

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2022**

Montana



**PART C DUE
February 1, 2024**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Montana Department of Public Health and Human Services (DPHHS) is the State lead agency responsible for administering and overseeing the statewide system of early intervention services, Montana Milestones Part C Early Intervention Program. The Part C Program 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 contracts with five agencies to provide the Part C Program in geographic catchment areas for infants and toddlers who are experiencing developmental delays or at risk for developmental delays due to an established condition diagnosed by a physician or psychologist.

Each agency's contract requires the provision of the following:

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

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

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

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

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

Procedural safeguards accorded to children and families receiving services.

Transition from the Part C of the IDEA Program to Part C 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, Med Compass, from data extracts pertaining to Indicator 1 and from the Med Compass system for the period of July 1, 2022 through June 30th, 2023.

The Part C Montana Milestone program has been working on improving the state's data management system since the onsite DMS visit in June of 2022. Since then, the state has developed business rule documents and 13 individual Part C reports to use for internal monitoring and APR reporting. With the deployment of 13 reports the state has taken a multi-pronged approach to ensuring our data is valid and reliable.

The first prong was to ensure our regional program staff understood where the data in the Part C reports were pulling from. The state implemented Office Hours and held a one hour meeting every other week to provide technical assistance since November 2022, for all regional program staff. Office hours also included support from DaSy TA staff, AssureCare (data management system staff), and our state project management staff. A report resource document was also developed for each of the Part C reports to ensure our regional staff understand where each data point in the report is mapping from the data system. Through Office Hours regional programs have reported a better understanding of our data management system MedCompass and our 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.

The last prong is for 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 track historical changes and all changes are signed off by the Part C Coordinator and project manager. A multi-level testing process has been 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. These processes have also improved the accuracy of the data.

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).

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

In response to findings identified by the Office of Special Education in the January 24, 2023, Differentiated Monitoring Summary, Montana revised programmatic monitoring policies and procedures, fiscal programmatic monitoring policies and procedures and internal control monitoring policies and procedures for compliance with the federal Part C IDEA regulations and to further refine and improve comprehensive monitoring.

Montana's comprehensive monitoring includes supplementary measurements for quality, compliance, and results indicators. The frequency of comprehensive monitoring is based on an established schedule of every 3 years, or informal or formal dispute resolution. Regional programs were trained on revised monitoring indicators and monitoring procedures on July 21, 2023, and the state conducted comprehensive monitoring of all five regional programs beginning in August 2023 through November 2023.

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's comprehensive monitoring includes supplementary measurements for quality, compliance, and results indicators. The frequency of comprehensive monitoring for regional programs is based on an established schedule of every 3 years, or on the results of the current FFY SPP/APR. 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, 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.

The SPP/APR report aggregates annual monitoring results to report on Montana's performance for compliance and results. This data, in combination with the results of comprehensive monitoring, provide an overview of how well IDEA is being implemented across Montana.

If noncompliance is identified through any of the monitoring activities, the regional program will be encouraged to correct the noncompliance as soon as possible but are required to correct within than one year after the identification of the noncompliance.

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.

If additional findings of noncompliance are identified through other data collection processes, Montana Milestones will require the regional program to develop a CAP specific to the additional areas of noncompliance.

Montana Milestones uses data from monitoring to help plan targeted technical assistance and training to support and sustain correction and overall improvement.

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.

Determinations guide the level of need for technical assistance and/or professional development for the agency.
Verification of Correction of non-compliance:

To verify correction of noncompliance, Montana Milestones completes the following 2 steps:

(1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent compliance with the relevant IDEA requirements) based on a review of updated data such as data subsequently collected through monitoring or the State's data system (systemic compliance); and (2) if applicable, has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the regional program, and no outstanding corrective action exists under a State complaint or due process hearing decision for the child.

Montana Milestones must verify the correction of noncompliance within one year of the identification of the noncompliance. Verification activities will occur before the conclusion of the one-year timeline. In this timeframe, Montana Milestones will notify the regional program in writing when findings of noncompliance have been verified as corrected.

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.

Data verification process: information from the State's database, Med Compass, was used to verify and validate data submissions by each agency. Additional information on data validation is described above in Additional Information Related to Data, throughout the year, activities are completed by the Part C State team to verify the reliability, accuracy and timeliness of data reported by the agencies to DPHHS. Several methods are utilized such as the reporting features of the State's database and ongoing Leadership Team meetings to review data.

Dispute resolution system: the State's Dispute Resolution Process is a criterion used in making contractors' determinations.

The Part C Coordinator oversees the Part C of the IDEA dispute resolution process. The coordinator and the Part C state team supports families and regional contractors to access the Part C procedural safeguard system; provide technical assistance to the regional contractors on the implementation of the procedural safeguards and completes Part C formal investigations within federal timelines. Informal and written complaints are investigated and documented to determine whether there are any findings of non-compliance with IDEA. The DPHHS Office of Legal Affairs provides consultation and the Part C Coordinator sends a written response to the family and the regional program of the complaint. If an area of non-compliance is identified, corrective actions are required of the regional program and the regional program has one year from the notification of noncompliance to come into compliance. If a due process is filed, mediation is made available from a list of qualified Part C mediators. If a due process complaint is received, an administrative law judge is appointed as a due process hearing officer by the Office of Fair Hearings to implement the complaint resolution process.

Technical Assistance System:

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

Montana Milestones provides technical assistance to each agency providing the Part C Program through communications and collaborations to bridge the gap between research, policy, and practices.

During FFY 2022, Montana Milestones accessed technical assistance from CIFR, DaSy, ECTA, NCPMI and contracted with West ED for the development of CSPD modules.

ECTA: Correcting Long Standing Non-Compliance, DMS Monitoring, Annual Performance Report and SSIP support. As a result of working with ECTA TA, Montana received support to revise Montana's programmatic monitoring policies and procedures in response to DMS findings and facilitation of Pyramid Model State Leadership team including completion of the Benchmarks of Quality and the development of state mission and vision for Pyramid Model implementation. Additionally, Montana received technical assistance to revise Dispute Resolution policies and procedures.

DASY: Data Management System report redesign to obtain valid and reliable reporting data, DMS Monitoring and Annual Performance Report. As a result of working with TA, Montana received; direct support in Montana's data office hours, data management system contractor calls, development of business rules for APR reports in the state's data management system, on site visit from DASY TA specialist to support the state response to DMS findings and develop valid and reliable data collection and reporting policies and procedures, data sampling, and data validation cleaning processes.

NCPMI: Pyramid Model work leading to improvements in the State's SiMR. Montana was selected for 2-year Intensive TA assistance with NCPMI for statewide implementation of Pyramid Model.

West Ed: Comprehensive System of Professional Development online Module development.

CIFR: Fiscal systems and DMS Monitoring response. As a result of working with TA, Montana received support to develop revised fiscal monitoring policies and procedures including internal controls and use of funds monitoring policies and procedures.

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

Professional Development System:

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

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

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

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

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

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

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

Collection and analysis of performance data to make decisions 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 contractors and creates an avenue for contractors to interact, pool resources, work in partnership, exchange of information and knowledge, innovate and create new ideas/knowledge, professional development, problem-solving.

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 contractor 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:

Montana's 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.

Montana contracted with University of Montana and Montana State University to conduct a 2023 Part C Needs Assessment to identify gaps in referral,

access, and services in the state. A wide range of stakeholders across the state participated in surveys, focus groups, and facilitated conversations to inform strategic planning to ensure access to equitable Part C services across the Montana. Stakeholders included the medical community, EI providers, Childcare providers, and other partners professionals. The results were presented to the FSSAC on January 19th, 2024.

Montana is one of three states participating in the West ED 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. Child Development Center located in region five 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 West Ed 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.

Specific stakeholder work included:

Dates: 8/16/2022: 3 Part C staff met with WestEd, CDC leadership, and CDC Missoula staff and Conversation with Dr. Bonnie Stephens, NICU Medical Director

6/26/2023: 2 Part C staff met with WestEd, CDC leadership, and CDC Kalispell staff about who to recruit in the Kalispell and Flathead reservation area

6/27/23: 2 Part C staff met with WestEd, CDC leadership, and 3 individuals (supervisor, caseworker, and technical support) from Lake County Child and Family Services/ Office of Public Assistance

6/28/23: 2 Part C staff met with West Ed, CDC leadership, and 4 individuals from the St Ignatius Head Start (Special Services Coordinator, Special Ed teacher, intake person, Early Childhood Services Director)

6/29/23: 2 Part C staff met with WestEd, CDC leadership, and 4 individuals (3 supervisors that oversee Missoula, Mineral, Sanders, Ravalli and tribal population for Child and Family Services, intake person)

11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

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. Two family members serve as the Co-Chairs of the Council providing the Part C State Team and other Council members with key information and recommendations for Montana's comprehensive system of early intervention. The intentional structure meaningfully involves and engages family members to promote their active participation in decision-making such as target setting, data analysis, developing improvement strategies and evaluating progress. The family members participated in regularly scheduled FSSAC meetings, transition workgroup, and workforce workgroup.

