professional development and technical assistance to help programs understand and implement IDEA requirements. These tools promote understanding of monitoring and expectations for compliance, correction, and improvement. TA that Montana received that supported the provision of TA to programs includes:

- Montana attended the monthly CoP facilitated by ECTA and presented about the state's experience with DMS monitoring, including identified findings and the states' response to those findings. This CoP supported the state in providing general supervision to programs.
- Montana's Part C Coordinator participated in the coaching cohort through ECTA and developed an action plan identifying strategies to include equity and inclusion in the state's Part C system. This is an ongoing conversation with programs to ensure equity and inclusion at the local level.
- Montana met with ECTA to review and revise the state's general supervision system and reviewed the state's recent Request for Proposal (RFP) Scope of Work.
- Montana worked with TA from DASY to review the state's RFP Scope of Work, review the provider rate study results and assist in determining a methodology for determining provider rates.
- The National Center for Pyramid Model Innovations supported Montana with implementation of Pyramid Model including the selection and training of the first Pyramid Model implementation site in Montana. Montana provides program implementation coaching to local programs implementing Pyramid Model.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide 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.

Through a combination of development work with the CSPD and timely, relevant professional development trainings, the required Part C of the IDEA processes and high-quality performance measures are supported by the state's professional development system. These requirements are identified in 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 American 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 about program improvement.
- 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 programs and creates an avenue for programs to interact, pool resources, work in partnership, exchange of information and knowledge, innovate and create new ideas/knowledge, professional development, and problem-solving.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will to continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

The Family Outcomes Survey Workgroup and Part C State staff chose to enlist the DPHHS Epidemiology Department to facilitate collection and aggregation of the Family Outcomes Survey data. This would bring the data in-house and facilitate ease of accessibility to the data. Surveys were distributed during in-home visits by the Family Support Specialist or Service Coordinator, via online and QR code to childcare providers, families and pediatricians in all counties by our Regional Program Staff.

Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

In collaboration with the WestEd team, the state and regional program met with a variety of community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about how they conduct developmental screenings, what they know about Part C and do they refer families to Part C. Partners were identified throughout the region, including tribal communities. Surveys were distributed via online and QR code to childcare providers, families and pediatricians in the counties served by the Child Development Center. Results from exploratory conversations to better understand cultural factors and other root causes impacting referrals to early intervention prompted WestEd team, in collaboration with the Part C programs, to develop a survey for families, medical providers and childcare programs to dig deeper into their experiences and identify potential action steps that address concerns. Montana is evaluating the project and its implications statewide. State staff is collecting and tracking the historical data for indicators 5 and 6, and the growth throughout certain areas of the state, including information from the rate study on current populations. For FFY 2023 Child find targets were not adjusted.

Indicator 11 (SSIP): In collaboration with technical assistance from the National Center for Pyramid Model Innovations (NCPMI), Montana established a state Pyramid Model implementation team to support the work of Pyramid Model implementation. This group met several times in the close of 2023 to complete the application for intensive technical assistance through NCPMI and was notified of selection in December 2023. This group has met monthly starting in January and is composed of state and Part C provider staff. Montana selected the first Pyramid Model implementation site, which is required to establish a local leadership team, and they are actively searching for parent involvement. Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust SIMR targets.

Montana has a stakeholder workgroup made up of state staff and Part C provider staff to inform professional development and quality improvement needs in Montana's Part C system.

Montana Part C staff as well as local provider staff have participated in the Montana Home Visiting Coalition meetings, which are facilitated by the non-profit organization Healthy Mothers Healthy Babies. This group includes home visiting programs from across the state which receive both private and public funding. This group has provided professional development opportunities to home visiting and Part C programs.

Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered

professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

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.

The FSSAC (ICC) includes a representative from each region by a family member of a child who is currently enrolled or previously accessed by a Part C Program. A family member serves as the chair 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, transition workgroup, and workforce workgroup. Parents were also involved in focused group interview for Comprehensive monitoring that included 13 parents across 5 regional EI programs. Specific activities are outlined in the Stakeholder Engagement section of the Introduction.

4 parents are currently members of the ICC. 2 parents retired from the council April 2024.

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 Federal Part C annual allocation. Parents or family members continue to contribute to the ICC's Strategic Plan and engage as part of the two work groups targeting increasing engagement and collaboration of multidisciplinary evaluation teams, and transition at age 3, including looking at developing process in collaboration with Part B for late referrals. Additionally, families from all five regions volunteered to share their Part C story in during the quarterly FSSAC meetings.

Examples of capacity building actions

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

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.

Soliciting Public Input:

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

FSSAC (ICC) virtual meetings were held 1/19/24, 4/12/24, 7/19/24 and 10/25/24 and time was dedicated to target setting, data analysis, developing and reviewing strategies along with the evaluation of the state's progress.

Making Results Available to the Public:

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

Montana Milestones Part C Early Intervention Program's FFY 2023 APR/SPP will be available on the Department's website as soon as possible after February 3, 2025.

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

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 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 2022 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 revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

Montana Milestones Part C Early Intervention Program's FFY 2023 APR/SPP will be available on the Department's website as soon as possible after February 3, 2025.

The FFY 2023 APR/SPP is reported to the DPHHS Director as soon as possible after February 3, 2025.

The dissemination of the regional programs' FFY 2023 APR/SPP and Letters of Determination will be posted to the Department's website as soon as possible after April 1, 2025, and posted to each regional programs' website as soon as possible after April 1, 2025.

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

The FFY 2023 APR/SPP will be available on the Department's website at the same location as soon as possible after the February 3, 2025, submission.

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 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 2023 SPP/APR submission, due February 1, 2025, 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 2022 SPP/APR

Montana received the following Technical Assistance, and the following actions were taken as a result of that Technical Assistance:

Montana participated in the following Communities of Practice:

ECTA DMS Monitoring- Montana attended this monthly COP presented about the state's experience with DMS monitoring, including identified findings and the states' response to those findings.

ECTA- Individual coaching on applying to Leadership practices. Montana's Part C Coordinator participated in the coaching cohort and developed an action plan identifying strategies to include equity and inclusion in the state's Part C system.

CIFR- Montana met with CIFR TA to review and revise policies and procedures for fiscal monitoring. Montana also attended monthly CIFR meetings and collaborated with other states and applied knowledge gained from those meetings.

ECTA- Montana met with ECTA to review and revise the state's general supervision system and reviewed the state's recent Request for Proposal (RFP) Scope of Work.

DASY- Montana worked with TA from DASY to review the state's RFP Scope of Work, review the provider rate study results and assist in determining a methodology for determining provider rates.

ECTA, DASY and CIFR- Montana program and fiscal staff met with TA partners and received support in the state's required actions to DMS monitoring. Actions taken were revision of general supervision documents, monitoring policies and procedures for both programmatic monitoring and fiscal monitoring.

NCPMI Intensive Technical Assistance- NCPMI supported Montana with implementation of Pyramid Model including the selection and training of the first Pyramid Model implementation site in Montana.

Intro - OSEP Response

Intro - Required Actions

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 child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|---------|--------|---------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 98.21% | 100.00% | 97.69% | 97.30% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 251 | 305 | 97.30% | 100% | 96.72% | Did not meet target | No Slippage |

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.

44

Provide reasons for delay, if applicable.

Common themes identified for agency reason for delay:

Regional EI program changes in leadership, staff shortages, and facility closure.

Waitlist for specialized therapy services

Common themes identified for exceptional family circumstance reason for delay:

Family Choice- family choosing to wait to see a specific therapist

Family sick/illness, surgery or other medical related conflict

Family scheduling conflict and family had to reschedule for a later date (including moving, work conflicts and family vacations)

New foster care placement; Foster family choosing to wait until settled

Family qualified for the Part C program but, chose to wait to start services

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, are services and supports that 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 for this indicator was collected is the fourth quarter, April 1, 2024-June 30, 2024.

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

The state used the Part C Service report to analyze the 30-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. The states analysis of the data collected from initial and subsequent IFSPs during this period contained the full range of variability exhibited by the population served by the MT Milestones program throughout the year. The data collected was from all five regional EI programs across the state. The data reflected on average the total number of children with initial and subsequent IFSPs served in each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of the initiation of services within the 30-day requirement. for FFY 2023 from the data management system MedCompass to report on Indicator C-1, and to monitor each regional program's compliance with the timely provision of service requirements. Specifically, the Part C IFSP Service report was utilized to validate if services identified on the initial and subsequent IFSPs were initiated within the 30-day timeline requirement.

In selecting the fourth quarter data for FFY 2023 the state analyzed the timely provision of 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. The data collected and analyzed was from all five regional programs across the state. 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 program throughout the year. The data also reflected on average the total number of children with IFSPs served each quarter. The fourth quarter data reflected all the timeliness and untimeliness of the initial IFSPs and subsequent IFSPs that occurred throughout FFY 2023 as well. Overall, the analysis led the state to determine the fourth quarter data is representative of the entire state for FFY 2023.

The state took steps to validate the completeness and accuracy of the fourth quarter data by reviewing the Part C Services report with each regional EI program and worked with them to confirm the data was accurate, valid and complete through an established data cleaning and freezing process. The data cleaning process included each regional EI program reviewing their regional Part C Service report for data completeness checks, date range checks, data consistency checks, data uniqueness checks, duplication checks, formatting checks for dates and numbers, identifying outliers, and data coding checks. The data freezing process provided regional programs time to internally review and clean their regional Part C Service report for reporting for FFY 2023 Indicator C-1, prior to a final freeze of the data. The state then froze the FFY 2023 data to internally review and validate the timeliness and untimeliness with the 30-day timeline requirements for the timely provision of services. The state also reviewed and validate the reasons for delays that were attributed to the exceptional family circumstance reported, and agency delays reported.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 2 | 1 | 0 | 1 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Regional EI Program A: FFY 2022 Performance 330/343= 96.2% met the target. 13/343= 4.8% did not meet target. 13/343 records did not meet the timely receipt of services timeline (30 days) or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. As a result, 1 finding was issued for 13 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 37/41 records were reviewed reflecting 90.24% compliance. In the second review 17/18 were reviewed reflecting 94.4% compliance. In the third review 18/18 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the finding within one year and was correctly implementing the timeliness requirement for the development of an IFSP with a transition plan, steps and services added.

Regional EI Program B: FFY 2022 Performance 56/57= 98.2% met the target. 1/57= 1.8% did not meet target. 1/57 records did not meet the timely receipt of services timeline (30 days). a result, 1 finding was issued for 13 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 43/44 records were reviewed reflecting 97.7% compliance. In the second review 36/39 were reviewed reflecting 92.3% compliance. In the third review 23/28 records were reviewed reflecting 82.14% compliance with the regulatory requirements, indicating the regional program has not corrected the finding yet. The additional child records were verified correct and services and supports implemented, although late.

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

EI Program Regional A: FFY 2022 Performance 330/343= 96.2% met the target. 13/343= 4.8% did not meet target. 13/343 records did not meet the timely receipt of services timeline (30 days) or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. The state verified each of the 13 individual child record were corrected by reviewing the individual child records in MedCompass. This data reflected that both children had received services, although late.

