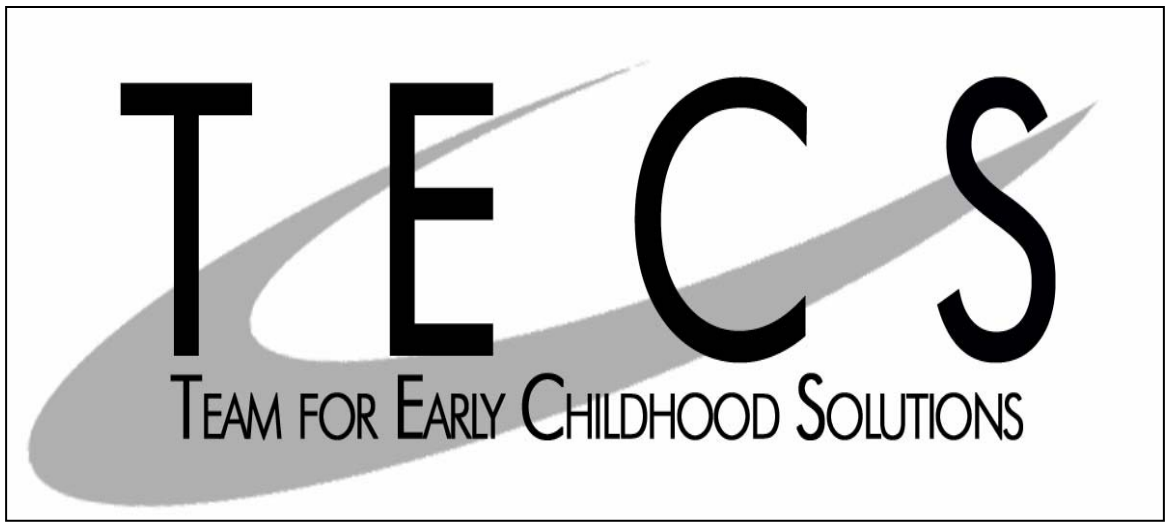

Team for Early Childhood Solutions

The Center for Disability Resources
A University Center for Excellence
University of South Carolina
School of Medicine, Department of Pediatrics

Part C Training & Technical Assistance Current Status and Potential Opportunities

Presented by Suzan Albright and Leslie Pyper
Special assistance from Olivia Horton with graphics and design

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The 2004 reauthorization of the Individuals with Disabilities Education Act requires the utilization of evidence-based practices for early intervention system personnel serving children and families. States are continuing to identify and incorporate personnel standards and core competencies for those working in early intervention. As the field of early intervention becomes more and more professionalized, the TA system will be even more integral to its continued growth and to the success of the entire early intervention system. Pascal Trohanis (2001) writes,

> "TA is not an "add-on" enterprise, but is an integral one for promoting and supporting change – innovation and improvement over time that will lead to positive and sustained results – especially in the early intervention and special education service delivery systems for children and youth with special needs and their families."

Trohanis describes seven elements of a state TA system in "Design Considerations for State TA Systems (2001). They are: 1) Context, 2) Recipients, 3) TA System Vision, Mission, Goals, and Values, 4) Content and Intended Outcomes, 5) System Processes, 6) System Organization, and 7) Evaluation. Consideration of these seven elements is necessary if the goal is to create a "coherent, competent, high-performing, ongoing and results-oriented state TA system" (P. Trohanis, 2001). Several questions in this survey addressed parts of these elements, as well as the Division for Early Childhood's (DEC) Recommended Practices for personnel preparation.

Method

Context for the Study

Training and technical assistance is required in every state and territory receiving funds for a Part C system. More than 57 different providers/entities (some states/territories have more than one provider) are developing training curriculum and technical assistance documents and formats to support Part C of the Individuals with Disabilities Education Act (IDEA). These providers/entities do not have a network for communication, sharing of ideas, and/or problem solving. There is not an accessible contact list (nationally) for these critical supporters of the early intervention system. A few states and territories have websites where some of the technical assistance (TA) contacts can be found; but overall, there is great difficulty in locating other providers of Part C training and technical assistance. Each TA provider is, in isolation, interpreting the federal statute & regulations, reviewing relevant published literature, and attempting to align with those their own state statute & regulations, and individual early intervention system policies in order to provide support to their early intervention system. Technical assistance can be provided to administrators, ICC members, families, supervisors, field personnel, referral sources, and other community programs and interested parties.

