

# Comprehensive System of Personnel Development and Service Coordination



December 2009

The ITCA has conducted a national survey of Part C Coordinators for over 5 years. The goal of the survey is to gather relevant information and make it available to members on a regular basis. The initial survey was lengthy, detailed and required substantial time on the part of State Coordinators to complete. As a result, participation in survey completion never achieved the level that was intended. In 2008, the Data Committee was charged with revising the survey, eliminating data that was already being collected by other sources and streamlining the process to facilitate a higher level of participation. The survey has been divided into four topic areas. The fourth topical area to be distributed for completion was Comprehensive System of Personnel Development and Service Coordination. The survey was distributed in late fall of 2009.

The survey data represent the 33 state and territory members who completed the survey. The data are reported by frequency as well as cross tab analyses by type of Lead Agency, Eligibility and Regional Resource Center geographic alignment. SurveyMonkey was used to gather the data. The data were exported and analyzed using SPSS software. The charts, both numbers and percentages, in the report reflect the responses of those states who answered the questions. Crosstab charts are only represented when there were significant differences across lead agency, region or eligibility category. The data have not been validated and reflect the responses of the survey participants. The ITCA draws no conclusions from the data analysis but simply reports the data as entered. All data are aggregated and all individual state responses are kept confidential.

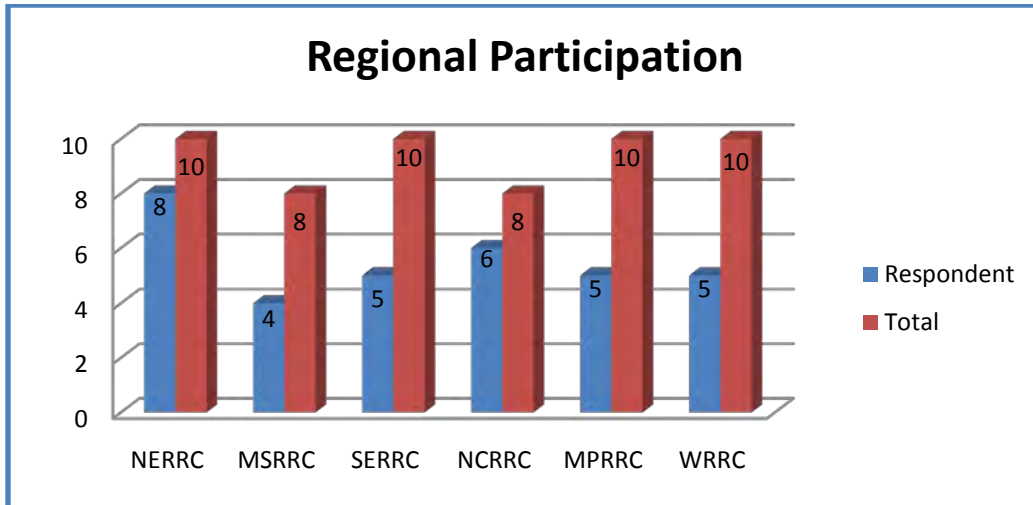
## State Demographics

### States

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Alaska	1	3.0	3.0	3.0
Arizona	1	3.0	3.0	6.1
Connecticut	1	3.0	3.0	9.1
Florida	1	3.0	3.0	12.1
Georgia	1	3.0	3.0	15.2
Guam	1	3.0	3.0	18.2
Hawaii	1	3.0	3.0	21.2
Illinois	1	3.0	3.0	24.2
Indiana	1	3.0	3.0	27.3
Iowa	1	3.0	3.0	30.3
Kansas	1	3.0	3.0	33.3
Kentucky	1	3.0	3.0	36.4
Louisiana	1	3.0	3.0	39.4
Massachusetts	1	3.0	3.0	42.4
Michigan	1	3.0	3.0	45.5
Mississippi	1	3.0	3.0	48.5
Missouri	1	3.0	3.0	51.5
Nebraska	1	3.0	3.0	54.5
Nevada	1	3.0	3.0	57.6
New Hampshire	1	3.0	3.0	60.6
New Jersey	1	3.0	3.0	63.6
New York	1	3.0	3.0	66.7
North Carolina	1	3.0	3.0	69.7
Northern Marianas	1	3.0	3.0	72.7
Ohio	1	3.0	3.0	75.8
Pennsylvania	1	3.0	3.0	78.8
Rhode Island	1	3.0	3.0	81.8
Texas	1	3.0	3.0	84.8
Utah	1	3.0	3.0	87.9
Vermont	1	3.0	3.0	90.9
Virginia	1	3.0	3.0	93.9
West Virginia	1	3.0	3.0	97.0
Wyoming	1	3.0	3.0	100.0
Total	33	100.0	100.0	

**RRC**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Northeast	8	24.2	24.2	24.2
	Mid South	4	12.1	12.1	36.4
	Southeast	5	15.2	15.2	51.5
	North Central	6	18.2	18.2	69.7
	Mountain Plains	5	15.2	15.2	84.8
	Western	5	15.2	15.2	100.0
	Total	33	100.0	100.0	

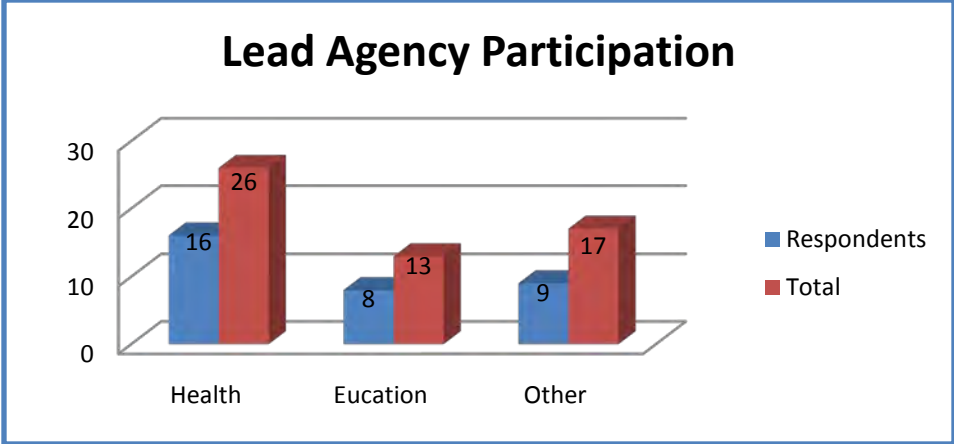


Fifty percent of the states in each region participated in this survey. The Northeast Region had the highest level of participation at 80%.

**Leadagency**

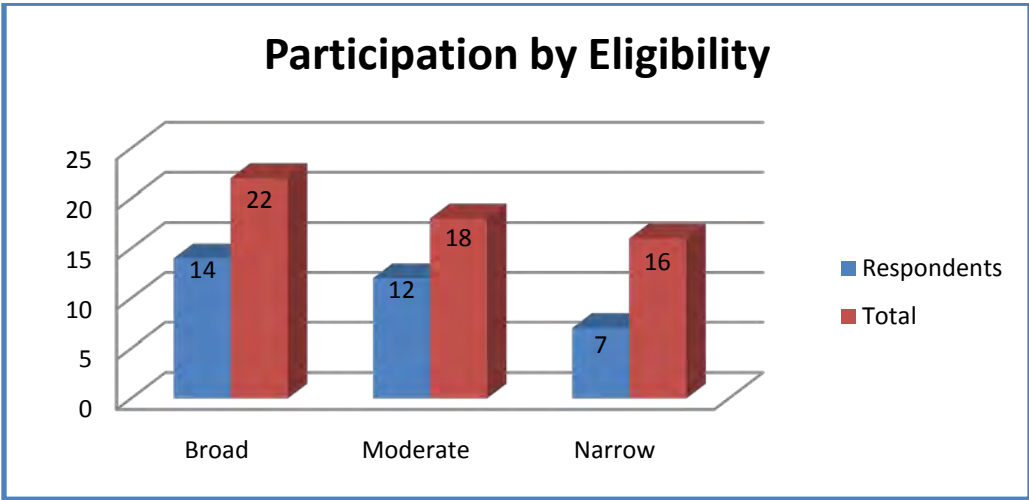
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health	16	48.5	48.5	48.5
	Education	8	24.2	24.2	72.7
	Other	9	27.3	27.3	100.0
	Total	33	100.0	100.0	

Sixty-two percent of states with Health and Education as the Lead Agency participated in the survey. Fifty-three percent of states with “Other State Agencies” as the Lead participated.



**Eligibilitystatus**

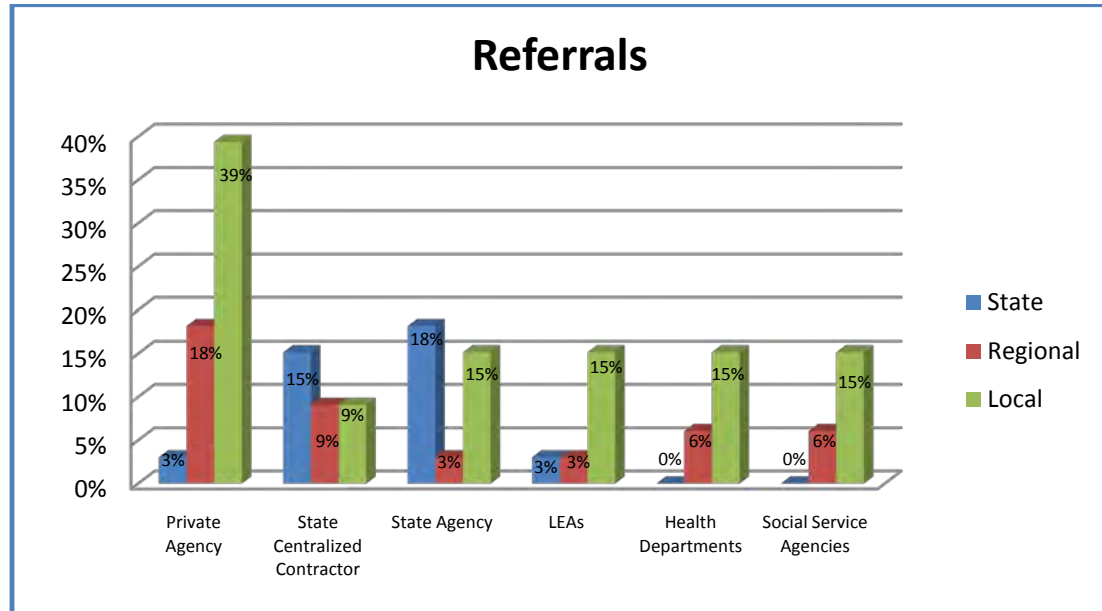
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Broad	14	42.4	42.4	42.4
	Moderate	12	36.4	36.4	78.8
	Narrow	7	21.2	21.2	100.0
	Total	33	100.0	100.0	



Sixty-seven percent of states with Moderate Eligibility completed the survey. This compares to 64% of states with Broad Eligibility and 44% of states with Narrow Eligibility.

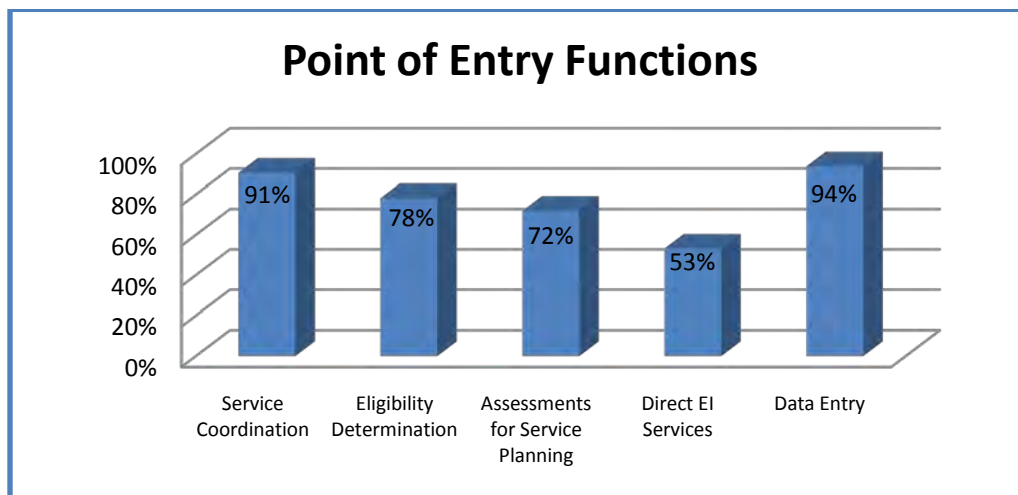
## Referrals and Tracking

### 1. Who receives referrals and at what level? Check all that apply.

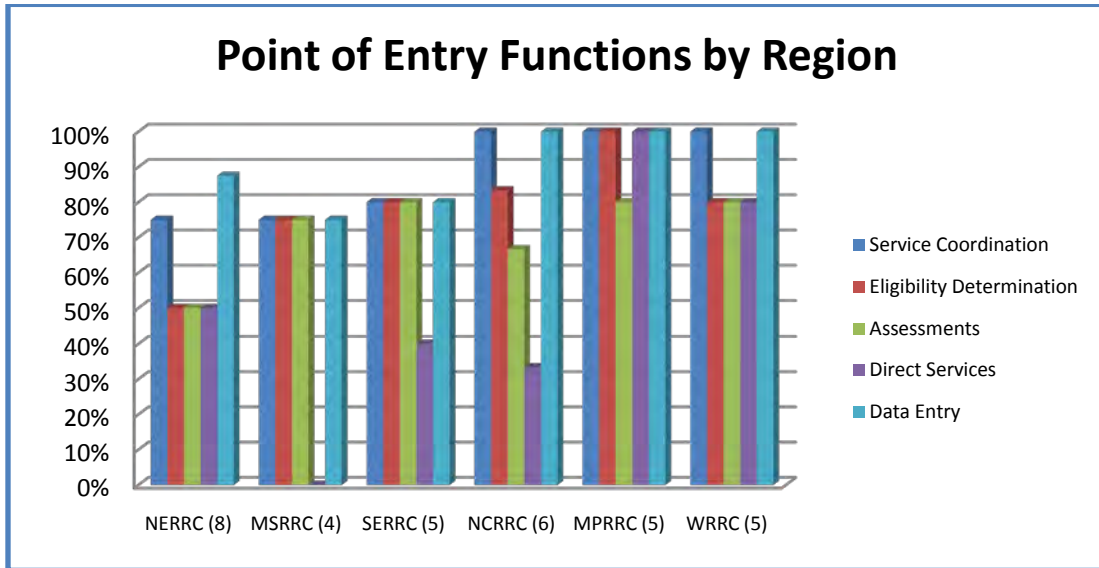


All thirty-three states responded to this question. The largest percentage of states (39%) indicated that private agencies at the local level receive referrals to the Part C system. There were no states that indicated that Health Departments and Social Service Agencies at the state level received referrals.

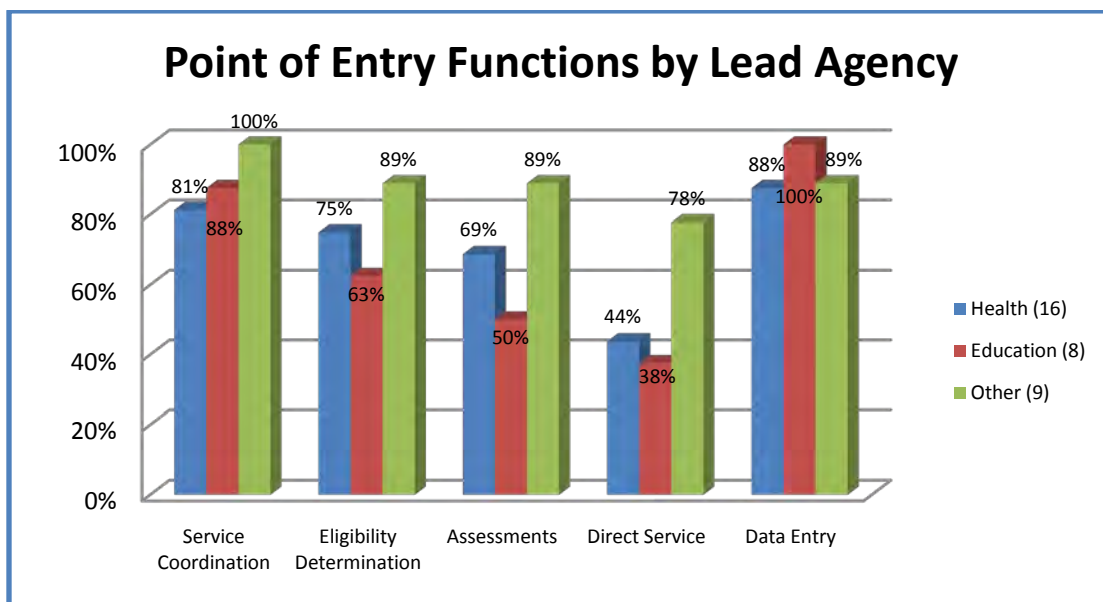
### 2. What additional activities are supported by the Points of Entry? Check all that apply.



