



**CA Policy Center**

for Intellectual & Developmental Disabilities

—RESEARCH, POLICY AND ACTION—

# **California's Early Intervention Workforce Shortage:**

Impacts on Children, Families, and  
the Early Start Service System

**SEPTEMBER 2026**



# THE IMPACT OF THE EARLY INTERVENTION WORKFORCE SHORTAGE IN CALIFORNIA

## Executive Summary

In California, Early Start is the state's Early Intervention Program enacted in 1986 under the Individuals with Disabilities Education Act (IDEA; 20; U.S.C., Section 1431 et seq.). The purpose of the program is to identify and support families who have infants and toddlers birth to 3 years old who have developmental delays, disabilities, or established risk of delays, and provide services through a coordinated, family-centered system of services. Early Intervention services are determined based on the child and family's assessed needs and include services such as speech therapy, physical therapy, occupational therapy, infant development, nutrition, family education and training, nursing, as well as other important developmental services.<sup>1</sup>

Increasing demand for early intervention services combined with on-going workforce shortages has created substantial barriers to timely access to services for Early Start families across the state. To better understand these challenges, the California Policy Center for Intellectual and Developmental Disabilities (CPCIDD) conducted a statewide study examining the early intervention workforce and its impact on California families. Information for this report was collected through surveys, focus groups, one-to-one interviews, state and national data sources, and existing research. Participants included early intervention service providers, Early Start service coordinators, Family Resource Centers, and families participating in the Early Start program.

The findings demonstrate that California's early intervention workforce shortage is affecting every level of the Early Start system. Providers who participated in the focus groups and interviews reported significant challenges recruiting and retaining qualified professionals. They identified several factors that they said contribute to the workforce shortage including reimbursement rates that do not support competitive wages, increasing labor market competition, visit cancellations create unstable income, administrative requirements continue to grow, and many university programs provide limited preparation for careers

in early intervention. It was noted that workforce shortages are particularly severe for occupational therapists, physical therapists, speech-language pathologists, feeding specialists, and bilingual providers, especially in rural and culturally and linguistically diverse communities.

Family Resource Centers described similar workforce challenges, including outdated funding formulas, difficulties competing with other employers for qualified staff, and the need for greater recognition of their role in the larger context of early intervention. Despite these challenges, Family Resource Centers continue to play a critical role by connecting families to services, providing peer support, strengthening family engagement, and helping families successfully navigate complex systems.

Early Start service coordinators reported that workforce shortages have significantly increased their workload and administrative responsibilities while making it more difficult to connect families with timely services. Although California has invested in reducing caseload ratios, service coordinators continue to spend substantial time searching for available providers, documenting unmet service needs, managing family expectations, and responding to delays caused by limited provider capacity. They also identified occupational therapy, physical therapy, speech-language pathology, feeding therapy, and bilingual services as the most difficult services to secure.

Families consistently described Early Start as a life-changing program that has contributed to meaningful developmental gains for their children while providing education, guidance, and emotional support for families and providers. At the same time, families reported that navigating the system can be confusing and overwhelming, particularly for those entering Early Start for the first time. Many experienced delays in accessing occupational therapy, physical therapy, speech therapy, behavioral intervention, and other specialized services because of workforce shortages and provider turnover. Families explained that these delays often resulted in developmental regression, increased challenging behaviors, heightened family stress, and missed opportunities during a critical period of child development. Families who participated in the focus groups and

<sup>1</sup> Department of Developmental Services, Early Start Services <https://www.dds.ca.gov/services/early-start/what-is-early-start/>

interviews also identified inconsistent regional center policies regarding missed visits, provider turnover, limited access to bilingual providers, and challenging transitions from Early Start to preschool or Lanterman Act services as areas needing improvement.

**Across all stakeholder groups, there was strong consensus that addressing workforce shortages will require coordinated statewide action.**

**Participants recommended strengthening the early intervention workforce through:**

- Partnerships with universities to establish early intervention specialization tracks,
- Increasing awareness of early intervention as a professional career
- Expansion and incentivizing recruitment and retention efforts in underserved communities
- Improving reimbursement rates and workforce compensation
- Supporting training and mentorship for new professionals
- Updating the Early Start Personnel Manual
- Standardizing statewide policies related to missed visits and make-up services
- Expanding flexible service delivery models such as therapeutic playgroups, parent coaching, and hybrid service options
- Strengthening transition planning from Early Start to school or regional center services
- Standardizing policies for interpreters when needed for bilingual service delivery
- Strengthening support for Family Resource Centers

The findings in this report clearly demonstrate that California's Early Start program delivers meaningful and lasting benefits for infants, toddlers, and their families. At the same time, the findings underscore an urgent need to strengthen the early intervention workforce to ensure that all children and families served in the program can access timely, high-quality services.

Workforce shortages have created barriers to

timely access, increased demands on providers and service coordinators, and placed additional stress on families during one of the most critical periods of child development. Addressing these challenges will require a coordinated statewide workforce strategy that combines competitive reimbursement, targeted recruitment and retention initiatives, academic partnerships, expanded training opportunities, standardized statewide policies, and continued investment in Family Resource Centers and other family-centered supports.

## INTRODUCTION

California's Early Start program is the nation's largest early intervention services delivery system with an average of over 8,400 referrals each month and an average of 55,000 infants and toddlers with active Individual Family Service Plans (IFSPs) in any given month in 2022<sup>2</sup> The state data shows consistent increases in the Early Start population over the last decade with fluctuations in the 2020-2021 and 2025-26 fiscal years.<sup>3</sup> The increase in demand for services coupled with the challenges providers face recruiting and retaining their workforce has led to a serious workforce shortage that impacts the delivery of early intervention services for families who have infants and toddlers in the Early Start Program.

This report takes an in-depth look at the challenges faced by Early Intervention service providers, Early Start service coordinators, Family Resource Centers, and families who have infants and toddlers that need these essential services. The data and information used to inform this report was collected through surveys, focus groups, one-to-one interviews, state and national data sets, and existing research.

The California Policy Center for Intellectual and Developmental Disabilities (CPCIDD) and the Infant Development Association (IDA) partnered to co-host five focus groups with Early Intervention (EI) Providers throughout the state to learn more about the challenges they face recruiting and retaining their workforce. The most common challenges the providers shared included compensation, labor market competition, lack of awareness about the profession, income instability, and changes to employment law from Assembly Bill 5.

<sup>2</sup> State Performance Plan/Annual Performance Report: Part C

[https://www.dds.ca.gov/wp-content/uploads/2025/02/2022\\_EarlyStart\\_PartC\\_AnnualPerformanceReports.pdf](https://www.dds.ca.gov/wp-content/uploads/2025/02/2022_EarlyStart_PartC_AnnualPerformanceReports.pdf)

<sup>3</sup> Department of Developmental Services, Budget Information <https://www.dds.ca.gov/transparency/budget-information/>

## BACKGROUND ON EARLY INTERVENTION RATES AND THE 2019 DDS RATE STUDY

In response to years of underfunding, frozen rates, and rate reductions the California Legislature passed ABX2-1 in 2016, which required the Department of Developmental Services (DDS) to submit a comprehensive rate study to the legislature by March 2019. The purpose of the rate study was to evaluate current rate setting methodologies, consider alternative rate setting methodologies, simplify and modernize service codes, and inform longer term rate reform.<sup>4</sup> Recommendations from the rate study included standardization of service descriptions, billing codes, and payments.

Prior to implementation of the rate study the rates for early intervention services were set by DDS based on provider cost statements, fee schedules, regulation or statutes. The rate study applied the independent rate model approach to develop the service codes. In constructing the rate models there were five primary cost areas used to establish the base rate for each service code which included:

- Direct service staff wages
- Direct service staff benefits
- The productivity of direct service staff (proportion of time providing billable services)
- Program operation costs
- Program administrative expenses

Additional costs factors were incorporated depending on the unique nature of the service which could include factors such as staffing ratios, staffing levels, attendance/absence factors, travel related costs, facility costs, and

program supplies.<sup>5</sup> For example, the initial base rate for the Early Intervention Specialist 1:1 under service code 805 was developed by adding the direct care staff wages and benefits, mileage, supervision, and administration and program operations costs for a total rate per billable hour of \$88.03 per hour.<sup>6</sup> [see Table 1] The base rate for each regional center was adjusted to account for regional difference using the cost difference in direct care worker wages, travel distance-time adjustment, and real estate.

**TABLE 1**

Infant Development Program – Early Intervention Specialist, Home and Community-Based 1:1 [see base rate adjustments beginning on page 2023 for all regional center infant development rates]

**DDS Vendor Rate Study - Rate Models**  
prepared for California Department of Developmental Services  
**Infant Development Program - Early Intervention Specialist, Home-and Community-Based, 1:1**

|                                      | Base Model                                                    | Alta           | Central Valley | East Bay       |
|--------------------------------------|---------------------------------------------------------------|----------------|----------------|----------------|
| Unit of Service                      | Hour                                                          | Hour           | Hour           | Hour           |
| Direct Care Staff Wages and Benefits | - Percent of Direct Care Staff Working Full-Time              | 100%           | 100%           | 100%           |
|                                      | - Direct Care Staff Hourly Wage                               | \$29.01        | \$27.56        | \$27.56        |
|                                      | - Employee Benefit Rate (as a percent of wages)               | 17.27%         | 17.78%         | 17.78%         |
|                                      | - Workers' Compensation Rate (as a percent of wages)          | 2.82%          | 2.82%          | 2.82%          |
|                                      | Hourly Staff Cost Before Productivity Adj. (wages + benefits) | \$34.84        | \$33.24        | \$33.24        |
|                                      | <i>Productivity Adjustments</i>                               |                |                |                |
|                                      | Total Hours                                                   | 40.00          | 40.00          | 40.00          |
|                                      | - Travel Time Between Individuals                             | 4.91           | 6.14           | 6.14           |
|                                      | - Recordkeeping and Reporting                                 | 2.23           | 2.14           | 2.14           |
|                                      | - Supervision and Other Employer Time                         | 0.45           | 0.43           | 0.43           |
|                                      | - Missed Appointments (not redirected to other tasks)         | 0.89           | 0.85           | 0.85           |
|                                      | - Collateral contacts (not billable)                          | 2.68           | 2.57           | 2.57           |
|                                      | - Interdisciplinary team case reviews/planning                | 1.34           | 1.29           | 1.29           |
|                                      | - Training                                                    | 0.48           | 0.48           | 0.48           |
|                                      | - Paid Time Off                                               | 3.85           | 3.85           | 3.85           |
| Mileage                              | "Billable" Hours                                              | 23.17          | 22.25          | 22.25          |
|                                      | Productivity Factor                                           | 1.73           | 1.80           | 1.80           |
|                                      | <b>Staff Cost After Productivity Adj. per Billable Hour</b>   | <b>\$60.27</b> | <b>\$59.83</b> | <b>\$59.83</b> |
| Supervision                          | - Number of Miles Traveled per 40-Hour Week                   | 200            | 250            | 250            |
|                                      | - Number of Miles Adjusted for Mix of FT and PT Staff         | 200            | 250            | 250            |
|                                      | - Amount per Mile                                             | \$0.575        | \$0.575        | \$0.575        |
|                                      | Weekly Mileage Cost                                           | \$115.00       | \$143.75       | \$143.75       |
|                                      | <b>Mileage Cost per Billable Hour</b>                         | <b>\$4.96</b>  | <b>\$6.46</b>  | <b>\$6.46</b>  |
| Admin. and Prog. Operations          | - Supervisor Hourly Wage                                      | \$50.34        | \$47.82        | \$47.82        |
|                                      | - Supervisor Benefit Rate (as a percent of wages)             | 13.20%         | 13.49%         | 13.49%         |
|                                      | - Workers' Compensation Rate (as a percent of wages)          | 2.82%          | 2.82%          | 2.82%          |
|                                      | Weekly Supervision Cost                                       | \$2,336.18     | \$2,224.78     | \$2,224.78     |
|                                      | - Number of Direct Care Staff Supervised                      | 10             | 10             | 10             |
| Rate                                 | <b>Supervision Cost per Billable Hour</b>                     | <b>\$10.08</b> | <b>\$10.00</b> | <b>\$10.00</b> |
|                                      | Cost per Hour, Before Program Operations and Administration   | \$75.31        | \$76.29        | \$76.29        |
|                                      | - Daily Program Operations Costs                              | \$10.00        | \$10.00        | \$10.00        |
|                                      | <b>Program Operations Cost per Billable Hour</b>              | <b>\$2.16</b>  | <b>\$2.25</b>  | <b>\$2.25</b>  |
|                                      | - Administration Percent                                      | 12.0%          | 12.0%          | 12.0%          |
| Rate                                 | <b>Administration Cost per Billable Hour</b>                  | <b>\$10.56</b> | <b>\$10.71</b> | <b>\$10.71</b> |
|                                      | <b>Rate per Billable Hour</b>                                 | <b>\$88.03</b> | <b>\$89.25</b> | <b>\$89.25</b> |

4 DDS, Rate Study and Rate Models (March 2019) <https://www.healthmanagement.com/wp-content/uploads/DDS-Vendor-Rate-Study-Report.pdf>

5 DDS, Rate Study and Rate Models (March 2019) <https://www.healthmanagement.com/wp-content/uploads/DDS-Vendor-Rate-Study-Report.pdf>

6 Burns and Associates, Vendor Rate Study, Development of Rate Models <https://www.healthmanagement.com/wp-content/uploads/All-Rate-Models-Statewide.pdf>

**Many Early Intervention providers expressed concern that the rate study base rate model assumptions for Infant Development Program service codes 805 and 116 were inherently flawed for the following reasons:<sup>7</sup>**

- Provider costs were artificially depressed because current rates were too low ultimately underestimating the true cost of providing services
- Assumptions didn't align with and/or include actual costs providers incur such as recruitment, hiring, onboarding and staff-turnover costs
- Wages and benefits assumption were based on assumed averages and did not reflect actual competitive labor market demand
- Staffing and productivity assumptions didn't reflect actual experiences of providers

## IMPACT OF ASSEMBLY BILL 5 ON EARLY INTERVENTION PROVIDERS

Assembly Bill (AB) 5 is a California law, enacted in 2020, that changed the way workers are classified and drastically reduced the circumstances under which workers can legally be classified as independent contractors.<sup>8</sup> State workforce research and data sets kept prior to AB 5 do not contain occupation level statistics on the number of individuals who reported being independent contractors.<sup>9</sup> However, the vast majority of EI providers who participated in the focus group discussions reported that prior to AB 5 utilization of independent contractors for speech therapy, physical therapy, and occupation therapy, as well as infant development specialists, was common place.

