Montana Early Intervention

STATEWIDE NEEDS ASSESSMENT

2023

PREPARED BY

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Executive Summary

Overview

Montana Milestones Early Intervention program currently provides Part C services to infants and toddlers with disabilities under three years of age who need early intervention services due to a developmental delay, or due to a diagnosed physical or mental condition with a high probability of resulting in a developmental delay. Montana instituted an Established Condition List in 2018 for infants and toddlers under three likely to qualify for Part C Early Intervention Services.

Under federal law, states can expand their eligibility definition to include "at-risk infants and toddlers," which means children at risk of experiencing a substantial developmental delay if early intervention services are not provided. Examples may include children who are living in homes affected by substance use, as well as child abuse and neglect. Stakeholders who participated in Strengthening Montana's Early Childhood Systems Needs Assessment (2019) confirmed that Montana's current eligibility criteria may not capture all potentially eligible children for services due to the limited definition.

The American Rescue Plan Act of 2021 (ARPA) allocated supplemental funding to the existing Part C of the Individuals with Disabilities Education Act (IDEA) to support the provision and coordination of early intervention services for infants and toddlers with disabilities and their families. Throughout the State of Montana Department of Public Health and Human Services, and more specifically the Early Childhood and Family Support Division, there are a variety of programs and services for children with special needs, which creates a unique opportunity to assess eligibility, gaps, and duplications in services, family engagement, and funding mechanisms for coordinated and efficient services.

Primary Evaluation Questions

This report summarizes findings based on four primary questions:

1. *Who is currently represented and enrolled in Montana's Part C Program?*
2. *What are the current primary sources of referrals to Montana's Part C Program?*
3. *What factors facilitate or impede the connection between childcare providers and Part C Early Intervention?*
4. *Where are opportunities to connect with children likely eligible for Montana's Part C Program?*

Purpose

The needs assessment results will inform Montana Milestones Part C strategic planning to leverage the infrastructure of the statewide Family Support Services Advisory Council (FSSAC) and local early childhood coalitions.

Contents

Overview of Part C in Montana

The Montana Milestones Part C Early Intervention program is provided by 5 regional agencies, indicated on the map below and identified by a Part C Service Center. These Part C Service Centers and regional agencies include:

1. **Developmental Education Assistance Program (DEAP) Region 1 Part C agency**: DEAP is located in Miles City and serves the easternmost part of Montana. DEAP provides Part C services in 17 counties: Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux. DEAP's services extend beyond early intervention support, as the agency also provides services focused on: autism, independent living, community rehabilitation, Family Education and Support, extended employment, family preservation, and respite.
2. **Benchmark Human Services Region 2 Part C agency**: Benchmark Human Services' headquarters are based in Fort Wayne, IN, and their regional office in Montana is located in Great Falls. Benchmark Human Services provides Part C services in the north-central portion of Montana where they serve 9 counties: Blaine, Cascade, Chouteau, Glacier, Hill, Liberty, Pondera, Teton, and Toole. Benchmark Human Services also provides residential services in Helena, MT.
3. **Early Childhood Intervention of Billings School District #2 Region 3 Part C agency**: Early Childhood Intervention (ECI) is part of the Billings School District #2. ECI works in close partnership with Billing Public Schools but all of ECI's funding comes from federal and state dollars for Part C services. ECI provides Part C services in 11 counties that are in the south-central portion of Montana: Big Horn, Carbon, Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Stillwater, Sweet Grass, Wheatland, and Yellowstone.
4. **Family Outreach Region 4 Part C agency**: Family Outreach's main office is located in Helena and their additional offices are located in Bozeman and Butte. Part C services are provided by Family Outreach to those in 12 south west counties: Beaverhead, Broadwater, Deer Lodge, Gallatin, Granite, Jefferson, Lewis and Clark, Madison, Meagher, Park, Powell, and Silver Bow. Beyond Part C services, Family Outreach also provides services to individuals across the lifespan, including behavioral, transition, and lifespan services.
5. **Child Development Center Region 5 Part C agency**: Located in the northwest portion of Montana, the Child Development Center has a main office located in Missoula. Child Development Center provides Part C services in 7 counties: Flathead, Lake, Lincoln, Mineral, Missoula, Ravalli, and Sanders. Child Development Center provides Part C services, Family Education and Support, autism and behavioral services, a life skills program, and support for those with intellectual disabilities. Beyond employing Family Support Specialists, the Child Development Center employs speech and occupational therapists who also support Part C services.

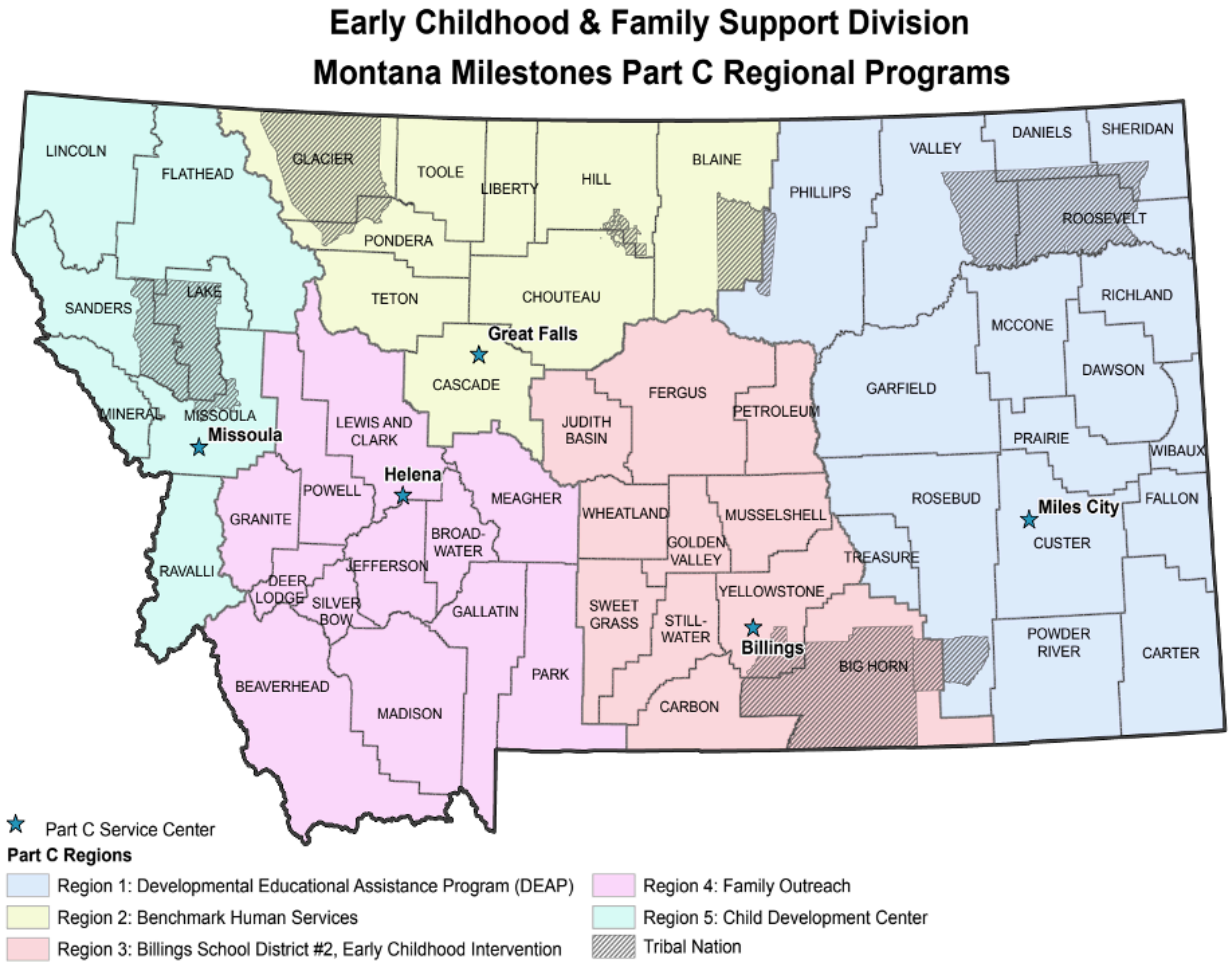


Figure 1. Map of Montana Milestones Part C Regional Program Areas

Process for Conducting Montana Part C Needs Assessment

Contract

In January of 2023, Montana Milestones Part C Early Intervention Program contracted with the University of Montana Institute for Early Childhood Education (UM-IECE) to conduct a statewide needs assessment of Montana's Part C Early Intervention program. The UM-IECE team worked with Montana Milestones throughout the process to determine data sources, clarify information, and learn more about current initiatives, strategies, and priorities relevant to early intervention services in Montana.

