

# 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 aimed at helping families support and care for their child. Research indicates that a child's most effective teachers are those with whom they have a nurturing relationship and with whom they spend the most time, such as his or her 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 which 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 based on needs and their priorities. From this plan, the family and Service Coordinator will identify a team of professionals, other family members, caregivers, and/or friends to help in reaching the outcomes included 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 a location where the child and family typically would be 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 feel 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

**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.
- D. Families should assume leadership roles in training and technical assistance activities.

<b>Methodology</b>	<b>Evaluation Questions and Results</b>
<ol style="list-style-type: none"> <li>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.</li> <li>2. Inform families of opportunities for involvement in AEIS and routinely ask families if they would like to serve on state/local committees.</li> <li>3. Provide reimbursement for family participation in EI by utilizing (when available): (a) the DCC parent activity fee, (b) the ICC parent reimbursement format, and (c) the DD Council Parent Involvement Fund.</li> <li>4. Utilize parent co-presenters in training activities provided through the District Councils, the EI/Preschool Conference, and other CSPD training activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Did training events occur for families at the district level? RESULT:</li> <li>2. Were families involved as stakeholders in providing input into AEIS initiatives? RESULT:</li> <li>3. Did families access reimbursement for participation? RESULT:</li> <li>4. Did families participate in training sessions as parent co-presenters? RESULT:</li> </ol>

<b>NEW TASKS FY 2025 (FFY 2024)</b>	<b>Evaluation Questions and Results</b>
<ol style="list-style-type: none"> <li>1. Recruit more family stakeholders to participate in activities for input into system decision-making (e.g., DCC and ICC subcommittees, family forums,).</li> <li>2. Increase opportunities for training and support for families who have children with special needs in partnership with the Parent Training and Information Center.</li> <li>3. Increase opportunities for family stakeholder participation in AEIS system development (e.g., family forums, Facebook queries, collaboration with other family organizations).</li> </ol>	<ol style="list-style-type: none"> <li>1. Was there an increase in the number of family stakeholders in system/procedure decision-making? RESULT:</li> <li>2. Were the training events provided for families related to Part C? RESULTS:</li> <li>3. What additional opportunities/activities were offered for family involvement? RESULTS:</li> </ol>

# 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.**

<b>Methodology</b>	<b>Evaluation Questions and Results</b>
<ol style="list-style-type: none"> <li>1. Request input from national and state professional organizations and licensure boards on professional requirements for credentialing, licensure, and continuing education.</li> <li>2. Annually review requirements for personnel qualifications under the AEIS Personnel Standards based on federal mandates and recommended practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. Were the Personnel Standards revised as necessary based on disciplinary mandated requirements? RESULTS:</li> <li>2. Were the AEIS personnel qualifications updated if necessary? RESULTS:</li> </ol>

<b>NEW TASKS FY 2025 (FFY 2024)</b>	<b>Evaluation Questions and Results</b>
<ol style="list-style-type: none"> <li>1. Review and revise Personnel Standards as per Personnel Subcommittee recommendations and state office priorities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Were any updates made to the Personnel Standards? RESULT:</li> </ol>

**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. Developmental Specialists should have proficiency in core competencies for special instruction services in areas such as:**
  - Foundations of Early Intervention (IDEA)
  - Collaboration and teamwork with families and professionals
  - Identifying family concerns and priorities
  - IFSP Process (development and implementation)
  - Supporting families in natural environments and routines
  - Weaving intervention services into a family's everyday routines, activities, and settings
  - Empowering parents to successfully guide and support their child's development
  - Making the most of natural learning opportunities in natural environments
  - Working with effective teams including professionals from diverse disciplines
  - Enhancing infant and toddler development in the three OSEP Child outcome categories (positive social-

emotional skills; acquisition and use of knowledge and skills; and using appropriate behaviors to meet needs)

- 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. The inclusion of children with special needs in home and community-based settings should be cultivated.**
- H. A variety of training venues should be offered for service providers and families.**
- I. The impact of training activities should be measured.**

