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National Policy Infrastructure

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Effective implementation of service coordination in early intervention, as mandated by the Individuals with Disabilities Education Act, remains a challenge for most states. The present study provides a better understanding of the various aspects of the policy infrastructure that undergird service coordination across the United States. Data from a national survey of all state Part C coordinators contained critical variables that are used to describe three dimension of the policy infrastructure—responsibilities of the service coordinator, the document used to guide service coordination (Individualized Family Service Plan), and policies that facilitate a comprehensive and interagency coordinated service system. The results indicated that in general, most states do not have a sufficient policy infrastructure to support the implementation of effective service coordination.

In 1986, the U.S Congress created a program with much promise. Recognizing that many infants and toddlers with delays, disabilities, or risks need services from a variety of individuals and agencies—both public and private, Congress required implementation of a statewide *system* of family-centered, culturally competent, coordinated, comprehensive, and multidisciplinary interagency services for infants and toddlers with disabilities and their families (now known as the Individuals with Disabilities Education Act [IDEA], 1997). To facilitate the coordination of services at the direct service level, IDEA includes a provision requiring the appointment of a service coordinator for each eligible child and his or her family. This individual is responsible for assisting the family in coordinating services across agencies and providers, obtaining the services they need, and understanding and exercising their rights. In addition, Congress required the development of an Individual Family Service Plan (IFSP) to guide service delivery for each eligible child. The IFSP is supposed to contain a list of all goals, services, providers, and funding sources, resulting in a single document that can be used in coordinating services across providers and agencies. Finally, the law also requires various interagency policies and the development of a comprehensive and coordinated system to support service delivery. The law thus mandated three mechanisms designed to facilitate service coordination:

1. an individual who is responsible for service coordination,
2. a document to guide service coordination (IFSP), and
3. a group of policies to facilitate interagency coordination and the development of a comprehensive and coordinated service system.

These three elements are the foundation for effective service coordination.

Although service coordination appears seemingly straightforward and logical as presented in the law, recent studies (Dinnebeil, Hale, & Rule, 1996 ; Harbin, McWil-

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liam, & Gallagher, 2000; McWilliam et al., 1995; Roberts, Akers, & Behl, 1996; Wesley, Buysse, & Tyndall, 1997) have presented convincing evidence that both professionals and families are struggling with effective implementation. Some of the problems documented in these studies include the following:

1. the burden of service coordination falling on the families;
2. the inability of families to identify their service coordinator;
3. limited family contact with the service coordinator;
4. service coordinators' lack of knowledge regarding available resources;
5. lack of service coordinator competencies in key areas such as family-centeredness and cultural competence;
6. families with multiple service coordinators;
7. children with multiple plans, each from a different program;
8. fragmentation of services; and
9. lack of access to all relevant services.

In addition, other studies have documented the inadequacies of IFSPs for guiding and coordinating services. Some of these inadequacies are difficulty in the coordinated development of IFSPs, no functional or measurable goals, failure to list all services provided to the child and family by all of the agencies, and no child and family focus (Bruder, Staff, & McMurrer-Kaminer, 1997; Farel, Shackelford, & Hurth, 1997; Gallagher & Desimone, 1995; Harbin et al., 2000; McWilliam et al., 1995; Roberts et al., 1996; Wesley et al., 1997).

Finally, in a qualitative study of nine communities across three states, researchers identified a continuum of six models of service delivery. These six models varied, based on the degree to which service systems were both comprehensive and coordinated (Harbin et al., 2000). This finding indicates that not all communities have developed a comprehensive service system for addressing the varied developmental and human service needs of children and their families. More important, Harbin and her colleagues found that the more comprehensive and coordinated service systems (Model Levels 4, 5, and 6 on the six-model continuum) were more likely to result in more positive outcomes for children and their families.

