

Assessment of the Alabama Early Intervention Programs

FEDERAL FISCAL YEAR 2021

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July 2022



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Introduction



Introduction

A. Background

Early Intervention is a coordinated family focused system that provides appropriate services for eligible infants and toddlers ages birth to 3 years who have special needs. The Alabama Department of Rehabilitation Services administers the Alabama Early Intervention Program in the state. The early intervention programs in Alabama serve approximately 3,000 clients each year. In the past, the Alabama Department of Rehabilitation Services has assessed the level of client satisfaction by administering a mail-out client satisfaction survey in-house. The department has not been satisfied with the response rate from the mail survey and decided to administer the client satisfaction survey by telephone. This report contains only information pertaining to families receiving services through AEIS programs (PAR) during federal fiscal year 2021 (July 1, 2021 – June 30, 2022).

B. Research Methodology

During federal fiscal year 2021, eighteen (18) Early Intervention programs were evaluated in order to assure that families currently involved are receiving the service and assistance they need. A total of one thousand seventy-two (1072) families were involved in the programs under the Alabama Early Intervention System evaluated in federal fiscal year 2021. Eight hundred eighty-one (881) families were randomly selected to participate in the family satisfaction survey. Three hundred four (304) families completed the family satisfaction survey by telephone. One hundred forty-eight (148) families could not complete the survey by telephone because of “No English/Language Problem,” “Disconnected”, “Wrong Number,” “No Phone,” and “Incorrect Address and Number.” These families were mailed a family satisfaction survey and nineteen (19) surveys were completed by mail. All contact with families involved with the Early Intervention programs were made between May 2021 and June 2022.



PAR Programs FFY 2021

| | |
|------------------------------------|---|
| AIDB Region 3 – Birmingham | EI of UA |
| AIDB Region 4 - Talladega | EI Project Gulf Coast Therapy |
| AIDB Region 6 - Auburn | MRA North Central Alabama |
| ARC of Central Alabama (Jefferson) | MRB Dothan/Houston County (Vaughn Blumberg) |
| ARC of Walker | Twin Acres |
| Cahaba Center EI | UCP Mobile |
| Children R Us | UCP Mobile (Special Delivery) |
| Children’s of Alabama | UCP Northwest AL |
| CCCDD/TODD’s Club | United Ability |

| Type of Contact | Frequency | Percent |
|----------------------------------|-----------|---------|
| Total Families Selected FFY 2021 | 881 | 100% |
| Contacted by Telephone | 880 | 100% |
| No English/Language Problem | 22 | 2% |
| Disconnected | 97 | 11% |
| Wrong Number | 27 | 3% |
| No Phone | 1 | 0% |
| Incorrect Address and Number | 1 | 0% |
| Total Mailed Out* | 267 | 30% |
| Unable to Contact | 408 | 46% |
| DSS/Foster Care/Not in AEIS | 4 | 0% |
| Refused to Take Survey | 17 | 2% |
| Completed by Telephone | 304 | 35% |
| Completed by Mail | 19 | 2% |
| TOTAL Completed | 323 | 37% |

Percentages do not add to 100% due to rounding.

* The methodology and questionnaire used for data collection changed in the middle of FFY 2021.



C. Analysis of Survey Findings

The family satisfaction questionnaire utilizes 3 types of responses: a four-point rating scale; a Yes/No response scale; and open-ended responses. The four-point rating scale used was: “Excellent”, “Good”, “Fair”, and “Poor”. The values for the scaled response questions ranged from 4 for “Excellent” to 1 for “Poor”. All responses were then summarized and a percentage score was computed. The percentage scores are based upon a maximum of 100%.

Data was collected as part of the PAR Family Survey for Alabama’s Early Intervention System for the programs that completed the PAR process in federal fiscal year 2021. The numbers in the composite report for the Alabama Early Intervention System may differ slightly from the numbers in the individual PAR program reports due to additional completed mail-in surveys and telephone surveys received after the deadline for each individual evaluation.