Instrumentation

Team for Early Childhood Solutions staff of the Center for Disability Resources at the University of South Carolina, School of Medicine developed the survey for training and technical assistance providers. TECS' staff provide training and technical assistance for the Part C system in South Carolina. TECS completed an initial pilot of the survey with several training and technical assistance providers from across the nation. Further study of P. Trohanis' article, "Design Considerations for State TA Systems" and the Division for Early Childhood's (DEC) Recommended Practices for personnel development contributed to the draft version of the final survey which was then reviewed for content and clarity by those same T/TA providers. The final

survey included 18 questions that covered both the structure of the training and technical assistance system as well as the functions, activities and products of the system. Questions regarding structure included identifying the lead agency, the primary focus of T/TA, professional areas and certification of the TA providers, and the process by which TA is provided. One question addressed the TA evaluation plan. Other questions on the survey related to actual functions, activities and products of the TA unit. For instance, how are diversity issues addressed in training? Do options exist for participants to choose trainings based on their system role? Discipline? Agency affiliation? Level of experience in the system? What are the formats of T/TA offered? Many of the questions were multiple choice, including some with an "other" option where respondents were given the opportunity to identify the "other". Two questions required a written answer; the first asked respondents to identify their state or territory's lead agency, and the second asked them to produce a list of major content areas offered for the training of early interventionist professionals.

Procedures

Search for respondents

The list of contacts for Part C Coordinators was obtained from the NECTAC website and both email and postal mail were utilized (some did not have an email address) to ensure initial communication with each of the 58 states and territories. The correspondence indicated that TECS represented providers of Part C technical assistance and that we were interested in communicating with other training and technical assistance providers for Part C. It also revealed that we hoped to develop a network of some kind for all Part C training and technical assistance providers. Each Part C coordinator was asked to assist us by providing contact information for the individual or agency considered to be most responsible for, or knowledgeable about, Part C training and technical assistance services in their state or territory. Initially, TECS' staff sent the survey to those TA contacts identified by their Part C coordinators. TECS' staff also completed internet searches in an attempt to locate T/TA contact information for those states/territories that did not respond. Researchers discovered the Part C Comprehensive System of Personnel Development (CSPD) Coordinator's list on the NECTAC site as a "hit" while searching for specific states' T/TA contacts. The comprehensive system of personnel development encompasses both pre-service and in-service training and all professional development activities of system personnel, including credentialing and/or certification. In some states and territories, the T/TA unit also is charged with overseeing all CSPD activities. Therefore, these contacts could be helpful in locating TA contacts. We were unsuccessful in locating the CSPD page on the NECTAC homepage, contacts page, site map, Part C contacts page and the "search for a contact" page. With some assistance, we located the page through a series of links that did not clearly indicate CSPD.

As a follow up to the initial request, TECS' staff forwarded a second email reminder to those Part C coordinators who did not respond. We sent surveys to Part C coordinators in those states and territories for which we did not have TA contact information. We also sent a second copy of the survey to those T/TA contacts identified as non-responders. Ultimately, we sent surveys to all fifty-seven states and territories and the Department of Defense.

Data Reduction and Analysis

TECS' staff collected and analyzed data for each of the 18 survey questions. Raw data and percentages were calculated based on the number of responses to each question. Although the total number of respondents was 21, there were questions that some respondents did not answer, giving us a lower *n* value for those questions. In the two questions allowing direct respondent input answers were grouped together based on similarities. For instance, "evidence-based strategies" and "coaching" were both incorporated into a broad topic of training identified as "intervention

strategies" in question #2. "Prior authorization training" and "Medicaid" became a part of the "documentation" topic in that same question (See Table 1 in the results section for a list of included topics under each broad topic). Similarly, answers for question #1 were grouped (identification of lead agency for Part C) so that they fell into 4 categories – Department of Health, Department of Developmental Services, Department of Education, and Department of Economic Security. The survey instrument is included in Appendix A. Raw data for each question, along with a graphical representation of results, accompanies each question in Appendix B.