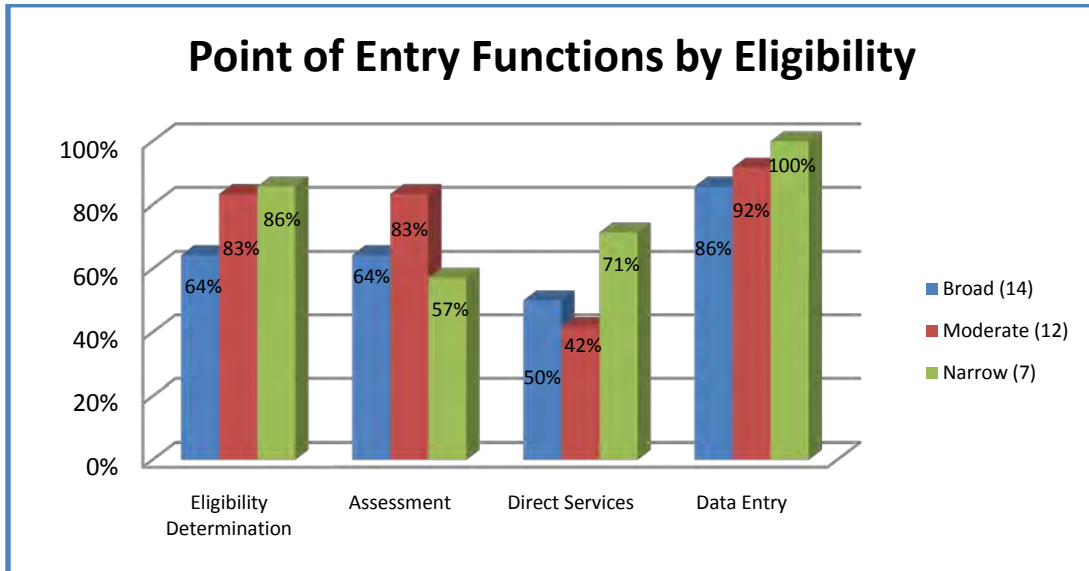
Thirty-two states responded to this question. Data Entry (94%) and Service Coordination (91%) had the highest percentage of responses from states. Fifty-three percent of states indicated that the Points of Entry also provided direct service.



With the exception of direct service, all regions reported the point of entry supported all of the identified activities. States in the MSRRC indicated that the points of entry do not provide direct service. In the other regions the percentages for direct service range from 33% in the NCRRC to 100% in the MPRRC. Service coordination and data entry had the most consistent responses across the regions.



Functions of the Point of Entry vary by type of Lead Agency. States with “Other State Agencies” as the Lead Agency have a high rate of responses across all of the identified functions. Direct service has the lowest response across all types of Lead Agencies.

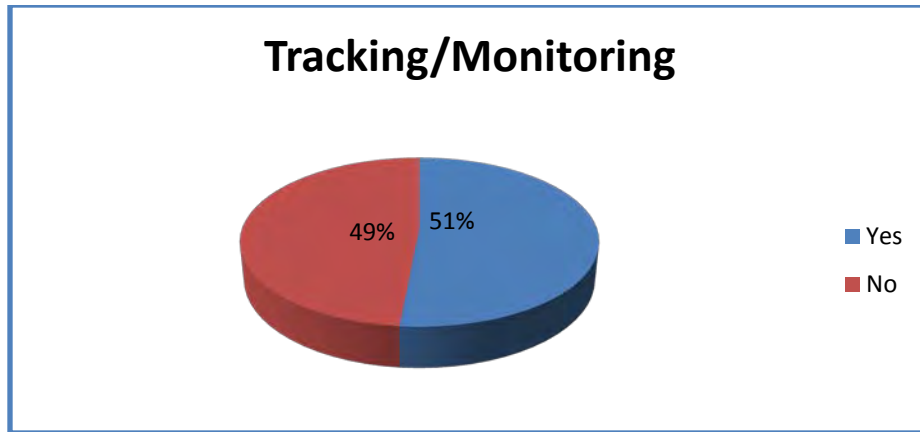


Data entry is a common function for the Points of Entry across all three eligibility categories. Broad eligibility states (50%) and Moderate states (42%) had the lowest percentage of respondents that indicated the Points of Entry provide direct early intervention services.

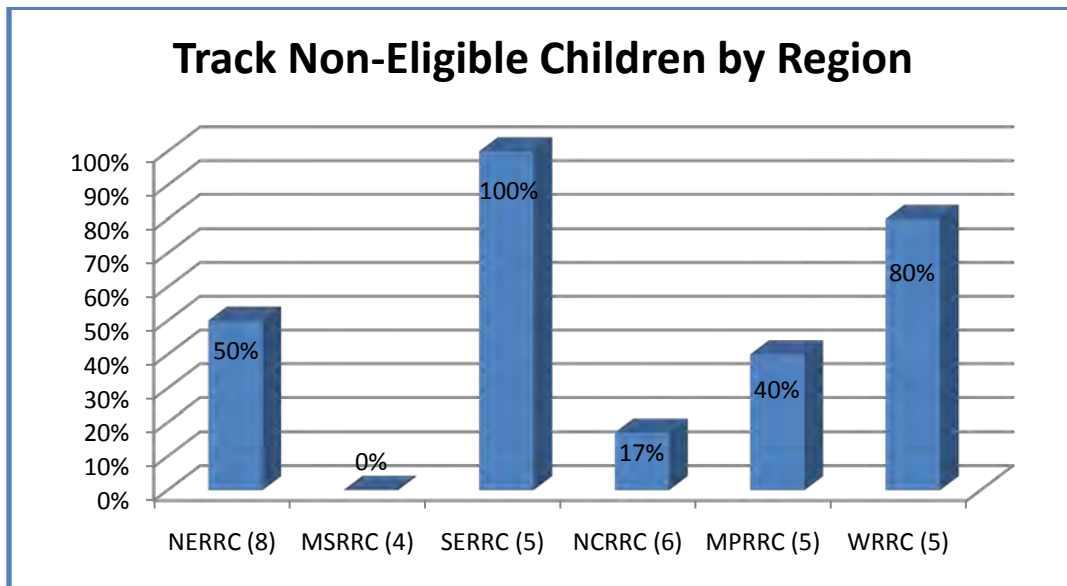
**3. Is developmental tracking/monitoring offered/provided to children who do not meet the state’s eligibility criteria?**

**ScreeningprioritoED**

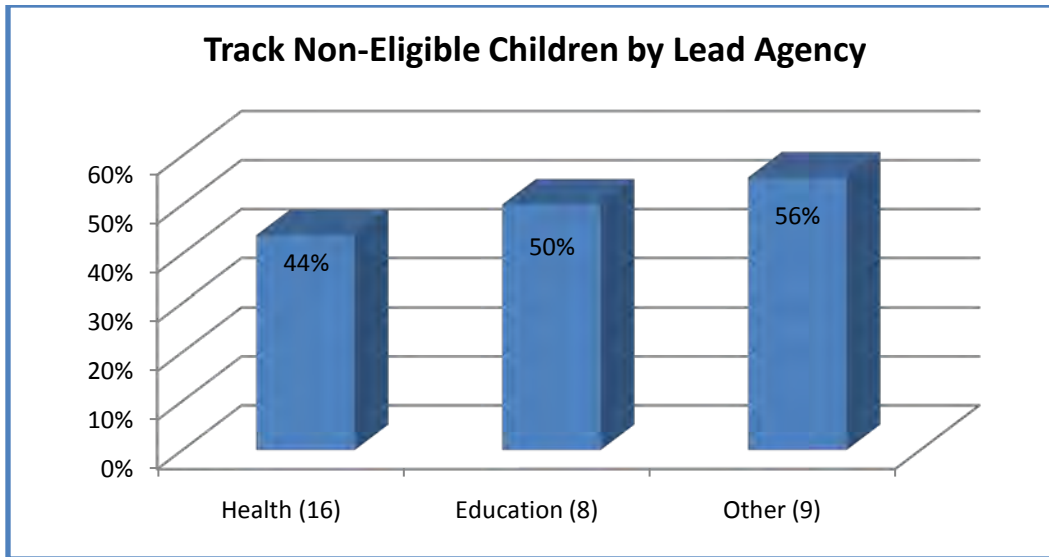
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	18.2	18.2	18.2
Yes, Specific Population Only	8	24.2	24.2	42.4
No	11	33.3	33.3	75.8
Other	8	24.2	24.2	100.0
Total	33	100.0	100.0	



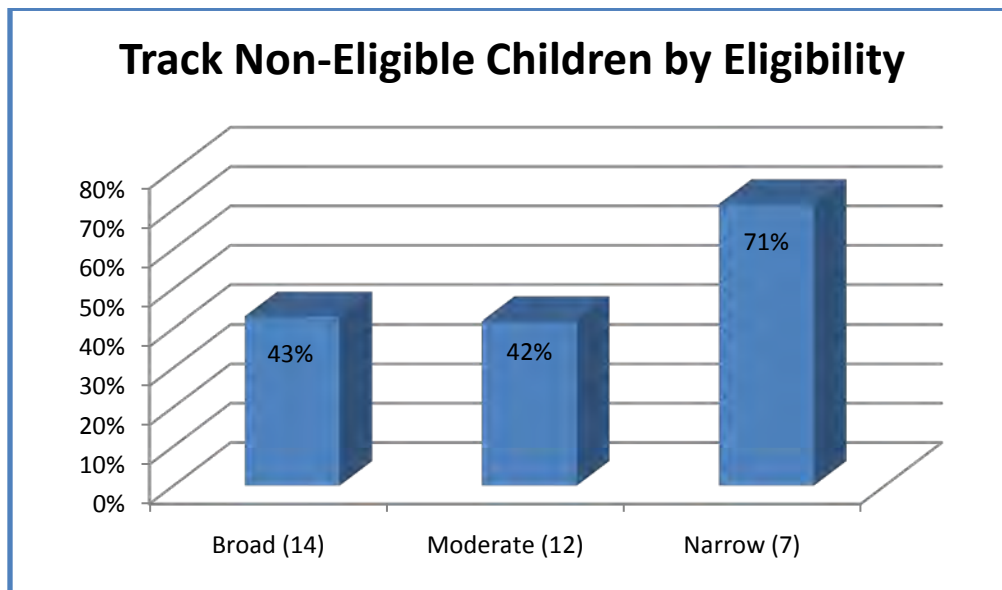
Thirty three states responded to this question. Fifty-one percent of states indicated they offer/provide developmental monitoring for children who do not meet the state’s criteria for eligibility.



The majority of states in the SERRC (100%) and the WRRRC (80%) track children who do not meet the state’s eligibility criteria. The majority of states in the MSRRC (100%), the NCRRC (83%) and the MPRRC (60%) do not track these children. States in the NERRC were equally split.



States with “other State Agencies” as the Lead Agency have a higher percentage of respondents who indicate that they track non-eligible children. Only 44% of states with Health Lead Agencies track non-eligible children.

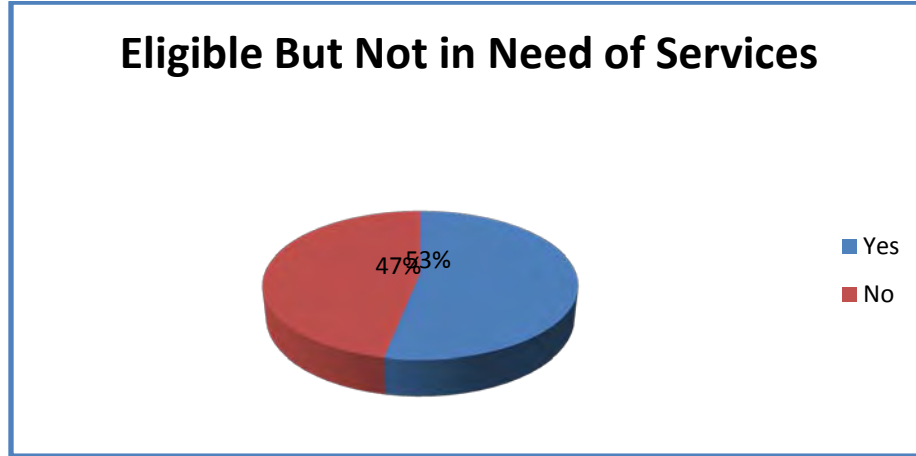


Less than 50% of states with Broad or Moderate eligibility criteria track children who do not meet the state’s eligibility criteria. Seventy-one percent of states with Narrow eligibility track non-eligible children.

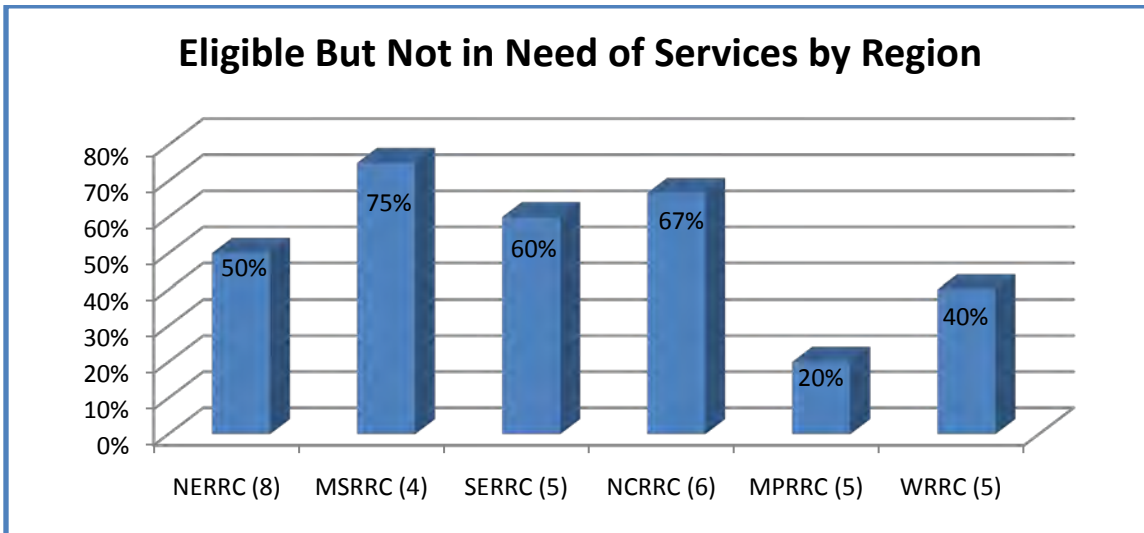
**4. Could a child be found eligible but not in need of services?**

**EligNoNeedforServices**

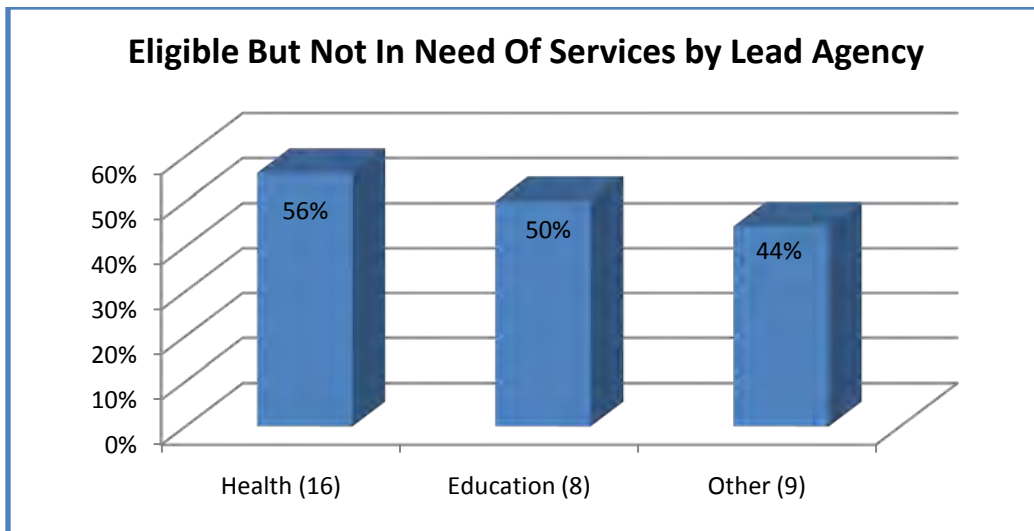
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	17	51.5	51.5	51.5
No	16	48.5	48.5	100.0
Total	33	100.0	100.0	



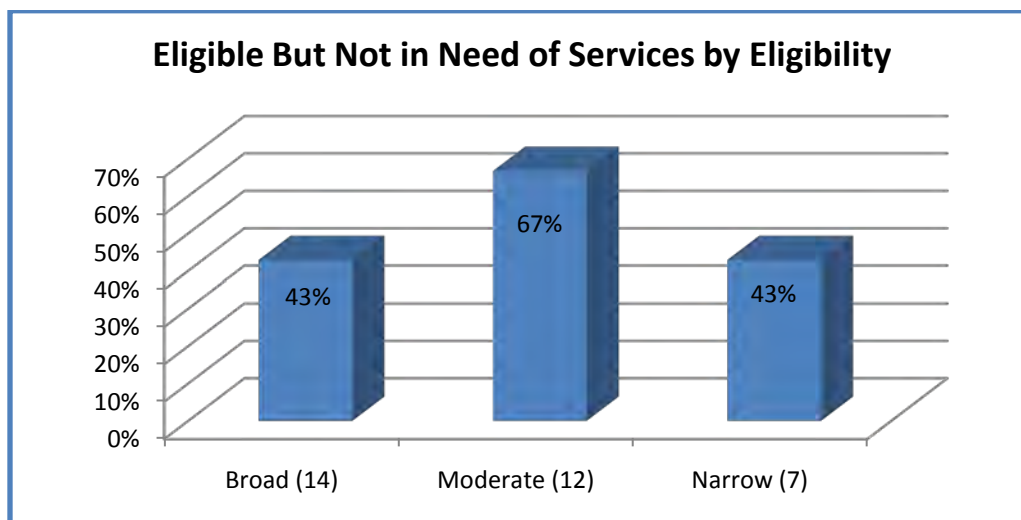
Thirty-two states responded to this question. Fifty-three percent of states indicated that children could be found eligible but not in need of services.