Regional EI Program B: FFY 2022 Performance 56/57= 98.2% met the target. 1/57= 1.8% did not meet target. 1/57 records did not meet the timely receipt of services timeline (30 days). The state verified each of the individual child record were corrected. The state reviewed the individual child record in MedCompass and verified that the child record with non-compliance had received services, although late.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**Actions taken if noncompliance not corrected**

Regional EI Program B: Since the regional EI program did not correct timely (within one year of identification) A review of the root cause analysis conducted in Fall 2023 was reviewed and edits made to include additional root causes identified. Review of updated policies and procedures for clarification or additions to help ensure compliance. A review of administrative support internally at the regional program level, but also at the state level to ensure that correction of the remaining finding related to indicator C1 Timely Services. The status of correction of this finding will be reported in the FFY 2024 SPP/APR.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
| FFY 2021 | 1 | 1 | 0 |
| | | | |
| | | | |
| | | | |
| | | | |

FFY 2021**Findings of Noncompliance Verified as Corrected****Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Regional EI Program A: FFY 2021 Performance 68/69= 99% met the target. 1/69= 1% did not meet target. 1/69 records did not meet the timely receipt of services timeline (30 days) or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. As a result, 1 finding was issued for 1 child's record to this regional program for FFY 2021. One month of updated data was collected (32 records) reflecting 28/32= 88% compliance with the regulatory requirements, and 4/32= 12% did not meet the target indicating the regional program has not yet corrected the findings within one year. The state continued to work with the regional EI program and redo the root cause analysis, review of policy and procedures pertaining to timely receipt of services and met with the EI agency monthly to continue to work towards correction. The regional EI program continued to build relationships with community partners and signed several of memorandum of understanding with community partners that provide specialized therapies. 37/41 records were reviewed reflecting 90.24% compliance. In the second review 17/18 were reviewed reflecting 94.4% compliance. In the third review 18/18 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the finding and was correctly implementing the timeliness requirement for timely receipt of services.

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

Regional EI Program A: FFY 2021 Performance 68/69= 99% met the target. 1/69= 1% did not meet target. 1/69 records did not meet the timely receipt of services timeline (30 days) or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. The state verified each of the individual child record were corrected. The state reviewed the individual child record in MedCompass and verified that the child record with non-compliance had received services, although late.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining one (1) uncorrected finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The state reported data reflecting that 1 uncorrected finding from FFY 2021 was corrected and reported data on the correction of findings issued in FFY 2022 above.

1 - OSEP Response

1 - Required Actions

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 EDFacts 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 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------|--------|---------|--------|--------|--------|
| Target>= | 99.00% | 99.00% | 89.00% | 94.94% | 95.00% |
| Data | 99.52% | 100.00% | 98.84% | 94.94% | 76.30% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------------|--------|--------|--------|
| Target >= | 95.00% | 96.00% | 96.00% |

Targets: Description of Stakeholder Input

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will to continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

The Family Outcomes Survey Workgroup and Part C State staff chose to enlist the DPHHS Epidemiology Department to facilitate collection and aggregation of the Family Outcomes Survey data. This would bring the data in-house and facilitate ease of accessibility to the data. Surveys were distributed during in-home visits by the Family Support Specialist or Service Coordinator, via online and QR code to childcare providers, families and

pediatricians in all counties by our Regional Program Staff.

Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

In collaboration with the WestEd team, the state and regional program met with a variety of community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about how they conduct developmental screenings, what they know about Part C and do they refer families to Part C. Partners were identified throughout the region, including tribal communities. Surveys were distributed via online and QR code to childcare providers, families and pediatricians in the counties served by the Child Development Center. Results from exploratory conversations to better understand cultural factors and other root causes impacting referrals to early intervention prompted WestEd team, in collaboration with the Part C programs, to develop a survey for families, medical providers and childcare programs to dig deeper into their experiences and identify potential action steps that address concerns. Montana is evaluating the project and its implications statewide. State staff is collecting and tracking the historical data for indicators 5 and 6, and the growth throughout certain areas of the state, including information from the rate study on current populations. For FFY 2023 Child find targets were not adjusted.

Indicator 11 (SSIP): In collaboration with technical assistance from the National Center for Pyramid Model Innovations (NCPMI), Montana established a state Pyramid Model implementation team to support the work of Pyramid Model implementation. This group met several times in the close of 2023 to complete the application for intensive technical assistance through NCPMI and was notified of selection in December 2023. This group has met monthly starting in January and is composed of state and Part C provider staff. Montana selected the first Pyramid Model implementation site, which is required to establish a local leadership team, and they are actively searching for parent involvement. Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust SIMR targets.

Montana has a stakeholder workgroup made up of state staff and Part C provider staff to inform professional development and quality improvement needs in Montana's Part C system.

Montana Part C staff as well as local provider staff have participated in the Montana Home Visiting Coalition meetings, which are facilitated by the non-profit organization Healthy Mothers Healthy Babies. This group includes home visiting programs from across the state which receive both private and public funding. This group has provided professional development opportunities to home visiting and Part C programs.

Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

Prepopulated Data

| Source | Date | Description | Data |
|----------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------|------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 559 |
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Total number of infants and toddlers with IFSPs | 744 |

FFY 2023 SPP/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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------|-----------------|---------------|---------------------|----------|
| 559 | 744 | 76.30% | 95.00% | 75.13% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable.

The state reviewed data on the Individual Family Service Plan (IFSP) from the state's data system (MedCompass) that provided a justification to why a specific service was not received in the natural environment of home or community-based setting. As well as the data for services in Natural Environment during comprehensive monitoring that occurred in the fall of 2023 and noted a continued downward trend from FFY 2022 APR data for services being provided in the natural environment. Monitoring reflected the on-going intentional efforts to allow the families and multidisciplinary team members to choose the environment that best fit the needs of the child and family, some indicating a more comfortable and convenient environment for receiving certain services. Upon further review of the data, the primary setting OTHER environment was selected for 185 respondents. This includes, 53 responses noting receiving services in-clinical setting, no detailed explanation for OTHER environment other than it was preferred by families, specifically for specialized therapies for 132 responses. The state did note some families choosing to travel long distances from largely rural areas to see in-person therapy services, and reluctance to use tele-visits continues to have some impact on the child receiving services. Community therapists have also shown reluctance to participate with in-home or community-based settings, stating it is more efficient to see clients in-clinic rather than travel to in-home locations. State staff have started to engage in conversations with community therapists around collaboration and how we can work together to meet the requirements of Part C, and the needs of the children and families served.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response**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

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

The Family Outcomes Survey Workgroup and Part C State staff chose to enlist the DPHHS Epidemiology Department to facilitate collection and aggregation of the Family Outcomes Survey data. This would bring the data in-house and facilitate ease of accessibility to the data. Surveys were distributed during in-home visits by the Family Support Specialist or Service Coordinator, via online and QR code to childcare providers, families and pediatricians in all counties by our Regional Program Staff.

Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

In collaboration with the WestEd team, the state and regional program met with a variety of community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about how they conduct developmental screenings, what they know about Part C and do they refer families to Part C. Partners were identified throughout the region, including tribal communities. Surveys were distributed via online and QR code to childcare providers, families and pediatricians in the counties served by the Child Development Center. Results from exploratory conversations to better understand cultural factors and other root causes impacting referrals to early intervention prompted WestEd team, in collaboration with the Part C programs, to develop a survey for families, medical providers and childcare programs to dig deeper into their experiences and identify potential action steps that address concerns. Montana is evaluating the project and its implications statewide. State staff is collecting and tracking the historical data for indicators 5 and 6, and the growth throughout certain areas of the state, including information from the rate study on current populations. For FFY 2023 Child find targets were not adjusted.

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Montana Part C staff as well as local provider staff have participated in the Montana Home Visiting Coalition meetings, which are facilitated by the non-profit organization Healthy Mothers Healthy Babies. This group includes home visiting programs from across the state which receive both private and public funding. This group has provided professional development opportunities to home visiting and Part C programs.

Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

Montana engaged stakeholders through the Family Support Services Advisory Council (FSSAC) by reviewing the state's APR on January 19th, 2024. Montana also reviewed the APR data related to Child Outcomes with a workgroup on Professional Development on July, 25th, 2024. Montana did not update its targets for reporting year 2023.

Historical Data

| Outcome | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2019 | Target>= | 68.00% | 68.00% | 58.00% | 58.00% | 59.00% |
| A1 | 57.77% | Data | 62.78% | 57.77% | 52.36% | 51.84% | 55.83% |
| A2 | 2019 | Target>= | 59.00% | 59.00% | 32.00% | 32.00% | 33.00% |
| A2 | 31.93% | Data | 40.22% | 31.93% | 24.07% | 22.70% | 22.46% |
| B1 | 2019 | Target>= | 67.00% | 67.00% | 58.00% | 58.00% | 59.00% |
| B1 | 57.67% | Data | 61.63% | 57.67% | 54.31% | 54.21% | 63.10% |
| B2 | 2019 | Target>= | 50.00% | 50.00% | 26.00% | 26.00% | 27.00% |
| B2 | 25.72% | Data | 32.83% | 25.72% | 22.08% | 21.17% | 17.91% |
| C1 | 2019 | Target>= | 73.00% | 73.00% | 61.00% | 61.00% | 62.00% |
| C1 | 60.84% | Data | 61.50% | 60.84% | 55.96% | 54.05% | 54.05% |
| C2 | 2019 | Target>= | 58.00% | 58.00% | 30.00% | 30.00% | 31.00% |
| C2 | 29.49% | Data | 38.91% | 29.49% | 25.31% | 22.96% | 19.25% |

Targets

| FFY | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|
| Target A1>= | 59.00% | 59.00% | 60.00% |
| Target A2>= | 33.00% | 34.00% | 34.00% |
| Target B1>= | 59.00% | 60.00% | 60.00% |
| Target B2>= | 27.00% | 28.00% | 28.00% |
| Target C1>= | 62.00% | 63.00% | 63.00% |
| Target C2>= | 31.00% | 32.00% | 32.00% |

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 | 1 | 0.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 177 | 41.45% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 158 | 37.00% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 79 | 18.50% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 12 | 2.81% |

| Outcome A | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 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 | 237 | 415 | 55.83% | 59.00% | 57.11% | 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 | 91 | 427 | 22.46% | 33.00% | 21.31% | Did not meet target | Slippage |

| Outcome A | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---------------------------------------------|-----------|-------------|---------------|-----------------|---------------|--------|----------|
| turned 3 years of age or exited the program | | | | | | | |

Provide reasons for A2 slippage, if applicable

The State recognizes that there was slippage from FFY 22 to FFY 23 in Outcome A summary statement 2. The State has identified the following reasons for slippage: workforce turn over and shortage, need for ongoing professional development and training for our Early Intervention regional programs, and capacity of the state and regional program staff.

During the past couple of years, the State of Montana has expanded the Part C Program staff from one to four individuals and identified a dedicated team member to oversee the training and professional development needs of regional program staff. The State has started to develop a CSPD that will focus on increasing new and existing regional staff members' understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. A CSPD will ensure that all regional programs receive the same initial on-boarding and refresher trainings, which includes training in the Child Outcome Summaries. A dedicated course for Child Outcome Summary is currently in development in partnership with Dr. Jeffri Brookfield from WestEd. This year, the course for the Child Outcomes Summary Process was completed but is not yet available due to a transition with our learning management system. 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.

Montana continues to work towards statewide implementation of the Pyramid Model for Early Intervention framework, which will support Family Support Specialists with their role as primary coach to families to address social emotional development and challenging behaviors.

Montana also provided trainings on service coordination to ensure that families were receiving services identified during the multidisciplinary evaluation and agreed to in the IFSP.

Ensuring statewide consistency in following Montana's COS process is a high priority for the Montana state team. When the learning management system is established and the COS process training is ready for review, Montana will ensure that all FSSs statewide are assigned the training.