Activities to Improve Outcomes for Children with Disabilities:

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

To increase the capacity of the diverse group of parents, the Part C team provided learning opportunities to increase knowledge and understanding of Montana's Part C program including compliance and results indicator data, the Statewide Systemic Improvement Plan, and the funds available via the American Rescue Plan. 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. Additionally, families from all five regions volunteered to share their Part C story in a brief video developed by a marketing firm as part of Montana's statewide Child Find campaign. The videos were developed for distribution on a variety of media platforms; television, radio and print add distribution.

Examples of capacity building actions:

9/07/2023 Transition workgroup finalized the transition brochure for distribution through Montana's Parent Information Center, the State Education Agency (Office of Public Instruction) and Head Start.

8/11/2023- ECTA Presentation of the history and structure of the Interagency Coordinating Council and the responsibility of the ICC members.

Examples include:

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

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

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

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 1/27/23, 4/21/2023 and 8/11/2023 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 2022 APR/SPP will be available on the Department's website as soon as possible after February 1, 2024.

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

Reporting to the Public:

How and where the State reported to the public on the FFY 2021 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 2021 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 2021 APR in 2023, is available.

Montana Milestones Part C Early Intervention Program's FFY 2022 APR/SPP will be available on the Department's website as soon as possible after February 1, 2024.

The FFY 2022 APR/SPP is reported to the DPHHS Director as soon as possible after February 1, 2024.

The dissemination of the regional programs' FFY 2022 APR/SPP and Letters of Determination will be posted to the Department's website as soon as possible after April 1, 2024, and posted to each regional programs' website as soon as possible after April 1, 2024.

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

The FFY 2022 APR/SPP will be available on the Department's website at the same location as soon as possible after the February 1, 2024, submission.

Intro - Prior FFY Required Actions

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

Response to actions required in FFY 2021 SPP/APR**Intro - OSEP Response**

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

The State's determinations for both 2022 and 2023 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 21, 2023 determination letter informed the State that it must report with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

Intro - 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.

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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	98.21%	100.00%	97.69%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
468	519	97.69%	100%	97.30%	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.

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Provide reasons for delay, if applicable.

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

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

Family choosing to wait to start services or choosing to wait for specific specialist

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

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

Regional Provider staff illness/exposure to COVID

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

Montana's definition of "timely" receipt of early intervention services, 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, 2023-June 30, 2023.

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

The state used fourth quarter data for FFY 2022 from the data management system MedCompass to report on Indicator 1, and to monitor each regional program's compliance with the timely provision of service requirements. Specifically, the Part C IFSP Service report was used to validate services identified on the initial IFSP were initiated within the 30-day timeline requirement. Each regional program staff also used subsequent services extract to validate that subsequent service were initiated within the 30-day timeline requirement as well. The subsequent services will be developed into the Part C IFSP Service report for FFY 2023 to encompass both initial and subsequent services are initiated within the 30-day timeline requirement.

In selecting the fourth quarter data for FFY 2022 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 2022 as well. Overall, the analysis led the state to determine the fourth quarter data is representative of the entire state for FFY 2022.

The state took steps to validate the completeness and accuracy of the fourth quarter data by reviewing the Part C IFSP Service report and subsequent services extract with each regional program and worked with them to confirm the data was valid, complete, and accurate through a data cleaning and data freezing process. The data cleaning process included each regional program reviewing the regional IFSP service report and subsequent services extract for data completeness checks, data date range checks, data consistency checks, data uniqueness checks, and data coding checks. The data freezing process provided regional programs time to internally review and clean their regional Part C IFSP report and subsequent services extract for reporting for FFY 2022 Indicator 1, prior to a final freeze of the data. The state then froze the FFY 2022 data to internally review and validate the timeliness and untimeliness of initiation of services of initial and subsequent IFSPs. The state also reviewed and validate the reasons for delays as well as the exceptional family circumstance reported.

Data validation for FFY 2022 timely services data was also conducted during comprehensive program monitoring for each regional program in Fall 2023. The state reviewed source documents (initial and subsequent IFSPs, case notes and billing codes for the first data of service, etc.) and verified if information in these source documents matched data entered into MedCompass for the following data elements: 1) IFSP signature date (initial and subsequent IFSPs); 2) Date each new service was initiated; 3) Yes/No for timely provision of services; 4) Programmatic or family reasons for delay (when required). Although some data entry errors were identified, the state concluded that the data for indicator 1 is reliable and that the state can make sound conclusions about regional program and statewide performance for timely services. For more information about the data validation process during monitoring, see additional information related to data reports and General Supervision in the Introduction.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2021

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		1

FFY 2021 Findings of Noncompliance Verified as Corrected

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

Of the 4 findings that were identified in FFY 2021, 3 were verified as being corrected in FFY 2022. In order to release these 3 regional programs from their FFY 2021 findings, the state verified that each are 1) correctly implementing the specific regulatory requirements as they have achieved 100% compliance based on a review of updated data subsequently collected through monitoring and review of monthly data from the Part C Status report; and 2) each individual child" noncompliance was corrected. The narrative below describes the specific actions taken to verify the correction of the FFY 2021 Findings of Noncompliance that were verified as corrected: The State provided technical assistance through Office Hours and support to all regional programs to ensure regional program staff understood the timely receipt of services requirement and the related Part C IFSP Service report and Subsequent services extract that monitors regional programs timeliness for initiation of services within 30-days of completion of the IFSP for Indicator 1.

Regional Program A: FFY 2021 Performance 34/36= 94% met the target. 2/36= 6% did not meet target. 2/36 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 2 child's records to this regional program for FFY 2021. One month of updated data was collected (17 records) reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the finding within one year and was correctly implementing the timely receipt of services requirements.

Regional Program B: FFY 2021 Performance 19/20= 95% met the target. 1/20= 5% did not meet target. 1/20 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 issued for 1 individual child's record to this regional program for FFY 2021. One month of updated data was collected (13 records) reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the findings within one year and was correctly implementing the timely receipt of services requirements.

Regional Program C: FFY 2021 Performance 54/55= 98% met the target. 1/55= 2% did not meet target. 1/55 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 (28 records) reflecting 100% compliance with the regulatory requirements, indicating the regional program had corrected the findings within one year and was correctly implementing the timely receipt of services requirements.

Regional Program D: 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.

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

Regional Program A: FFY 2021 Performance 34/36= 94% met the target. 2/36= 6% did not meet target. 2/36 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 2 individual child record were corrected by reviewing the 2 individual child records in MedCompass. This data reflected that both children had received services, although late.

Regional Program B: FFY 2021 Performance 19/20= 95% met the target. 1/20= 5% did not meet target. 1/20 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 each of the children with non-compliance had received services, although late.

Regional Program C: FFY 2021 Performance 54/55= 98% met the target. 1/55= 2% did not meet target. 1/55 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 each of the children with non-compliance had received services, although late.

Regional Program D: 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, including the 4 additional child records from updated data. The state reviewed the individual child records in MedCompass and verified that each of the children with non-compliance had received services, although late.

FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**Actions taken if noncompliance not corrected**

Of the 4 findings that were identified in FFY 2021, 1 finding still needs to be verified as being corrected. The State provided technical assistance through Office Hours and support to all regional programs to ensure regional program staff understood the timely receipt of services requirement and the related Part C IFSP Service report and Subsequent services extract that monitors regional programs timeliness for initiation of services within 30-days of completion of the IFSP for Indicator 1. Specifically with the regional program that has not corrected yet, the state has requested a root cause analysis be completed to understand the root cause and help develop and implement a corrective action plan. The regional program and state staff are currently meeting every other month until identified non-compliance is corrected from FFY 2021, FFY 2022, and Comprehensive Monitoring from the Fall of 2023.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

MT responded to how the state verified program correction (functioning at 100%) and correction of each individual child's noncompliance above under "Correction of Findings of Noncompliance Identified in FFY 2021."

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - 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.

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	2017	2018	2019	2020	2021
Target>=	99.00%	99.00%	99.00%	89.00%	94.94%
Data	99.41%	99.52%	100.00%	98.84%	94.94%

Targets

FFY	2022	2023	2024	2025
Target >=	95.00%	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 contractor 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:

Montana's 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.

Montana contracted with University of Montana and Montana State University to conduct a 2023 Part C Needs Assessment to identify gaps in referral, access, and services in the state. A wide range of stakeholders across the state participated in surveys, focus groups, and facilitated conversations to inform strategic planning to ensure access to equitable Part C services across the Montana. Stakeholders included the medical community, EI providers, Childcare providers, and other partners professionals. The results were presented to the FSSAC on January 19th, 2024.

Montana is one of three states participating in the West ED 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. Child Development Center located in region five 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 West Ed 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.

