
Research and Training Center in Service Coordination

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BRIEFING BOOK

Site Visit – Tuesday, August 6, 2002

SECTION 1: INTRODUCTION AND PROJECT OVERVIEW

“You cannot solve a problem from within the same consciousness that created that problem... you must think anew.” (Einstein)

In 1986, Part H of the Individuals with Disabilities Education Act (now Part C) created a program with much promise. Inherent in the law is the concept of a statewide system of family centered, culturally competent, coordinated, comprehensive, multidisciplinary, interagency early intervention services for infants and toddlers with disabilities and their families. This concept requires the commitment by all service agencies and providers to cooperatively and collaboratively plan, implement, and evaluate services that enhance the capacity of families to meet the special needs of their child. To do this, the law requires the appointment of a service coordinator for each eligible family.

As a concept, service coordination is the linchpin of quality early intervention. Service coordination is defined as the activities carried out to assist and enable the eligible child and their family to receive the rights, procedural safeguards and services that are authorized to be provided under the state’s early intervention program. This includes coordinating all services across agency lines, and serving as the single point of contact to help families obtain the services and assistance they need. In order to do these, service coordinators must demonstrate knowledge and understanding about eligible infants and toddlers; Part C of IDEA and its regulations; the nature

and scope of services available under a state early intervention system, and the payment system and other information. (§ 303.22)

Though straightforward as described by law, the task of service coordination is quite complex as illustrated through the scenes described at the beginning of this proposal. The complexities of the tasks across the multiple levels of early intervention (family, service providers and system administrators) are growing every day. Compounding this growth is the fact that each of the 57 states and territories across the country administers early intervention and service coordination differently, according to their unique political and contextual variables. As a result, recent studies on service coordination (Dinnebeil, Hale, & Rule, 1996; Roberts, Akers, & Behl, 1996a; Roberts, Behl, & Akers, 1996b; Wesley, Buysse, & Tyndall, 1997) and unpublished research findings (Early Childhood Research Institute on Service Utilization, 1998) present convincing evidence that both providers and families are struggling with the operationalization and implementation of service coordination.

In light of the above mentioned data and everyday service challenges being documented through state monitoring efforts, it came as no surprise that the Office of Special Education, Programs, U.S. Department of Education offered a request for proposals for a research and training center to: (1) carry out a coordinated, integrated and advanced research program in service coordination, and (2) provide training in service coordination for graduate, preservice and inservice practitioners, trainers and researchers. **It is very apparent that as the linchpin of service delivery, service coordination must be reconceptualized in order to address the growing needs of eligible infants, toddlers and families, as well as the growing complexity of service systems at the local, state and federal level.** Additionally, the requirements of the General Education Provisions Act (GEPA) emphasizes the necessity of measuring outcomes associated with the provision of early intervention services; including the identification of infants and entry into the system; service delivery in natural environments; timely and comprehensive services; integration of funding streams; increases in child and family capacity; and family satisfaction.

Proposed Center. In order to meet these complex challenges, the proposed research and training center will address the issues of the RFP (Appendix A) and examine service coordination across three levels of inquiry and application: the family; service delivery; and system administration. While these three levels are the basic levels that are affected by service coordination, we anticipate this organization will allow us to study the interaction and interdependence that exists among the systems (Bronfenbrenner, 1979; Bronfenbrenner, 1992). This organization allows us also to capitalize on the strengths of our principal investigators: Gabbard (families), Bruder (service delivery) and Harbin (system administration); the interactions and interdependence among them and the planned activities of the center will be designed to reflect the values inherent in Part C services.

Proposed Framework. The 1980's and 1990's witnessed a flurry of articles and books on service models for families and their infants and toddlers with disabilities (Brown, Thurman, & Pearl, 1993; Bryant & Graham, 1993; Dunst, Trivette, & Deal, 1994; McWilliam, 1996; Odom & McLean, 1996; Swan & Morgan, 1992). Additionally, there have been an abundance of methodological advances in research within complex human service systems in general (Knapp, 1995) and early intervention in particular (Guralnick, 1997). When studying early intervention, Guralnick (1997) recommends a move to second generation research: multidimensional models that study the interaction and influence of child and family characteristics; program features; and the specific outcomes of early intervention (p. 15). Our unifying presumption in this proposal is that **service coordination research and training must be examined via a second generation design.**

In order to do this we are utilizing **participatory research designs** (Sagor, 1992) to insure that stakeholders from all levels of the system are involved in the design, implementation and evaluation of all research and training activities. We also are going to use a relatively new methodology as both a generative and an evaluative mechanism to document findings and provide training to stakeholders: results mapping (Kibel, 1996) uses case stories to generate data. Each

story is mapped using a protocol developed by stakeholders that reflect a hierarchy of outcomes. The story is coded via the outcome and points are assigned (using the hierarchy). Coders receive training to insure reliability and the points hierarchy must have face validity by those familiar with best practice. We believe this methodology will allow a comprehensive and usable framework through which evaluation can address second generation issues of service coordination.

The training that is proposed by the center will also revolve around innovative models developed for future needs. We are proposing to foster leadership across the three levels of our project (families, service coordinators and providers, and system administrators) through the creation of learning communities as described in Senge's (1994) work. The core of **learning organization** work is based upon five "learning disciplines" – lifelong programs of study and practice (p. 6). These are: **Personal Mastery** – learning to expand our personal capacity to create the results we most desire, and creating an organizational environment which encourages all its members to develop themselves toward the goals and purposes they choose; **Mental Models** – reflecting upon, continually clarifying, and improving our internal pictures of the world, and seeing how they shape our actions and decisions; **Shared Vision** – building a sense of commitment in a group, by developing shared images of the future we seek to create, and the principles and guiding practices by which we hope to get there; **Team Learning** – transforming conversational and collective thinking skills, so that groups of people can reliably develop intelligence and ability greater than the sum of individual members' talents; **Systems Thinking** – a way of thinking about, and a language for describing and understanding, the forces and interrelationships that shape the behavior of systems. This discipline helps us see how to change systems more effectively, and to act more in tune with the larger processes of the natural and economic world.

