

# FAMILY SUPPORT SERVICES ADVISORY COUNCIL

STRATEGIC PLANNING, MAY 6-8, 2020, MEETING MINUTES

## OVERVIEW

The Montana Family Support Services Advisory Council (FSSAC) met virtually May 6–8, 2020 to conduct strategic planning for the organization. This document contains notes from the three meeting days.

## FSSAC TIMELINE

### 1986 PART H OF THE IDEA

- Governor Ted Schwinden named the Montana Department of Public Health and Human Services (DPHHS) as the lead agency for Part H. The Governor appointed Montana's first interagency coordinating council who worked to create the FSSAC structure we know today.

### 1997 PART C OF THE IDEA: REAUTHORIZATION AND NAME CHANGE

- Governor Marc Racicot oversaw the changes to the Part C program and the FSSAC as a result of the reauthorization of 1997.
- Montana was provided the choice to expand to include developmentally delayed children over the age of three in the Part C Program.
- Parents may resolve disputes through mediation.
- Additional grants were provided for parent training, professional development.

### 2004 PART C OF THE IDEA

- The Part C Program was amended to align with No Child Left Behind and results-driven accountability was introduced: Child Outcomes.
- Statutory change to the laws affecting the rights of Infants and Toddlers from age 0 through 2; however, the final Part C Regulations for the 2004 IDEA were not finalized until 2011.

### 2011 PART C OF THE IDEA

Numerous changes and additions to the law including:

- Definitions of key terms including multidisciplinary, natural environments, and native language. New definitions including local educational agency and scientifically based research.

- Transition requirements revised: notifications to SEA and LEA, timelines, opt-out policy, transition conference, and transition plan.
- Optional state screening policy.
- Timeline requirement from identification to referral changed to “as soon as possible but no more than 7 calendar days after identification”.
- 45-day timeline from referral to the IFSP meeting was retained with the addition of some provisions permitting documentation of extraordinary circumstances for delay.
- Child Find provisions changed to add programs the lead agency must collaborate.
- Definitions and provisions for evaluation and assessment including family assessment were revised.
- Clarification of use of informed clinical opinion.
- Natural environment provisions revised to reflect 2004 statutory language.
- Content of the IFSP to include “early intervention services” and “other services”.
- Procedural safeguards: written prior notice, confidentiality, surrogate parents, and dispute resolution.
- Provisions related to financial responsibility, system of payment, ability to pay as well as the use of public benefits and private insurance.
- Provisions related to monitoring, enforcement, reporting and allocation of Part C grant funds.

### 2013 FSSAC

- Strategic Planning.
- Analysis of Child Outcomes Data.
- Development and identification of improvement strategies for the initial phase of the State-wide Systemic Improvement Plan.

### 2014 FSSAC

- Phase I, State-wide Systemic Improvement Plan.
- State-identified measurable result: improving positive social and emotional skills for infants and toddlers with developmental delays or disabilities including positive relationships.

### 2015 FSSAC

- Phase II, State-wide Systemic Improvement Plan.
- Leading by Convening.
- Ages and Stages Questionnaire: Social-Emotional.
- Coaching Interaction Style.
- Technical assistance to develop the Child Outcomes Summary Process.

### 2016 -2019 FSSAC

- Phase III and IV, State-wide Systemic Improvement Plan.
- Evaluation of improvement strategies and re-design.
- Fiscal health of Part C Program – Fiscal Cohort.
- Implementation of Child Outcomes Summary Process and Child Outcomes data monitoring.
- Family Outcomes Process.
- Technical assistance from Monica Mathur-Kaluri.
- Support from the Office of Special Education State Leads including Fiscal.
- Leadership Institutes for Part C Coordinator and Parent Leaders.
- Where are we going and where do we want to be?