Specific stakeholder work included:

Dates: 8/16/2022: 3 Part C staff met with WestEd, CDC leadership, and CDC Missoula staff and Conversation with Dr. Bonnie Stephens, NICU Medical Director

6/26/2023: 2 Part C staff met with WestEd, CDC leadership, and CDC Kalispell staff about who to recruit in the Kalispell and Flathead reservation area

6/27/23: 2 Part C staff met with WestEd, CDC leadership, and 3 individuals (supervisor, caseworker, and technical support) from Lake County Child and Family Services/ Office of Public Assistance

6/28/23: 2 Part C staff met with West Ed, CDC leadership, and 4 individuals from the St Ignatius Head Start (Special Services Coordinator, Special Ed teacher, intake person, Early Childhood Services Director)

6/29/23: 2 Part C staff met with WestEd, CDC leadership, and 4 individuals (3 supervisors that oversee Missoula, Mineral, Sanders, Ravalli and tribal population for Child and Family Services, intake person)

11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	515
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	675

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
515	675	94.94%	95.00%	76.30%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

The review of the Data for services provided in Natural Environments shows a continued downward trend from FFY 2021. SPP/APR data. The reason for slippage is reflective of the ongoing effort to be intentional about providing services in a comfortable and convenient environment; and allowing the families to make the decision of what services and setting is best for the needs of the child. For example: traveling long distances for service or the reluctance to use Tele-visit has some impact on the child receiving early intervention services in home or community-based settings. In addition, many providers are not conducting services in the home due to on-going concerns for staff exposure to COVID or other illnesses. The regional providers note that post-pandemic the isolation that transfuse families in Montana's urban, rural, and tribal communities will continue to impact child count for years to come.

Provide additional information about this indicator (optional).

Data validation for FFY 2022 for Indicator 2, natural environments settings data was conducted during comprehensive program monitoring for each regional program in Fall 2023. The state reviewed source documents (electronic or paper copy of the IFSP) and verified if information in the source document matched data entry in MedCompass. Validation looked at the following data elements in MedCompass: 1) IFSP service setting (where the intervention service will be provided); 2) IFSP intensity amount (what amount of time will be designated to the intervention service at each session); 3) IFSP service frequency amount (numeric entry); 4) IFSP service frequency (how many times per week, month, or year will the intervention service be provided). Although some data entry errors were identified, the state concluded that the data for indicator 2 is reliable and that the state can make sound conclusions about regional program and statewide performance for provision of services in natural environments. For more information about the data validation process during monitoring, see "Additional information related to data collection and reporting" in the Introduction.

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 contractor 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:

Montana's 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.

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Specific stakeholder work included:

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11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2019	Target>=	65.00%	68.00%	68.00%	58.00%	58.00%
A1	57.77%	Data	64.94%	62.78%	57.77%	52.36%	51.84%
A2	2019	Target>=	56.00%	59.00%	59.00%	32.00%	32.00%
A2	31.93%	Data	44.14%	40.22%	31.93%	24.07%	22.70%
B1	2019	Target>=	64.00%	67.00%	67.00%	58.00%	58.00%
B1	57.67%	Data	66.67%	61.63%	57.67%	54.31%	54.21%
B2	2019	Target>=	47.00%	50.00%	50.00%	26.00%	26.00%
B2	25.72%	Data	36.66%	32.83%	25.72%	22.08%	21.17%
C1	2019	Target>=	70.00%	73.00%	73.00%	61.00%	61.00%
C1	60.84%	Data	67.03%	61.50%	60.84%	55.96%	54.05%
C2	2019	Target>=	55.00%	58.00%	58.00%	30.00%	30.00%
C2	29.49%	Data	39.90%	38.91%	29.49%	25.31%	22.96%

Targets

FFY	2022	2023	2024	2025
Target A1>=	59.00%	59.00%	59.00%	60.00%
Target A2>=	33.00%	33.00%	34.00%	34.00%
Target B1>=	59.00%	59.00%	60.00%	60.00%
Target B2>=	27.00%	27.00%	28.00%	28.00%
Target C1>=	62.00%	62.00%	63.00%	63.00%
Target C2>=	31.00%	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	5	1.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	158	42.25%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	127	33.96%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	79	21.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5	1.34%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	206	369	51.84%	59.00%	55.83%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	84	374	22.70%	33.00%	22.46%	Did not meet target	No Slippage

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	2	0.53%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	136	36.36%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	169	45.19%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	67	17.91%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	0	0.00%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
B1. Of those children who entered or exited the program	236	374	54.21%	59.00%	63.10%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
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							
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	67	374	21.17%	27.00%	17.91%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

The State recognizes that there was slippage from FFY 21 to FFY 22 in Outcome B 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 Comprehensive System of Professional Development that will focus on increasing new and existing regional staffs understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. A Comprehensive System of Professional Development 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 West Ed. Currently completed courses that provide context for the Child Outcome Summary includes a) Screening, Evaluation, and Assessment; and b) Foundations of Part C. 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. Due to the States capacity to complete Comprehensive monitoring of all 5 regional programs in the fall of 2023, and respond to the DMS monitoring findings by January 2024, the State has not yet launched the training course modules. The training course modules are scheduled to go live in the spring of 2024.

In reviewing the data, the State Part C staff also identified that there was a decrease in infants and toddlers that improved functioning comparable to same-aged peers or maintained functioning comparable to same aged peers when compared to the State's historical data. The State identified that this is still a continued impact of the COVID-19 Pandemic. During FFY 2022, regional programs continued to provide virtual visits to some families if the family opted for virtual or a hybrid approach. This impacted regional program staff's ability to observe infant and toddler development as measured by the age anchoring tool, MEISR. While every baseline and exit COS was completed using parental observation and/or input, Family Support Specialist observation, and input by other multidisciplinary team members.

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	3	0.80%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	167	44.65%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	132	35.29%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	68	18.18%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4	1.07%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	200	370	54.05%	62.00%	54.05%	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	72	374	22.96%	31.00%	19.25%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

The State recognizes that there was slippage from FFY 21 to FFY 22 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 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 Comprehensive System of Professional Development that will focus on increasing new and existing employees understanding of Early Intervention Services, Evaluation, and how to complete Child Outcome Summaries. A Comprehensive System of Professional Development 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 West Ed. Currently completed courses that provide context for the Child Outcome Summary includes a) Screening, Evaluation, and Assessment; and b) Foundations of Part C. 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. Due to the States capacity to complete Comprehensive monitoring of all 5 regional programs in the fall of 2023, and respond to the DMS monitoring findings by January 2024, the State has not yet launched the training course modules. The training course modules are scheduled to go live in the spring of 2024.

In reviewing the data, the State Part C staff also identified that there was a decrease in infants and toddlers that improved functioning comparable to same-aged peers or maintained functioning comparable to same aged peers when compared to the State's historical data. The State identified that this is still a continued impact of the COVID-19 Pandemic. During FFY 2022, regional programs continued to provide virtual visits to some families if the family opted for virtual or a hybrid approach. This impacted regional program staff's ability to observe infant and toddler development as measured by the age anchoring tool, MEISR. While every baseline and exit COS was completed using parental observation and/or input, Family Support Specialist observation, and input by other multidisciplinary team members.

FFY 2022 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	883
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.	203
Number of infants and toddlers with IFSPs assessed	374

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).

Since Montana uses the COS process the criteria are 6 or 7 on the COS rating scale to define "comparable to same-aged peers.

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.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/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	2017	2018	2019	2020	2021
A	2017	Target>=	95.00%	95.00%	95.00%	65.00%	75.00%
A	74.52 %	Data	74.52%	94.27%	98.97%	85.79%	83.44%
B	2017	Target>=	95.00%	95.00%	95.00%	65.00%	79.00%
B	78.56 %	Data	78.56%	96.04%	99.33%	92.11%	86.50%
C	2017	Target>=	95.00%	95.00%	95.00%	65.00%	74.00%
C	73.89 %	Data	73.89%	94.03%	96.59%	88.95%	80.98%

Targets

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

Montana's 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.

Montana contracted with University of Montana and Montana State University to conduct a 2023 Part C Needs Assessment to identify gaps in referral, access, and services in the state. A wide range of stakeholders across the state participated in surveys, focus groups, and facilitated conversations to inform strategic planning to ensure access to equitable Part C services across the Montana. Stakeholders included the medical community, EI providers, Childcare providers, and other partners professionals. The results were presented to the FSSAC on January 19th, 2024.

Montana is one of three states participating in the West ED 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. Child Development Center located in region five 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 West Ed 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.

Specific stakeholder work included:

Dates: 8/16/2022: 3 Part C staff met with WestEd, CDC leadership, and CDC Missoula staff and Conversation with Dr. Bonnie Stephens, NICU Medical Director

6/26/2023: 2 Part C staff met with WestEd, CDC leadership, and CDC Kalispell staff about who to recruit in the Kalispell and Flathead reservation area

6/27/23: 2 Part C staff met with WestEd, CDC leadership, and 3 individuals (supervisor, caseworker, and technical support) from Lake County Child and Family Services/ Office of Public Assistance

6/28/23: 2 Part C staff met with West Ed, CDC leadership, and 4 individuals from the St Ignatius Head Start (Special Services Coordinator, Special Ed teacher, intake person, Early Childhood Services Director)

6/29/23: 2 Part C staff met with WestEd, CDC leadership, and 4 individuals (3 supervisors that oversee Missoula, Mineral, Sanders, Ravalli and tribal population for Child and Family Services, intake person)

11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	168
Number of respondent families participating in Part C	27
Survey Response Rate	16.07%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	21
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	27
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	21
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	27
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	27

C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	27
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Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 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)	83.44%	75.00%	77.78%	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)	86.50%	79.00%	77.78%	Did not meet target	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)	80.98%	74.00%	100.00%	Met target	No Slippage

Provide reasons for part B slippage, if applicable

The quantity of surveys dramatically decreased with the new methodology for distribution which lowered the response rate. Therefore, the survey did not provide an ample enough responses to meet the target.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	NO

Response Rate

FFY	2021	2022
Survey Response Rate	35.82%	16.07%

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

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.