Methods and Data Collection

UM-IECE utilized a mixed-method approach drawing data from three primary sources (1) an online survey, (2) targeted focus groups, and (3) extant data. Surveys and focus groups captured the priorities, resources, concerns, and needs of childcare providers, pediatricians,

service and support providers, contractors, and other partner professionals. The project was approved by Montana State University's Institutional Review Board (IRB).

Online Survey

The exploratory nature of this project led the evaluation team to develop and administer an online survey to gather perspectives from childcare providers, healthcare professionals, and early intervention service providers. Invitees were offered the incentive of a $25 gift card for survey completion and were encouraged to share the survey invitation link with other childcare, healthcare, and/or early intervention stakeholders.

The invitation to complete the online survey was distributed via the following partners and directories:

- Montana Early Childhood Project registry database to early childhood professionals and family support specialists
- Head Start Collaboration Office to Head Start and Early Head Start teachers, managers, and administrators
- County and Tribal Health Bureaus to healthcare professionals
- Montana chapter of the American Academy of Pediatrics to pediatricians
- Hospital and healthcare directories identified through an online search to healthcare professionals
- Montana Milestones to Part C agencies and early intervention service providers

A total of 400 survey responses were gathered between April 3, 2023 and May 30, 2023. All survey respondents provided demographic information which included, gender, age, race and ethnicity (Table 1), degree attainment (Figure 3), county and town of residence, and employment service area. Forty-seven of Montana's fifty-six counties were represented. The largest number of respondents lived and worked in Yellowstone County, as shown in Figure 2. The majority of respondents identified themselves as female (96%) and varied in age from 18-24 years (12%), 25-34 years (19%), 35-44 years (33%), 45-54 years (20%), 55-64 years (14%), and 65+ years of age (2%).

Table 1. Race and Ethnicity of Online Survey Respondents

Not Hispanic or Latino	Hispanic or Latino	White	American Indian/ Alaska Native	Asian	African American	Two or more races
86%	5%	84%	7%	1%	1%	3%

County	*n*	%
Yellowstone	64	16
Missoula	49	12
Gallatin	37	9
Lewis & Clark	34	9
Flathead	34	6
Cascade	34	9
Silver Bow	25	6
Hill	13	3
Ravalli	10	2

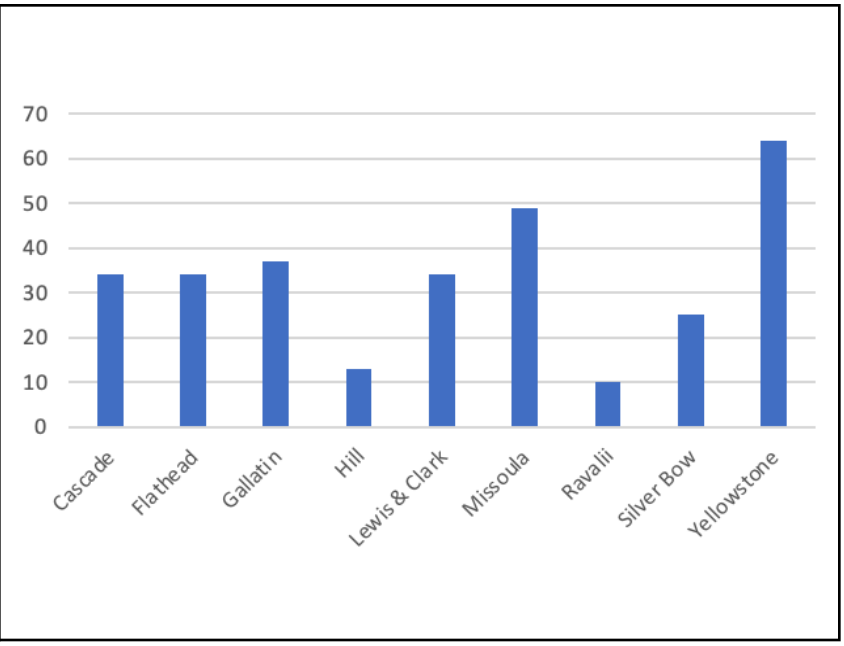


Figure 2. Top 75% of Counties Served by Online Survey Respondents

Degree attainment of survey respondents varied (Figure 3), with 36% reporting a high school diploma as their highest degree obtained and less than 1% reporting earning a terminal degree. Given the intent of the online survey to include perspectives of medical professionals who would be required to have obtained an advanced degree, responses from this population were limited.

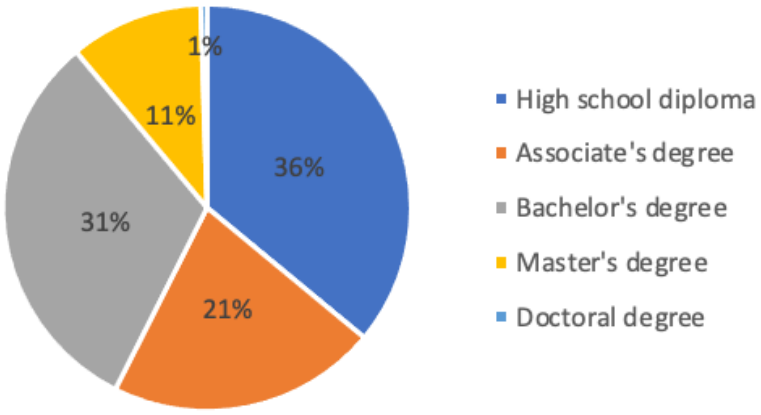


Figure 3. Degree Attainment of Online Survey Respondents

Nearly 20% of survey respondents indicated *others* when asked to choose their professional role type: *childcare provider, healthcare professional, or early intervention service provider* (Figure 4). Of the other roles provided, many were re-categorized based on job titles. For example, “teacher” was moved to the childcare role category, and the heading was expanded to *childcare and early childhood education.* Similarly, respondents who indicated WIC in their role were categorized as healthcare professionals. Based on their role (childcare, healthcare, early

intervention), respondents provided information regarding resources, services, and supports available and provided to young children and their families. All respondents also rated how well the developmental needs of infants and toddlers are being met in their community and how this could be improved.

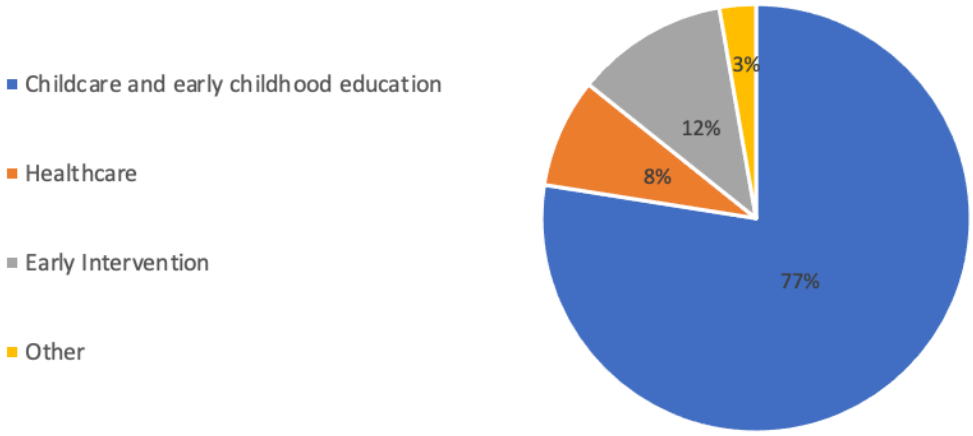


Figure 4. Professional Role as Identified by Online Survey Respondent

Summary Online Survey Results

Childcare and early childhood education survey respondents (*n* = 310 of 400) represented a variety of early care and education programs. Per Montana Child Care Licensing guidelines, Family programs provide care for a total of 3 – 8 children with no more than three children under age 2, Group programs provide care for a total of 9 – 15 children with no more than six children under age 2, and Center programs serve a total of 16 children or more. Enrollment capacity among survey respondents ranged from 5 children to more than 450 children (likely reporting for a large Early Head Start / Head Start grantee). Reported numbers of enrolled infants, toddlers, and preschoolers also varied.