Results

Question #1
Of the 21 respondents, almost half (9) indicated the Department of Health as the lead agency. One indicated the Department of Economic Security and the rest were divided across two agencies – the Department of Education and the Department of Disabilities.

Question #2
Major content areas for training of early interventionists varied greatly but almost all offered training on the IFSP (94%). "Evaluation and assessment" was the second most common training topic identified (71%), and "orientation", "working with families", and "service coordination" had an equal prevalence of 53%. A little more than a third of the respondents (41% and 35%, respectively) indicated that "intervention strategies" and "natural environments" were a major part of their training repertoire. "Transition" was considered a major content area for 41% of respondents, while 29% of respondents identified "IDEA statute & regulations," "family-centered care," and "child development" as major content areas. "Teaming," "procedural safeguards," and "diversity/cultural competence" were considered major content areas by 24% of respondents. A small percentage of respondents (18%) indicated "professional roles & responsibilities," "developmental screening tools," and "resources" as major content areas. "Documentation" and "reflective practices and supervision" made up 12% of the respondents' lists of major content areas. The lowest frequency count (6%) included "data collection," "system capability" and "surrogate parent" training.

These findings indicate strong similarities across Part C training and technical assistance systems in several training content areas. However, these results are to be viewed with caution, as these lists were self-identified by respondents (some topics could have been omitted), the instruction was to provide a list of "major" content areas rather than all content areas, and the respondents were not asked to provide training outlines for each topic. A training outline may have further defined the content areas for a better understanding of topics addressed, especially since there is a significant amount of cross-over within these topics. For instance, "orientation" as a topic may cover IDEA, service coordination, family-centered care, individual state systems' policies & law, professional roles & responsibilities, etc. A possible explanation for low numbers in some categories may be that some respondents identified "orientation" and not "IDEA statute & regulations," "family-centered care," or others because these topics were embedded in their orientation training. "Diversity and cultural competence" was identified by 24% of respondents as a major content area while a full 60% stated in another question that diversity issues were addressed as both training topics and as embedded content within all training modules (question #13). "Natural environments" as a major content area was identified by 35% of respondents; however, this content could easily be embedded in the content of "intervention strategies" (at least one respondent indicated this) and for many others may have been embedded in categories such as service coordination, IFSP, orientation, etc. Two respondents listed "IFSPs in Natural Environments" as a topic; these were included under

IFSP and not under natural environments. These limitations indicate that further study is needed to determine more definitively the topics being addressed by TA systems.

Table 1 (n=17)

For question #2 of the survey, the table below lists number of participants identifying topic (column 1), broad topics defined for study (column 2) and additional topics described by participants (column 3) which were placed into broad topics for purposes of analysis.

5	IDEA/regs	includes Part C requirements, foundations
16	IFSP	includes writing functional outcomes, IFSP in natural environments
5	Family-centered services	includes family centered principles
4	Teaming	includes trans-disciplinary/ primary service provider model, the dance of partnership, reaching out to your health care professionals, collaboration
12	Evaluation & assessment	includes evaluation for eligibility, on-going eligibility, CBAs
4	Procedural safeguards	includes parent rights
7	Transition	
2	Reflective practices and supervision	
1	Surrogate parents	
4	Diversity & cultural competence	
3	Professional Roles & Responsibilities	includes policies & professionalism, ethics
6	Natural environments	
7	Intervention Strategies	includes strategies for specific developmental needs, art – the forgotten language, keys to care-giving (baby cues), evidence-based strategies, relationship-based strategies, curriculum & intervention, medical/environmental/behavioral considerations, learner-focused intervention, behavior, autism- related topics, coaching
9	Orientation	includes EI orientation, therapeutic services orientation, overview of state system, partnering agencies, overview of C&B, institute for new practitioners
9	Working with families	includes interviewing, home visiting, family partnership, family network (parent to parent), communication, health & safety
9	Service Coordination	includes effective helping and case management
3	Developmental screening tools	includes ASQ, ASQ:SE
3	Resources	includes professional development tools
5	Child development	includes brain development
2	Documentation	includes prior authorization training, Medicaid, and other documentation
1	Data Collection	
1	System capability	includes improving compliance and service delivery issues (resolving complaints, making system changes, developing policies & procedures, clarifying state & federal regulations), and developing reports and grants