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 | 1 | 0.24% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 163 | 38.35% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 188 | 44.24% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 68 | 16.00% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 5 | 1.18% |

| Outcome B | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 256 | 420 | 63.10% | 59.00% | 60.95% | Met target | No Slippage |
| 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 | 73 | 425 | 17.91% | 27.00% | 17.18% | 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 | 1 | 0.24% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 192 | 45.28% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 154 | 36.32% |

| Outcome C Progress Category | Number of Children | Percentage of Total |
|-------------------------------------------------------------------------------------------------|--------------------|---------------------|
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 72 | 16.98% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 5 | 1.18% |

| Outcome C | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 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 | 226 | 419 | 54.05% | 62.00% | 53.94% | Did not meet target | No 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 | 77 | 424 | 19.25% | 31.00% | 18.16% | Did not meet target | Slippage |

Provide reasons for C2 slippage, if applicable

The State recognizes that there was slippage from FFY 22 to FFY 23 in Outcome C summary statement 2. The State has identified the following reasons for slippage: workforce turn over and shortage, need for ongoing professional development and training for our Early Intervention regional programs, and capacity of the state and regional program staff.

During the past couple of years, the State of Montana has expanded the Part C Program staff from one to four individuals and identified a dedicated team member to oversee the training and professional development needs of regional program staff. The State has started to develop a CSPD that will focus on increasing new and existing regional staff members' understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. A CSPD will ensure that all regional programs receive the same initial on-boarding and refresher trainings, which includes training in the Child Outcome Summaries. A dedicated course for Child Outcome Summary is currently in development in partnership with Dr. Jeffri Brookfield from WestEd. This year, the course for the Child Outcomes Summary Process was completed but is not yet available due to a transition with our learning management system. 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.

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FFY 2023 SPP/APR Data

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 | 1,012 |
| 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. | 208 |
| Number of infants and toddlers with IFSPs assessed | 427 |

| Sampling Question | Yes / No |
|--------------------|----------|
| Was sampling used? | NO |

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (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

None

3 - OSEP Response

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.

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/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 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------|----------|----------|--------|--------|--------|--------|---------|
| A | 2017 | Target>= | 95.00% | 95.00% | 65.00% | 75.00% | 75.00% |
| A | 74.52 % | Data | 94.27% | 98.97% | 85.79% | 83.44% | 77.78% |
| B | 2017 | Target>= | 95.00% | 95.00% | 65.00% | 79.00% | 79.00% |
| B | 78.56 % | Data | 96.04% | 99.33% | 92.11% | 86.50% | 77.78% |
| C | 2017 | Target>= | 95.00% | 95.00% | 65.00% | 74.00% | 74.00% |
| C | 73.89 % | Data | 94.03% | 96.59% | 88.95% | 80.98% | 100.00% |

Targets

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

Targets: Description of Stakeholder Input

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will to continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

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Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

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Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

FFY 2023 SPP/APR Data

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| The number of families to whom surveys were distributed | 751 |
| Number of respondent families participating in Part C | 336 |
| Survey Response Rate | 44.74% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 312 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 335 |
| 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 | 324 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 336 |
| 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 | 313 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 335 |

| Measure | FFY 2022 Data | FFY 2023 Target | FFY 2023 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) | 77.78% | 75.00% | 93.13% | 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) | 77.78% | 79.00% | 96.43% | 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) | 100.00% | 74.00% | 93.43% | 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 |

Response Rate

| FFY | 2022 | 2023 |
|----------------------|--------|--------|
| Survey Response Rate | 16.07% | 44.74% |

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

The metric varied due to using a statistical formula (i.e., proportional testing) to determine if two percentages are different from each other. The ECTA Response Rate and Representativeness calculator, which applies proportional testing, was utilized to determine if the surveys received were representative of the target population. (i.e., families enrolled in the Part C program). The results show that all groups were represented, and the proportion of responders compared to the target groups for race/ethnicity and gender groups did not exceed the threshold of +/-3.

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. States must include race/ethnicity in their analysis. In addition, the State's analysis must 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 category approved through the stakeholder input process.

The state will report representativeness of the data by gender and race/ethnicity for FFY 2023.

Representativeness was analyzed by comparing percentage of families and toddlers enrolled in the Part C program by race/ethnicity and gender by the percentage of surveys received by race and ethnicity and gender. Statewide 751 children under the age of 3 were actively in Part C.

The distribution of families with infants and toddlers by race and ethnicity enrolled in Part C shows the following: White families had the highest percentage in Part C (69%), followed by American Indian or Alaskan Native families (17%), Hispanic families (9%), More than one race families (3%), African -American families (1%), Asian families (0%), and Native Hawaiian or Pacific Islander families (1%).

White families had the highest representation in surveys received (70%), followed by American Indian or Alaska Native families (18%), Hispanic families (8%), More than one race families (3%), Asian families (0%), African American or Black families (1%), and Native Hawaiian or Pacific Islander families (1%).

The ECTA response rate and representativeness calculator proportionality test showed that all race/ethnicity groups were represented. Additionally, all groups were within the +/-1% threshold. The results showed that White families were represented (1% difference), American Indian or Alaska Native families were represented (1% difference), Hispanic families were represented (1% difference), More than 1 race families were represented (0% difference), Asian families were represented (0% difference), African American or Black families were represented (0%), and Native Hawaiian or Pacific Islander families were represented (0%).

The distribution of families with infants and toddlers by gender enrolled in Part C shows the following: Families of male children had a higher percentage in Part C 448 (60%) then families with female children 303 (40%). Families with male children had a higher representation in surveys received (60%), then families with female children (40%).

The ECTA response rate and representativeness calculator proportionality test showed that both male and female children were represented. Additionally, both gender groups had no difference between percentage enrolled in Part C and percentage represented in the survey. The results show that families with male children were represented (0% difference) and families with female children were represented (0% difference).

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. (yes/no)

YES

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 Montana Part C family outcomes survey had an increase in the response rate from FFY 2022 (16.07%) to FFY 2023 (44.74%). Additionally, all race, ethnic, and gender groups were represented. Montana is dedicated to a continued effort to seek out other at-risk groups.

The State will continue working with the internal department Epidemiologist to monitor distribution, representation, and response rate of the survey. As well as help evaluate the data for other possible uses to inform and educate regional providers and staff from year to year. The ability to house the data in-house through Epidemiology, provides other opportunities to review other demographic data points for representativeness.

In collaboration with the WestEd team, the state and regional program may reach out to community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about outreach and families' utilization of the Part C program including tribal communities and representativeness of other at-risk populations.

Beginning FFY 2023, Montana changed the time the survey was distributed from the month following a toddler's exit from the Part C program at age three, to a Point in Time method for all families that were eligible for Part C services and had an active IFSP between April 1, 2024-April 30, 2024. There was an initial distribution of the survey through the regional programs in May 2024 and a second distribution in July was conducted to capture those surveys that had no initial response. The distribution method changed to a paper survey with a QR code (with Spanish option), which allowed for easier access to the survey and minimized the length of time to take the survey. This strategy significantly increased the number of surveys distributed overall and resulted in an increase in the response rate over the previous reporting year.

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 race/ethnicity and by gender (from each of the 5 regional programs) for FFY2023. The State used only those families that had a child with an active IFSP in the month of April 2024 to gather the following information.

The Montana Part C family outcomes survey had an increase in the response rate from FFY 2022 (16.07%) to FFY 2023 (44.74%). Additionally, all race, ethnic, and gender groups were represented. The state increased its response rate in FFY 2023 because of the change in the survey distribution (Point in Time) and collection methods (paper, email, QR Code). The statewide response rate for this year is 44.74% (336 Part C families responded out of 751 surveys distributed). Of the 751 Surveys distributed, the response rate was as follows:

- Male in 202 (45%) and 134 Female (44%)
- White = 234 (45%), American Indian or Alaskan Native = 59 (46%), Hispanic = 26 (40%), More than one race = 11 (42%), African American or Black = 3 (30%), Asian = 1 (50%), and Native Hawaiian or Pacific Islander = 2 (50%).

Even though response rates have risen and there is representativeness with race and ethnicity and gender, there is indication of nonresponse bias since infants and toddlers who are African American or Black, Asian, Hispanic, and two or more races, have response rates that are below the statewide percent and/or have very low population enrolled in Part C. Montana Part C will remain committed to our efforts to maintain and improve response rates and representativeness. The steps we will take to reduce identified nonresponse bias and promote response from a broad cross section of families are:

The State Part C Team will continue to work with historically underrepresented racial/ethnic groups by continue to seek out these groups with the help from Montana Empowerment Center (parent center) and Regional Contractors through the Family Outcomes Survey Workgroup.

In collaboration with the WestEd team, the state and regional program may reach out to community partners in the regional area including Head Start, childcare providers, Child Protective Services and NICU representatives to gather information about families' utilization of the Part C program including tribal communities and identification of more populated racial/ethnic communities.

This information is believed to be accurate and reliable data that has been extracted from our data system. Data reports were created by data system developers MedCompass and Part C Program State Program Specialist and vetted by each of the 5 regional providers for missing data and accuracy.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 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 infants and toddlers enrolled in the Part C program for whom families responding are representative of the population. Additionally, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

The state increased its response rate and representativeness in FFY 2023 because of the change in the survey distribution (Point in Time) and collection methods (paper, email, QR Code). The response rate for 2022 was 16% and the response rate for FFY 2023 increased to 44.74%.

4 - OSEP Response

4 - Required Actions

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2019 | 0.95% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 1.46% | 1.46% | 0.95% | 0.95% | 1.15% |
| Data | 1.24% | 0.95% | 0.80% | 0.79% | 0.77% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------------|-------|-------|-------|
| Target >= | 1.15% | 1.20% | 1.20% |

Targets: Description of Stakeholder Input

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will to continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

The Family Outcomes Survey Workgroup and Part C State staff chose to enlist the DPHHS Epidemiology Department to facilitate collection and

aggregation of the Family Outcomes Survey data. This would bring the data in-house and facilitate ease of accessibility to the data. Surveys were distributed during in-home visits by the Family Support Specialist or Service Coordinator, via online and QR code to childcare providers, families and pediatricians in all counties by our Regional Program Staff.

Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

In collaboration with the WestEd team, the state and regional program met with a variety of community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about how they conduct developmental screenings, what they know about Part C and do they refer families to Part C. Partners were identified throughout the region, including tribal communities. Surveys were distributed via online and QR code to childcare providers, families and pediatricians in the counties served by the Child Development Center. Results from exploratory conversations to better understand cultural factors and other root causes impacting referrals to early intervention prompted WestEd team, in collaboration with the Part C programs, to develop a survey for families, medical providers and childcare programs to dig deeper into their experiences and identify potential action steps that address concerns. Montana is evaluating the project and its implications statewide. State staff is collecting and tracking the historical data for indicators 5 and 6, and the growth throughout certain areas of the state, including information from the rate study on current populations. For FFY 2023 Child find targets were not adjusted.

Indicator 11 (SSIP): In collaboration with technical assistance from the National Center for Pyramid Model Innovations (NCPMI), Montana established a state Pyramid Model implementation team to support the work of Pyramid Model implementation. This group met several times in the close of 2023 to complete the application for intensive technical assistance through NCPMI and was notified of selection in December 2023. This group has met monthly starting in January and is composed of state and Part C provider staff. Montana selected the first Pyramid Model implementation site, which is required to establish a local leadership team, and they are actively searching for parent involvement. Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust SIMR targets.

Montana has a stakeholder workgroup made up of state staff and Part C provider staff to inform professional development and quality improvement needs in Montana's Part C system.