## FSSAC CONTEXT, STRENGTHS, CHALLENGES, AND OPPORTUNITIES

### CONTEXT. WHAT DOES THE CONTEXT OF DISABILITY SERVICES LOOK LIKE IN MONTANA?

- Families are at home with their kids, and kids are not going to services they normally would have – concerning if kids are away from services for a long time.
- Montana has done a good job of continuing to provide Part C services throughout COVID – move to virtual.
  - FSSs/Part C has been supported extremely well in crisis – have found things we can take into the future.
- Birth through education continuum – as a state don't prepare teachers well for inclusive practice and working with all children.
- With creation of Early Childhood and Family Support (ECFS) Division and Part C migration to new division with other programs – have unique opportunities to look at how FSSAC is structured and its membership – maybe more cohesive approach to serving families and children with varying abilities.
- Context is diverse across our state and across families.
- Families and guardians need to be engaged to accomplish services – need family inclusion.
- Have always had a motto of do more with less – provide more, be more comprehensive – for less money.
- C to B transition and services provided have increased and gotten better in the last 10 years. Our schools and Part C service providers are doing what is best for all children.

### STRENGTHS. WHAT ARE THE STRENGTHS OF THE FSSAC ALLOWING IT TO THRIVE IN THIS CONTEXT?

- Membership:
  - Multidisciplinary collaboration.
  - Parent representation – have gained momentum with family stories, grounding our purpose.
- Transparent – in information needing to be shared, no hidden agendas.
- What we discuss at FSSAC is translated into processes, policies – into what we're doing – can see the impact of FSSAC.
- Montana's Interagency Coordinating Council for Prevention Programs (ICC) is very special as we have an appointed Legislator to our Council.
- Family engagement is a huge strength and one we want to continue to build.
- Vision for professional development is articulated – opportunities for infrastructure – inclusive lens has informed MT's practice. Interdisciplinary lens allows us to incorporate this piece effectively.

### CHALLENGES. WHAT CHALLENGES DOES THE FSSAC HAVE IN ITS WORK?

- Institutional barriers have impacted professional development.
- Parent involvement:
  - Need more parents involved to represent other regions.
  - A lot to ask of a parent to attend all day in person meeting.
  - But it takes investment to understand what is going on – introduction piece can take time and energy.
  - Hard to feel invested when we don't meet that often.

- Meeting in person and travel is a big ask, especially with children at home – we are a big state and it is a lot of traveling!
- Learning we can do business differently.
- The transition from Part C to Part B is still a bit rocky, especially if parents want their children to be included.
- Understanding our scope – broad range of stakeholders impacts people’s ability to understand the council’s role.
  - Hope to have each person’s role blend into what we want to accomplish.

**OPPORTUNITIES. WHAT OPPORTUNITIES EXIST FOR THE FSSAC TO BEST SUPPORT CHILDREN AND FAMILIES?**

- C to B transition:
  - Having Danni on council to help with OPI collaboration – supports strong connection and information sharing.
  - Focus on how family needs change as children transition through life stages – opportunity to focus on families as we move into Part B transition.
  - More cohesive relationship between therapy, school, and parents – more fluid – more collaborative, less siloed – need to be a collaborative team versus fulfilling distinct agendas with limited communication.
- Preparation for infant/toddler teachers is an area of opportunity and growth.
  - Higher ed is looking at how we improve this – accessible, quality professional development (PD). Early intervention has to be central to this.
  - Need emphasis on inclusion and natural environments in early care and education PD.
- Opportunity to influence government by sharing information with many stakeholders – Office of Public Instruction (OPI), legislature, others – parents are persuasive!
  - If we are able to pass public preschool, that would provide a wonderful opportunity for inclusion.
- Support children and families by getting the word out there. Getting information out there – hoping to do this through further dissemination of family stories – so everyone understands Part C and families.
  - Unique opportunity to tell the stories, not just to families needing to hear it, but also legislators – tell stories to providers, in position to make referrals – share the impact of EI.
  - We have an opportunity to collect and share family stories to provide a context and testimonial to legislators, providers, those who refer or could refer, and families who need to hear the power of early intervention.