Of healthcare survey respondents (*n* = 33 of 400), 74% reported working for the local health department. There was one respondent that reported working at the hospital, family medical practice, pediatric clinic, or private practice. No pediatricians participated in the survey. Of the 33 healthcare survey respondents, 39% were Registered Nurses. Healthcare survey respondents reported that they worked most with toddlers (18%) and their families (19%), followed by working with infants (17%) and their families (16%) and working with preschoolers (17%) and their families (15%). Wellness screening (20%), oral health (13%), and mental health services for children (13%) and families (11%) were the most reported services provided. Occupational therapy (9%), physical therapy (7%), and speech therapy (7%) services were reported by survey respondents. WIC, immunizations, parent education, and nutrition education were also cited as services provided in an “other” category of services provided (19%).

Early intervention survey respondents (*n* = 46 of 400) reported roles as Family Support Specialists (55%), early intervention program administrator (18%), or social worker (12%). Other roles (15%) included speech language pathologist, occupational therapist, and family therapist.

Summarized below is survey respondents' confidence in working with young children with support needs, primary needs for professional development, selection choice for a screening tool, and perspectives of current services for infants and toddlers.

Confidence in Supporting Young Children with Support Needs

Survey respondents were asked to rate their confidence in supporting children's needs in a variety of areas (0 = not at all confident; 5 = very confident). Across all professional roles, confidence was highest in supporting children with developmental delays and learning disabilities, as indicated by the green shaded cells in the Table 2 below. Healthcare professionals tended to rate their confidence lower as compared to the childcare and early intervention survey respondent groups.

Table 2. Mean Confidence of Survey Respondents in Supporting Needs of Children by Professional Role

Children's Support Needs	**Childcare**	**Healthcare**	**Early Intervention**
	M	*M*	*M*
auditory impairment	2.37	1.91	2.44
autism	2.56	2.39	3.11
developmental delays	3.13	2.78	4.04
emotional disturbance	2.81	2.22	2.93
intellectual disability	2.79	2.57	3.59
learning disability	3.07	2.57	3.78
orthopedic disability	2.34	1.83	2.48
speech language impairment	3.23	2.04	3.70
toxic stress	2.73	2.13	2.93
traumatic brain injury	1.79	1.70	2.26
visual impairment	2.18	1.74	2.00

Professional Development Needs

Childcare and early childhood education survey respondents indicated a need for professional development in the areas of child development (29%), family and community partnerships (21%), teaching and engagement (19%), observation, documentation, and assessment (17%),

curriculum (11%) and, professionalism (4%). Early intervention service providers indicated a need for professional development in the areas of embedded intervention strategies (44%), child development (37%), and family and community partnerships (15%). Healthcare professionals were not asked about their professional development needs. Shared and cross-sector professional development regarding developmental milestones would be well-received and valued by all members of the early childhood system, as evidenced by open ended comments and suggestions for shared training,"*Time to collaborate together on working with kids with disabilities. Make sure we are on the same page and using the same verbiage*" (early intervention survey respondent).

Selection of Screening Tools

Sixty-three percent of childcare and early childhood education survey respondents reported not using a screening tool when asked in a yes/no format within the online survey. Among respondents that reported using a screening tool, the ASQ and ASQ:SE were most frequently identified. Other tools mentioned by childcare providers included the DECA, DIAL, and Brigance. Among respondents that reported not using a screening tool, children with additional support needs were reported to be identified primarily by parents and through referral and assessment by the school district. Child Find, physician report, private early intervention provider, and Part C agency were also listed as sources for identifying support needs. Healthcare survey respondents reported using the ASQ (30%) and ASQ:SE (16%) most often. Early Screening Profiles, PEDS, Infant Developmental Inventory were each used by 10% of healthcare respondents. Early intervention providers also reported using the ASQ (31%) and ASQ:SE (28%) most frequently, followed by the Developmental Assessment of Young Children (DAYC) (16%) and Developmental Profile 4 (10%).

Perspectives on Meeting Developmental Needs of Infants and Toddlers

Survey respondents were asked to rate how well they thought the developmental needs of infants and toddlers in their community were being met (0 = not being met at all; 5 = being met extremely well). Table 3 below shows the average perspective from each survey group. Across each survey group, the belief is that the developmental needs of toddlers are better met than the developmental needs of infants. Overall, needs are perceived to be marginally met for both developmental ages. Survey respondents who chose to to include comments regarding their responses spoke to the rurality of Montana, scarcity of child care and service providers, and lack of funding as reasons for not meeting developmental needs.

Table 3. Average Perspectives of Survey Respondents on How Well Needs of Infants and Toddlers are Met in Their Respective Communities

Population	**Childcare and ECE**	**Healthcare**	**Early Intervention**
	M	*M*	*M*
Developmental needs of infants	2.36	2.21	2.96
Developmental needs of toddlers	2.57	2.37	3.21
Excerpts from Open-Ended Comments Pertaining to Respondents Perspectives			

“Infants and toddlers with developmental needs can be better met by parents reaching out and giving all the information to the childcare providers. Childcare providers need to be more attentive to what is going on in the classroom and give evaluations much more often.”
“Oftentimes the specialists we work with are serving huge areas of Montana so they end up only working with a kid once a month and there isn't always time to educate parents and teachers on how to help that child between appointments.”

“Parents need knowledge and exposure to intervention strategies and signs of need. Many are unwilling or afraid to engage with existing supports or to reach out to new supports. Additionally, educators need to be trained in what is available and how to approach a family and child that may need additional support.”

“Lack of quality childcare definitely hinders the developmental needs of infants and toddlers. Additionally, I know that many children are food insecure and lacking proper nutrition, even if they receive SNAP or WIC benefits. I would love to see more accessible enrichment opportunities for young children, because many extracurricular activities cost a lot (gymnastics, dance, art classes) and we don't have a children's museum yet... I would love to see some low-barrier playgroups or other community oriented family activities, like x that used to happen in x”

Focus Groups

Locations for focus groups were intentionally selected based on Part C service center locations, Childcare Resource & Referral agency locations, and geographic locations in the state. The Montana child care resource & referral (CCR&R) network, Raise Montana, provides support to all Montana communities through seven regional CCR&R agencies. The mission of Raise Montana is to advance the early childhood profession and improve the quality, affordability, and accessibility of childcare. Each regional agency is a hub for families, early childhood professionals, and community members with resources about child development, family engagement, the Best Beginnings Child Care Scholarship Program, Special Needs Subsidy, and more.

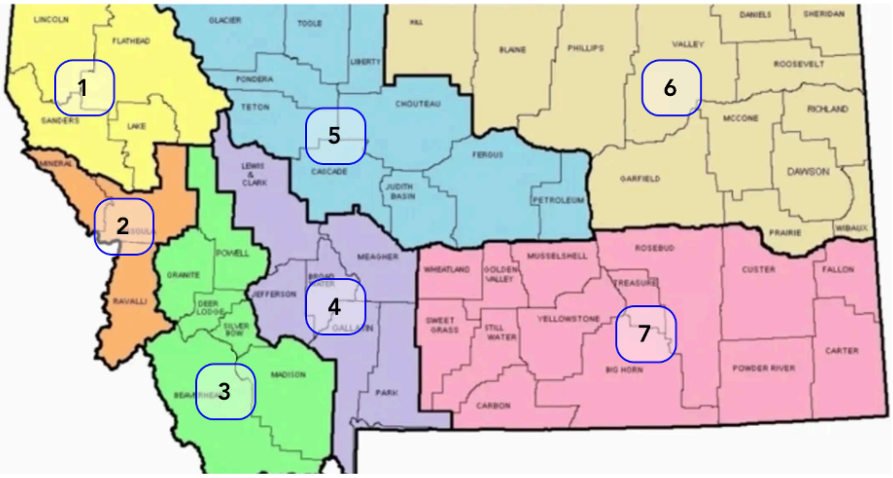


Figure 5. Map of Raise Montana Child Care Resource & Referral Agencies

1. The Nurturing Center Region 1 CCR&R agency is located in Kalispell and serves Flathead, Lake, Lincoln, and Sanders counties.
2. Child Care Resources Region 2 CCR&R agency is located in Missoula and serves Mineral, Missoula, and Ravalli counties.
3. Butte 4-C's Region 3 CCR&R agency is located in Butte and serves Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow counties.
4. Child Care Connections Region 4 CCR&R agency has offices in Bozeman and Helena and serves Broadwater, Gallatin, Jefferson, Lewis & Clark, Meagher, and Park counties.
5. Family Connections MT Region 5 CCR&R agency is located in Great Falls and serves Cascade, Choteau, Glacier, Fergus, Judith Basin, Liberty, Petroleum, Pondera, Teton, and Toole counties.
6. Family Connections MT Region 6 CCR&R is located in Havre and serves Blaine, Daniels, Dawson, Garfield, Hill, McCone, Phillips, Prairie, Richland, Roosevelt, Sheridan, Valley and Wibaux counties.
7. District 7 HRDC Region 7 CCR&R agency has offices in Billings and Hardin and serves Big Horn, Carbon, Carter, Custer, Golden Valley, Fallon, Musselshell, Powder River, Rosebud, Stillwater, Sweet Grass, Treasure, Wheatland, and Yellowstone counties.

The UM-IECE team recognized a mismatch between childcare and early intervention regions. Notably, there are five Part C service regions and seven child care resource & referral regions with the most prominent differences in service areas in the central and eastern parts of the state, as shown in Figure 6 below.

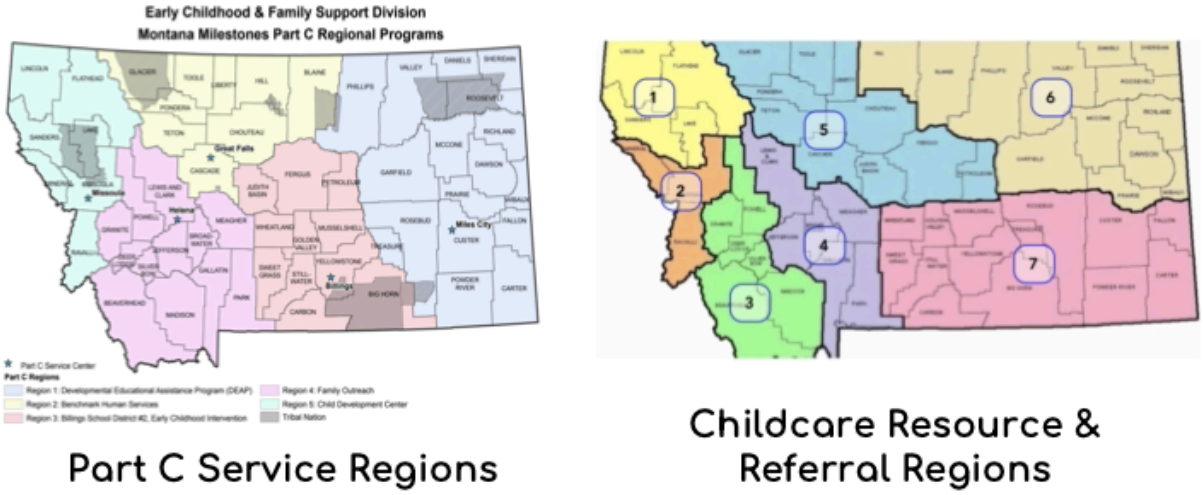


Figure 6. Montana Milestones Early Intervention Part C Service Regions and Montana Child Care Resource and Referral Regions

The overlap of service areas and multiple agencies – both Part C and child care resource & referral – serving multiple counties could account for some of the lack of coordination and communication between and among agencies. For example, a toddler with developmental delays in Havre could be enrolled in a childcare program overseen by Havre's Family Connections MT in Childcare Region 6 which also has an office in Great Falls in childcare region 5. The Part C agency serving Hill County, where Havre is located, is Benchmark Human Services, based out of Fort Wayne, Indiana with a Montana office in Great Falls. Connecting the toddler and his family to community-based support could be challenging when the resource hubs are managed by an agency in a different location. An outline of the Part C regions and Child Care Resource & Referral regions is presented in Table 4.

Table 4. Location for Focus Groups Based on Montana Milestones Part C and Childcare Resource and Referral Regions

Focus Group Location	**Regions**		**Context of Overlapping Regions Based on Focus Group Locations**
	Part C	**Childcare R&R**	
Billings	3	7	Billings is the Part C service center for Early Childhood Intervention (region 3) and the main office for District 7 HRDC, the child care resource & referral agency (region 7). Childcare regional offices are also located in Miles City and Hardin.
Miles City			Miles City is the Part C service center for DEAP (region 1). District 7 HRDC, the child care resource & referral agency (region 7) has offices in Billings, Miles City, and Hardin.

1

Poplar		6	Family Connections MT, the child care resource & referral agency (region 3), has offices in Great Falls and Havre (region 6). Poplar was chosen as a focus group site to offer an opportunity for participation in the northeast part of the state.
Helena	4	4	Helena is the Part C service center for Family Outreach (region 4), with additional offices in Bozeman and Butte. Bozeman and Helena are the regional offices for Child Care Connections, the child care resource & referral agency (region 4). Butte's childcare resource & referral agency is Butte 4-Cs (region 3).
Bozeman			
Butte		3	
Great Falls	2	5	Great Falls is the Part C service center for Benchmark Human Services. Family Connections MT, the child care resource & referral agency (region 3), has offices in Great Falls and Havre (region 6).
Missoula	5	2	Missoula is the Part C service center for the Child Development Center (region 5). Child Care Resources, the child care resource & referral agency (region 2), is located in Missoula. The Nurturing Center, the child care resource & referral agency (region 1), is located in Kalispell.
Kalispell		1	

Focus group meetings were planned to further explore childcare, healthcare, and early intervention perspectives regarding 1) Montana's early intervention system, 2) collaboration between childcare, healthcare, and early intervention providers, and 3) support for families. All online survey respondents were invited to sign up for either an in-person or virtual focus group. Survey respondents were also encouraged to forward the link to other childcare, healthcare, and/or early intervention stakeholders. Focus groups in Butte, Kalispell, and Poplar were not conducted as there were no participants who indicated interest in attending focus groups scheduled in those areas. After indicating consent to participate and completing the focus group discussion, participants received a $100 cash incentive payment. Conversations were recorded, transcribed, and coded for analysis.

Table 5. Focus Group Attendees by Location and Professional Role

Location	**Billings**	**Bozeman**	**Great Falls**	**Helena**	**Miles City**	**Missoula**	**Virtual**	**Total**
RSVP	14	10	10	7	12	9	52	114
Participation	9	3	3	5	9	3	13	50

Note. Fifty-two RSVPs were collected to participate in a virtual focus group. Twenty-seven participants RSVPed to attend on September 19th and fourteen RSVPed to attend on September 26th.

Focus group questions were organized into three categories of 10 - 15 minute discussions.

1. Let's talk about Montana's early intervention system.	How would you describe the system? What is working well? What would you change?
2. Let's talk about childcare providers, healthcare providers, and early intervention providers	How do these groups work together in your community to support infants and toddlers with support needs? Would you describe these collaborations as strong or weak? What would you do to change these collaborations?
3. Let's talk about your work with families.	How are families who have infants and toddlers with support needs supported in your community? Would you describe this support as helpful or lacking? What would you do to change the ways families are supported?

Summary of Focus Group Results

Themes from focus group discussions are summarized in Tables 6 and 7 below. Primary themes are organized based on responses from participants across all eight focus groups (6 = face-to-face, 2 = virtual). Participants noted the strengths of the existing systems as related to local collaboration efforts and pre-covid partnerships. Primary themes extracted from discussions highlighted opportunities for enhancing collaborative partnerships, seeking continuity and consistency across programs, and alignment of messaging through shared professional development, training, and outreach to community partners.

Table 6. Identified Strengths Based on Themes of Focus Group Discussions

Primary Themes	Sub-Themes	Quotes
Collaboration	• Pre-COVID partnerships • Local agency strengths	Paraphrasing consistent theme across all focus group sessions: "*Meetings with other agencies were in place, would like them to come back (a reference to early childhood coalitions)...there was a lot of community work where we were finding problems and coming up with solutions (pre-Covid), haven't really gotten back to this*."

Newborn Referrals		*“newborns born with a need - they often get services. However, not always as the way it is explained to parents isn't clear about why/what it means and looks like to receive services.”*

Table 7. Identified Opportunities Based on Themes of Focus Group Discussions

Primary Themes	Sub-Themes	Quotes
Missing, Fragmented	● Social and political barriers ● Waitlists for diagnoses ● The transition between Part C and B	In reference to early Interventions “*And I've heard really great stories, and then I've heard absolute horror stories. And so the one thing that I've heard universally is that it's not consistent across the board, across our state. And I think that needs to change*.” “*I think there's a big gap between part C, part B, I think there needs to be more overlap…*” “*But they don't always have the specialists that they need. Sometimes you have to refer it out. And to get an autism screening in <city> is three months out. Three to four months. And when you're two years old, it's a quarter of your life.*” “*P1: we have a lack of being able to get correct diagnosis, but I mean, kids are on the waitlist for autism diagnosis….P2: Oh, it's years….P1: But even to get neuro-psychs or whatever.*” “*You only have in the state of Montana a handful and I mean literally a handful that will not only diagnose a child under the age of 12.*”
Confusing, Need for Education/PD	● Training for childcare providers ● What is Part C (audience: families and childcare providers)? ● How do you qualify (audience: families and childcare providers)? ● What is the	“*If I'm honest, I don't even know what Part C is*.” A childcare provider and parent of a child with additional support needs: “*But when it comes to the special needs aspect of things, I didn't know where to go. And the only reason I knew about [our local Part C agency] is because one of my friends. … She's like, ‘Well, have you looked into [local Part C agency]?’ And I was like, ‘What? What is that?’ But that was already when [my child] was almost five. … Where are the resources? [There is] a lack of understanding*.” “*And I didn't even know what early intervention was.*

	benefit of services (audience: families)? ● Consistent messaging ● Consistent use of terminology	*My daughter was diagnosed in January of the year she turned five with autism. by the time I learned what it all was, she... I had one month to qualify her and get her into services...*“
Collaboration	● Feeling isolated, disconnected ● Desire of childcare providers to connect directly with EI providers ● Eagerness to connect across professions ● Communities who do this well, it's based on existing relationships	“*Our person needs to be building those community partnerships and relationships. And I also feel like there are other programs out there that do have strong relationships. Like <community agency>. <community agency> has gotten so much done for them because people know what it is. They know what they do*.” “*It would be nice if we could have some kind of, and I mean obviously conferences offer these as opportunities, but like a purposeful meeting, a summit for someone from each program to show up, build connections, network, strengthen.*”
Connection to Medical Providers	● Unable to connect ● Families may be dismissed (stigma: *you don't know what you are talking about)* ● Childcare provider may be dismissed (stigma: *you don’t know what you are talking about)*	A participant describing a barrier to entry into Part C services may be related to families’ and childcare providers’ experiences with medical professionals: *“But I think the elephant in the room that's not getting expressed is: there is a stigma that if you are possibly a single parent going to a [medical] provider that maybe you don't know what you're talking about, or if you're a childcare provider, you don't know what you're talking about*.” “*I don't think a lot of our parents or our healthcare providers really feel empowered to reach out to an early child or early intervention because they don't know there's something wrong because society says they're just being a kid*.”

Note. Identifying information from direct quotes has been removed to honor the confidentiality of focus group participants. Names of a city or community organization have been removed.

Extant Data

Data collected by Federal agencies and the state of Montana were used by the UM-IECE to complement the primary data collection efforts through the online survey and focus groups. Specifically, the following extant data were sourced as relevant to evaluation questions:

- IDEA Section 618 Static Table Data Products
- The Office of Head Start (OHS) Program Information Report (PIR)
- March of Dimes Montana Report Card (2023)
- Early Childhood Homelessness State Profile (2021)
- Annie E. Casey Kids Count Data Center
- Montana Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Statewide Needs Assessment Update (2020)
- Strengthening Montana's Early Childhood System Project (2019)
- *The State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity* 2023 NIEER data report

Data Analysis

Researchers analyzed data across qualitative and quantitative sources to identify emerging themes and trends to clarify answers or identify gaps/limitations in response to the priority evaluation questions put forth by the Montana Milestones Part C Early Intervention Program. Qualitative findings were used to understand the context of quantitative sources. Data were collected and summarized for review in the January 2024 Family Support Services Advisory Council (FSSAC) meeting. The UM-IECE evaluation team solicited feedback from the FSSAC for incorporation into the final report. Data from the online survey, focus groups, and extant sources are reported and discussed in the context of the primary evaluation questions:

1. *Who is currently represented and enrolled in Montana's Part C Program?*
2. *What are the current primary sources of referrals to Montana's Part C Program?*
3. *What factors facilitate or impede the connection between childcare providers and Part C Early Intervention?*
4. *Where are opportunities to connect with children likely eligible for Montana's Part C Program?*

Representation in Part C Early Intervention

Who is currently represented and enrolled in Montana's Part C Program?

Table 8 summarizes the number of infants and toddlers receiving early intervention services in Montana by age (0-1, 1-2, 2-3) since 2017. Overall, in the last five years, an average of 2.1% of children in Montana under the age of three have been served by Part C programming. Children are primarily of white race/ethnicity with the second highest demographic represented being American Indian/Alaska Native (AI/AN) (Table 9). The primary delivery of service was in home settings (Table 10). Across all five years the largest number of children served within Part C continues to be 2-3 year olds, followed by 1-2 year olds, with the lowest numbers served being infants under one year of age. The number of children served across age bands most often increases by 50% or more, suggesting that children and families are likely connecting with services later on in their early years, with most being their last year of eligibility through Part C. Children exit Part C at the age of three and transition into Part B (if continuously eligible). In 2021 - 2022, 773 children who were 3-5 years of age and not in Kindergarten were served under Part B programming in Montana, an increase of over 50% in children served.

Table 8. Number of Infants and Toddlers Receiving Early Intervention Services in Montana under IDEA Part C by Age in 2017 - 2022

Year	0 - 1 year-old	1 - 2 years-old	2 - 3 years-old	% of Population
2021-22	83	241	427	2.23%
2020-21	91	198	314	1.74%
2019-20	111	275	452	2.36%
2018-19	150	302	390	2.00%
2017-18	149	301	392	2.21%

Note. Percentage of population = Number of infants and toddlers birth through age 2 served under IDEA, Part C, divided by the estimated Montana population birth through age 2, multiplied by 100. Data are sourced from the IDEA Section 618 static table data products. Section 618 of the Individuals with Disabilities Education Act (IDEA) requires that each state submit data about the infants and toddlers, born through age 2, who receive early intervention services under Part C of IDEA.

Table 9. Number of Infants and Toddlers Receiving Early Intervention Services in Montana under IDEA Part C by Race/Ethnicity in 2017 - 2022

Year	American Indian or Alaska Native	Asian	Black or African American	Hispanic/ Latino	Native Hawaiian or Pacific Islander	Two or More Races	White
2021-22	118	0	12	36	0	17	563
2020-21	84	0	0	40	4	27	444
2019-20	114	9	0	43	0	32	632
2018-19	137	5	14	42	5	39	600
2017-18	129	5	14	42	4	40	608

Note. Data are sourced from the IDEA Section 618 static table data products.