Montana Part C staff as well as local provider staff have participated in the Montana Home Visiting Coalition meetings, which are facilitated by the non-profit organization Healthy Mothers Healthy Babies. This group includes home visiting programs from across the state which receive both private and public funding. This group has provided professional development opportunities to home visiting and Part C programs.

Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

Prepopulated Data

| Source | Date | Description | Data |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------|--------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers birth to 1 with IFSPs | 85 |
| 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, 2023 | 06/25/2024 | Population of infants and toddlers birth to 1 | 11,266 |

FFY 2023 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|------------------------------------------------------|-----------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 85 | 11,266 | 0.77% | 1.15% | 0.75% | Did not meet target | No Slippage |

Provide results of the root cause analysis of child find identification rates.

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.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2019 | 2.36% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 2.25% | 2.25% | 2.36% | 2.36% | 2.61% |
| Data | 2.28% | 2.36% | 1.74% | 2.23% | 2.00% |

Targets

| FFY | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|
| Target >= | 2.61% | 2.86% | 2.86% |

Targets: Description of Stakeholder Input

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will to continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

The Family Outcomes Survey Workgroup and Part C State staff chose to enlist the DPHHS Epidemiology Department to facilitate collection and aggregation of the Family Outcomes Survey data. This would bring the data in-house and facilitate ease of accessibility to the data. Surveys were distributed during in-home visits by the Family Support Specialist or Service Coordinator, via online and QR code to childcare providers, families and

pediatricians in all counties by our Regional Program Staff.

Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

In collaboration with the WestEd team, the state and regional program met with a variety of community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about how they conduct developmental screenings, what they know about Part C and do they refer families to Part C. Partners were identified throughout the region, including tribal communities. Surveys were distributed via online and QR code to childcare providers, families and pediatricians in the counties served by the Child Development Center. Results from exploratory conversations to better understand cultural factors and other root causes impacting referrals to early intervention prompted WestEd team, in collaboration with the Part C programs, to develop a survey for families, medical providers and childcare programs to dig deeper into their experiences and identify potential action steps that address concerns. Montana is evaluating the project and its implications statewide. State staff is collecting and tracking the historical data for indicators 5 and 6, and the growth throughout certain areas of the state, including information from the rate study on current populations. For FFY 2023 Child find targets were not adjusted.

Indicator 11 (SSIP): In collaboration with technical assistance from the National Center for Pyramid Model Innovations (NCPMI), Montana established a state Pyramid Model implementation team to support the work of Pyramid Model implementation. This group met several times in the close of 2023 to complete the application for intensive technical assistance through NCPMI and was notified of selection in December 2023. This group has met monthly starting in January and is composed of state and Part C provider staff. Montana selected the first Pyramid Model implementation site, which is required to establish a local leadership team, and they are actively searching for parent involvement. Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust SIMR targets.

Montana has a stakeholder workgroup made up of state staff and Part C provider staff to inform professional development and quality improvement needs in Montana's Part C system.

Montana Part C staff as well as local provider staff have participated in the Montana Home Visiting Coalition meetings, which are facilitated by the non-profit organization Healthy Mothers Healthy Babies. This group includes home visiting programs from across the state which receive both private and public funding. This group has provided professional development opportunities to home visiting and Part C programs.

Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

Prepopulated Data

| Source | Date | Description | Data |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------|--------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers birth to 3 with IFSPs | 744 |
| 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, 2023 | 06/25/2024 | Population of infants and toddlers birth to 3 | 33,770 |

FFY 2023 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|------------------------------------------------------|-----------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 744 | 33,770 | 2.00% | 2.61% | 2.20% | Did not meet target | No Slippage |

Provide results of the root cause analysis of child find identification rates

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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|---------|---------|--------|--------|---------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 97.60% | 91.04% | 100.00% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|----------|
| 142 | 192 | 100.00% | 100% | 96.35% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable.

The State reviewed the data from the Part C IFSP Status report and determined 7 records were out of compliance from 1 regional EI program. The state reviewed each record and validated that each child received an initial evaluation and assessment, initial IFSP meeting, and collection of the parent(s) signature on the initial IFSP were obtained although late. Changes in administration of the regional EI program, staff shortages, and eventually facility closure on June 30, 2024, were the reasons for the delay of the initial evaluation and assessment, initial IFSP meeting, and collection of the parent(s) signature on the initial IFSP for 7 child level records.

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.

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Provide reasons for delay, if applicable.

Common themes identified for reason for delay for exceptional family circumstances:

Family sick/illness, surgery or other medical related conflict

Family scheduling conflict and family had to reschedule for a later date (including moving, work conflicts and family vacations)

New foster care placement; Foster family choosing to wait until settled

Family qualified for the Part C program but, chose to wait to start services

Common themes identified for agency reason for delay:

Regional EI program staff shortages, changes in local EI program leadership and facility closure.

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).

For Indicator C-7: 45-day Timeline, the period which the data was collected is the fourth quarter, April 1, 2024-June 30, 2024.

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

The state selected fourth quarter data for the FFY 2023 reporting period from the data management system MedCompass to report on Indicator C-7: 45-day Timeline, and to monitor each regional program's compliance with the 45-day timeline requirements. Specifically, the Part C Status report was utilized to validate timeliness for the 45-day timeline requirements.

The state used the Part C Status report to analyze 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. The state's analysis of the data collected from initial IFSPs during this period contained the full range of variability exhibited by the population served by the MT Milestones program throughout the year. The data collected was from all five regional EI programs across the state. The data reflected on average the total number of children with initial IFSPs served in each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of the initial evaluation and assessment, initial IFSP meeting, and collection of the parent(s) signature that occurred throughout FFY 2023 reporting period as well. Overall, the analysis led the Part C state staff to determine the fourth quarter data is representative of the entire state for FFY 2023.

The state took steps to validate the completeness and accuracy of the fourth quarter data by reviewing the Part C Status report with each regional EI program and worked with them to confirm the data was accurate, valid and complete through an established data cleaning and freezing process. The data cleaning process included each regional EI program reviewing their regional Part C Status report for data completeness checks, date range checks, data consistency checks, data uniqueness checks, duplication checks, formatting checks for dates and numbers, identifying outliers, and data coding checks. The data freezing process provided regional programs time to internally review and clean their regional Part C Status report for reporting for FFY 2023 Indicator C-7, prior to a final freeze of the data. The state then froze the FFY 2023 data to internally review and validate the timeliness and untimeliness with the 45-day timeline requirements. The state also reviewed and validate the reasons for delays that were attributed to the exceptional family circumstance reported, and agency delays reported.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

| 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 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|---------|---------|--------|---------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 98.72% | 100.00% | 97.35% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to 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. (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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---------------------------------------------------------------------------------------|-----------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 111 | 118 | 97.35% | 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.

7

Provide reasons for delay, if applicable.

Common themes identified for reason for delay for exceptional family circumstances:

Family sick/illness, surgery or other medical related conflict

Family scheduling conflict and family had to reschedule for a later date (including moving, work conflicts and family vacations)

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).

For Indicator C-8a: Early Childhood Transition, the period which the data was collected is the fourth quarter, April 1, 2024-June 30, 2024.

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

The state selected fourth quarter data for the FFY 2023 reporting period from the data management system MedCompass to report on Indicator C-8a: Early Childhood Transition, and to monitor each regional program's compliance with the development of a transition plan, with steps and services added to an IFSP, and collection of the parent(s) signature requirements at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

The state used the Part C Transition Plan and Conference report to analyze data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. The state's analysis of the data collected from IFSPs with transition plans developed during this period contained the full range of variability exhibited by the population served by the MT Milestones program throughout the year. The data collected was from all five regional EI programs across the state. The data reflected on average the total number of children with IFSPs with transition plans developed in each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of the development of a transition plan with steps and services added to an IFSP, and collection of the parent(s) signature requirements at least 90 days, and at the discretion of all parties, but not more than nine months, prior to the toddler's third birthday, that occurred throughout FFY 2023 reporting period as well. Overall, the analysis led the Part C state staff to determine the fourth quarter data is representative of the entire state for FFY 2023.

The state took steps to validate the completeness and accuracy of the fourth quarter data by reviewing the Part C Transition Plan and Conference report with each regional EI program and worked with them to confirm the data was accurate, valid and complete through an established data cleaning and freezing process. The data cleaning process included each regional EI program reviewing their regional Part C Transition Plan and Conference report for data completeness checks, date range checks, data consistency checks, data uniqueness checks, duplication checks, formatting checks for dates and numbers, identifying outliers, and data coding checks. The data freezing process provided each regional program time to internally review and clean their regional Part C Transition Plan and Conference report for reporting for FFY 2023 Indicator C-8a, prior to a final freeze of the data. The state then froze the FFY 2023 data to internally review and validate the timeliness and untimeliness with the transition plan timeline requirements. The state also reviewed and validate the reasons for delays that were attributed to the exceptional family circumstance reported, and agency delays reported.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 2 | 1 | 0 | 1 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Regional EI Program A: FFY 2022: Performance 31/32 records (96.9%) met the target. 1/32 records (3.1%) did not meet target. 1/32 records did not meet the transition plan development timeline (at least 90 days prior to the child’s third birthday, and not more than nine months). As a result, 1 finding was issued for 1 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 13/13 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the finding within one year and was correctly implementing the timeliness requirement for the development of an IFSP with a transition plan, steps and services added.

Regional EI Program B: FFY 2022: Performance 26/28 records (92.9%) met the target. 2/28 records (7.1%) did not meet target. 2/28 records did not meet the transition plan development timeline (at least 90 days prior to the child’s third birthday, and not more than nine months) or did not include sufficient documentation collected in the State’s data management system to determine the reason for delay. As a result, 1 finding was issued for 2 child level records to this regional program for FFY 2022. The regional EI program closed their facility after not procuring a new EI contract for the Part C program, effective 7/1/2024. The regional program was notified on 1/19/2024 of the identified noncompliance in their FFY 2022 APR for Indicator C-8a. The program closed on 6/30/2024, which was only 6 months into the 12-month time period for timely correction. Unfortunately, the program did not have sufficient time to achieve 100% compliance prior to the facility closing but likely would have timely corrected the noncompliance if they had remained open.

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

Regional Program A: FFY 2022 Performance 31/32 records (96.9%) met the target. 1/32 records (7.1%) did not meet target. 1/32 records did not meet the timeliness requirement of the development of a IFSP with a transition plan, that has steps and services added, and collection of the parent(s) signature requirements at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. The state verified that the individual child record was correct in MedCompass. The data reflected that the child had received transition plan, with steps and services, although late.

Regional Program B: FFY 2022 Performance 26/28 records (92.9%) met the target. 2/28 records (7.1%) did not meet target. 2/28 records did not meet the timeliness requirement of the development of a IFSP with a transition plan, that has steps and services added, and collection of the parent(s) signature requirements at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday, or did not include sufficient documentation collected in the State’s data management system to determine the reason for delay. The state verified that the individual child records were correct in MedCompass. The data reflected that each child had received a transition plan, with steps and services, although late.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Regional EI Program B: Program B closed at the end of the fiscal year and the state ensured all children served in Program B were transitioned to a new regional program and for those children in Program B that did not have a timely IFSP with transition plan, steps and services the state verified each child did receive a transition plan or they had exited the program. No additional required actions could be imposed due to closure. However, the program closed 6/30/2024 and did not have the 6 additional months to timely correct.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 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 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The state reported data on the correction of findings issued in FFY 2022 above.

