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## Workforce Preparation to Serve Children Who Receive Part C Services

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### INTRODUCTION

A variety of professionals work with infants and toddlers with disabilities who receive Part C (early intervention) services under the Individuals with Disabilities Education Act (IDEA). Each state is responsible for ensuring these professionals are fully qualified to provide those services. As stated in IDEA:

*A statewide system ... shall include ... a comprehensive system of personnel development including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the state ... and policies and procedures related to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services... [20 USC 1435].*

This document focuses on state requirements for the various professional roles for Part C services and collaborative efforts to ensure high quality personnel are available to provide Part C services. Project Forum at the National Association of State Directors of Special Education (NASDSE) completed this activity as part of its cooperative agreement with the U.S. Department of Education Office of Special Education Programs (OSEP).

### METHODOLOGY

In December 2009 and January 2010, Project Forum conducted a survey of all state-level Part C directors to collect information on their efforts to ensure the availability of high quality service providers for infants and toddlers receiving Part C services. Respondents had the option to reply via email, fax or use an online survey. Part C directors and/or staff from forty-one states responded to the survey.

**FINDINGS**

**State Requirements for Providers**

The survey specified 12 early intervention professional roles:

- early intervention specialist/developmental specialist/infant toddler specialist
- occupational therapist
- physical therapist
- nurse
- speech language pathologist
- paraprofessional
- audiologist
- nutritionist
- social worker
- counselor
- psychologist
- service coordinator

The survey requested respondents to identify the state requirements for these professionals to serve as Part C service providers. On average, across all 12 professions, 7.5% states require associate’s degrees; 33.5% require bachelor’s degrees; 35.2% require Master’s degrees; 22.8% require professional association certification; 32.5% require additional knowledge and skills specific to EI; and 40.5% require state certification. The requirements vary by individual profession and there may be multiple requirements for an individual profession. The percentage of responding states requiring the listed degrees and certification by profession are provided in Table 1.

Table 1. Percentage of states\* and the requirements by individual professional role

Requirements	Early Interventionists	Occupational Therapists	Physical Therapists	Nurses	Speech Language Pathologists	Paraprofessionals	Audiologists	Nutritionists	Social Workers	Counselors	Psychologists	Service Coordinators
Associate’s degree	9.8	7.3	4.9	26.8	0	26.8	0	0	0	0	0	14.6
Bachelor’s degree	73.2	41.5	36.6	46.3	9.8	7.3	4.9	51.2	36.6	12.2	12.2	70.7
Master’s degree	26.8	36.6	41.5	14.6	63.4	4.9	48.8	19.5	53.7	56.1	36.6	19.5
Professional association certification	7.3	29.3	36.6	26.8	36.6	2.4	34.1	31.7	26.8	14.6	22	4.9

Additional knowledge and skills specific to EI	46.3	34.1	29.3	31.7	34.1	26.8	24.4	29.3	29.3	24.4	29.3	51.2
State certification	39.0	51.2	51.2	48.8	53.7	12.2	43.9	36.6	48.8	36.6	46.3	17.1
No requirement	9.8	0	0	0	0	14.6	0	0	2.4	9.8	0	7.3
Other	43.9	48.8	46.3	43.9	41.5	63.4	39.0	34.1	34.1	34.1	51.2	51.2

\*Note: States may have more than one requirement for a Part C professional role.

*Other requirements*

One state may accept work experience if it aligns with criteria in a rubric the state designed for early interventionists. A few states require continuing education and/or completion of standards of practice within three years of employment. One state requires all staff working in the early intervention system for 20 hours or more to become certified as early intervention specialists within three years of date of hire. Some states require at least one year of documented professional experience with individuals with disabilities aged birth to five years. Two states require doctorate degrees for physical therapists; three states require doctorate degrees for audiologists; and 12 states require doctorate degrees for psychologists.

*Other professional roles with requirements*

Other professional roles identified by states include behavior specialists/Board Certified Behavior Analysts (BCBA), applied behavioral analysis (ABA) providers, certified therapeutic recreation specialists, vision specialists and/or orientation and mobility specialists, optometrists, hearing specialists, mental health specialists and family therapists. Most of these professional roles require certification at the state level or from the affiliated professional board as well as a bachelor's or master's degree.