As a result of the changes to the survey method, which resulted in a lower response rate than in prior years, stakeholder input and reevaluation of the data determined the state will report the data by gender rather than region, which would give a more accurate representation of the addition variable by gender for FFY2022. Of the 168 Surveys distributed, Male in 19 (18%) and 8 Female (13%).

Representativeness was analyzed by comparing percentage of families and toddlers enrolled in the Part C program by race and ethnicity by the percentage of surveys received by race and ethnicity and gender. Statewide 674 Children under the age of 3. 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 (70%), followed by American Indian or Alaskan Native families (18%), Hispanic families (7%), More than one race families (3%), African -American families (1%), Asian families (1%), 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 (11%), Hispanic families (7%), More than one race families (7%), Asian families (4%), African American or Black families (0%), and Native Hawaiian or Pacific Islander families (0%).

African American or Black families, American Indian or Alaska Native families, and Native Hawaiian or Pacific Islander families were under-represented in the surveys received. White and Hispanic families were represented, and more than one race families were over-represented in the surveys received. 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 (63%) then families with female children (37%).

Families of male children had a higher representation in surveys received (70%) then families with female children (30%).

Families of male children were over-represented while families of female children were under-represented.

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)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

To ensure that the future response data are representative of demographics such as race, ethnicity and other demographic, the state has chosen to revisit and change the methodology and distribution for collecting the Family Outcome Survey data in FFY 2023. During quarterly analysis by the Part C program, it was determined that the collaboration and methodology for distributing the survey through a text messaging process did not produce a fruitful response as hoped. The low response rate did not provide enough data to give an accurate representation of the current demographic. The state changed the delivery process of the Family Outcome Survey by redistributing the survey to parents with both a paper survey and/or QR Code linked to the University of Montana Rural Institute collection program, rather than the text message method used by the Rural Institute. For FFY 2024, the delivery method and timely distribution will be reviewed with 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 (workgroup), and the administrative advisory team made up of the Part C Coordinator, Part C Program Specialists, and the Unit's managers to assist with increasing responses and various demographic responses to provide more accurate and reliable data. The state will provide universal guidance and training on the new methodology and timeline, distribution procedures, and resources to help inform and educate regional providers and staff about the Family Outcome Survey will continue. Additional strategies to ensure response data are representative will include a statewide community of practice with representatives from each region to be held quarterly to discuss methodology, results and representativeness unique to each region. Text message language will be more specific to each region to encourage response. Discussion on increasing distribution to Point in Time and Exit at age 3.

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

Strategies the State will implement to help increase the response rate year over year for groups that are underrepresented are:

Since 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, The State changed the survey to a combined response approach allowing parents to respond to the survey in written form or by using a QR Code to electronically complete the survey.

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. This strategy significantly increased the number of surveys distributed overall and helps to increase the response rate year over year, as each April families will be asked to participate and become more familiar with the Family Outcome Survey. This strategy also ensures that groups that were previously underrepresented to have more representation in the overall population being surveyed. This also allows for families with a child participating in Part C that is age 0-36 months to have representation as well. Additional follow up requests will be sent to family members up to 3 times after the initial request. This will encourage families that haven't yet completed the survey to respond, and to relay the message that it is important to hear from all families participating in the Part C program.

The state will work 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.

The state will continue to work to ensure diverse representation of families with children of each gender and each race/ethnicity groups on statewide community of practice and advisory boards. Quarterly community of practice meetings (starting April 2024) will be held with regional providers to discuss procedures, distribution, and results of the Family Outcomes Survey.

Engage in meetings and discussions with the Montana Empowerment Center (parent center) to develop messaging to improve and encourage more parent involvement.

Continue Family Survey training on the new methodology and timeline, distribution procedures, and resources to help inform and educate all regional programs and staff annually.

The state will continue to work to ensure diverse representation of families of female children as well as African American or Black, American Indian or Alaska Native, and Native Hawaiian or Pacific Islander children who were underrepresented.

These specific strategies will help ensure that in the future the response data are representative of those demographics.

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

The State analyzed the response rate statewide and by gender, and race/ethnicity (from each of the 5 regional programs) for FFY2022. The State used only those families with a child turning three and exiting the Part C program throughout the year to gather the following information.

The statewide response rate for this year is 16% (27 Part C families responded out of 168 surveys distributed). Of the 168 Surveys distributed, the response rate was as follows:

- Male in 19 (18%) and 8 Female (13%)
- White = 19 (70%), American Indian or Alaskan Native = 4 (18%), Hispanic = 2 (7%), More than one race = 1 (3%), African American or Black = 0 (1%), Asian = 1 (1%), and Native Hawaiian or Pacific Islander = 0 (<1%). African American or Black families, American Indian or Alaska Native families, and Native Hawaiian or Pacific Islander families were under-represented in the surveys received. White and Hispanic families were representative, and families of more than one race was over-represented in the surveys received.

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 Med Compass and Part C Program State Program Specialist and vetted by each of the 5 regional providers for missing data and accuracy.

There is indication of nonresponse bias for families of female children, and American Indian or Alaska Native, Hispanic, African American, or Black, and Native Hawaiian or Pacific Islander children as their response rates are below the statewide percent.

The state had a lower response rate in FFY 2022 than in prior years because of the changes to the survey distribution and collection method. This low response rate made it challenging to provide a reliable evaluation of representativeness of the key demographics of gender and race/ethnicity. One reason for the low number of respondents overall was that the sample reflected only children who exited the program at age 3. In addition, contracting with The Montana Rural Institute's for the distribution of the survey through text messaging and electronic QR code method may have prohibited some to access to the survey through the mobile phone, (for example, due to limited access to cellular services such as Pay-as-you-go phone minutes and limited internet for cellular service in rural areas).

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2021 SPP/APR

MT responded to why its FFY2022 response data are not representative of the demographics of infants, toddlers, and families enrolled in the Part C program and what actions the State is taking to address this issue.

4 - OSEP Response

The State analyzed the response rate to identify potential nonresponse bias; however, the State did not identify steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

4 - 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.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	0.95%

FFY	2017	2018	2019	2020	2021
Target >=	1.46%	1.46%	1.46%	0.95%	0.95%
Data	1.19%	1.24%	0.95%	0.80%	0.79%

Targets

FFY	2022	2023	2024	2025
Target >=	1.15%	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 contractor 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:

Montana's 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.

Montana contracted with University of Montana and Montana State University to conduct a 2023 Part C Needs Assessment to identify gaps in referral, access, and services in the state. A wide range of stakeholders across the state participated in surveys, focus groups, and facilitated conversations to inform strategic planning to ensure access to equitable Part C services across the Montana. Stakeholders included the medical community, EI providers, Childcare providers, and other partners professionals. The results were presented to the FSSAC on January 19th, 2024.

Montana is one of three states participating in the West ED 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. Child Development Center located in region five 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 West Ed 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.

Specific stakeholder work included:

Dates: 8/16/2022: 3 Part C staff met with WestEd, CDC leadership, and CDC Missoula staff and Conversation with Dr. Bonnie Stephens, NICU Medical Director

6/26/2023: 2 Part C staff met with WestEd, CDC leadership, and CDC Kalispell staff about who to recruit in the Kalispell and Flathead reservation area

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6/29/23: 2 Part C staff met with WestEd, CDC leadership, and 4 individuals (3 supervisors that oversee Missoula, Mineral, Sanders, Ravalli and tribal population for Child and Family Services, intake person)

11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	86
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	11,201

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
86	11,201	0.79%	1.15%	0.77%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2019	2.36%

FFY	2017	2018	2019	2020	2021
Target >=	2.20%	2.25%	2.25%	2.36%	2.36%
Data	2.21%	2.28%	2.36%	1.74%	2.23%

Targets

FFY	2022	2023	2024	2025
Target >=	2.61%	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 contractor 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:

Montana's 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.

Montana contracted with University of Montana and Montana State University to conduct a 2023 Part C Needs Assessment to identify gaps in referral, access, and services in the state. A wide range of stakeholders across the state participated in surveys, focus groups, and facilitated conversations to inform strategic planning to ensure access to equitable Part C services across the Montana. Stakeholders included the medical community, EI providers, Childcare providers, and other partners professionals. The results were presented to the FSSAC on January 19th, 2024.

Montana is one of three states participating in the West ED 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. Child Development Center located in region five 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 West Ed 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.