## MISSION, VISION, AND CORE VALUES

**MISSION.** STATEMENT THAT DESCRIBES THE PURPOSE OF THE ORGANIZATION, WHAT THE ORGANIZATION DOES, HOW IT DOES IT, AND FOR WHOM.

### CANDIDATE MISSION STATEMENTS:

1. We help families succeed in helping their children by advising and assisting Montana Milestones IDEA Part C Program
2. We help families succeed in supporting their children by advising and assisting Montana Milestones IDEA Part C Program
3. We empower families to help their children succeed by advising and assisting Montana Milestones IDEA Part C Program

**VISION.** IDEALIZED DESCRIPTION THAT INSPIRES, ENERGIZES, AND CREATES AN IMAGE OF THE DESIRED OUTCOME.

**FSSAC VISION:** All families are supported to help their children achieve their highest potential

## CORE VALUES

1. Family-centered
2. Cultural awareness, equity, and inclusion
3. Respectful and trusting relationships
4. Collaboration
5. Qualified and competent professionals
6. Evidence-based best practices
7. Outcomes-based
8. Data-driving decisions
9. Fiscally responsible
10. Trust through transparency

## FSSAC GOALS, OBJECTIVES, STRATEGIES, AND ACTIVITIES

### GOAL SUMMARY

FSSAC members defined five goals along with supporting objectives, strategies, and activities.

#### FSSAC Goals:

1. **Family Engagement.** Families are engaged and valued as partners and leaders in early intervention
2. **Workforce.** Montana has a confident and effective early childhood workforce
3. **Commitment.** Communities make early childhood a priority, and act to support children's early development and family well-being
4. **Coordination.** The early childhood system is coordinated to support effective family assessment, system navigation, care coordination, and use of data
5. **Governance.** Montana's FSSAC is structured to achieve its mission

### DETAILED GOAL, OBJECTIVE, STRATEGY, AND ACTIVITY NOTES

1. **GOAL: Family Engagement.** Families are engaged and valued as partners and leaders in early intervention
  - 1.1. Objective: Increase family awareness of early intervention and the FSSAC
    - 1.1.1. Strategy: FSSAC members share information about FSSAC through their networks
    - 1.1.2. Strategy: Develop and implement a comprehensive marketing campaign, focused on educating parents, caregivers, and providers on Part C
      - 1.1.2.1. Activity: Conduct discovery – deep dive – listen then create messaging
      - 1.1.2.2. Activity: Process information from discovery process, summarize, and craft message – message will pertain to FSSAC and Part C
        - 1.1.2.2.1. 3 audiences: 1) family, general; 2) providers; 3) legislative areas
      - 1.1.2.3. Activity: Determine how to fund marketing work – ask about current DPHHS funding for marketing
      - 1.1.2.4. Activity: Procure marketing services or collaborate with other DPHHS/Montana marketing/outreach efforts
    - 1.2. Objective: Increase family engagement in FSSAC and communities
      - 1.2.1. Strategy: Provide family-focused professional development (PD), including leadership skills training and preparing and supporting parents to tell their stories effectively to others
      - 1.2.2. Strategy: Develop a consistent approach to capture, maintain, and share family stories, including centralized storing of videos, photos, and written stories
        - 1.2.2.1. Activity: Gather information from FSSAC members:
          - 1.2.2.1.1. Children's Special Health Services
          - 1.2.2.1.2. Jen Banna
          - 1.2.2.1.3. MT Family to Family Health Center
          - 1.2.2.1.4. BBAC work group
          - 1.2.2.1.5. Parent Center
          - 1.2.2.1.6. Head Start
          - 1.2.2.1.7. MT Hands and Voices
          - 1.2.2.1.8. Parentingmontana.org
          - 1.2.2.1.9. Parents
        - 1.2.2.2. Activity: Collaborate with other groups to provide family engagement training