Center Objectives. In order to accomplish the goals established in the RFP and meet the challenges for service coordination in the next millennium, a series of six interrelated objectives have been delineated to guide the scope and sequence of the center's activities: 1) to describe current **models** of service coordination (including finance) across the nation through surveys of

families and Part C coordinators; 2) to identify the **outcomes** of effective service coordination across the three levels of family, service provider and system administrator (across state models and family variables); 3) to identify **recommended practices** that facilitate effective service coordination outcomes for the family, service provider and system administrator; 4) to **measure** both the practices and outcomes of effective service coordination (within the levels of family, service provider and system administrators) through the development of new tools and use of existing tools; 5) to **develop** and **validate** training models on recommended practices in effective service coordination and evaluation models across the three levels of family, service provider and system administrator; and 6) to **disseminate** information about the center's research and training outcomes and products nationally across a wide range of stakeholders using a variety of formats. These goals were established to address the problems and challenges listed above and to address the RFP requirements as listed in Table 1.

The center is operated out of the University of Connecticut Health Center with investigators at the University of North Carolina at Chapel Hill and Indiana University. In addition to these sites, we also have a research site with the Federation for Children with Special Needs in Boston, Massachusetts. A number of partners have also been involved in collaborative activities with the center. Lastly, an advisory board made up of consumers and partners meets yearly with the project to provide oversight and advice. Table 2 contains an organizational chart, and a list of the advisory board members is in Appendix B. Timelines for project activities are also in Appendix B as is the Year 3 budget.

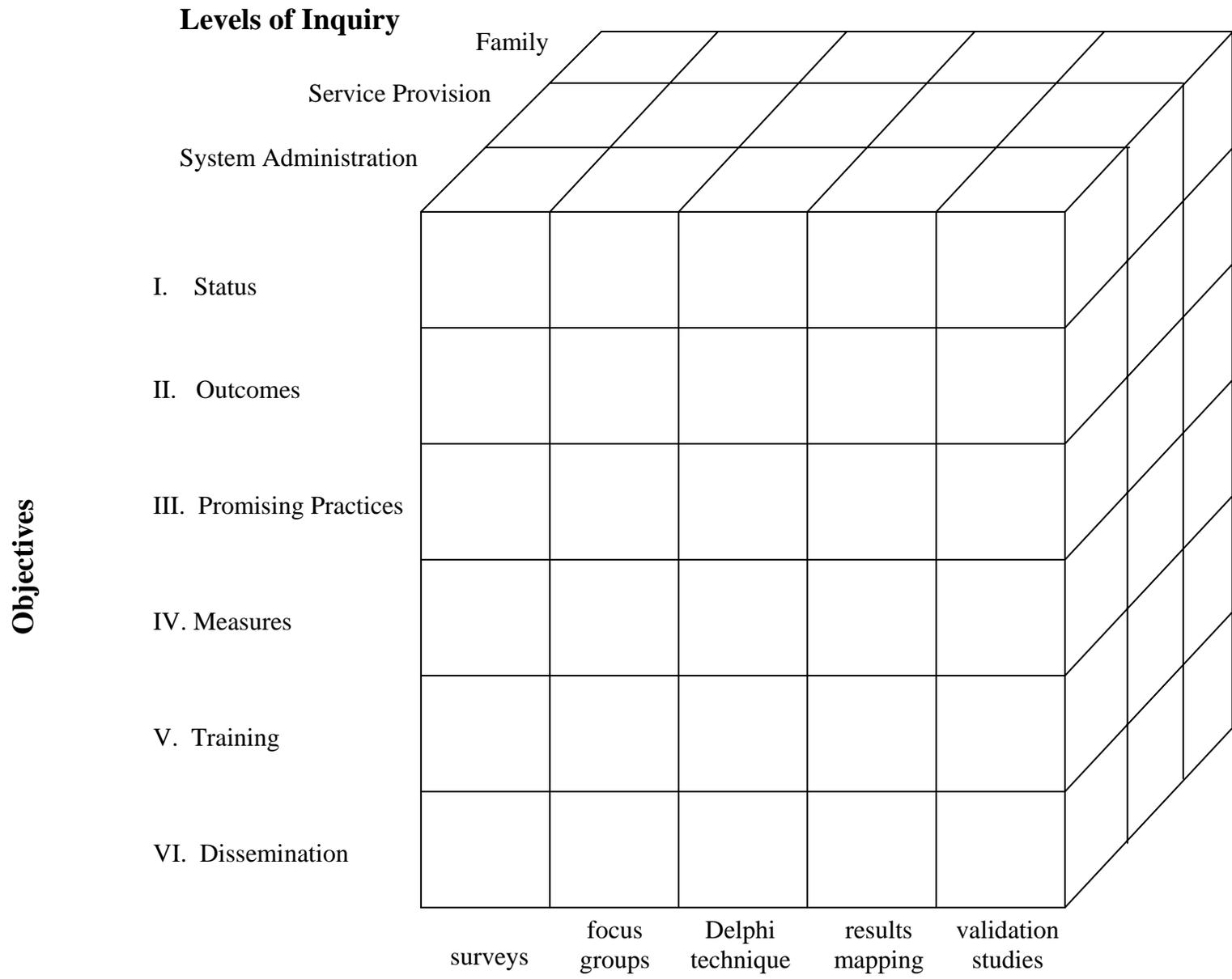
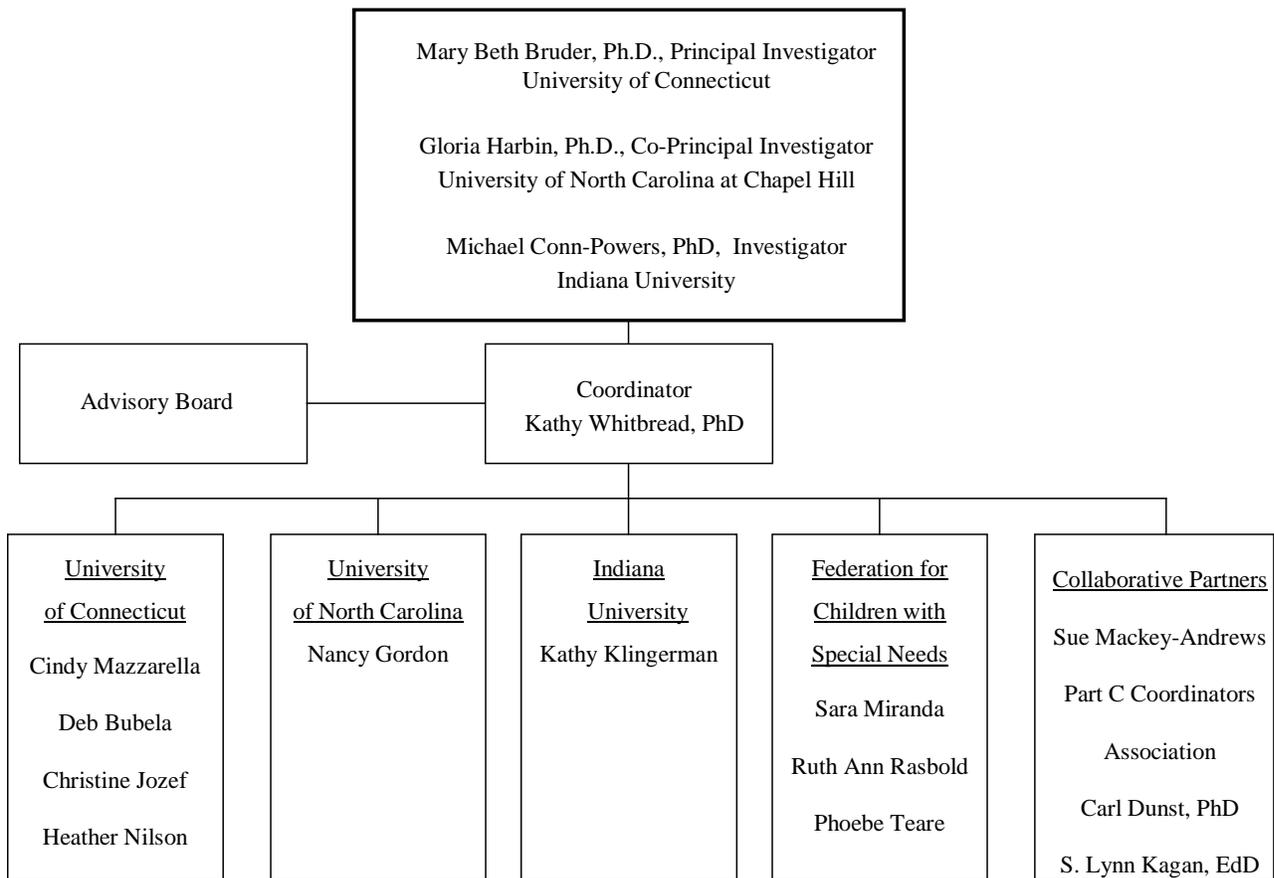


Table 1. Center Framework

Research Methods

Goals

1. To describe current **models** (including finance) across the nation through surveys of families and Part C coordinators.
2. To identify the **outcomes** across the three levels of family, service provider, and system administrator (across state models and family variables).
3. To identify **practices** that facilitate effective service coordination outcomes for the family, service provider, and system administrator.
4. To **measure** both the practices and outcomes of effective service coordination (within the levels of family, service provider, and system administrators) through the development of new tools and use of existing tools.
5. To develop **training** models to ensure the acquisition and maintenance of recommended practices in effective service coordination for families, service coordinators (and providers), and system administrators.
6. To **disseminate** information about the center's research and training outcomes and products nationally across a wide range of stakeholders using a variety of formats.



Organization chart listing key personnel

SECTION 2: EVALUATION DATA

2.1 Description of the Evaluation Plan

Evaluation activities for the center occur at multiple levels and address four key issues: the center’s progress in meeting its goals and objectives, the manner in which the center’s research and training is conducted, the administration of the center, and the perceptions of the center’s work by key participants and constituent groups.

Progress in accomplishing the center’s goals and objectives. The center conducts careful and thorough planning of activities. At the beginning of each year, a detailed set of objectives for the year is specified, along with the activities to meet those objectives, target dates, and persons responsible for the accomplishment of each. Potential difficulties are discussed and preventive plans for dealing with those possibilities are identified.

The center’s progress in meeting its objectives is communicated in a number of ways. First, monthly meetings are held to review the progress at each site. Second, monthly conference calls between the investigators focus on the center’s progress. See Appendix C for a list of calls, meeting dates, and sample minutes. Third, progress reports are posted on the project website. Fourth, progress is reported to the U.S. Department of Education through the regular reporting requirements. A similar update on objectives and activities is included in section three. Meetings of the RTC Advisory Board have been held yearly since the start of the project, and Appendix D contains sample meeting minutes.

Evaluation of the manner in which the research is conducted. The training of staff on specific protocols and for specific activities is carefully conducted. In all staff training, we rely on demonstration of actual performance of the skill rather than simply knowledge of how to do it. For example, training was conducted for all facilitators conducting focus groups in year one and year two. Glenn Gabbard conducted the training, which included a review of the focus group protocol and practice sessions during which facilitators conducted mock focus groups. During training for family and service coordinator interviewers in year two, a two-day training focused on a thorough review of the interview protocol and practice interviews conducted by all participants, with feedback from observers. Training is scheduled to ensure that no activities are delayed because of a lack of staff competence. For each training need, a person is assigned to deliver the training and a second person monitors whether the training was delivered.

Training for Conducting Focus Groups and Interviews		
Study	Trainer(s)	Monitor
Parent ICC telephone interview	Glenn Gabbard	Kathy Whitbread
Focus group protocol--outcomes	Glenn Gabbard	Gabriela Freyre
Focus group protocol--practices	Glenn Gabbard	Kathy Whitbread
Family and service coordinator interviews	Glenn Gabbard and Kathy Whitbread	Cindy Mazarella

Several levels of evaluation are conducted to ensure accuracy of all procedures. For each measure that is used in the center’s studies, a protocol is developed that details the manner in which the data are to be collected. A sample protocol is in Appendix E. The protocol is reviewed with staff members during their training and is used in two ways. First, it functions as a self-monitoring mechanism for staff to complete as they collect the data on each measure. Second, project staff conduct random checks of 10% of all data to ensure maintenance of procedural reliability. Specific reliability procedures are determined for each individual study and are described in Section 3: Activities/Accomplishments. All data collected and scored are checked by a second research staff member to ensure accuracy of scoring and transcribing of data. In addition, specially designed computer programs are used to check data and “flag” impossible entries. Data from invalid sessions is not included are data analyses.

Evaluating of the perceptions of key participants about the center’s work. Consumer satisfaction surveys are used to seek information from stakeholders participating in focus groups for Delphi studies. Study findings are made available to families, providers, administrators, and other constituent groups through quarterly newsletters and website updates. In addition, a log is maintained of the requests received by the center investigators for information related to our work.

The entries in this log are categorized by dissemination audiences. The investigators review this information annually to determine whether we are communicating with all of the desired audiences. Over the past two years, the center received an average of 4 requests per month for information about the center's work as well as requests for center products. Thirty-three percent of these requests were from early intervention service providers, 17% from family members, 17% from university students, and 12% from early intervention program administrators. The remaining 21% were from other categories (ICC members, higher education faculty, and Part C Coordinators).

2.2 Summary of Why Project Director(s) Believe the Project has been Significant and/or Effective

The project has developed its collaborations, met its timelines, collected and analyzed data for proposed studies, and disseminated project reports. Section 3 contains information that supports this statement.

2.3 Evidence of Project Effectiveness and Consumer Satisfaction

Section 3 contains specific information about study outcomes. In regard to consumer satisfaction, all participants in focus groups in year one and year two completed consumer satisfaction surveys. The survey addresses the content of the focus group and the facilitator skill and organization. A five point Likert scale was used with the following ratings; strongly disagree (1), mildly disagree (2), neutral (3), mildly agree (4), and strongly agree (5). The overall mean satisfaction rating for year one was 4.51 and for year two, 4.59. Consumer satisfaction tables are in Appendix F.

SECTION 3: ACTIVITIES/ACCOMPLISHMENTS

3.1 Description of Target Audience

The samples for this center are designed to answer research questions and provide illumination for the three lines of inquiry: families, service providers, and system administrators.

Each of the studies has description of the sample to be used. This section contains an overview of the types of samples used.

Studies are designed to target and obtain data from differing numbers of states. The following levels of state samples will be used: 1) *all states* to provide *baseline* information about elements of the infrastructure, as well as families' perceptions, 2) target states (Connecticut, Massachusetts, Indiana, North Carolina) selected empirically to provide in-depth information with regard to three different service coordination models, 3) comparison states also with varying demographics and selected to represent the additional dimensions of service coordination models.

Participants in the study reflect the breadth of stakeholders across all levels of the service system. The following types of individuals participate in the various studies: 1) families, 2) all Part C Coordinators, 3) selected families on ICCs, 4) selected ICC Chairs, 5) program (system) administrators, 6) service coordinators, 7) service providers in those states using an independent service coordination model, 8) physicians, and 9) child care providers. We have selected individuals to represent locations of differing population density. Families are purposely selected (Patton, 1990) to reflect the full diversity of children and families being served in early intervention with regard to income, ethnicity, language, child's disability, and level of need/complexity of the family.

3.2 Major Findings/Outcomes

Following is an overview of findings for each objective.

OBJECTIVE 1: TO DESCRIBE CURRENT MODELS OF SERVICE COORDINATION

What we know. Service coordination as an entity has not been studied extensively. Findings to date reveal that in a national study of 193 home visiting programs, respondents reported that 40% of home visitors' time was spent on service coordination; time was most needed at transition (Roberts et al., 1996b), and the majority of strategies used to enhance service integration involved cooperative efforts (Roberts et al., 1996b). Sixteen agency directors who participated in

this same national study use a number of strategies for blending funding streams for early intervention (Akers & Roberts, 1999). In a detailed review of service integration efforts over the past 30 years, few have maintained their structure because of barriers such as confusing ends and means and assuming that what is good for the agency is good for the client (Kagan, 1993). States are using a variety of funding models to support early intervention and service coordination (Mackey-Andrews, personal communication).

What we don't know. There is no national description of early intervention service coordination, service delivery, and finance model by state or territory; there is no national database of service coordination training models, curricula, or competencies; there is no comprehensive description of service coordination from a family perspective using a national audience.

What we did. A series of surveys was used to describe and define the current status of service coordination in each of the 57 states and territories of the United States. **The first survey was distributed to all Part C coordinators.** This survey provided a national description of service coordination. All Part C coordinators in the 57 states and territories completed the survey. In addition to the survey, each state was asked to provide information on training curricula for service coordinators. Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to describe the results of the Part C survey from the 50 states and the District of Columbia. Additionally, conceptually similar items were categorized in order to better understand and describe broader types of values and service coordination approaches. Findings included:

- Thirty-nine Part C coordinators reported a lack of uniformity in how service coordination was provided in their state.
- A regional approach to service coordination was used in 36 states.
- Caseloads for service coordinators ranged from 9 to 70 with a mean of 38.
- Seventeen states were in the process of changing their model of service coordination.

One of the findings of the Part C survey was that few states have models of service coordination that cross agency lines such as Temporary Assistance for Needy Families (TANF), Women, Infants, and Children (WIC), or Title V. To learn more about this aspect of service coordination, a question was posted on the Part C Association listserv in October 2001 to request information from Part C coordinators on state approaches to service integration. Nine states responded to the survey question. Most indicated that they were taking positive steps toward integration both at the local and state level, but none of the states recommended a program that they felt was exemplary.

A second survey was targeted at families. **The parent leader survey** provided a description of families' perceptions of their state's model of service coordination. Items were grouped in seven categories: system entry, evaluation and development of the IFSP, service provision, transition, training, and collaboration. The final cluster of questions focused on general commentary regarding the quality of service coordination and its relationship to identified family and child outcomes.

Recruitment of participants included postings on listservs that targeted parents who were engaged in the policy arena. These recruitment strategies expanded the database of parent leaders to over 1100 individuals representing each of the states and jurisdictions. Since nominations were received at different times, four rounds of surveys were mailed out within a three-month period. As surveys were returned, those states with limited return rates were targeted and contacted directly by telephone. The parent leader survey was presented to Spanish-speaking families in Spanish. A total of 319 surveys were received, for a return rate of 40%. Descriptive statistics (means, standard deviation, frequencies, and percentages) were used to formulate the results of the closed-ended items. Two independent raters categorized qualitative responses by generating a set of themes, which were tested and refined through recursive review to ensure category independence. Initial coding was conducted and when inter-rater reliability reached 80% or higher, final coding

commenced. The project coordinator monitored the validity of the results and assessed reliability.

Findings included:

- Twenty-six percent (26%) of the families didn't learn who their service coordinator was until after the IFSP meeting.
- Thirty-six percent (36%) of the parents felt that service coordination was very helpful in providing the services and supports their family needed.
- Thirty-eight percent (38%) of parents believed that service coordination was extremely effective in developing IFSPs that were responsive to the needs of children and families.

In January 2001 a telephone survey was conducted as a **follow-up to the parent leader survey** to gather additional information from families across the country. The decision to undertake the follow-up survey was made after data from the original parent leader survey indicated that respondents did not have critical and basic information about service coordination models in their states. The survey, completed in February 2001, targeted parent leaders in 50 states who were serving on ICC boards. Participants were selected through recommendations of state ICCs, Part C coordinators, or ICC staff liaisons. The survey focused on 1) participants' level of awareness of federal regulations related to service coordination, 2) perceived awareness of other stakeholders' knowledge of federal regulations related to service coordination, 3) descriptions of statewide models of service coordination and perceptions of how well these models served families, 4) perceived awareness of ICCs within the respondents' states and the degree to which they address service coordination issues, and 5) perceived outcomes of service coordination. Fifty parent leaders, representing each of the U.S. states, participated in the follow-up telephone survey.

Findings included:

- Sixty percent (60%) of the ICC parent representatives considered themselves familiar with the federal regulations related to service coordination.

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- Sixty-four percent (64%) of the respondents said that their ICCs were familiar with the federal regulations for service coordination.
 - Forty-eight percent (48%) of the respondents stated that they were unsure if their state had a specific model for service coordination.

A third survey was conducted of states' **training curricula for service coordinators**. Data were collected through telephone interviews, e-mail questionnaires, and analysis of training materials. Each Part C coordinator was asked to identify the person responsible for training in their state, and that individual was asked to respond to the following four questions: 1) Does your state have separate standards for service coordinators as compared to other service providers? 2) What type of training does your state use to train service coordinators? 3) How do you know if the service coordinators have acquired the information from training? 4) Do you have any training materials you might send us? Curricula information was received from 55 states and territories.

Data revealed that:

- The average length of service coordination training in 37 states was between 2 and 3 days.
- Twenty states mandated service coordination training.
- Nearly half of the states (47%) were in the process of revising or developing service coordination training curricula.

A report was completed on **fiscal aspects** of service coordination. This report discussed the data from the Part C and Parent Leader surveys and concluded with recommendations to states for increasing finance options for services in general and service coordination in particular. The report begins with a brief overview of the funding requirements included in the federal legislation (IDEA), followed by a brief discussion on an array of possible sources. The identification of funding sources is discussed distinguishing between two opposing approaches to developing a funding package: “program” versus “systems” (Roberts, Innocenti, and Goetze, 1999).

Description/listing of products/publications/activities. The following reports have been completed and are available on the project website at <http://www.uconned.org/rtc/rtcproducts.htm>.

- Service Coordination Policies and Models Data Report
- Parent ICC Survey Data Report
- Parent Leader Survey Data Report
- Service Coordination Training Data Report
- Service Coordination: Financing Quality Systems

OBJECTIVE 2: TO IDENTIFY THE OUTCOMES OF EFFECTIVE SERVICE COORDINATION

What we know. It is expected that effective service coordination will result in better outcomes for children (Bruder & Bologna, 1993). Data on outcomes are sparse. A study of nine communities revealed that the best outcomes for children and their families were discovered in those communities with the most comprehensive and coordinated service systems designed to enhance the development of all young children and their families within the community (Harbin & West, 1998). Current service integration efforts must begin to focus on the family unit as the target of activity (Kahn & Kamerman, 1992).

What we don't know. The field of early intervention does not have consensus about outcomes of effective service coordination within and across the system levels and stakeholders.

What we did. Focus groups were used to gather information about effective service coordination as perceived by multiple stakeholders with different perspectives on the description of effective service coordination. There were two identified samples for this study: national and state. The national sample included families, Part C coordinators, and ICC chairs. The state sample included families, service coordinators/providers, service providers (in Indiana only), program administrators, childcare providers, and physicians in four focal states (North Carolina, Massachusetts, Indiana, and Connecticut).

A combination of the Focused Conversation and the Workshop Methods developed by the Institute of Cultural Affairs (ICA) was used to conduct the focus groups. The Focused Conversation Method is a process that enables a conversation to flow from surface-level facts to more in-depth personal beliefs about a topic. The Workshop Method is based on a natural decision-making process. This process consists of five steps: 1) set the context, 2) brainstorm, 3) categorize, 4) name categories, and 5) evaluate the work. Following the national focus groups, the focus question was adapted to prioritize outcomes of effective service coordination associated with children, families, and the early intervention system.

Recruitment of samples for the focal states' focus groups was coordinated with each state's Part C coordinator. A diverse group of participants was recruited from urban, rural, and suburban settings in each of the focal states. In Connecticut 13 focus groups were held between April and October 2000 across different geographical areas throughout the state. In Indiana 14 focus groups were held between June and November 2000 across different geographical areas throughout the state. In Massachusetts 11 focus groups were held between June and November 2000 across different geographical areas throughout the state. In North Carolina 11 focus groups were held between June and November 2000 across different geographical areas throughout the state. At the national level, focus groups were held at the NECTAS Part C meeting at the end of January 2000. There were four focus groups, one for ICC chairs, one for families, and two for Part C coordinators.

Family focus groups in Indiana and North Carolina were rescheduled several times due to lack of attendance, and the final family focus group occurred in February 2001, two months later than planned. Physicians' focus groups did not occur in Indiana and Massachusetts due to the difficulty of recruiting participants. The total number of childcare focus groups per state was reduced from three to one due to difficulty soliciting participation.

Nearly 400 participants in 47 focus groups generated an initial set of 250 outcomes of high quality service coordination. A Delphi method was selected as the best means of prioritizing these outcomes. A Delphi study approach draws on the collective wisdom of knowledgeable "experts"

who are highly conversant about the topic or issue for which consensus is desired. The technique involves a series of “rounds” of data collection in which panel members are polled separately, with each person’s opinion having equal weight in the process of reaching consensus.

The approach used in this study differed from typical Delphi applications in one important way. Whereas the method generally involves a small number of expert respondents, we purposely included a large number of respondents (all focus group participants) with diverse experiences with regard to the implementation of service coordination. The survey targeted the following six stakeholder groups: families, service coordinators, service providers (in Indiana only), program administrators, childcare providers, and physicians. Outcomes generated in focus groups were transcribed into alphabetized lists. Each data set was reviewed by two independent people on the center’s staff to eliminate redundancies and to ensure that all outcomes were stated as single item outcomes (e.g., “happy and healthy families” became “happy families” and “healthy families”). Differences were resolved by a group review of the outcomes, which was overseen by the project coordinator.

Following completion of all focus groups, participants were sent a survey containing the list of outcomes generated by their stakeholder group and a second survey with a list of outcomes generated by their state. Surveys were mailed to focus group participants with a cover letter describing the Delphi process, a stamped self-addressed envelope, and instructions to return the list in five working days. A paragraph was included in the cover letter reminding participants that the state and stakeholder surveys were being mailed concurrently, but were two separate surveys. The response rate was 46% for the stakeholder surveys and 45% for the state surveys.

At the completion of round one of the survey, frequency distributions were generated for survey returns. Two people identified outcomes that 55% of the respondents chose as “extremely desirable.” Retained outcomes were alphabetized, redundancies were eliminated, and outcomes were formatted into a Delphi survey for round two.

The round two survey contained a Likert scale of three choices: “not at all desirable,” “somewhat desirable,” and “extremely desirable.” Frequency distributions were generated for survey returns. Two people identified outcomes that 75% of the respondents chose as “extremely desirable.” The top six outcomes for stakeholder groups and top six outcomes for states were prepared for review. Comparison charts listing the type of Delphi (state or stakeholder), the number distributed, percentage returned, number of outcomes over 62% (for states only), and the number of outcomes over 75% (for stakeholders) were prepared. Two independent coders reviewed lists to eliminate redundant items and combine similar items. Eighty percent (80%) accuracy between raters was achieved. Each list (combined state outcomes and combined stakeholder outcomes) was reviewed to determine the distribution of participants. The combined state list was determined to contain the best representation of stakeholders/states. The Delphi process resulted in an initial list of ten outcomes of high quality service coordination. This list was further reduced to eight outcomes. Several outcomes were combined so that the resulting statement would reflect all of the concepts in the original clusters. The following is the final list of outcomes of high quality service coordination:

1. Children and families receive appropriate supports and services that meet their individual needs.
2. Children reach their full potential.
3. Children are healthy.
4. Children’s development is enhanced.
5. Children have successful transitions.
6. Families are involved in decision-making.
7. Families are informed about resources and services.
8. People work together as a team.

The Delphi measures were not distributed to additional stakeholder groups in eight states as described in the original proposal. Focus groups were not completed until February 2001 and, in

order to prevent the delay of the second round of focus groups, the decision was made to proceed without Delphi data from the additional eight states. However, to acquire data from additional stakeholders a parent/practitioner survey was distributed to family members and service providers across 50 states and the District of Columbia. This activity was added to the original proposal in order to collect additional data regarding outcomes of effective service coordination.

The intent of the survey was to determine if desirable outcomes of service coordination could be distinguished from outcomes of natural environments and/or the early intervention system. The survey, developed by Carl Dunst, used 69 outcomes derived from the focus groups conducted for the Delphi study. The outcomes were arranged in three identical, alphabetized lists under the headings of “Service Coordination,” “Early Intervention,” and “Natural Environments.” Respondents were asked to choose the 10 most desired outcomes in these three categories. Space was provided to add outcomes not appearing on the list.

The survey was distributed to 5,100 family members and service providers across 50 states and the District of Columbia. Participants included 879 early intervention program practitioners and directors (59%) and parents of children with disabilities (41%) in 48 of the 50 states. Survey participants judged from among 69 outcome indicators those that they considered to be the most valued benefits of each IDEA Part C service. Results indicated that families and providers differed in the identification and prioritization of outcomes. Differences were detected in how outcomes were ranked between the categories of service coordination, natural environments, and the early intervention system. Five outcome categories were identified as primarily the desired benefits of service coordination (system coordination, information and referral, family support and resources, family centered practices, and teaming.) Only two outcome categories (family satisfaction and improved family quality of life) were considered valued outcomes for all three services. This study was completed in May 2001.

Description/listing of products/publications/activities.

- A Delphi Study Report is available on the project website:
<http://www.uconnced.org/rtc/rtcproducts.htm>
- The parent/practitioner study report is available as an online article entitled Valued Outcomes, Early Intervention, and Natural Environments at the CEC website:
http://journals.cec.sped.org/index.cfm?fuseaction=EC_archive_toc&ID=152.

Barriers and challenges encountered. The primary barrier for conducting focus groups was recruitment. Although stipends were provided to parent participants, finding childcare was a major challenge for many parents and this prevented their attendance at focus groups. Physicians were extremely difficult to recruit, despite aggressive efforts to solicit participation. Many physicians reported that they would have liked to participate, but their schedules made attendance difficult or impossible.

Various strategies for overcoming recruitment barriers were employed, including assisting parents with childcare arrangements and transportation. Whenever possible, focus groups were planned during established meeting times for service providers, such as regional meetings. Focus group facilitators were flexible in conducting groups at times convenient to participants, such as evenings and weekends. Finally, every attempt was made to make attendance at focus group appealing by decorating meeting space and providing refreshments and sometimes meals.

OBJECTIVE 3: TO IDENTIFY RECOMMENDED PRACTICES THAT FACILITATE EFFECTIVE SERVICE COORDINATION OUTCOMES

What we know. Though curricula, skills, and characteristics have been identified for service coordinators and families (Roberts, Rule, & Innocenti, 1998; Rosin et al., 1996b), there has not been any systematic research conducted to identify recommended practices in relationship to effective outcomes for families, service providers and service coordinators, and system administrators. Trivette & Dunst (1998) empirically identified three areas of practices identified with effective help giving: relational, participatory, and technical practices. Dinnebeil et al. (1996)

identified variables that influence collaborative relationships between service coordinators and parents. Harbin and colleagues defined a number of characteristics that lead to partnerships (Harbin & West, 1998). The Division on Early Childhood, Council for Exceptional Children has devised recommended practices for early childhood programs (Odom & McLean, 1996) modeled after NAEYC Developmentally Appropriate Practices (Bredekamp, 1987).

What we don't know. There has been no systemic research on recommended practices that facilitate effective outcomes for service coordination.

What we did. The original project proposal included a plan to collaborate with the Division of Early Childhood (DEC) to update the last version of DEC recommended practices. Specifically, the proposal was to develop a strand on service coordination since DEC had no plans to include service coordination in its set of recommended practices. However, the decision was made to proceed with the second Delphi study without replicating the DEC methodology for determining recommended practices. This was because of a shortage of funds to subcontract with DEC and the fact that we wanted to reach a national audience through the Part C association.

The Research and Training Center team met in Connecticut on January 29 and 30, 2001, to plan the methodology for the second round of focus groups to identify the practices that would result in the eight outcomes of high quality service coordination. A draft protocol was piloted with families and Part C coordinators at the National Project Directors meeting on February 25, 2001. Following the national focus groups, the protocol was revised based upon the responses of participants. The decision was made to reduce the length of the focus groups from three hours to two based upon the effort required by participants to complete the activities. The final protocol involved a two-hour process that included both large and small group activities.

Focus groups of 5 to 15 participants were planned in the four focal states (Indiana, Massachusetts, Connecticut, and North Carolina) in urban, suburban, and rural settings with program administrators, family members, service providers/coordinators, and service providers. A diverse group of participants was recruited from urban, rural, and suburban settings in each of the

focal states. Three focus groups were planned for each stakeholder group in each focal state between April and August 2001. Participants were asked to identify practices that supported the outcomes developed through the Delphi technique in Objective 2. There were 275 participants: 97 in Indiana, 53 in Massachusetts, 58 in North Carolina, and 97 in Connecticut. Stakeholders included 73 family members, 93 service coordinators, 86 program administrators, and 23 service providers (in Indiana only).

Focus groups were conducted over a period of approximately two hours and were managed by a trained facilitator. All facilitators operated from a 16-page facilitation protocol to ensure that group activities were practiced uniformly. The focus question for the groups was, “What do service coordinators need to do in order to reach the best outcomes for children and families?” The group’s individual ideas were posted for general discussion to synthesize the ideas most representative of the group. These core ideas became the output of the focus group, which lead to the practice statements used in the subsequent Delphi processes.

