



The Center to Inform  
*Personnel Preparation Policy and Practice*  
In Early Intervention & Preschool Education



December 2004

**Table of Contents**

Methodology	2
Results	4
Discussion	17
Conclusion	18
Appendix A	19
Appendix B	35
Appendix C	36

**Prepared by:**

A.J. Pappanikou Center  
for Excellence in  
Developmental Disabilities

263 Farmington Ave.  
Farmington, CT 06030  
uconnuccdd.org



U.S. Office of Special  
Education Programs

The Center to Inform  
Personnel Preparation Policy  
and Practice in Early  
Intervention and Preschool  
Education is funded through  
grant CDFA #84.325J from  
the Office of Special  
Education Programs, U.S.  
Department of Education

*Opinions expressed herein are  
those of the authors and do not  
necessarily represent the  
position of the U.S. Department  
of Education.*

**Data Report**

**Study I Data Report: The National Landscape of Early  
Intervention in Personnel Preparation Standards Under  
Part C of the Individuals with Disabilities Education Act  
(IDEA)**

The Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Early Childhood Special Education (referred to hereafter as the Center) was established in January, 2003 as a five-year project funded by the Office of Special Education Programs. The Center represents the collaborative efforts of the University of Connecticut, Western Kentucky University and the University of Toledo. The purpose of the Center is to collect, synthesize and analyze data on: 1) the certification and licensure requirements for personnel working with infants, toddlers, and preschoolers who have special needs and their families; 2) the quality of training programs that prepare these professionals; and 3) the supply and demand of professionals representing all disciplines who provide both Early Intervention (EI) and Early Childhood Special Education (ECSE) services. Data will be utilized to identify critical gaps in current knowledge of personnel preparation programs. The center will disseminate recommendations for policy and practice related to personnel preparation at regional and national forums.

**Purpose of the Report**

This report focuses on data collected from the Part C Coordinator Survey during Study I: The National Landscape of Early Intervention and Early Childhood Special Education. The study was designed to obtain comprehensive information relating to:

- 1) Part C system structure, service delivery and staffing in each state and territory.
- 2) Personnel preparation opportunities for EI professionals and para-professionals.
- 3) Standards and requirements for all service providers in EI systems.

## METHODOLOGY

### Survey

The Part C Coordinator Survey consisted of 45 multiple-choice and open-ended questions grouped into five sections: 1) introductory questions about the CSPD coordinator and the Part C website; 2) background information about the state's Part C program (i.e. structure, funding, employment, and state requirements); 3) personnel requirements; 4) training information; and 5) the barriers and facilitators in obtaining appropriately qualified personnel (see Appendix A for a copy of the survey). Some of the multiple-choice questions required respondents to select only one response, while others allowed respondents to select all relevant answers. Respondents were offered an opportunity to provide additional comments to elaborate on the multiple-choice questions. The survey also asked open-ended questions which allowed respondents to give detailed responses on a specific topic in a less structured format.

### Respondents

Part C coordinators ( $n = 53$ ) from each state, District of Columbia, and the territories of Puerto Rico and the Virgin Islands comprised the population for this study and were randomly assigned to one of the three collaborating research sites: University of Connecticut, Western Kentucky University and the University of Toledo (see Appendix B for site assignment by state). Part C coordinators or representatives (e.g. consultants, Comprehensive System of Personnel Development members) from 45 states completed the survey for a response rate of 85% (see Table 1). The amount of experience the respondents had in their current positions ranged from 2 weeks to 21 years with a mean of 5.69 years.

Table 1. *Number of Surveys Completed by Site ( $n = 45$ )*

Number of states	CT	KY	OH	Total
No. of states in sample	19	16	18	53
No. of states completing survey	17	12	16	45
Response Rate	90%	75%	89%	85%

When a Part C coordinator was unable to provide information needed, he/she was asked to obtain the necessary information from his/her colleague(s) or to make a referral to the person(s) who could best answer the question. Therefore, survey responses were often collaborative efforts among Part C coordinators, Comprehensive System of Personnel Development (CSPD) coordinators and other system personnel.

### Data Collection

The study used three methods of data collection:

- 1) **Web-Based Searches:** Project staff conducted electronic searches of the Part C program in each of their assigned states to serve in preparing for data collection and as supporting documents for future analysis.

- 2) Telephone Surveys: About half (49%) of the respondents opted to complete the survey via the telephone (see Table 2). The length of time to complete the telephone survey ranged from 60 to 120 minutes. Research staff made audiotapes and written records of all telephone survey responses. To ensure accuracy and reliability of the data collection, responses were verified by respondents before being entered into SPSS data files.
- 3) Electronic Surveys: 51% of the respondents opted to participate in the study by completing the electronic version of the survey. Research staff e-mailed an electronic version of the survey directly to the respondent along with instructions for completing the survey. Follow-up telephone conversations occurred when clarification of responses was necessary.

Table 2. *Method of Survey Completion (n = 45)*

Method of Survey Completion	Frequency	Percent
Electronic Survey	23	51
Telephone Survey	22	49
Total	45	100

### **Fidelity Procedures**

Several fidelity procedures were developed to ensure the consistency and accuracy of research implementation across sites and project staff. Prior to data collection, the project coordinator developed written guidelines and organizational materials (i.e. protocols for conducting telephone surveys, recording data, and information compiling documents) which were distributed and explained to all research assistants.

All staff were instructed on the proper interview protocol. Five interview training sessions were conducted via conference call with available staff. Following the training interviews, project staff were given the opportunity to clarify protocol as it related to various scenarios. The training interviews and subsequent discussions were tape recorded to allow any staff member not in attendance the opportunity to benefit from the training.

As part of ongoing reliability procedures, project co-directors and coordinators at each site reviewed interview tapes and provided feedback to interviewers. In addition, one-hour weekly conference calls were conducted during the five month data collection process to clarify questions that emerged during interviews. The data collection forms for telephone surveys were returned to respondents allowing them to verify the accuracy of the recorded responses. Staff at each of the three research sites randomly reviewed 20% of all telephone survey tape recordings for accuracy of data interpretation and data entry. An inter-rater reliability of 86% was obtained.