Summary of Findings



Chart 1

Families' Awareness of Service Coordinator's Name

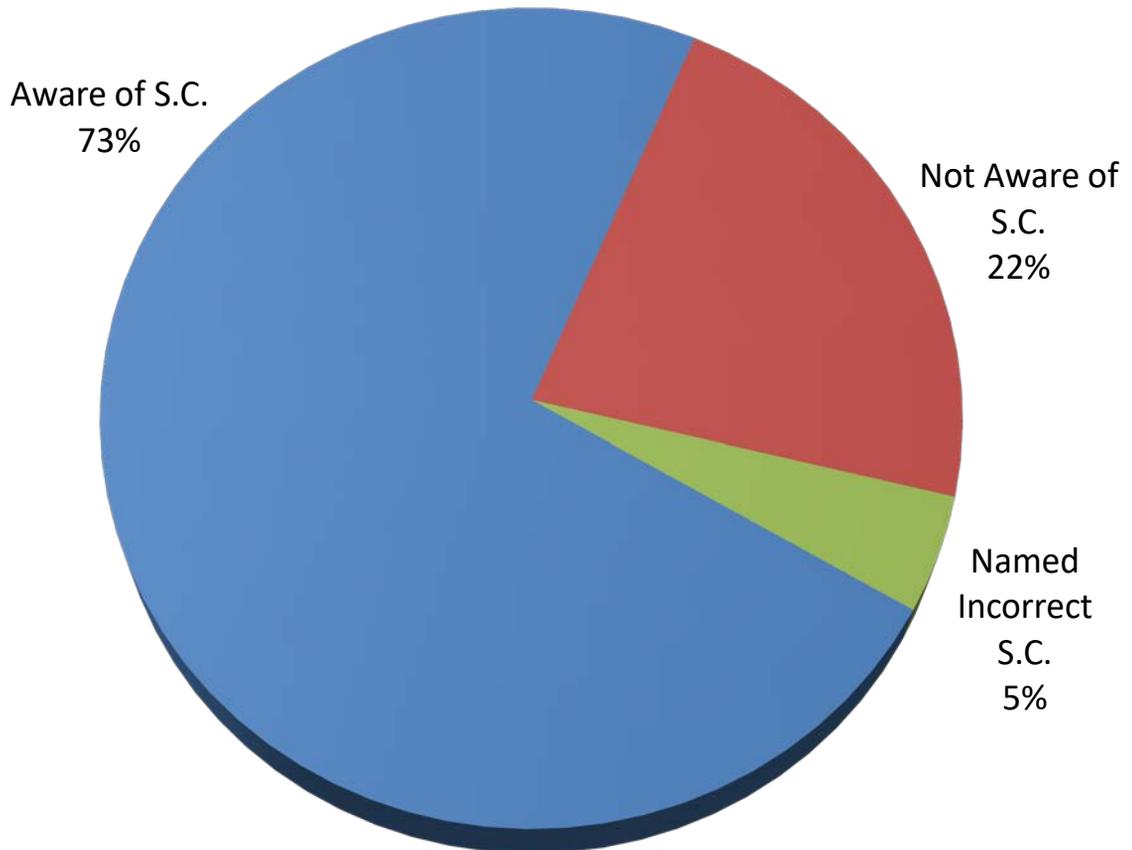
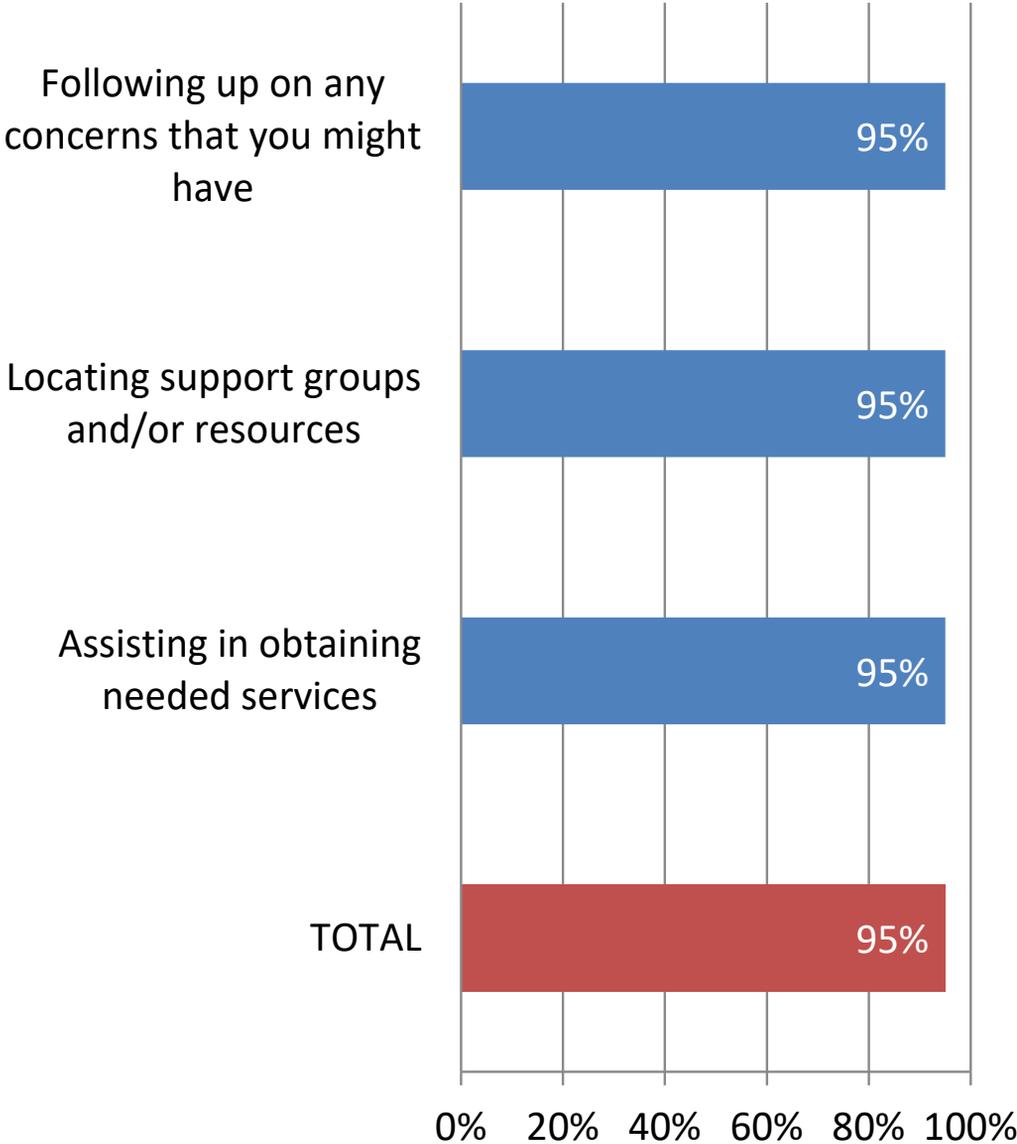


Chart 2

Rating of Services Received from Service Coordinator at AEIS Programs



96% of respondents indicated they understand their rights as found in the Early Intervention Child and Parents Rights Form.



Chart 3

Awareness of Individual Family Service Plan Meeting Characteristics for the AEIS Programs