The MSRRC had the highest percentage of states (75%) that indicated that a child could meet their state’s eligibility criteria but not be in need or services. The MPRRC (20%) and the WRRC (40%) had the lowest response.



Health Lead Agencies had the highest percentage (56%) of states who can find children eligible but not in need of services.

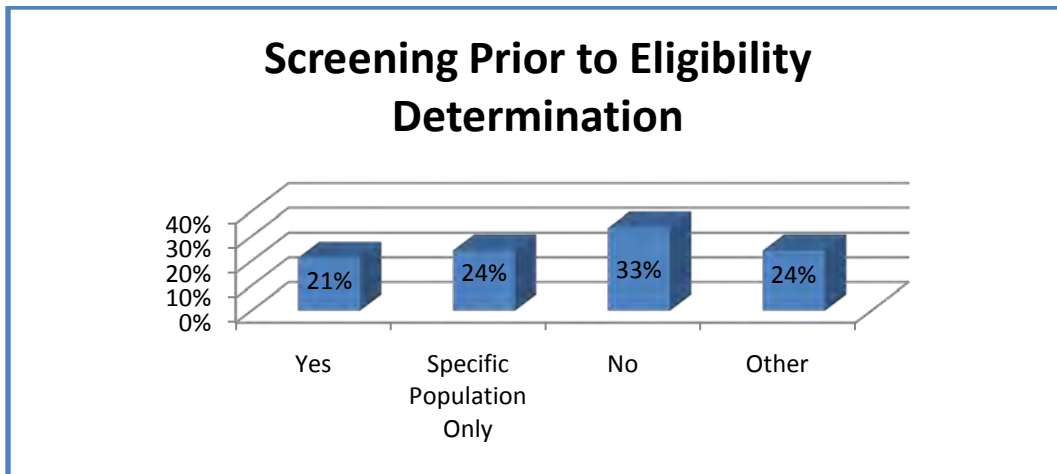


Moderate states responded at a higher level that a child could be eligible but not in need of services. States with Broad and Narrow eligibility had the same percentage of respondents (43%) that indicated the same.

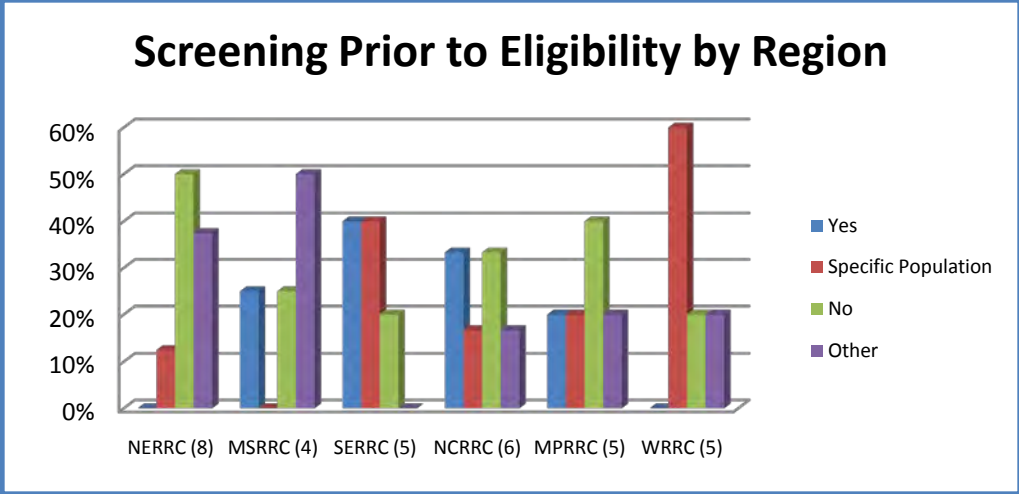
**5. Do you screen children who are referred prior to eligibility determination?**

**ScreeningprioritoED**

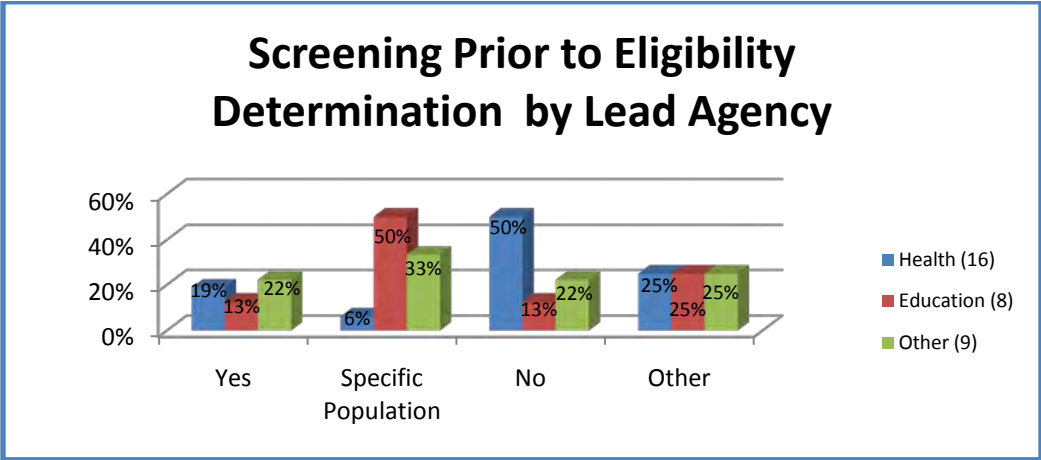
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	6	18.2	18.2	18.2
Yes, Specific Population Only	8	24.2	24.2	42.4
No	11	33.3	33.3	75.8
Other	8	24.2	24.2	100.0
Total	33	100.0	100.0	



All thirty-three states responded to this question. Thirty-three percent of the states indicated they do not screen children prior to eligibility determination. An additional 24% screen specific populations prior to eligibility determination. The states who indicated “Other” responded that screening was used in cases where the family wasn’t sure they wanted to move forward with eligibility determination or where there wasn’t sufficient clarity of whether there was a delay.



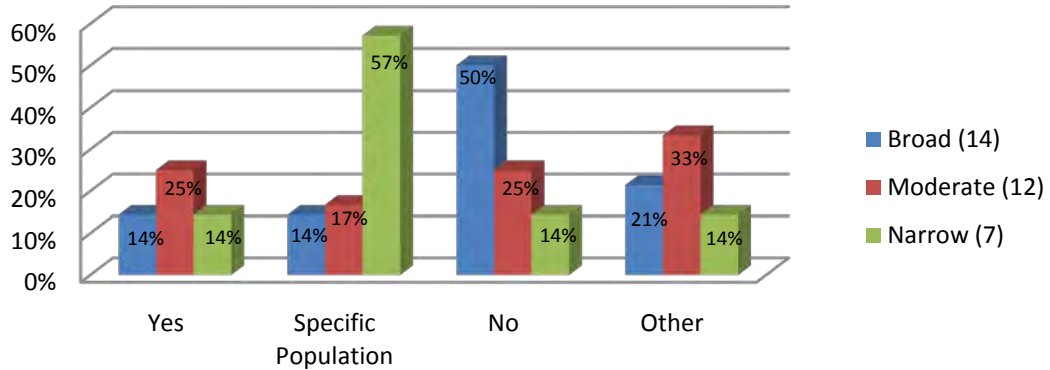
There were no states in the NERRC or the WRRC that conduct screening activities for all referrals prior to eligibility determination.



Fifty percent of states with Health as the Lead Agency do not screen prior to eligibility determination. Fifty percent of states with Education as the Lead Agency screen specific populations prior to eligibility.

Fifty percent of states with Broad eligibility do not screen children prior to eligibility determination. Fifty-seven percent of states with Narrow eligibility screen specific populations compared to 14% of Broad eligibility states and 17% of Moderate eligibility states.

## Screening Prior to Eligibility Determination by Eligibility



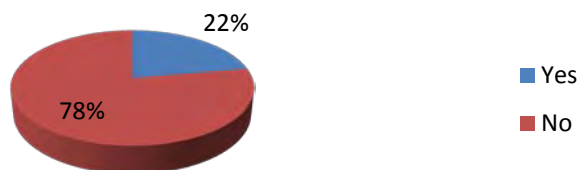
## Comprehensive System of Personnel Development Questions

1. Does your state have an early intervention credential/certification that is in addition to the required professional licensure?

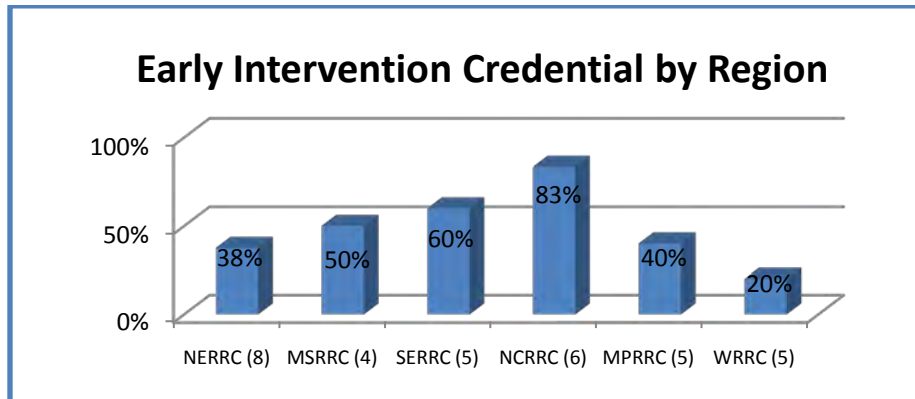
**EICredential**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	48.5	48.5	48.5
	No	15	45.5	45.5	93.9
	No response	2	6.1	6.1	100.0
	Total	33	100.0	100.0	

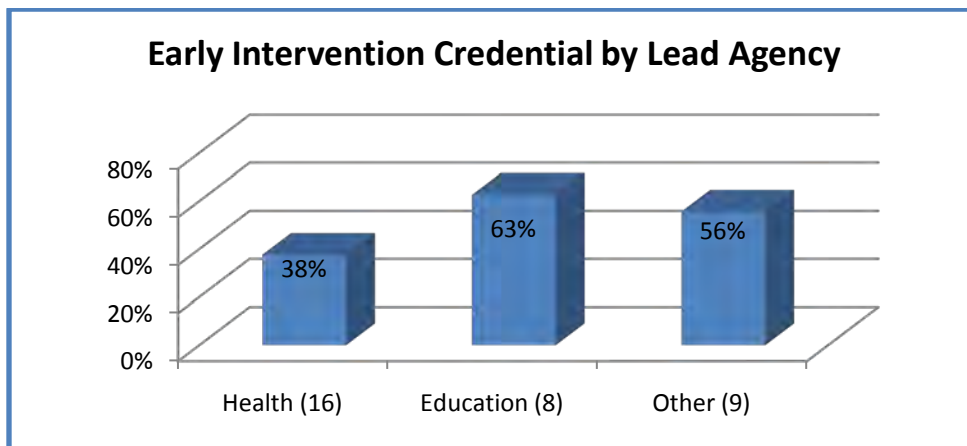
## Early Intervention Credential



Thirty-one states responded to this question. Only 22% indicated that they had an early intervention credential/certification system.

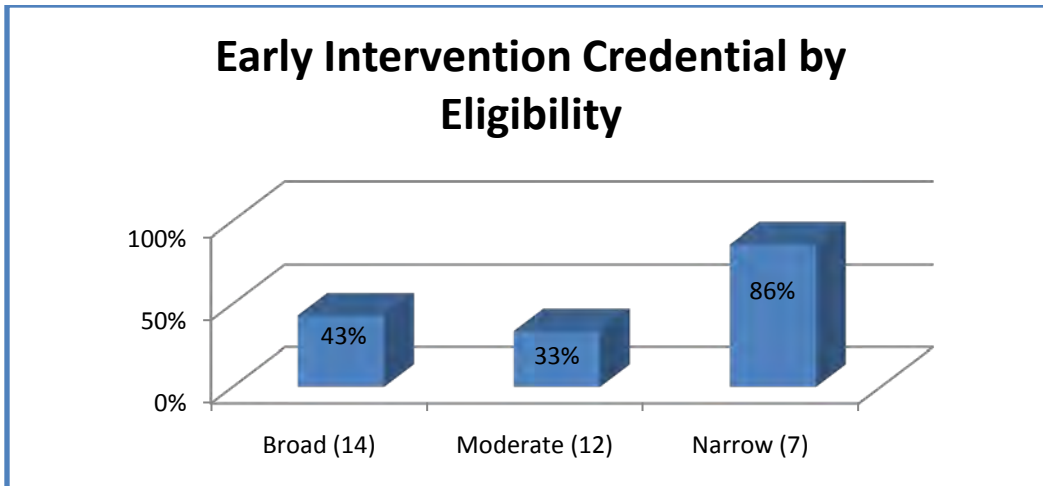


In looking at this question by region, the states response to this question ranged from a high of 83% in the NCRRC to a low of 20% in the WRRRC.

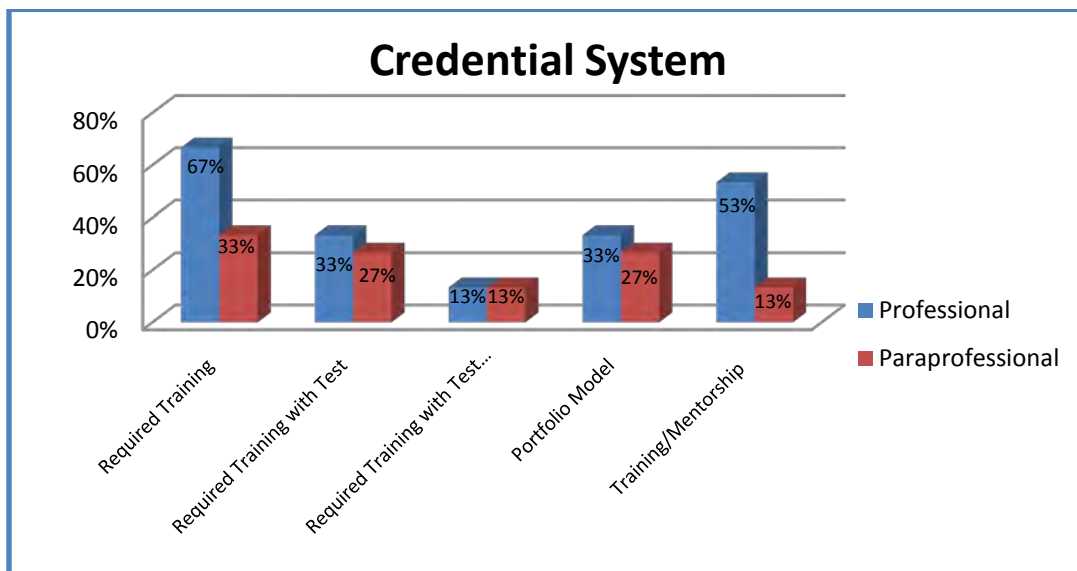


Education Lead Agencies had the highest percentage of states that offer an early intervention credential.

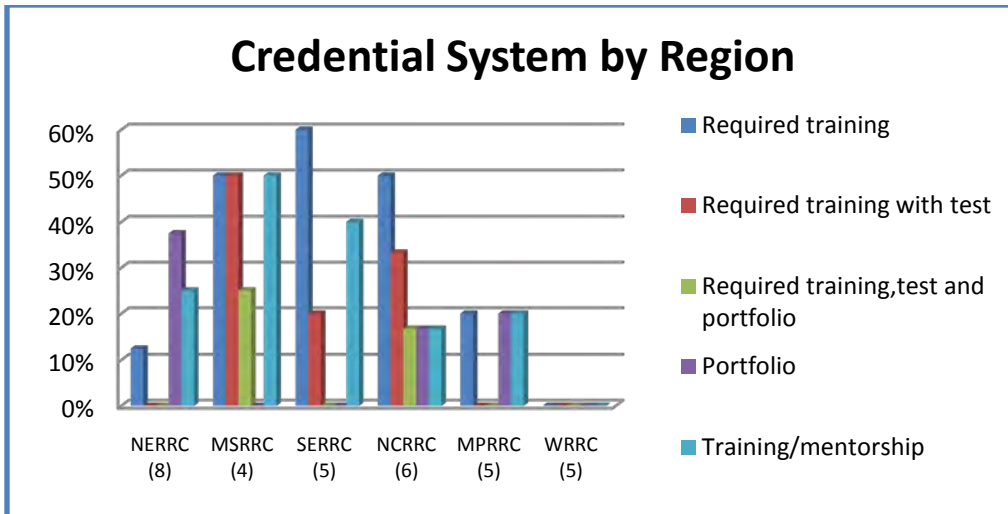
There is a significant difference between states with Narrow eligibility (86%) that require an early intervention credential and states with Moderate eligibility (33%).