All data (i.e. responses from telephone surveys, electronic surveys, tape-recordings of telephone surveys and data collection sheets) were sent to the University of Connecticut. Project staff at the University of Connecticut reviewed each survey to ensure accuracy and thoroughness of responses as well as inter-site reliability. All data were entered into an Access data file and quantitative

responses then were entered into SPSS. Data entry monitoring was conducted on 100% of the data.

### **Data Analysis**

Both formats (electronic and telephone) of the survey contained the same questions and the results from the two data collection methods were analyzed in aggregate (see Appendix C for a list of states represented in data analysis). Descriptive statistics (means, frequencies, and percentages) were calculated for the quantitative variables. Research staff analyzed the qualitative responses to identify salient themes. Each response then was coded to consensus based on the themes.

## **RESULTS**

The findings were grouped into the following topics: 1) introductory questions; 2) ways Part C is mandated; 3) organizational structure of states' Part C program; 4) personnel issues; and 5) factors that influence obtaining appropriately qualified personnel.

### **Introductory Questions**

Because the study used the states' Part C website as a resource, the researchers asked respondents if the information on their website was current and accurate. Almost three-quarters (71%) of the respondents stated that their state's website was current and accurate while 13% of the respondents reported that their website might not be current nor accurate. Four (9%) of the responding states do not have a Part C web site. The respondents stated that their websites were updated on a frequent (29%) or an as needed basis (24%). The vast majority (84%) of the respondents stated that their lead agency or department was the entity responsible for implementing the updates.

### **Ways Part C Is Mandated**

With respect to how Part C services are mandated, Part C services in 64% of the reporting states are legislated and 22% are delivered per executive order of the governor. An additional 2% are both legislated and required by executive order. Other mandates were mentioned in 11% of responses, consisting of memorandum of understanding, budget line items, and administrative rule (see Table 3).

Table 3. *State Level Part C Mandate (n = 45)*

State level mandate	Frequency	Percent
Legislated	29	64
Executive order from governor	10	22
Line-item on the governor's budget	2	4
Administrative rule-guidelines to implement	2	4
Memorandum of understanding between state agencies	1	2
Legislated and executive order from governor	1	2
Total	45	100

### **Organizational Structure of State's Part C Program**

The respondents identified 21 different agencies that headed Part C systems across the country. The Department of Education was the lead agency for nearly a quarter (22%) of the Part C systems. Another 20% of Part C systems functioned under the Department of Health. One state's Part C system was reported being housed under both the Department of Education and the Department of Health. Four (9%) state's Part C systems functioned under the Department of Human Services (see Table 4).

Table 4. *Lead Agency for Part C System (n=45)*

Lead Agency	Frequency of States	Percent of States
Department of Education	10	22
Department of Health	9	20
Department of Human Services	4	9
Department of Health and Social Services	2	4
Department of Human Resources	2	4
Department of Health and Human Services	2	4
Co leads: Department of Education and Department of Health	1	2
Department of Mental Retardation	1	2
Department of Rehabilitation Services	1	2
Department of Economic Security	1	2
Department of Health and Welfare	1	2
The Family and Social Services Administration	1	2
Department of Public Health and Environment	1	2
Department of Public Health and Human Services	1	2
Department of Public Welfare	1	2
The Interagency Council on ECI	1	2
Department of Mental Health, Mental Retardation and Substance Abuse Services	1	2
Department of Health and Family Services	1	2
Cabinet for Health Services	1	2
Department of Developmental Services	1	2
Department of Health and Senior Services	1	2
Department of Health and Human Resources	1	2
Total	45	100

The participating Part C respondents stated that their current lead agency had consistently served in that capacity in nearly three-quarters (73%) of the cases. Nearly two-thirds (64%) of the respondents perceived their Part C organizational structure as being stable, or very stable. Additional respondents stated that their organizational structure was fairly stable (13%), or that stability within their organizational structure was emerging (7%). However, 7% of the respondents mentioned that the stability of their organizations was threatened, and an additional respondent (2%) perceived his/her state's Part C organizational structure as being unstable.

While over half (53%) of the respondents stated that there were no threats to their state's Part C organizational system, almost one-third (31%) of the respondents identified funding issues as a threat. Other threats that were mentioned (totaling 13%) included: reorganization within the existing agency, a new lead agency, and lack of internal support for Part C programs.

Part C respondents indicated their states received funding from multiple sources. All of the respondents received federal funds and almost all (96%) received state funds. Over three-quarters (78%) of the respondents receive Medicaid funds. Part C programs also received funds from private insurance (56%), local sources (33%), parent/family contributions (22%), grants (11%), private charitable contributions (11%), and national organizations/associations (4%) (see Table 5).

Over one-third (38%) of the respondents stated that their funding was stable. However, additional respondents tempered their view of having a stable funding source with caveats such as having insufficient funds (13%), anticipating issues (11%), and having stability only in some areas (2%). Over a quarter (27%) of the respondents stated that their funding was not stable.

Table 5. *Funding Sources for Part C Programs (n = 45)*

Funding sources	Frequency	Percent
Federal	45	100
State	43	96
Medicaid	35	78
Private insurance	25	56
Local	15	33
Parent/family contributions	10	22
Grants	5	11
Private charitable contributions	5	11
National organizations/associations	2	4

Respondents were asked how the Part C system was organized in their state and were permitted to select all the options that applied. The findings indicate that Part C service delivery is structured differently across the country and is frequently housed under more than one organization. Over one-third (38%) of the states reported that services were administered through a regional office, 20% reported that services were provided through county offices, 11% reported that services were administered through a central office, and 11% reported that services were directed through local interagency coordinating councils (LICC's). Forty percent of the respondents identified other organizations within the Part C structure including school systems, health departments, or local lead agencies (see Table 6).

Table 6. *Administrative Structure of Part C Programs (n = 45)*

Administrative structure	Frequency	Percent
Regional Office	17	38
County	9	20
Central office	5	11
LICC's	5	11
Other	18	40

### Personnel Issues

The survey sought to illuminate the current status of Part C systems' personnel supply, training, and standards of EI. The survey included a series of questions to address these issues. Below is a description of the findings.

#### *Types of Service Provider Employers*

Respondents reported that the EI system in their states had an average of 4 types of employers. Personnel are most frequently employed by private not for profit agencies (80%) followed by a State Department (69%). Other employers included private for profit agencies (56%), private individual therapists (53%), local education agencies (38%), and regional collaborative units (31%) (see Table 7). Some Part C personnel unionized in about one-third (31%) of the states and in 49% of the states they are not.

Table 7. *Types of Part C Employers (n = 45)*

Part C Employers	Frequency	Percent
Private Not For Profit Agency	36	80
State Department	31	69
Private For Profit Agency	25	56
Private Individual Therapist	24	53
Local Education Agency	17	38
Regional Collaborative Units	14	31
Other	11	24

#### *Personnel Supply*

Respondents were asked to indicate whether their state had adequate numbers of personnel across the various disciplines in Early Intervention (see Table 8). Over half of the states reported having an adequate supply of social workers (62%), service coordinators (53%), pediatricians and other physicians (53%), and nurses (51%). Respondents also identified disciplines with statewide or localized personnel shortages. Speech/language pathologists were the most frequently reported shortage with 76% of the states reporting this finding. Other disciplines



with considerable percentages of respondents reporting shortages included occupational therapists (51%), physical therapists (47%), and special educators (40%). A substantial number of respondents were unsure about the adequacy of the personnel supply in their respective states particularly for nutritionists (31%), orientation/mobility specialists (31%), and family therapists (29%). Reporting on specific personnel supply numbers is complicated for many Part C coordinators particularly when only 36% of the participating states have an updated Part C personnel database.

Table 8. *Percent of States Reporting Adequacy of Part C Personnel Supply (n = 45)*

Discipline	Adequate	Shortage	Shortage in some areas of state	Do not employ	Unsure	Follow-up needed
Special Educators	44	38	0	2	11	2
Audiologists	44	31	2	0	18	2
Speech/Language Pathologists	11	73	2	0	9	2
Occupational Therapists	36	42	7	0	9	4
Physical Therapists	38	38	7	0	11	4
Orientation/mobility specialists	33	31	0	0	31	2
Nutritionists	38	22	2	0	31	4
Pediatricians and other physicians	51	16	7	0	20	4
Nurses	49	20	0	2	22	4
Family Therapists	31	27	2	4	29	4
Psychologists	47	31	2	0	13	4
Social Workers	60	13	2	0	18	4
Service Coordinators	49	27	2	4	7	9

#### *Personnel Training*

Respondents were asked if the EI personnel in their state were appropriately trained to work with young children and their families. The percent of respondents indicating that the EI professionals in their state that were adequately trained varied by discipline (see Table 9). Almost half of the respondents reported having adequately trained audiologists (47%), and special educator (44%). However, the respondents expressed concern about personnel in each professional discipline being appropriately trained. Among these were pediatricians and other physicians (33%), service coordinators (24%), and psychologists (22%). In the section of the question that allowed for additional comments, respondents noted that Part C personnel in their states needed further training to work specifically with infants and toddlers with disabilities and their families. The need for additional training in EI was most frequently mentioned for speech/language pathologists

(24%), physical therapists (24%), and occupational therapists (22%). A large percent of respondents stated they were unsure whether the EI personnel in their states were appropriately trained, particularly for the disciplines of orientation/mobility specialists (36%), family therapists (33%), and social workers (29%).

Table 9. *Percent of States Reporting Adequacy of Training of Part C Personnel (n = 45)*

Discipline	Adequate Training	Not Adequate Training	Additional training needed for Early Intervention	Some trained/some not	Do not employ	Unsure	Follow-up as needed
Special Educators	44	13	16	2	2	16	2
Audiologists	47	13	12	2	0	18	4
Speech/Language Pathologists	11	16	22	2	0	16	2
Occupational Therapists	36	16	20	2	0	16	4
Physical Therapists	38	16	20	2	0	16	4
Orientation/Mobility Specialists	33	13	9	2	0	31	7
Nutritionists	38	9	11	2	0	27	7
Pediatricians and other physicians	51	27	13	9	0	16	4
Nurses	49	13	13	4	2	18	4
Family Therapists	31	13	13	2	4	29	4
Psychologists	47	20	13	2	0	20	4
Social Workers	60	13	13	2	0	24	4
Service Coordinators	49	22	7	2	4	11	9

### *Interagency Collaboration*

According to the participating Part C respondents, states used several avenues to address personnel preparation. The most frequently cited method was through State Improvement Plans (SIPs) which was mentioned in 73% of the cases (see Table 10). In addition, Part C respondents in 53% of the states reported the presence of an interagency agreement with 619 that addressed personnel preparation. Of the responding states, 2% had an expired interagency agreement, and 22% had the Department of Education as the Part C's lead agency, thus eliminating the need for an interagency agreement. Over half (58%) of the Part C respondents reported that their state's Interagency Coordinating Council (ICC) had a personnel preparation committee. Based

on the qualitative responses from the respondents, state's ICC's developed personnel preparation initiatives included topics such as:

- Development of standards, state improvement recruitment plan, credential, core competencies, in-service and pre-service strategies
- Revision of certification
- State training

Part C respondents stated that their CSPD addressed EI personnel preparation through various activities including in-service training, developing credentials, and linking with institutions of higher education. Over one-half (51%) of the Part C respondents, reported that their state's CSPD had a document describing in-service training opportunities, and 38% of the Part C respondents reported that their state had a pre-service document.