Methodology	Evaluation Questions and Results
<ol style="list-style-type: none"> <li>1. Utilize a systematic method of identifying statewide training needs.</li> <li>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.</li> <li>3. Provide training opportunities through the Annual EI-Preschool Conference and District Coordinating Councils specific to identified needs.</li> <li>4. Provide on-site technical assistance to service providers and program site supervisors statewide because of monitoring and required mentor activities.</li> <li>5. Require training for conditional Developmental Specialists upon hire.</li> <li>6. Require foundational training for service coordinators that addresses state/federal requirements/regulations, family centered philosophy, COS, and recommended practice in EI service delivery (i.e., Journey through Early Intervention – Level 1).</li> <li>7. Require continuing education for all personnel providing early intervention services within AEIS.</li> <li>8. Require all early intervention providers to complete training for implementation of recommended practice (i.e., Journey Through Early Intervention - Level II; RBI; RBHV).</li> <li>9. Require personnel implementing eligibility evaluations follow AEIS Personnel Standards requirements.</li> <li>10. 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.</li> <li>11. Monitor the effects of AEIS training on staff behavior and service delivery through follow-up evaluations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Were a variety of methods used to identify supplementary training activities? RESULTS:</li> <li>2. Were statewide District TAs conducted with content as planned? RESULTS:</li> <li>3. Was the Annual EI-Preschool Conference attended by AEIS providers? RESULTS:</li> <li>4. Was TA provided to programs as required? RESULTS:</li> <li>5. Did conditional Developmental Specialists participate in and complete required DS training and mentorship? RESULTS:</li> <li>6. Have all new Service Coordinators completed the Journey I training? RESULTS:</li> <li>7. Do all EI providers maintain continuing education hours as required? RESULTS:</li> <li>8. Have providers completed the required training for implementation of recommended practices? RESULTS:</li> <li>9. Do evaluators follow AEIS Personnel Standard requirements? RESULTS:</li> <li>10. Were alternative methods for conducting training utilized? RESULTS:</li> <li>11. Were post-training surveys conducted to identify implementation of recommended practices in the field? RESULTS:</li> </ol>

NEW TASKS FY 2025 (FFY 2024)	Evaluation Questions and Results
<ol style="list-style-type: none"> <li>1. Collaborate with external evaluators to determine long-term effectiveness of AEIS training activities (including RBI/RBHV) in terms of acquired knowledge, application of learned skills, and fidelity in implementing evidence-based practices.</li> <li>2. Support the use of the MEISR tool in determining ongoing child progress.</li> <li>3. Provide COS training for all EI providers through the Journey through Early Intervention II training process and the ECTA modules as necessary.</li> <li>4. Collaborate with Auburn University to provide Developmental Specialist training for early intervention providers.</li> <li>5. Collaborate with the OSEP TA Centers (ECTA, DaSy, WestEd, etc.) for training resources and support.</li> <li>6. Provide additional TA/training with programs on specific requirements for monitoring (e.g., documentation needed, specifics of indicator requirements, quality of provider notes).</li> <li>7. Explore strategies for ensuring evaluation eligibility reports meet AEIS standards.</li> </ol>	<ol style="list-style-type: none"> <li>1. Were post training data utilized in assessing needs for TA on the implementation of Evidence-Based Practices? RESULT:</li> <li>2. Was training/TA provided to service coordinators on use of the MEISR tool to determine progress? RESULT:</li> <li>3. Was COS training embedded in the Journey II training and/or provided through other venues for EI providers? RESULT:</li> <li>4. Did conditional Developmental Specialists complete the required training through Auburn University? RESULT:</li> <li>5. Were OSEP TA Centers utilized in providing training resources and support? RESULT:</li> <li>6. Was TA and training provided to EIS providers (administrators, service coordinators, service providers) on the specific requirements for monitoring and compliance? RESULT:</li> <li>7. Were methods identified that would ensure evaluation reports meet AEIS standards? RESULT:</li> </ol>

