COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT

ALABAMA'S EARLY INTERVENTION SYSTEM

LEAD AGENCY:
Alabama Department of Rehabilitation Services

A Vital Message about Alabama's Early Intervention System

Alabama's EI System is committed to providing quality services for eligible children, birth to three, and their families. The focus of EI is to train, equip, and support parents/caregivers in being the first and best teachers for their child.

Eight Core Values of Alabama's Early Intervention System (AEIS)

Family Centered

Services and support are designed to help families support and care for their child(ren). Research indicates that a child's most effective teachers are those with whom they have a nurturing relationship and spend the most time, such as their mother, father, grandparent, childcare provider, or primary caregiver. How these individuals interact with their child while feeding, diapering, playing, and cuddling will have the greatest impact on how the child develops and learns.

Developmentally Appropriate

A team of professionals will assist the family with understanding typical development and how their child is likely to develop based on factors that may include a medical diagnosis or delay. Services and home activities are designed to support the child's development. The EI team will assist the family with the functional and developmental needs of their child and family "today".

Individualized

If a child is eligible for services, the Service Coordinator will assist the family in developing an Individualized Family Service Plan (IFSP), which will include individualized outcomes tailored to the child's needs and family priorities. Based on this plan, the family and Service Coordinator will identify a team of professionals, other family members, caregivers, and/or friends to assist in achieving the outcomes outlined in the IFSP. This plan can and should change as the child grows and develops and is based on the child's progress toward meeting these outcomes.

Provided in natural environment

EI services are provided in locations where the child and family typically are, such as home, childcare, playgrounds, etc. Natural environments also include the daily activities and routines of the family.

Trains/Equips the Parent/Caregiver

AEIS is a program that supports and trains families and caregivers. EI will aid and support the family while teaching them skills to meet their child's developmental needs. With the support of the team of professionals, together they will work to carry out activities on a daily basis so that the child and family will meet their outcomes.

Collaborative

The EI team will work closely with each other as well as with the family and their child to reach outcomes. The team can also work with other service providers, which might include the child's physician(s), therapists from other agencies, childcare providers, community partners, and other specialists. If the family or physician feels more services are needed, which are determined to be outside the scope of EI, the Service Coordinator will assist the family in identifying resources that might supplement EI services, using either public or private insurance.

Routines-Based Intervention

Routines are activities that happen naturally and with some regularity. Routines are how families organize themselves to get things done, spend time together, and have fun. Every family has routines that are uniquely theirs. Every family has routines that help them know who should do what, when, in what order, and how often. Routines-based intervention assists with routines identified by a family that are considered a concern/priority. Routines-based intervention assists with activities a family has identified as not going well. Providing routines-based interventions has proven to be more effective in assisting families, and it is evidence-based.

Evidence-Based Practices

Evidence-based practice in the field of early childhood is the process that pulls together the best available research and knowledge from professional experts, including data and input from children and their caregivers. The purpose is to identify and provide services evaluated and proven to achieve positive outcomes for children and families.

SECTION ONE: Family Involvement and Support

GOAL: Families of young children with disabilities (aged 12 or younger) will be active participants in AEIS

Guiding Principles

A. **Families should have input regarding the effectiveness of EI services and AEIS initiatives.**

B. **Families should have input regarding training activities that are provided to address their identified interests and needs.**

C. **Families should be supported in such a way that their involvement in early intervention activities and training events are enhanced.**