Question #3
More than 50% of respondents identified four categories as the primary recipients of training and technical assistance. Those categories were: field personnel, supervisors/district managers, parents and family members, and lead agency personnel. Fewer than 50% of respondents identified agency administrators, ICC members & committees, early childhood community partners, pre-service partners, and others as primary recipients of training and technical assistance.

Question #4
Twenty-nine percent of respondents indicated that they had *all* of the following: vision statement, mission statement, written goals, and a set of core values and/or philosophy of technical assistance. These four are the essentials of element three of a state TA system as described by Pascal Trohanis. An equal percentage indicated that they had *none* of these. Forty-two percent of respondents identified either one, two, or three of these essentials.

Question #5
There are federal and state laws and regulations as well as system policies and other relevant information that would typically be considered in providing technical assistance to the Part C system. IDEA, CAPTA, FERPA, HIPPA, state early intervention law, lead agency policies & procedures, CIFMS, and state/territory early intervention requirements were reported by more than 50% of respondents as being addressed. ADA was reported to be addressed by 33% of respondents, while GPRA and PART were both addressed by 14% of respondents. (See results analysis for description of each acronym).

Question #6
A slightly larger percentage of respondents stated that they delivered TA in a unique process (52%) rather than in a step-by-step process (48%). Results of this question should be viewed with caution also as respondents may not have been given enough information to accurately answer the question. Several respondents tried to explain their answers, sometimes contradicting the answer they chose. Pascal Trohanis (2001) states that the "TA process is systematic and flexible" but within a "well-defined, structured framework"; it "charts the steps to follow to plan and deliver TA".

Question #7
The TA structure most commonly utilized is organized around third-party contracts (45%). These contracts are most often with universities. Multiple staff in lead agency offices (both central and regional) was reported by 29% of respondents and a combination of central and regional partnering agency staff was reported by 26% of respondents.

Question #8
Compliance activities (28%) and Part C policy development (25%) were identified as the two most common areas in which TA was provided to agency leaders and/or ICC members. Additional areas include: child and family outcomes (21%), standards alignment across state agencies and programs (18%), other (7%) and reporting/system/grant development (1%).

Question #9
NECTAC was identified by the largest percentage of respondents (19%) as the technical assistance provider of choice for the TA system itself. Two choices, an OSEP state/territory liaison and one of the six regional resource centers (RRCs) each garnered 16% of respondents. Another 13% indicated the use of private national consultants. Institutes of higher education, other states' TA units/providers, parent resource or training centers, private in-state consultants, and NICHCY make up the remaining 36% of the choices.

Question #10
Fifty-seven percent of respondents indicated the existence of a current evaluation plan for TA activities and outcomes over time. Several of the respondents who did not currently have a plan indicated that their state or territory was in the process of creating an evaluation plan.

Question #11
All respondents indicated the involvement of families in some fashion in the training of early intervention providers. Some respondents involved families in multiple ways, such as planning, delivering, and evaluating training.

Question #12
TA providers represent a diverse group in terms of their professional areas. Nineteen out of twenty-one respondents employ TA providers from the field of early childhood education. Seventeen out of twenty-one employ TA providers from the field of service coordination. Special instruction (14), occupational therapy (12), speech therapy (12), and social work (11) are represented, as well as physical therapy (8), nursing (8), psychology (7), other (7), and adult education (6). When grouped into categories, 32% represent the field of education, 26% represent allied health, and 42% represent the largest group which combines a variety of fields and is classified as "other".