Specific stakeholder work included:

Dates: 8/16/2022: 3 Part C staff met with WestEd, CDC leadership, and CDC Missoula staff and Conversation with Dr. Bonnie Stephens, NICU Medical Director

6/26/2023: 2 Part C staff met with WestEd, CDC leadership, and CDC Kalispell staff about who to recruit in the Kalispell and Flathead reservation area

6/27/23: 2 Part C staff met with WestEd, CDC leadership, and 3 individuals (supervisor, caseworker, and technical support) from Lake County Child and Family Services/ Office of Public Assistance

6/28/23: 2 Part C staff met with West Ed, CDC leadership, and 4 individuals from the St Ignatius Head Start (Special Services Coordinator, Special Ed

teacher, intake person, Early Childhood Services Director)

6/29/23: 2 Part C staff met with WestEd, CDC leadership, and 4 individuals (3 supervisors that oversee Missoula, Mineral, Sanders, Ravalli and tribal population for Child and Family Services, intake person)

11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	675
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	33,826

FFY 2022 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
675	33,826	2.23%	2.61%	2.00%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Regional Programs indicate that Child Find programs have suffered due to regional programs inability to recruit and retain staff. Cost of living has continued to rise in urban areas, making it difficult to recruit in certain regions. This reduction in staff has made it difficult for regional providers to hold Child Find activities and retention activities as frequently as in past years. Even though the data shows a slight increase in the percentage of children entering the program from age zero to one, the percentage of children entering the program from age one to three has declined. The State will evaluate the Child Count data to determine where the drop in number occurred, what challenges may be the cause of this result and what efforts can be applied to improve child find counts.

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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	99.51%	100.00%	100.00%	97.60%	91.04%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
166	212	91.04%	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 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.

46

Provide reasons for delay, if applicable.

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

Family sick/illness/exposure to COVID

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

Foster care placement and child was removed and replaced in new foster care placement; Foster family choosing to wait until settled

Family choosing to wait to start services.

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, 2023-June 30, 2023.

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

The state used fourth quarter data for FFY 2022 from the data management system MedCompass to report on Indicator 7, and to monitor each regional program's compliance with the 45-day timeline requirements. Specifically, the Part C Status report was used to validate timeliness for the 45-day timeline requirements.

In selecting the fourth quarter data for FFY 2022 the state analyzed the 45-day timeline data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. 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 collected was from all five regional programs across the state. The data also reflected on average the total number of children with IFSPs served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of the initial evaluation and assessment and initial IFSP meeting that occurred throughout FFY 2022 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 2022.

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 program and worked with them to confirm the data was valid, complete, and accurate through a data cleaning and data freezing process. The data cleaning process included each regional program reviewing the regional Part C Status report for data completeness checks, data date range checks, data consistency checks, data uniqueness checks, 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 2022 Indicator 7, prior to a final freeze of the data. The state then froze the FFY 2022 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.

Data validation for FFY 2022 45-day timeline data was also conducted during comprehensive program monitoring for each regional program in Fall 2023. The state reviewed source documents (initial IFSPs, eligibility assessment (Eligibility Stand-alone form), evaluation reports, family assessments, developmental assessments, case notes, service coordination records, and referrals etc.) and verified if information in these source documents were completed with a multidisciplinary team that meets the Part C requirements and team members included were related to the reason for referral or parent concerns. Validation of data entered in MedCompass and/or uploaded to the child's record for the following data elements: 1) Eligibility assessment (Eligibility Stand-alone form); 2) Yes/No for eligibility assessments, evaluation reports, family assessments, developmental assessments, referral, case notes and coordination notes; 3) IFSP signature date (initial IFSPs) from all multidisciplinary team members. Although some data entry errors were identified, the state concluded that the data for indicator 7 is reliable and that the state can make sound conclusions about regional program and statewide performance for 45-day timeline requirements specific to the use of a multi-disciplinary team. For more information about the data validation process during monitoring, see additional information related to data reports in the Introduction.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2021

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	4	0	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.

The 4 findings that were identified in FFY 2021, were verified as being corrected in FFY 2022. In order to release these 4 regional programs from their FFY 2021 findings, the state verified that each are 1) correctly implementing the specific regulatory requirements as they have achieved 100% compliance based on a review of updated data subsequently collected through monitoring and review of monthly data from the Part C Status report; and 2) has corrected each individual child record of noncompliance. The narrative below describes the specific actions taken to verify the correction of the FFY 2021 Findings of Noncompliance that were verified as corrected: The State provided technical assistance through Office Hours and support to all regional programs to ensure regional program staff understood the 45-day timeline and the related Part C Status report that monitors regional programs timeliness for Indicator 7.

Regional Program A: FFY 2021 Performance 40/46 = 87% met the target. 6/46= 13% did not meet target. 6/46 records did not meet the timeline 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 issued for 6 child records to this regional program for FFY 2021. One month of updated data was collected (15 records) and were 100% compliance with the regulatory requirements, indicating the regional program had timely corrected the findings and was correctly implementing the 45-day timeline requirements.

Regional Program B: FFY 2021 Performance 65/73 = 89% met the target. 8/73= 11% did not meet target. 8/73 records did not meet the timeline 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 8 child records to this regional program for FFY 2021. One month of updated data was collected (31 records) and were 100% compliance with the regulatory requirements, indicating the regional program had timely corrected the findings and was correctly implementing the 45-day timeline requirements.

Regional Program C: FFY 2021 Performance 18/21 = 86% met the target. 3/21= 14% did not meet target. 3/21 records did not meet the timeline 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 3 child records to this regional program for FFY 2021. One month of updated data was collected (12 records) and were 100% compliance with the regulatory requirements, indicating the regional program had timely corrected the findings and was correctly implementing the 45-day timeline requirements.

Regional Program D: FFY 2021 Performance 57/59 = 97% met the target. 2/59= 3% did not meet target. 2/59 records did not meet the timeline 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 records to this regional program for FFY 2021. One month of updated data was collected (19 records) and were 100% compliance with the regulatory requirements, indicating the regional program had timely corrected the findings and was correctly implementing the 45-day timeline requirements.

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

Regional Program A: FFY 2021 Performance 40/46 = 87% met the target. 6/46= 13% did not meet target. 6/46 records did not meet the timeline 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 6 individual child record were corrected. The state reviewed the individual child records in MedCompass and verified that each of the children with non-compliance had an initial evaluation, assessment and IFSP meeting that was held, and multidisciplinary team's signatures obtained, although late.

Regional Program B: FFY 2021 Performance 65/73 = 89% met the target. 8/73= 11% did not meet target. 8/73 records did not meet the timeline 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 8 individual child record were corrected. The state reviewed the individual child records in MedCompass and verified that each of the children with non-compliance had an initial evaluation, assessment and IFSP meeting that was held, and multidisciplinary team's signatures obtained, although late.

Regional Program C: FFY 2021 Performance 18/21 = 86% met the target. 3/21= 14% did not meet target. 3/21 records did not meet the timeline 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 3 individual child record were corrected. The state reviewed the individual child records in MedCompass and verified that each of the children with non-compliance had an initial evaluation, assessment and IFSP meeting that was held, and multidisciplinary team's signatures obtained, although late.

Regional Program D: FFY 2021 Performance 57/59 = 97% met the target. 2/59= 3% did not meet target. 2/59 records did not meet the timeline 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 2 individual child record were corrected. The state reviewed the individual child records in MedCompass and verified that each of the children with non-compliance had an initial evaluation, assessment and IFSP meeting that was held, and multidisciplinary team's signatures obtained, although late.

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

MT responded to how the state verified program correction (functioning at 100%) and correction of each individual child's noncompliance above under "Correction of Findings of Noncompliance Identified in FFY 2021."

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	98.72%	100.00%

Targets

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

FFY 2022 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
104	113	100.00%	100%	97.35%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 2022, 3 transition plans did not occur timely. One transition plan was not developed within the 90-day timeline due to referrals received being received between 91-135 days prior to the third birthday. Although late, the state confirmed the transition plan was developed. Two transition plans were developed late due to missing documentation in state's data management system. This region experienced a significant leadership change during the data validation period and there was no follow up by new staff to ensure the family support specialist entered in the reason they were late.

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.

6

Provide reasons for delay, if applicable.

Documented delays attributable to exceptional family circumstances include the following: cancellations due to child in hospital, no response from families following multiple attempts to contact using various methods to schedule meeting within timeline. This region experienced a significant leadership change during the data validation period and there was no follow up by new staff to ensure the family support specialist entered in the reason they were late.

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

State database

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

The time period which the data was collected is in the fourth quarter April 1, 2023, through June 30, 2023.

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

The state used the fourth quarter data for FFY 2022 from the data management system Med Compass to report on indicator C-8a and to monitor each regional program's compliance with transition plan requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the transition plan data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. The state analyzed the data collected from transition plans during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children exiting with transition plans served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of transition that occurred throughout FFY 2022. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2022. The state did take steps to validate the accuracy of the fourth quarter data by sharing transition data with each contractor and working with them to confirm data accuracy. The state held office hours and individual meetings with contractors' multiple times and shared updated data reports to validate the accuracy of the data. Additionally, On September 1st, 2023, the state froze the first set of FFY 2022 SPP/APR data and provided regional programs with an opportunity to review and correct. A final APR data freeze for the FFY 2022 SPP/APR was on October 15th, the state analyzed the data and identified any non-compliance.