Table 10. *Methods of Addressing EI in Personnel Preparation (n = 45)*

Method	Yes	No	Unsure	Indirectly
State Improvement Plan	73	22	0	4
ICC Personnel Prep Committee	58	40	2	NA
Interagency Agreement	53	20	2	NA
CSPD Document for In-Service	51	44	4	NA
CSPD Document for Pre-Service	38	47	16	NA

#### *Modifications to Part C Personnel Requirements and Additions to Professional Categories*

The respondents were asked a series of questions to identify national trends focusing on changes to existing Part C personnel requirements. The study found that over one-third (40%) of the states had or were in the process of making such modifications (see Table 11). For example, some states have increased the number of required in-service hours, developed more specific requirements, added competencies, or expanded requirements to include a greater number of professional categories. According to the respondents, the impetus for making these changes was to improve the quality of service, to address personnel shortages, and to access the Medicaid program. The personnel modifications had been in effect for 3 months to 14 years and the process to implement the changes took 6 months to 13 years.

Factors that helped to facilitate the process included having a shared vision and end goal, a willingness to collaborate, and meeting with constituents. Respondents also identified barriers to implementing these changes such as lacking the additional funding to reimburse people for training, and having to encourage others to collaborate. Three-quarters (75%) of those responding affirmed that the changes have led or will lead to improvement in the quality of personnel. In addition, over one-half (58%) of the respondents stated that the changes have increased or have the potential to increase the number of EI personnel.

In addition, about one-half (51%) of the participating states have added or created new

professional categories, particularly at the paraprofessional level such as EI assistant, EI associate, physical therapist assistant, and occupational therapist assistant. Some states created tiers within existing professional categories that require increasing amounts of qualifications with a corresponding increase in responsibilities. One state reported adding parent facilitator and language interpreter categories. These new categories were put into place to have more culturally competent staff, to provide services in a more natural environment through a consultative service delivery model, and to ensure that the full scope of professions have the knowledge, skills, and abilities to work with infants and toddlers with disabilities and their families.

According to the respondents, the new professional categories have been in effect for 3 months to 10 years and the process to implement the categories took 6 months to 12 years. Factors that helped to move the process along included having strong commitment across agencies, obtaining funding, and developing partnerships with universities. Some of the states reported barriers such as lack of funding, and support. Many of the participating respondents indicated that the new professional categories have or should improve the number and quality of EI personnel.

Table 11. *Percent of States Reporting Changes in Personnel Requirements (n = 45)*

Changes	Yes or In Process	No	Unsure
Modifications to existing requirements	40	58	2
Additional professional categories	51	47	2

#### *State Credential Specific to EI Professionals*

Twenty-three (51%) states reported that they have or are in the process of developing a credential specific to EI (see Table 12). The most frequently cited procedures to obtaining a credential were competencies (73%), course work (46%), and pre-service preparation (41%). In addition, about one-quarter (22%) of the states offer alternative methods to obtaining a certification, license, or credential such as proficiency programs at universities, internships, or peer review (see Table 13). About one-quarter (25%) of the participating states have additional requirements or specific qualifications beyond the licensure/certification of each EI professional discipline.

Table 12. *Procedures for Qualifying for a Credential (n = 22)*

Procedures	Frequency	Percent
Competencies	16	73
Course Work	10	46
Pre-service preparation	9	41
Exams	6	27
Training/in-service	6	27
Portfolio	5	23
Experience	4	18
Observation	2	9
Interview process	2	9
Apprenticeship	1	5
Endorsement	1	5
Other-unspecified	1	5

Table 13. *Percent of States Using Alternative Methods and Additional Requirements for EI Certification*

Alternative methods and additional requirements	Yes	No	In	
			Process	Unsure
Alternative methods to certification, licensure, and Credential (n = 45)	22	76	2	0
Additional requirements or specific qualifications (n = 44)	25	73	0	2

The states were motivated to require the credentials as a way to improve the quality of early interventionists, to comply with state and federal regulations, and to provide a process for EI providers to be reimbursed by insurance companies. Based on data from the respondents, an EI credential has been in effect between 3 months and 14 years and took 6 months to 16 years to implement. The participating respondents identified several factors that helped to facilitate adopting the credentials. Many respondents indicated that cooperation and collaboration were essential and garnered support from local EI/ECSE programs, state professional organizations, agencies, and service providers. In addition, one state promoted the credential not as an exam but as a way to document service providers' skills and abilities in a rigorous but fair way. Some respondents identified barriers such as the logistics of developing a system and allocating staff to implement the credentialing process. Coordinating educational and training programs functioned as a barrier in several states. For example, one state reported having too few qualified faculty to prepare the personnel. Other states found it difficult to develop the appropriate in-service curriculum to link trainings to defined competency areas. In some states traveling to in-service training sites was difficult especially when teleconferencing was not available. In addition, some states reported a lack of commitment to obtaining a credential especially from service providers

who have been in the field for years. About one-half (48%) of the respondents stated that the credential led to an increase in the quality of EI personnel but only about one-third (31%) reported that there was a positive effect on the number of EI personnel.

#### *State Training Requirements and Information for EI Professionals*

According to the participating Part C representatives, most states have implemented requirements to prepare professionals in EI (see Table 14). About half (53%) of the participating states require specific training for EI professionals before they begin employment and almost three-quarters (73%) of the states require training for EI professionals during employment. In addition, one-third (33%) of the states require employees to obtain Continuing Educational Units (CEU's) related to the EI field.