The law became effective after the 2019 DDS rate study was submitted to the legislature so the impacts of AB 5 were not considered in rate model assumptions. The rate models were constructed

using provider surveys (cost reports and operational data), published labor market data, regional cost adjustments, state administrative claims and utilization data, as well as stakeholder feedback and consultation. Early intervention providers reported that, although the rate model assumptions were developed using an employee-based wage structure, the models did not adequately account for the costs associated with transitioning a workforce from independent contractor to employee status. Commonly used conversion estimates suggest that the total cost of employing a worker—including payroll taxes, benefits, insurance, and other employer-related expenses—can increase labor costs by approximately 25% to 40% above the base wage<sup>10</sup>.

Stakeholders in the Early Intervention community advocated for a rate adjustment based on concerns raised about the rate model assumptions and changes related to AB 5. They were successful in getting an 8.2% supplemental rate adjustment for service codes 805 and 116 which became effective January 1, 2021 (Assembly Bill 79). The adjustment was conditional for one year but later made permanent through Assembly Bill 136 once the federal government approved matching funds.

The rate study, in part, sought to standardize service definitions and consolidate service codes to simplify billing and reduce billing for services under multiple different codes. Initially the rate study assumed that services billed under service code 805 would be limited to “special instruction” such as early childhood teachers and infant development specialists while other professionals like speech, occupational, and physical therapists would bill under service codes that correspond to their professions.<sup>11</sup> However, in November 2024 DDS issued a Rate Reform Directive that provided guidance on the new billing and rate structures associated with service codes 805 and 116.<sup>12</sup> The new billing and rate structure provided for subcodes based on provider type, including differentials for professionals and assistants. Many of the EI providers who participated in the focus groups voiced concern that having separate rates for professionals and assistants does not accurately

7 DDS, Rate Study Public Comment and Responses, <https://www.dds.ca.gov/services/early-start/>

8 Assembly Bill 5 (2019) <https://legiscan.com/CA/text/AB5/id/2054107>

9 University of California Berkely, Labor Center <https://laborcenter.berkeley.edu/independent-contracting-in-california/>

10 Employosome, How to Convert a Contractor to an Employee, Complete 2026 Guide <https://employsome.com/blog/convert-contractor-to-employee/>

11 DDS, Rate Study and Rate Models (March 2019) <https://www.healthmanagement.com/wp-content/uploads/DDS-Vendor-Rate-Study-Report.pdf>

12 DDS, Rate Reform Directive, Rate Reform Implementation for Early Start and Infant Development, <https://www.dds.ca.gov/services/early-start/>

reflect the collaborative, team-based nature of early intervention service delivery but instead reduces service delivery to isolated or discrete encounters.

## **HOLD HARMLESS PROVISION IN THE RATE STUDY**

Prior to implementation of the rate study some EI providers had legacy or negotiated rates which meant that their rate was set through individual negotiations with the regional center(s) they were vendored with rather than a set state rate. The rate study contained a “hold harmless” provision for providers who had negotiated rates that were higher than the new rate established by the rate study. That provision temporarily prohibited rate reductions for providers whose existing rates were higher than the rates set by the rate study. The purpose of the hold harmless was to ensure continuity of services and give providers time to transition to the new rate model. Early Intervention providers under the hold harmless expressed concern that the new rates would not be sustainable and ultimately result in limiting or reducing services to the families they serve. The hold harmless provision was initially set to end June 30, 2026 but during the 2025-2026 state budget negotiations the end date was accelerated by four months to February 28, 2026 to reflect a cost savings of \$75 million dollars.<sup>13</sup> Several of the service providers expressed their frustration with the hold harmless provision and the acceleration of the end date stating that it will affect their ability to provide services.

## **QUALITY INCENTIVES**

As part of rate reform the state adopted a new payment methodology to incentivize quality outcomes for individuals receiving services. Under the new payment methodology providers are paid 90% of their rate with the opportunity to earn the other 10% based on established quality incentives.<sup>14</sup> In September 2022, the DDS established the Quality Incentive Program (QIP) as well as a workgroup to

provide guidance and feedback on the development of the QIP. The workgroup identified Early Intervention as one of the six focus areas to develop quality improvement measures for with corresponding performance targets and incentives.<sup>15</sup>

The QIP was controversial among the EI providers that participated in the focus groups because although they agreed that measuring quality outcomes in service delivery is essential they felt that the rate structure was a rate reduction disguised as an incentive. In addition, they argued that there are many contributing factors, including serious workforce shortages, that are out of their control ultimately shifting the workforce burden and financial risk onto the providers.

## **IMPACT OF THE EARLY INTERVENTION WORKFORCE SHORTAGE ON SERVICE PROVIDERS**

Early intervention service providers are critical partners in addressing the workforce shortage because they are responsible for recruiting, employing, supervising, and retaining the professionals who deliver services to infants, toddlers, and families. Their direct experience managing the workforce gives them important insight into the factors that influence whether professionals enter and remain in early intervention, including reimbursement rates, compensation, benefits, administrative requirements, supervision costs, cancellations, travel and non-billable time, and competition from other healthcare and education settings.

To gain a better understanding of the experiences and perspectives of the EI service providers CPCIDD, in partnership with the Infant Development Association (IDA) conducted a series of five statewide focus groups with EI service providers who provide a wide range of services to families in the Early Start programs. In addition to the focus groups CPCIDD conducted eleven one-on-one interviews with Early Intervention service providers and sent surveys to providers

13 Legislative Analyst's Office, 2025-26 Spending Plan, Health and Human Services <https://lao.ca.gov/Publications/Report/5086>

14 Department of Developmental Services, Quality Incentive Program, Executive Summary <https://www.dds.ca.gov/services/early-start/>

15 Department of Developmental Services, Regional Center Directive September 23, 2022, Quality Incentive Program <https://www.dds.ca.gov/services/early-start/>

statewide.<sup>16</sup> The most common challenges identified by the providers were low compensation due to rate structure, constricted labor market competition, visit cancellations and non-billable time, training and supervision requirements, limited awareness of Early Intervention as a profession, the outdated Early Start Provider Manual, limited pool of bilingual providers, and potential changes in professional qualification requirements.

## LOW COMPENSATION/LABOR MARKET COMPETITION

Several of the participating Early Intervention (EI) providers reported receiving rate increases under the current reimbursement structure, while others reported rate decreases as a result of the hold harmless provision being lifted. Regardless of whether their rates increased or decreased, providers consistently reported that current reimbursement levels are insufficient to support competitive salaries, comprehensive benefits, or meaningful wage increases needed to recruit and retain a stable, qualified workforce. The participating providers also reported that it was very common for them to lose employees – across all early intervention service types - to regional center, school districts, clinics, or county programs. In some cases providers said there was a \$20,000 - \$30,000 difference per year between what they can pay and what the school districts can pay for the same position.

Understanding projected tenure in the Early Intervention (EI) field is particularly important because it provides insight into workforce stability, retention risk, and future workforce capacity. A recent national longitudinal study of the early intervention and early childhood special education workforces found that 40% of EI therapists/providers and ECSE teachers surveyed reported being somewhat or extremely likely to leave the field within the next five years.<sup>17</sup> Although the CPCIDD survey did not ask a projected tenure question, findings from that national study raises concern when considered alongside the recruitment and retention challenges reported by EI providers in California.

Nearly 80% (79.72%) of the California EI providers surveyed for this report indicated that they have experienced challenges hiring enough multidisciplinary team members to support the current number of children and families they serve [See Table 2]. Speech-language pathologists, occupational therapists, and physical therapists were identified as the most difficult positions to fill [See Table 4]. Retention also emerged as a significant concern, with 81% of surveyed providers reporting that they experienced employee turnover within the previous 12 months. Among employees who left their positions, 72% did so after accepting another employment opportunity.

Table 2

***Do you experience challenges hiring enough multidisciplinary team members to support the current number of children/families you serve?***

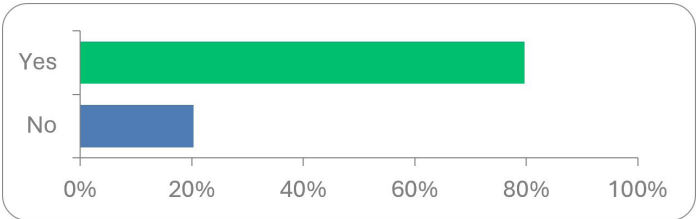
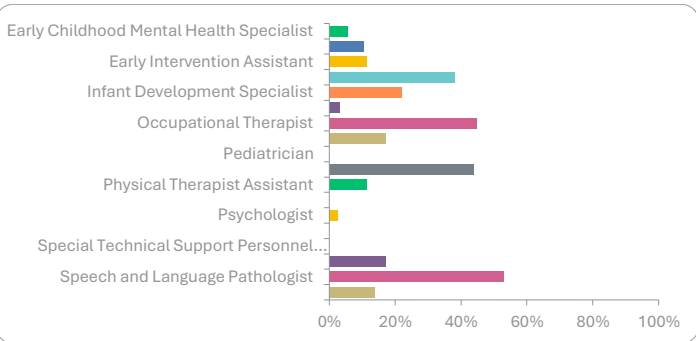


Table 3

***If you do experience challenges hiring enough multidisciplinary team members to support the current number of children and families you serve, which team members are the most challenging to hire? (Check all that apply)***



## VISIT CANCELATIONS AND

16 CPCIDD EI Provider Survey (2025), N=147

17 Annenberg Institute, Brown University, Ed. Working Paper No. 25-1437, The Early Intervention and Early Childhood Special Education Workforce: A Descriptive Evidence on Demographics and Turnover in Oregon, (2025)



## NON-BILLABLE TIME

In California Early Start (IDEA Part C), a missed appointment generally means a scheduled early intervention visit – infant development, speech, occupational, or physical therapy, or other services identified in the IFSP – did not occur at the agreed upon time. Missed appointments occur for different reasons including family cancellation or no show, provider cancellation, or both parties agreed to cancel the visit. Regional Centers are required to monitor missed visits as part of the federal reporting requirement under IDEA Part C documentation and therefore require providers to document and explain why a scheduled visit did not occur.

Family cancellations and no-shows were reported as one of the most significant barriers to workforce retention because excessive cancellations create paycheck instability. The term paycheck instability refers to unpredictable income, paycheck to paycheck,

because of visit cancellations or no shows that cannot be billed for or made up. Since implementation of AB 5 the vast majority of the EI workforce are classified as non-exempt hourly employees. Under California labor law if an employee reports to work or is scheduled to work and work is not provided, the employer still owes the employee reporting time pay.<sup>18</sup> Reporting time pay is at least 2 hours of pay or up to half the scheduled shift so EI providers (employer) are required to pay at least 2 hours if a visit is canceled without enough notice to inform the employee so they do not report to work for that visit. If one or more visits are canceled with sufficient time to notify the employee, that could result in less hours worked for the employee for that week and therefore a reduction in how much they earned that pay period.

The rate of visit cancellations and no-shows was cited as a significant issues for all the EI providers that participated in the focus groups and interviews with some reporting upwards of a 30% cancellation or no-show rate. The higher the cancellation or no-show rate

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18 Department of Industrial Relations, Reporting Time Pay [https://www.dir.ca.gov/dlse/faq\\_reportingtimepay.htm](https://www.dir.ca.gov/dlse/faq_reportingtimepay.htm)

the greater the financial hardship because the providers still have to pay their employees for their time. Providers recognize that there are many contributing factors that impact the rate of visit cancellations and no shows including sick children, sick family members, scheduling conflicts with work, and most recently for some families the political strain and fear of the Immigration and Customs Enforcement (ICE) has increased the rate of cancellations and no-shows. However, they felt that since many of the factors are beyond their control they should not have to bear the associated financial risk and burden that ultimately creates a financial hardship.