State policies provide the foundation and direction for how service coordination is implemented. The nature of the service coordination policy is likely to determine whether this foundation will be strong or weak. Studies of policy implementation in education and human services (Rosenbaum, 1980; Sabatier & Mazmanian, 1979; Williams, 1971), as well as policy studies related to early intervention (Dunst, Trivette, Starnes, Hamby, & Gordon, 1993; Harbin et al., 2000; Salisbury, Palombaro, & Hollowood, 1993), have revealed the crucial links between successful policy implementation and three important variables: policy content, degree of specificity, and amount of clarity. In other words, policies must provide enough information so that all implementers understand how services are to be coordinated. Equally important, the information included in the policies should be based on practices identified in the literature (Harbin & Salisbury, 2000; Sandall, McLean, & Smith, 2000). Despite the importance of these policies in influencing the quality of the infrastructure, the literature contains no national description of them.

In this study, we sought to provide a description of the state policy infrastructure undergirding the provision of service coordination across the United States. This description could be used as a benchmark with which to compare future measurements of the quality of the policy infrastructure. Finally, the study may offer insights into why service coordination is so problematic across the country.

Method

Participants

We recruited the Part C coordinator in each of the 50 states and the District of Columbia. Similar to other national policy studies, we determined that the Part C coordinators were the most knowledgeable individuals concerning the multiple aspects of service coordination policy within their states (Harbin, Gallagher, Eckland, & Lillie, 1991). These individuals are responsible for knowing the complete policy of Part C. All of these coordinators completed and returned the questionnaire for this study.

The amount of experience (in terms of years) as a Part C coordinator ranged from none to 13 years, with a mean of 4.5 years. All of these individuals had worked in Part C in some position (not necessarily as coordinator) from 2 to 18 years, with a mean of 9.27 years. In general, this group was experienced, with an average of a little more than 18 years' experience in working with young children.

Procedures

We took the following steps to recruit participants:

1. We asked the officers of the National Part C Coordinators Association to be partners in planning and conducting this study, and they agreed. This would improve the study's usefulness.
2. Project staff attended a national meeting for Part C coordinators, explained the

purpose of the study, and asked for input from the coordinators regarding the content of the questions to include in the instrument, and suggestions regarding the mode of distribution (mail, e-mail, fax, or phone).
3. Project staff periodically consulted with the officers of the coordinators' national organization in the development of the survey.
4. We placed an announcement of the study and its importance in the Part C coordinators' newsletter.
5. We sent the survey, along with a demographic form and an informed consent form, by standard mail and e-mail in May of 2000 to all state Part C coordinators in all 50 states and the District of Columbia.

Follow up with nonrespondents consisted of the following steps:

1. sending periodic reminders through e-mail and phone calls,
2. sending a copy of the survey when requested,
3. publishing the names of the states whose coordinators had returned their surveys on the National Part C Coordinators Association listserv. The use of phone reminders by the project staff members and the principal investigators resulted in a 100% return rate.

Instrument

The survey instrument was designed collects the *perceptions* of the Part C coordinators with regard to multiple aspects of service coordination. The full survey contained a combination of 30 multiple choice questions and three Likert-type questions. Some of the multiple choice questions required respondents to select only one response; other questions allowed respondents to select multiple relevant answers. The questions for the full survey were grouped into six sections: values undergirding service coordination, approach to service coordination, policies, monitoring and evaluation, funding, and broad organizational structure and approach to service delivery. In this article, however, we focus only on a portion of the survey: the data collected from the 12 questions in the last four sections of the survey, which addressed the policy infrastructure for service coordination (see Note).

The survey items reflected critical variables identified in studies of service coordination, interagency coordination, and policy implementation (e.g., policy content of recommended practices, specificity, and clarity). Individuals with diverse perspectives (parents, officers of the Part C coordinators' association, experts in service coordination policy, and researchers who study the provision of direct service coordination) reviewed drafts of the instrument and assisted in revising it. The survey was finalized after it was piloted in four states to reflect diversity with regard to approach to service coordination, region of the country, lead agency, approach to finances, and size of state.