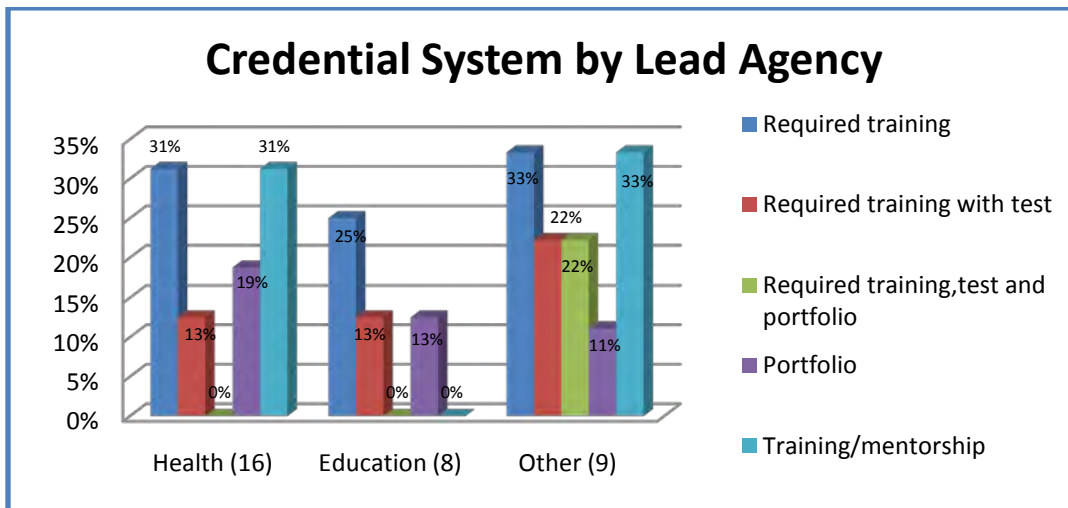
2. If yes, describe the credential or certification system for early intervention personnel. Check all that apply.



Fifteen of the states with a credential system responded to this question. Sixty-seven percent of the respondents indicated that there was required training for the professionals in their system. Only 33% indicated they had required training for paraprofessionals. Fifty-three percent of the respondents indicated that training and mentoring were part of their system for professionals while only 13% had the same requirement for paraprofessionals.



There are significant differences across the regions related to the credential system. There were no states in the WRCC that responded to this question. At least one state in the NCRRC utilized one of the credentialing methods. Fifty percent of the states in the MSRRC reported that their credential system was composed on required training, testing and mentorship.

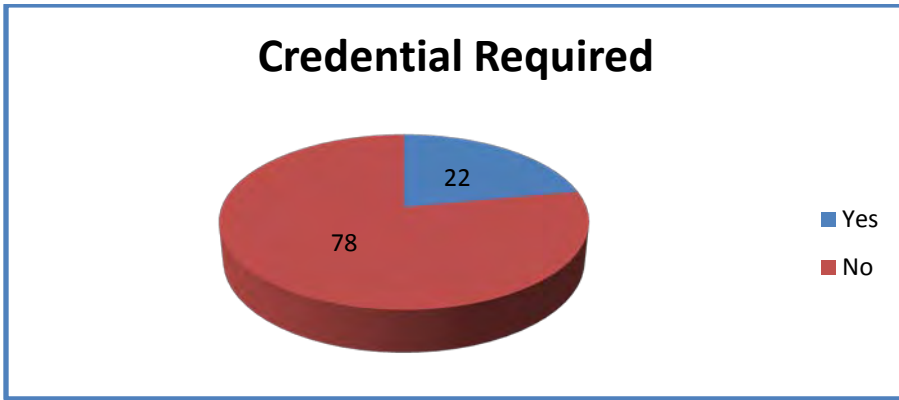


Health Lead Agencies (31%) and Other State Agency Leads (31%) have required training and mentoring as the major component of their credential system. Twenty-two percent of states with “Other State Agencies” as the lead use a portfolio approach. States with “Other State Agencies” as the lead are also the only ones to use all five approaches. There were no significant differences across eligibility categories.

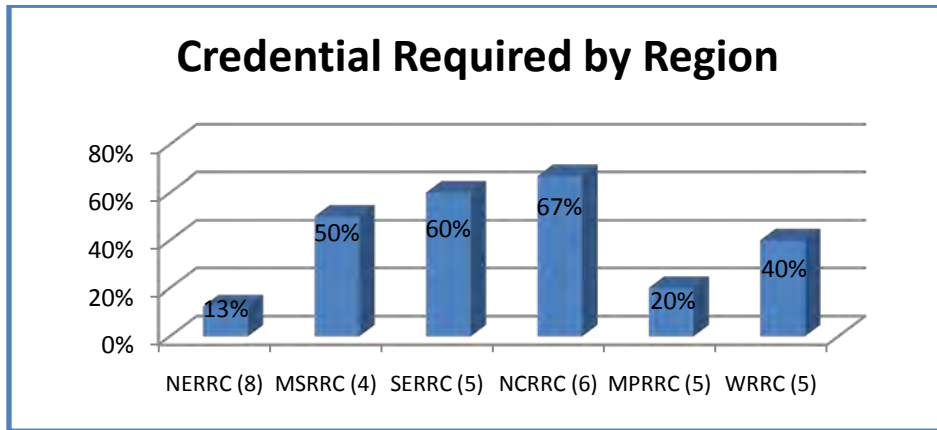
### 3. Is the credential/certification voluntary?

**Credential Voluntary**

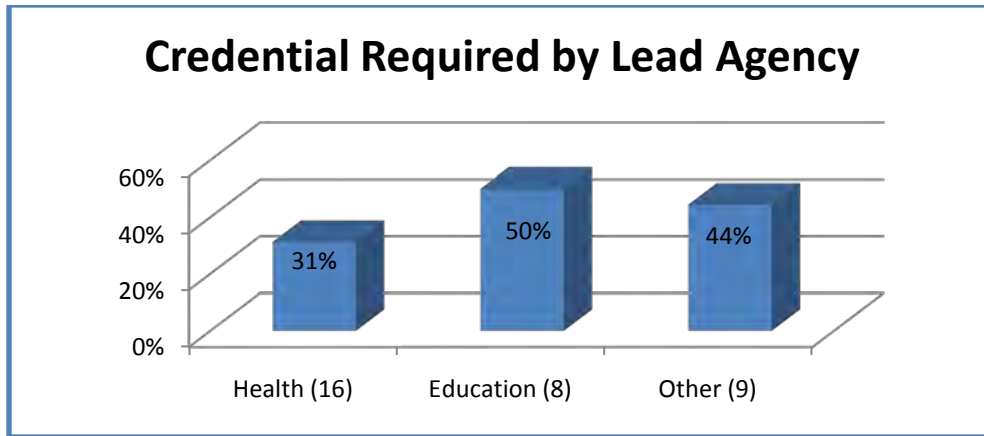
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	4	12.1	12.1	12.1
No	13	39.4	39.4	51.5
No Response	16	48.5	48.5	100.0
Total	33	100.0	100.0	



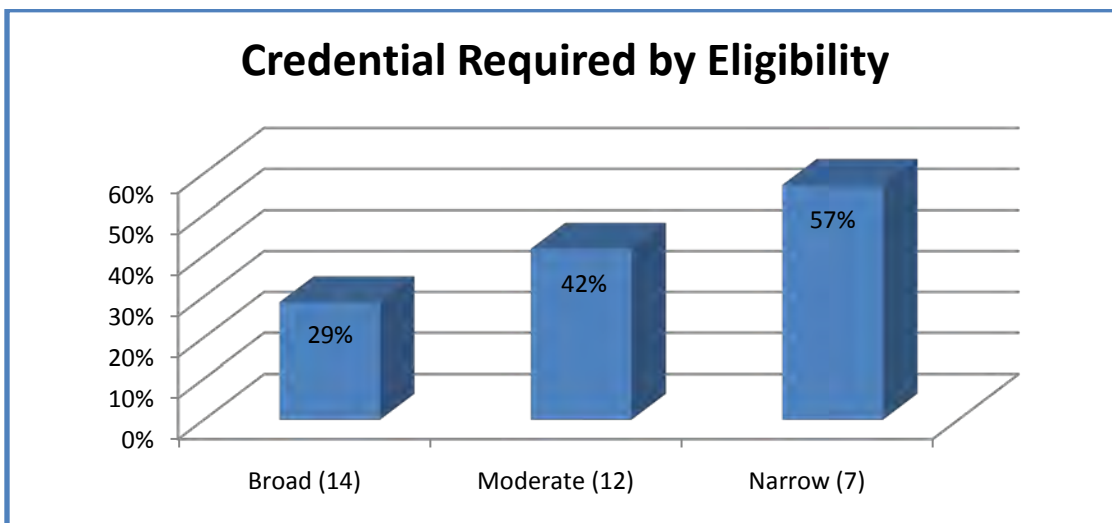
Eighteen states responded to this question. Only 22% of the states indicated that the credential/certification was voluntary. Seventy-eight percent indicated that the certification was a requirement.



The percentage of states that require a credential/certification ranges from a low of 13% in the NERRC and a high of 67% in the NCRRC.



Education as the Lead Agency had the highest percentage (50%) of states that require the early intervention credential.

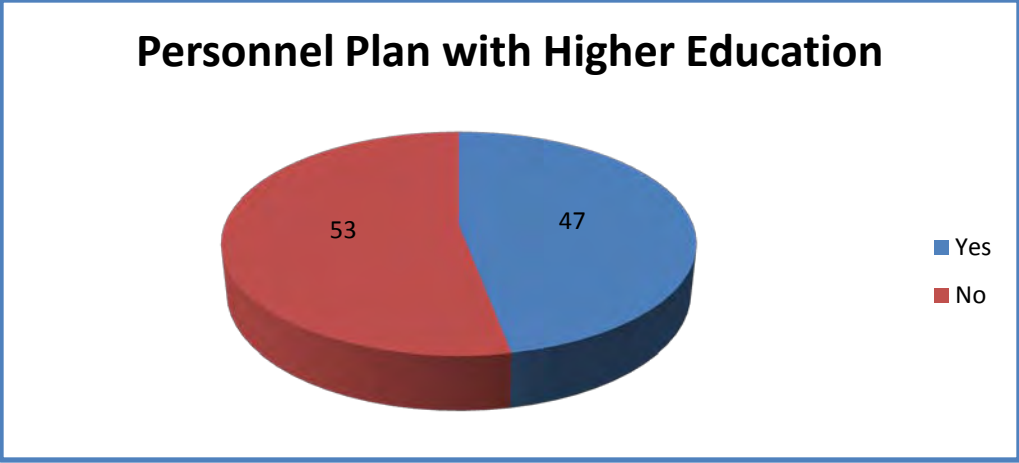


Fifty-seven percent of states with Narrow eligibility require an early intervention credential compared to 29% of states with Broad eligibility.

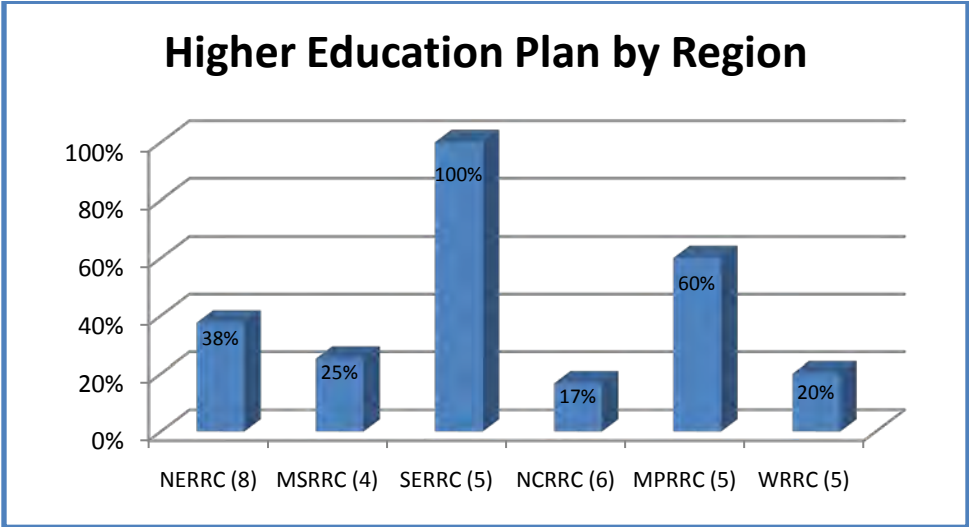
**4. Have you developed a plan/agreement with higher education institutions to address personnel preparation issues as well as personnel shortages?**

**HigherEdPlan**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	42.4	42.4	42.4
	No	16	48.5	48.5	90.9
	No Response	3	9.1	9.1	100.0
	Total	33	100.0	100.0	

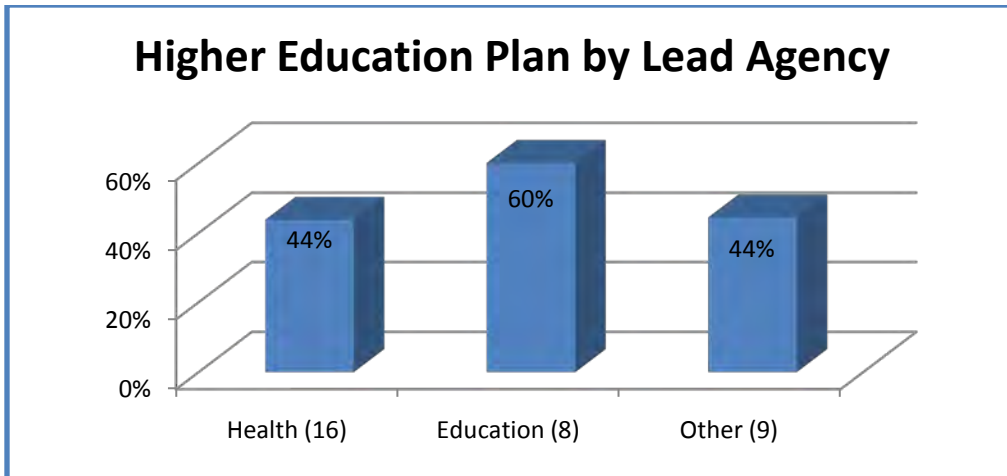


Thirty states responded to this question. The majority of states (53%) do not have a plan with higher education institutions to address personnel preparation activities.

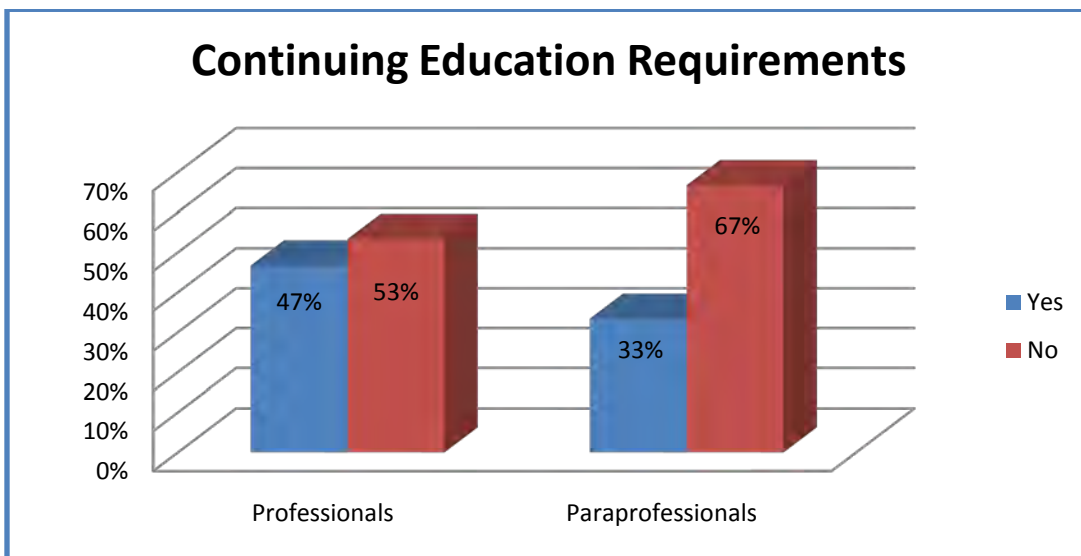


All states in the SERRC that responded to this question indicated they had a plan with higher education institutions. The NCRRC had the lowest percentage of states with agreements with higher education institutions.

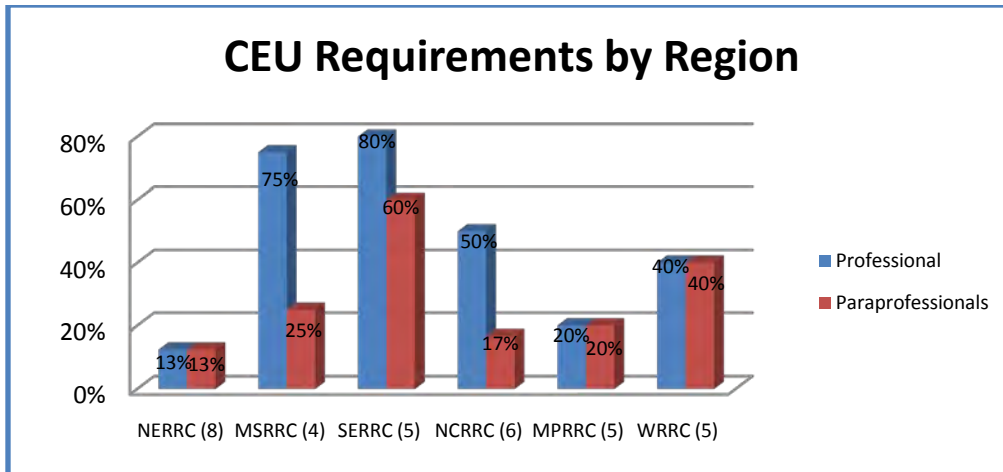
Education Lead Agencies have the highest percentage (60%) of states that have developed an agreement with higher education institutions. There were no differences across eligibility categories.