Table 14. *Percent of States Reporting Training Requirements, Information, and Opportunities for EI Professionals (n = 45)*

Elements of Training	Yes	No	In	
			Process	Unsure
<i>Training as Part of Personnel Requirements</i>				
Training required for EI professionals during employment	73	27	0	0
Training required for EI Professionals before employment	53	47	0	0
Required CEU's specific to EI	33	67	0	0
<i>Training Information</i>				
Directory of in-service training opportunities	64	33	0	2
Directory of EI higher education programs	36	60	0	4
<i>Training Opportunities</i>				
EI higher education programs	58	38	0	4
Higher education consortium	53	27	0	20
Other agencies that provide EI training	72	26	0	2
<i>Career Ladder within EI Structure</i>				
Career ladder for EI providers	18	78	2	2

The personnel requirements have contributed to the development of training opportunities. Over half (58%) of the participating states have higher education programs that are designed specifically to prepare professionals to work in the field of EI. Almost two-thirds (72%) of the participating states have additional agencies that provide EI training. Over half (53%) of the participating states have a higher education consortium.

Personnel interested in in-service training opportunities are able to refer to a directory in 64% of the responding states. However, accessing information on EI higher education programs appears to be difficult in many states since only 36% reported having a directory of such programs.

Although states have developed training requirements and opportunities, they have been slow to create an avenue for EI providers to advance within the EI system based on training and performance. We asked the participating Part C respondents if there was a career ladder for EI providers in their state. Less than one-fifth (18%) of the Part C respondents reported the existence of such a path to recognize advancement within the field.

### **Obtaining Qualified Personnel in EI**

At the close of the survey, respondents were given the opportunity to reflect on their experiences in the field and to describe aspects they believed facilitated and/or hindered obtaining personnel who are appropriately qualified to deliver Part C services. Their responses were coded into salient themes and discussed below.

#### *Facilitators*

The researchers developed 14 themes based on responses regarding facilitators in obtaining qualified personnel (see Table 15). The respondents most frequently cited specific recruitment efforts (28%) including the use of national associations, collaboration with graduate programs, and posting on state websites.

Almost a quarter (22%) of the respondents identified training as an important tool in obtaining EI personnel. For example, in one state individuals who lack academic training but have strong work skills and experience were able to obtain a technical-professional licensure through the Department of Education.

Respondents in 19% of the states reported that fundamental characteristics of EI attracted many professionals to the field. These characteristics included planning and working as a team, interacting with service coordinators and providers, and flexible hours.

The respondents described how people who are drawn to working with infants, toddlers and their families share a family-oriented philosophy. This philosophy was perceived as a facilitator to obtaining qualified personnel for 19% of the respondents.

Table 15. *Facilitators to Obtaining Qualified Personnel in EI (n = 36)*

Facilitators	Frequency	Percent
Specific recruitment efforts	10	28
Training	8	22
Characteristics of EI/ECSE	7	19
Family-oriented philosophy	7	19
Geographic issues/attractive location	6	17
Higher education programs adequately preparing	6	17
Salary/benefits	5	14
Interagency initiatives	5	14
Certification	5	14
Grants/funding programs	5	14
Positive perceptions of EI/ECSE	3	8
System level financial reimbursement	2	6
Supervision	2	6
Other	1	3

*Barriers*

Almost half (43%) of the respondents stated that a primary barrier was simply the lack of a qualified pool of prospective personnel (see Table 16). Even national recruitment efforts were viewed as ineffective by most of the respondents because so few individuals with the education and experience in providing services to young children with disabilities and their families.



Table 16. *Barriers to Obtaining Qualified Personnel in EI (n = 42)*

Barriers	Frequency	Percent
Lack of personnel pool	18	43
Higher education program issues	15	36
Salary/benefits	15	36
Geographic issues (rural)	13	31
Lack of knowledge about EI/ECSE	10	24
Negative perceptions of EI/ECSE	10	24
Characteristics of EI/ECSE	8	19
Training issues	7	17
System level financial reimbursement	2	5
State standards/certification/credential	2	5
Lack of interagency collaboration	1	2
Other	1	2

Another barrier, reported by 36% of the respondents, focused on the lack of higher education training facilities and programs. For example, one respondent reported that many staff hired as Early Interventionists have a degree that is general in nature such as a Bachelor of Science in psychology. Another coordinator reported that his/her state only had two colleges that had ECSE programs. Others described programs in their state as small, limited and lacking resources. Many of the respondents expressed concern that the programs in their state rarely addressed the needs of infants and toddlers, nor taught about family-centered ways to deliver services in natural environments.

Over one-third (36%) of the respondents identified issues concerning salary and benefits as a barrier to recruiting and retaining qualified personnel. Geographic issues functioned as a barrier for 31% of the respondents. Many of the respondents viewed the rural nature of their state as contributing to the difficulty of recruiting and retaining qualified EI personnel. Some states have very remote areas requiring professionals to travel several hours to serve one child. According to the respondents, geographic issues further deter prospective personnel simply because they are not interested in re-locating to less desirable areas.

## **DISCUSSION**

There has been a longstanding national concern on how best to meet the needs of young children with disabilities and their families. Personnel shortages have posed one of the greatest challenges to meeting this need. Part C systems across the country face the dual challenge of increasing the number of EI personnel while simultaneously maintaining high standards. The driving questions become how to meet personnel demands while promoting quality of EI personnel and what steps can we take to address the current situation. This Center was created to examine EI personnel issues and make recommendations to improve personnel preparation policy and practice. The

overall goal of the Center is to increase the number and improve the quality of personnel practicing in EI and ECSE.

This study identified characteristics of the Part C system that impact personnel. Examination of the Part C system in each state revealed factors that unify the field and others that lead to differences. With respect to unifying elements, federal legislation and monitoring processes provide an infrastructure on which to develop practices. States all demonstrate commitment to the Part C system, with varying methods of legislation and financial support. Each state has developed policy relating to EI personnel with nearly half of the states creating credentialing specific to EI over the past decade. The family-centered philosophy also serves as an underlying framework that adds unity to the Part C system and attracts personnel to the field. Policy and the fundamental philosophy promote cohesion and provide common frameworks.