Data Analysis

We used descriptive statistics to describe the results of the survey responses provided by the state Part C coordinators. We used means and standard deviations to describe the results of scaled survey questions and frequencies, ranges, and percentages to describe the results of survey questions requiring a single response out of multiple choices.

Results

As mentioned previously, Congress included three provisions in IDEA to facilitate effective service coordination: use of a service coordinator, provision of an IFSP that lists all services and providers, and a comprehensive and coordinated interagency system of services. We therefore grouped the findings from the 12 survey items according to these three areas. Taken together, the findings present a national description of the quality of the service coordination policy infrastructure. For the purpose of clarity, the term *policy* was defined for the survey respondents as any official document that provides guidance with regard to service coordination: for example, legislation, rules and regulations, program guidelines, policy memos.

Policies Regarding the Service Coordinator

The survey contained five questions that addressed the service coordinator. In this section, we describe participants' responses to questions about the role, authority, and caseload of the service coordinator. We also address the type of guidance provided to the service coordinator in two situations: when a single child has multiple service coordinators and when multiple children within the same family need a service coordinator.

Role. State Part C coordinators were asked to rate the level of specificity of their policies related to multiple aspects of the role of the service coordinator: who provides the service coordination, the roles and tasks, how the tasks are performed, and competencies needed by

service coordinators. They were asked to rate the level of detail on a five-point scale (0 = *not sure*, 1 = *same amount of specificity as federal policies*, 2 = *slightly more specific than federal policies*, 3 = *somewhat more specific than federal policies*, 4 = *much more specific than federal policies*). Table 1 contains the mean ratings of specificity with regard to multiple aspects related to the role of the service coordinator.

In general, the mean ratings across the states indicated that various aspects of the state's policies in regard to the service coordinator contain *about the same or slightly more specificity than the federal policies*. Approximately one fourth (24%) of the states indicated that their policies were *much more* specific than the federal policies in this area. Five coordinators said that they were *not sure* about the level of specificity for one of the following items: the description of who provides service coordination (n = 1), the description of how the service coordinator performs tasks (n = 1), and the description of competencies needed by service coordinators (n = 3).

Authority for Cross-Agency Coordination. More than two thirds (73%) of the states do not specify the authority of the service coordinator to coordinate services for children and families across agencies. There were several "other" responses to this particular question. One response indicated that the state interagency agreement did not address this issue, but local interagency agreements often did; the second response noted that the interagency agreement included the authority to secure services but not authority over personnel. When authority was specified, 10 coordinators indicated that their states' interagency agreements did give service coordinators authority over personnel in multiple agencies. Table 2 shows the types of authority service coordinators are accorded in interagency agreements for these 10 states. The respondents were allowed to indicate all areas for which authority is specified.

Caseload. Only 47% of the states (n = 24) had policies specifying or suggesting the size of the caseload for service coordinators. Across these 24 states, the suggested caseload mean was 38 cases, with a standard deviation of 17.73. The minimum caseload reported was 9 cases, and the maximum caseload reported was 70 cases. The greatest number of states reporting the same caseload was 4, with a caseload of 35 clients.

Multiple Service Coordinators. In regard to policies governing the use of multiple service coordinators, 59% (N = 30) of the coordinators indicated that their states' policies did not address the issue. Twenty-three percent (n = 12) prohibited the existence of multiple service coordinators. The remaining 9 states (18%) had policies that offered guidance on addressing the situation of multiple service coordinators.