There is no specific mandate at the state or federal level that requires a missed EI appointment to be made up. However, many regional centers do allow for a visit to be made up but each regional center has their own policy governing how and when visits are allowed to be made up. Some regional centers have language in their vendor Request For Interest (RFI) instructions that include an attendance policy and specific guidelines for what reason and when missed visits can be made up.<sup>19</sup> Other regional centers may include attendance or missed visit policies in their contract with the vendor, their internal policy manuals, or approved program designs.

## LIMITED AWARENESS ABOUT EARLY INTERVENTION AS A PROFESSION

Early Intervention is structurally under recognized as a profession because it was designed to be a multidisciplinary workforce that delivers interdisciplinary services to families who have infants and toddler with developmental delays or are at risk for developmental delays. Early intervention tends to be viewed as a professional practice that is applied by different professionals who deliver a range of services, rather than a stand-alone profession. Professionals on the multidisciplinary team are typically identified by their license, credential, or discipline such as speech therapist, early childhood special education teacher, or infant development specialist who provide early intervention services.

Early intervention (EI) providers who participated in the focus group discussions and interviews identified limited recognition of early intervention as a distinct professional field as a factor contributing to workforce shortages. They noted that academic programs vary considerably in how early intervention is incorporated into professional preparation, with some offering dedicated coursework and clinical experiences focused on infants and toddlers, while others integrate early intervention concepts within broader pediatric coursework. For example, the American Speech and Hearing Association standards require Speech Language Pathology programs to prepare students in communication development and disorders across the life span, however programs have considerable flexibility in the coursework and how the required knowledge and skill are incorporated into the curriculum.<sup>20</sup> As a result, providers said they often see new graduates enter the workforce with strong discipline-specific knowledge and technical skills but limited understanding of the early intervention system and practice.

## TRAINING AND SUPERVISION

Training and supervision for new graduates and professional assistants was raised as a concern and workforce challenge specifically as it pertains to retention. The majority of the EI providers said there is often a strain on both the supervisor and the new graduate or assistant because of the limited time and resources for training and supervision. They reported that supervisors often have high caseloads, with some cases being very complex, which can make it difficult to carve out enough time for the direct observations, coaching, and the reflective supervision required to develop the skills needed for the complexities of EI practice. The EI providers also discussed the challenges new graduates and assistants experience as a result of limited training and supervision which can include lower professional confidence levels, higher levels of secondary traumatic stress, and isolation from co-workers. Research shows that the strain caused by limited training and supervision can lead to early career burnout and higher turnover rates especially

19 San Gabriel Pomona Regional Center, Request for Interest, Early Intervention Therapeutic Services, <https://sgprc.org/wp-content/uploads/2025/04/RFI-Early-Intervention-Therapeutic-Services-2023-2024.pdf>

20 American Speech and Hearing Association, 2027 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology. [https://www.asha.org/certification/2027-slp-certification-standards/?srsltid=AfmBOooGgGra\\_zotChLJfAp-1CKzMsor3MR5d12zBcH5k-trNckjGeRsk](https://www.asha.org/certification/2027-slp-certification-standards/?srsltid=AfmBOooGgGra_zotChLJfAp-1CKzMsor3MR5d12zBcH5k-trNckjGeRsk)

within the first three years.<sup>21</sup>

While some of the EI providers said they have to absorb the entire cost of training and supervision others acknowledged that the rates do have an assumption for training and supervision but it is inadequate and does not accurately account for the time it takes to properly supervise and train new graduates or assistants. There was consensus among all of the providers that proper training and supervision is critical to developing and retaining a strong EI workforce. However, they also said there is a serious disconnect between the expectations for licensed professionals (i.e. SLPs, OTs, and PTs) who train new graduates and supervise assistants and their compensation (based on the rate models) which is a deterrent for experienced professionals to take on that role. For example, effective July 1, 2024, Speech and Language Pathologists' scope of supervision was expanded to allow SLPs in CA to supervise three full-time equivalent, but not more than six support personnel at any given time.<sup>22</sup> In addition to several other statutorily defined responsibilities, supervisors are required to provide direct supervision for at least 20% of the SLPAs' work for the first 90 days of initial licensure for each SLPA they supervise.<sup>23</sup> Several of the providers said given the time and travel requirements it is just not feasible for them to take their most senior or experienced therapists out of the service rotation to provide the required supervision.

The rate models account for supervision costs by distributing them across the billable hours of the licensed professional, effectively embedding the cost of supervision within the service rate. Participating providers reported that this approach creates a significant challenge because licensed professionals must maintain sufficient billable caseloads while also dedicating the time necessary to appropriately train and supervise assistants. As a result, providers said the amount of supervision that can realistically be supported within the rate does not always reflect the actual time and workload required. Some providers reported absorbing a substantial portion of the costs associated with training and supervision, describing

the combined supervisory and billable workload as unrealistic and unsustainable. Others indicated that they have chosen not to utilize assistants because their organizations cannot absorb the additional costs associated with providing the level of training and supervision required.

## EARLY START PERSONNEL MANUAL

The IDEA requires states to have a comprehensive system of personnel development (CSPD) that includes procedures, strategies, and activities to recruit and retain appropriately and adequately trained personnel to provide EI services and coordinate transition services.<sup>24</sup> The California Early Start Personnel Manual (ESPM) is guidance that complies with the IDEA requirement. The ESPM, which is reviewed and recommended by the Interagency Coordinating Council on Early Intervention, establishes the foundational principles, competencies, and practice expectations for professionals providing services within California's Early Intervention system.

**The ESPM is intended to strengthen the quality and consistency of Early Intervention services by establishing a statewide framework to ensure the following:<sup>25</sup>**

- Identify the personnel employed in the Early Start service delivery system.
- Emphasize underlying foundational principles essential to the interactive function of every Early Start team member
- Present the core knowledge that is necessary for Early Intervention Specialists (EIS) and Early Intervention Assistants (EIA)
- Describe role-specific competencies and supervised fieldwork needed for the EIS and the EIA incorporating current research and evidence in the field of early intervention
- Recommend Early Start entry and certification requirements for the EIS and EIA and identify potential advanced training options

21 The Role of Continuing Professional Training of Development in Maintaining Current Employment: A Systematic Review Healthcare (Basel) 2023 Nov 3;11(21)

22 16 CCR § 1399.170.16 Maximum Number of Support Personnel

23 New SLPA Supervision Requirements, <https://www.csha.org/new-slua-supervision-requirements-effective-july-1-2024/>

24 U.S. Department of Education, Part C Administrator Technical Assistance Guide 2024 <https://sites.ed.gov/idea/files/OSEP-Part-C-TA-Guide-Professional-Development.pdf>

25 The Department of Developmental Services, Early Start Personnel Manual, A Guide for Planning and Implementing Professional Development in Support of Early Intervention Services (November 2010)

- Provide information for preservice training institutions, participating agencies, individual practitioners and families
- Clarify terminology related to the manual content by providing definitions of key concepts within early intervention practice

Although the ESPM is guidance and does not carry the weight of law or regulation, the EI providers said that in their experience Regional Centers, EI service providers, and the Department of Developmental Services (DDS) view it as a guide for professional development, quality practice, and ensuring compliance with staff/ personnel qualifications. Many of the EI providers who participated in the focus groups voiced concern that the 2010 ESPM is outdated and misaligned with how EI services are currently delivered and funded. For example, they noted that there have been significant changes in policy and practice over the last fifteen years as a result of the rate study, Covid-19 pandemic, remote services, provisional eligibility for children transitioning from Early Start, and a philosophical shift to include coaching and capacity building for the family in addition to directly serving the child.

## OTHER WORKFORCE ISSUES THAT IMPACT SERVICE DELIVERY

**The EI providers who participated in the focus groups and interviews identified several other workforce-related issues that they believed warranted further discussion. Providers reported:**

- Significant challenges hiring bi-lingual staff, especially speech therapists, which creates longer wait times and reduces timely access to services
- Inconsistent support among the regional centers for the use of interpreters during speech therapy sessions when bilingual providers are unavailable
- Concern that new credential requirements for EI staff could constrain an already limited workforce and not properly account for the already existing qualified EI professionals<sup>26</sup>
- Caution using virtual services because there are many benefits such as increased flexibility and reduced travel times but it should not be used to replace in-person services
- Concern that current rates do not recognize or

account for Infant Development Specialists that have Masters degrees

## Conclusion and Recommendations

Early Intervention providers across California continue to experience significant challenges recruiting and retaining a qualified workforce. Workforce shortages, reimbursement rates that do not adequately reflect the cost of providing services, limited opportunities for specialized Early Intervention training, increasing administrative responsibilities, and growing demand for services are all factors that EI providers said contribute to persistent staffing challenges.

The participating Early Intervention providers identified several policy, workforce, and system improvement recommendations to strengthen recruitment, retention, and long-term workforce capacity:

- Standardize regional center policies regarding missed visits or cancellations to allow providers to bill for or make up visits
- Convene a statewide Early Intervention workgroup consisting of providers, families, Regional Center representatives, institutions of higher education, professional associations, and state agencies to review and modernize the Early Start Program Manual (ESPM) and ensure policies reflect current evidence-based practices and workforce realities.
- Expand specialized Early Intervention training pathways by partnering with universities and professional training programs to establish Early Intervention concentrations or specialization tracks within speech-language pathology, occupational therapy, physical therapy, nursing, social work, psychology, special education, and related disciplines
- Develop targeted workforce recruitment and retention initiatives in culturally and linguistically underserved communities, including scholarships, paid internships, loan repayment programs, bilingual incentives, and career pathway programs that increase the number of qualified professionals who reflect the diversity of the families served.

26 DDS, Rate Reform Directive D-2024-Rate Reform – 003, <https://www.dds.ca.gov/services/early-start/>



Family Resource Centers all share the same core values of providing family centered services but they often differ in size, structure, and the services they offer. The FRCs are funded through a mix of state and federal dollars with some receiving grants and/or other contracts for services. However, the FRC Directors report that funding is a significant challenge because the funding formula is outdated and does not account for cost of living increases, caseload growth, or the real cost of services.

A statewide focus group was conducted with Family Resource Centers (FRCs) to better understand their role within California's Early Start system and the workforce challenges they face in supporting infants, toddlers, and families. The discussion included broad statewide representation, with participants from FRCs serving diverse geographic regions and communities across both urban and rural areas.

## THE IMPACT OF THE EARLY INTERVENTION WORKFORCE SHORTAGE ON FAMILY RESOURCES CENTERS

Family Resource Centers (FRCs) are community-based, family-run organizations that support and assist families who have children with developmental delays, disabilities, or special health care needs to navigate the state's early intervention system. There are 47 FRCs throughout the state that serve all 21 regional centers. They were established in 1993 through a combination of the Individuals with Disabilities Education Act, Part C, California Early Start law (Gov Code §95000–95029), and operationalized under the California Code of Regulations, Title 17.

**The laws and regulations require regional centers to collaborate with FRCs to provide family centered services that include but are not limited to:**

- Parent-to-Parent Support
- Family Education
- Information and Referral
- Outreach and Public Awareness
- Assistance Accessing Services

## THE ROLE OF FAMILY RESOURCE CENTERS IN THE EARLY INTERVENTION SERVICE SYSTEM

Family Resource Centers are integral to California's Early Start program because in addition to providing direct family support they also engage in system-level support to strengthen services for the families they serve. Focus group participants shared that there are representatives from the FRCs that serve on many state and local advisory committees including, but not limited to, the state and local Interagency Coordinating Council (ICC) on Early Start, Regional Center Advisory Committees, Master Plan for Developmental Services, Special Education Local Plan Areas (SELPA) Community Advisory Committees, Pre-school Transition Planning Councils, Help Me Grow Coalitions, First 5 County Commission Workgroups, and other important community advisory committees. They also collaborate with other system partners to share information, host community events, and serve as a hub for families to connect with other systems and services.

**Their role as advisors in these committees is essential to the system because they represent families, independent of service providers or authorization agencies, and are in a unique position to do all of the following:**

- Report the real barriers families experience in accessing information and services
- Increase family engagement by working with system-level partners to improve their family engagement policies and practices
- Reduce disputes in services
- Reduce disparities through system navigation for families
- Ensure service are usable by all families and not simply just compliant with the law

One of the core responsibilities of a FRC is to help families understand, access, and actively participate in early intervention services for their child so they can support their child's development to the greatest extent possible.<sup>27</sup> The focus group participants were all employees of a FRC, some began as parent volunteers, but they were all parents of children with disabilities who have had experience navigating the Early Start system. They described the important and unique nature of FRCs, noting that they are primarily staffed by parents or family members with lived experience supporting and caring for a child with a disability. Further, they shared that the parent to parent connection creates a sense of belonging and trust that fosters family engagement. One of the participants described their role as a FRC employee by saying; "It is really great that what we do is... we are teaching families and then they go out and they become ambassadors in their communities. They are taking what they are learning or support they are receiving from us, as well as us collaborating with community partners. That is vitally important to be able to do that."