8A - OSEP Response

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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|---------|---------|---------|---------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 87.85% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|----------|
| 95 | 118 | 87.85% | 100% | 85.59% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

The state reviewed the data from the Part C LEA Notification report and determined 16 records were out of compliance from 2 regional EI programs. The state reviewed each record and validated 8 children received LEA notification, although late, and 9 children did not receive LEA notification prior to exiting the Part C program. Changes in leadership at 1 regional EI program level, staff shortages, and eventually facility closure on June 30, 2024, was the reasons 9 children did not receive LEA Notification prior to exiting, and 4 children the LEA was notified, although untimely. Late referrals that were received between 135- 91 days and the child was found eligible between that time, were the reason for 3 additional LEA notifications were untimely, from the second regional EI programs.

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.

7

Provide reasons for delay, if applicable.

Common themes identified for agency reason for delay:

Referral received between 91-135 days prior to the third birthday and found eligible

Regional EI program changes in leadership, staff shortages, and facility closure.

Describe the method used to collect these data.

Montana used the state data management system. The regional programs document dates for all transition activities including the data of notification to the LEA. Documentation was captured within the system of a parent's decision to opt out or reasons for delay. In Montana, all children who are potentially eligible for Part B/619 are identified in the state's data system as potentially "Part B eligible." Montana does have an "opt-out" policy

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).

For Indicator C-8b: Early Childhood Transition, the period which the data was collected is the fourth quarter, April 1, 2024-June 30, 2024.

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

The state selected fourth quarter data for the FFY 2023 reporting period from the data management system MedCompass to report on Indicator C-8b: Early Childhood Transition, and to monitor each regional program's compliance with the LEA notification at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

The state used the Part C LEA Notification report to analyze data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. The state's analysis of the data collected from the transition assessment in MedCompass during this period contained the full range of variability exhibited by the population served by the MT Milestones program throughout the year. The data collected was from all five regional EI programs across the state. The data reflected on average the total number of children with LEA Notification in each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of the LEA Notification, that occurred throughout FFY 2023 reporting period as well. Overall, the analysis led the Part C state staff to determine the fourth quarter data is representative of the entire state for FFY 2023.

The state took steps to validate the completeness and accuracy of the fourth quarter data by reviewing the Part C LEA Notification report with each regional EI program and worked with them to confirm the data was accurate, valid and complete through an established data cleaning and freezing process. The data cleaning process included each regional EI program reviewing their regional Part C LEA Notification report for data completeness checks, date range checks, data consistency checks, data uniqueness checks, duplication checks, formatting checks for dates and numbers, identifying outliers, and data coding checks. The data freezing process provided each regional program time to internally review and clean their regional Part C LEA Notification report for reporting for FFY 2023 Indicator C-8b, prior to a final freeze of the data. The state then froze the FFY 2023 data to internally review and validate the timeliness and untimeliness with the LEA Notification timeline requirements. The state reviewed and validated the individual records that opted out of notification. The state also reviewed and validate the reasons for delays that were attributed agency delays reported.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 4 | 3 | 0 | 1 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Regional EI Program A: FFY 2022: Performance 35/36 records (97.2%) met the target. 1/36 records (2.8%) did not meet target. 1/36 records did not meet the LEA transition notification timeline (at least 90 days prior to the child's third birthday, and not more than nine months) requirement for LEA transition notification. As a result, 1 finding was issued for 1 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 13/14 records were reviewed reflecting 92.9% compliance with the regulatory requirement. In the second review 19/19 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the finding within one year and was correctly implementing the timeliness requirement for transition notification. The additional child level records that were not timely in the first review was reviewed and verified that transition notification transpired, although late.

Regional EI Program B: FFY 2022: Performance 86/96 records (89.6%) met the target. 10/96 records (11.4%) did not meet target. 10/96 records did not meet the LEA transition notification timeline (at least 90 days prior to the child's third birthday, and not more than nine months) requirement for LEA transition notification or did not include sufficient documentation collected in the State's data management system. As a result, 1 finding was issued for 10 child level records to this regional program for FFY 2022. The regional EI program closed their facility after not procuring a new EI contract for the Part C program, effective 7/1/2024. The regional program was notified on 1/19/2024 of the identified noncompliance in their FFY 2022 APR for Indicator C-8b. The program closed on 6/30/2024, which was only 6 months into the 12-month time period for timely correction. Unfortunately, the program did not have sufficient time to achieve 100% compliance prior to the facility closing but likely would have timely corrected the noncompliance if they had remained open.

Regional EI Program C: FFY 2022: Performance 10/11 records (90.9%) met the target. 1/11 records (10.1%) did not meet target. 1/11 records did not meet the LEA transition notification timeline (at least 90 days prior to the child's third birthday, and not more than nine months). As a result, 1 finding was issued for 1 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 10/10 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program has corrected the finding within one year and is correctly implementing the timeliness requirement for the transition notification.

Regional EI Program D: FFY 2022: Performance 11/12 records (91.3%) met the target. 1/12 records (8.3%) did not meet target. 1/12 records did not meet the LEA transition notification timeline (at least 90 days prior to the child's third birthday, and not more than nine months). As a result, 1 finding was issued for 1 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 13/13 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program has corrected the finding within one year and is correctly implementing the timeliness requirement for the transition notification.

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

Regional EI Program A: FFY 2022 Performance 35/36 records (97.2%) met the target. 1/36 records (2.8%) did not meet target. 1/32 records did not meet the LEA transition notification timeline (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday). The state verified that the individual child record was correct in MedCompass. The data reflected that the transition notification transpired, although late.

Regional EI Program B: FFY 2022 Performance 86/96 records (89.6%) met the target. 10/96 records (11.4%) did not meet target. 10/96 records did not meet the LEA transition notification timeline, (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday) requirement, or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. The state verified that the 7 individual child records were correct in MedCompass. The data reflected that the transition notification transpired although late.

Regional EI Program C: FFY 2022 Performance 10/11 records (90.9%) met the target. 1/11 records (10.1%) did not meet target. 1/11 records did not meet the LEA transition notification timeline, (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday) requirement. The state verified that the individual child records were correct in MedCompass. The data reflected that each child had a transition notification transpired, although late.

Regional EI Program D: FFY 2022 Performance 11/12 records (91.7%) met the target. 1/12 records (8.3%) did not meet target. 1/12 records did not meet the LEA transition notification timeline, (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday). The state verified that the individual child record was correct in MedCompass. The data reflected that the transition notification transpired, although late.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Regional EI Program B: Program B closed at the end of the fiscal year and the state ensured all children served in Program B were transitioned to a new regional program and for those children in Program B that did not have a timely notification to the LEA and SEA the state verified the SEA and LEA were notified, although late. No additional required actions could be imposed due to closure. However, the program closed 6/30/2024 and did not have the 6 additional months to timely correct.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
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8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The state reported data on the correction of findings issued in FFY 2022 above.

8B - OSEP Response**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 = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right] \times 100$.
- 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 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

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 consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months 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 child-specific and regulatory/systemic noncompliance as noted in OSEP's response 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 100.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|---------|--------|---------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 96.16% | 100.00% | 98.77% | 90.27% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 83 | 118 | 90.27% | 100% | 92.45% | Did not meet target | No Slippage |

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.

12

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.

15

Provide reasons for delay, if applicable.

Common themes identified for reason for delay for exceptional family circumstances:

Family sick/illness, surgery or other medical related conflict

Family scheduling conflict and family had to reschedule for a later date (including moving, work conflicts and family vacations)

Common themes identified for agency reason for delay:

Referral received between 91-135 days prior to the third birthday and found eligible

Regional EI program changes in leadership, staff shortages, and facility closure.

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).

For Indicator C-8a: Early Childhood Transition, the period which the data was collected is the fourth quarter, April 1, 2024-June 30, 2024.

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

The state selected fourth quarter data for the FFY 2023 reporting period from the data management system MedCompass to report on Indicator C-8c: Early Childhood Transition, and to monitor each regional program's compliance 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.

The state used the Part C Transition Plan and Conference report to analyze data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. The state's analysis of transition conference data during this period contained the full range of variability exhibited by the population served by the MT Milestones program throughout the year. The data collected was from all five regional EI programs across the state. The data reflected on average the total number of children transitioning in each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of holding a transition conference at least 90 days, and at the discretion of all parties, but not more than nine months, prior to the toddler's third birthday, that occurred throughout FFY 2023 reporting period as well. Overall, the analysis led the Part C state staff to determine the fourth quarter data is representative of the entire state for FFY 2023.

The state took steps to validate the completeness and accuracy of the fourth quarter data by reviewing the Part C Transition Plan and Conference report with each regional EI program and worked with them to confirm the data was accurate, valid and complete through an established data cleaning and

freezing process. The data cleaning process included each regional EI program reviewing their regional Part C Transition Plan and Conference report for data completeness checks, date range checks, data consistency checks, data uniqueness checks, duplication checks, formatting checks for dates and numbers, identifying outliers, and data coding checks. The data freezing process provided regional programs time to internally review and clean their regional Part C Transition Plan and Conference report for reporting for FFY 2023 Indicator C-8c, prior to a final freeze of the data. The state then froze the FFY 2023 data to internally review and validate the timeliness and untimeliness with the transition conference timeline requirements. The state also reviewed and validate the reasons for delays that were attributed to the exceptional family circumstance reported, and agency delays reported.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 4 | 3 | 0 | 1 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Regional EI Program A: FFY 2022: Performance 35/36 records (97.2%) met the target. 1/36 records (2.8%) did not meet target. 1/36 records did not meet the transition conference timeline (at least 90 days prior to the child's third birthday, and not more than nine months) requirement for holding the transition conference. As a result, 1 finding was issued for 1 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 13/13 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the finding within one year and was correctly implementing the timeliness requirement for holding a transition conference.

Regional EI Program B: Performance 12/19 records (63.15%) met the target. 7/19 records (36.85%) did not meet target. 7/19 records did not meet the transition conference timeline (at least 90 days prior to the child's third birthday, and not more than nine months) requirement for holding the transition conference or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. As a result, 1 finding was issued for 7 child level records to this regional program for FFY 2022. The regional EI program closed their facility after not procuring a new EI contract for the Part C program, effective 7/1/2024. The regional program was notified on 1/19/2024 of the identified noncompliance in their FFY 2022 APR for Indicator C-8c. The program closed on 6/30/2024, which was only 6 months into the 12-month time period for timely correction. Unfortunately, the program did not have sufficient time to achieve 100% compliance prior to the facility closing but likely would have timely corrected the noncompliance if they had remained open.

Regional EI Program C: FFY 2022: Performance 6/8 records (75%) met the target. 2/8 records (25%) did not meet target. 2/8 records did not meet the transition conference timeline (at least 90 days prior to the child's third birthday, and not more than nine months) or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. As a result, 1 finding was issued for 2 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 12/14 records were reviewed reflecting 85.7% compliance with the regulatory requirements, the followed by another review of 10/12 records were reviewed reflecting 83.3% compliance with the regulatory requirements, then a third review 12/16 records were reviewed reflecting 75% compliance with the regulatory requirements, during a fourth pull 10/10 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program has corrected the finding within one year and is correctly implementing the timeliness requirement for the transition conference. The additional 8 child level records that were not timely were reviewed and verified that all 8 children did receive a transition conference, although late.

Regional EI Program D: FFY 2022: Performance 10/11 records (90.9%) met the target. 1/11 records (9.9%) did not meet target. 1/11 records did not meet the transition conference timeline (at least 90 days prior to the child's third birthday, and not more than nine months) or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. As a result, 1 finding was issued for 1 child level record to this regional program for FFY 2022. One month of updated data was collected and reviewed with a minimum of at least 10 records from MedCompass. 8/11 records were reviewed reflecting 72.7% compliance with the regulatory requirements, follow by another review 13/13 records were reviewed reflecting 100% compliance with the regulatory requirements, indicating the regional program has corrected the finding within one year and is correctly implementing the timeliness requirement for the transition conference. The additional 4 child level records that were not timely were reviewed and verified that each child did receive a transition conference, although late.