- 1.2.2.3. Activity: Provide different ways for families to tell their stories; develop a library; share stories/library with other agencies
  - 1.2.2.4. Activity: Increase family-led education of educators
  - 1.2.2.5. Activity: Have educational, informative, and culturally diverse materials to share along with parent stories
2. **GOAL: Workforce.** Montana has an early intervention workforce that is competent, confident, and has capacity
- 2.1. Objective: Increase availability, affordability, and accessibility of FSS workforce professional development and certification
    - 2.1.1. Strategy: Establish knowledge base standards and competencies for primary and comprehensive certification
      - 2.1.1.1. Activity area: DEC recommended practices
      - 2.1.1.2. Activity area: Service coordination
      - 2.1.1.3. Activity area: Tele-health including tele-therapy (OT, PT, SLP) and tele-intervention (for FSSs)
      - 2.1.1.4. Activity area: Advocating to a broad audience (healthcare and medical professions)
    - 2.1.2. Strategy: Use Montana State University (MSU) Academic Technology and Outreach (ATO) and Early Childhood Project (ECP) to support, track, and verify certification
  - 2.2. Objective: Provide pediatric specific professional and workforce development to early intervention multidisciplinary team - FSSs and therapists (OT, PT, SLP) as well as multidisciplinary partners (nutrition, mental health, healthcare, and education)
    - 2.2.1. Strategy: Establish competencies for multidisciplinary team as it applies to Montana
      - 2.2.1.1. Activity: Survey multidisciplinary team to determine strengths and needs
      - 2.2.1.2. Activity: Tele-health including tele-therapy (OT, PT, SLP) and tele-intervention (for FSSs)
  - 2.3. Objective: Engage multidisciplinary team collaboration
    - 2.3.1. Strategy: Bring multidisciplinary team and partners together for conference and collaboration
      - 2.3.1.1. Notes on resp for work plan: West Ed – contracted with them to develop PD/WD, plus TA (Artis and Jeffrey (sp?))
3. **GOAL: Commitment.** Communities make early childhood a priority, and act to support children’s early development and build capacity in families
- 3.1. Objective: Increase understanding of and commitment to early intervention needs and resources
    - 3.1.1. Strategy: Add early intervention information to parentingmontana.org
    - 3.1.2. Strategy: Work with the Parent Center to distribute early intervention information more broadly
    - 3.1.3. Strategy: Promote FSSAC’s work as a council, demonstrating how council is expert in this population
      - 3.1.3.1. Activity: Communication from Governor’s office to boots on the ground workers
      - 3.1.3.2. Activity: Communications with professional peers about Part C services (talking shop)
      - 3.1.3.3. Activity: Press releases
      - 3.1.3.4. Note: Marketing for FSSAC recruitment, public knowledge of the work of the FSSAC. Important to demonstrate, promote the council to increase event participation including Child Finds, and help build multi-disciplinary teams. Could also promote tele therapy services to Medicaid.
        - 3.1.3.4.1. Note: FSSAC is core resource for all groups – legislators and everyone else

- 3.1.3.4.2. Note: Everyone on FSSAC is part of the early childhood and Part C system – resource within catchment areas
  - 3.1.4. Strategy: Work with ECFS Division to promote early intervention to families
    - 3.1.4.1. Note: Part C is not widely known or understood in MT
    - 3.1.4.2. Note: Could be part of ECFS Division, Zero to Five, or other DPHHS/MT marketing campaign
    - 3.1.4.3. Activity: Work with Best Beginning councils to get ideas for specific communities
    - 3.1.4.4. Activity: Be a voice at the table to make decisions that are in line with our commitment to early intervention, child development, and are fiscally responsible
    - 3.1.4.5. Activity: Go for ride along with an FSS in their community (participate in and promote for others – a day in their shoes)
  - 3.2. Objective: Enhance research related to impact of Early Intervention
    - 3.2.1. Strategy: Work with university to implement longitudinal study of Child and Family Outcomes data
      - 3.2.1.1. Activity/Note: Use research to influence teaching of teachers
4. **GOAL: Coordination.** The early childhood system is coordinated to support effective family assessment, system navigation, care coordination, and use of data
- 4.1. Objective: Improve transitions for children and families leaving Part C services
    - 4.1.1. Strategy: Explore the concerns around Part C to Part B transitions to improve the process and develop greater cohesion between Part C and Part B providers
      - 4.1.1.1. Activity: Create workgroup to identify concerns, considering the following:
        - 4.1.1.1.1. Whether and how well a champion leads the transition process
        - 4.1.1.1.2. How assessments and data are shared with all decision makers
        - 4.1.1.1.3. Process for ensuring all necessary decision makers meet to review referral
        - 4.1.1.1.4. How timely and efficient transitions are, and the effectiveness of remote/online (i.e. CONNECT) communication during the referral process
        - 4.1.1.1.5. How to improve awareness and use of transition guidelines on the parts of professionals and families
        - 4.1.1.1.6. How to empower families to be involved in every step of transition process
      - 4.1.1.2. Activity: Analyze lessons learned through remote/online transition processes and determine feasibility of implementing wider use
    - 4.1.2. Strategy: Analyze approaches to improve other transitions from Part C, outside of those into Part B
      - 4.1.2.1. Note: This work could be included in the transition workgroup scope
      - 4.1.2.2. Activity: Analyze lessons learned through remote/online transition processes and determine feasibility of implementing wider use
    - 4.1.3. Strategy: Support PD efforts around transitions for providers and families
    - 4.1.4. Strategy: Support family engagement work around transitions
  - 4.2. Objective: Improve system navigation and coordination of early childhood services and supports
    - 4.2.1. Strategy: Work with early childhood system partners (program administrators, providers, families, councils, and others) to improve eligibility, intake, and referral processes
      - 4.2.1.1. Note: Analyze in partnership feasibility of centralized intake process, including home visiting and other early childhood and family support services
      - 4.2.1.2. Activity: Develop relationships to foster leadership buy in – helps with referrals and coordination

4.2.1.3. Activity: Develop and maintain relationships with referral organizations, including health care professionals, Early Head Start, home visiting, Child and Family Services, and others

4.2.1.4. Note: This work is connected to outreach and decreasing stigma to support increased identification and referrals

5. **GOAL: Governance.** Montana’s FSSAC is structured to achieve its mission of helping families help their children achieve success
  - 5.1. Objective: Increase strategic partnerships with early childhood programs and councils
    - 5.1.1. Strategy: In an advisory capacity, support state level collaboration with other early childhood programs and services to increase advisory council effectiveness
      - 5.1.1.1. Activity: Consider whether FSSAC should be subgroup of BBAC or members should participate in other advisory councils
      - 5.1.1.2. Activity: Continue to support increased coordination between Part C and home visiting services at state and local levels
    - 5.2. Objective: Increase collaboration between FSSAC and Part C agencies
    - 5.3. Objective: Continue to enhance FSSAC membership to best represent families and providers
      - 5.3.1. Strategy: Members prioritize attendance at FSSAC meetings. Virtual meetings are used to ensure better attendance and participation
      - 5.3.2. Strategy: Annually, review and update bylaws to ensure the FSSAC membership is representative of Montana roles, agencies, programs (noting cultural awareness and competence) and meets regulatory requirements
    - 5.4. Objective: Promote efficient and transparent organizational processes
      - 5.4.1. Strategy: To ensure Montana achieves its mission for Part C Early Intervention, members gather relevant information, identify alternatives from other early intervention systems and models, weigh the evidence of successful implementation from other States and report to the Council.
        - 5.4.1.1. Activity: Members share recommendations for an early intervention system and model based upon research and evidence with the Department to best meet the needs of children and families in Montana’s early intervention system.
      - 5.4.2. Strategy: Ongoing agenda item: FSSAC members share information from their represented community with the FSSAC and how each member shares FSSAC information with the represented community
      - 5.4.3. Strategy: Members describe their roles and responsibilities as part of the FSSAC annually: what does each individual bring to the table from their representational community that promotes the early intervention system in Montana