Differences in state systems are highlighted when examining factors such as: organizational structure, employment sources, and personnel preparation programming. These variations create challenges in effectively evaluating EI programs, monitoring and implementing change initiatives to promote personnel development. Data collection within and across states is not firmly developed, with only 35.6% of states having any type of statewide personnel database. A substantial number of state coordinators report being unsure about the adequacy of personnel supply (up to 31.1%) or adequacy of training (up to 35.6%). Given this lack of systematic data collection, evaluation of personnel developmental initiatives will be seriously compromised.

Despite federal and state support, Part C systems experience challenges with the implementation of personnel development programs to meet the needs of young children with disabilities and their families. Competition of resources will always be present. Geographical factors play a role in obtaining personnel and in delivering training opportunities with 31.0% of states reporting issues relating to location. State Part C systems vary in their history and their place on the continuum of program development. The Part C system in each state has responded in its own way to meet the unique demands of its state, resulting in quite a variety of scenarios relating to personnel.

## **CONCLUSION**

As a way to improve service delivery for children and their families, it was essential that we examined the personnel preparation systems for EI and Early Childhood Special Education across the country. Results from this study will contribute to a better understanding of Part C system organizations, personnel preparation opportunities, and effective ways to obtain qualified personnel that will lead to improved policies and practices

## Part C Coordinator Web Survey

### GREETING

Thank you for agreeing to complete a survey for the Center for Personnel Preparation in Early Intervention/ Early Childhood Special Education. This center is a federally funded OSEP project under the direction of 3 co-directors, Mary Beth Bruder at the University of CT, Laurie Dinnebeil at the University of Toledo, and Vicki Stayton at Western KY University.

This is a 5-year program that will study Early Intervention personnel preparation. We will be doing a series of studies that look at states' personnel standards and credentialing along with higher education personnel preparation opportunities.

We appreciate you taking the time to complete this survey. Please complete as much of the survey as possible. If you feel that any of the questions should be answered by one on your colleagues, please indicate that person's name and contact information in the response space.

We have gone through our Institutional Review Board (IRB) for approval of this survey. The information that we are gathering will be available for public information. You may omit any answers that you do not feel comfortable responding to.

Please feel free to call us at anytime if you have any questions while completing this survey. We will also be following up with you by phone to briefly review your responses

#### Contact Information:

Deb Bubela      bubela@uchc.edu      (860) 679-1562

Amy Novotny      anovotny@uchc.edu      (860) 679-1585

**Survey Outline:**

## Introductory Questions

CSPD Coordinator

Web Site Reliability

## Background on Part C Program

Part C Structure

Funding

Employment

State Requirements

## Personnel Requirements

Personnel Standards

Changes in Personnel Requirements

Credential

Training Requirements

## Training Information

Inservice Training

Preservice Training

## Sharing your Knowledge &amp; Experience

Barriers &amp; facilitators in obtaining appropriately qualified personnel

How our center can assist you

**Documents needed for completing survey:**

- Dec. 1 OSEP Counts
- Interagency Agreement
- State Improvement Plan
- Personnel Standards
- CSPD Document Describing Inservice and Preservice Training
- Training Directory
- Directory or List of Higher Ed. Programs

We will also be requesting hard copies of these documents or website URL's where information can be downloaded.

## Part C Survey

### INTRODUCTORY QUESTIONS

#### COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD) COORDINATOR INFORMATION

1. Who is your Part C CSPD coordinator?
2. In case we have any questions that come up in the course of our project, how could we contact him/her?

### WEB SITE RELIABILITY

3. Because we are using your web site as a resource, we'd like to know if that information is current and accurate.
  - Yes
  - No
  - Unsure
 Additional Comments

4. How often is your Part C web site updated?
5. What agency or department is responsible for updating your web site?

☼ If there are any unanswered Introductory Questions who can we contact for that information?

Name:

Contact Information:

### BACKGROUND ON PART C PROGRAM

#### PART C STRUCTURE

6. What is the lead agency for your Part C system?
7. Have Part C services always been provided through the lead agency identified above?
  - Yes
  - No                      How long has that been the lead agency?
  - Unsure
 Additional Comments:

8. How is Part C mandated in your state?

- Legislated
- Executive order from governor
- Other Please explain:

Additional Comments:

9a. How stable is the organizational structure within the Part C program?

9b. Are there any threats to the Part C system in your state?

10. As you know, Part C is structured so differently in every state. How is the Part C system organized in your state? How are services provided?

- On a county basis
- Through local ICC's
- Regional offices
- A central office
- Other Please provide brief description:

Additional Comments:

11. How many children does your state's Part C program serve?

**FUNDING**

12. What is your total Part C budget?

13a. What are your funding sources for Part C?

13b. What are the specific percentages?

Source	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Other _____
Percent	____%	____%	____%	____%	____%	____%

14. Do you think that the funding is stable?

**PERSONNEL**

15. Who employs Part C personnel? (check all that apply)
- State Department (which one?)
  - Local Education Agency
  - Regional Collaborative Units (ex. Regional Education Service Centers, BOCES)
  - Private For Profit Agency
  - Private Not For Profit Agency
  - Private Individual Therapist
  - Other *Please provide brief description:*
16. Are any of these employees unionized?
- Yes Which ones?  
How does unionization affect EI services?
  - No
  - Unsure
- Additional Comments:
- 17a. We're trying to get a sense of how many Part C employees are in each state. How many FTE's (Full Time Equivalents) did you report in your December 1 count to OSEP?
- 17b. How many Part C providers is that?
- 17c. Can you send us your December 1 count information?
18. Do you have a statewide personnel database that you update more regularly than the annual report to OSEP?
- Yes
  - No
  - Unsure
- Additional Comments:
- 19a. Are there adequate numbers of personnel across the various disciplines in Early Intervention? (*Record responses in Personnel Chart.*)
- Additional Comments:

19b. Do you feel that Early Intervention are appropriately trained?

(Record responses in Personnel Chart.)

Additional Comments:





**PART C & B INTERAGENCY AGREEMENT**

*(Answer question 20 only if Part C has a non-educational lead agency).*

20. Does your interagency agreement with education address personnel preparation at all?

Yes                      Can you tell us about that?  
Can we get a copy?