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

Regional Program A: FFY 2022 Performance 35/36 records (97.2%) met the target. 1/36 records (2.8%) did not meet target. 1/32 records did not meet the transition conference timeline (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday). The state verified that the individual child record was correct in MedCompass. The data reflected that the child had a transition conference, although late.

Regional Program B: FFY 2022 Performance 12/19 records (63.15%) met the target. 7/19 records (36.85%) did not meet target. 7/19 records did not meet the transition conference timeline, (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday) requirement, or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. The state verified that the 7 individual child records were correct in MedCompass. The data reflected that each child had a transition conference, although late.

Regional Program C: FFY 2022 Performance 6/8 records (75%) met the target. 2/8 records (25%) did not meet target. 2/8 records did not meet the transition conference timeline, (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday) requirement, or did not include sufficient documentation collected in the State's data management system to determine the reason for delay. The state verified that the 2 individual child records were correct in MedCompass. The data reflected that each child had a transition conference, although late.

Regional Program D: FFY 2022 Performance 10/11 records (90.9%) met the target. 1/11 records (9.9%) did not meet target. 1/11 records did not meet the transition conference timeline, (at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday). The state verified that the individual child records were correct in MedCompass. The data reflected that each child had a transition conference, although late.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Regional EI Program B: Program B closed at the end of the fiscal year and the state ensured all children served in Program B were transitioned to a new regional program and for those children in Program B that did not have a timely transition conference the state verified each child did receive a transition conference or they had exited the program. No additional required actions could be imposed due to closure. However, the program closed 6/30/2024 and did not have the 6 additional months to timely correct.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
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8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The state reported data on the correction of findings issued in FFY 2022 above.

8C - OSEP Response

8C - Required Actions

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 ED Facts 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 baselines 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 baselines 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.

The state had no dispute resolution to report.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

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 ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

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 baselines 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 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 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1 Mediations held | 0 |
| SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/13/2024 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will to continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

The Family Outcomes Survey Workgroup and Part C State staff chose to enlist the DPHHS Epidemiology Department to facilitate collection and aggregation of the Family Outcomes Survey data. This would bring the data in-house and facilitate ease of accessibility to the data. Surveys were distributed during in-home visits by the Family Support Specialist or Service Coordinator, via online and QR code to childcare providers, families and pediatricians in all counties by our Regional Program Staff.

Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

In collaboration with the WestEd team, the state and regional program met with a variety of community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about how they conduct developmental screenings, what they know about Part C and do they refer families to Part C. Partners were identified throughout the region, including tribal communities. Surveys were distributed via online and QR code to childcare providers, families and pediatricians in the counties served by the Child Development Center. Results from exploratory conversations to better understand cultural factors and other root causes impacting referrals to early intervention prompted WestEd team, in collaboration with the Part C programs, to develop a survey for families, medical providers and childcare programs to dig deeper into their experiences and identify potential action steps that address concerns. Montana is evaluating the project and its implications statewide. State staff is collecting and tracking the historical data for indicators 5 and 6, and the growth throughout certain areas of the state, including information from the rate study on current populations. For FFY 2023 Child find targets were not adjusted.

Indicator 11 (SSIP): In collaboration with technical assistance from the National Center for Pyramid Model Innovations (NCPMI), Montana established a state Pyramid Model implementation team to support the work of Pyramid Model implementation. This group met several times in the close of 2023 to complete the application for intensive technical assistance through NCPMI and was notified of selection in December 2023. This group has met monthly starting in January and is composed of state and Part C provider staff. Montana selected the first Pyramid Model implementation site, which is required to establish a local leadership team, and they are actively searching for parent involvement. Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust SIMR targets.

Montana has a stakeholder workgroup made up of state staff and Part C provider staff to inform professional development and quality improvement needs in Montana's Part C system.

Montana Part C staff as well as local provider staff have participated in the Montana Home Visiting Coalition meetings, which are facilitated by the non-profit organization Healthy Mothers Healthy Babies. This group includes home visiting programs from across the state which receive both private and public funding. This group has provided professional development opportunities to home visiting and Part C programs.

Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2023 | 2024 | 2025 |
|----------|------|------|------|
| Target>= | | | |

FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 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

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 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 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 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 2020 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 2020 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, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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 (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., 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 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) 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)

NO

Please provide a link to the current theory of action.

<https://dphhs.mt.gov/assets/ecfsd/childcare/TheoryofAction-MTMilestones-Updated2023.pdf>

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 | Current Relationship | 2023 | 2024 | 2025 |
|--------|--------------------------------------------------|--------|--------|--------|
| Target | Data must be greater than or equal to the target | 59.00% | 59.00% | 60.00% |

FFY 2023 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 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 237 | 415 | 55.83% | 59.00% | 57.11% | Did not meet target | No Slippage |

Provide the data source for the FFY 2023 data.

The State of Montana used its data management system (MedCompass) to compile the FFY 2023 data. All contractors verified data accuracy using data extractions of all infants and toddlers who exited the program during the federal reporting period (FFY 2023). Procedures for gathering the data for this indicator include the using the Montana Child Outcome Summary Process and the MEISR tool for age anchoring. A sampling procedure was not used. The data is from all programs across the state making it representative of the entire state. The state analyzed the data for a full reporting year. The state

made data validation improvements and provided technical assistance to regional contractors regarding data reports and analysis. The state made data validation improvements including version control, tracking of historical changes for forms and plans, and improving testing protocol. Technical assistance was also provided to regional contractors regarding data reports and analysis.

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

MedCompass: The Child Outcomes Summary Analysis Report for July 1, 2023, through June 30, 2024, was one source of child outcomes summary data. The regional agency's personnel document all baseline and exit Child Outcomes Summary Forms within the MedCompass 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 period and those infants and toddlers with both a baseline and exit rating collected in the data management system.

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, which 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.

Montana's Part C system has continued to experience turnover and staffing shortages. In order to support workforce recruitment and retention, Montana engaged in a rate study that resulted in an increased rate starting July 1, 2024. Montana also provided professional development trainings that are intended to positively impact data quality including a training on service coordination activities and documentation. We also have planned trainings on data integrity in the coming year.

Montana is continuing to develop training modules related to our Comprehensive System of Personnel Development that will focus on increasing new employees' understanding of early intervention services, evaluation, and Montana's Child Outcomes Summary Process. The COS process training has been developed with the support of technical assistance through WestEd which involved the input of content experts from Montana as well as newly hired Family Support Specialists to participate in the recording of the training as content contributors. Montana has noted that when practitioners or Family Support Specialists don't fully understand the COS process, it can impact child outcome ratings, which impacts data quality. The impact of staff turnover resulting in the ongoing frequent hiring of new staff has impacted COS ratings so that both ratings which are too high and primarily ratings which are too low have been observed.

Montana also continues to develop annual training calendars to ensure all Part C service providers across the state receive updated and ongoing training on a yearly basis.

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.

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

NO

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

Comprehensive Personnel Development System- Montana continued to contract with West Ed to develop the 13 knowledge-based content area learning courses identified through the Delphi process, leading to Primary and Comprehensive certification. Five courses have now been developed, conducted for representative new and seasoned FSSs from various regions, and video recorded for use in the SCORM packages. The completed courses to date from previous reporting periods include (a) Screening, Evaluation and Assessment; (b) Transition from Part C; (c) Foundations of Part C; (d) Individualized Family Service Plans. Completed courses from this reporting period include: (a) Service Coordination; (b) Child Outcomes Summary Process; (c) Measure of Engagement, Independence, and Social Relationships (MEISR); (d) Child Find and Referral System; and (e) Home Visiting and Family Guided Routines (FGRBI). Review and feedback on course content was provided by both Montana content experts who were identified by Part C staff and by volunteer Participant Contributors that included new and experienced FSSs who volunteered to participate in the course sessions as they were video recorded. Audio-visual scripts were developed for each recording that indicated marking (a) sections for deletion, (b) speaker-only sections, (c) PowerPoint slide, website, or screen video only sections; and (d) screen and speaker side-by-side sections. These scripts were used to have the video recordings professionally edited and this has been completed for all nine courses.

During this reporting period, SCORM packages were completed for the first 2 courses that embed (a) activities for trainees to complete on their own and then test their knowledge acquisition with a brief quiz; (b) assignments for trainees to complete at their worksite with assistance and feedback provided by their assigned mentor or supervisor, (c) additional learning resources and materials, and (d) a 30 to 40 item, pre- and post-assessment of content knowledge. The first course was uploaded to MT's initial Learning Management System (LMS) and adjustments were made to the SCORM package based on the options and functions available in the LMS. Montana is now in the process of moving to a new Learning Management System platform that will allow FSSs to access training courses related to core content developed from the DEC Recommended Practices and training needs unique to Montana. The former LMS system also served as a practitioner registry. Since that contract has ended, Montana has manually monitored the certification status for Family Support Specialists.

Montana and WestEd will work with the new learning management system to ensure that courses will be structured and completed in sequential order and decisions need to be made about when FSSs can begin to use the online courses for training and how program leadership with contracted providers will support trainees as they acquire knowledge and develop new or improved skills. The 2025 timeline includes the development of four additional courses.

Social emotional Screening & Assessment- Montana's Pyramid Model State Implementation Team (formerly State Leadership Team) was re-initiated in January 2024 to engage with technical assistance provided by the National Center for Pyramid Model Innovations (NCPMI). The state implementation

team completed the Benchmarks of Quality to match the updated landscape of services and early intervention programs in the state. With the Benchmarks of Quality completed, the state implementation team then completed the state action plan. In August 2024, the state selected the first implementation site, which consists of all the FSSs stationed at the Great Falls office of Benchmark Human Services. Training for this site began in November 2024 and continues through March 2025. Three state staff attended the National Training Institute's (NTI) Pyramid Model Conference in Tampa in April 2024. Two state staff as well as three members of the Benchmark local implementation site leadership team will attend the upcoming NTI conference in April 2025.

Montana has also engaged in intensive technical assistance through NCPMI, which impacted the timelines for implementation of Pyramid Model. Montana was in the early stages of implementation prior to being awarded the intensive technical assistance and opted to re-initiate the process with the support of NCPMI. The updates to the Status and Data column of the Implementation, Analysis, and Evaluation section of this report, reflect the current landscape of Pyramid Model Implementation.

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 Personnel Development System: Content Experts were identified from our regional contractors and have been a valuable source of information for course developers related to practices, materials, and resources that are specific to MT. They have also been very helpful in identifying specific content areas and professional practices that new FSSs, and sometimes experienced FSSs, find the most challenging.

Strategy #1 Short Term Outcome: Certification: FSSs will receive primary certification within the first 2 months. Existing FSSs develop portfolios around the DEC RPs in order to apply for comprehensive certification within 2 years of receiving primary certification.

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 and present the portfolio to the State staff. During the FFY 2023 reporting period, there were five Family Support Specialists who received primary certification. Nine primary certified FSSs completed the requirements to receive their comprehensive certification. All FSSs received comprehensive certification within 2 years of hiring. This indicates a stabilizing in the workforce turnover and retention since there were 13 FSSs who received primary certification in FFY2022 and no FSSs receiving comprehensive certification in 2022.