Methodology	Evaluation Questions and Results
1. Utilize family membership on District Coordinating Councils to plan workshop opportunities at the state, district and local levels that address the most frequently requested training topics.	1. Did training events occur for families at the district level? RESULTS: Family participation on the District Councils continues with input provided on a variety of initiatives including training needs.
2. Utilize parent co-presenters in training activities provided through the District Councils, the EI-Preschool Conference, and other CSPD training activities.	2. Did families participate in training sessions as parent co-presenters? RESULTS: Under development.
3. Increase opportunities for training and support for families who have children with special needs in partnership with the Parent Training and Information Center. Offer families resources such as learning materials (videos and websites), connections with credible information sites, support groups, and networks where families can connect with other families facing similar challenges, training on advocacy, etc.	3. Were families afforded the opportunity to receive training and support related to Part C? RESULTS:
4. Increase opportunities for family stakeholder participation in AEIS system development (e.g., family forums, Facebook queries, family survey, collaboration with other family organizations).	4. Were opportunities offered for family participation in system development? RESULTS: The method for gathering family input was revised to increase the number of family participants and to gather additional information regarding system operation and services.
5. Conduct activities to inform physicians and other referral sources about AEIS – what it is, what it offers, how to refer, who is eligible, etc.	5. To what extent were physicians and other referral sources informed about AEIS? RESULTS: Physicians as referral sources are routinely made aware of AEIS and the services offer, how to make referrals, and screening.
6. Work towards adding a parent portal to the data system for such uses as access to child records, communicating with service coordinators, taking the family survey.	6. Was progress made towards incorporating a parent portal into the new GIFTS data system? RESULTS: A parent portal is pending completion of new data system.
7. Continue conducting family interviews as part of the AEIS monitoring process.	7. Were interviews conducted with families and results summarized for use in future planning? RESULTS: Interviews are an integral part of program monitoring and information

	gathered is used to assist programs as needed.
8. Provide information and training for families on the COS process and their role (e.g., what the outcomes are, relationship to IFSP outcomes, how progress is measured, etc.)	8. Was information on the COS process provided to families on a regular basis? RESULTS: A training information sheet was developed to better assist families in understanding and participating in the COS process. Additionally, the COS was incorporated into the IFSP process.

SECTION TWO: Personnel Development

GOAL 1 Standards: AEIS will have personnel standards that are consistent with current licensure and certification requirements in the state.

Guiding Principles

A. Up-to-date licensure and/or certification standards within each discipline providing EI services must be maintained by all AEIS personnel.

B. Personnel qualifications for the delivery of each AEIS service must be established and monitored.

Methodology	Evaluation Questions and Results
1. Request input from national and state professional organizations and licensure boards on professional requirements for credentialing, licensure, and continuing education.	1. Were the Personnel Standards revised as necessary based on disciplinary-mandated requirements? RESULTS: There were no new disciplinary mandates.
2. Annually review requirements for personnel qualifications under the AEIS Personnel Standards based on federal mandates and recommended practice.	2. Were the AEIS personnel qualifications updated if necessary? RESULTS: The standards were updated to coincide with the new billing system related to disciplines that could bill for each service.
3. Review and revise Personnel Standards as per Personnel Subcommittee recommendations and state office priorities.	**3.** Were any updates made to the Personnel Standards? RESULTS: The required training was revised based on input from the Personnel Subcommittee.

GOAL 2 Training: AEIS will have highly qualified professionals delivering research/evidence-based services to eligible children and families.

Guiding Principles

A. Customized personnel training should be provided at the district level in response to local needs.

B. Global training should be offered at the state level that advances the knowledge/skill of service providers based on identified needs and peer-reviewed research.

C. On-site technical assistance should be available to support the application of knowledge/skill in the field, to inform programs statewide of system updates and changes in policy/procedures.

D. There should be consistency in the interpretation and implementation of policies by direct service providers under the anchor agencies (AIDB and DMH) and by individual vendors.

E. Service providers should have a working knowledge of the AEIS Core Competencies.

F. Service Coordinators should have a working knowledge of the requirements of IDEA under AEIS, family centered philosophy, and recommended practice in EI service delivery.