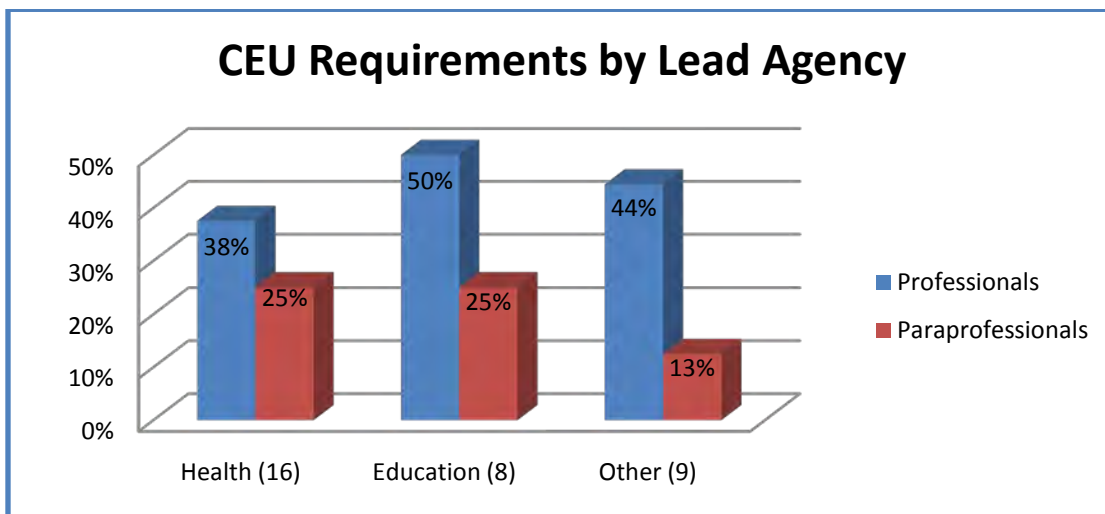
**5. Are personnel required to get continuing education units (CEUs) specific to early intervention?**



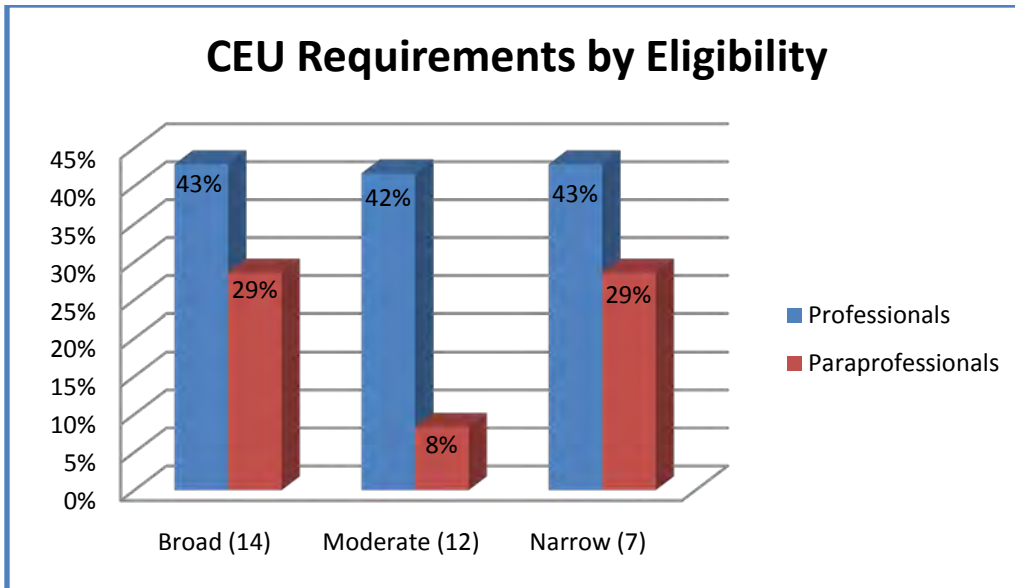
Thirty states responded to this question. The majority of states indicated that they do not require continuing education units for either professionals (53%) or paraprofessionals (67%) specific to early intervention.



The NERRC region has the lowest percentage of states (13%) that require CEUs. The SERRC has the highest percentage of states that require CEUs for professionals (80%) and paraprofessionals (60%).



Education Lead Agencies have the highest percentage of states (50%) that require CEUs for professional early intervention staff. Regardless of lead agency, the percentage of states that require CEUs for paraprofessionals is low.

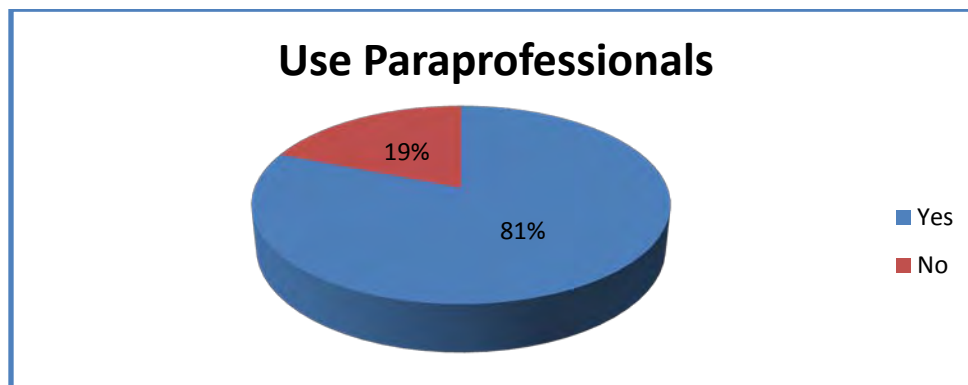


While the percentage of states across eligibility that require CEUs for professionals was consistent, there was a difference when looking at the percentage of states that require CEUs for paraprofessionals. Only 8% of states with Moderate eligibility require CEUS compared to 29% of states with Broad or narrow eligibility.

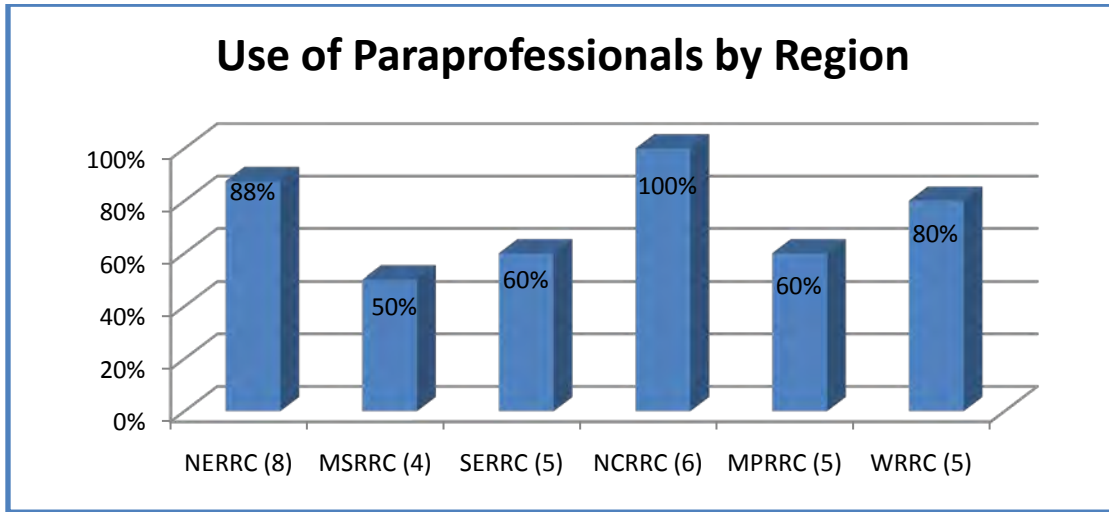
#### 6. Do you use paraprofessionals for service delivery?

**ParaforService**

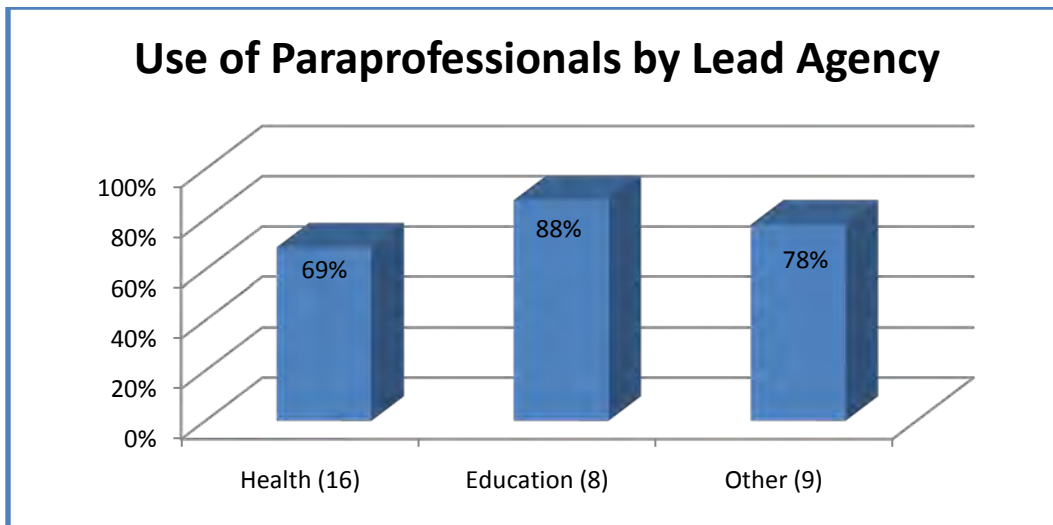
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	75.8	75.8	75.8
	No	6	18.2	18.2	93.9
	No Response	2	6.1	6.1	100.0
	Total	33	100.0	100.0	



Thirty-one states responded to this question. Eighty-one percent indicated they used paraprofessionals to deliver early intervention services.

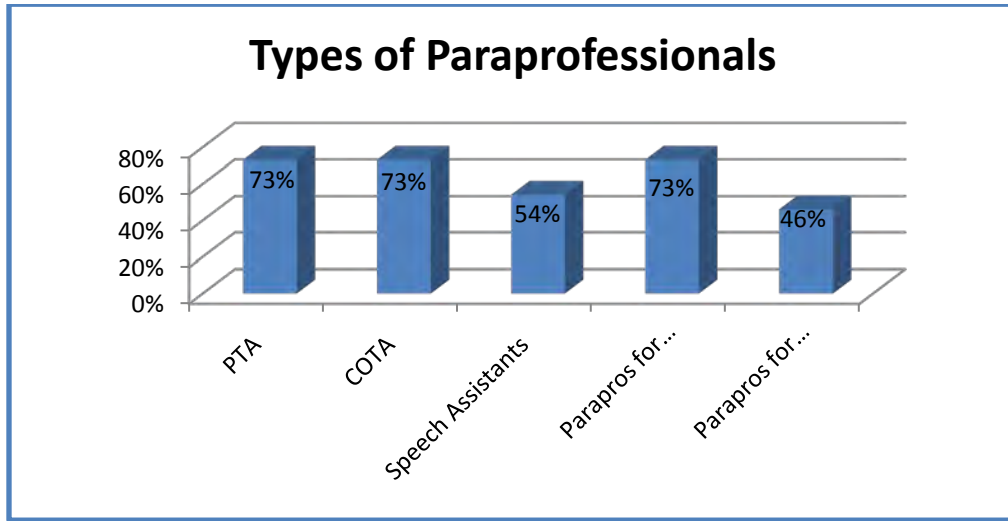


While the majority of states in each region use paraprofessionals, the percentage of use ranges from a low of 50% in the MSRRC and a high of 100% in the NCRRC.

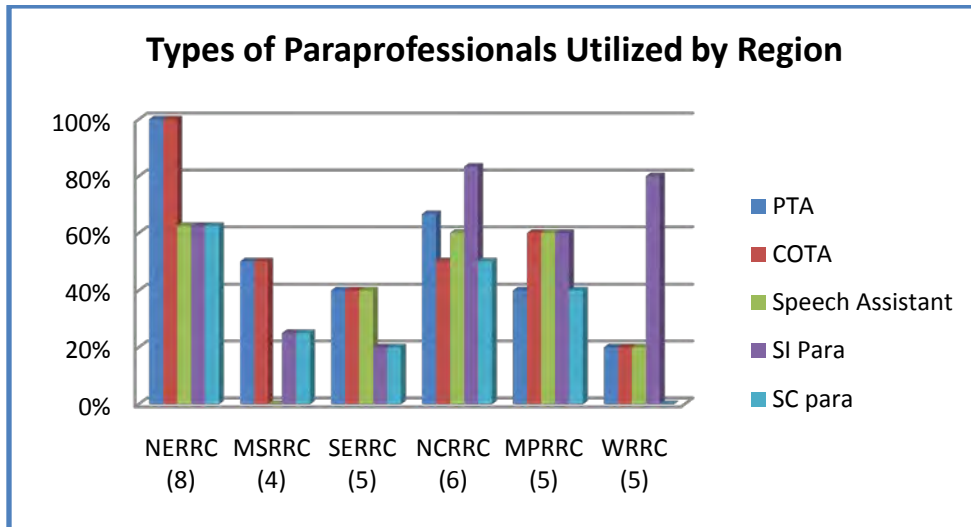


Health Lead Agencies had the lowest percentage of states that utilize paraprofessionals. When looking at the responses by eligibility, the percentage of states utilizing paraprofessionals ranged from a high of 86% in states with Narrow eligibility to a low of 71% of states with Broad eligibility.

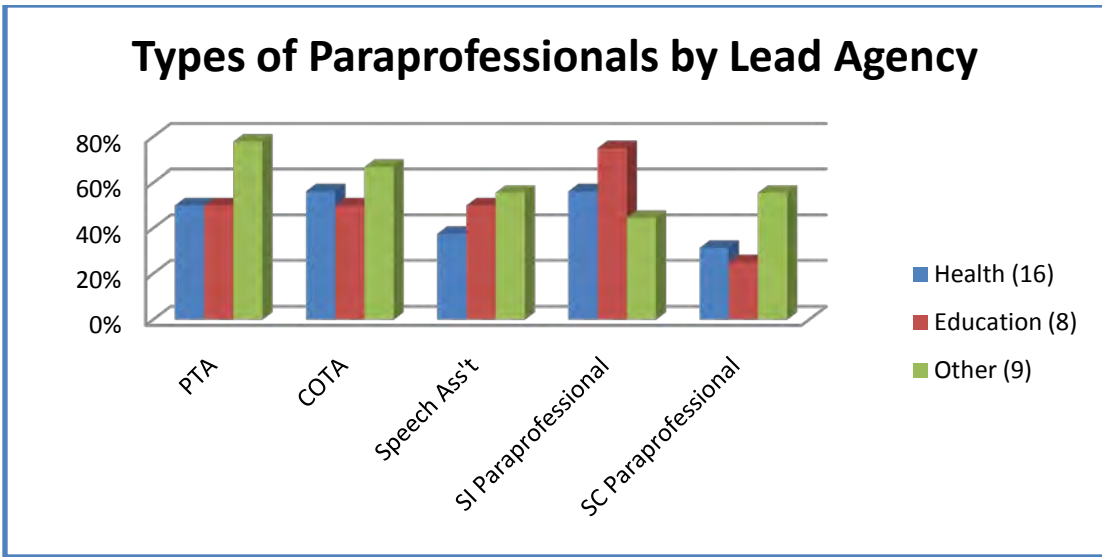
**7. Which type of paraprofessionals do you utilize?**



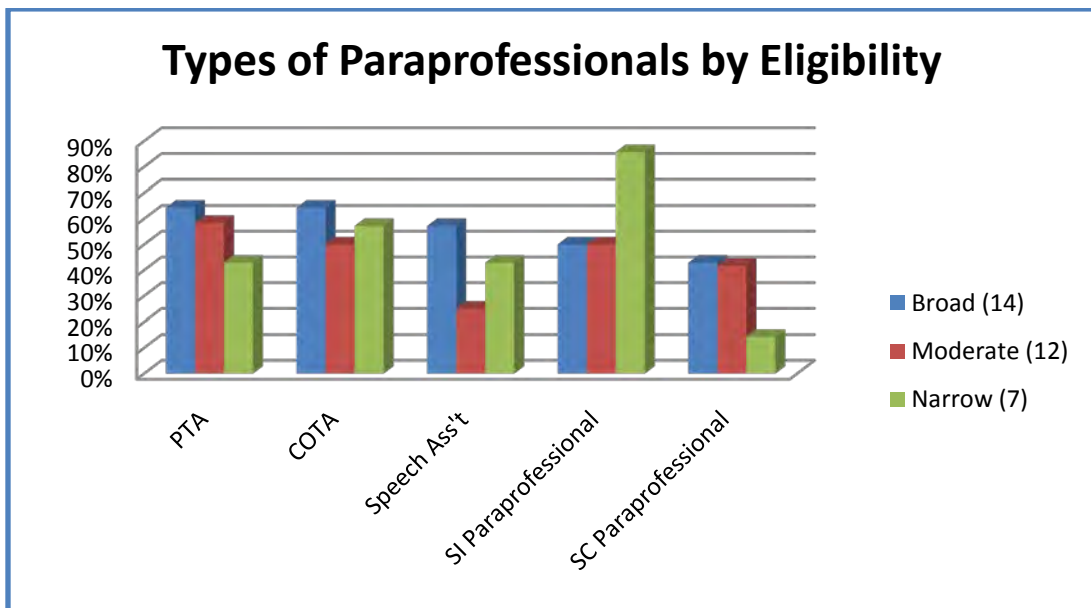
Twenty-six states responded to this question. Seventy-three percent of the respondents utilize PTAs, COTAs and paraprofessionals qualified to provide special instruction.