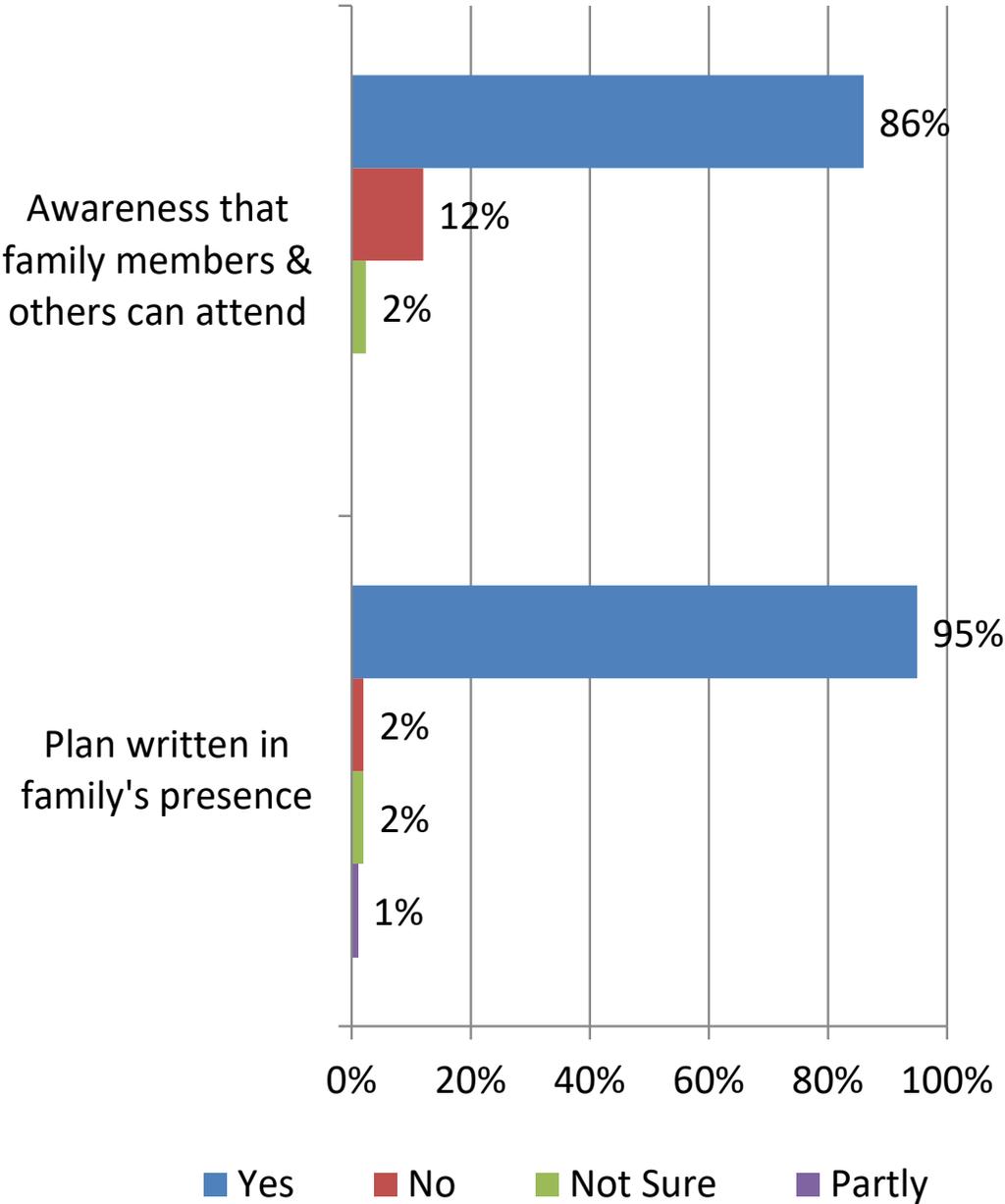


Chart 4

Rating of the Service Providers at the AEIS Programs

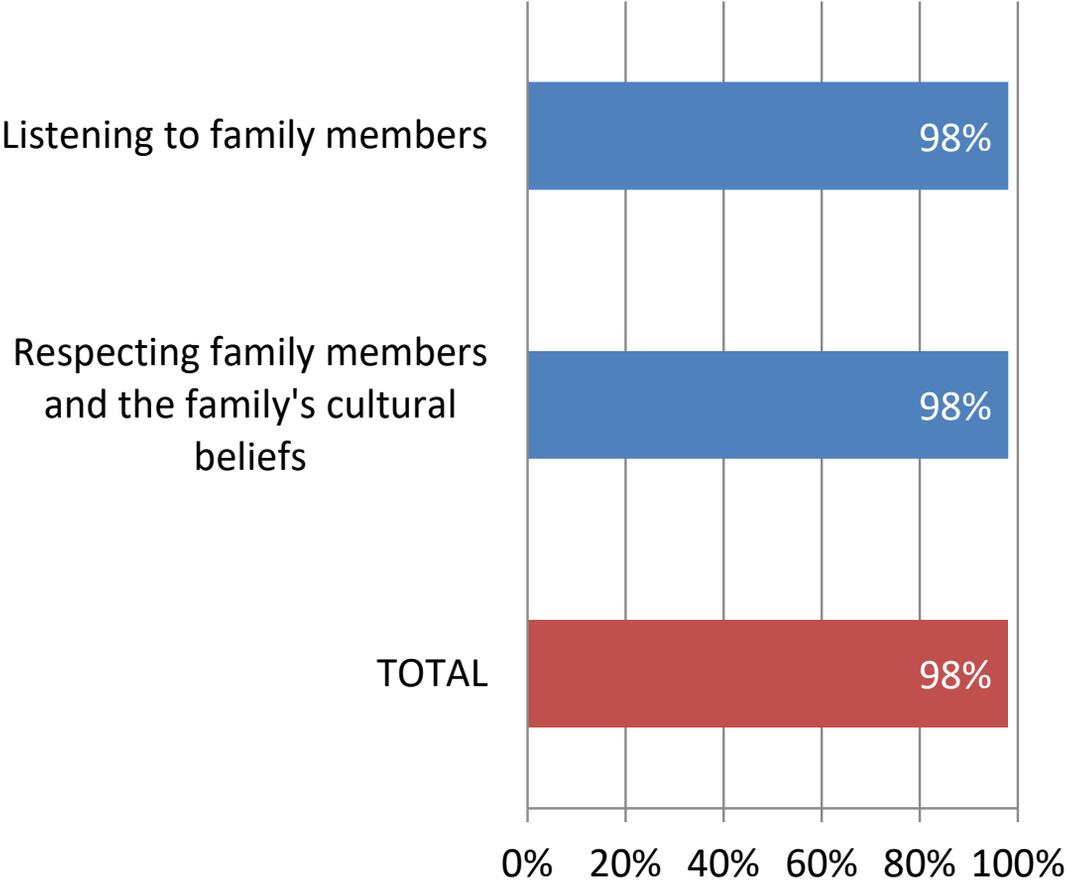


Chart 5

Rating of Service Received from the AEIS Programs

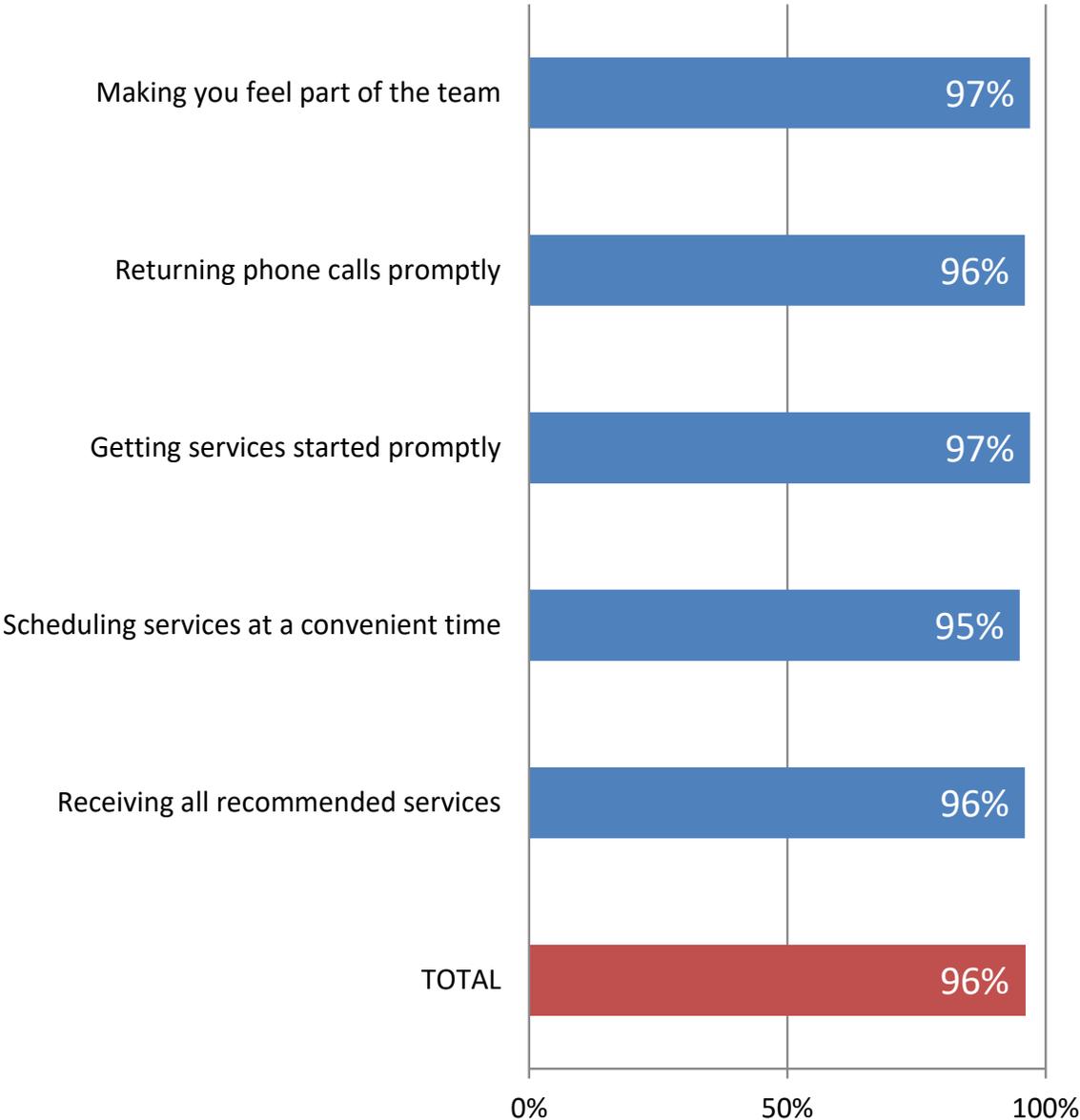
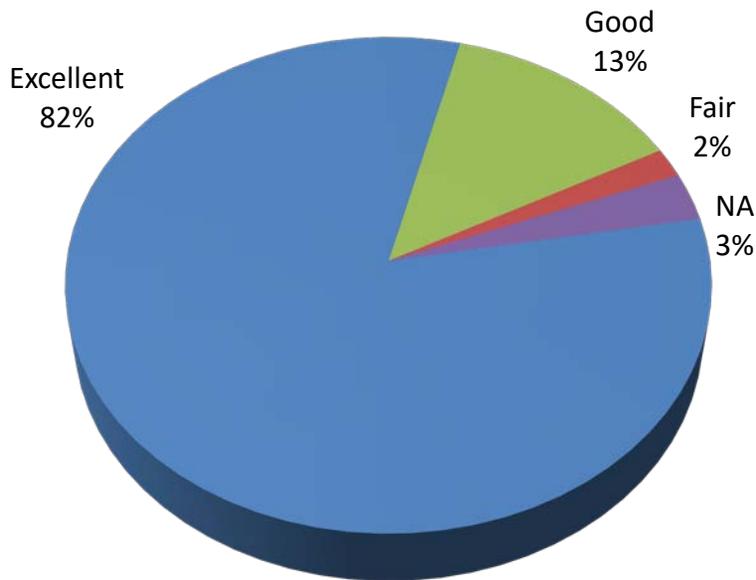