Additional roles include interpreters (foreign language and hard of hearing/deaf), intake coordinator supervisors, primary level evaluators (PLE) and district evaluation specialists. Most of these professional roles require a high school diploma or associate's degree, documented experience, and/or certification to administer specific evaluations.

**Career Ladder**

Three of the responding states have a career ladder option<sup>1</sup> offered for paraprofessionals and assistants to receive training for a professional position as a Part C service provider. One state indicated it has a professional development registry<sup>2</sup> for the early childhood professions.

**Personnel Shortages**

All but one responding state reported shortages in personnel who provide Part C services. The one state that reported no shortage indicated that it is more of a distribution problem than an actual shortage. Other states indicated that shortages vary based on geographic regions with

<sup>1</sup> Refer to <http://www.birth23.org/Training%20and%20Events/default.asp>; <http://www.pattan.net/supportingstudents/paraeducators.aspx>; and <http://www.dhhs.nh.gov/DHHS/BDS/certification.htm> for additional information.

<sup>2</sup> Refer to <http://seed.alaska.edu> for additional information.

rural areas typically experiencing more shortages than other areas. Refer to Table 2 for the percentages of responding states with shortages in a professional role for Part C services.

Table 2. Percentage of responding states and professional role shortages

Professional Role	Percentage of states reporting a shortage
Speech language pathologists	81.0
Physical therapists	71.4
Occupational therapists	64.3
Early intervention specialists	31.0
Audiologists	21.4
Psychologists	21.4
Nurses	14.3
Counselors	11.9
Service coordinators	9.5
Social workers	7.1
Nutritionists	7.1
Paraprofessionals	0

States also report shortages in vision service providers, bilingual staff and infant mental health specialists.

**Professional Development Topics**

While there is a range of training topics offered by responding states, all report providing service coordination training. More than 95% of responding states offer training on Part C rules and regulations, Individualized Family Service Plan (IFSP) development, procedural safeguards and working with families in their natural environment. More than 90% of responding states offer training on evaluation and assessment, development of collaborative relationships, transition from Part C to Part B services and state policies and procedures. Additional topics offered by more than 50% of the responding states include transdisciplinary practice<sup>3</sup>, disability-specific information, best practices, screening, strategies for home visits and community resources and funding. Almost 50% offer training on nutrition and feeding; approximately 40% offer training on specialized equipment and newest technologies; and approximately 30% offer training on the use of technology for sharing information. A few states offer training on autism, outcomes, working with children in neonatal intensive care units (NICU), cultural competency, secondary language learners, infant mental health, early literacy, infant toddler development, home visitor safety, early intervention leadership and the Center on the Social and Emotional Foundations for Learning<sup>4</sup> (CSEFEL) pyramid model for social emotional support. Some state professional development websites are included in the Appendix.

**Collaborative Partnerships**

There are a variety of collaborative efforts between Part C and other groups to directly support workforce development and retention for Part C service providers. Twenty-five responding states report collaboration with institutions of higher education (IHEs), and 20 states report collaboration with a variety of agencies such as Departments of Education,

<sup>3</sup> Transdisciplinary practice means all professionals work together collaboratively functioning as a unit that shares assessment, goal selection, intervention and professional skills.

<sup>4</sup> Refer to <http://www.vanderbilt.edu/csefel/> for additional information.

Departments of Health and Human Services, Head Start, Departments of Social Services, Departments of Mental Health, and Parent Resource Centers. Five states reported the existence of a professional development or training collaborative, and one state reported a virtual online distance learning program. A few states mentioned collaboration with national level partners such as the National Association for State Directors of Special Education<sup>5</sup> (NASDSE) and the CSEFEL.

## Challenges

The most common challenge, which was identified by 16 responding states, is competing with salaries offered by school districts, the private sector and hospitals because Part C programs often cannot match these. Eleven states report the challenge of geographical factors, such as finding personnel to provide services in rural areas, the vast distance some providers must travel to provide services and safety concerns in some urban areas. Ten states also indicated consistent funding was a significant challenge to ensure a highly qualified Part C workforce. Additional challenges identified by five or fewer states include billing issues; supply, recruitment, and adequately trained personnel issues; turnover; need for bilingual staff; increased number of referrals; and oversight of providers.