There was an in-depth discussion about the valuable role that Family Resource Centers (FRCs) play in identifying and addressing needs beyond the family's initial reason for referral. Although families often seek assistance for a specific concern, conversations

with FRC staff frequently reveal additional areas where they could benefit from support, resources, or services. For example, families are often referred to their local FRC when they first receive a diagnosis for their child so they get more information about Early Start services and other community services that may be available to them based on their child's disability. However, it is not uncommon for families to share information about other life circumstances that lead FRC staff to recognize they may need support in other areas. The focus group participants underscored the importance of the trust and respect that is built when there is a shared or common experience as it leads to a greater likelihood that the families will continue to engage in the early intervention system.

All of the focus group participants said FRCs struggle to be recognized as early intervention service providers because they are often seen as a resource rather than a service provider. Although they all agreed that they are an essential resource they also said FRCs should be recognized as early intervention providers because they provide essential family support services that are often the bridge between families and education or therapeutic early intervention services. Participants also expressed concern that the limited recognition of FRCs as essential early intervention service providers, combined with a fixed funding structure, contributes to workforce instability. They explained that base funding allocations are outdated and often do not reflect the actual number of families served or the increasing costs of recruiting and retaining qualified staff in a competitive labor market.

## **FAMILY RESOURCE CENTER WORKFORCE**

Family Resource Centers do not have mandated staff-to-family ratios so staffing patterns and practices can look different for each FRC as long as they provide the family support they are required to provide. The participating FRCs reported a wide range of staffing models, reflecting differences in organizational size, funding, and community needs. Some FRCs operated with only a small number of full-time employees who assumed multiple responsibilities, while others had a single executive director supported by a larger team of part-time staff.

27 Family Resource Centers, <https://www.dds.ca.gov/services/early-start/family-resource-center/>



**Across the participating organizations, staffing structures included a variety of positions, such as:**

- Director
- Director of Education Services
- Director of Community Services
- Program Coordinator
- Family Support Specialist
- Administrative Support
- Community Navigator
- Parent/Family Volunteer

All of the positions are paid positions with the exception of the parent/family volunteer. A key difference between FRC staff positions and other early intervention service providers lies in the educational requirements for employment.<sup>28</sup> Although there are no mandated minimum requirements for FRC staff, qualifications are based on an individual's lived experience as a parent or family

member of a child with a disability, experience and ability to navigate that Early Start system, and overall ability to support parents and families to navigate systems and services.

It is important to note that the Community Navigator position is funded separately through an augmentation within the Early Start program and is not part of the FRC base allocation. In 2021, the Legislature authorized funding for DDS to establish the Community Navigator Program across all 21 regional center catchment areas in partnership with the Family Resource Centers Network of California (FRCNCA). The program was designed to help reduce disparities in access to regional center services by providing additional support to individuals and families who may experience cultural, linguistic, socioeconomic, or other barriers to navigating the developmental services system.<sup>29</sup> Community Navigators are individuals with lived experience, share language, community, and culture, that work 1:1 with families to provide support in accessing and utilizing regional center services as well as generic resources.<sup>30</sup>

28 Family Resource Center Network of California, Professional Development <https://frcnca.org/professional-development/>

29 Welfare & Institutions Code 4519.9

30 DDS, Community Navigator Program <https://www.dds.ca.gov/rc/disparities/community-navigator-program/>

## **BARRIER TO RECRUITING AND RETAINING THE FRC WORKFORCE**

The FRCs face many of the same challenges recruiting and retaining their workforce that other EI service providers face including low wages, labor market competition, prohibitive travel costs, and limited childcare options for parents that have children with disabilities.

The FRC Directors all said they have a uniquely dedicated workforce but staffing can often be a challenge for several reasons including higher numbers of part-time staff, high need for bilingual staff, staff often need extended time off to care for a family member who may have complex needs, and low compensation relative to other similar roles in the EI system. It is common for staff to begin as a parent volunteer and over time move into a paid position. However, all of the FRC Directors agreed that the low pay is a significant barrier to recruiting and retaining their workforce. One Director summed up the conversation about pay with the following comment "Our staff deserve to have the same pay as everyone else in the industry – the low pay has eroded our capacity in a way that we can't continue to hope that people will want to do this job out of good will – it is not charity."

California's sector-specific minimum wages—including \$20.00 per hour for fast food workers and \$25.00 per hour for entry-level healthcare positions—has created additional labor market pressures for Family Resource Centers (FRCs). FRC Directors reported that while many individuals are passionate about supporting families and making a meaningful difference in their communities, they are often unable to accept positions with FRCs because the wages do not keep pace with the high cost of living. FRC Directors also noted that many FRC outreach positions require skills and responsibilities that are comparable to community outreach, patient services, and care coordination roles within the healthcare sector. However, these healthcare positions frequently offer wages that are \$5.00 to \$6.00 per hour higher than comparable FRC positions, making it increasingly difficult for FRCs to recruit and retain qualified staff in an increasingly competitive labor market. As a result, many qualified candidates pursue higher-paying entry-level employment opportunities in the health care industry.

In addition, FRC staff frequently move from the FRC to the regional center or another EI provider after getting experience and building knowledge about the developmental services system. Although many of the Directors said they are happy for their staff growing in their careers they also acknowledge that it directly impacts retention.

The focus group participants identified several other barriers that affect their ability to recruit and retain a qualified workforce. Many positions require extensive travel for community outreach, home visits, and family support, resulting in significant mileage, vehicle maintenance, and travel time costs that can strain already limited organizational budgets. Directors also reported that the high cost and limited availability of childcare present a substantial obstacle for prospective employees, particularly for parents of children with significant disabilities who often face additional caregiving responsibilities and limited childcare options. Another frequently cited challenge is the burden of student loan debt. Although many individuals are drawn to the mission-driven work of FRCs and want to support families of children with disabilities, financial obligations often lead them to pursue higher-paying positions in other sectors.

## **Conclusion and Recommendations**

Family Resource Centers are an essential component of California's Early Start system, providing families with parent-to-parent support, education, information and referral, system navigation, and assistance accessing services. FRCs also serve an important system-level role by bringing the family perspective to state and local advisory bodies and helping identify barriers that may otherwise prevent families from fully accessing and participating in Early Start services. However, like other stakeholders in the EI service system, they struggle to recruit and retain an adequate workforce to meet the needs of the families they serve.

The participating FRCs stressed the importance of being recognized as EI providers and urged inclusion in workforce development strategies or investments that would help strengthen the FRC workforce. They offered several recommendations for strengthening the FRC workforce which include the following:

### Recommendations for strengthening the FRC workforce

- Modernize the FRC funding formula. The FRC funding methodology should reflect the actual cost of providing services, including changes in the cost of living, growth in the number of families served, competitive workforce compensation, mileage, insurance, outreach, and other operational expenses.
- Formally recognize FRCs as Early Intervention service providers. Establish state policy and guidance that clearly recognizes the role FRCs in the service system.
- Include FRCs in statewide Early Intervention workforce investments and planning. FRC employees should be included when California develops workforce initiatives, compensation strategies, professional development opportunities, recruitment campaigns, and other investments intended to strengthen the Early Intervention workforce.
- Develop career pathways for FRC employees. Develop structured career pathways that allow parent volunteers, Family Support Specialists, Community Navigators, and other FRC employees to build upon their lived experience and system knowledge through training, credentials, mentorship, and opportunities for advancement.
- Increase awareness of FRCs within Early Intervention professional preparation programs. Partner with colleges, universities, and other programs preparing Early Intervention professionals to provide greater exposure to the role of FRCs, family-centered practices, parent-to-parent support, and the importance of partnering with individuals with lived experience.
- Preserve and build upon the Community Navigator model. Continue supporting the Community Navigator Program and consider lessons from the model when developing broader FRC workforce strategies.

## THE IMPACT OF THE EARLY INTERVENTION WORKFORCE SHORTAGE ON REGIONAL CENTER EARLY START SERVICE COORDINATORS

Early Start Regional Center Service Coordinators support families of infants and toddlers with developmental delays, disabilities, or established risk conditions by being the primary point of contact to help coordinate the different services and supports within the regional center system. Service coordinators work with families, Early Intervention service providers, local educational agencies (LEAs), regional centers, and other community partners to identify, coordinate, and facilitate access to the services and supports identified in each child's Individualized Family Service Plan (IFSP). The IFSP is a written plan that identifies the individualized Early Intervention services and supports necessary to address the developmental needs of the child and the priorities and needs of the family.

Early Start service coordinators have unique insights into systemic service access barriers, workforce shortages, and provider capacity issues because they are at the center of the system navigating both family needs and provider capacity in real time. These insights are critical to understanding early intervention service access challenges, which services are most challenging to access, the impact to the families they serve, and potential solutions to help address the access challenges. To gain a deeper understanding of these experiences, CPCIDD conducted four focus groups and distributed surveys to Early Start Service Coordinators across California, receiving input representing 17 of the state's 21 regional centers.

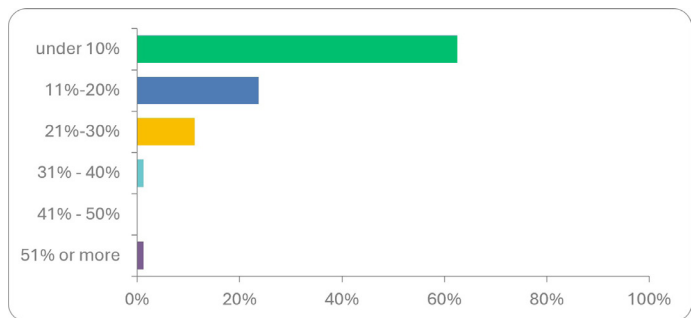
It is clear that the early intervention workforce shortage has a direct impact on whether families can get timely access to all of the EI services authorized in their IFSPs. Nearly 70% of the Early Start Service Coordinators surveyed reported that they have families/children on their caseload are not receiving the full amount of authorized services due to the workforce shortage.<sup>31</sup> The majority of service coordinators (62%) said that the number of families on their caseload that are unable to access all of the authorized services is 10% or less, followed by 24%

31 CPCIDD, Early Start Service Coordinator Survey, N=104

of the service coordinators reporting 11%-20% of their caseload not being able to access all authorized services, and just over 11% reported 21%- 30% of their caseload being unable to fully access their authorized services. [See Table 4]

**Table 4**

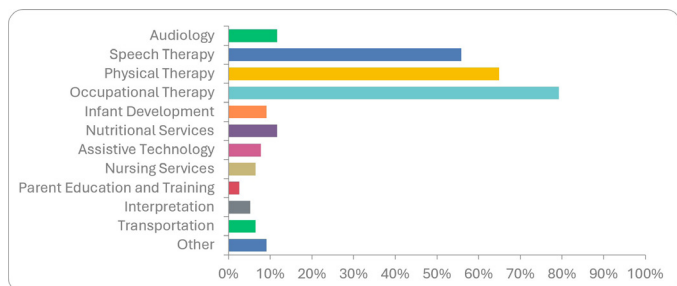
If you have children/families not receiving the full amount of authorized services due workforce shortages, approximately what percent are not receiving the full amount of authorized services?



## EARLY INTERVENTION SERVICE ACCESS CHALLENGES

Service coordinators were asked to identify the top three most challenging services to find for the families on their caseload in order to help identify the most critical service access challenges and the impact to families. According to the survey respondents the top three most challenging early intervention services to access are occupational therapy, physical therapy, and speech therapy. [See Table 5]. The majority of focus group participants concurred that therapeutic services (SLP, OT, and PT) were most the difficult services to access followed by feeding specialist and applied behavior analysts.

**Table 5**



The service access challenges become even more severe for families who live in rural areas or who need the services delivered in another language.

### Focus group participants provided several examples of the challenges they encounter when trying to find services for the families on their caseload:

- We have over one hundred children in our Early Start program that are on a waiting list for speech services because we don't have enough SLPs in our catchment area to meet the needs of the families. We have a higher Spanish and Mixteco speaking population but we don't even have one SLP that speaks either of those languages.
- We serve 9 counties most of which are rural and some families live in very rural areas that take several hours to get to which makes it extremely hard to find in-home services for infant development, speech, OT, PT, and feeding specialist especially for our Spanish speaking families. Sometimes we can find providers willing to do remote services but many of our families don't want that for early intervention services.
- My caseload is all rural and it is very difficult to find providers who will travel that far because they can only see 2 or 3 families the entire day – sometimes the providers will go to a town somewhat close to the families but the families have to meet them there or travel to clinic which they often do want to do.
- Since rate reform we are having a harder time getting in-home services in rural areas because the providers are unable to cover the cost of travel so we are scrambling to find support for our families – one of our providers decided to stop providing services all together because they were under the hold harmless but now cannot afford to stay in business
- Most of our catchment area is urban and suburban but we still have a very difficult time find PT because there is simply an overall shortage of PTs willing to provide EI services – doesn't matter if it is in-home or clinic based, we just don't have the providers.
- It is very difficult to find feeding specialists and even more difficult when it comes to finding providers who are willing to do feeding consults because it takes about 2 hours per feeding consult but the rates don't reflect the time it actually takes

Other service access issues raised by some of the focus group participants included provider safety, Immigration and Customs Enforcement (ICE) raids, and the number of providers that are returning early intervention cases to the regional center because they are unable to serve the family. There were several comments related to provider safety and bad experiences that have led providers to discontinue sending staff into known dangerous neighborhoods or high crime areas. Several service coordinators reported that there has been a notable increase in the number of families who do not want people coming to their homes because they are afraid of ICE even though they are citizens. It was also noted that more providers are returning cases to the regional center because they are unable to meet their service needs due to the workforce shortage and the serious lack of therapists that can provide the services.