Chart 6

Rating of the AEIS Programs



Specific Reasons for Rating the AEIS Programs*

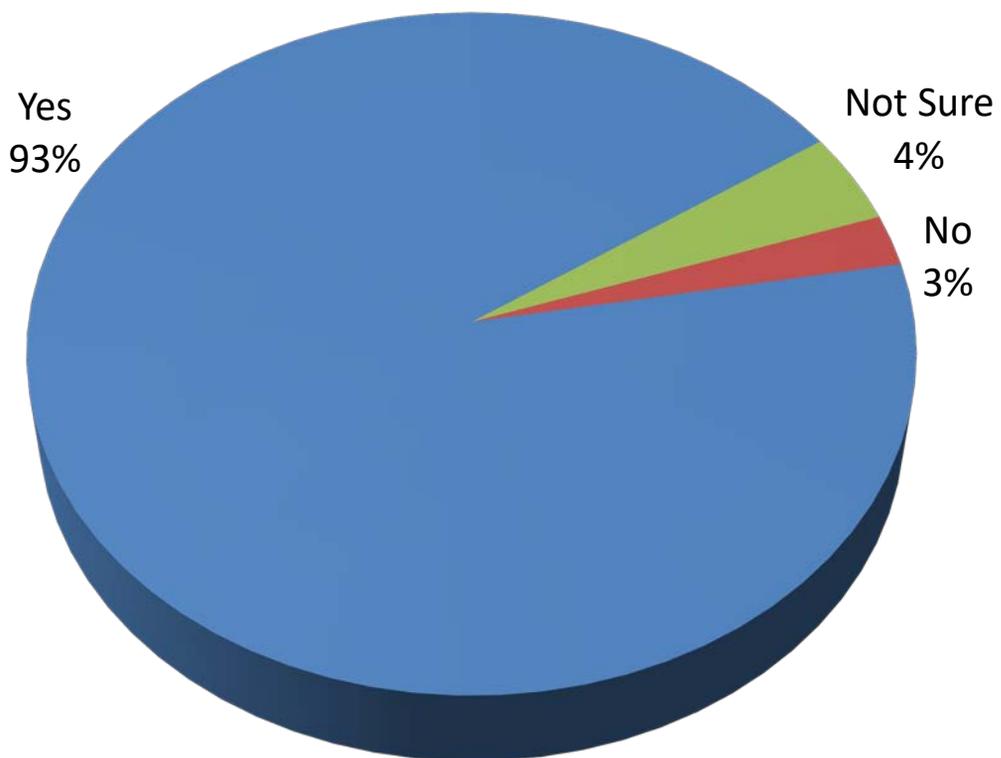
- “Child exceeded expectations”
- “Helpful”
- “Convenient scheduling”
- “Listen to parent/guardian”
- “Answer questions”
- “Take care of needs/satisfied”
- “Give parents guidance”
- “They are all nice”
- “Accommodating”

* For a complete listing of reasons, see Table 7-B in the tabular data section of this report available through Alabama Department of Rehabilitation Services.



Chart 7

Service Coordinator Gave Option of Completing Evaluations in the Home, Office, or Virtual to Determine Child's Eligibility for EI Services

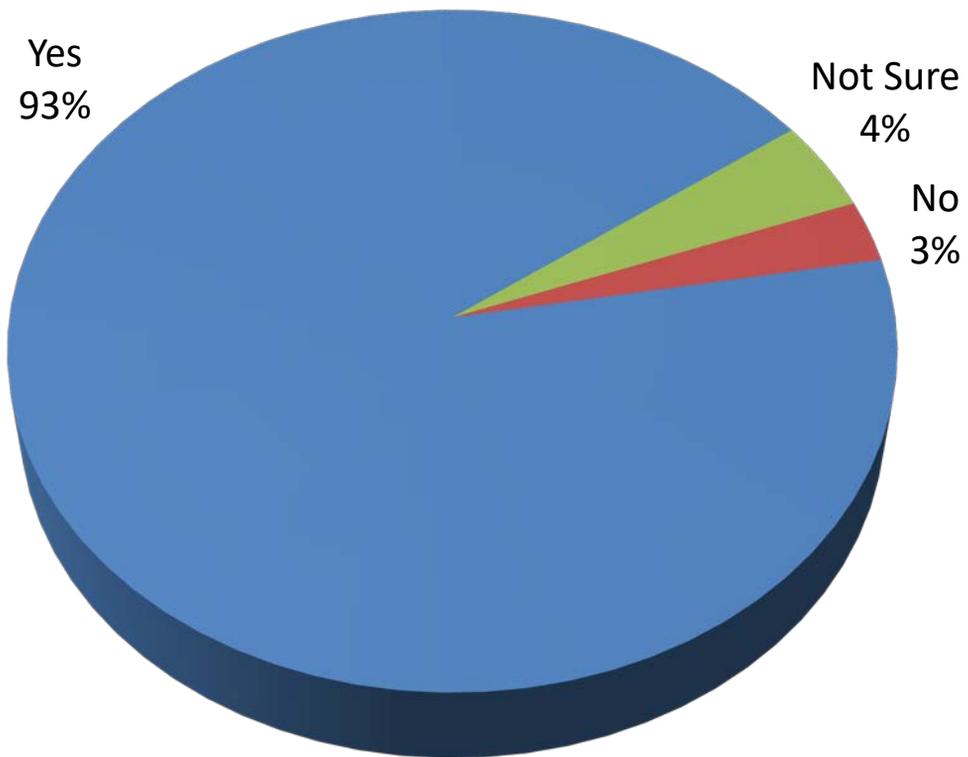


This question was added to the survey and was not asked to all families.