## Strategies

Several responding states identified strategies being implemented to develop and retain a high quality workforce to provide Part C services. These include:

- collaborating with the states' Department of Labor and other agencies for workforce development, such as beginning or maintaining a marketing and outreach campaign, developing a recruitment DVD and brochure to raise awareness about early intervention careers;
- collaborating with school districts to share personnel in rural areas or areas where professionals are seeking to work for both the school and early intervention;
- offering sign-on bonuses to eligible candidates and/or ensuring adequate compensation through school district master agreements;
- using American Recovery and Reinvestment Act (ARRA) funds
  - for additional positions and financial incentives,
  - to purchase a statewide, centralized, web-based data and billing system to address third-party reimbursement challenges and improve data accuracy for federal reporting,
  - to ensure that each local program has at least one staff person focused on recruitment and retention and one staff person to serve as a training coordinator;
- exploring additional avenues for funding;
- funding loan forgiveness and stipend programs for regions that identify this as a need;
- presenting at professional job fairs;
- providing centralized processes for student field placements/practica/internships in early intervention services;
- establishing a credentialing process for early interventionists; providing a "one-stop" office for entering the system, renewing credentials, and providing technical assistance for the process;

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<sup>5</sup>Refer to [http:// www.nasdse.org](http://www.nasdse.org) for additional information.

- supporting IHEs in establishing certificate programs focused on services for the birth to three-year-old population;
- developing Centers of Excellence with universities, establishing an Early Childhood Training Center or Innovative Early Intervention Training program<sup>6</sup>, and/or developing a Comprehensive System of Personnel Development);
- providing training modules online and offering mentoring;
- changing the methodology of services to a team-based model;
- proposing legislative changes in Medicaid for early intervention services;
- establishing an early intervention Medicaid initiative that includes standard reimbursement rates based on the cost of providing services in the natural environment, expansion of services covered, and an expansion of provider discipline covered; and
- providing an early intervention central billing office for electronic billing and insurance billing services.

Fourteen responding states did not provide strategy recommendations or indicate the need for creative strategies.

## CONCLUSIONS

States have established requirements to ensure a high quality workforce for children and families receiving Part C services. These requirements vary by state, but all are striving to hire high quality professionals. Several state websites that identify personnel standards and requirements are included in the Appendix. Most states are experiencing personnel shortages, particularly speech-language pathologists, physical therapists and occupational therapists. The most significant challenge contributing to these shortages is the ongoing competition with school districts, the private sector and hospitals not only for personnel, but also competitive compensation for their services. States also report difficulty in maintaining a qualified supply of personnel to provide Part C services in rural areas. Many states indicate a need for more funding for Part C so they can adequately recruit, train and retain personnel; provide competitive compensation packages; and alleviate shortages so that all eligible children can receive services.

States have developed collaborative partnerships with IHEs and other agencies and have developed a variety of creative strategies to address recruitment and retention, training and credentialing, funding and billing issues. States are also establishing Centers of Excellence and Innovative Training Centers to further build and support their Part C workforce.

Establishing and maintaining a highly qualified workforce for Part C services is an ongoing issue in many states; however, states continue to make great strides in ensuring young children with disabilities and their families receive the services they need so that young children can enter school ready to learn.

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<sup>6</sup>Refer to <http://www.illinoiseittraining.org> for additional information.

## Appendix: Website Resources

### ***Personnel Standards / Administrative Code / Requirements:***

Connecticut: <http://www.birth23.org/Training%20and%20Events/standards.asp>  
Illinois: <http://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html>  
New Jersey: <http://www.nj.gov/health/fhs/eis>

### ***Career Ladders***

Connecticut: <http://www.birth23.org/Training%20and%20Events/default.asp>  
New Hampshire: <http://www.dhhs.nh.gov/DHHS/BDS/certification.htm>  
Pennsylvania: <http://www.pattan.net/supportingstudents/paraeducators.aspx>

### ***Professional Development***

Alaska: <http://seed.alaska.edu>  
Illinois: <http://www.illinoiseittraining.org>  
Ohio: <http://www.opdn.org>  
Alabama: <http://www.ucpconference.org>

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