TABLE 1. Mean Ratings for Amount of Policy Specificity and Detail Regarding the Service Coordinator Role in State Policies

Area measured	*M*	*SD*
Description of who provides service coordination	1.74	1.10
Number of roles and tasks included	1.76	1.00
Description of the roles and tasks performed	1.94	1.08
Description of how service coordinator performs tasks	2.02	1.07
Description of competencies needed by service coordinators	2.20	1.36

TABLE 2. Types of Authority Delineated in Interagency Agreements of Ten States

Type of authority	State	
	Frequency	%
Amount of service	4	40
Type of service	4	40
Choice of providers	4	40
Termination of service providers if services do not meet standards	3	30
Intervention practices used	2	20
Other	2	20

Multiple Children in Family. Seventy-one percent (n = 36) of the coordinators indicated that their states' policies did not address service coordination for multiple children in the same family. Eight coordinators noted that a Part C coordinator could serve all children eligible for Part C, but service coordinators from other programs would serve the other noneligible children in the family. Three states' policies allow the Part C coordinator to serve all children in a family receiving services from other agencies that require a service coordinator, whether the children are eligible for Part C or not. Only 1 state allows a service coordinator from another program to serve all of the children in a family, including the child who is eligible for Part C. One state coordinator selected "other" and indicated the policy allowed local agencies to serve families in the way that best fit the family's needs.

Use of IFSP

Many children and families receive services from a variety of providers and programs. Through this survey, we wanted to better understand the use of the IFSP for co-

ordinating with two prominent federal programs that provide services to many children served by Part C.

Coordination with Welfare to Work. State Part C coordinators indicated that in 11 states (22%), Part C service coordinators at the local level *never* support families receiving Temporary Aid to Needy Families (TANF) to facilitate their transition from welfare to work. The largest number of state coordinators (n = 34, 68%) reported that local service coordinators *sometimes* supported families receiving TANF, and 5 coordinators reported that local service coordinators *always* supported families receiving TANF. One state participant did not respond to this question. The coordinators who selected the "sometimes" and "always" choices (n = 39) were asked to indicate whether this support is included in the IFSP, another indication of the nature of coordination of key services across agencies. Table 3 provides the responses given by 33 of the 39 coordinators.

Coordination with Title V. Coordinators also were asked whether local service coordinators provided support to families whose children qualify for Title V, Services for Children with Special Health Care Needs (CSHCN). Respondents indicated a stronger relationship with Title V than with TANF. Fifty-nine percent of the respondents indicated that local service coordinators *sometimes* supported children who received CSHCN, and 37% of the respondents indicated that service coordinators *always* provided support. Only 4% of the state coordinators indicated that support was *never* provided. Table 4 breaks down inclusion of support for Title V on the IFSP for the 40 coordinators responding to this question.

TABLE 3. Inclusion of TANF Support in IFSP for 33 States

TANF support inclusion	State	
	Frequency	%
Service written in the IFSP	12	37
Service independent of IFSP services	5	15
Varies from child to child	5	15
Varies from one locality to another	11	33

Note. TANF = Temporary Aid to Needy Families; IFSP = Individualized Family Service Plan.

TABLE 4. Title V Support in IFSP for 40 States

Inclusion of Title V support	State	
	Frequency	%
Service written in the IFSP	22	55
Service independent of IFSP services	5	12.5
Varies from child to child	6	15
Varies from one locality to another	7	17.5

Note. IFSP = Individualized Family Service Plan.

Comprehensive, Coordinated Interagency System

The survey contained five questions that were designed to provide a description of the policies that support a coordinated, interagency service system. In this section, we describe five types of system policies that were indicated by coordinators: statement of philosophy and desired outcomes, interagency agreements, funding of service coordination, a broad structure for service delivery in which service coordination takes places, and service coordination monitoring.

Philosophy and Outcomes. The policy implementation literature has indicated that an important link exists between the stated philosophy and its successful implementation. The same important link has been indicated for the delineation of expected outcomes and effective implementation. Implementers at the local level (program administrators and service providers) need clear directions if there is to be continuity across providers and communities. We therefore placed questions in the survey that asked whether states' policies contained either of these important elements. According to the coordinators, more than half of the states' policies specify a *stated philosophy* (63%) of service coordination, and 57% of state policies specify the *desired outcomes* of service coordination.

Interagency Agreements. Interagency agreements are one of the primary tools for guiding the actions of staff members from different agencies. Thirty-five percent (n = 18) of the coordinators noted that their state policies address service coordination *only in a general way.* Interestingly, another 31% (n = 16) of the coordinators indicated that their interagency agreements *did not address* service coordination across agencies. The combination of these two categories indicates that interagency agreements in two-thirds of the states provide *little or no specificity* in this area. Seven states (14%) do include very specific instructions in their interagency agreements regarding service coordination across agencies.

Service Coordination Funding. Coordinators identified three primary service coordination funding sources: federal Part C funds (80% of states, n = 42); the lead agency (69% of states, n = 37); and third party payers (51% of states, n = 28). Thirty-three percent identified

TABLE 5. General Approaches to Coordinated Service Delivery

Type of approach	State	
	Frequency	%
1. The lead agency provides the bulk of the early intervention services; little coordination with other agencies is needed.	2	4
2. Although the lead agency makes most of the decisions about the design and functioning of the system, several agencies exchange information about each agency's efforts and initiatives; the agencies have begun to coordinate some of their activities, such as child-find services.	15	30
3. There is a core of agencies or programs providing services that are cooperating to ensure continuity across programs in how developmental intervention is provided. Although other agencies may attend meetings, the focus is on developmental interventions for young children with disabilities.	18	36
4. The lead agency provides leadership to a variety of health, social, and education agencies that contribute fairly equally to decisions regarding the design and implementation of a service system that meets an array of child needs and, potentially, family needs. This group of agencies is also attempting to actively integrate the system of services for young children with disabilities with the system of services for children at risk for adverse outcomes.	10	20
5. A strong and cooperative Local Interagency Coordinating Council (LICC) provides the leadership and the vehicle for a wide variety of health, social welfare, mental health, job training, and education personnel to collectively contribute equally to decisions. Public and private providers and agencies work as closely as if they were a single program. Many or most intervention activities are cooperative endeavors. The system focus is on meeting the diverse needs of children with, and at risk for, disabilities, as well as the diverse needs of their families. Some initiatives of the LICC focus on improving the well-being of all children in the community.	4	8
6. The LICC (or other interagency/intersector community group) is prominent in the design of a comprehensive system to meet the needs of all young children and their families within the community. This initiative focuses on the entire development of the children and the support of their families. The individual agencies are seen as secondary, and the LICC is viewed as of primary importance in making decisions.	1	2

another state agency as a primary funding source. The other state agencies listed most frequently as a primary funding source were Developmental Disabilities (or Mental Retardation) and Health. Twenty-one percent (n = 11) of the coordinators selected "other." The sources they identified included: local funds, county funds, Title V, Child Care Block Grant, and Medicaid.

Broad Structure for Service Delivery. The provision of service coordination does not take place in a vacuum. It is influenced by the organization of, and general approach to, coordinated service delivery. Coordinators were asked to select from among six service delivery options that ranged on a continuum with regard to the amount of coordination. Option 1 indicated very little coordination, whereas Option 6 represented an integrated collaborative service system for all young children. According to the coordinators, 70% (n = 35) of the states would fall into one of the *three less collaborative options* (i.e., 1, 2, and 3). This indicated that most states have a service system that provides specialized services to children with disabilities but has minimal linkages to other human service agencies (see Table 5).

Monitoring Service Coordination. Last, sixty percent (n = 30) of the coordinators reported that the process, problems, or outcomes of service coordination are a major focus of monitoring at the local level. An additional 34% (n = 17) indicated that monitoring occurs but service coordination is not a major focus. In the remaining 6% (n = 3) service coordination is not addressed in local monitoring. Coordinators were given several choices regarding the individual or agency conducting the local monitoring. Table 6 presents the array of entities used to conduct local monitoring. It is interesting that only 26% of the states include state and local representatives of multiple agencies in monitoring service coordination. This is similar to the finding concerning the extent of interagency involvement in service delivery. Fifty-two percent of the states include families on the monitoring team.

Discussion and Implications

Part C of IDEA is intended to improve the conditions of infants and toddlers with disabilities, as well as the condition of their families, by reforming a fragmented and lim-

ited service system. Service coordination for individual children and their families is seen by many professionals as one of the most important tools included in the legislation to accomplish this reform. The use of federal and state policies as vehicles for modifying and reforming the delivery of services has historically encountered many challenges, however. Among these challenges is developing exemplary policies that contain knowledge of recommended practices, sufficient detail to guide effective implementation, and clarity concerning the intent and purpose of the policies (Bruder et al., 1997; Dunst et al., 1993; Gallagher, Harbin, Eckland, & Clifford, 1994; Harbin, Eckland, Gallagher, Clifford, & Place, 1991; Harbin & McNulty, 1990; Harbin et al., 2000; Sabatier & Mazmanian, 1979). Service coordination has been described as a linchpin of quality service delivery. In this study, we wanted to provide a national description of the policy infrastructure of U.S. States as it pertains to service coordination. Consequently, we used a survey instrument to obtain information from state Part C coordinators about three important aspects this infrastructure: policies related to the service coordinators, IFSP policies related to the inclusion of services provided by CSHCN and TANF to Part C eligible children, policies related to facilitating an interagency coordinated service system.

Prior to the conduct of this study, ineffective service coordination in many states had been noted in the literature. In addition, several researchers indicated that (a) many parents are dissatisfied with service coordination and (b) service coordinators have reported that they do not know their roles and responsibilities (Bruder & Bologna, 1993; Dinnebeil et al., 1996; Roberts et al., 1996). Results from this study provide what might be at least partial explanations for this situation, including possible weaknesses in each of the three components listed in the previous paragraph. The implications of the study's results for each of the three dimensions is presented next. A primary limitation of the study should be noted: We did not directly measure policies but rather the perceptions of the state Part C coordinators as it pertains to policies. Although the coordinator is the most likely individual to be the most knowledgeable about the states' policies, it is possible that other professionals will have different perceptions.

Service Coordinator Responsibilities

To provide effective service coordination, service coordinators need to understand their roles and responsibilities. Several studies (Bruder & Bologna, 1993; Dinnebeil et al., 1996; Roberts et al., 1996) have indicated that many service coordinators are uncertain as to what their job entails. Unfortunately, the results of the current study indicate that state policies lack sufficient specificity to be helpful in this area. The results of this study also seem to indicate that service coordinators are hampered by a lack of authority in performing their legally required functions and responsibilities. In addition, in many states, the caseloads of service coordinators are so large that they probably do not have sufficient time to spend with client families to develop a trust relationship and learn about their needs. Finally, service coordinators often not only have to coordinate services among providers but also with other service coordinators, because state policies do nothing to discourage the appointment of multiple service coordinators. State policymakers, professionals, and families should work to revise state policies based on a knowledge of the legal requirements and the practices recommended in the literature (Harbin & Salisbury, 2000). Policies that are more specific would provide better guidance for service coordinators.

TABLE 6. Monitoring of Local Service Coordination

Personnel conducting monitoring	State	
	Frequency	%
State lead agency	15	29
State lead agency and families	5	10
State representatives from multiple agencies	1	2
State representatives from multiple agencies and families	2	4
State and local representatives from lead agency	6	12
State and local representatives from lead agency and families	7	14
State and local representatives from multiple agencies	1	2
State and local representatives from multiple agencies and families	12	24

Individualized Family Service Plan

In essence, the IFSP becomes the interagency and interprovider agreement at the direct service level. The intent is to have all services for a family and child coordinated into a cohesive whole. Based upon our study results, it appears that states are not always integrating and coordinating all of the necessary services. States are doing a better job, however, at coordinating services to meet the health-care needs of children than they are at coordinating early intervention and welfare services. Perhaps this is because the lead agency in some states is the State health department. Many states need to make considerable progress to ensure that the necessary services and supports from other agencies are included on the IFSP. This is important because the IFSP guides service deliv-

ery to, and coordination for, individual children and their families.

Previous studies of the contents of IFSPs have indicated that they primarily detail only those educational and therapeutic services provided by the lead agency (Gallagher & Desimore 1995; McWilliam et al., 1995). The results of the current study indicate that state policies may contribute to this problem because they often fail to require that all services provided by any agency be included in the IFSP. To provide greater clarity and specificity, state policies include a list of programs and services that reflects the diverse array of possible services and agencies. Service coordination would be enhanced if, in addition to educational and therapeutic services, state policies required the following types of services to be included in the IFSP: childcare; child protection; adult information; adult training and education; medical; dental; basic needs (food, housing, clothing); mental health and support; economic; legal; transportation; recreational; cultural; and religious (Harbin et al., 2000; Trivette, Dunst, & Deal, 1996).

Facilitating an Interagency Coordinated System

Other service coordination policies are likely to facilitate or hinder the effective provision of service coordination (Harbin et al., 2000). For example, our results indicate that many states' policies do not sufficiently address service coordination in interagency agreements, nor do states include representatives of multiple agencies in the monitoring of service coordination. Because the purpose is to coordinate services across agencies, it is difficult to perceive how this could be accomplished effectively without strong interagency policies. The lack of authority and the lack of an interagency policy foundation would seem to make it extremely difficult, if not impossible, for service coordinators to perform their required responsibilities. Interagency policies need to be improved significantly so that service coordinators can more easily arrange services across agencies.

The broader organizational structure for service delivery also may facilitate or impede the coordination services across agencies. According to the current study's results, many states have developed an organizational framework that is limited both in the breadth of services and in the amount of coordination. Thirty-five state coordinators reported that their state uses service delivery models that are on the lower end of the coordination continuum, which is likely to make the task of service coordination for individual children and their families more difficult. Although the present study focused on the state organizational model of service delivery, another study that examined local organizational models within a single state obtained similar findings (Harbin et al., 2004). Forty-two counties in the same state completed a multi-item instrument (Harbin & Kameny, 2000) designed to identify the service delivery models being used. Thirty of the counties (71%) were using one of the three less comprehensive and coordinated models (1, 2, or 3). It seems logical that if the broader service system infrastructure has not been established, with linkages to all relevant agencies at the state and local levels in place, the service coordinator may run into a variety of roadblocks while trying to access services from other agencies. These policy limitations in the organizational structure might possibly be linked to the lack of coordination with both TANF and Title V CSHCN.

Conclusion

Part C of IDEA was meant to ensure that children and families would no longer be subjected to fragmented service delivery, and that the burden of locating relevant and available services to meet a child's needs would not fall on the family. The results of this survey indicate that we may have made little progress, however, in developing an adequate policy infrastructure to guide service coordination. Our study has indicated that substantial weaknesses exist in the policies as they relate to clarifying the role and responsibilities of the service coordinator, the policies related to specifying all services on the IFSP, and the interagency policies and organizational linkages in the service delivery model. Weaknesses in any one area presents barriers to service coordination. Unfortunately, the cumulative effects of weaknesses in all three dimensions of the policy infrastructure will result in substantial difficulties and, probably, ineffective service coordination. State Part C coordinators and other stakeholders in a leadership role may need additional information to improve their states' policies and infrastructure. The coordinators would benefit from better state policy models and technical assistance in how to develop an adequate infrastructure for service coordination.

The policy infrastructure is important, but by itself cannot result in improved service coordination. Service coordinators and their supervisors also need training on the complex knowledge and skills required to effectively perform their responsibilities and comply with improved policies. Unfortunately, in a review of the service coordination training curricula of states, Bruder and Whitbread (2001) discovered that little or no training was conducted in many states. The lack of adequate training is cause for concern. The combination of an insufficient policy infrastructure with a lack of training has created a formidable challenge. Clearly, more progress is needed before the original goals inherent in IDEA are met and families are no longer frustrated and burdened by fragmented and inadequate services. ◆

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NOTE

A copy of the complete survey may be obtained from the authors.

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