Provide additional information about this indicator (optional)**Correction of Findings of Noncompliance Identified in FFY 2021**

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

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.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

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

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
94	113	100.00%	100%	87.85%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In FFY 2022, several SEA/LEA notifications were not sent timely due to typical issues that impact programs on a day-to-day basis. Most of the delayed SEA/LEA notifications were due to information never reaching the LEA and lack of documentation.

Number of parents who opted out

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

6

Provide reasons for delay, if applicable.

The state sends the SEA the notification and it was not untimely. Regional programs are responsible for notifying the LEA of toddlers potentially eligible for Part C preschool services. In FFY 2022: one region reported a referral received between 91-135 days prior to the 3rd birthday and therefore the LEA notification was not timely; one region reported the child entered and exited Part C services in between designated LEA notification periods (January & August) and a notification was not sent. Due to personnel turnover and leadership turnover, one regional program contributed to 10 of the 13 late notifications.

Reasons for delay include regional staffing turnovers and regional leadership changes which resulted in notifications not being delivered or timely, previous notification timelines, late referral, and lack of documentation.

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).

The time period which the data was collected is in the fourth quarter April 1, 2023, through June 30, 2023.

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

The state used the fourth quarter data for FFY 2022 from the data management system Med Compass to report on indicator C-8a and to monitor each regional program's compliance with SEA/LEA notification requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the transition plan data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. The state analyzed the data collected from SEA/LEA notifications during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children exiting with SEA/LEA notifications served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of transition SEA/LEA notifications that occurred throughout FFY 2022. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2022. The state did take steps to validate the accuracy of the fourth quarter data by sharing SEA/LEA notification data with each contractor and working with them to confirm data accuracy. The state held office hours and individual meetings with contractors' multiple times and shared updated data reports to validate the accuracy of the data. Additionally, On September 1st, 2023, the state froze the first set of FFY 2022 SPP/APR data and provided regional programs with an opportunity to review and correct. A final APR data freeze for the FFY 2022 SPP/APR was on October 15th, the state analyzed the data and identified any non-compliance.

Provide additional information about this indicator (optional).**Correction of Findings of Noncompliance Identified in FFY 2021**

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 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

None

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2022- June 30, 2023). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

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.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	96.16%	100.00%	98.77%

Targets

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

FFY 2022 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
79	113	98.77%	100%	90.27%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

For FFY 2022 personnel turnover and leadership turnover in one regional program contributed to 7 of the of the 11-transition conference conducted late.

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.

0

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.

23

Provide reasons for delay, if applicable.

Reasons for delay include scheduling difficulties with Local Education Agency and district 619 staff, late Part C eligibility determination and conflicts with families work schedules, and LEA's schedules. Documented delays attributable to exceptional family circumstances include the following: move to multiple foster placements, cancellations due to conflict with work schedule, cancellation due to baby in NICU, no response following multiple attempts to contact families using multiple methods, families declined to hold transition meetings with LEA in their home, and family decisions to keep child at current daycare. Additionally, one region experienced personnel turnover and leadership turnover.

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

State database

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

The time period which the data was collected is in the fourth quarter April 1, 2023, through June 30, 2023.

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

The state used the fourth quarter data for FFY 2022 from the data management system Med Compass to report on indicator C-8c and to monitor each regional program's compliance with transition conference requirements. In selecting the fourth quarter data for FFY 2021 the state analyzed the transition conference data for the full reporting year and for each quarter to determine whether the fourth quarter data was representative of the full reporting year. The state analyzed the data collected from transition conferences during this period and it contained the full range of variability exhibited by the population served by MT Milestones throughout the year and reflected on average the total number of children exiting with transition conferences served each quarter. The fourth quarter data also reflected all the timeliness and untimeliness of transition conferences that occurred throughout FFY 2022. The data is also from all five programs across the state. Overall, the analysis led the state to determining the fourth quarter data is representative of the entire state for FFY 2022. The state did take steps to validate the accuracy of the fourth quarter data by sharing transition data with each contractor and working with them to confirm data accuracy. The state held office hours and individual meetings with contractors' multiple times and shared updated data reports to validate the accuracy of the data. Additionally, On September 1st, 2023, the state froze the first set of FFY 2022 SPP/APR data and provided regional programs with an opportunity to review and correct. A final APR data freeze for the FFY 2022 SPP/APR was on October 15th, the state analyzed the data and identified any non-compliance.

Provide additional information about this indicator (optional).

In FFY 2021 APR/SPP, when the state went to issue a finding of non-compliance to the regional program for one untimely transition conference, it was discovered that the delay in their transition conference was due to an Exceptional Family Circumstance and should not have been identified as non-compliant. The state verified that the program is correctly implementing the specific regulatory requirement of timely transition conferences at 100% based on a review of one month (14 records) of updated data collected through the State data system using the Part C transition report. The state also reviewed the child's record in Med Compass and verified that the child received their transition conference, although late. Therefore, a finding of noncompliance was not issued, and the state should have been at 100% for Indicator 8c.

Correction of Findings of Noncompliance Identified in FFY 2021

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

Correction of Findings of Noncompliance Identified Prior to FFY 2021

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2021 SPP/APR

MT responded to why the state did not issue a finding of noncompliance despite FFY 2021 data being less than 100%.

8C - OSEP Response

8C - 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.

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 baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2021 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the 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 baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	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 contractor 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:

Montana's 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.

Montana contracted with University of Montana and Montana State University to conduct a 2023 Part C Needs Assessment to identify gaps in referral, access, and services in the state. A wide range of stakeholders across the state participated in surveys, focus groups, and facilitated conversations to inform strategic planning to ensure access to equitable Part C services across the Montana. Stakeholders included the medical community, EI providers, Childcare providers, and other partners professionals. The results were presented to the FSSAC on January 19th, 2024.

Montana is one of three states participating in the West ED 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. Child Development Center located in region five 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 West Ed 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.

Specific stakeholder work included:

Dates: 8/16/2022: 3 Part C staff met with WestEd, CDC leadership, and CDC Missoula staff and Conversation with Dr. Bonnie Stephens, NICU Medical Director

6/26/2023: 2 Part C staff met with WestEd, CDC leadership, and CDC Kalispell staff about who to recruit in the Kalispell and Flathead reservation area

6/27/23: 2 Part C staff met with WestEd, CDC leadership, and 3 individuals (supervisor, caseworker, and technical support) from Lake County Child and Family Services/ Office of Public Assistance

6/28/23: 2 Part C staff met with West Ed, CDC leadership, and 4 individuals from the St Ignatius Head Start (Special Services Coordinator, Special Ed teacher, intake person, Early Childhood Services Director)

6/29/23: 2 Part C staff met with WestEd, CDC leadership, and 4 individuals (3 supervisors that oversee Missoula, Mineral, Sanders, Ravalli and tribal population for Child and Family Services, intake person)

11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=					
Data					

Targets

FFY	2022	2023	2024	2025
Target>=				

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

Baseline Data: The State must provide baseline data 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, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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/ecfsd/ChildCare/montanamilestones/PartCPubNotice>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2019	57.77%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	59.00%	59.00%	59.00%	60.00%

FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
206	369	51.84%	59.00%	55.83%	Did not meet target	No Slippage

Provide the data source for the FFY 2022 data.

The State of Montana used its data management system (Med Compass) to compile the FFY 2022 data. All five regional contractors verified the data using data extracts. Procedure for gathering data for this indicator include the Montana Child Outcome Summary Process and the MEISR tool for age anchoring. The data is from all five programs across the state making it representative of the entire state. The state analyzed the data for a full reporting

year. The state 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.

Med Compass: The Child Outcomes Summary Analysis Report for July 1, 2022, through June 30, 2023, was one source of child outcomes summary data. The regional agency's personnel document all baseline and exit Child Outcomes Summary Forms within the Med Compass system. The system converts the numerical ratings to the a-e OSEP reporting categories. Ongoing monitoring and data extracts provide continuous analysis of the data. Data extracts were created for each contractor identifying the infants or toddlers exiting the Program during the time period and those infants and toddlers with both a baseline and exit rating collected in the data management system. Additionally, input addressing the SiMR was gathered via existing virtual meetings from multiple groups such as the ICC and the Part C Leadership Team. Please see Descriptions of Stakeholder input.

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

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

YES

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

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

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

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

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

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

YES

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

The State of Montana has updated the evaluation plan in order to add an additional activity to Improvement Strategy 2: Establish Montana's Part C Pyramid Model Framework. New activity: Participate in intensive technical assistance through the National Center for Pyramid Model Innovations; timeline: January 2024-January 2026; performance indicator: strategies are established to support the implementation of the pyramid model and included in implementation plan; measurement/data collection method: implementation plan and timeline. Revised short term goal: Certification: FSSs will receive primary certification within the first 2 months. Existing FSSs develop portfolios around the DEC Recommended Practices in order to apply for comprehensive certification within 2 years of receiving primary certification.