Across all regions, the most frequently used paraprofessional is the PTA and the COTA. The MSRRC does not utilize Speech Assistants and the WRRRC does not utilize Service Coordination paraprofessionals.



With the exception of Special Instruction paraprofessionals, States with “Other State Agencies” as the lead have the highest percentage of utilization of the various paraprofessionals.

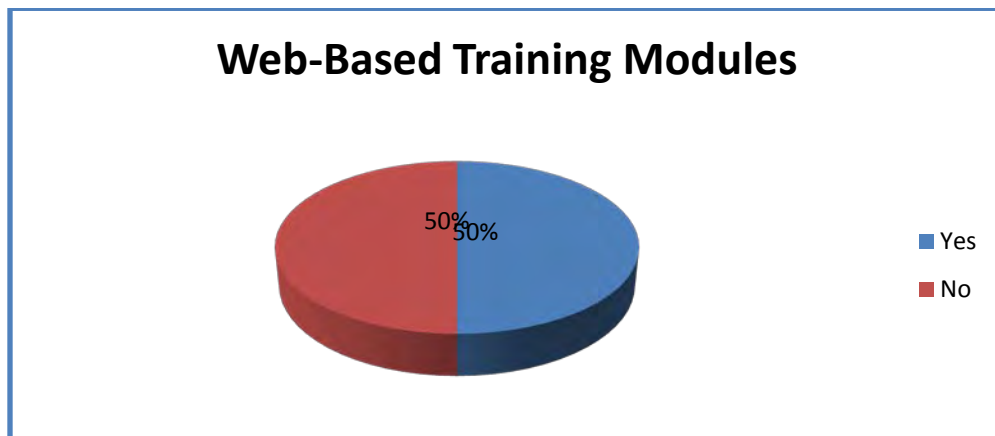


States with Broad eligibility have the highest percentage of use across all types of paraprofessionals with the exception of special instruction paraprofessionals. States with Narrow eligibility have the highest utilization (86%) of special instruction paraprofessionals. The paraprofessional with the lowest utilization across all eligibility categories is the service coordination paraprofessional.

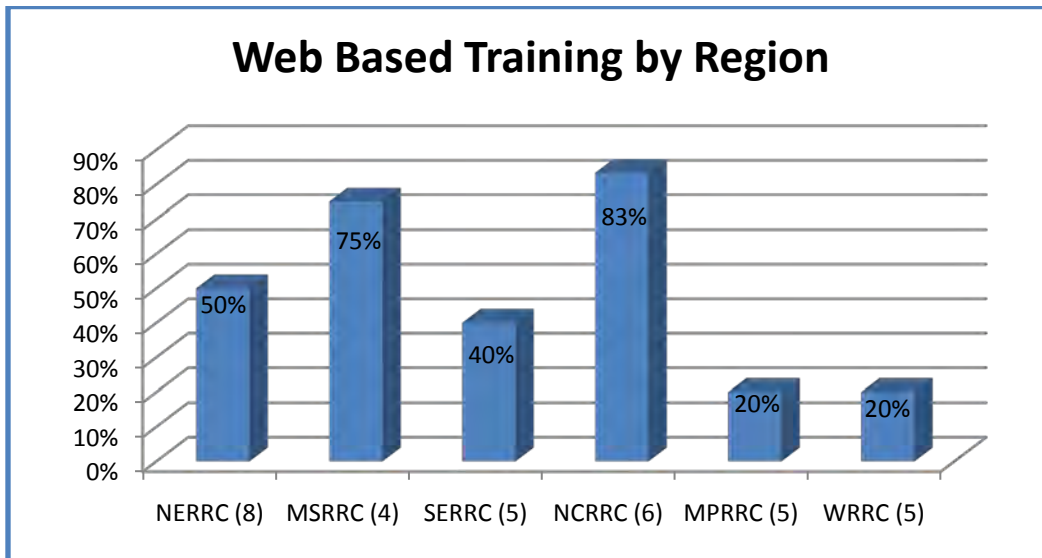
**8. Has your state developed web-based training modules?**

**Webtraining**

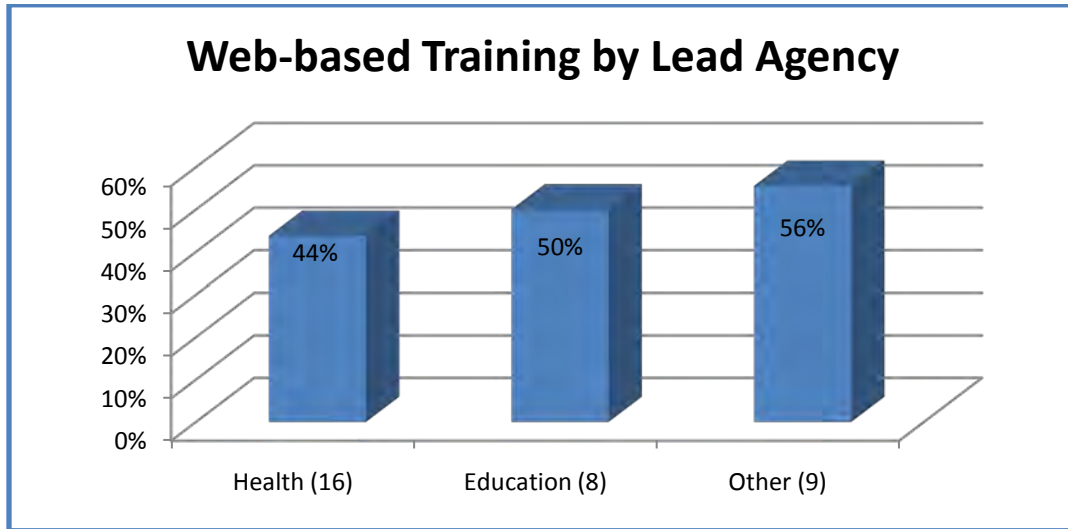
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	48.5	48.5	48.5
	No	16	48.5	48.5	97.0
	No Response	1	3.0	3.0	100.0
	Total	33	100.0	100.0	



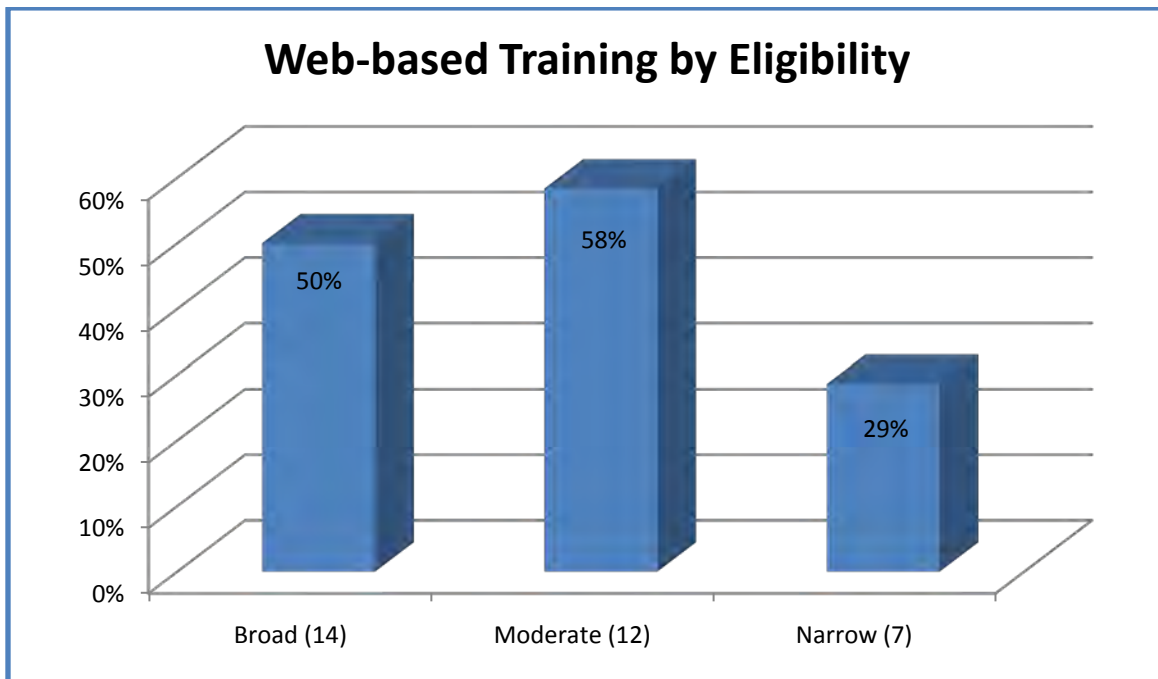
Thirty-two states responded to this question. The states were evenly split between those who have developed modules and those who have not.



The NCRRC has the highest percentage of states that indicated they have developed web-based training modules. The MPRRC and the WRRRC have the lowest percentage (20%) of states that have developed web-based modules.

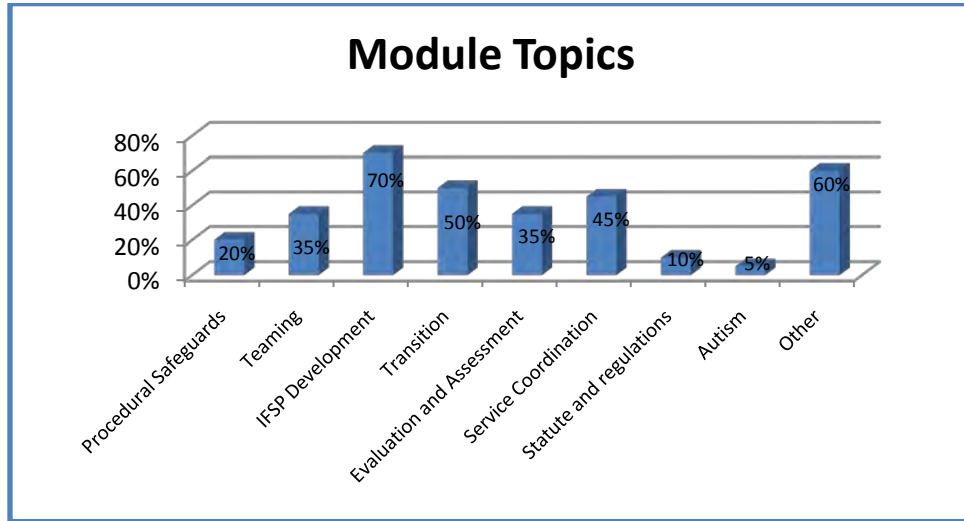


States in Health Lead Agencies had the lowest percentage (44%) related to Web-based Training.



Narrow eligibility states had the lowest response rate (29%) for web-based modules.

**9. Please check any topics that you have developed into modules.**

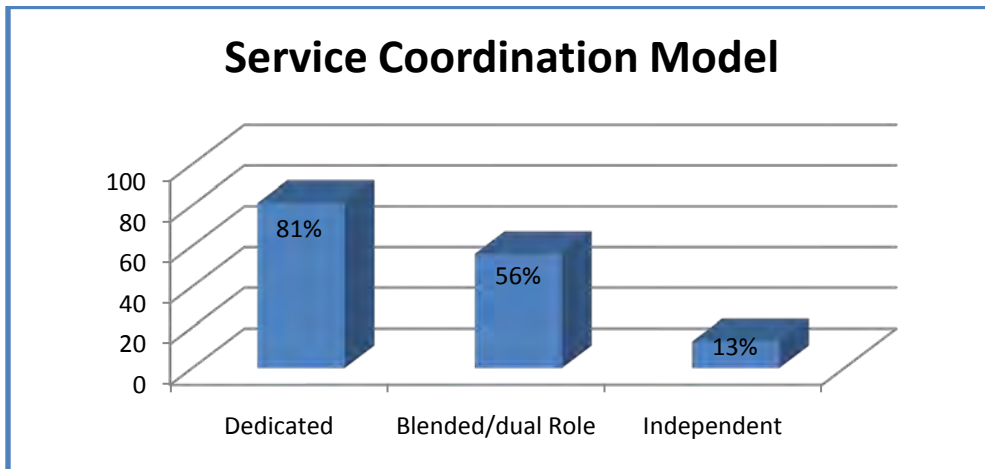


Twenty states responded to this question. Seventy percent of the states that responded indicated they had a module on IFSP Development. Forty-five percent of the states had a module related to service coordination. Additional topics identified in the “Other” category include: IFSP Outcomes; Infant Mental Health, Brain Development; Family Centered Services; Cultural Awareness; and Orientation to Early Intervention.

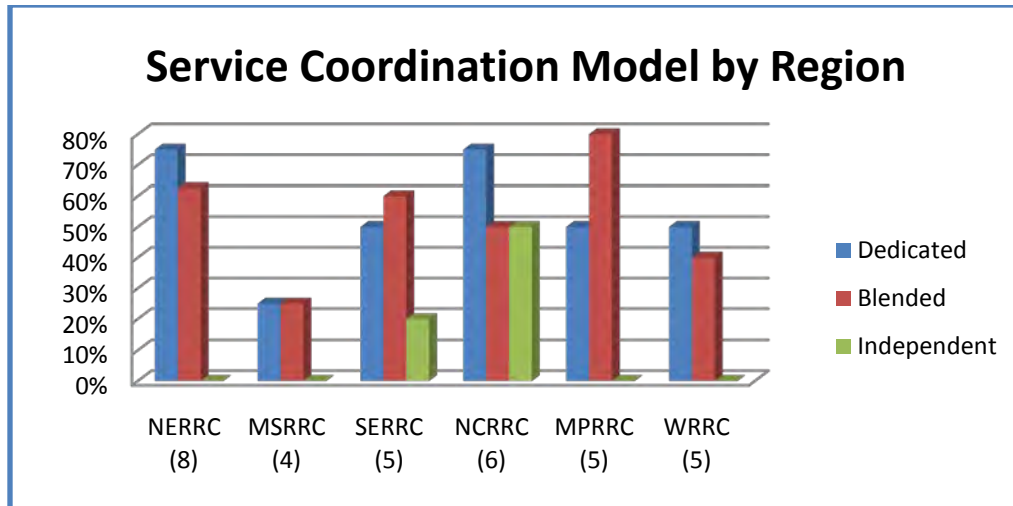
### Service Coordination

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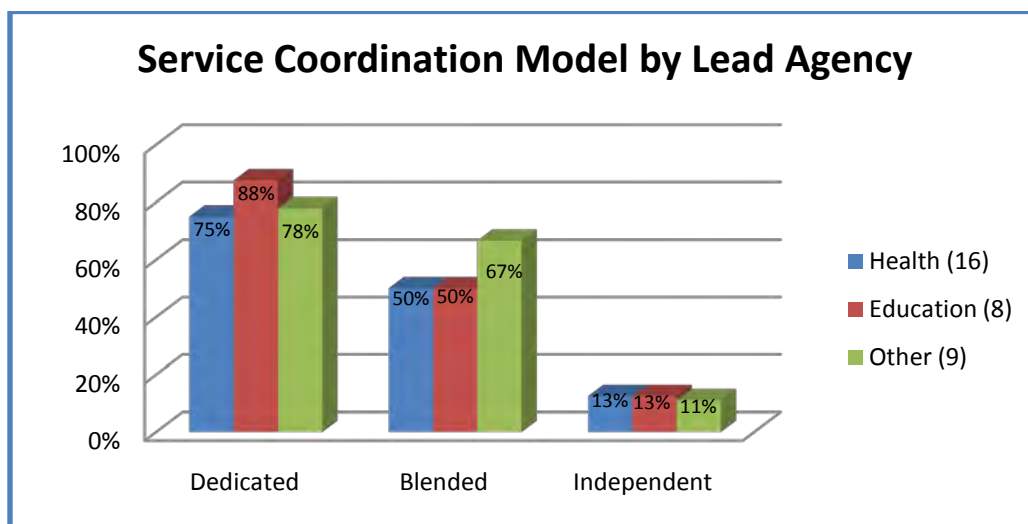
**1. Describe your service coordination model as it pertains to all service coordinators regardless of how they are employed or contracted. Check all that apply.**



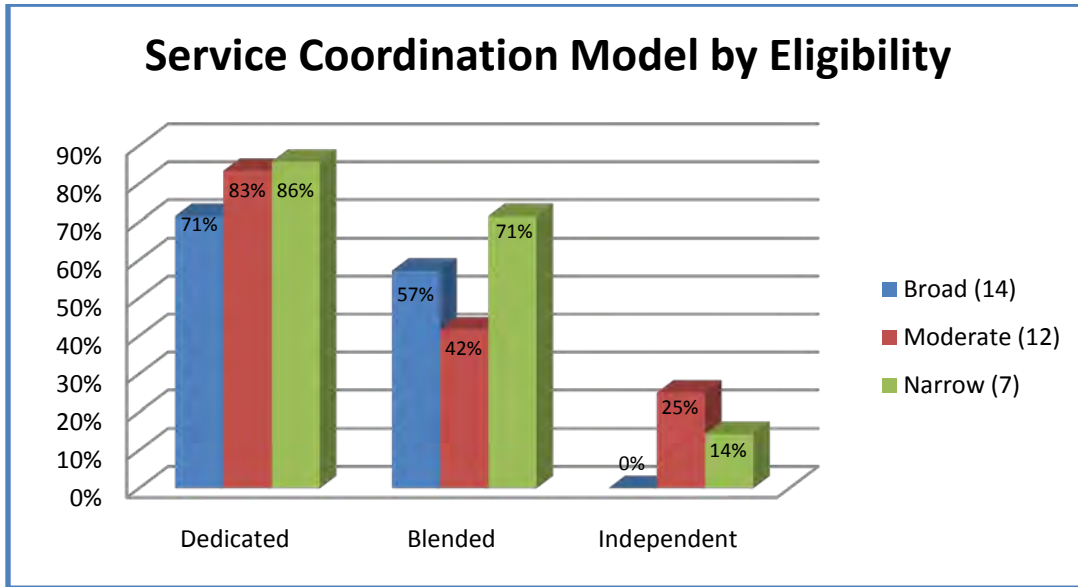
Thirty-two states responded to this question. Eighty-one percent of the respondents indicated that they used a dedicated model of service coordination (individual provides service coordination only). Only 13% of states utilize an independent model (agency does not provide other Early Intervention services) of service coordination. Forty-one percent of the states utilized more than one model.



The NERRC and the NCRRC have the highest percentage (75%) of states that indicate they use dedicated service coordinators. The MPRRC has the highest percentage (80%) of states that use a blended model of service coordination. The SERRC and the NCRRC are the only regions that utilize an independent model of service coordination.

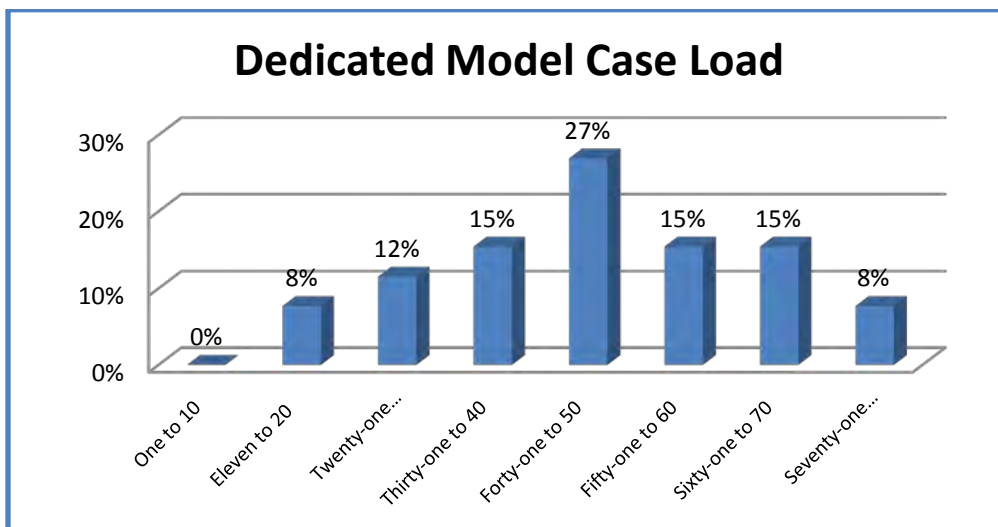


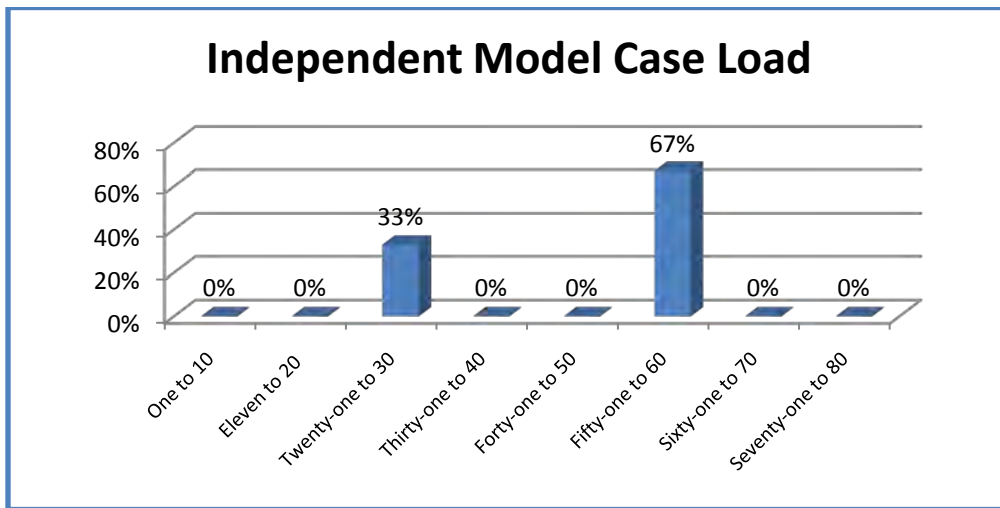
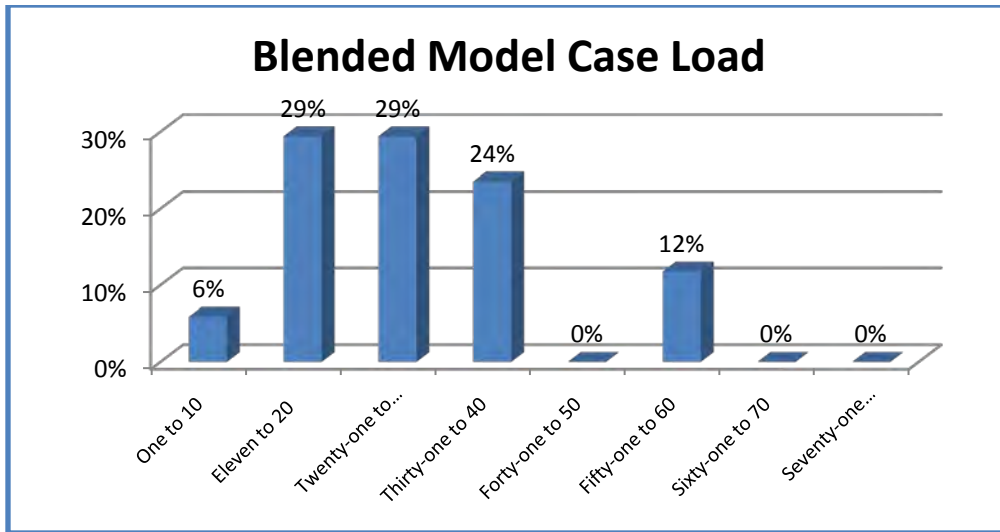
The least utilized model of service coordination is the independent model. Across lead agency, the dedicated model is most frequently used.



Consistent with the analysis by Lead Agency, the dedicated model is the dominant model used regardless of eligibility. Narrow eligibility states also have a high utilization (71%) of the blended model.

## 2. What is the average case load by service coordination model?



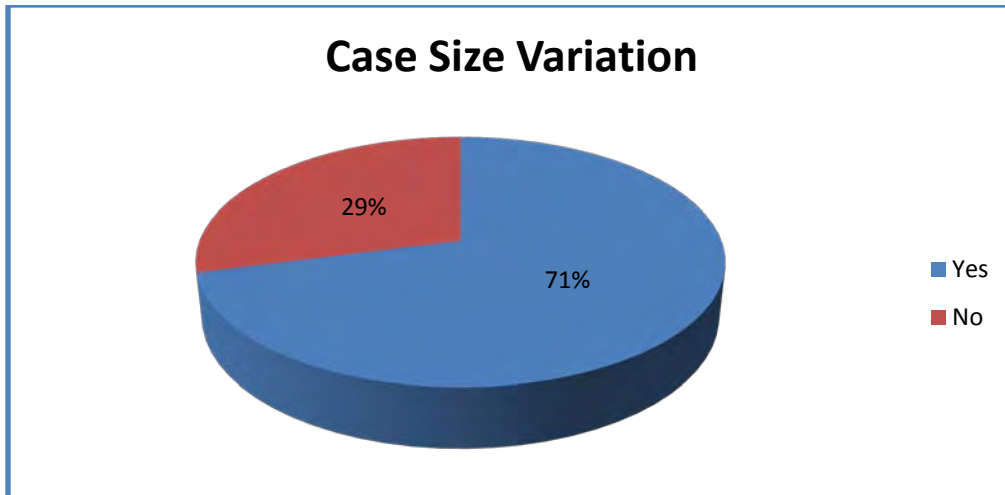


Twenty-nine states responded to this question. There was significant variation based on the model utilized.

**3. Is there any variation on case load size based on the intensity of the child/family's needs?**

**Variation in case size**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	66.7	66.7	66.7
	No	9	27.3	27.3	93.9
	No Response	2	6.1	6.1	100.0
	Total	33	100.0	100.0	

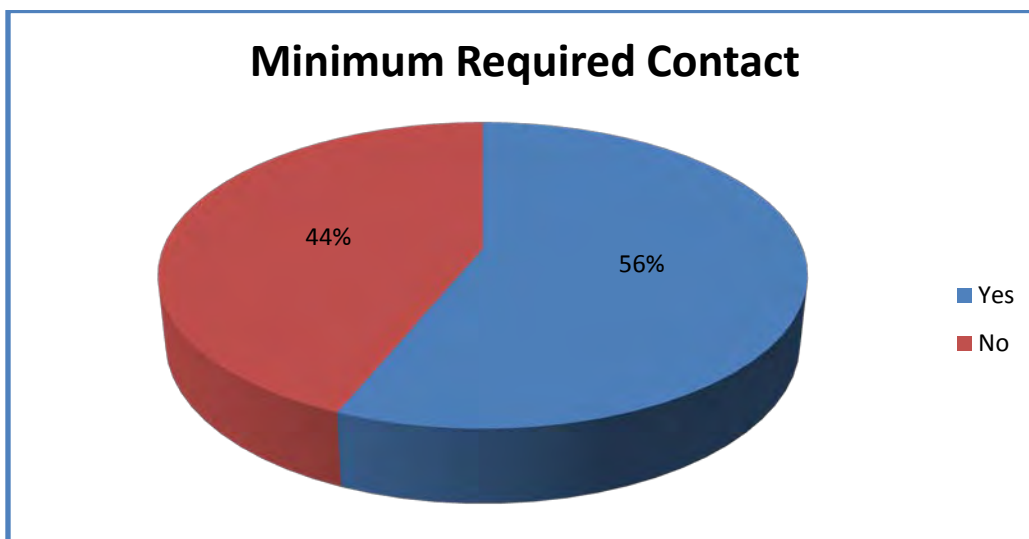


Thirty-one states responded to this question. Of those responding, seventy-one percent indicated that case size does vary depending on the intensity of need.

#### 4. Do you have a minimum contact requirement with families?

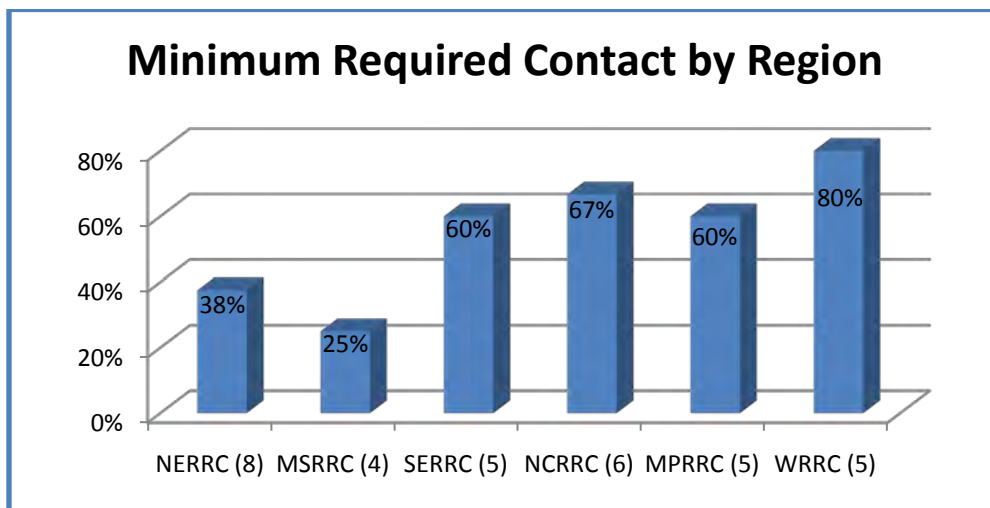
minimumrequiredcontact

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	54.5	54.5	54.5
	No	14	42.4	42.4	97.0
	No Response	1	3.0	3.0	100.0
Total		33	100.0	100.0	



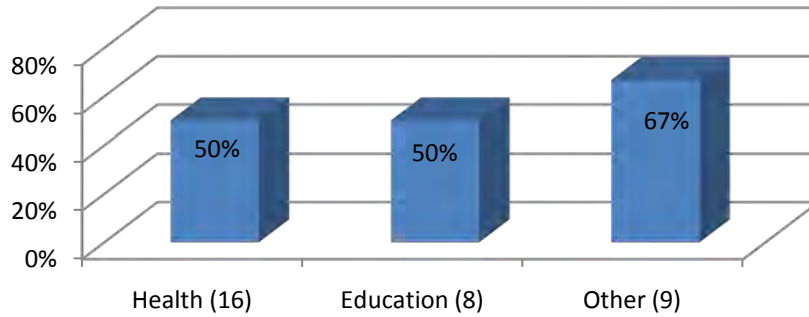
Thirty-two states responded to this question. Fifty-six of the respondents indicated they do have a required minimum contact. The following are the minimum contact requirements described by the states:

- Every three months;
- At least quarterly;
- Once every 45 days;
- Every 90 days;
- Once a month;
- Once every six months; and
- Every other month.



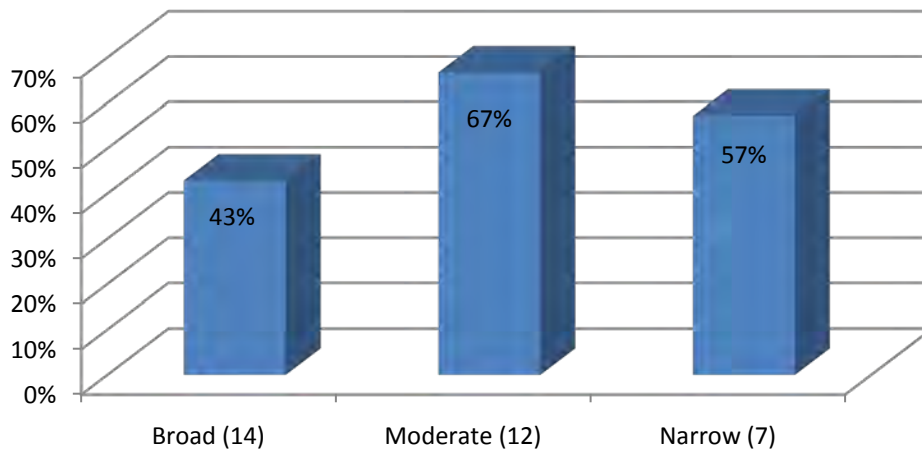
The MSRRC has the lowest percentage (25%) of states that require a minimum contact with families. The WRRRC has the highest percentage of states with minimum contact requirements.

### Minimum Required Contact by Lead Agency



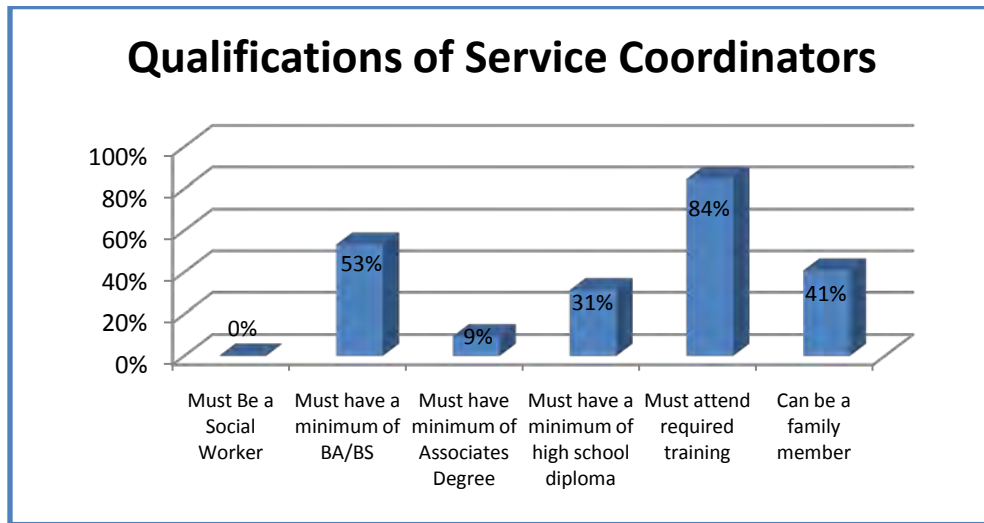
Sixty-seven percent of states with “Other State Agencies” as the lead require a minimum contact with families. This compares to 50% of states with Health and Education lead agencies

### Minimum Required Contact by Eligibility



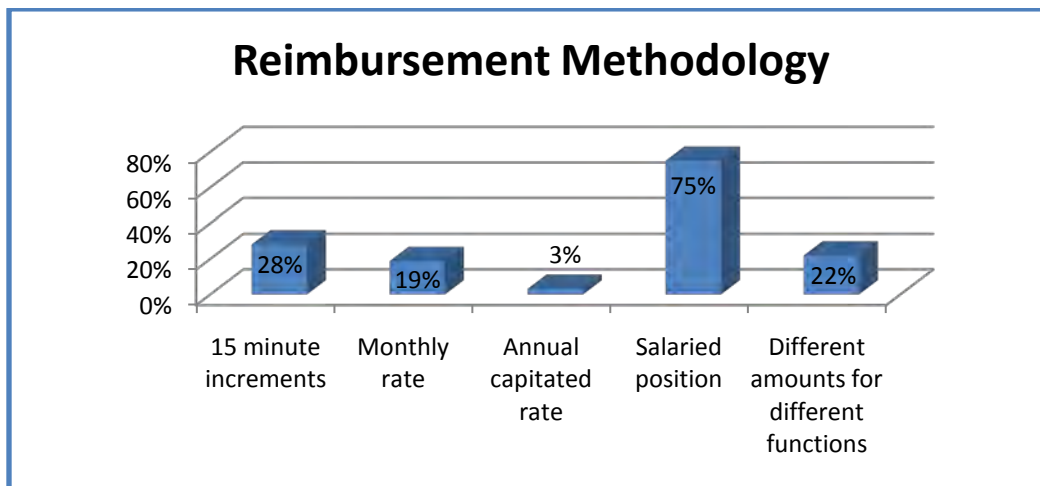
A higher percentage of states (67%) with Moderate eligibility have required minimum contacts by service coordinators. Only 43% of states with Broad eligibility have required contacts.