Chart 8

Service Coordinator Explained Results of Child's Evaluation and Assessment



This question was added to the survey and was not asked to all families.



Chart 9

Proportion of Families who Indicated they Receive Copies of the IFSP

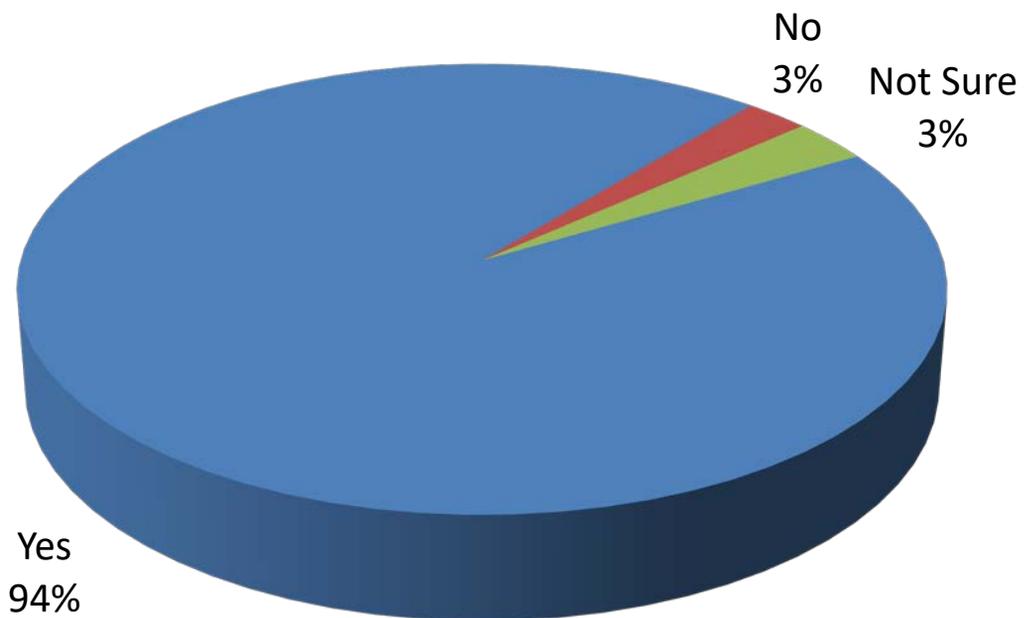


Chart 10

Parents' Rating of Early Intervention in Helping their Family's Ability to Improve their Child's Development