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

The State of Montana has revised the evaluation plan in order to align with the revised improvement strategies and activities. Montana paused implementation of some activities while pursuing intensive technical assistance through the National Center for Pyramid Model Innovations (NCPMI), which Montana was selected to receive. The added activity will ensure evaluation and implementation of related strategies which arise through intensive technical assistance from NCPMI. Montana anticipates that the technical assistance process will provide strategies which will help Montana meet short-term, intermediate, and long-term goals as efficiently and effectively as possible. The update regarding certification is to correct the requirement for "primary" certification be completed within 2 years. Primary certification is completed within 2 months of hire with a regional Part C provider. This process allows Montana to ensure the education requirements have been met for service as an FSS. Primary certification is for 2 years. Within that 2-year timeframe, FSSs must demonstrate the competencies required for comprehensive certification.

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 include (a) Screening, Evaluation and Assessment; (b) Transition from Part C; (c) Foundations of Part C; (d) Individualized Family Service Plans; and (e) Service Coordination. 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 5 courses. SCORM packages have been 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. This task is nearing completion on the other three courses. It should be noted

that in the process of course development it became apparent that some additional resources needed to be developed for use by trainees. For example, we collected data on the most commonly used assessments for infants and toddlers in MT, across developmental areas and assessment types, and developed an annotated collection of the best available resources for learning more about each of the instruments. Another example is the toolkit we assembled for transition, which contains items such as (a) a spreadsheet that calculates timelines for all children on one's caseload, (b) graphics that illustrate the steps in the transition process, (c) a task and timeline checklist, (d) informational materials to share with families, and (e) all the required forms and notifications. These courses are ready to be uploaded to the Learning Management System and accessible to Family Support Specialists. West Ed and the State have worked with the learning management system (New World Now) to ensure that courses will be structured and completed in sequential order and decisions need to be made about when new FSSs can begin to use the online courses for training and how experienced regional staff will support trainees as they acquire knowledge and develop new or improved skills. The 2024-2025 timeline includes the development of four additional courses and the State and WestEd continue to work with Montana Early Childhood Practitioner Registry to store the courses on the classroom platform. The platform will provide FSS's with the opportunity to track their professional record and the accountability to complete the courses and receive certification. In addition to the course development, Montana was able to provide a professional development training to 10 staff members from regional contractors by sending them to the Trust Based Relational Intervention training in Salt Lake City in May 2023. This training supported Family Support Specialists with working with children and families impacted by trauma. Montana provided follow up support as attendees worked to apply the training to early intervention practices.

Social Emotional Screening & Assessment- Montana's Pyramid Model State Leadership Team continued to work through Pyramid Model implementation using the implementation plan developed with TA from ECTA and the University of Denver. In April, 17 members of the State Leadership Team attended the NTI Pyramid Model Conference. Attendees included 5 state staff and 12 regional contractor staff. Following each day of the conference, Montana state program staff held debriefs with the attendees from Montana's State Leadership Team. These debriefs supported regional service providers with developing application from the training. Montana also continued to receive TA from Ben Riepe for Pyramid Model implementation. Through this TA partnership, Montana developed a train the trainer course which has been uploaded to the learning module system. Due to staff turnover, this course is not yet finalized and is unavailable to regional staff.

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

Comprehensive Professional Development System: Content specialists were identified from our regional contractors and 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. These content specialists have also provided review and feedback of materials, content, and activities developed for the course to the State and WestEd enabling them to modify and improve on the content that will be presented to all new Family Support Specialists and other contractor staff across the State of Montana. We have also learned some valuable lessons about how time-consuming the review and feedback process can be and have generated some strategies for making this less burdensome, less time consuming, and more productive for all. These will be described in the next section.

Strategy #1 Short Term Outcome: The State of Montana currently has a process for new Family Support Specialists to obtain Primary and Comprehensive Certification while the modules and learning platforms are being developed. The current process requires Family Support Specialists to submit a portfolio to the State and present the portfolio to the State staff. During the FFY 2022 reporting period, there were 13 Family Support Specialists who received primary certification. There were no FSSs who submitted for comprehensive certification. 100% of FSSs received primary certification within 2 years of hire. Future measurement for primary certification will measure primary certification achieved within 2 months of hire.

Social Emotional Screening & Assessment- Strategy #2 Short Term Outcome #2: The State Leadership Team met six months out of 12 during FFY 2022. This outcome, specifically section 1a was not met as the State Leadership Team did not meet 10 out of 12 months. The State Leadership Team collaborated to submit an application for intensive technical assistance from NCPMI, which was submitted in December 2023. **Strategy #2 Intermediate Outcome #1:** The State contracted with Rob Corso and NCPMI to develop online Train the Trainer Modules to deliver Pyramid Model Practices e-modules for on demand access and sustainable training. These Train the Trainer e-modules were completed in late 2022 and have been added to the learning management system. However, due to staffing changes, these training courses have not been finalized. New staff has been hired to provide professional development support to the Part C program and this will be a responsibility of the new staff. This Intermediate outcome has not yet been completed as the courses have been placed on the Learning Management System but are not available to the regional staff as the State still needs to finalize the courses.

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

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

Comprehensive Professional Development System: During the FFY 2022 reporting period, West Ed and the State will continue to meet and develop 3-5 more courses and have targeted (a) Child Find and Referral Systems (b) Montana's Child Outcome Summary Process; (c) Measure of Engagement, Independence, and Social Relationships (MEISR), and (d) Home Visiting and Family-Guided Routines as priorities for development. Based on our experiences with the review and feedback by MT content specialists we intend to streamline the process we have been using. For each new course, we will develop a brief course outline and use it to generate specific questions to be asked of the specialists prior to developing the course in detail first. Questions will be asked during a telephone or Zoom interview and will be related to (a) specific material, strategies, or practices currently used, (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. For the five courses that are available 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 modules are developed and the Learning Management System created, Family Support Specialists will continue to submit portfolios to the State in order to gain primary, comprehensive, and recertification. 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:

The State Pyramid Model Leadership team collaborated to develop an application for intensive technical assistance provided by Dr. Lise Fox through the National Center for Pyramid Model Innovations. Montana learned in late December 2023 that Montana had been selected to receive this intensive technical assistance. This technical assistance will support the outcomes related to Social Emotional Screening & Assessment including Strategy #2 Short Term Outcome: EI Practitioners attend 2-day Pyramid Model Training, Fidelity, and measurement tool training, and training on tools such as the ASQ-SE and DEC RPs; Strategy #2 Short Term Outcome: Infrastructure supports including the State Leadership Team, Cohorts, and coaches are in place and functioning across the State of MT, included in this is the process of evaluating the current coaching model and the Practice Based Coaching Model to determine which coaching model will be chosen for Pyramid Model implementation; Strategy #2 Intermediate Outcome: Courses are placed on Montana's ECP learning classroom platform and practitioners are gaining knowledge from the courses; and Strategy #2 Intermediate Outcome: Training: Coaches train and coach to the DEC Recommended Practices.

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

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

Provide a summary of each evidence-based practice.

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

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

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

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

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

Key practice areas are (1) Building Partnerships with families, (2) Social Emotional Development, (3) Family Centered Coaching, (4) Dyadic Relationships, (5) Supporting Families with Children with severe, persistent behavior, (6) Social Emotional Assessment. Practices are aligned with the relevant Division for Early Childhood (DEC) Recommended Practices (2014) and Principles of Early 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 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 learning platform.

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

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

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

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

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

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

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

YES

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

The State 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 2023 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 contractor 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:

Montana's 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.

Montana contracted with University of Montana and Montana State University to conduct a 2023 Part C Needs Assessment to identify gaps in referral, access, and services in the state. A wide range of stakeholders across the state participated in surveys, focus groups, and facilitated conversations to inform strategic planning to ensure access to equitable Part C services across the Montana. Stakeholders included the medical community, EI providers, Childcare providers, and other partners professionals. The results were presented to the FSSAC on January 19th, 2024.

Montana is one of three states participating in the West ED 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. Child Development Center located in region five 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 West Ed 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.

Specific stakeholder work included:

Dates: 8/16/2022: 3 Part C staff met with WestEd, CDC leadership, and CDC Missoula staff and Conversation with Dr. Bonnie Stephens, NICU Medical Director

6/26/2023: 2 Part C staff met with WestEd, CDC leadership, and CDC Kalispell staff about who to recruit in the Kalispell and Flathead reservation area

6/27/23: 2 Part C staff met with WestEd, CDC leadership, and 3 individuals (supervisor, caseworker, and technical support) from Lake County Child and Family Services/ Office of Public Assistance

6/28/23: 2 Part C staff met with West Ed, CDC leadership, and 4 individuals from the St Ignatius Head Start (Special Services Coordinator, Special Ed teacher, intake person, Early Childhood Services Director)

6/29/23: 2 Part C staff met with WestEd, CDC leadership, and 4 individuals (3 supervisors that oversee Missoula, Mineral, Sanders, Ravalli and tribal population for Child and Family Services, intake person)

11/14/23: 2 Part C staff met with WestEd, CDC leadership, and 1 individual from Child resource and referral (family engagement specialist)

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

Workgroups with the regional contractors' family support specialists, directors, supervisors and other staff are ongoing and focus on quality and professional development topics and a Hybrid Approach workgroup. These workgroups allow for regional contractors to discuss potential training opportunities, barriers to families and children, and brainstorm possible solutions. This group met in October, November, and December 2022, and February, March, and June 2023. These meetings were also supported by Dr. Jeffri Brookfield, Ed. D through Montana's contract with WestEd. Topics included initiation of services, autism spectrum disorder, and sensory strategies.