5. Which statements apply to intake/ongoing service coordinators? Check all that apply



Thirty-two states responded to this question. Fifty-three percent of the states indicated that a bachelor’s degree was required for service coordinators. Eighty-four percent indicated that all service coordinators are required to attend training. Less than half of the states (41%) indicated that being a family member of a child with a disability would qualify an individual to be a service coordinator. Of those states, 54% of them had “Other State Agencies” as their lead agency.

6. What method of reimbursement applies to service coordination? Check all that apply.

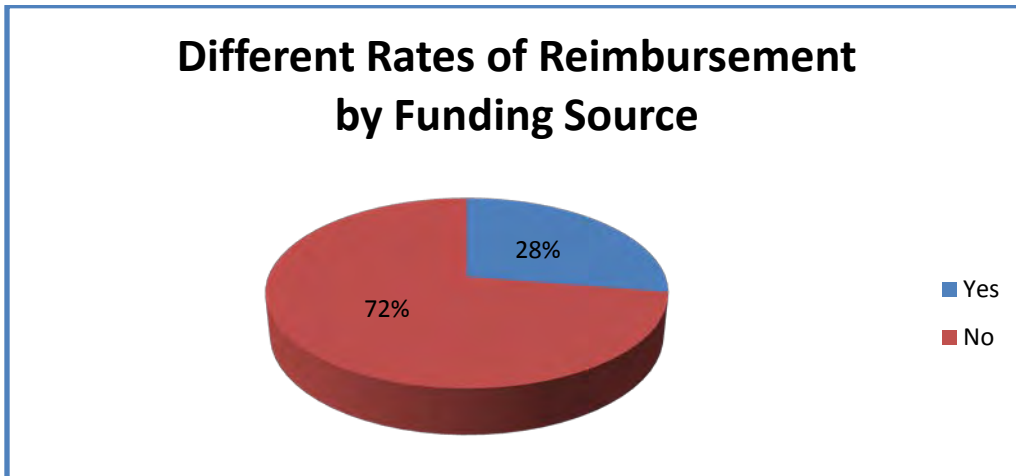


Thirty-two states responded to this question. Seventy-five percent of the states use salaried positions to provide service coordination.

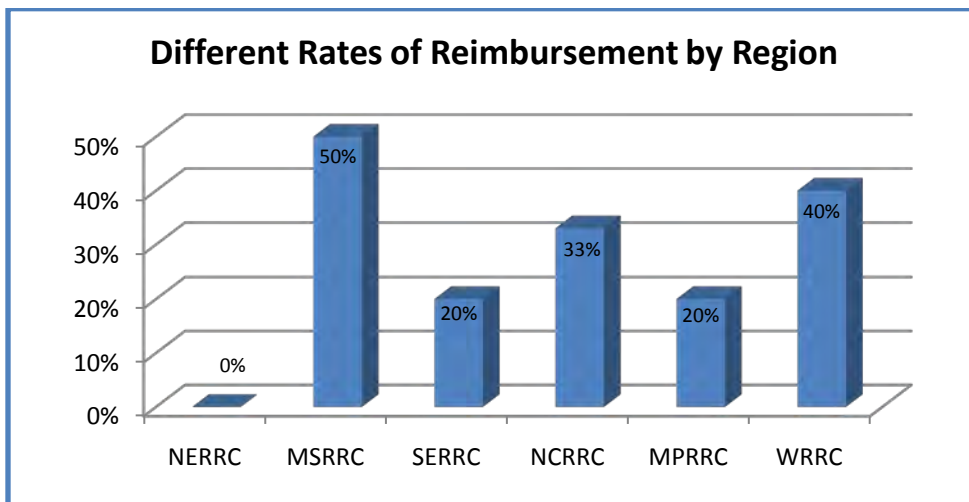
**7. Does the rate of reimbursement for service coordination differ depending on the funding source?**

**Different reimbursement by funding source**

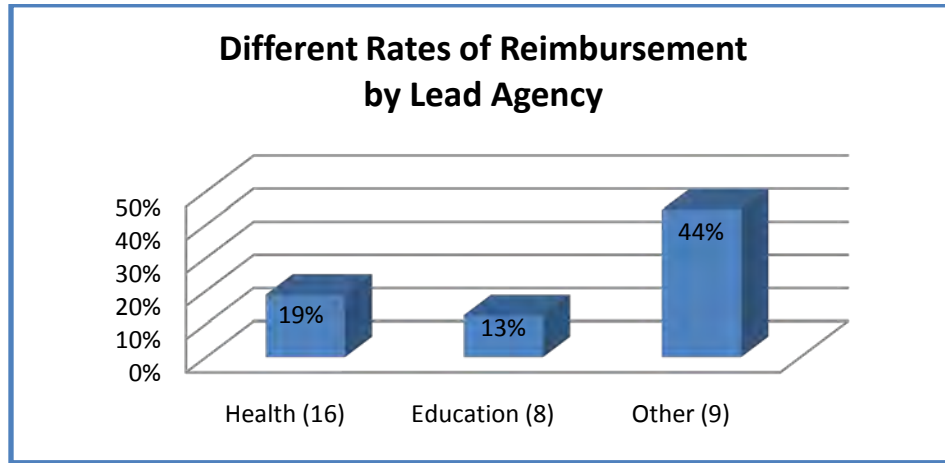
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	8	24.2	24.2	24.2
No	21	63.6	63.6	87.9
No Response	4	12.1	12.1	100.0
Total	33	100.0	100.0	



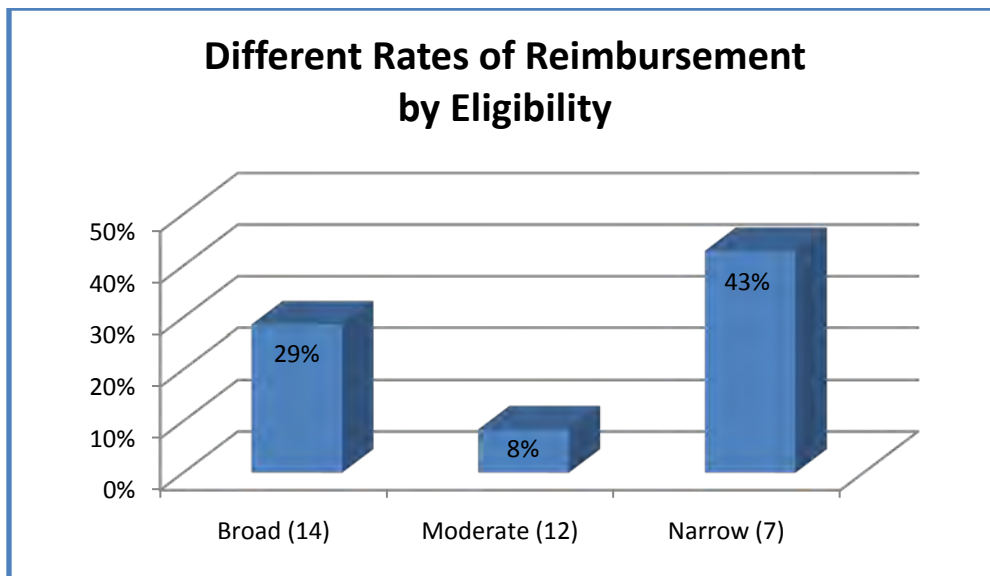
Twenty-nine states responded to this question. The majority of states (72%) do not have different rates of reimbursement for service coordination based on the fund source.



There are differences in responses across regions. Fifty percent of the states in the MSRRRC report that reimbursement varies based on fund source. There were no states in the NERRC region that reported differing reimbursement rates for service coordination.



Forty-four percent of states with “Other State Agencies” as the lead agency have different rates of reimbursement by fund source for service coordination.

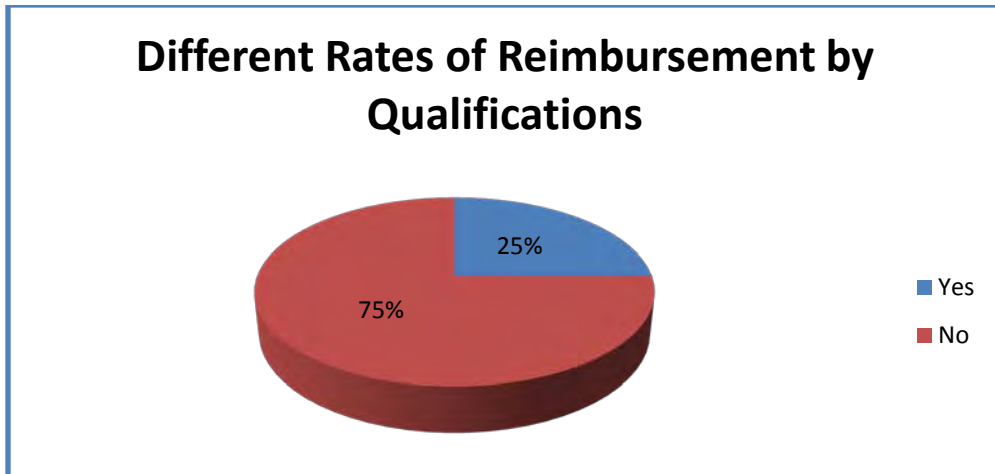


Forty-three percent of states with Narrow eligibility have different rates of reimbursement for service coordination by fund source. Only 8% of states with Moderate eligibility responded that they have different rates by fund source.

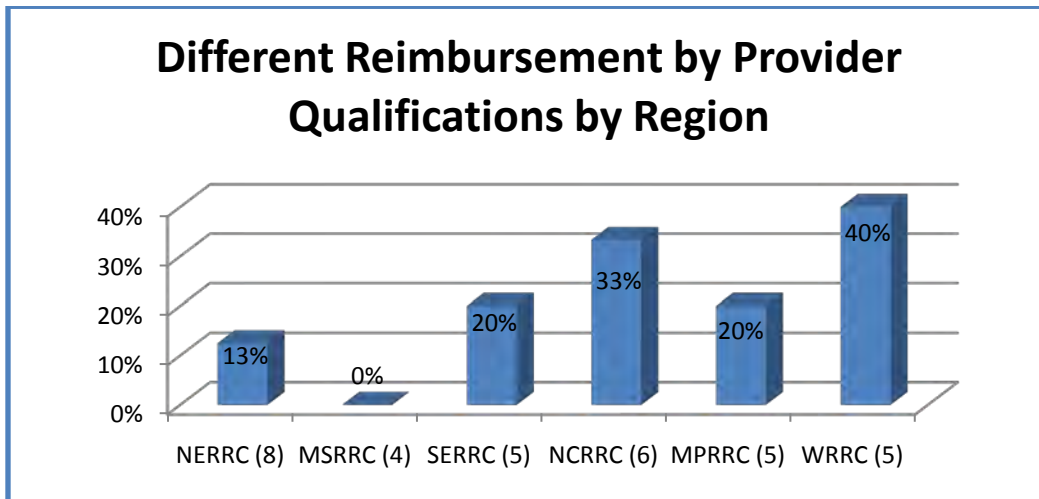
**8. Does the rate of reimbursement for service coordination differ depending on the qualifications of the service coordinator?**

**Different reimbursement by qualifications**

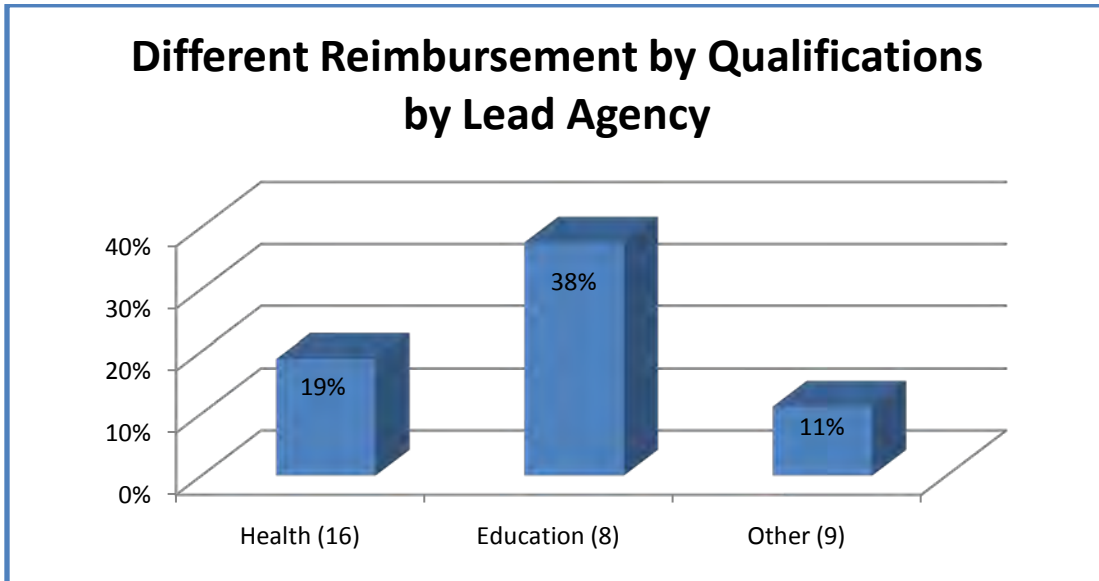
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	7	21.2	21.2	21.2
No	21	63.6	63.6	84.8
No response	5	15.2	15.2	100.0
Total	33	100.0	100.0	



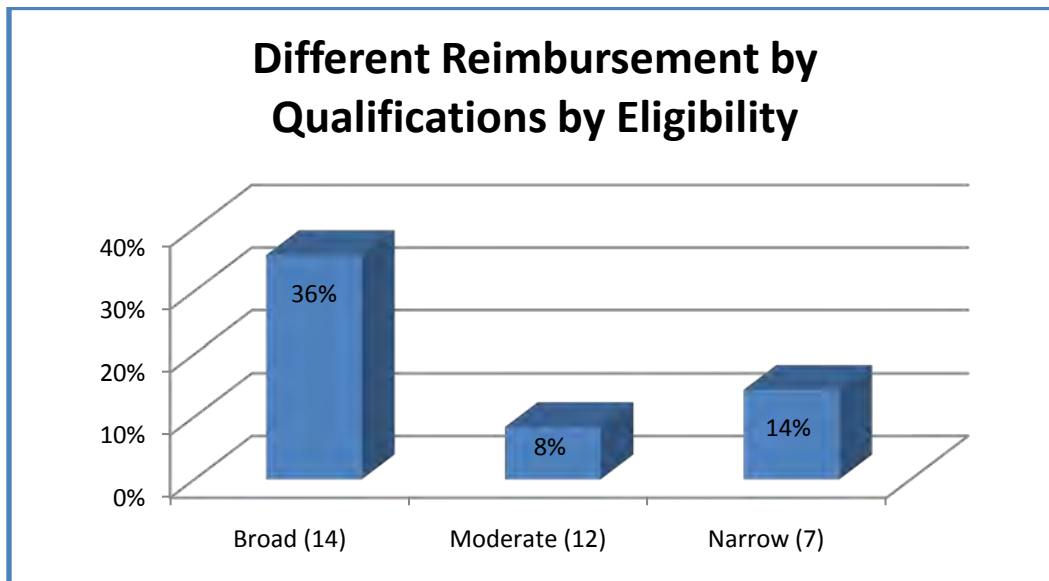
Twenty-eight states responded to this question. The majority of states (75%) indicated they do not reimburse differently based on provider qualifications.



While 50% or more of states indicated they did not reimburse differently based on qualifications, 40% states in the WRRRC indicated they did reimburse differently. There were no states in the MSRRC that reimbursed differently.



Education Lead Agencies have the highest percentage of states that reimburse differently based on the qualifications of the service coordinator.



States with Broad eligibility had the highest response rate (36%) to different reimbursement rates based on the provider's qualifications.