G. A variety of training venues should be offered for service providers and families.

H. The impact of training activities should be measured.

Methodology	Evaluation Questions and Results
1. Utilize a systematic method of identifying statewide training needs (see section below for details).	1. Were a variety of methods used to identify supplementary training activities? RESULTS: Statewide and program training needs are determined through the monitoring process, subcommittees, and input from service coordinators

2. Conduct annual District TAs to inform programs statewide of upcoming changes in policies/procedures, to inform of new training regarding evidence-based practice, to share data for use in individual program planning, and to provide opportunities for programs/service providers to have input into the state system.

2. Were statewide District TAs conducted with content as planned?
RESULTS: District TAs are conducted in the fall of each year.

3. Provide training opportunities through the Annual EI-Preschool Conference and District Coordinating Councils, specific to identified needs.

3. Was the Annual EI-Preschool Conference attended by AEIS providers?
RESULTS: ADD DATA

4. Require personnel implementing eligibility evaluations to meet AEIS Personnel Standards requirements.

4. Do evaluators follow AEIS Personnel Standard requirements?
RESULTS: A structure is in place to review credentials for evaluators and approve as appropriate.

5. Develop alternative methodologies for service providers and families to participate in state CSPD trainings, such as virtual trainings, recorded training events, and web-based training.

5. Were alternative methods for conducting training utilized?
RESULTS: Virtual options are frequently used to eliminate travel and time restrictions. In addition, web-based training from the ECTA Center is used for the COS training.

6. Support the use of the MEISR tool in determining ongoing child progress.

6. Was training/TA provided to service coordinators on use of the MEISR tool to determine progress?
RESULTS: The use of the MEISR is discussed and encouraged through the Journey I training.

7. Collaborate with the OSEP TA Centers (ECTA, DaSy, WestEd, etc.) for training resources and support.

7. Were OSEP TA Centers utilized in providing training resources and support?
RESULTS: OSEP TA Centers are frequently providing support to AEIS in such areas as fiscal, APR, DMS, and other foundational issues.

8. Provide additional TA/training with programs on specific requirements for monitoring (e.g., documentation needed, specifics of indicator requirements, quality of provider notes).

8. Was TA and training provided to EIS providers (administrators, service coordinators, service providers) on the specific requirements for monitoring and compliance?
RESULTS: Training on the updated monitoring process/manual was provided to all programs statewide.

9. Explore strategies for ensuring evaluation eligibility reports meet AEIS standards.

9. Were methods identified that would ensure evaluation reports more effectively meet AEIS standards?
RESULTS: Under development.

10. Provide ongoing training and technical assistance to providers on utilization of the new data system.

10. Were training activities provided for providers on use of the new data system?
RESULTS: Ongoing training and Office Hours have been and continue to be conducted for all programs statewide.

11. Provide training to help improve child outcomes including the use of the COS with fidelity.

11. Was ongoing training provided for service coordinators and other providers on implementation of the COS process with fidelity?
RESULTS: COS training was enhanced through the Journey I and Journey II required training.

12. Encourage provider participation in the RBHV coaching model as per the State Personnel Development Grant in collaboration with the Alabama Department of Education.	12. Did EI providers receive coaching on implementation of the RBHV model with fidelity? RESULTS: The initiative was provided with 6 coaches providing support to service coordinators.

Methods for Determining Training Needs

Instruments (*questionnaires, checklists, surveys, scales*)

Workshop evaluations; assessment of training needs by state agency liaisons; Parent PAR Survey

Document Analysis *(records, reports, planning documents, audits, work samples, written policies/procedures)*

Reports from TA/monitoring, system concerns; family interviews; State/federal policies/procedures; Alabama State Systemic Improvement Plan and Annual Performance Report benchmarks and activities

Identification of Weaknesses *(frequency count, critical incidents, data analysis)*

Observations and/or requirements for training made during TA/monitoring visits.
Results from post-training evaluations and surveys.

Interviews/Consensus *(focus groups, one-to-one interviews)*

Personnel Subcommittee; Higher Education focus groups; EI/Preschool Conference Planning Committee; District Coordinating Council Training Subcommittees; Special Task Forces; ICC including families; Family Survey.