Strategy #2 Long Term Outcome: State leadership team develops policies, procedures, and resources to plan, implement, evaluate, and sustain a statewide system that supports the use of PM practices across the State of MT.

The state implementation team has developed a plan and process for implementing, evaluating, and sustaining a statewide system that supports the use of Pyramid Model practices, and an initial implementation site has been identified. Additional implementation site(s) will be identified during the next reporting period.

Long Term Outcome: EI practitioners use data evaluation procedure to inform IFSP development to improve child and family outcomes.

The state has developed the Child Outcomes Summary Process learning course and will make this available when the state has an executed contract with a learning management system. The state also updated the methodology for family outcome surveys to solicit responses via a point-in-time method. This change will allow the state and local contractors to evaluate family responses for children who are active on services and make necessary adjustments. The state saw great improvement in the response rate from families.

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 Personnel Development System: During the FFY 2024 reporting period, WestEd and the State will continue to meet and develop four more courses and have targeted (a) Data Management System; (b) MT Family Outcomes Survey Process; (c) Coaching; and (d) Social Emotional Framework as priorities for development. Based on our experiences with the review and feedback provided by MT Content Experts and the Participant Contributors, we intend to continue with the revised procedures we put into place this past reporting period. For each new course, we develop a brief course outline and use it to generate specific questions to be asked of the Content Experts prior to developing the course in detail. Questions are asked during a telephone or Zoom interview are related to (a) specific material, strategies, or practices currently used by each contract agency, (b) the kinds of training experiences that they currently provide to new hires, and (c) what concepts, specific knowledge, and practices/skills seem to be the most difficult for trainees. We will work with the new state contractor that will provide administrative processes, user support, and oversight of Montana's online system of training for Part C personnel. We will begin to upload existing courses as soon as possible when the LMS becomes available. As courses become available online, we will recruit content experts and supervisors/mentors to review the online content and then review and provide feedback on the assignments that were developed specifically for trainees to do at the job site with the support of supervisors/mentors. Finally, we will work with each regional supervisor/mentor team to develop the process (based on Practice Based Coaching and Reflective Practice) they will use to support trainees as they acquire the knowledge, skill, and practices in the content areas the CSPD courses cover.

While courses are developed, the online system puts in place administrative procedures and user support mechanisms, and the LMS becomes available, Family Support Specialists will continue to submit portfolios to the State in order to gain comprehensive certification. The State also plans to continue to work with their fiscal department on ways to provide payment incentives for comprehensive certification. Through these activities, the State 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:

Montana will continue to build upon the implementation progress of the last year. Montana has scheduled the Pyramid Model Home Visiting Practices training for January 2025. This training is open to both early intervention and state and privately sponsored home visiting programs and will be available to up to 75 participants. Additional trainings include Practice Based Coaching, Prevent, Teach, Reinforce for Families, Data Coordinator, and Behavior Specialist trainings. Before July 2025, Montana will identify the second implementation site and begin the process of training their leadership team and providing the other trainings described in this section.

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

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 Intervention². 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 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 courses. 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. Each of the courses developed by WestEd for use in MT's CSPD includes the applicable Recommended Practices Improvement tools, including the Practices Checklists for fidelity assessment and the practitioner and family Practice Guidelines for implementing the practices. We expect to begin collecting pre- post self-assessment data in 2025 after the modules have been completed by WestEd and uploaded to the new LMS 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. Montana has started to utilize data collection tools for the first implementation site serving the Great Falls, MT area. Limited data only is available after implementation site activities in December 2024 and January 2025. Additional trainings will be taking place to train the implementation site on Practice-Based-Coaching principles, Pyramid Model Practices for Early Intervention, behavior support planning, and data collection and evaluation. Data will be available on the Great Falls implementation site during the next reporting period.

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.

Through the intensive technical assistance provided by NCPMI, Montana has evaluated the coaching model used by Family Support Specialists as primary coaches. Our partners at NCPMI have encouraged the combined use of the Shelden and Rush and Pyramid Model for interacting with adult learners because many of Montana's programs have trained and continue to train new hires in this coaching model. Pyramid Model is also consistent and cohesive with Montana's historical approach to family assessment, using the McWilliams routines based interviewing process. With this in mind, Montana intends to continue to monitor data that will demonstrate the reliability of these evidence-based approaches to family coaching.

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

Montana's selected evidence-based practices support an infant's or toddler's social and emotional development recognizing the infant's or toddler's 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 works with intensive TA, we will be working primarily on infrastructure; continuing module development for CSPD, putting into place coaching and reflective supervision supports to build infrastructure, and continuing to roll out and implement the Pyramid Model implementation road map with the first implementation site and an additional implementation site targeted to begin in spring 2025. 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 WestEd and ensuring access to the Train the Trainer Part C Pyramid Model E-Modules on the learning management system in order to train new staff. Montana will also develop on demand learning courses related to the Pyramid Model Home Visiting practices and make these available on the learning management system.

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 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 2024 APR to ensure the State is still on track with meeting activities and outcomes as outlined on the State's evaluation plan.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Stakeholder input for the SPP/APR targets is obtained from the Part C Leadership Team made up of the program teams: directors, program managers, Family Support Specialist. Additionally, input is gathered from the state's FSSAC (ICC), and from the state staff at the lead agency and bureau. Specific examples include:

Indicator 2: Montana state staff discuss primary settings and natural environment data with both the leadership team and FSSAC (ICC) about tracking the historical data for this indicator and determined the State will to continue to collect and monitor the data for patterns, and trends, but did not adjust the Indicator C-2 target.

Indicator 3: Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust indicator 3 targets. State staff are looking at providing technical assistance and training for ensuring data completeness in the COS data.

Indicator 4: Montana enlisted one regional program in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with the regional program monthly beginning June 2023 with the final meeting held with the FSSAC workgroup on October 11, 2023. The state also worked with University of Montana to evaluate response rate trends and patterns and develop strategies for distribution. This information was shared with the stakeholder group. Beginning in January of 2024 Montana enlisted representatives from each regional program (5) to participate in additional stakeholder work to identify barriers and develop strategies to increase Family Outcomes Survey response rate and the additional requirements of representativeness for Indicator 4. The state met with these regional representatives (Family Outcome Survey Workgroup) which included Directors and Family Support Specialist monthly beginning April 2024 with the final meeting held November 26, 2024. In addition, the State Part C team met with its TA provider who presented different methodologies for collection of Family Outcomes data. These different methodologies were presented to the Family Outcomes Survey Group and the FSSAC Leadership. This information was shared with the FSSAC on October 25, 2024.

The state team and stakeholders' input, including assistance from TA from DaSy, and reevaluation of the data determined the state would change the data collection to a Point in Time for the entire month of April for active Part C members with an IFSP, instead of children exiting at their 3rd birthday. Montana will evaluate the impact of this change in the next reporting period with stakeholder input, but no adjustments for targets were made for reporting period FFY 2023.

The Family Outcomes Survey Workgroup and Part C State staff chose to enlist the DPHHS Epidemiology Department to facilitate collection and aggregation of the Family Outcomes Survey data. This would bring the data in-house and facilitate ease of accessibility to the data. Surveys were distributed during in-home visits by the Family Support Specialist or Service Coordinator, via online and QR code to childcare providers, families and pediatricians in all counties by our Regional Program Staff.

Indicators 5 and 6: Montana is one of three states participating in the WestEd Collective Impact Model for Part C project to increase the capacity of local providers to utilize child find referral and tracking data to monitor equitable access to and participation in Part C early intervention services through cross sector collaboration. One Regional Program was selected as an implementation site for the project, this includes forming local Child Find Teams and a Screening and Referral Cadre comprised of local Part C providers, community partners, and cross-sector providers.

In collaboration with the WestEd team, the state and regional program met with a variety of community partners in the regional area including Head Start, Childcare providers, Child Protective Services and NICU representatives to gather information about how they conduct developmental screenings, what they know about Part C and do they refer families to Part C. Partners were identified throughout the region, including tribal communities. Surveys were distributed via online and QR code to childcare providers, families and pediatricians in the counties served by the Child Development Center. Results from exploratory conversations to better understand cultural factors and other root causes impacting referrals to early intervention prompted WestEd team, in collaboration with the Part C programs, to develop a survey for families, medical providers and childcare programs to dig deeper into their experiences and identify potential action steps that address concerns. Montana is evaluating the project and its implications statewide. State staff is collecting and tracking the historical data for indicators 5 and 6, and the growth throughout certain areas of the state, including information from the rate study on current populations. For FFY 2023 Child find targets were not adjusted.

Indicator 11 (SSIP): In collaboration with technical assistance from the National Center for Pyramid Model Innovations (NCPMI), Montana established a state Pyramid Model implementation team to support the work of Pyramid Model implementation. This group met several times in the close of 2023 to complete the application for intensive technical assistance through NCPMI and was notified of selection in December 2023. This group has met monthly starting in January and is composed of state and Part C provider staff. Montana selected the first Pyramid Model implementation site, which is required to establish a local leadership team, and they are actively searching for parent involvement. Montana discussed COS data with the FSSAC and the Professional Development workgroup consisting of program leadership for Part C programs. Montana did not adjust SIMR targets.

Montana has a stakeholder workgroup made up of state staff and Part C provider staff to inform professional development and quality improvement needs in Montana's Part C system.

Montana Part C staff as well as local provider staff have participated in the Montana Home Visiting Coalition meetings, which are facilitated by the non-profit organization Healthy Mothers Healthy Babies. This group includes home visiting programs from across the state which receive both private and public funding. This group has provided professional development opportunities to home visiting and Part C programs.

Montana Part C staff helped to plan the annual Montana early childhood conference called Great Beginnings Great Families. This conference offered professional development and continuing education opportunities to the early childhood workforce. The planning committee included state and community-based participants. Great Beginnings Great Families was held August 13-15, 2024.

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

Montana's Family Support Coordinating Council (FSSAC) was also used to seek broad stakeholder input regarding Montana's SiMR and ongoing SSIP improvement strategies. Meetings with the FSSAC were held on: 8/11/2023, 1/19/2024, 4/12/2024, 7/19/2024. FSSAC meetings included review of APR data including feedback from OSEP regarding APR and DMS, the request for proposal for the new contract term, SSIP progress, and monitoring of State contracted agencies.

Specific input related to the SSIP and CSPD work is generally supported by the state Professional Development and Quality Improvement Workgroup, made up of program leadership from our Part C contractors. This group provides insight on training needs, assigns Family Support Specialists to participate in communities of practice and the CSPD learning course development, and state initiatives related to professional development and quality improvement before it goes before the FSSAC. This group meets monthly.

The Pyramid Model State Implementation Team, formerly the State Leadership Team, is made up of contractor leadership and Family Support Specialists. This team meets monthly to review the state action plan, data regarding implementation, and to revise the Benchmarks of Quality on a regular basis. The state solicits input from this group and engages this group to promote Pyramid Model implementation in the state.

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.

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.

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023 | |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

Indicator 1. 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)

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 2 | 10 | 1 | 9 | 2 |

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

In FFY 2022, Montana Milestone's conducted Comprehensive Monitoring for all 5 regional programs and monitored implementation of a number of related IDEA requirements. As a result of this monitoring, the state issued 10 findings to 4 of the regional EI programs related to the following three requirements.

Early Intervention Service Provider: 34 CFR 303.12(b)(2) All IFSP services are provided in accordance with the frequency, intensity, duration, method, and length as documented in the child's IFSP. One finding was issued to three regional EI programs.

Content of an IFSP: 34 CFR 303.344(d)(1) All services necessary to meet the development needs of the child and the needs of the family, as determined by the multidisciplinary IFSP team, are documented in the child's IFSP. One finding was issued to three regional EI programs.