<b><u>Methods for Determining Training Needs</u></b>
<p><b><u>Instruments</u></b> <i>(questionnaires, checklists, surveys, scales)</i></p>
<p>Workshop evaluations; assessment of training needs by state agency liaisons; Parent PAR Survey</p>
<p><b><u>Document Analysis</u></b> <i>(records, reports, planning documents, audits, work samples, written policies/procedures)</i></p>
<p>Reports from PAR TA/monitoring, system concerns; family interviews; State/federal policies/procedures; Alabama State Systemic Improvement Plan and Annual Performance Report benchmarks and activities</p>
<p><b><u>Identification of Weaknesses</u></b> <i>(frequency count, critical incidents, data analysis)</i></p>
<p>Observations and/or requirements for training made during PAR TA/monitoring visits. Results from post training evaluations and surveys.</p>
<p><b><u>Interviews/Consensus</u></b> <i>(focus groups, one-to-one interviews)</i></p>
<p>Personnel Subcommittee; Higher Education focus groups; EI/Preschool Conference Planning Committee; District Coordinating Council Training Subcommittees; Special Task Forces; ICC including families; Family Survey.</p>
<p><b><u>Methods for Evaluating CSPD Activities and Outcomes</u></b></p>
<p><b>1. Workshop Evaluations</b> <i>(post-training evaluation survey)</i></p>
<p>Data questions include evaluation of format, effectiveness, ability to implement strategies, and suggestions for follow-up training/TA:</p>
<ul style="list-style-type: none"> <li>• My expectations for this workshop were met.</li> <li>• This information is important for interventionists to know.</li> <li>• This workshop addressed a need in our program.</li> <li>• The content of the workshop was appropriate for the time allowed.</li> </ul>

- 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 at 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 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 Provider Appraisal Review Checklist including the DEC Recommended Practices*)

**3. Child Outcome Data Review**

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

**4. Family Survey Outcome Data review**

Data review from 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 Preservice:** 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**

1. Offer EI speakers to provide early intervention information during college, junior college, and technical school class instruction.
2. Continue District Council activities to provide EI/pediatric and referral source awareness of AEIS.

#### **Evaluation Questions and Results**

1. Did EI speakers participate in higher education instruction?  
RESULTS:
2. Did District Councils participate in activities/events to increase pediatricians and other referral sources awareness of AEIS?  
RESULTS:

NEW TASKS FY 2025 (FFY 2024)	Evaluation Questions and Results
<ol style="list-style-type: none"> <li>1. Continue to share the AEIS new video and other materials with universities and other sources of potential EI providers for recruitment.</li> <li>2. Expand collaboration with university contacts (e.g., Auburn University, the University of Alabama, Samford University) to incorporate information on the AEIS Core Values within preservice training.</li> </ol>	<ol style="list-style-type: none"> <li>1. To what extent was the EI video and other materials provided to universities for awareness of AEIS as a potential career path? RESULT:</li> <li>2. What collaborative activities were conducted with universities to encourage the inclusion of EI information in preservice training? RESULT:</li> </ol>

**GOAL 2 Recruitment/Retention: AEIS will have innovative strategies and activities for the recruitment and retention of 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. Professionals and paraprofessionals who are willing to work in rural and inner-city areas should be identified and recruited.**

Methodology	Evaluation Questions and Results
<ol style="list-style-type: none"> <li>1. Utilize District Coordinating Councils to disseminate AEIS PA materials to higher education.</li> <li>2. Encourage programs to host practicum students from colleges and universities.</li> <li>3. Maintain representatives from higher education on the Personnel Subcommittee to assist in recruitment and retention activities.</li> <li>4. Encourage new vendor applications through DEICs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Were AEIS PA materials distributed to higher education professors and administrators? RESULTS:</li> <li>2. Were practicum/internship opportunities provided for students? RESULTS:</li> <li>3. Did higher education professionals participate on the ICC Personnel Subcommittee? RESULTS:</li> <li>4. Were new vendor applications submitted to AEIS? RESULTS:</li> </ol>

NEW TASKS FY 2025 (FFY 2024)	Evaluation Questions and Results
<ol style="list-style-type: none"> <li>1. Expand work with Higher Education to place students in early intervention programs to meet practicum requirements.</li> <li>2. Expand outreach activities to include pre-higher education populations (e.g., high school counselors, high school career days).</li> <li>3. Explore new venues for advertising EI job openings such as Handshake.</li> </ol>	<ol style="list-style-type: none"> <li>1. What strategies were implemented to encourage the placement of interns in EI programs? RESULTS:</li> <li>2. Did outreach activities include pre-college populations? RESULTS:</li> <li>3. Were new venues identified and used in recruiting new hires? RESULTS:</li> </ol>