Table 10. Number of Infants and Toddlers Receiving Early Intervention Services in Montana under IDEA Part C by Early Intervention Setting in 2017 - 2022

Year	Community-based	Home	Other Setting
2021-22	16	697	38
2020-21	6	590	7
2019-20	9	829	0
2018-19	9	829	4

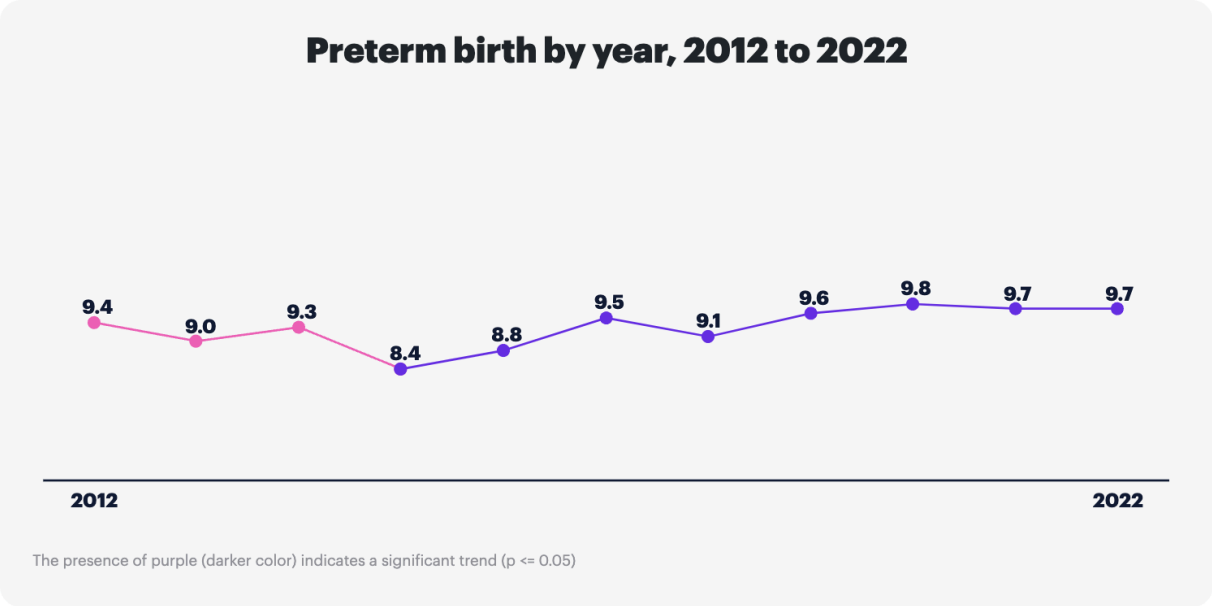
2017-18	11	826	5

Note. Data are sourced from the IDEA Section 618 static table data products.

Are there children receiving early intervention services who do not fall within Montana's Part C Program Established Condition List?

Beyond Part C programming children and families under the age of three may be enrolled in overlapping and/or unique programs based on alternative categories of risk. These programs include Early Head Start, McKinney-Vento early childhood program, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and/or other community health services based on child and family characteristics established at birth (e.g., pre-term status). Table 11 summarizes the number of children enrolled in Montana Early Head Start Agencies and receiving disability services. Enrollment in Early Head Start by age and characteristics from 2016-2021 are further detailed across Montana agencies in Table 12.

The 2021 Early Childhood Homelessness State Profile Report provides a summary of children and youth experiencing homelessness by definition of lacking a fixed, regular, and adequate nighttime residence. Data was collected in 2018-2019. According to the report, 4,032 (1 in 18) children under the age of 6 are experiencing homelessness. Of these children, only 30% are served by Federally funded Head Start/Early Head Start or a McKinney-Vento early childhood program, which leaves 2,823 children unserved under the age of 6. Additionally, the September 2020 Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Statewide Needs Assessment Update, provides context for 23 MIECHV-funded agencies that served 19 counties in Montana reaching 1,444 households or 32.9% of the population estimated to need home visiting services in counties served. Furthermore, Montana has had, on average, a 9.7% rate of preterm births over the last five years (Figure 7). Provided that under Federal Part C guidelines, states may choose to serve infants and toddlers under an expanded eligibility criteria of at risk, state data suggests that there is a likely opportunity to reach children and families not already identified and also potentially not otherwise being served.



Source: National Center for Health Statistics, 2012-2022 natality data.

Figure 7. Preterm Birth Rate in Montana 2012 - 2022 Sourced from 2023 March of Dimes Report Card for Montana

Table 11. Children Under the Age of One Through Three Years of Age Enrolled in Montana Early Head Start Agencies and Receiving Disability Services 2016-2021

Year	Enrolled in EHS Across MT Agencies	Receiving Disability Services	Percent Disability Services
2020 - 2021	707	52	7.36%
2019 - 2020	832	84	10.00%
2018 - 2019	799	81	10.12%
2017 - 2018	797	92	12.55%
2016 - 2017	838	91	10.86%

Note. Enrolled in Early Head Start across MT agencies represent the total number of children under the age of 1, 1 year old, 2 years old, and 3 years old.

Table 12. Early Head Start Agency Enrollment by Age and Characteristics in 2016 - 2021

Agency	Year	Pregnant Women	Under 1	1 yr-old	2 yr-old	3 yr-old	Homeless	Foster Care	Disability Services*
A.W.A.R.E Butte	2020-21	8	20	15	14	3	5	3	1 of 52
	2019-20	5	18	16	14	4	5	10	5 of 52
	2018-29	7	24	17	19	2	1	8	9 of 62

Agency	Year	Pregnant Women	Under 1	1 yr-old	2 yr-old	3 yr-old	Homeless	Foster Care	Disability Services*
	2017-18	6	21	20	15	1	5	1	14 of 57
	2016-17	3	31	27	12	0	2	11	20 of 70
Blackfeet Early Childhood Center	2020-21	25	20	51	57	0	23	15	10 of 158
	2019-20	14	41	64	60	0	30	12	12 of 165
	2018-19	11	23	49	86	0	11	11	12 of 158
	2017-18	0	26	42	74	0	0	11	13 of 142
	2016-17	11	5	29	62	56	5	5	17 of 152
Chippewa Cree Tribe - Box Elder - Rocky Boy Schools	2020-21	16	8	34	38	32	10	5	0 of 112
	2019-20	16	16	17	28	11	12	8	1 of 72
	2018-19	16	16	24	32	0	1	12	1 of 72
	2017-18	16	16	24	32	0	4	15	4 of 72
	2016-17	16	16	24	32	0	4	12	1 of 72
Confederated Salish and Kootenai Tribes	2020-21	0	13	8	19	0	0	3	1 of 40
	2019-20	0	8	13	29	0	2	6	6 of 50
	2018-19	0	21	9	23	0	0	5	5 of 53
	2017-18	0	9	14	29	0	0	4	3 of 52
	2016-17	0	13	15	25	0	7	8	4 of 53
District 4 Human Resource Development Council - Havre	2020-21	5	12	20	20	0	4	1	1 of 52
	2019-20	7	57	15	17	0	6	5	2 of 89
	2018-19	8	15	20	29	0	6	7	9 of 64
	2017-18	6	21	27	21	1	5	5	5 of 70
	2016-17	4	24	22	23	0	24	2	5 of 69
Families in Partnership - Libby	2020-21	9	25	18	22	0	8	3	6 of 74
	2019-20	10	10	26	35	2	17	9	12 of 73
	2018-19	14	37	22	20	5	30	11	11 of 84
	2017-18	13	45	23	19	9	29	34	11 of 96

Agency	Year	Pregnant Women	Under 1	1 yr-old	2 yr-old	3 yr-old	Homeless	Foster Care	Disability Services*
	2016-17	17	53	15	13	0	24	2	15 of 81
Opportunity Inc. - Great Falls	2020-21	2	13	22	36	0	13	8	14 of 71
	2019-20	4	35	18	42	0	26	9	17 of 95
	2018-19	6	24	20	39	1	6	22	0 of 84
	2017-18	14	28	20	63	0	22	7	12 of 91
	2016-17	13	13	16	87	0	10	6	8 of 116
Ravalli Head Start	2020-21	17	26	36	39	19	13	17	14 of 120
	2019-20	17	62	50	62	16	40	33	23 of 190
	2018-19	24	63	51	49	16	39	21	27 of 179
	2017-18	24	55	48	57	20	53	17	23 of 180
	2016-17	29	61	58	56	10	49	9	18 of 185
Young Families Early Head Start	2020-21	5	11	4	6	7	8	5	5 of 28
	2019-20	0	15	14	17	0	3	16	6 of 46
	2018-19	1	15	15	13	0	8	7	7 of 43
	2017-18	0	11	12	14	0	5	2	7 of 37
	2016-17	0	16	12	12	0	8	3	3 of 40

Note. Data are sourced from The Office of Head Start (OHS) Program Information Report (PIR) website. The Office of Head Start (OHS) Program Information Report (PIR) provides comprehensive data on the services, staff, children, and families served by Head Start and Early Head Start programs nationwide. *Disability services data are presented as the number of children enrolled in Early Head Start receiving disability services of the total number of children under the age of 1, 1 year old, 2 years old, and 3 years old combined.

Referral to Part C Early Intervention Program

What are the current primary sources of referrals to Montana's Part C Program?

Within the online survey, the early intervention referral process was described positively by healthcare and early intervention providers. One respondent explained: "*We have been able to form trusting relationships with our partners by responding to their referrals quickly and completely*." Sources of referrals, as reported by early intervention survey respondents, are

shown in Figure 8 below. The most frequent source of referral was a primary health provider or doctor (23%), followed by a social service agency (20%), early intervention agency (13%), and childcare provider (10%).

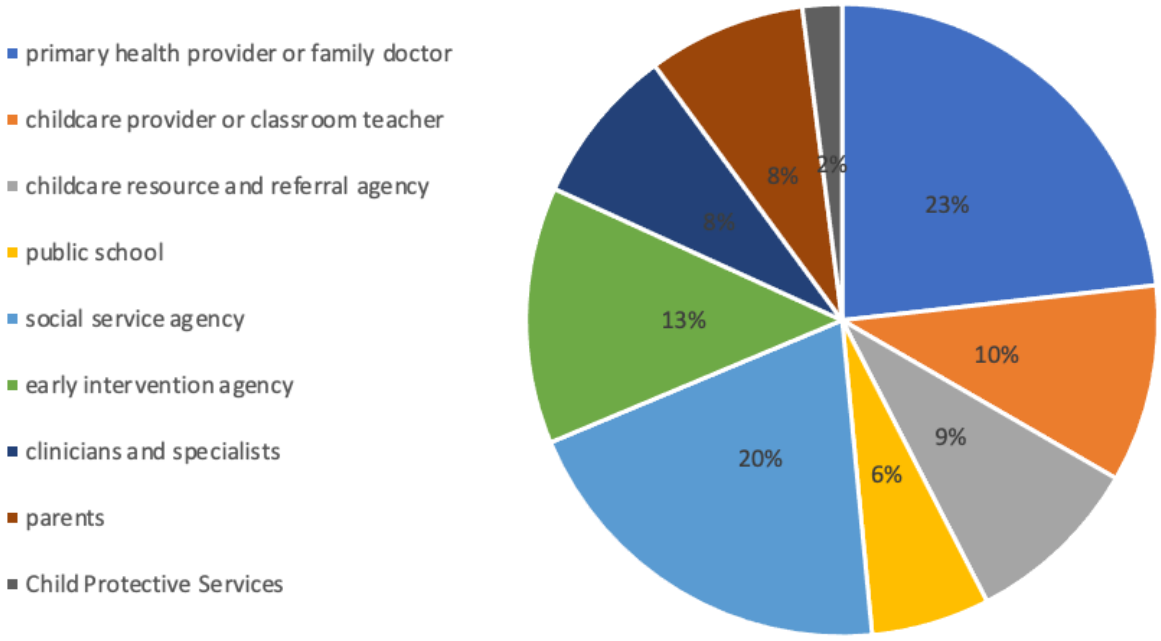


Figure 9. Sources of Referrals as Reported by Early Intervention Survey Respondents

Source of Information Pertaining to Screening, Referral, and Support Needs

Childcare and early childhood education survey respondents most often indicated use their CCR&R agency to gain knowledge and information focused on supporting children with additional support needs (33%), while also utilizing primary healthcare providers (18%) and other related specialists (17%). Less often, childcare providers indicated seeking information from public school (10%) and their Part C agency (10%). Responses from childcare and early childhood education providers suggest a valuable opportunity to align messaging and professional development efforts to support early screening and referral. One early intervention survey respondent commented, "*We work closely with childcare providers to support the children in our program by meeting with providers, offering support and visiting the child in the childcare setting*." Building on existing strengths of communities to promote collaboration and coordination between CCR&R and Part C in support of Child Find screenings, local community committees, and processes for referral would be of value to childcare providers in Montana communities.

Healthcare survey respondents listed community coalitions, and local networking events as opportunities for collaboration with early intervention programs. One survey respondent explained, "*We may send referrals in either direction, share information (once ROI has been signed), find ways to work together and make the referral system easier for parents*." Open-ended comments revealed a theme of strong partnerships with childcare, although one

healthcare provider explained, "*Our community is limited on these resources though*." Common themes extracted from open-ended survey responses are presented in Table 13 below.

Table 13. Themes of Survey Respondents Extracted from Open-Ended Comments

Context	Comment
Suggestions for Enhancing Collaboration	"*provide free screenings to childcare facilities, provide free training to childcare agencies, have regular brainstorming sessions…*"
Existing Strengths in Collaboration	"*We have a small community where everyone knows everyone and it is an advantage. We try to meet with the different organizations to continue our partnerships and continue being in the loop*."
Barriers to Establishing and Maintaining Partnerships	"Since Covid I feel like everything is complicated by time, willingness, turnover or lack of staffing." " insufficient funding to start and/or maintain partnerships" "staff turnover" "long waitlists for services, and unwilling parent participation in the referral process"

Part C Early Intervention and Childcare

What factors facilitate or impede the connection between childcare providers and Part C Early Intervention?

Geography and Organizational Structure

Montana has vast rural areas where access to childcare facilities and early intervention services can be limited. The distance between these facilities can hinder collaboration and timely communication. Traveling long distances to connect in person with early intervention services or to communicate with professionals in other areas can be a significant barrier, especially when weather conditions are a factor. Some communities may be more geographically isolated, making it difficult for them to connect with broader networks and stay updated on best practices in early intervention. Furthermore, the limited availability of local training programs for childcare providers and early intervention specialists in certain regions may result in a lack of professional development opportunities.

Background Knowledge, Shared Language, and Communication Systems

Childcare providers are frequently under-resourced in the areas of time, personnel, and funding. These factors create barriers to accessing specialized training, initiating relationships with professionals outside of their field, and obtaining information that would support their effective navigation of what can be a complex early intervention referral system. Currently, the use of a

screening tool in a childcare facility is voluntary unless a program is participating in the STARS to Quality continuous improvement program and seeking a level 4 or higher. Existing within the Montana Child Care Training course catalog is an introductory course on developmental screening, Developmental Screening: Develop a Process to Identify and Support Individual Child Development, Promote Family Engagement, and Enhance Program Quality. The course provides an overview of screening tool selection and implementation, however is not a requirement of all childcare providers.

Outcomes from the online survey and focus groups suggest confusion regarding common language and procedures necessary for navigating the early intervention referral system, "*If I'm honest, I don't even know what Part C is*…." and, "*And I didn't even know what early intervention was*…". A childcare provider and parent of a child with additional support needs shared: "*But when it comes to the special needs aspect of things, I didn't know where to go. And the only reason I knew about [our local Part C agency] is because of one of my friends. … She's like, 'Well, have you looked into [local Part C agency]?' And I was like, 'What? What is that?' But that was already when [my child] was almost five. … Where are the resources? [There is] a lack of understanding*." Another participant described a barrier to entry into Part C services may be related to families' and childcare providers' experiences with medical professionals: "*But I think the elephant in the room that's not getting expressed is: there is a stigma that if you are …. a childcare provider, you don't know what you're talking about.*" Overall, a need for clarity and support, compounded with busy schedules and demanding workloads may leave childcare providers with limited time to observe and document potential developmental concerns, generally affecting their ability to initiate referrals.

Increasing Access and Connection to Part C Early Intervention

Where are *opportunities to connect with children likely eligible* for Montana's Part C Program?

The 2019 early childhood system needs assessment to analyze early childhood system strengths and gaps related to access, quality, workforce, coordination, family engagement, and governance. Several recommendations regarding Part C early intervention were included in the 2019 project's strategic plan which included:

- Increased coordination between childcare, healthcare, and Part C
- Additional research re: integration and coordination
- Alignment of home visiting processes and practices
- Enhanced knowledge base and competencies for early childhood educators
- Cross-sector professional development
- Understanding of assessment and screening to inform referral system and transition planning

Data collected from 2023 survey respondents, focus groups themes, and review of extant data underscore the recommendations put forth by the 2019 early childhood system needs assessment regarding Part C early intervention. Building from this combined work we detail

opportunities to enhance existing work to further connect with likely eligible children. Opportunities are sequenced based on feasibility given current state efforts and initiatives.

Enhance Collaboration Through Awareness Campaign

Opportunities
1. Launch targeted campaigns to educate healthcare professionals, educators, and the community about the importance of early intervention, encouraging them to refer to children who may benefit. 2. Streamline the creation of marketing materials that provide a script that clarifies definitions of important terminology, offers conversation starters for families, and a roadmap for connecting with key professionals to establish referral pathways and ensure that early intervention services are widely known and accessible. 3. Disseminate information through a variety of formats (e.g., pamphlets, posters, social media, radio, local commercials, billboards), and partners (WIC, Child Care Resource and Referral).
Summary of Key Findings
Tables 14 and 15 below provide a context of children and families served by WIC and those qualifying for Best Beginnings Child Care Scholarships. Including campaign messaging as part of the application and service delivery materials for these programs via a QR code would support coordinated messaging and alignment for referral efforts across partner community agencies.

Table 14. Participants in the Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Montana 2015-2023

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023
N	32,375	31,709	30,422	28,382	26,947	24,743	22,651	21,906	21,968

Note. Total, unduplicated number of participants in WIC during the federal fiscal year. Participants include infants, children, and pregnant or postpartum women. Data are sourced from the Montana statistics on children, youth, and families in Montana from the Annie E. Casey Foundation and the Montana Budget and Policy Center.

Table 15. Children Receiving Best Beginnings Child Care Scholarship in Montana 2019-2023

Year	2019	2020	2021	2022	2023
N	8,063	7,193	6,242	6,622	6,715

Note. The number of unduplicated children who receive a Best Beginnings Child Care Scholarship. Best Beginnings offers scholarships to families to help pay for child care from a licensed child care center, licensed group or family child care home, or a Family, Friend, and Neighbor (FFN) child care provider. Families pay a copayment for child care based on a sliding

fee scale. A family is eligible for Best Beginnings if they are working and earning less than 185% of the Federal Poverty Guideline or if they receive TANF. Eligibility guidelines for Best Beginnings have shifted over time. Eligibility was at 150% from the start of reporting (SFY 2019) up until May 2021. Starting June 1, 2021, federal relief money allowed eligibility to increase to 185% of the Federal Poverty Guideline. Eligibility dropped back down to 150% from Jan. 1, 2023-June 30, 2023. Eligibility was raised back up to 185% after passing House Bill 648 and went into effect July 1, 2023. Data are sourced from the Montana statistics on children, youth, and families in Montana from the Annie E. Casey Foundation and the Montana Budget and Policy Center.

Utilize the Awareness Campaign as a Springboard for Shared Education

Opportunities
1. Establish quarterly community events where professionals from different fields (childcare, healthcare, community organizations) can establish initial relationships 2. Leverage existing community coalitions as a launch to share marketing materials and establish strategies responsive to unique community needs.
Summary of Key Findings
Consistent throughout focus group conversation was a primary theme for a desire to connect consistently with others. Often discussants referenced pre-COVID times, "...m*eetings with other agencies were in place, would like them to come back (a reference to early childhood coalitions)...there was a lot of community work where we were finding problems and coming up with solutions (pre-Covid), haven't really gotten back to this*." The consistent aspect of an organized form of connection with a dedicated agenda differs from typical conferences or professional development as noted by a focus group participant, "*It would be nice if we could have some kind of, and I mean obviously conferences offer these as opportunities, but like a purposeful meeting, a summit for someone from each program to show up, build connections, network, strengthen.*" Another focus group participant from an early intervention agency emphasized not only the desire to establish collaborative efforts but also highlighted an existing organization that has succeeded in their marketing and messaging campaign, "*Our person needs to be building those community partnerships and relationships. And I also feel like there are other programs out there that do have strong relationships. Like <community agency>. <Community agency> has gotten so much done for them because people know what it is. They know what they do."*

Explore New Systems for Referral, Training, and Identification

Opportunities
1. Develop a user-friendly online platform or mobile app that allows for easy and quick referral submissions, promoting efficiency in the referral process 2. Create a new STARS course for childcare providers to reflect the Montana Early Intervention system and procedures for referrals.

3. Implement incentive programs (e.g., free professional development) for childcare professionals who actively refer children to early intervention services, recognizing and rewarding their contributions.
4. Expanding Established Condition to Include At Risk
5. Extend Part C coverage of services to 3-5 year-olds

Summary of Key Findings

- The 2019 Strengthening Montana's Early Childhood System Needs Assessment summarized the missed opportunity of not providing more comprehensive resource guides through pediatricians' offices as this is where the majority of families interact with the health system. Additionally, few communities are using the 211 system to maintain updated resource guides. Survey and focus group participants noted inconsistencies in early intervention throughout the state, "...*and I've heard really great stories, and then I've heard absolute horror stories. And so the one thing that I've heard universally is that it's not consistent across the board, across our state. And I think that needs to change*…" while others also spoke to gaps in understanding of referral procedures, "*If I'm honest, I don't even know what Part C is*." Developing an online platform that could be accessed universally by childcare, healthcare, and community professionals to host online screening could be beneficial in increasing equitable access to screening and referral. An example is the state of Washington's Help Me Grow website which hosts the online ASQ screener and immediately connects families post-screening with their local community agency for follow-up.
- The current Child Care Training course catalog includes an introductory course on developmental screening, Developmental Screening: Develop a Process to Identify and Support Individual Child Development, Promote Family Engagement, and Enhance Program Quality. The course description suggests that childcare providers will be provided an overview of screening tool selection and implementation. Building on this existing content, a revised or brand-new course specific to Montana's early intervention system could support common language and professional development for childcare providers while building awareness of early screening and referral. The Montana STARS to Quality continuous improvement program is currently in a redesign phase, as are the Montana Early Learning guidelines which present a timely opportunity for action.
- Montana has had, on average, a 9.7% rate of preterm births over the last five years. Provided that under Federal Part C guidelines, states may choose to serve infants and toddlers under expanded eligibility criteria of at risk, state data suggests that there is a likely opportunity to reach children and families not already identified and also potentially not otherwise being served.
- The largest number of children served within Part C continues to be 2-3-year-olds, followed by 1-2-year-olds, with the lowest numbers served being infants under one year of age. The number of children served across age bands most often increases by 50% or more, suggesting that children and families are likely connecting with services later on in their early years, with most being their last year of eligibility through Part C. The jump in numbers served across age bands, in particular 2-3-year-olds served versus 3-5-year-olds served, is interesting to consider in the context of 2023 focus group discussions. One participant referenced the transition between Part C and B services, " …*I think there's a big gap between part C, part B, I think there needs to be more overlap…*" while another discussed wait times for evaluations, "*But they don't*

always have the specialists that they need. Sometimes you have to refer to it. And to get an autism screening in <city> is three months out…Three to four months. And when you're two years old, it's a quarter of your life." Children exit Part C at the age of three and transition into Part B (if continuously eligible). In 2021 - 2022, 773 children who were 3-5 years of age and not in Kindergarten were served under Part B programming in Montana, an increase of over 50% in children served.

Conclusion

Strengths of Montana's Early Childhood and Family Support Division (ECFSD) and the Early Childhood Services Bureau (ECSB) lie in their support of a comprehensive range of programs that address various aspects of early childhood development: education, health, and family support. These aspects are those connected with the stakeholders and sources of data reflected in the 2023 Montana Early Intervention Statewide Needs Assessment report. The opportunity to collaborate within and across Montana agencies through a partnership with community organizations and stakeholders is ripe with possibility given the timing and current context of state initiatives that include the Birth to Five Bright Futures Grant, the current redesign of STARS to Quality, and revision of the Montana Early Childhood Education Knowledge Base and Montana Early Learning Standards. An innovative exploration of opportunities to build on existing strengths, leverage resources from current state initiatives, and potentially reimagine new systems for professional training, referral, and identification of young children at risk is possible through conversations driven by shared data and reflective action across agencies. The greatest strength and opportunities for future work are reflected in the collaborative efforts of those committed to serving all children and families in Montana through mutually beneficial collective action.