## TIMELY ACCESS TO EARLY START SERVICES

Timely access to services is essential for infants and toddlers receiving Early Start services. The law requires services to begin within 45 days of the IFSP being signed.<sup>32</sup> However, the majority of service coordinators said it can be very difficult to meet that 45 day timeline for certain services depending on what the service is and where the family lives. To gain a better understanding of the challenges service coordinators experience meeting the statutory timelines we asked focus group participants approximately how long it takes from the time the child/family is qualified for services to the time they begin to receive the services authorized in their IFSP.

### The following are some of the responses reported by Early Start service coordinators:

- We have a lot of vendors in our catchment area so I reach out to one at a time to see if they can accommodate the family's service needs. I can find some services like infant development within 2 weeks to a month but PT is much harder and can easily take 2 months or longer
- It really depends on the service but 1 -2 weeks is typical unless it is a hard to find service or specialty service which can take much longer. We also experience delays because it is common for parents to request an opportunity to interview

the provider to make sure they are a good fit which can make the process take longer

- PT is always so hard to find so it takes much longer to find if we are able to find it at all
- Sometimes we can find a provider who has limited availability of the harder to find services like speech, OT, or PT but the times are not compatible with the family's schedule, especially when the parents are working which can significantly delay services
- It is highly dependent on the type of services we are looking for – some providers will allow “push in” services in natural environments like daycare but others will not which can make it difficult to secure services in a timely manner
- We can usually find most services within a few weeks unless it is OT then it could be months
- We have a mix of rural and urban counties but we only have 1 PT for all three of our rural counties and 1 OT but they only service one of the counties. We simply do not have the professionals to provide the services so it can take months and we often end up sending referrals to pediatricians because we don't have any other option, unfortunately the pediatricians often re-refer that child/family back to us so it becomes this circular and unproductive referral process. Sometimes we can offer clinic based services but it can be a long drive for parents or we can offer remote but many parents do not find remote services for PT or OT very helpful.
- The number of providers I have to contact before getting families connected to services can vary greatly and really depend on the services being sought – for ABA or feeding specialists we can be waiting for weeks or months
- Some kids are waiting 3 – 6 months for PT because we don't have enough therapists to meet the need
- It really depends on the service and whether the family needs bilingual/bicultural services. We have several families who speak Cantonese and/or Mandarin but we do not have any therapists (speech, OT, PT) who can deliver services in those languages. We can use interpreters as a last resort but that comes with its own challenges too because they don't always know the medical or assessment terms so parents don't get all the information they way they need it

32 Individuals with Disabilities Education Act, Section 303.310 <https://sites.ed.gov/idea/regs/c/d/303.310>

## THE IMPACT OF THE WORKFORCE SHORTAGE ON CHILDREN AND FAMILIES

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The EI workforce shortage has a direct impact on access to services for families who have infants and toddlers with disabilities or are at risk for disabilities. Several of the service coordinators said that delays in services, especially significant delays, result in parents and children not getting the much needed supports for optimal development. They also said that infants and toddlers in the Early Start Program have a relatively short period of time to access early intervention services and when those critical services are not delivered in a timely manner the children can fail to make progress in their development. They all concurred that time is of the essence for these infants and toddlers and every effort should be made to strengthen the EI workforce to ensure continuity of care and services. Service coordinators who participated in the focus groups shared the following experiences about the impact of the workforce shortage on the children and families they serve:

- Families are frustrated because they cannot access some of the most critical services for their child's development and they worry that their child will not make progress or even backslide
- Some families do not have the means to travel long distances, sometimes 2-3 hours, twice a week to get to a clinic for EI services leaving them feeling very overwhelmed and guilty about not being able to get their children the help they need
- Some families will accept remote services if there is no other option but they say it is much harder and not as effective as in-person services
- Parents are left without options and feel that they have to accept whatever they can get. Some families don't feel like a "take or leave it" approach to meeting their child's needs is helpful so they rather go without the services and try it on their own
- Some parents are really struggling because they are trying to navigate insurance, generic resources, and regional center services all at the same time. They know what they are authorized for but feel very defeated when they are continuously being told that we are still looking for a provider
- We are not authorizing services for no good

reason, these kids and families have needs that are not being met because we don't have enough therapists to provide the services they need

- Frustration, anger, and sadness – parents feel all those emotions and more when they feel that their child is suffering because they can't get the help they need
- Sadly, many of the children on our caseloads are experiencing greater delays as they wait for these therapies
- We have some cases where parents have to cross county lines just to get some EI services
- The lack of feeding specialists is the worst – the deep frustration and pain parents feel when their babies are not able to eat is so hard to see
- Families are juggling the impossible – driving all over to get a service here or there, racing home for another because the therapist only has one time available, trying to meet the needs of their other children, working, and keeping a household together – that is hard enough by itself but imagine that if the parent is a single parent...just about impossible.

## THE IMPACT OF THE EARLY INTERVENTION WORKFORCE SHORTAGE ON SERVICE COORDINATOR'S ABILITY TO COORDINATE SERVICES

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Participating Early Start service coordinators were asked how the early intervention workforce shortage affects their ability to coordinate services for families on their caseloads. Service coordinators consistently reported that the workforce shortage has a compounding effect on nearly every aspect of service coordination. They described increased workloads, additional administrative responsibilities, significant time spent searching for available providers, and frequent strained relationships with the families when they cannot find services in a timely manner.

Several service coordinators said the issue is really two-fold when it comes to the impact of the workforce shortage in EI because the Early Start service coordinator workforce also has to be sufficient to adequately support the families. They highlighted concerns regarding caseload ratios and the ongoing

challenges of recruiting and retaining the Early Start service coordinator workforce. In fiscal year 2022-23 the legislature mandated a reduction in caseload ratios for Early Start service coordinators.<sup>33</sup> Prior to the new mandate of 1:40 the caseload ratio was 1:62 but many service coordinators reported having significantly more families on their caseload, and some reported still having caseloads that exceed the 1:40 ratio.

It is worth noting that over half (59%) of the Early Start service coordinators who responded to the survey reported being an Early Start services coordinator for three years or less. The increase of new service coordinators aligns with the mandate to hire additional service coordinators to be in compliance with the new ratio requirement. However, many of the service coordinators (including new service coordinators) said new Early Start service coordinators need time to become familiar with the Early Start system, vendors, resources, regulations, and addressing complex family situations. In the context of workforce development this is known as time to proficiency which refers to the period of time it takes to gain the knowledge, skills, and experience needed to perform the job.<sup>34</sup> This is a particularly important part of the discussion for service coordinators, just as it is for EI providers, because even though the positions may be filled, it takes time to develop the skills to operate proficiently which is a workforce issue that can also impact how EI services are accessed and delivered.

## INCREASED WORKLOAD, DIFFICULTY MEETING TIMELINES AND COMPLIANCE REQUIREMENTS

One of the most significant impacts of the EI workforce shortage is the difficulty service coordinators face in meeting required timelines and compliance obligations. When providers are not able to accept new families, service coordinators must spend extensive time searching for alternative service options, contacting multiple agencies, and repeatedly following up on referrals. Service coordinators report that the shortage creates a

cycle in which the time devoted to locating services limits the time available for documentation, family support, case management, and other essential duties.

Service coordinators discussed the extra workload that is created when they cannot find services or there are significant delays in accessing the authorized services. For example, each Regional Center has a process for documenting unmet needs which occurs when service coordinators are unable to find a provider to provide one or more authorized services for a child/family.

### **The process for documenting unmet needs can be very time consuming because, depending on the Regional Center, service coordinators have to do the following:**

- Document the need that is not being met, the frequency, intensity, type of service authorized, and why the service is necessary based on the IFSP
- Document all efforts made to find the services including vendors contacted, follow-up contacts, alternative services sought or offered, coordination efforts with insurance
- Write a detailed explanation describing the barriers that are prevent service access (i.e. provider shortages, long waitlists, transportation, insurance denials, or underserved areas, etc.)
- Obtain family signatures documenting family acknowledgment of the unmet needs

Further, the responsibility and increased workload does not end once the documentation for unmet need has been submitted because service coordinators are expected to continue looking for services to meet the needs of the family, periodically re-contact the providers, monitor provider level waitlists, and update the family about efforts to find the services. It is also worth noting that some of the service coordinators reported feeling a lot of pressure for things that are often out of their control because unmet needs can trigger a corrective action for the Regional Center even though the underlying cause is a lack of providers and/or workforce shortage.

<sup>33</sup> Welfare and Institutions Code 4640.6(c)(4) [https://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=4640.6&lawCode=WIC](https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=4640.6&lawCode=WIC)

<sup>34</sup> Academy of Management Journal, Vol.30, No. 2, Time to Proficiency Following Job Transfers <https://journals.aom.org/doi/10.5465/256278>



#### Other increases in workload that were attributed to provider/workforce shortages included:

- Increase in IFSP addendums that service coordinators are required to do when there is a delay in obtaining services or a change in provider availability
- Additional meetings and/or communications with families
- Significant time spent trying to find providers who can provide interim solutions or partial services

### THE IMPACT ON SERVICE COORDINATOR AND FAMILY RELATIONSHIPS

The vast majority of participating Early Start service coordinators said that the workforce shortages often affect the relationship they have with the families on their caseload because parents get frustrated when services are delayed, unavailable, or located far from home. They reported that the relationship can become strained if families think they are not making an effort to secure services, even though the service coordinators report spending a significant amount of time trying find providers. Service Coordinators also discussed some of the challenges they experience in managing family

expectations specifically with regard to what the regional centers can pay for and that the type of service and frequency must be authorized through the IFSP process.

Some of the service coordinators reported having families who decline available services because of logistical concerns such as the services being long distances from their homes or in unsafe or unfamiliar areas. They also noted that even when services technically exist, transportation barriers, travel time, and concerns about service locations may make services inaccessible in practice. Several of the service coordinators said that too often these challenges increase emotional strain for both families and service coordinators and can contribute to conflict, dissatisfaction, and reduced confidence in the early intervention system for families who depend on these essential services.

### THE MAIN BARRIERS FOR PROVIDERS TO RECRUIT AND RETAIN WORKFORCE

Early Start service coordinators were asked to identify what they believed to be the primary



## REGIONAL CENTER MISSED VISIT POLICIES

Each regional center has their own policy for making up missed visits, however, when a family cancels or does not attend a scheduled visit, there is typically no requirement for the missed service to be rescheduled. Several service coordinators noted that frequent cancellations can create significant challenges for providers, and in some cases vendors may return a case if cancellations become excessive. They also shared that make-up visits are generally expected to occur within the authorized service period, often within the same week or calendar month depending on the terms of the provider's contract and the regional center's requirements.

Regional center representatives acknowledged that circumstances may arise that warrant flexibility for missed visits. Several of the service coordinators indicated that when extenuating circumstances prevent services from being delivered within the authorized timeframe, additional authorizations or purchase of service (POS) approvals may be considered on a case-by-case basis. Regional center staff emphasized their commitment to working collaboratively with providers and families to ensure children receive authorized services while balancing program requirements and fiscal accountability. Participants generally agreed that clearer and more consistent policies regarding missed visits and make-up services could help reduce administrative burden and improve service access for families.

## EXPANSION OF EARLY INTERVENTION SERVICE DELIVERY MODELS

Early Start service coordinators were asked whether there are alternative service delivery models that could help improve access to early intervention services while continuing to meet the individualized needs and priorities of the children and families on their caseloads. There was consensus among the service coordinators that expanding the continuum of Early Start services delivery models to include therapeutic playgroups and other community-based options could improve timely access to services, increase family choice and participation, meet the unique needs of each child, and provide more opportunities for children and families to learn in other natural environments outside of the traditional home-based services.

barriers affecting Early Intervention providers' ability to recruit and retain a qualified workforce. They attributed the challenges providers experience in recruiting and retaining their workforce to reimbursement rates, increased professional qualifications, and labor market competition.