Question #13
The majority of respondents indicate that diversity issues are addressed both as training topics and as embedded content within all training activities (60%). Twenty percent of respondents state that diversity issues are embedded in all training activities; and 5% indicate diversity issues being addressed as training topics. Fifteen percent of respondents state that diversity issues have not yet been addressed.

Question #14
Sixteen of twenty-one respondents offer training designed around early intervention system roles. Eleven out of twenty-one offer training based on professional discipline. Level of experience in the early intervention system, agency affiliation, learning style, and "other" capture the remaining twenty responses.

Question #15
In twenty-four percent of states/territories surveyed, all trainers in the TA system are credentialed in their state or territory's early intervention certification process. Twenty-nine percent of states/territories indicate that some of their TA system trainers are credentialed at the state level. In forty-seven percent of states/territories, the trainers in the TA system are not credentialed in early intervention.

Question #16
None of the states/territories have *all* TA system trainers certified through a national training society (such as ASTD – American Society for Training and Development, or ISPI – International Society for Performance Improvement). Fourteen percent have *some* of their trainers certified. Eighty-six percent do not have *any* trainers certified through either of these processes.

Question #17
TA systems utilize a wide variety of formats for training and technical assistance. Face to face training is the most common format, being utilized by all respondents. Ninety-five percent of respondents use phone consultation while 90% use hands-on consultation. TA documents to explain policy and TA documents based on the review of published literature are utilized by 76% and 67%,

respectively. Greater than 50% of respondents use a system-wide telecast (interactive), videos and newsletters for training and technical assistance. Almost half (43%) use web-based instruction. Other formats, including focus groups, community forums, CDs, workbooks, Grand Rounds, tele-health video consultation, system-wide broadcast (non-interactive) and others are used less often.

Question #18
Twenty-nine percent of respondents indicate that their TA system is dedicated exclusively to Part C. Thirty-eight percent of respondents indicate that their TA system serves Part C and community programs that serve children with and without disabilities. Nineteen percent indicate that their TA system serves Part C and early childhood programs (i.e.619), and fourteen percent state that their TA system encompasses all of these.

Discussion

Although the TA systems across the nation vary greatly in their structure, they also have many common features. Training and technical assistance providers across the nation address similar topics, and similar audiences are targeted for TA. There is commonality among formats utilized, and choices offered in training options. Virtually every TA system that responded identified family involvement in the training of early intervention personnel in some fashion.

Trohanis (2001) identifies a vision statement, mission statement, written goals, and a set of core values and/or philosophy of technical assistance as a key element of a TA system. While more than half of the respondents indicated having a set of core values and/or a philosophy of TA, only 29% indicated that they had all four. An equal number of TA providers had *none* of these. This suggests vast differences in the structure, and perhaps the developmental stage, of the TA systems across the nation. Furthermore, it clearly reinforces the concept of a sharing network for TA providers. The identification of a current evaluation plan for only about half of the TA systems was also surprising considering the impetus on evaluation and outcomes by the federal government. Data collection would seem to be a likely focus of systems, including the TA system, given its relevance to monitoring, accountability, and evaluation and the new State Performance Plan requirements. However, only one TA system identified data collection as a topic.

Diversity issues, while being addressed by many TA systems, remain a challenge for others. And although several technology-based formats are being utilized by relatively few providers, web-based instruction is being utilized by almost half of the TA systems responding.

Nearly half of all TA providers do not represent education or allied health, but “other” areas instead. In addition, many states and territories lack a requirement for TA personnel certification in either a state early intervention process or a national training certification process. Hence, the vast majority of TA personnel have less professional certification than many of the persons they are targeting for technical assistance. With the requirement now in place for evidence-based practices to be utilized by system personnel serving children and families, it would seem a likely next step that the trainers also become certified and that there be standards and competencies in place for these critical supporters of the early intervention system.

Several areas are worth noting for future research:

- TA personnel standards, competencies, and certification,
- training content areas
- primary recipients of training as it relates to both TA and system outcomes
- family involvement in training as it relates to system outcomes, and
- a more in-depth study of the structure of each TA system including all of the elements described by Trohanis (2001) as well as the structured but flexible process of TA delivery.

References

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