Methods for Evaluating CSPD Activities and Outcomes

1. **Workshop Evaluations** *(post-training evaluation survey)*

   Data questions include evaluation of format, effectiveness, ability to implement strategies, and suggestions for follow-up training/TA:

   - My expectations for this workshop were met.
   - This information is important for interventionists to know.
   - This workshop addressed a need in our program.
   - The content of the workshop was appropriate for the time allowed.
   - The presenters were knowledgeable about the topic.
   - The presenters were easy to understand.
   - The presenters were engaging.
   - Strategies/techniques **most** useful?
   - Would you consider all the components of this workshop useful?
   - Will you be able to implement workshop content in your program using the information provided at this workshop? If no, what additional information/materials are needed?
   - What other training topics would you suggest as a follow-up to this workshop?
   - Do you have any suggestions and/or ideas that will assist us in future workshops on this topic?
   - Type of change:

     Informational Change: an increase in your awareness and understanding of the subject matter
     Behavioral Change: an increase in your ability to apply the subject matter
     Attitudinal Change: a modification of your beliefs and perceptions related to the subject matter
     Motivational Change: an increase in your desire to be involved with activities related to the subject matter

2. *Monitoring* *(Desk audit of data pertaining to former and current performance, record review, and monitoring checklist)*

3. **Child Outcome Data Review**

   Data review on statewide child outcome results as per the COS process. Results are available at the state, district, program, and service coordinator levels.

4. **Family Survey Outcome Data Review**

   Data review from the annual family survey regarding family outcomes, satisfaction with services, and family training needs.

5. **Post Webinar Evaluation of Content** *(Developmental Specialist Certification/Mentorship, Mentor Evaluation/Feedback)*

6. **Stakeholder Input**

   The ICC serves as the primary stakeholder group and provides ongoing guidance and input into the development of the CSPD Plan. In addition, ICC Subcommittees (e.g., Personnel Subcommittee) and special task groups are given ongoing opportunities for input

throughout the year. Family stakeholder surveys are conducted annually to gather input on current initiatives, infrastructure changes, and other OSEP required activities, and assist AEIS in utilizing the results in planning, training, and infrastructure improvement activities.

SECTION THREE: Recruitment and Retention

GOAL 1: Pre-service training in all EI-related disciplines will include content in early intervention/pediatrics.

Guiding Principle

Early intervention information should be included in pre-service class instruction for disciplines related to EI service provision.

Methodology	Evaluation Questions and Results
1. Offer EI speakers to provide early intervention information during college, junior college, and technical school class instruction.	1. Did EI speakers participate in higher education instruction? RESULTS:

GOAL 2 Recruitment/Retention: AEIS will implement innovative strategies and activities to recruit and retain early intervention service providers.

Guiding Principles

A.   **High school students, community college students, university students, and other potential EI providers/vendors should be made aware of AEIS.**

B.   **Early Intervention Program sites should be used as practicum and internship sites for college students.**

C.   **New strategies should be identified and employed for recruiting qualified service providers on an ongoing basis.**

Methodology	Evaluation Questions and Results
1. Maintain representatives from higher education on the Personnel and Public Awareness Subcommittees to assist in recruitment and retention activities.	1. Did District Coordinating Councils and EI programs disseminate AEIS PA materials to referral sources and higher education? RESULTS:
2. Expand outreach activities to include pre-higher education populations (e.g., high school counselors, high school career days).	2. Did outreach activities include pre-college populations? RESULTS:
3. Explore new venues for advertising EI job openings.	3. Were new venues identified for advertising EI job openings? RESULTS: ASK HOLLY
4. Develop new EI programs to help with the influx of referrals.	4. Were new programs developed in AEIS, and to what extent? RESULTS: ASK AMY HOW MANY
5. Collaborate with national TA providers for assistance in recruitment and retention strategies.	5. Did collaboration occur with national TA providers, and to what extent was assistance provided? RESULTS: