

Practice Change Improvement Strategy for Data Quality: Child Outcomes Summary Process

Status: Complete

Montana Milestones completed the improvement strategy with successful results: valid and reliable COS data. The Child Outcomes Summary Process will continue including fidelity checks, supervisory/mentor supports, and at least annual training to prevent drift from the practices.

<p><b>The tools used by the agency to measure the quality of the FSS implementation of practices.</b></p>	<p><b>Self-Monitoring:</b> Bi-annually, FSS self-monitors validity and reliability by completing the checklist for 2 COS baselines and 2 COS exits.</p>	<p><b>Ongoing Professional Development:</b> Annual COS Training provided to all FSSs.</p>	<p><b>Ongoing Supervision or Mentoring:</b> FSSs receive supervision and mentoring to reflect and review the FSS's self-monitoring.</p>	<p><b>Administrative General Supervision:</b> Supervisor monitors validity and reliability using the checklist for at least one COS baseline and COS exit for each FSS.</p>
<p><b>Implementation Fidelity Evaluation Questions: How did the agency measure the degree to which strategies such as professional development, monitoring, and supervision are implemented to support practice implementation?</b></p>	<p>What is the agency's current measurement for the agency's FSSs meeting COS reliability and validity per self-monitoring?</p>	<p>Did the agency provide annual COS training? If no, why not?</p>	<p>What is the frequency of ongoing supervision with individual FSSs? What changes has the agency observed with ongoing supervisory support throughout the COS Process? What is the status of reliability and validity in the COS Process for the agency?</p>	<p>What is the agency's current measurement for annual monitoring of reliability and validity? What are the agency's ongoing plans to ensure reliable and valid COS measurements?</p>
<p><b>Intervention Fidelity Responses</b></p>	<p>Agencies reported 100% of Family Support Specialists completed two Montana COS Fidelity Checklists. Supervisor or Mentor reviewed checklists with staff during 1:1 meeting. Every COS completed by the FSS is reviewed by a team of colleagues, a supervisor or mentor with feedback provided.</p>	<p>Yes, every agency provided COS Training using the Child Outcomes Summary Process Learning Modules. Newly hired staff receive training during their orientation period, usually divided into two sessions covering three learning modules at each session.</p>	<p>All agencies report consistent supervision or mentoring using the COS Fidelity Checklist. Frequency and varies from agency to agency. Agency 1: FSS supervisors review each baseline and exit COS. New FSSs are supported in completing COS documentation. Supervision and mentoring meetings occur at least monthly and more frequently should need arise. Agency 2: FSS Mentor reviews each baseline and exit COS providing feedback to each staff member. Agency 3: FSS meets at least bi-monthly with the agency director to review caseloads and targeted topics for conversation which include COS Fidelity Checklists. COS Fidelity is</p>	<p>Agencies report increased internal monitoring occurred as staff meeting &amp;/or working from home offices noted slight drift from fidelity during self-monitoring. Agencies responded with additional supervision, mentoring, and coaching. Each agency continues to monitor, mentor, and train to ensure consistency with the COS process model. Each agency continues to monitor COS documentation. Depending upon individual needs, technical assistance or training for those with less reliability continues to be provided. The intervention by the mentor or supervisor is helpful to avoid drift from the practices.</p>

			<p>studied during staff meetings to ascertain training needs. Agency 4: FSSs receive mentoring and supervision during orientation. Initially, the mentor takes the lead developing baseline COS while the FSS observes. The mentor assumes a coaching role by assisting the FSS with the next COS baseline completion and the administration of the MEISR. Ongoing supervision is provided as needed. Agency 5: Supervisor reviews every COS with each FSS, providing ongoing feedback. This support diminishes over time and becomes more reflective of specific needs as the FSS's experience grows.</p>	
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**Impacts of Covid:** Virtual visits impacted the FSS's ability to observe the infant or toddler's development. While every baseline and exit COS were completed using parental observation and/or input, tele-intervention views when possible, and input by therapists, or others involved with the child and family, assessments and caregiver observations were weighted more heavily than in typical times. The FSSs reported challenges to document the child's developmental status across settings. Agencies reported observable and significant isolation in families. Questioning families turned up data that children are very isolated and rarely meet others - not attending church, going to the grocery store or library, seeing family and friends. The agencies report they see more children who are overwhelmed in groups (such as Child Find events). Some agencies expressed concern that lower COS ratings will be more common and note changes in family culture: a great reluctance to integrate the child into activities and events. Young ones have never been in a world that is different than it is now.

Practice Change Improvement Strategy for Assessment: Multidisciplinary Evaluation and Assessment Teams

Status: Complete

Montana Milestones completed the improvement strategy with successful results: All agencies meet the regulatory requirements for multidisciplinary evaluation and IFSP teams. All agencies continue monitoring using checklists, supervisory/mentor supports, and at least annual training.

<p><b>The tools used by the agency to measure the quality of the FSS implementation of practices.</b></p>	<p><b>Self-Monitoring:</b> Bi-annually, FSS self-monitors validity and reliability using the Multidisciplinary Evaluation and Assessment Checklist for at least one initial IFSP.</p>	<p><b>Ongoing Professional Development:</b> Annual multidisciplinary evaluation and assessment training is provided to all FSSs.</p>	<p><b>Supervision or mentoring:</b> The supervisor or mentor meets regularly with the FSS to reflect and review the FSS's self-monitoring using the Checklist</p>	<p><b>Administrative General Supervision:</b> All FSSs who administer assessment instruments are trained to do so.</p>
<p><b>Implementation Fidelity Evaluation Questions: How did the agency measure the degree to which strategies such as professional development, monitoring, and supervision are implemented to support practice implementation?</b></p>	<p>What is the agency's current measurement for the consistent implementation of multidisciplinary teams for evaluation and IFSP Teams? How do you know?</p>	<p>Did the agency provide annual multidisciplinary evaluation and IFSP Team training? If no, why not?</p>	<p>What is the frequency of ongoing supervision with individual FSSs? What impact has ongoing supervision had on the FSS's understanding and execution of the multidisciplinary team for evaluation and IFSP Teams?</p>	<p>What is the status of each FSS and the tools that the individual is qualified to administer? What are the agency's ongoing plans to ensure every infant or toddler is afforded a multidisciplinary evaluation and IFSP Team? What data is collected, and oversight provided to ensure compliance with this requirement?</p>
<p><b>Intervention Fidelity Responses</b></p>	<p>100% of evaluations are completed using a multidisciplinary team. Each agency reported internal processes for monitoring the requirement including using eligibility review panels, weekly monitoring, and using functions of the State's data management system to review each evaluation document prior to submission for the State staff final review. IFSP teams are also multidisciplinary through the collaboration with primary referral sources; accessing independent therapists who are already engaged with the family; and internal team</p>	<p>Agencies report training is provided annually but often more frequently as multidisciplinary teams are an ongoing topic during staff meetings. These are opportunities to share ideas and experiences around the process.</p>	<p>Agencies report, yes, they were able to keep supervisory and mentoring processes consistent via frequent virtual staff meetings, 1:1 meeting, and file reviews. Their oversight allows opportunities to discover any discrepancies efficiently and remedy quickly.</p>	<p>All FSSs are trained on the administration of specific screening and assessment tools: DAYC-2, MEISR, MCHAT, ASQ-SE2, DP-3, DP-4. New staff work with veteran staff to complete assessments until they are trained. Following training on proctoring and scoring, the FSSs may administer the tools. Periodic refreshers are built into staff meetings. Agencies report they are considering adding new assessments to the tool box which will be opportunities for training and learning. Agencies report that a centralized system was developed and</p>

	<p>members such as FSSs, OTs, PTs, SLPs, making a cohesive process.</p>			<p>implemented at each site. The centralized system includes 1-3 key staff members who review and ensure the regulatory requirement is met for every evaluation. IFSPs are reviewed during file reviews. All reported this approach supports valid and reliable data including ensuring no child or family slips through the cracks.</p>
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**Impacts of Covid:** Initially, administering assessment tools virtually or telephonically was challenging. Teams learned quickly and became proficient. Teams also became more adept at ensuring communication lines worked with referral sources and multidisciplinary team members. Agencies report staff miss meeting in-person as the primary way to develop multidisciplinary teams and note authentic observations are negatively impacted. The atypical manner of convening the virtual multidisciplinary team presents challenges with building rapport quickly and by families' internet access and quality. Agencies reported IFSP Team meetings are better attended by multiple parents/guardians, are more focused meetings, provide for better tracking through the documents, and allow for ease in embedding video clips for explanation or demonstration. Agencies note the parents of medically fragile children often prefer this mode. A concern in the future is whether we will be able to have therapists return to natural settings after they have experienced the increased client load (and associated compensation) in the clinical or virtual setting.

Practice Change Improvement Strategy for Screening: Social and Emotional Screening Using the ASQ: SE2

Status: Complete

Montana Milestones completed the improvement strategy with successful results: social and emotional screening occurs for every infant or toddler entering Montana Milestones. The information gathered is used to inform practices, strategies and services. The agencies continue monitoring , providing supervisory/mentoring supports, and training. More than one agency expressed interest in learning more about different social and emotional screening and assessment tools.

<p><b>The tools used by the agency to measure the quality of the FSS implementation of practices.</b></p>	<p><b>Self-Monitoring:</b> Bi-annually, each FSS scores and interprets, with sensitivity to children's environmental, cultural, and developmental differences, two ASQ: SE 2 questionnaires completed by parents and self-reflects using the tool's Quick Start Guide designed to help users implement the ASQ: SE 2 accurately and effectively.</p>	<p><b>Ongoing Professional Development:</b> Annual ASQ: SE2 training provided to all FSSs who administer the tool.</p>	<p><b>Supervision or Mentoring:</b> The supervisor or mentor meets regularly with the FSS to reflect and review the FSS's self-monitoring using the Quick Start Guide.</p>	<p><b>Administrative General Supervision:</b> Annually, the supervisor monitors the implementation of the ASQ: SE2 using a validity tool provided by the tool's developer to ensure the screener is being used following the tool's Guide.</p>
<p><b>Implementation Fidelity Evaluation Questions: How did the agency measure the degree to which strategies such as professional development, monitoring, and supervision are implemented to support practice implementation?</b></p>	<p>What is the agency's current measurement for the consistent SE screening for all infants and toddlers? How do you know?</p>	<p>Did the agency provide annual ASQ: SE2 training? If no, why not?</p>	<p>What is the frequency of ongoing supervision with individual FSSs? How does ongoing supervision support the FSS to administer the ASQ: SE2 and use its results for strategies and outcomes with the family?</p>	<p>What is the agency's current measurement to ensure all FSSs who administer assessment instruments are trained? What is the status of each FSS and the tools that the individual is qualified to administer? What are the agency's ongoing plans to ensure every infant or toddler receives social and emotional screening? What data is collected, and oversight provided to ensure the assessment of the infant or toddler's social and emotional status is completed and the data is used to develop social and emotional outcomes leading to improved positive relationships?</p>
<p><b>Intervention Fidelity Responses</b></p>	<p>Agencies report each FSS completed two ASQ: SE2 questionnaires. Self-reflections following completion of</p>	<p>Agencies report training provided, sometimes led by the agency's SE specialists who have attended ASQ and</p>	<p>Annually, two self-assessments are completed by each FSS and reviewed during 1:1 conferencing with</p>	<p>For those team members administering the ASQ: SE2 at each</p>

	<p>documents were subjects of 1:1 supervisory or mentoring meetings. Annual file reviews also focus on documentation of the ASQ: SE2 and its use in the development of the IFSP. For new staff, supervisors and mentors support the transition of social and emotional screening and assessment information gathered for incorporation into the IFSP.</p>	<p>ASQ: SE 2 Train the Trainers Institute. Following limitations on travel and travel post Covid, agencies will once again train with other collaborative partners in their communities such as Child Care Resource and Referral Centers and local education agencies.</p>	<p>supervisors or mentors. The multidisciplinary evaluation team uses data collected from ASQ: SE2 during the eligibility process and the development of the IFSP. If items are "red-flagged," family members learn more about the information and provide input if that information will become part of the IFSP.</p>	<p>agency, all are trained following the Quick Start Guide. Each individual administering the ASQ: SE2 is currently trained. Part of the annual appraisal and file review processes ensures each FSS is trained to perform specific screening, assessments, and evaluations. Supervisor's review IFSPs noting the social and emotional data collected and how it is incorporated into the IFSP family's concerns, priorities, resources as well as outcomes and services. This is part of an ongoing monitoring process with each FSS.</p>
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**Impacts of Covid:** Like all areas, authentic assessments are more limited in a virtual environment and parental/guardian input is heavily utilized. As noted previously, children are facing greater levels of isolation, less exposure to their world which compromises attainment of critical background knowledge and vocabulary, and overall limited exposure to other youth and typically developing peers. Brand new parents struggle to recognize developmental changes. Many therapies are delivered in clinical settings and the FSS's supporting interventions are delivered virtually. This has led to a positive impact: strengthening parents' empowerment.

Practice Change Improvement Strategy for Evidence-Based Practices: Routines-Based Interview and Early Intervention

Status: Complete

Montana Milestones completed the improvement strategy with successful results: every family entering Montana Milestones participates in a voluntary family interview describing priorities, concerns, resources along with a picture of the family's routines. The information gathered is incorporated in the family's IFSP informing outcomes, practices, strategies and services. The agencies continue monitoring, providing supervisory/mentoring supports, and training to ensure family information gathering using the full RBI, a modified version of the RBI or another tool such as SAFE is provided to each family.

<p><b>The tools used by the agency to measure the quality of the FSS implementation of practices.</b></p>	<p><b>Self-Monitoring:</b> Bi-annually, the FSS completes two RBIs with families and self-reflects by completing the RBI Implementation Checklist.</p>	<p><b>Ongoing Professional Development:</b> Annual RBI training (including the development of high-quality outcomes is provided to all FSSs.</p>	<p><b>Supervision or Mentoring:</b> The supervisor or mentor meets regularly with the FSS to reflect and review the FSS's self-monitoring using the RBI Implementation Checklist.</p>	<p><b>Administrative General Supervision:</b> Annually, the supervisor monitors validity and reliability of the RBI by observing at least one RBI using the Checklist. Annually, the supervisor monitors the quality of child and family outcomes by reviewing a randomized sample of active IFSPs using the ECTA developed tool, <i>Criteria Defining High Quality, Participation-based Outcomes.</i></p>
<p><b>Implementation Fidelity Evaluation Questions: How did the agency measure the degree to which strategies such as professional development, monitoring, and supervision are implemented to support practice implementation?</b></p>	<p>What is the agency's current measurement for the consistent use of the RBI for family information gathering? How do you know?</p>	<p>Does the agency provide annual RBI training including developing high-quality outcomes? If no, why not?</p>	<p>What is the frequency of ongoing supervision with individual FSSs? How does ongoing supervision support the FSS's RBI skill set?</p>	<p>What is the agency's current measurement to ensure both consistent use and reliability of the RBI for family information gathering? What is the status of FSSs becoming trained to use the RBI or a modified RBI for family information gathering at the agency? What are the agency's ongoing plans to ensure each family has an opportunity to participate in the RBI for family information gathering? Are families offered a choice on how to provide information on priorities, resources, and concerns for their child's development and the subsequent IFSP?</p>
<p><b>Intervention Fidelity Responses</b></p>	<p>All agencies require the use of the RBI structure for family information</p>	<p>Agencies report annual training is provided about family information</p>	<p>Supervision and mentoring occur at each agency with strong support to</p>	<p>Agencies use the RBI Checklist for accuracy and self-reflection.</p>

	<p>gathering. The majority of agencies did not require staff to conduct the complete RBI. While the agency's staff offer to provide a complete RBI, modified versions seem to occur most frequently in virtual visits. FSSs use the RBI Implementation Checklist for self-reflection. The comments section of the Checklist provided for richer conversation on the tool and its use at every agency.</p>	<p>gathering including the RBI, shortened versions of the RBI, the ECO MAP, and the Structured Analysis Family Evaluation (SAFE). Training on writing high-quality outcomes occurs annually.</p>	<p>those new to RBI. The agencies use file reviews to identify what form of family information gathering was used and the quality of family information documented in the IFSP and in outcomes and services.</p>	<p>Agencies access the RBI Boot Camp training slides developed by a team of FSSs with RBI Certification for training. File reviews indicate IFSPs are reflecting the family's concerns, priorities, and resources. Agencies provide more informal training on family information gathering incorporating RBI structures during staff meetings and FSSs report relief that each can provide a shortened and more flexible version of the RBI. Great care is taken to recognize routines, address family concerns, and discuss with families how best coaching tools are shared, demonstrated, and learned. Most families are willing to complete the ECO MAP.</p>
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**Impacts of Covid:** Agencies found completing a full RBI virtually was almost impossible and necessitated the FSS to adjust to ensure family engagement. Agencies report FSSs continue to receive good information yet noted more time was needed to develop rapport with families as contrasted with periods where FSSs are in-person. FSSs try to be as close to fidelity using a modified RBI approach which may or may not go as deep as an in-person interview. Often information is gathered over multiple visits rather than a 2-hour RBI session.