### **The following are Highlights from the service coordinator discussion related to recruitment and retention of the workforce:**

- Reimbursement rates are a significant barrier because they do not reflect the true cost of providing the services especially when you factor in travel time, mileage bundling, and other indirect costs
- As education and credential requirements continue to increase it just gets harder and harder to find therapists that will provide services for the pay that is offered, for example physical therapists are required to have a doctorate now and they can make a lot more money in other sectors like health care and sports so they are less likely to work for an EI provider
- Even when we have enough vendors they don't always have enough therapists or staff to meet the needs of the families because they cannot pay a competitive wage which just shows the deep gap between workforce qualifications and compensation

California defines natural environment, consistent with the federal requirements under IDEA Part C, as *“Settings that are natural or typical for a same-aged infant or toddler without a disability, may include home or community setting and must be consistent with provisions of section 303.126.”*<sup>35</sup> Section 303.126 requires that early intervention services are provided *“to the maximum extent appropriate, in natural environments; and in settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP team, only when early intervention services cannot be achieved satisfactorily in the natural environment.”*<sup>36</sup> In December 2024, the DDS issued guidance to regional centers specific to delivering early intervention services in natural environments as well as criteria for delivering services outside of the natural environment. For services to be delivered outside the natural environment justifications must be provided and agreed upon by the IFSP team, including the parent.<sup>37</sup> Although there is flexibility in what is considered a natural environment – home, playground, library, daycare, community settings – many of the participating service coordinators stressed the importance of families having a choice because it is not uncommon for families to decline services in the home or other natural environments for a multitude of reasons.

There were two service coordinators from different regional centers who reported having one vendor that provides therapeutic playgroups but they said those vendors tend to have long wait lists, especially for the therapeutic playgroups. Several of the service coordinators said that expansion of therapeutic playgroups combined with a parent coaching model not only offers several benefits for the children and families but is also in alignment with the family-centered and capacity building principles of Part C of the IDEA. Suggestions for expanding complimentary early interventions services included increasing access to and utilization of therapeutic playgroups, discipline skill-specific groups, and interdisciplinary team clinics.

## Therapeutic Playgroups

Therapeutic Playgroups are structured, clinician-facilitated playgroups where children work on communication, social-emotional development, gross and fine motor skills, cognitive development, and other developmental skills through play while parents receive coaching and support. Playgroup services can be delivered a multi-disciplinary team of clinicians in a variety of natural and community-based environments such as Family Resource Centers, preschools, community centers, playgrounds, or other locations within the community.

## Discipline Specific Skills Groups

Discipline Specific Skills Groups are small group sessions that focus on development of a skill within a specific developmental domain such as speech, physical therapy, occupational therapy, or feeding under the direction of a licensed professional from that discipline. The small group sessions can be delivered in a variety of natural and community based setting depending on the needs of the children and families.

## Interdisciplinary Team Clinics

Interdisciplinary team clinics are coordinated evaluation and intervention programs in which professionals from multiple disciplines collaborate to assess children, develop integrated intervention plans, and provide specialized consultation during a single visit. These clinics are typically conducted in specialized settings, such as hospitals, outpatient centers, or university clinics, which are generally not considered natural environments under IDEA Part C. However, IDEA recognizes that certain specialized services may appropriately occur outside of a natural environment when the IFSP team determines they are necessary to achieve the child's developmental outcomes.

35 Department of Education, IDEA, Natural Environments <https://sites.ed.gov/idea/regs/c/a/303.26>

36 Department of Education, IDEA <https://sites.ed.gov/idea/regs/c/b/303.126>

37 Department of Developmental Services, Early Intervention in Natural Environments [https://www.dds.ca.gov/wp-content/uploads/2025/01/D-2024-EarlyIntervention-001\\_EarlyInterventionServices\\_In\\_NaturalEnvironments.pdf?utm\\_source=chatgpt.com](https://www.dds.ca.gov/wp-content/uploads/2025/01/D-2024-EarlyIntervention-001_EarlyInterventionServices_In_NaturalEnvironments.pdf?utm_source=chatgpt.com)

## OTHER ISSUES THAT IMPACT SERVICE DELIVERY

The participating Early Start service coordinators identified limited access to services during evenings and weekend as another important workforce issue that often limits families' ability to receive services. They shared that many families have two working parents and experience difficulty scheduling services during traditional business hours.

The majority of service coordinators also shared that language access remains a significant barrier to timely service delivery. They reported ongoing shortages of bilingual providers, particularly for families who speak Arabic, Japanese, Spanish, and other languages. While interpreter services are often available, families and providers noted that interpretation is not always an ideal substitute for receiving services directly from a provider who speaks the family's primary language. Language differences can delay service initiation, reduce opportunities for relationship building, and present challenges when coaching families during intervention sessions.

The limited number of professionals entering the EI workforce was also raised as a concern during the focus groups. The Early Start service coordinators stressed the importance of increasing awareness about the field of EI and the need to partner with higher education to develop more innovative ideas for expanding opportunities for students to learn about careers in early intervention as an option.

## Conclusion and Recommendations

Early Start service coordinators are in a unique position to help policymakers, DDS, workforce development experts, and other stakeholders understand the impact of the EI workforce shortage on families who have infants and toddlers with disabilities or who are at risk for disability, because they are the point of contact for families and providers. The participating service coordinators shared their experience and insights about the importance of taking a holistic approach to addressing the serious workforce shortages in early intervention. They believe that addressing the shortage will require a comprehensive strategy that includes addressing geographic and linguistic disparities, increase awareness and opportunities for people to enter the field of EI, rates

that support paying competitive wages, and flexible program designs that maximize utilization of existing EI therapists and EI providers.

### The participating Early Start service coordinators shared the following recommendations as potential strategies to address the EI workforce shortage:

- **Evaluate current EI rate structure.** DDS should provide for on-going rate structure analysis to ensure providers can pay competitive wages for all types of early intervention therapists, specialists, teachers, and staff.
- **Develop partnership agreements with higher education.** Regional Centers and service providers should develop partnership agreements with academic institutions in their catchment area to provide internships for students in any of the early intervention disciplines.
- **Expand the continuum of early intervention service delivery options.** Regional Centers should expand options to include therapeutic playgroups, discipline specific group sessions, a range of center-based options, and clinics based on the needs of the families in their catchment areas.
- **Standardize missed visit policy.** Establish a statewide missed visit policy that recognizes legitimate family emergencies but still balances the financial risk and burden for providers.
- **Engage Early Start service coordinators in workforce planning.** Include Early Start service coordinators in workforce development and planning efforts at the local, regional, and state levels to help identify critical workforce shortages and inform innovative strategies to address recruitment, retention, and service access challenges.

# THE IMPACT OF THE EARLY INTERVENTION WORKFORCE SHORTAGE ON INFANTS, TODDLERS, AND FAMILIES SERVED BY THE EARLY START PROGRAM

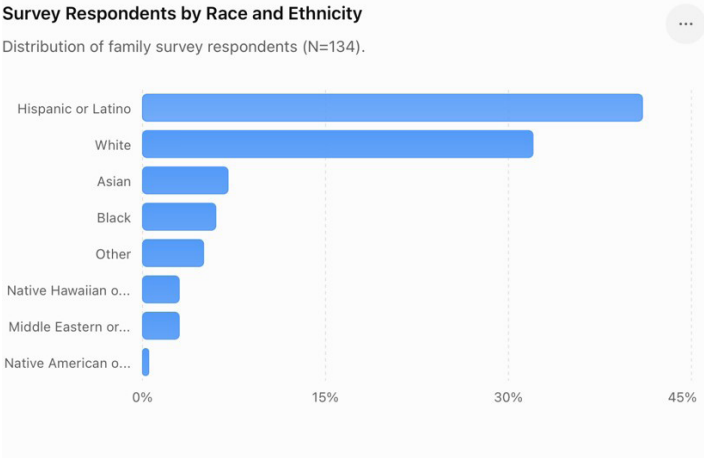
Families are a critical stakeholder when it comes to addressing the early intervention workforce shortage because they experience the impact of the provider shortage firsthand. They can provide important information about whether the workforce shortages result in delayed services, reduced services, waitlists, provider choice, travel distances, which services are harder to get, and other challenges they might experience. In addition to helping identify challenges, families are also in an ideal position to share innovative ideas or potential solutions to addressing the workforce shortages.

To better understand how the early intervention workforce shortage affects infants, toddlers, and families participating in California’s Early Start Program, CPCIDD gathered information directly from parents and grandparents whose children were currently receiving Early Start services or had participated in the program within the previous five years. Families were invited to share their experiences through surveys, individual interviews, and focus group discussions. To increase accessibility and participation, surveys and focus groups were offered in both English and Spanish. In total, 134 family members completed the survey, three family focus groups were conducted, and six family members participated in one-on-one interviews.

The family survey included questions about race and ethnicity, primary language, geographic location, age at referral to Early Start, the length of time required to complete the initial assessment and begin services, services that were difficult to access, and factors contributing to delays in service delivery. The focus groups and individual interviews provided an opportunity to explore family experiences in greater depth, including their overall experiences with the Early Start Program, the impact of service delays or disruptions, experiences with missed visits, perspectives on remote service delivery, and what families believe policymakers should understand about Early Start services and the needs of infants, toddlers, and their families.

The largest proportion of family survey respondents identified as Hispanic or Latino (41%), followed by White (32%), Asian (7%), Black (6%), Other (5%), Native Hawaiian or Other Pacific Islander (3%), Middle Eastern or North African (3%), and Native American or Alaska Native (less than 1%). The "Other" category included respondents who identified as Spanish, Portuguese, Indigenous, Chicano, Mixed Race, or Afghan. [See Table 6]

Table 6



English was the primary language spoken by the majority of survey respondents (86%), followed by Spanish (10%), Chinese (1%), and Russian (1%). Note: 2% of the respondents skipped this question.

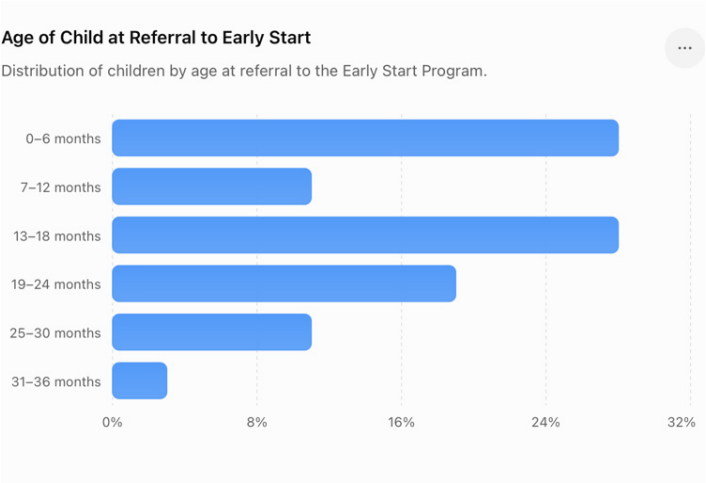
The majority of survey respondents (58%) reported living in suburban communities, followed by 34% who resided in urban areas and 8% who lived in rural communities.

Understanding how families enter the Early Start system is important for several reasons including estimating projected need for immediate and future services. Nearly half of the families (46%) reported learning about Early Start services through their local regional center. Pediatricians and other healthcare providers were the second most common referral source (25%), followed by family members or friends (13%). An additional 10% of respondents selected "Other," indicating they learned about Early Start through sources such as their own professional experience in early intervention or education, the State Council on Developmental Disabilities, or resources within the foster care system. Childcare

providers accounted for 4% of referrals, while Family Resource Centers were identified by 2% of respondents as their initial source of information about Early Start services.

Age at referral can help determine whether children are being identified early enough, whether certain families or communities experience later referrals, and how workforce-related delays may affect children differently depending on when they enter the system. The family survey found that children were referred to the Early Start Program across the full birth-to-three age range, although referrals were concentrated during the first 18 months of life. The largest proportions of respondents indicated that their child was referred between birth and 6 months of age (28%) or between 13 and 18 months of age (28%). An additional 19% were referred between 19 and 24 months, while 11% reported referrals between 7 and 12 months and another 11% between 25 and 30 months. Only 3% of respondents reported that their child was referred between 31 and 36 months of age.

Table 7



## ELIGIBILITY ASSESSMENT

The Individuals with Disabilities Education Act (IDEA), Part C requires that, unless exceptional family circumstances exist, the evaluation and assessment process, determination of eligibility, and development of the initial Individualized Family Service Plan (IFSP) be completed within 45 calendar days of referral.<sup>38</sup> Survey findings indicate that the majority of children

were assessed within the required timeframe, with 90% completing the assessment process within 45 days. However, 10% of respondents reported that their child’s assessment occurred beyond the 45-day timeline, indicating that a portion of families experienced delays during the first stage of accessing Early Start services.

|     |                      |
|-----|----------------------|
| 10% | 0-7 days             |
| 35% | 8- 14 days           |
| 18% | 15 – 21 days         |
| 10% | 22-28 days           |
| 11% | 29 – 35 days         |
| 4%  | 36 – 45 days         |
| 10% | greater than 45 days |

## TIME FROM ELIGIBILITY DETERMINATION TO EARLY INTERVENTION SERVICE INITIATION

Understanding how long it takes for a child to begin receiving Early Start services after being determined eligible is a critical measure of the system's ability to provide timely intervention. To better understand the system’s capacity families were asked how long it took for their child to begin receiving Early Start services after being determined eligible. The findings indicate that most families were able to access services within a reasonable period of time, although a notable proportion experienced delays beyond the first month.