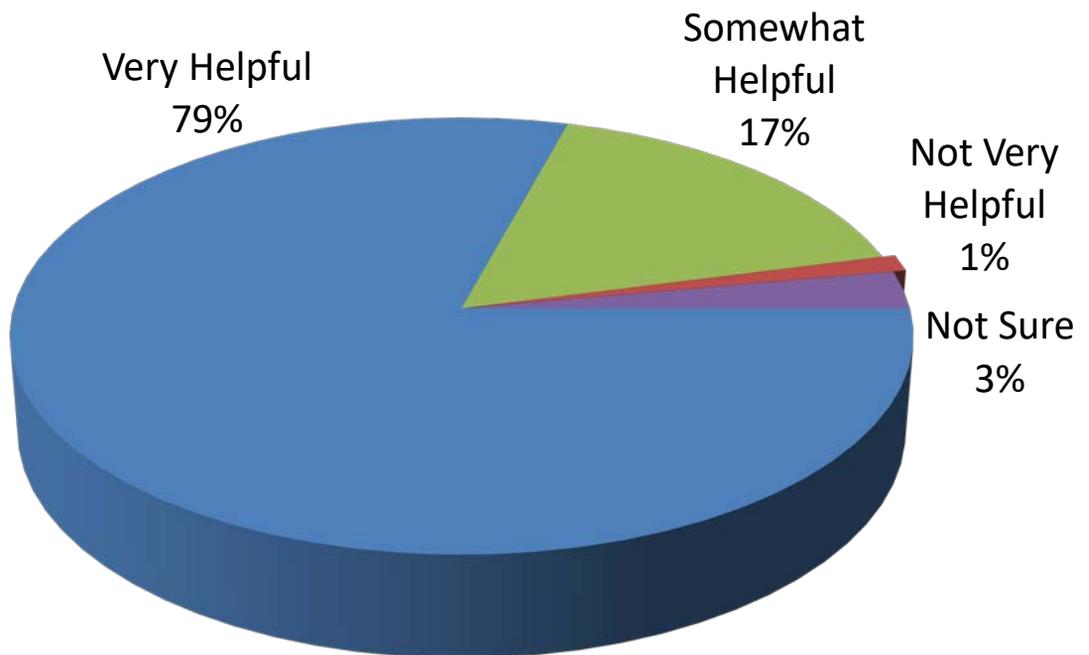


Chart 11

Impact of Child and Family Receiving Early Intervention Services

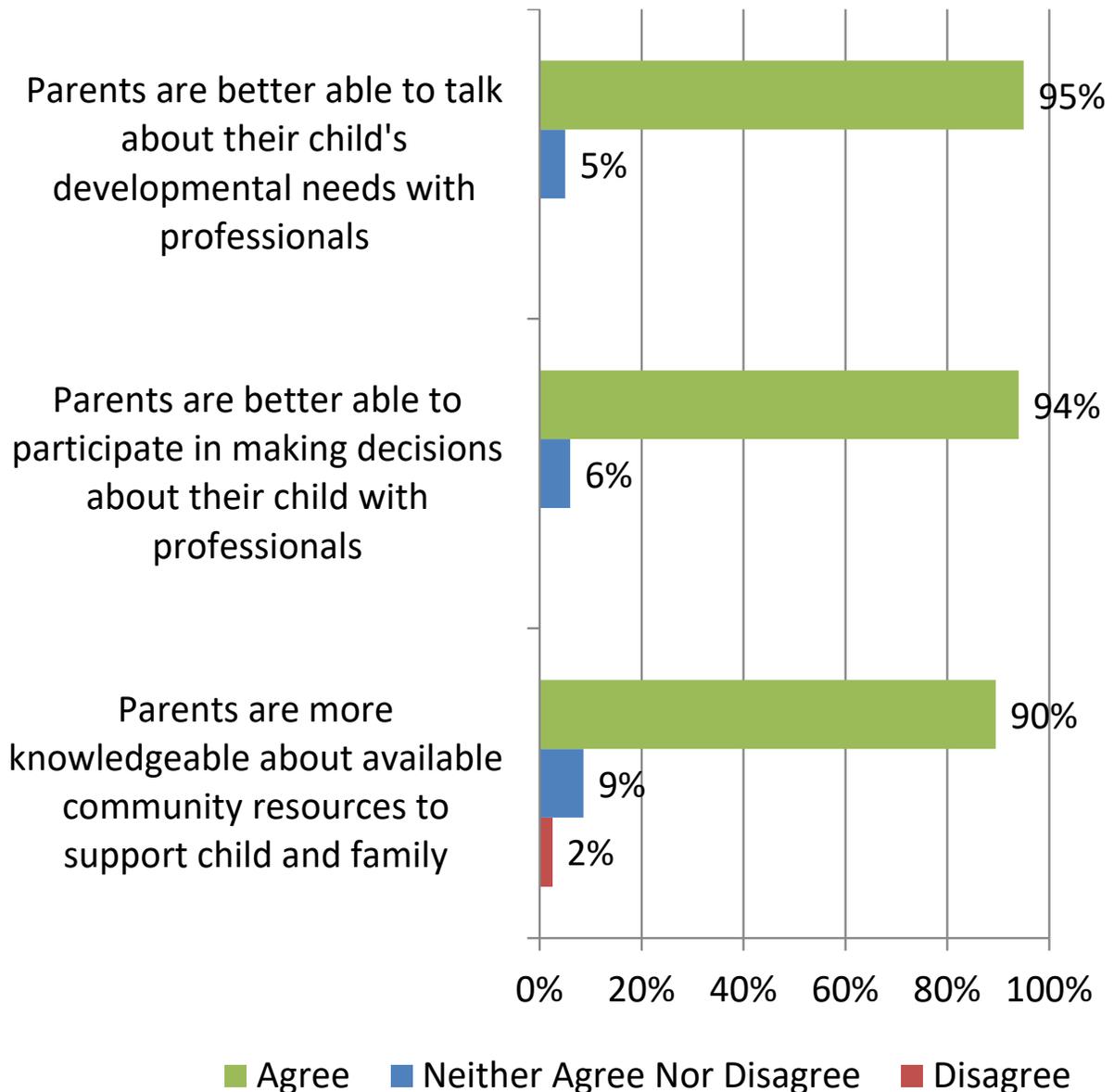


Chart 12

Parent's Opinion of their Child's Social/Emotional Development as a Result of Receiving Early Intervention Services

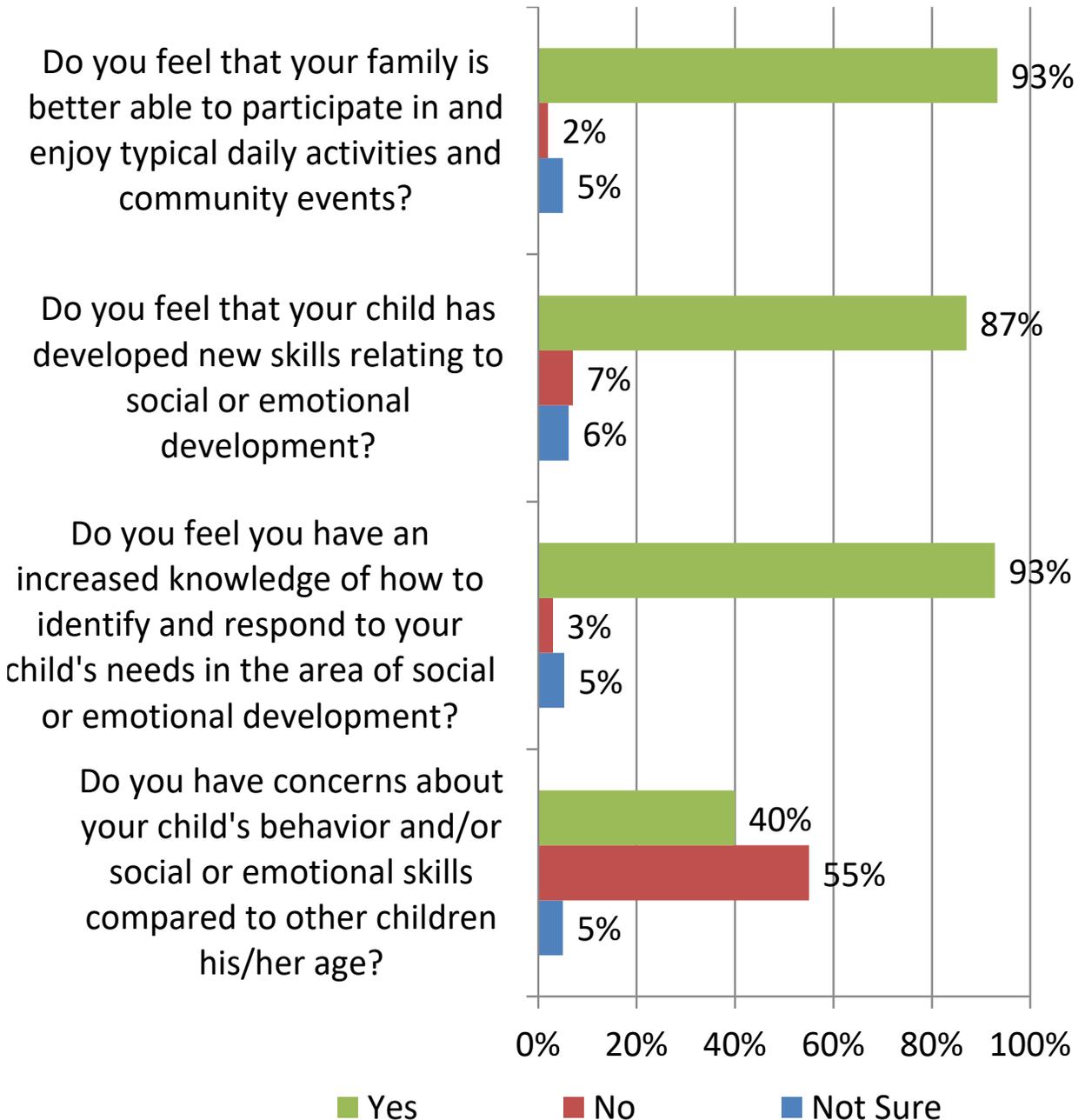
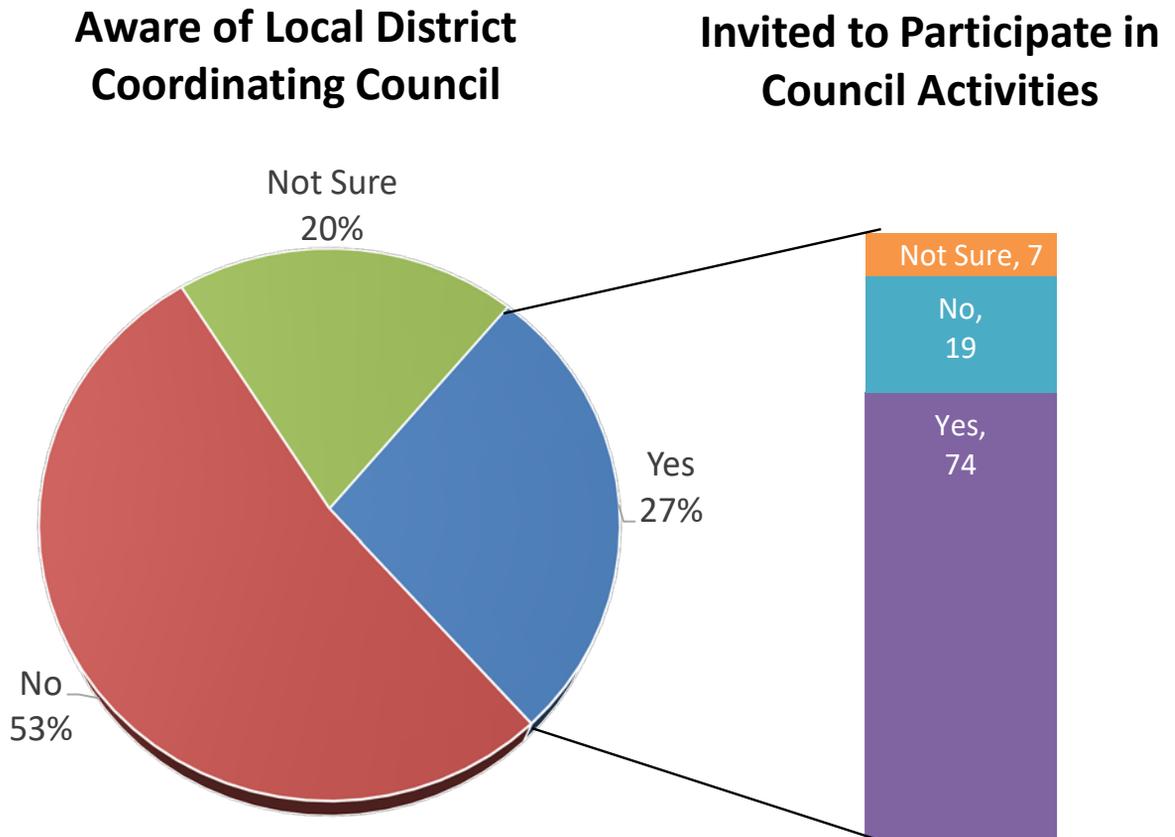


Chart 13

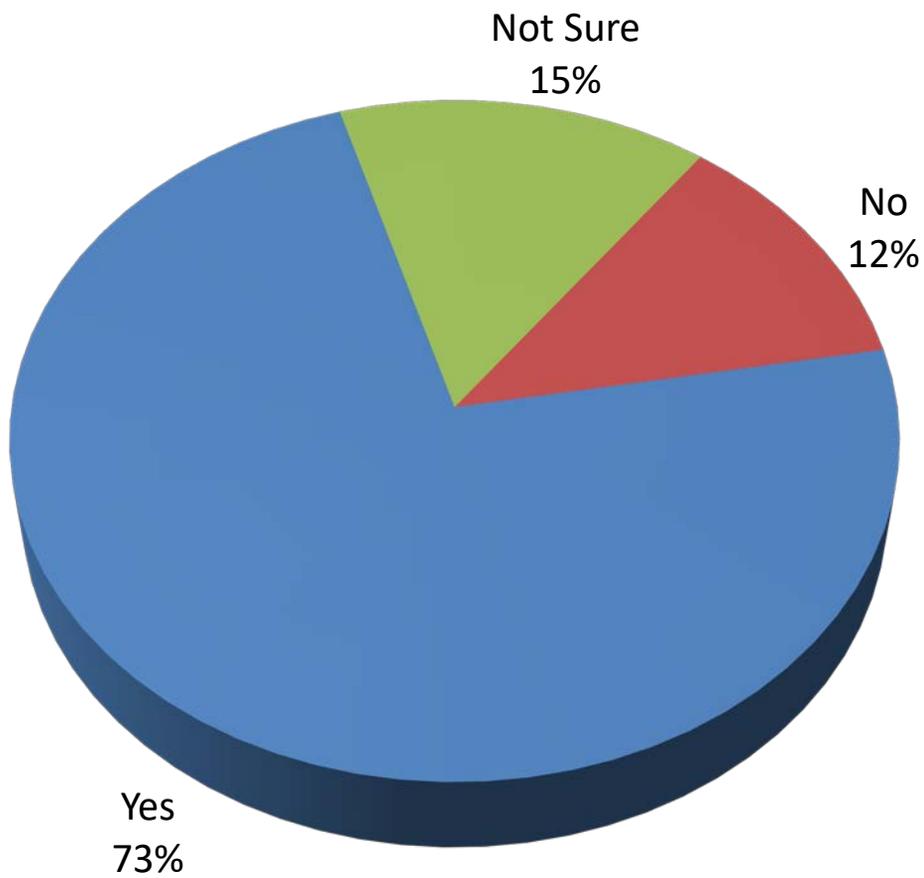


This question was added to the survey and was not asked to all families.



Chart 14

Parent Participates in Rating Child's Progress in Social or Emotional Development, Knowledge and Skill, and Use of Appropriate Behaviors



This question was added to the survey and was not asked to all families.



Chart 15

Changes Families would Like to See Made in Alabama's Early Intervention System

| | |
|---|-----|
| Child needs more therapy/services | 25% |
| Extend age limit on program | 21% |
| More in-person visits versus virtual (due to COVID) | 19% |
| Better communication between service coordinator and therapists | 4% |
| Public should be made aware of services offered through AEIS | 4% |
| More OT/PT/ST | 3% |
| Typed monthly reviews instead of handwritten | 3% |
| Parent felt therapist disregarded child's weakness form surgery | 2% |
| Parent felt therapist was rude to child | 2% |
| More 'heavy handed' in therapy | 2% |
| Allow EI progress report to be admitted into custody battle | 2% |
| Monthly schedule of therapist visits | 2% |
| Need daycare for special needs children | 2% |
| Want class for sign language | 2% |
| Need help finding doctor for child | 2% |
| School time and program time more in sync | 2% |
| Need more therapists | 2% |

Includes only respondents who indicated they would like to see changes made in Alabama's Early Intervention System or the family's program (n=68). Totals may exceed 100% due to multiple responses.



Questionnaire



Alabama's Early Intervention System PAR Family Satisfaction Survey

(FFY 2021)

Child's Name as listed on birth certificate or SS card:

Parent/Guardian's name: _____

Telephone Number(s): _____

Name of Early Intervention Program: _____

Name of Service Coordinator: _____

Ask to speak to the name of the parent/guardian on your call sheet. If not available, arrange for a call back time.

Call back Date: _____ *Time:* _____

Good evening, may I please speak to Mr./Mrs. _____

Mr./Mrs. _____, my name is _____ and I'm calling for

Alabama's Early Intervention System and _____ (EI Program).

A few days ago you probably received a letter from your Early Intervention Program explaining the evaluation proves currently being conducted by Alabama's Early Intervention System. We are calling to assure that your child and family are receiving the needed services available through your Early Intervention Program. Do you have about five minutes to ten minutes to help us with this survey please?

() Yes → CONTINUE

() No → Ask for a convenient time to call back.

Date: _____ *Time:* _____

() Refused → Would you be willing to complete this survey if we mailed it to you, please?

() Yes – Obtain mailing address _____

() No – Thank respondent and ask them to call the 1-800 number (1-800-543-3098) if they ever need any assistance.

A. First, we would like to talk to you about the services provided to you by your Early Intervention Service Coordinator.

1. Your service coordinator is the Early Intervention contact person for your family and helps in finding the assistance and services your family may need. Do you know who your current Service Coordinator is?

1. Yes → And, who would that be? (Name of person) _____
2. No

The next few questions (2-5) deal with the kind of the services your family has received from your service coordinator within the Early Intervention System whose name is _____
(*Service Coordinator's name*).