Practice Change Improvement Strategy for Evidence-Based Practices: Coaching Interaction Style

Status: Complete

Montana Milestones completed the improvement strategy with successful results: all FSSs use coaching practices to engage and build the capacity of families. The silver lining to the Covid cloud: coaching is an exceptional practice to engage families in a virtual home visit. Montana will continue to build coaching practices as we dig deeper into Pyramid Model Practices with a strong focus upon social and emotional supports and services.

<p><b>The tools used by the agency to measure the quality of the FSS implementation of practices.</b></p>	<p><b>Self-monitoring:</b> Bi-annually, the FSS completes the Coaching Practices Rating Scale with at least a third of his/her caseload.</p>	<p><b>Ongoing Professional Development:</b> Annual Coaching training provided to FSSs.</p>	<p><b>Supervision or Mentoring:</b> The supervisor or mentor meets regularly with the FSS to reflect and review the FSS's self-reflection of his/her practices.</p>	<p><b>Administrative General Supervision:</b> Annually, the supervisor monitors the FSSs interactions with families focused upon FSS/Family Interactions that promote self-assessment, self-reflection, and self-generation of new and existing knowledge and skills. Annually, the supervisor monitors coaching plans developed by the FSS for home visits.</p>
<p><b>Implementation Fidelity Evaluation Questions: How did the agency measure the degree to which strategies such as professional development, monitoring, and supervision are implemented to support practice implementation?</b></p>	<p>What is the agency's current measurement for the consistent use of coaching practices to build a family's capacity? How do you know?</p>	<p>Does the agency provide annual coaching training including the use of coaching plans for each home visit? If no, why not?</p>	<p>What is the frequency of ongoing supervision with individual FSSs? How does ongoing supervision support the FSS's practices?</p>	<p>What is the agency's current measurement to ensure both consistent use and reliability of coaching practices to build family capacity during home visits? What is the status of FSSs using coaching plans to support capacity building during home visits?</p>
<p><b>Intervention Fidelity Responses</b></p>	<p>Agencies report FSSs complete two Coaching Practice Rating Sheets or the Support-based Home Visiting Checklist annually which are reviewed during 1:1 meeting. Coaching model practices are implemented by all FSSs with significant improvements in their practice. Virtual visits provided the opportunity to truly strengthen coaching practices.</p>	<p>Coaching training is provided at least annually but supports are provided during staff meetings (for example, the monthly agenda item "Good Home Visiting") and during 1:1 supervisory or mentoring meetings. Coaching is the expected structure during every home visit, either virtually or in-person.</p>	<p>Supervision and mentoring include observing coaching practices in action during virtual home visits or in-person visits.</p>	<p>Agencies use self-reflections which are documented, observed virtual or in-person visits by the supervisor, and "table talk" reviews at staff meetings. Covid created an opportunity to strengthen coaching practices and empower parents in the intervention process. Virtual visits forced growth which was initially difficult but yielded strong professional growth. FSSs use additional coaching strategies such as utilizing high quality video clips embedded in virtual home visits.</p>

**Impacts of Covid:** In the virtual environment, the FSSs provide excellent coaching practices because of the structure: required to listen and talk/dig into that process. While initially trying to coach via virtual meetings was challenging, FSSs met the challenge relying less on observational skills and focused more on interview skills to support families. The FSSs face unexpected emotional challenges as families engage in discussions about mental health, deeper topics because people are isolated and, in some cases, struggling economically. New staff need additional supervisory or mentoring support with the practice.