Multidisciplinary Team 34 CFR 303.24: A multidisciplinary team of professionals are involved in the child and family assessment, child evaluation, and in IFSP team meetings. One finding was issued to four regional EI programs.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Of the 5 regional EI programs in the state, 4 were issued a total of 10 findings of noncompliance of IDEA requirements related to Indicator C1- Timely Services from integrated Comprehensive Monitoring. 2 additional findings were issued during the FFY 2022 APR C-1 Timely Provision of Services review. To verify correction of noncompliance for each of the 12 findings, the state reviewed subsequent data from the data management system MedCompass, to verify that the programs were at 100% compliance and correctly implementing the regulatory requirement and that each individual case of noncompliance was corrected.

To verify that the 4 EI regional programs were correctly implementing the regulatory requirements for timely services of C-1, and 3 other IDEA requirements that findings were issued related to the regulatory requirements for C-1, the state reviewed one month of data and a minimum of 10 records for each program. The state reviewed the Part C Service report and an extract from the data management system for each of the 3 IDEA related requirements.

Regional EI program A was issued 3 findings of IDEA requirements related to C-1 Timely Services as a result of integrated Comprehensive Monitoring. All 3 findings were verified as timely corrected. The state issued 1 finding in FFY 2022 APR for C-1 Time Receipt of Services. The one finding from the FFY 2022 APR was verified as timely corrected within the 1-year timeline.

Regional EI program B was issued 3 findings of IDEA requirements related to C-1 Timely Services as a result of integrated Comprehensive Monitoring. All 3 findings were verified as timely corrected within the 1-year timeline.

Regional EI program C was issued 3 findings of IDEA requirements related to C-1 Timely Services as a result of integrated Comprehensive Monitoring. 2 findings were verified as timely corrected. 1 finding has not been corrected, yet. The state issued 1 finding in FFY 2022 APR for C-1 Time Receipt of Services. The one finding from the FFY 2022 APR has not been verified as timely corrected within the 1-year timeline.

Regional EI program D was issued 1 finding of IDEA requirements related to C-1 Timely Services as a result of integrated Comprehensive Monitoring. The 1 finding was verified as timely corrected within the 1-year timeline.

10 of the 12 findings were verified as timely corrected (within one year of identification) since the data demonstrated that each program with these findings were at 100% compliance and correctly implementing the requirements and each case of noncompliance was also corrected.

2 of the 12 findings were not verified as timely corrected within one year of identification due to data not reflecting 100% compliance at the subsequent data review, despite each individual case of noncompliance had been corrected. The state will continue to pull data and review to verify until it meets 100% compliance with the regulatory requirements related to Early Intervention Service Provider: 34 CFR 303.12(b)(2), and the regulatory requirements from C-1 Timely Provision of Services (20 U.S.C. 1416(a)(3)(A) and 1442).

All four programs were required to conduct a root cause analysis in coordination with the state, revise policies and procedures, and develop appropriate administrative support to ensure compliance and correction. The one EI regional program that has not timely corrected (within one year of identification) will continue to meet with the state on a monthly basis to review progress, and track correction. A review of the initial root cause analysis and edits made to include additional root causes identified. Review of updated policies and procedures for any additions to help ensure compliance. A review of administrative support internally at the regional program level, but also at the state level to ensure that correction of the remaining 2 finding related to indicator C1 Timely Services and other IDEA requirements related to timely receipt of services.

As a result, the state verified that 3 of the 4 regional programs timely corrected their noncompliance that was identified through integrated comprehensive monitoring related to other IDEA requirements for timely services and achieved 100%. The state also verified that 1 of the 2 regional programs timely corrected their noncompliance that was identified in FFY 2022 SPP/APR C-1 Timely Services and achieved 100%. The state was unable to verify timely correction for the 1 regional program for two findings (1 finding from integrated comprehensive monitoring and 1 finding from FFY 2022 SPP/APR C-1 Timely Services) that data did not reflect 100% compliance. The state is providing increase TA to this program to support them with correction and will continue to review subsequent data until the program reaches 100% compliance. The status of correction of these finding will be reported in the FFY 2024 SPP/APR. (Please review Indicator C-1 for details pertaining to the regional programs detailed data pertaining to programmatic correction.)

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The state identified 14 individual cases of noncompliance across 2 regional EI programs for Indicator C1 Timely Services. The state identified 44 individual cases of noncompliance in the 3 other IDEA requirements related to Indicator C1 Timely Services for 4 regional EI programs during integrated comprehensive monitoring. A total of 58 individual cases of noncompliance was identified. The state reviewed the individual child records for each of the children and verified the following:

All 14 individual cases of noncompliance related to Indicator 1 Timely Services, were corrected, and the child received services, although late.

All 44 individual cases of noncompliance related to IDEA regulation related to Indicator 1 Timely Services, that were identified through integrated comprehensive monitoring were corrected as well.

All 11 individual cases of noncompliance related to Multidisciplinary Team 34 CFR 303.24: A multidisciplinary team of professionals are involved in the child and family assessment, child evaluation, and in IFSP team meetings, were corrected.

All 18 individual cases of noncompliance related to Content of an IFSP: 34 CFR 303.344(d)(1) All services necessary to meet the development needs of the child and the needs of the family, as determined by the multidisciplinary IFSP team, are documented in the child's IFSP were corrected.

All 15 individual cases of noncompliance related to Early Intervention Service Provider: 34 CFR 303.12(b)(2) All IFSP services are provided in accordance with the frequency, intensity, duration, method, and length as documented in the child's IFSP, were corrected.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| | | | | |

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 8A. 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. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 2 | | 1 | | 1 |

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

There were no other findings related to other IDEA requirements through integrated Comprehensive monitoring. The 2 findings in column A are from the FFY 2022 SPP/APR review of C-8A Transition Plan.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To verify that the 2 EI regional programs were correctly implementing the regulatory requirements for timely Transition Plan of C-8A, the state reviewed one month of data and a minimum of 10 records by the program. The state reviewed the Part C Transition Plan and Conference report from the data management system. As a result, the state verified that one regional program timely corrected their Early Childhood Transition plan noncompliance and achieved 100%. The state was unable to verify timely correction for the 2nd regional program due to program closure on 6/30/2024. The state is confident the program would have corrected had they remained open and had the full 1-year to correct (program was notified of noncompliance on 1/19/2024). (Please review Indicator C-8A for details pertaining to the regional program detailed data pertaining to programmatic correction.)

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The state identified 3 individual cases of noncompliance across 2 regional EI programs for Indicator C-8A Transition Plan. The state identified 0 additional cases on non-compliance related to the IDEA regulatory requirements for C-8A during integrated Comprehensive Monitoring. The state reviewed the individual child records for each of the children and verified the following:

All individual cases of noncompliance related to Indicator C-8A Transition Plan, were corrected, and each child received a transition plan, although late.

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and 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. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 4 | | 3 | | 1 |

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

There were no other findings related to other IDEA requirements through integrated Comprehensive monitoring. The 4 findings in column A are from the FFY 2022 SPP/APR review of C-8B Notification.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To verify that the 4 EI regional programs were correctly implementing the regulatory requirements for timely Transition Notification of C-8B, the state reviewed one month of data and a minimum of 10 records by the program. The state reviewed the Part C LEA Notification report from the data management system. As a result, the state verified that 3 regional programs timely corrected their timely services noncompliance and achieved 100%. The state was unable to verify timely correction for the one regional program due to program closure on 6/30/2024. The state is confident the program would have corrected had they remained open and had the full 1-year to correct (program was notified of noncompliance on 1/19/2024). (Please review Indicator C-8B for details pertaining to the regional programs detailed data pertaining to programmatic correction.)

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The state identified 13 individual cases of noncompliance across 4 regional EI programs for Indicator C-8B Transition Notification. The state identified 0 additional cases on non-compliance related to the IDEA regulatory requirements for C-8B during integrated Comprehensive Monitoring. The state reviewed the individual child records for each of the children and verified the following:

All 13 individual cases of noncompliance related to Indicator C-8B Transition Notification, were corrected, and the LEA and SEA were notified, although late.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

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)

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 4 | | 3 | | 1 |

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

There were no other findings related to other IDEA requirements through integrated Comprehensive monitoring. The 4 findings in column A are from the FFY 2022 SPP/APR review of C-8C Transition Conference.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

To verify that the 4 EI regional programs were correctly implementing the regulatory requirements for timely Transition Conference of C-8C, the state reviewed one month of data and a minimum of 10 records by the program. The state reviewed the Part C Transition Plan and Conference report from the data management system. As a result, the state verified that 3 regional programs timely corrected their timely services noncompliance and achieved 100%. The state was unable to verify timely correction for the one regional program due to program closure on 6/30/2024. The state is confident the program would have corrected had they remained open and had the full 1-year to correct (program was notified of noncompliance on 1/19/2024). (Please review Indicator C-8C for details pertaining to the regional programs detailed data pertaining to programmatic correction.)

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The state identified 11 individual cases of noncompliance across 4 regional EI programs for Indicator C-8C Transition Conference. The state identified 0 additional cases on non-compliance related to the IDEA regulatory requirements for C-8C during integrated Comprehensive Monitoring. The state reviewed the individual child records for each of the children and verified the following:

All 11 individual cases of noncompliance related to Indicator C-8C Transition Conference, were corrected, and the Transition Conference was held although late.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

| Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| | | |

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 12 | 10 | 8 | 9 | 5 |

FFY 2023 SPP/APR Data

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified in FFY 2022 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|----------------------------------------------------------------|----------------------------------------------------------------------|---------------|-----------------|---------------|--------|----------|
| 17 | 22 | | 100% | 77.27% | N/A | N/A |

| | |
|-------------------------------------------------------------------------------------------------------------------|--------|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 22.73% |
|-------------------------------------------------------------------------------------------------------------------|--------|

Provide additional information about this indicator (optional)

The state understands the importance of providing additional information and transparency when correction of noncompliance cannot be achieved due to circumstances that are out of the state's control, like facility/program closure and that program no longer being Part C provider. Due to circumstances out of the state's control, 1 regional EI program closed their facility at the end of the fiscal year on June 30, 2024, and was no longer a Part C provider. This program had not yet timely corrected their noncompliance that was identified during the FFY 2022 APR for Indicators C-8A, C-8B, and C-8C. The state was able to verify that all individual cases of noncompliance were corrected and that all children received their transition activities, although late. Due to the facility closure the state was unable to verify the programmatic level of correction by reviewing updated data until the state was able to verify the program reached 100% compliance. The state is confident the program would have corrected timely had they remained open and had the full 1-year to correct (program was notified of noncompliance on 1/19/2024 and closed 6/30/2024). Therefore 3 of the 5 uncorrected findings are associated with that program. Had the program corrected prior to closure or within the 1-year timeline, 20/22 findings would be corrected, and the Part C Montana Milestones program would be reporting 90.9% compliance under Indicator 12 General Supervision.

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023). | 22 |
| 2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding) | 17 |
| 3. Number of findings <u>not</u> verified as corrected within one year | 5 |

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 4. Number of findings of noncompliance not timely corrected | 5 |
| 5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C | 0 |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1 | |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7 | |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A | |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B | |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C | |
| 6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u> | |
| 7. Number of findings <u>not</u> yet verified as corrected | 5 |

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - OSEP Response

12 - 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

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:

Joshua Kendrick

Title:

Part C Coordinator

Email:

joshua.kendrick@mt.gov

Phone:

4064445647

Submitted on:

01/31/25 1:38:28 PM