No  
 Unsure

Additional Comments:

**OSEP (OFFICE OF SPECIAL EDUCATION PROGRAMS) STATE IMPROVEMENT PLAN**

21. Is EI personnel preparation addressed in your state improvement plan?

Yes                      Can you tell us about that?  
Can we get a copy?

No  
 Unsure

Additional Comments:

**COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)**

22. How is your CSPD addressing personnel preparation in EI?

23a. Does your state's CSPD have a written document that describes inservice training opportunities for EI professionals?

Yes                      How can we get a copy of that document?  
 No  
 Unsure

Additional Comments:

23b. How about for preservice?

Yes                      How can we get a copy?  
 No  
 Unsure

Additional Comments:

<b>INTERAGENCY COORDINATING COUNCIL (ICC)</b>
---

24a. Does your ICC have a Personnel Preparation committee?

- Yes
- No
- Unsure

Additional Comments:

24b. Who is the personnel preparation representative on the ICC?

24c. How can we contact that person?

25. What EI personnel preparation initiatives is the ICC currently working on?

- ☼ If there are any unanswered Background Questions who can we contact for that information?

Name:

Contact Information:

<b>STANDARDS, CERTIFICATION, LICENSING AND CREDENTIAL</b>
---

<b>STANDARDS</b>
------------------

26a. What is the best way for us to obtain a copy of the your state's personnel standards?

26b. Please review the Personnel Requirement Chart that we have provided for accuracy. Please add any information that we were unable to find about your state's personnel requirements.

### Part C Personnel Requirement Chart

Service Providers/ Disciplines	Meets Highest Minimum Requirements	Initial License/Certification				Renewal		Reciprocity	What related tasks are they permitted to do & who can they work with	What related tasks are they not permitted to do & who can they not work with
		Degree	Exam	Practicum	Other	CEU's (Discipline/ EI Specific)	Other			
	X							X	(e.g. service coordination, evaluations, supervision restrictions, IFSP/IEP development, children in certain age groups, children with certain special needs.)	
Related Service Providers										
Audiologist	<input type="checkbox"/>							<input type="checkbox"/>		
Speech/language pathologist	<input type="checkbox"/>							<input type="checkbox"/>		
Occupational therapist	<input type="checkbox"/>							<input type="checkbox"/>		
Physical therapist	<input type="checkbox"/>							<input type="checkbox"/>		
Orientation/mobility specialist	<input type="checkbox"/>							<input type="checkbox"/>		
Pediatricians & other physicians	<input type="checkbox"/>							<input type="checkbox"/>		
Nurse	<input type="checkbox"/>							<input type="checkbox"/>		
Nutritionist/Dietician	<input type="checkbox"/>							<input type="checkbox"/>		
Family therapist	<input type="checkbox"/>							<input type="checkbox"/>		
Psychologist	<input type="checkbox"/>							<input type="checkbox"/>		
Social Worker	<input type="checkbox"/>							<input type="checkbox"/>		
Child Service Coordinator	<input type="checkbox"/>							<input type="checkbox"/>		
Special Educator: (Title used in state)	<input type="checkbox"/>							<input type="checkbox"/>		
Other:	<input type="checkbox"/>							<input type="checkbox"/>		
Other:	<input type="checkbox"/>							<input type="checkbox"/>		
<i>Prompt:</i> Has your state created any other professional categories or roles that are not part of the federal requirements that you have created standards for?										
Other:	<input type="checkbox"/>							<input type="checkbox"/>		
Other:	<input type="checkbox"/>							<input type="checkbox"/>		
Other:	<input type="checkbox"/>							<input type="checkbox"/>		
Other:	<input type="checkbox"/>							<input type="checkbox"/>		

## CHANGES IN PERSONNEL REQUIREMENTS

27. In regards to your personnel standards, have there been modifications to existing requirements for any of the specific disciplines? (See Personnel Chart for list of disciplines.)

- Yes } If 'Yes' answer questions A. – H.  
 If 'In process' use modified questions A. – H.
- In process } Enter responses in 'Changes In Personnel Requirements Table.'
- No
- Unsure

Additional Comments:

28. Have you added or created any professional categories that are not part of the federal requirements? (For example, CT has added the EI Assistant and EI Associate professional categories.)

- Yes } If 'Yes' answer questions A. – H.  
 If 'In process' use modified questions A. – H.
- In process } Enter responses in 'Changes In Personnel Requirements Table.'
- No } If 'No' skip to question 29.
- Unsure

Additional Comments:

*(Questions A. - H. should be answered for each change, addition or creation of a professional role.)*

A. How long has this change been in effect?

*(In process: How long have you been working on this change?)*

B. What was the motivation for this change?

*(In process: What is the motivation for this change?)*

C. What was the length of time it took to implement this change?

*(In process: Skip.)*

D. Can you tell me about the process your state went through to implement this change?

*(In process: Can you tell me about the process you are going through to make this change?)*

E. Were there barriers to the process? What were they?

*(In process: Are there any barriers to the change you're making? What are they?)*

F. What helped move the process along?

*(In process: What is helping to move this process along?)*

G. What impact has this change had on the quality of EI personnel?

*(In process: Do you think this change will have any impact on the quality of EI personnel?)*

H. How has this change affected the numbers of EI personnel?

*(In process: Do you think this change will affect the numbers of EI personnel?)*

#### CREDENTIAL

29. Does your state have or are you in the process of developing a certification or credential specific to early intervention?

- Yes  
 In process of developing credential  
 No
- } If 'Yes' answer questions A. – K.  
 } If 'In process' use modified questions A. – K.  
 } If 'No' skip to question 30.