Nearly three-quarters of respondents (73%) reported that services began within four weeks of eligibility determination. Specifically, 28% of families indicated that services started within two weeks, while the largest proportion of respondents (45%) reported that services began between two and four weeks after eligibility was determined. These findings suggest that, for many families, the Early Start system was able to connect children with services in a timely manner following completion of the Individualized Family Service Plan (IFSP).

However, approximately one-quarter of families experienced longer wait times before services began.

38 Individuals with Disabilities Education Act, Part C, Subpart D, Section 303.321 <https://sites.ed.gov/idea/regs/c/d>

Eighteen percent reported waiting between five and eight weeks, 3% waited between nine and twelve weeks, and 5% indicated that their child did not begin receiving services for more than twelve weeks after being determined eligible. Overall, 26% of families reported waiting longer than one month to begin services.

Another important measure of system capacity is whether the child and family received all of the services authorized in the IFSP. The majority (78%) of families said they received all of the services authorized in the IFSP, while 18% said they received some but not all of the authorized services, and 4% said they were not able to access any of the authorized services.

Families who reported that they were unable to access one or more authorized Early Start services, or who experienced significant delays in receiving those services, were also asked which services were the most difficult to access. Physical therapy, occupational therapy (including feeding therapy), speech therapy, nursing (especially overnight), vision therapy, and applied behavior analysis (ABA) were among the most difficult services to access for the survey respondents.

There were 84 families who reported experiencing delays in accessing authorized Early Start services. Those families were asked whether limited provider capacity, workforce shortages, scheduling conflicts, or other reasons contributed to those delays. The most commonly reported reason was a shortage of qualified therapists or staff, with 31% of respondents indicating that workforce shortages prevented their child from accessing services in a timely manner. Another 28% reported that delays were caused by limited provider capacity, explaining that there were not enough vendors available to deliver the specific authorized services, and 24% identified scheduling conflicts as a contributing factor for delays in services. In addition, 17% of the families responded with "other" factors that contributed to delays in accessing services which included the following:

- **I am not sure what the cause of the delay was but regional center moved very slow and there was limited communication from the service coordinator**
- **Red tape**
- **The therapist canceled which postponed the first visit, then we ended up having to switch providers all together**

- **The vendor took more than 2 months to begin providing services**
- **We were never given a reason – just a long delay in access**
- **Services were significantly delayed to the point that my child aged out and did not receive services after the assessment because regional center said medical insurance should provide and pay for the services but insurance denied us and the appeal took a long time. Legal representation is too expensive so we are still without any services.**

The family focus groups and one-to-one interviews were designed to gain a better understanding of the family experiences in the Early Start program and the impacts of the early intervention workforce shortage on the children and families. Overall, most of the parents/grandparents expressed a deep appreciation for the Early Start services their family receives. They attribute significant developmental gains, improvements in communication, social interactions, motor development, and family engagement to the Early Start program. However, many of the families also shared their frustrations related to navigating the complex Early Start system and eligibility criteria, waiting for therapy services once approved, provider turnover, limited information, and challenges with transition from Early Start to school or Lanterman Act services.

Families described a wide range of experiences with California's Early Start program, reflecting both the strengths of the system and areas where improvements are needed. Many families expressed gratitude for the services their children received, reporting meaningful developmental progress, supportive service coordinators, and high-quality providers. Parents valued programs that provided comprehensive supports, including therapy, parent education, advocacy training, and opportunities to connect with other families. At the same time, many families reported significant challenges navigating the Early Start system, citing limited communication, inadequate explanations of the process, long waitlists for specialized services such as behavior intervention, and uncertainty about available options. Several parents stressed the need for, and importance of, better transition planning when children exit Early Start, resources to help families understand the next

steps. Families shared the following comments about their overall experiences with the Early Start program:

- Our experience has been good
- It has been very confusing for us because the process was not explained well
- Overall pretty good because our service coordinator works with the local providers to find us services but we do see a lot of wait list programs
- I have 2 kids that receive Early Start services but my older child aged out a couple years ago and I wish there was more support for families when their kids are transitioning out of Early Start because that is not easy – we should have a checklist or exit meeting to walk us through what comes next especially if your child is not going to continue with the regional center
- Challenging because the process wasn't really explained well to us and our daughter has a lot of intense behaviors. We have been waiting for behavioral services but we have not been able to get her the behavioral support she needs. We just have a general development person that comes in to play with her but we need behavior support and parent coaching so we can learn how to help her
- I have 3 kids served by the regional center. We attend an inclusive center based program that includes parent participation and it is amazing -it has been a god send for us and I don't know what I would do without it. They cover everything – so much growth and development has occurred, they have speech, OT, PT consults and services that really helped, my daughter is in an inclusive class now but I know she would have had to go to a severe class if she didn't get all that she did from the center-based program. We are a Spanish speaking family and it is so nice to have providers that speak my language and understand my culture. Parents get so much out of this program – parenting classes, advocacy training, time with other parents, and a lot a really great support.
- I am so grateful for the center-based program because I cannot have more people come to my house – it is too much, we share a multigenerational household and people coming and going is just not possible
- Overall, very happy, I really like all the services my child is getting. He is talking more and expressing more, interacting with others more - I am seeing a lot of progress in my child

- I don't really understand the system. There is a huge knowledge gap for parents and it is hard to navigate this system. We have had very little communication from our service coordinator or education about what our options are. Every step of the way feels like a battle to get her any services. I have to call our service coordinator several times before I get a response, I heard from the service provider that we approved for services before I heard anything from our service coordinator

Early Intervention workforce shortages directly affect whether infants and toddlers in the Early Start program receive timely services. Families who participated in the focus groups shared their experiences with delays and disruptions in services which varied, but many described significant challenges accessing specialized therapies, especially OT, PT, and Speech. They also reported frequently encountering long waitlists as well as workforce shortages that resulted in delays ranging from a month to nearly a year before services began. Some families also said they experienced disruptions when therapists left and could not be replaced quickly, leading to missed visits or extended gaps in services. Several families noted that regional centers attempted to reduce the impact by authorizing alternative services, such as additional child development sessions, while they waited for specialized providers. Although some families reported receiving services without significant delays, the overall discussion highlighted the ongoing difficulty of recruiting and retaining qualified early intervention therapists and the impact these workforce shortages have on timely access to services for young children and their families. Below are some of the experiences shared by families when they were asked if they had experienced delays in services:

- Yes, we have definitely experienced delays because some services are almost impossible to find, especially therapists
- We have 2 children that needed Early Start services. We experienced a 3 month delay getting connected to an Early Start service coordinator with our first child. We were connected to a service coordinator pretty much right away with our second child but we did have a long delay getting OT because the providers have long wait lists for that service. While we were waiting for an OT the regional center did give us additional child development hours which was good because something is better than nothing and she helped us fill in some of the skills until we could get connected to an OT

- We did not experience delays in getting connected to most services but I think the shortage might have something to do with why we don't have a speech therapist – we have missed a few visits because the speech therapist left and there is no one to replace her yet
- We were without OT for quite a while because the OT we had left and they had the hardest time replacing her
- OT has been almost impossible to get, we have been waiting for a long time. We did get a registry OT but it was not a good fit at all because they did not have any EI experience and missed a lot of what my child needed
- We have not experienced delays or disruptions in services
- We experienced a couple delays – it took at least 2 months to find a PT and when they did find a PT to provide services there was only one time available that was not ideal because it means my daughter has 2 back to back services in the same day which is exhausting for her
- We had a recommendation for OT but that took a long time (10 months) to get approved and find a provider to deliver that service
- We learned about the regional center in the NICU – it took about 4 months for everything to get started with RC after we got out of the hospital – it took even longer to get OT (about 10 months)

Parents reported that interruptions in therapy often resulted in developmental regression, lost progress, and missed opportunities during the critical early childhood years when intervention is most effective. Delays in speech, occupational therapy, physical therapy and behavioral services were associated with increased communication challenges, lack of physical progress, heightened frustration, worsening behaviors, and, in some cases, severe tantrums and self-injurious behaviors. In addition the impact on children, families described significant stress, frustration, and feelings of sadness and helplessness because their children were struggling while waiting for services. Many parents also shared that navigating the Early Start system can be intimidating, particularly for families who are new to the program and uncertain about what services to request or how to advocate for their child. Although parents recognized the importance of persistent advocacy, they often felt reluctant to repeatedly contact service coordinators or providers. Families shared the following comments when they

were asked to describe the impact of service delays or disruptions:

- Service delays and disruptions have caused regression in my child, sometime major regression depending on how long the disruption or delay lasted
- There is a small window in early start for kids to get everything they need – it is so frustrating to watch your child backslide or not make any progress because there is no one to help them
- My children continued to struggle because I didn't know how to support them, especially with my first child, and I know that everyday counts in development in those zero to 5 years so it was really frustrating to watch my kids struggle when I knew they could be making progress and potentially even be meeting developmental milestones
- Communication based setbacks are so hard – delays in speech therapy - because my child gets so frustrated and when that happens his behaviors increased dramatically
- The therapy is so important because it helps him stay in our world and not disconnect from all of us in the family
- I didn't want to feel like a burden and keep following up or bothering the service coordinator or providers but I know I have to be an advocate for my child and other families
- It can be very intimidating for new families to ask for help – often don't even know what to ask for or who to ask
- Tantrums are increasing in frequency and severity – they are very intense tantrums and she will hurt herself and go after anyone who is near her. The scariest part is how she will hurt herself – I am not even sure she feels pain because she doesn't stop
- My child experienced major regression, it was horrible, we did a lot of work to get him to make progress and then service disruptions made it so hard because he went backwards
- Stress and frustration because I know how important this time in child development is
- If she had OT right away when it was recommended she may have made more progress and be more advanced

Families described missed visits and inconsistent or restrictive regional center make-up policies as a



significant source of frustration and stress. Several parents explained that when there is a canceled visit—often due to a child's illness—it must be made up within the same week or month depending on the specific regional center. Some families reported that it is very challenging to make up a visit (or visits) with short notice and said the policy seems punitive and unrealistic for families managing work, multiple children, and complex schedules. Parents also noted that workforce shortages frequently make it impossible to schedule make-up visits because there are not enough therapists available. Some families said they feel like their services are "use it or lose it" regardless of the reason for the missed visit. In addition to illness and scheduling challenges, one Spanish-speaking family described how increased Immigration and Customs Enforcement (ICE) activity in their community has created fear that has led some families to cancel appointments or avoid services altogether.

Overall, families emphasized that missed visits—particularly when they cannot be made up—represent lost opportunities during a critical period of child development and add unnecessary stress for families already navigating a complex service system. Below are some of the comments shared by families about their experience with missed visits or cancellations:

- **Yes and it is very frustrating because if a visit gets canceled for whatever reason you have to make it up within in the same week because the visits are authorized weekly – so if your kid is sick on a Thursday or Friday and you have to cancel then**

you can't make it up the next week which is super punitive to families

- The shortage and restrictions on make-ups it makes it really hard and frustrating for families because missing a week or two, for whatever reason, can result in a major set-back for the kids and families. This is especially hard for families that start the program later than what would be ideal so the kids need all that they can get
- Most RCs allow a calendar month for make-ups but some do weekly
- Cancellations are very frustrating because I am managing so many household schedules with four kids – if a cancellation happens I document it and ask for a make-up in writing but that doesn't always happen
- It feels like "use it or lose it unless you can prove it". We were approved for 20 hours but only used 10 because there were not enough therapists
- We have moved some visits around but it hasn't been too often – we had a couple visits that we missed and they were just missed visits because we didn't get to make them up
- Immigration and Customs Enforcement (ICE) has been one of the biggest reasons for missed visits and cancellations because for us Spanish speaking families we are terrified – some of us in our community have mixed immigration status but other are American citizens but it doesn't even matter because ICE patrols the neighborhood – grocery stores, car washes, schools – it is scary. They are doing everything they can to intimidate us and make us afraid so our kids don't get the services they need so badly
- Yes, I had to cancel because my child was sick but the provider let me make up the visits
- We had a couple missed visits but not many – we were not offered a make-up but she was really sick so we would not have done it any way

## Remote Services

Prior to the COVID-19 pandemic IFSP meetings and early start services were delivered in-person. However, in response to the COVID-19 pandemic, DDS issued a directive that waived the in-person requirement for eligibility assessments, IFSPs, and service coordination meetings. The directive also authorized early intervention services to be delivered through remote electronic

communications.<sup>39</sup> In 2021-22 the legislature amended the California Early Intervention Services Act (CEISA), through Assembly Bill 136, to expressly allow the option for early intervention services to be delivered remotely at the request of the parent(s). The statutory change made remote service delivery a permanent option that was no longer subject to the temporary flexibilities or sunsets enacted through the directive process.