The social emotional leadership team (Pyramid Model State Leadership Team) comprised of regional representatives from all five contractors met October 2022, February, March, May, and November 2023 to guide the direction of the implementation of the Pyramid Model framework. This team now meets monthly as a Pyramid Model Leadership Team with technical assistance provided by NCPMI and Ben Riepe. Moving forward, technical assistance will be provided through the intensive technical assistance provided by Dr. Lise Fox and her team.

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

Montana's Family Support Coordinating Council (FSSAC) was also used to seek broad stakeholder input regarding Montana's SiMR and ongoing SSIP improvement strategies. Meetings with the FSSAC were held on: 9/23/2022, 1/27/2023, 4/21/2023, 8/11/2023. Workgroup activities included workforce development, increasing multidisciplinary engagement and collaboration, and transitions for children exiting Part C services. FSSAC meetings included review of APR data including feedback from OSEP regarding APR and DMS, SSIP progress, American Rescue Plan funded programs and projects, and monitoring of State contracted agencies.

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

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:

Sandy Cade

Title:

Part C Coordinator

Email:

scade@mt.gov

Phone:

406-522-2261

Submitted on:

04/23/24 5:14:55 PM

Determination Enclosures

RDA Matrix

Montana

2024 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
71.43%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	4	50.00%
Compliance	14	13	92.86%

2024 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	374
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	884
Percentage of Children Exiting who are Included in Outcome Data (%)	42.31
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

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

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
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II. Child Performance

(a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	0
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(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2022	55.83%	22.46%	63.10%	17.91%	54.05%	19.25%
FFY 2021	51.84%	22.70%	54.21%	21.17%	54.05%	22.96%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2024: Part C."

2024 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision	97.30%	NO	2
Indicator 7: 45-day timeline	100.00%	YES	2
Indicator 8A: Timely transition plan	97.35%	N/A	2
Indicator 8B: Transition notification	87.85%	N/A	1
Indicator 8C: Timely transition conference	90.27%	N/A	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

https://sites.ed.gov/idea/files/2024_Part-C_SPP-APR_Measurement_Table.pdf

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 90\%$ and $< 95\%$ for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2018 – FFY 2021 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2022 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

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

Expected Range of Responses for Each Outcome and Category, FFY 2022

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.57	3.26	-1.69	4.83
Outcome B\Category a	1.39	3	-1.6	4.39
Outcome C\Category a	1.26	2.6	-1.33	3.86

Outcome\Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.07	9.01	6.05	42.08
Outcome A\ Category c	20.96	13.11	-5.27	47.19
Outcome A\ Category d	26.97	9.61	7.74	46.2
Outcome A\ Category e	26.43	15.4	-4.37	57.23
Outcome B\ Category b	25.63	9.71	6.21	45.04
Outcome B\ Category c	29.44	12.56	4.32	54.57
Outcome B\ Category d	31.02	8.11	14.8	47.25
Outcome B\ Category e	12.51	8.23	-3.96	28.98
Outcome C\ Category b	20.98	8.89	3.19	38.76
Outcome C\ Category c	23.49	13.59	-3.68	50.66
Outcome C\ Category d	33.36	8.28	16.8	49.93
Outcome C\ Category e	20.91	15.22	-9.53	51.35

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

Anomalies in Your State's Outcomes Data FFY 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	374
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	5	158	127	79	5
Performance (%)	1.34%	42.25%	33.96%	21.12%	1.34%
Scores	1	0	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	2	136	169	67	0
Performance (%)	0.53%	36.36%	45.19%	17.91%	0.00%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	3	167	132	68	4
Performance (%)	0.80%	44.65%	35.29%	18.18%	1.07%
Scores	1	0	1	1	1

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

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2022

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	45.63%	35.29%	54.05%	27.07%	51.93%	33.56%
90	82.58%	69.37%	81.10%	56.55%	85.30%	71.29%

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

Your State's Summary Statement Performance FFY 2022

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	55.83%	22.46%	63.10%	17.91%	54.05%	19.25%
Points	1	0	1	0	1	0

Total Points Across SS1 and SS2(*)	3
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Your State's Data Comparison Score	0
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2022 data to your State's FFY 2021 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

e.g., C3A FFY2022% - C3A FFY2021% = Difference in proportions

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

$\text{Sqrt}[(\text{FFY2021\%} * (1 - \text{FFY2021\%}) / \text{FFY2021N}) + ((\text{FFY2022\%} * (1 - \text{FFY2022\%}) / \text{FFY2022N})] = \text{Standard Error of Difference in Proportions}$

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

Difference in proportions / standard error of the difference in proportions = z score

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

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

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

0 = statistically significant decrease from FFY 2021 to FFY 2022

1 = No statistically significant change

2 = statistically significant increase from FFY 2021 to FFY 2022

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

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

Summary Statement/ Child Outcome	FFY 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	380	51.84%	369	55.83%	3.98	0.0364	1.0945	0.2737	NO	1
SS1/Outcome B: Knowledge and Skills	380	54.21%	374	63.10%	8.89	0.0357	2.4892	0.0128	YES	2
SS1/Outcome C: Actions to meet needs	383	54.05%	370	54.05%	0.01	0.0363	0.0019	0.9985	NO	1
SS2/Outcome A: Positive Social Relationships	392	22.70%	374	22.46%	-0.24	0.0302	-0.0808	0.9356	NO	1
SS2/Outcome B: Knowledge and Skills	392	21.17%	374	17.91%	-3.26	0.0286	-1.1388	0.2548	NO	1
SS2/Outcome C: Actions to meet needs	392	22.96%	374	19.25%	-3.71	0.0294	-1.2593	0.2079	NO	1

Total Points Across SS1 and SS2	7
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Your State's Performance Change Score	1
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Data Rubric
Montana

FFY 2022 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1

APR Score Calculation

Subtotal	12
Timely Submission Points - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	17

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 8/30/23	1	1	1	3
Exiting Due Date: 2/21/24	1	1	1	3
Dispute Resolution Due Date: 11/15/23	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2) =	18.00

Indicator Calculation

A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	35.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2024 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

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

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

Dispute Resolution

IDEA Part C

Montana

Year 2022-23

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	1
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	1

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held no related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	1
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	1

State Comments:

This report shows the most recent data that was entered by:
Montana

These data were extracted on the close date:
11/15/2023

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

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



United States Department of Education Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2024

Honorable Charlie Brereton
Director
Montana Department of Public Health and Human Services
111 North Sanders, Room 301, P.O. Box 4210
Helena, MT 59604

Dear Director Brereton:

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Montana needs assistance in meeting the requirements of Part C of the IDEA. This determination is based on the totality of Montana's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Montana's 2024 determination is based on the data reflected in Montana's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Montana and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Montana's Determination.

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2024: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Montana.) For 2024, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State's Child Outcomes FFY 2022 data.

You may access the results of OSEP's review of Montana's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Montana's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Montana is required to take. The actions that Montana is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Montana's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2022-2023," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Montana's 2024 determination is Needs Assistance. A State's 2024 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

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Montana's determination for 2023 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. §303.704(a), if a State is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State of available sources of technical assistance that may help the State address the areas in which the State needs assistance and require the State to work with appropriate entities; and/or
- (2) identify the State as a high-risk grantee and impose Specific Conditions on the State's IDEA Part C grant award.

Pursuant to these requirements, the Secretary is advising Montana of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following websites: [Monitoring and State Improvement Planning \(MSIP\)](#), [OSEP Ideas That Work](#), [Individuals with Disabilities Education Act \(IDEA\) Topic Areas](#), and requiring Montana to work with appropriate entities. In addition, Montana should consider accessing technical assistance from other Department-funded centers such as the Comprehensive Centers with resources at the following link: <https://compcenternetwork.org/states>. The Secretary directs Montana 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. We strongly encourage Montana to access technical assistance related to those results elements and compliance indicators for which Montana received a score of zero. Montana must report with its FFY 2023 SPP/APR submission, due February 1, 2025, on:

- (1) the technical assistance sources from which Montana received assistance; and
- (2) the actions Montana took as a result of that technical assistance.

As required by IDEA Sections 616(e)(7) and 642 and 34 C.F.R. §303.706, Montana must notify the public that the Secretary of Education has taken the above enforcement action, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and to early intervention service (EIS) programs.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Montana must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Montana on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Montana's submission of its FFY 2022 SPP/APR. In addition, Montana must:

- (1) review EIS program performance against targets in Montana's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, Montana must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Montana's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

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OSEP appreciates Montana's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Montana over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

Valerie C. Williams

Director

Office of Special Education Programs

cc: State Part C Coordinator

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