Additional Comments:

A. Can you tell us about the credential?

*(In process: Can you tell us about the credential that you're developing?)*

B. How does one qualify for the credential?

*(In process: How will one qualify for the credential?)*

- Competencies  
 Exam  
 Preservice preparation  
 Coursework  
 Other:            Explain:

C. Who is required to obtain this credential?

*(In process: Who will be required to obtain this credential?)*

D. Who oversees the credentialing process?

*(In process: Who will oversee the credentialing process?)*

E. How long has the credential been in effect?

*(In process: Skip.)*

F. What was the motivation for this credential?

*(In process: What is the motivation for this credential?)*

G. How long did it take your state to implement the credential?

*(In process: How long have you been working on developing this credential?)*

H. Were there barriers to the process? What are they?

*(In process: Have there been any barriers to the process? What are they?)*

I. What helped move the process along?

*(In process: What is helping to move the process along?)*

J. What impact has this change had on the quality of EI personnel?

*(In process: Do you think this change will have any impact on the quality of EI personnel?)*

K. How has this credential affected the number of EI personnel?

*(In process: Do you think this credential will affect the numbers of EI personnel?)*

30. Does your state have any other requirements that are special or different? Are there any additional requirements or specific qualifications beyond the licensure/certification of each EI professional discipline?

**TRAINING AS PART OF PERSONNEL REQUIREMENTS**

- 31a. Does your state require any specific training for EI professionals before they begin employment? For example, an orientation to early intervention or child service coordination training.

- Yes            What type of training?  
 No  
 Unsure

Additional Comments:

- 31b. Is any specific training required during employment? For example, yearly refresher inservices.

- Yes            What type of training?  
 No  
 Unsure

Additional Comments:

32. Do you require personnel to get continuing education units (C.E.U's) specific to EI?

- Yes            Explain:  
 No  
 Unsure

Additional Comments:

33. Is there a career ladder for early intervention providers in your state?

For example, is there a way for early intervention providers to advance based on training and performance within the EI system?

Yes Explain:

What supports does Part C provide to advance through the system?

- No  
 Unsure

Additional Comments:

34. Are there any alternative methods to obtain certification, licensure or credential?

☼ If there are any unanswered Standards, Certification, Licensing and Credential Questions who can we contact for that information?

Name:

Contact Information:

#### TRAINING INFORMATION

35. Do you have a training directory for inservice training opportunities?

- Yes Can we get a copy of this?  
 No  
 Unsure

Additional Comments:

36. Do you have a directory or list of higher education programs that prepare EI providers in your state?

- Yes How can we obtain this list?  
 No  
 Unsure

Additional Comments:

37a. Are there any programs that specifically prepare professionals to work in the field of EI?

37b. What disciplines do the programs prepare?



38. Does your state have a higher education consortium?
- Yes      Are they addressing EI issues?  
Who should we contact about the higher ed. consortium?
- No
- Unsure
39. Are there any other agencies in your state that provide training that we haven't talked about yet?
- ☀ If there are any unanswered Training Information Questions who can we contact for that information?
- Name:
- Contact Information:

**PART C COORDINATOR INFORMATION**

40. How long have you been a Part C coordinator?
41. Can you tell us about your background?

**ENDING QUESTIONS**

42. What have you found to be the biggest barriers in obtaining personnel who are appropriately qualified to deliver Part C services?
43. What have you found most helpful in obtaining qualified personnel?
44. How could our center best assist you and your state in addressing personnel challenges?
45. Is there any other information about your state or Part C program that you think would contribute to our knowledge of personnel requirements and personnel preparation?

**CLOSING**

Thank you for your time and your contribution to our study. The information that you'll share will be very helpful in understanding Part C personnel issues so that we can better prepare personnel and ultimately assist families and children. We will take your input into consideration when we develop future plans for our study.

If you have any questions please contact us:

**Contact information:**

Deb Bubela	bubela@uchc.edu	(860) 679-1562
Amy Novotny	anovotny@uchc.edu	(860) 679-1585

If you have copies of the following documents, we would like to have a copy for our research data.

- Dec. 1 Counts
- Interagency Agreement
- State Improvement Plan
- Personnel Standards
- CSPD Document Describing Inservice and Preservice Training
- Training Directory
- Directory or List of Higher Ed. Programs

Thanks again.

<b>Western KY University</b>	<b>University of Toledo</b>	<b>University of CT</b>
Alabama	Alaska	Arizona
Arkansas	California	Colorado
Florida	Delaware	Connecticut
Idaho	Georgia	District of Columbia
Iowa	Illinois	Hawaii
Kentucky	Maine	Indiana
Louisiana	Michigan	Kansas
Mississippi	Missouri	Maryland
Nebraska	Nevada	Massachusetts
New Jersey	New Mexico	Minnesota
North Carolina	North Dakota	Montana
Oklahoma	Ohio	New Hampshire
South Carolina	Oregon	New York
Tennessee	South Dakota	Pennsylvania
Virgin Islands	Utah	Puerto Rico
Wisconsin	Virginia	Rhode Island
	Washington	Texas
	Wyoming	Vermont
		West Virginia

State Represented	Part C Coordinator	State Represented	Part C Coordinator
Alabama	X	New York	
Alaska	X	North Carolina	X
Arizona	X	North Dakota	X
Arkansas	X	Ohio	X
California	X	Oklahoma	X
Colorado	X	Oregon	X
Connecticut	X	Pennsylvania	X
Delaware	X	Puerto Rico	
District of Columbia	X	Rhode Island	X
Florida	X	South Carolina	
Georgia	X	South Dakota	X
Hawaii	X	Tennessee	
Idaho	X	Texas	X
Illinois	X	Utah	X
Indiana	X	Vermont	X
Iowa	X	Virginia	X
Kansas	X	Virgin Islands	
Kentucky	X	Washington	
Louisiana	X	West Virginia	X
Maine	X	Wisconsin	X
Maryland	X	Wyoming	X
Massachusetts	X	Total	45
Michigan			
Minnesota	X		
Mississippi	X		
Missouri	X		
Montana	X		
Nebraska			
Nevada	X		
New Hampshire	X		
New Jersey	X		
New Mexico	X		