2. Do you feel you understand your rights as found in the Early Intervention Child and Parents Rights Form?

- 1 Yes 2 No 3 Not Sure

3. How would you rate your service coordinator for following-up on any concerns that you might have had? Would you rate him/her as:

- 1 Excellent 2 Good 3 Fair or 4 Poor?
5 Not Sure (*Do not read!*) 6 Not familiar with service coordinator

4. How would you rate your service coordinator for locating support groups and/or resources for you and your child?

- 1 Excellent 2 Good 3 Fair or 4 Poor?
5 Not Sure (*Do not read!*) 6 Not familiar with service coordinator

5. Overall, how would you rate your service coordinator for assisting you in getting the services needed for your child and family? Would you rate him/her as:

- 1 Excellent 2 Good 3 Fair or 4 Poor?
5 Not Sure (*Do not read!*) 6 Not familiar with service coordinator

B. Next, we would like to talk to you about your Individualized Family Service Plan.

6. Were you aware that you could invite any family members and others to be with you at your Individualized Family Service Plan meeting?

- 1 Yes 2 No 3 Not Sure (*Do not read!*)

7. From what you recall, was your child's Individualized Family Service Plan written in your presence?

- 1 Yes 2 No 3 Not Sure (*Do not read!*) 4 Partly

C. Now, we would like for you to think about the Early Intervention Program, _____ (*Name of Early Intervention Program*) and the teachers, therapists and others that are involved with you and your family.

8. How would you rate the people at your Early Intervention Program who are helping your child and family when it comes to **listening to you**? Would you rate them as:

1 () Excellent 2 () Good 3 () Fair or 4 () Poor? 5 () Not Sure (*Do not read!*)

9. How would you rate the people at your Early Intervention Program who are helping your child and family when it comes to **having respect for you, your family, and your family's cultural beliefs**? Would you rate them as:

1 () Excellent 2 () Good 3 () Fair or 4 () Poor? 5 () Not Sure (*Do not read!*)

10. How would you rate your **Early Intervention Program** in terms of _____:

A. Making you feel like you are **part of the team that plans the services** for your child and family? Would you rate the program as:

1 () Excellent 2 () Good 3 () Fair or 4 () Poor? 5 () Not Sure (*Do not read!*)

B. Your **phone calls being returned promptly**? Would you rate them as:

1 () Excellent 2 () Good 3 () Fair or 4 () Poor? 5 () Not Sure (*Do not read!*)

C. How **long it took to get the Early Intervention services started**? Would you rate this as:

1 () Excellent 2 () Good 3 () Fair or 4 () Poor? 5 () Not Sure (*Do not read!*)

D. Convenience of **scheduling the Early Intervention services** for your child at a **convenient time**? Would you rate this as:

1 () Excellent 2 () Good 3 () Fair or 4 () Poor? 5 () Not Sure (*Do not read!*)

11. How would you rate your Early Intervention Program in terms of your child and family receiving all the supports and services needed, as a result of the evaluation and assessment conducted by Alabama's Early Intervention System? Would you rate them as:

1 () Excellent 2 () Good 3 () Fair or 4 () Poor? 5 () Not Sure (*Do not read!*)

And why do you feel this way? _____

- 11A. Did your service coordinator give you the option of completing evaluations in the home, office, or virtual to determine if your child is eligible for early intervention services?
 1 () Yes 2 () No 3 () Not Sure (*Do not read!*)
- 11B. Did your service coordinator explain the results of your child's evaluation and assessment?
 1 () Yes 2 () No 3 () Not Sure (*Do not read!*)
12. Do you receive **copies of the Individualized Family Service Plans** for your child and family?
 1 () Yes 2 () No 3 () Not Sure (*Do not read!*)
13. And how would you rate your Early Intervention experience when it comes to **helping your family's ability to improve and help with your child's development?**
 1 () Very helpful
 2 () Somewhat helpful, or
 3 () Not very helpful?
 4 () Not sure (*do not read!*)
14. Please tell me if you agree or disagree with the following statements. Because your child and family receive Early Intervention services, you are **better able to talk about your child's developmental needs** with the professionals who work with your family. Do you...READ LIST
 1 () Disagree 2 () Neither Agree nor Disagree 3 () Agree
15. Because your child and family receive Early Intervention services, you are **better able to participate in making decisions about your child** together with the professionals who work with your family. Do you...READ LIST
 1 () Disagree 2 () Neither Agree nor Disagree 3 () Agree
- 15A. Are you receiving services based on your family routines?
 1 () Yes → Are these services helpful for you and your family? 1 () Yes 2 () No 3 () Don't know
 2 () No
 3 () Don't know
16. Because your child and family receive Early Intervention Services, you are **more knowledgeable about available community resources and parent-to-parent supports** to support your child and family.
 Do you...READ LIST
 1 () Disagree 2 () Neither Agree nor Disagree 3 () Agree
17. After receiving Early Intervention services, do you feel that your family is **better able to participate in and enjoy typical daily activities and community events?**
 1 () Yes 2 () No 3 () Don't know

17A. Are you aware of your local district coordinating council?

- 1 () Yes
- 2 () No → SKIP TO Q.18
- 3 () Don't know → SKIP TO Q.18

17B. Have you been invited to participate in council activities by your service coordinator?

- 1 () Yes
- 2 () No
- 3 () Don't know

18. Do you have concerns about your child's behavior and/or social or emotional skills compared to other children his/her age?

- 1 () Yes
- 2 () No
- 3 () Don't know

19. After receiving Early Intervention services, do you feel that your child has developed new skills relating to social or emotional development? (i.e. – following rules, getting along with others)

- 1 () Yes
- 2 () No
- 3 () Don't know

20. After receiving Early Intervention services, do you feel that you have an increased knowledge of how to identify and respond to your child's needs in the area of social or emotional development?

- 1 () Yes
- 2 () No
- 3 () Don't know

20A. Do you participate each year in rating your child's progress in social or emotional development, knowledge and skill, and use of appropriate behaviors to meet his/her needs? This is different from the 6-month review and annual IFSP review.

- 1 () Yes
- 2 () No
- 3 () Don't know

21. Thinking about the needs of your child and family, are there any changes you would like to see made in Alabama's Early Intervention System or your family's particular Early Intervention Program?

22. What kinds of workshops or additional information would be most helpful to you and your family?

25. These last few questions are just for classification purposes. First, what is the child's race?

1 () American Indian/Alaska Native

2 () Asian

3 () Black/African American

4 () Hawaiian/Pacific Islander

5 () White

6 () 2 or more races (list as appropriate) _____

7 () Refused/NA (*Do not read!*)

26. What is the child's ethnic background?

1 () Hispanic/Latino 2 () Non-Hispanic

27. What age range is the child in?

1 () 0-12 months 2 () 13-24 months 3 () 25-36 months 4 () Refused/NA (*Do not read!*)

28. Is your (parent or guardian) primary language something other than English?

1 () Yes

2 () No →SKIP TO Q30

3 () Don't know

29. Do you have a limited understanding of English?

1 () Yes

2 () No

3 () Don't know

30. What is the zip code of your residence? _____

31. In what county do you live? _____

32. What is your income category?

1 () Under \$15,000

2 () \$15,000-\$24,999

3 () \$25,000-\$34,999

4 () \$35,000-\$49,999

5 () \$50,000-\$74,999

6 () \$75,000-\$99,999

7 () \$100,000 or more

8 () Refused

That completes our questions. Thank you for your time.