Families shared different perspectives on remote early intervention services, with experiences largely shaped by their child's needs, family circumstances, and the type of service being delivered. Several families reported positive experiences with remote services, particularly for parent coaching and specialized services such as feeding therapy. It was noted that remote services can be especially helpful for immunocompromised families, those living in areas with limited provider availability, or when workforce shortages make it difficult to access specialists. However, many families also said they strongly prefer in-person services, especially for more hands-on therapies like ABA or physical therapy, or children that won't "sit in front of a screen".

Several parents shared that remote services did not work well for their children, especially for children with high activity levels. Some parents said they declined remote services all together even when it was offered as a way to receive services sooner. Other families stressed the importance of ensuring center-based service options because their homes and living arrangements were not conducive to having therapists come to the home for a multitude of reasons. Overall, families supported offering flexible service delivery options, with many identifying a hybrid approach that combines in-person intervention with remote parent coaching or consultation as the preferred model. They emphasized that families should be able to choose the service delivery method that best meets their child's needs rather than relying on a one-size-fits-all approach. Below are some of the comments families shared about utilization of remote services:

- We have 2 children who went through the Early Start program and we like remote services because our family is immunocompromised so it is better for us
- Remote services require more parent hands-on – it required parent to learn more which is good. We did OT feeding therapy on-line and I learned a lot
- I think it is good in areas that there are very few resources
- Hybrid options are great and really need to be part of the choice for families because it allows for support when resources are limited and/or staff shortages, it can be impossible to find someone with a certain expertise – like feeding therapy – so remote services can increase access to those experts
- When remote services are done right – the parent coaching model – can work great and be very effective, but it has to be done right or it is not effective
- Remote services should be reframed to dispel myths about who remote services can work for and who it won't work for – sometimes services coordinator try to dissuade families from using remote services because they think the child is too active or won't sit in front of a screen and that is unfortunate
- Remote services are not for everyone but it is very useful for some families
- We were offered to jump the waitlist if we took remote but I declined because it would not work for us – it would not hold his attention
- Parent coaching would work great but not a replacement for hands on
- We have never been offered remote services for our youngest child but not sure I would take them anyway because the in-person is so much better and more beneficial for my kids – there is a lot you can't do through a screen, hybrid option might be an option for the parent coaching (we do that remotely for our older child)
- Center based services are so important to us because I don't want remote services or people coming into my home. Our space is too small and there is no room to do the activities here and we have other family situations that are not conducive to therapies at home
- We haven't used remote and don't want to do remote services because I don't think my kids could engage in it – when there was covid my other kids went to school remote and it did not work so I don't think it would work for my child with autism
- No remote services with my son but I did with my daughter during covid but I don't want it anymore because it does not work good for my family – the kids are not actively participating or benefiting from remote
- We have not been offered remote services but I am not oppose to trying it if it makes sense for us

39 Department of Developmental Services, Directive on Requirements Waived due to COVID-19 (March 2020) [https://www.dds.ca.gov/wp-content/uploads/2020/03/DDSDirective\\_RequirementWaivedDueCOVID\\_031220.pdf](https://www.dds.ca.gov/wp-content/uploads/2020/03/DDSDirective_RequirementWaivedDueCOVID_031220.pdf)



## THE IMPORTANCE OF SERVICE OPTIONS

The families who participated in the focus groups and interviews overwhelmingly said the Early Start program is a vital early intervention service that is often a lifeline for families during one of the most challenging times of their lives. They described Early Start as the foundation for helping families learn to advocate for their children, navigate a complex network of services, and build the skills needed to support their child's long-term development. They stressed that timely access to multidisciplinary services—including speech, occupational, and physical therapy—is critical because the earliest years represent a unique window for brain development and learning.

Families also highlighted the importance of having community- and center-based programs, which they said not only promote children's developmental progress, socialization, and independence but also reduces family isolation, increases parent confidence, and provides practical support for families who are learning how to support their children with disabilities. During the focus groups and interviews parents were asked what they want their legislators and state policy makers to know about their experience and the Early Start program in California. In response, parents said they want policymakers to address the workforce shortages in early intervention, continue to invest in EI services, and encourage state agencies to improve communication with providers and families, as well as develop clear and accessible information to help families understand available services, and make the system easier to navigate. The following are some of the responses shared by families:

- Early start is so important because it helps families learn how to advocate for their child and navigate a very complex system
- Early Start is just the beginning for families who will have a lifetime of advocating for their child
- Providers work in silos which can make it hard on families to understand how the system work – parents are often the ones who share information with other parents which is why family resource centers and parent groups are so important
- There is a disconnect when it comes to communicating and letting families know which program does what. There is a lack of very simple marketing material.
- Early Start is a critical resource for families because it is often the only thing keeping us afloat. The providers and therapists are our circle of support
- Having enough of the multiple disciplines (speech, OT, PT) is so important. The younger the kids are when they get services the better because it improves their chances for optimal development. Brain development at this age is so critical
- Parent coaching is so important because when the therapist leaves parents need to have the support to know how to help their kids
- Our center based early start program was everything and more than I could have ever imagined – they support us where we are and meet the needs of our family – my child grew and developed so much. I was supported too so I could learn how to help her all the time
- My circumstances are not an anomaly – a lot of families are just stuck in survival mode and trying to not drown...it's hard to fully communicate the value of the Early Start program for families who are struggling because often they are our everything
- Community based programs are so important because if I as the parent don't feel like I can safely manage my child's behavior in the community I am not going to feel comfortable leaving my house – these programs help with so much – isolation, parent confidence – being able to transition from the car to the center, from the center to the car is huge – we are constantly practicing transitions and it is nice to have the support from the staff at the center when your kid is having a meltdown
- It's hard enough to have somebody come into your home but when you have multiple people coming in it is even harder

- We need more providers who can provide the therapies our kids need – Speech, OT, PT - it is so important because you can see the progress when they get the help they need
- Having these services available is very beneficial because my kid gets to socialize and be included in programs that help them develop and be more independent and gain more skills
- I am very happy how the regional center and school district works together to make sure my child has the services they need
- The services are so important to our family – our daughter has made a lot of progress – she is sitting up now which is not something she could do a couple months ago, she is playing more and able to engage with the family
- It is difficult to access the services – it should be a lot easier for families
- Speech Therapy, Occupational Therapy, Physical Therapy, and Applied Behavior Analysis
- Regional centers should allow for greater flexibility in authorizations when the family needs change or provider availability changes
- Cancellation pay for therapists would help because they would have a more predictable paycheck
- Establish uniform make-up policies for missed or canceled visits
- Pay competitive wages
- Regional Centers should require uniformity in the tools providers use so there is more consistency between providers for things like parent coaching, assessment tools, and evaluation of services
- Expansion of service delivery options to include therapeutic playgroups would be a dream come true especially if they could be on the weekend. We would love to have a place to go, same day and time every week, where our kids can play with other kids, the different therapists could observe the kids playing and provide coaching and guidance to us parents. Not only is it good for the kids to socialize and learn from each other but it is good for parents too...it helps not feel so alone during all these therapies.

## POLICY IMPLICATIONS

Families identified several policy and system level improvements that they believe would strengthen California's early intervention workforce and improve timely access to services. Several parents suggested increasing awareness of early intervention as a profession by expanding early intervention training within university programs that prepare speech-language pathologists, occupational therapists, physical therapists, and other related professionals. Families also said paying a competitive wages, greater flexibility to shift service authorizations when provider availability changes, and standardized statewide make-up visit policies could help stabilize the early intervention workforce. Finally, several parents expressed strong interest in expanding innovative service models, such as therapeutic playgroups—including weekend options—to increase service capacity while providing children and parents with opportunities to learn alongside peers and families with additional support and connection. Families who participated in the focus groups and interviews were asked to share their perspectives on strategies that could help strengthen the early intervention workforce and improve access to services. Their responses included the following:

- University programs should include early intervention curriculum in their programs for

Families were also asked if there was anything they wanted to share that was not covered in the questions asked during the focus groups or interviews. Several parents identified language and cultural barriers and a significant issue that can directly impact timely access to services. Some parents said that while the shortage of early intervention professionals is significant overall, the challenges are even greater for families who need bilingual and bicultural providers, and severe shortages of bilingual and bicultural therapists across disciplines create additional barriers to timely and equitable access to early intervention services for culturally and linguistically diverse families. Families reported inconsistencies in regional center policies and funding for interpreters when bilingual therapist and service providers are unavailable. Some families said they were expected to use translation applications but they do not believe that is an appropriate solution because translations applications do not provide meaningful or culturally appropriate communication.

Several families discussed the need to develop “grow your own” programs in culturally and linguistically diverse communities. A “grow your own” program is a workforce development strategy designed to recruit, train, and support people who already live in the community, or have strong connections to the community. Ideally, the program would incentivize and create a career pathway for community members who are already working with infants, toddlers, and families – such as preschool teachers, child care providers, community navigators, and others - to get the education they need to advance into EI therapists or specialists.

Many families also identified the transition from Early Start to Lanterman Act services or school based services as extremely confusing and hard to navigate. They described the experience as a lengthy gap in services, limited information and communication about the process, and feeling like they had to start over. The families who experienced challenges with the transition from Early Start said a more coordinated “warm hand-off” process, such as an exit transition meeting with a well-defined checklist of what families need to know, to ensure continuity of support would be very helpful.

The vast majority of participating families highlighted the critical importance of Family Resource Centers, community navigators, and peer mentoring in helping them navigate the Early Start system. Families explained that connecting with experienced parents provides practical guidance, emotional support, and reassurance that cannot be replicated through written materials alone. They also recommended parent orientations, short educational videos, and centralized parent portals to help families better understand the system, manage documentation, and navigate services and insurance. Below are some of the comments families shared about additional things to consider:

- Some regional centers are good about paying for interpreters when there is no therapist that can provide services in the language of the family but others are not and won't pay for an interpreter – they expect us to use google translate which is not good and isn't always accurate so families don't get the most effective support that way – paying for interpreters should be required of every regional center
- The transition from Early Start to the over 3 program (Lanterman Act services) is really challenging for families – we have been waiting for almost 8 months and my child is without services during this time – we really need a process (like a warm hand-off) for families who are exiting early start but still qualify for services
- Family resource centers are so important for families to feel less alone as we navigate the complex systems
- I needed more than just a big packet of information – I was so overwhelmed and stressed when my child was diagnosed and I couldn't just read this and take it all in. I needed another parent who has been through it to help me understand... like a buddy program, a more human connection
- Community navigators are essential, we had a really good community navigator and I think that made all the difference, I felt so much better about knowing what the services were and how to access them
- We hear a lot about the “waiver” but it is never really explained what that means and it can be scary to think about your child getting “institutionally deemed”, I wish the information was easier to understand
- It can be a lot of work for families to document everything and try to navigate services, insurance, and making sure your child gets what they need
- We need more weekend options for therapy and services, we both work full-time and have a busy schedule during the week. I want to be at the appointments so I can learn how better to support my child
- A formalized system to help parents with all the documentation they need to have – something like a parent portal that has administrative and service components would be so helpful
- We have to prioritize supporting these kids and pay the people who are doing the work what they are worth - we have the shortage because we are not paying a competitive wage
- Families need these services. We should continue to invest rather than reduce these important services because they help kids who end up needing less support later
- It would be great to have parent orientations for Early Start – short videos or something families could watch on their phone while they are in the hospital
- There is a lot of turnover with ABA providers – we have had 4 new people in under a year – new people with kids that have challenges with change is really hard and so disruptive to their progress



## Conclusion and Recommendations

The experiences shared by families demonstrate both the significant value of California's Early Start Program and the challenges created by ongoing early intervention workforce shortages. Families consistently described Early Start as an important source of support during a critical time in their life and for their child's development. The majority of families credited the program with contributing to meaningful improvements in their child's development as well strengthening family engagement and their ability to support their child. At the same time, families who experienced delays or disruptions in services described the real life consequences these delays and disruptions can have for children and families. They reported developmental regression, lost progress, increased communication and behavioral challenges, and missed opportunities for intervention during a time when early support can have a particularly meaningful impact.

All of the participating families voiced strong support for flexible approaches to service delivery and ensuring that standardization does not result in a one-size-fits all system for Early Start families. They urged policymakers to consider expanding EI services to including a range of services that include additional center and community-based programs, remote parent coaching and services when appropriate, hybrid services, clinics and therapeutic

## ACKNOWLEDGMENTS

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This report would not have been possible without the collective knowledge, candor, and commitment of all who participated, as well as the dedication and contributions of CPCIDD staff and editors who supported its development. We are deeply appreciative of their contributions and their shared commitment to strengthening California's Early Start system for infants, toddlers, and families.

Thank you for taking the time to read this report.

Respectfully,

Teresa Anderson,  
Executive Director

## CPCIDD Board Members

I would like to thank the CPCIDD Board members for their leadership, guidance, and continued commitment to advancing policies that improve the lives of people with intellectual and developmental disabilities and their families. Their support of this project and recognition of the importance of strengthening California's early intervention workforce helped make this report possible.

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