Over 2000 practice statements were generated in the focus groups. Project staff sorted the practice statements by stakeholder group and outcome. Two independent raters created categories based on common themes/categories for the practice statements. These themes/categories were finalized by consensus of two independent raters. There were 18 themes/categories for practices generated by family members, 19 themes generated by service coordinators, 13 themes generated by service providers, and 20 generated by program administrators. Based on review of these themes/categories, outcomes were further refined, reducing the list to 8 final outcomes.

Following the development of the themes/categories, two additional reviewers coded all the practice statements for an additional reliability check. Items that reviewers disagreed on were consensus-coded for 100% agreement. The themes/categories were then worded to represent a practice that encompassed the statements in the category. The project coordinator and principal investigator reviewed the final practice statements for accuracy. These statements comprised the eight Delphi survey instruments, one for each of the 8 final outcomes.

The practice surveys were distributed by Part C Coordinators and Parent Training Institutes (PTIs) in all 50 states, District of Columbia, Puerto Rico, and the Virgin Islands. Surveys were mailed to Part C Coordinators on 5/28/02 and to PTIs on 5/30/02. Each Part C Coordinator selected 24 providers in their state to complete a survey. PTIs distributed surveys to 24 family members per state. Spanish surveys were distributed to Puerto Rico and other states requesting Spanish surveys. Part C Coordinators were also asked to complete surveys. Survey respondents were asked to rank each practice statement according to the likelihood that it would result in the outcome listed. Current overall survey return rate is 18.4%. See Appendix G for Delphi return tables by state, stakeholder group, and outcome. In the next phase of the study, the recommended practices will undergo additional refinement and they will be aligned with 5 outcomes statements, which have been refined from the original 8 outcomes (from Objective 1). We will be then conducting a final round of Delphi practices aligned to five service coordination outcomes. Participants will be asked to rate each practice in terms of their agreement to one of the five outcomes.

To acquire additional data from parents, a survey will be distributed to 5000 family members in 50 states and the District of Columbia. This activity was added to the original proposal in order to collect additional data regarding service coordination practices. The survey, developed by Carl Dunst, used practice statements derived from the focus groups conducted in year two for the Delphi study. The study will explore families' experiences with service coordination, early intervention, and natural environments, including parent choice, interactions between the family and providers, child and family behavior, and types of services provided. The survey (see copy in Appendix H) will be distributed in August 2002.

Description/listing of products/publications/activities. The May 2002 project newsletter focused on the Delphi technique. Newsletters are on the project website.

Barriers and challenges encountered. As with the first set of focus groups (described in objective 2) recruitment was a challenge. Additionally, follow-up reminders cannot be sent to individual survey participants by project staff since Part C Coordinators and PTIs distributed the

surveys and the center does not have a list of individuals receiving surveys. We addressed this barrier by sending reminder letters and emails to Part C coordinators and PTIs to encourage them to distribute the surveys.

OBJECTIVE 4: TO MEASURE EFFECTIVE AND ACCESSIBLE SERVICE COORDINATION THROUGH THE USE OF NEW METHODOLOGY AND USE OF EXISTING TOOLS

What we know. A number of measurement tools exist that measure aspects of service coordination practice. These measures include those that measure help giving, quality of life, family-centered practices, family partnership, interagency functioning, and IFSP analysis. There is little evidence that these tools are in practice (Romer & Umbreit, 1998).

What we don't know. There are no efficient and effective measures of both practice and outcomes of effective service coordination that are in use across system components.

What we did. The interview protocol developed for this study was a departure from the previously selected methodology, Results Mapping, which recently underwent significant revision by its originator, Barry Kibel, Ph.D. The revised methodology, called Outcome Engineering, was designed to replace Results Mapping. Results Mapping is no longer recommended by Kibel. Given this new information, project staff conducted a review and comparison of Results Mapping and other measures (Outcome Engineering, Goal Attainment Scaling) to determine the methodology most appropriate for this objective. Below is an outline of the factors considered in the methodology evaluation process.

Goals of this objective:

- To provide rigorous, comprehensive information about the outcomes of service coordination (knowledge generation).
- To provide a sound, yet practical approach to measurement.

Intent/Purpose:

- To use a valid, reliable measure of the complex and multi-dimensional outcomes of service coordination.
- To use a measure that could be employed by local programs to determine service coordination outcomes (program accountability).
- To use a method that not only measures the outcomes, but also documents the practices and amount of effort needed to achieve positive outcomes for children and families with diverse abilities, needs, and circumstances.
- To gather both qualitative and quantitative data.

Results Mapping provided a comprehensive measure of outcomes, producing both qualitative stories and quantitative scores. However, it was rejected as an optimal methodology based on the following information:

Intent/Purpose	Problems Encountered
To use a valid and reliable measure	Reliability was difficult to achieve among researchers who reflected different experiences and perspectives of early intervention in determining qualitative scores, making its reliable use among diverse local program personnel doubtful.
To be used in local programs	Data reduction (development of accurate narratives from transcripts) and scoring narratives were reported to be exceedingly time-consuming, rendering this method an unlikely choice by local programs.
To document practices and amount of effort needed to achieve outcomes	Would need to interview multiple providers and parents to obtain accurate information.
To gather qualitative and quantitative data	With qualitative data, it would be difficult to separate service coordination from other activities. Quantitative scores haven't been standardized, making it difficult to obtain comparisons of scores.

Other methodologies were also examined. Existing instruments, such as Goal Attainment Scaling, measured a single dimension of service coordination and did not produce a combination of

quantitative and qualitative data. Outcome engineering was found to have the same limitations as Results Mapping and was reported to be more cumbersome to implement. Based on this information, the project team made the decision to develop a protocol that would be specifically designed for the goals of this project.

In May 2001, the project team developed an interview protocol that underwent revision in June 2001 and early July 2001. Staff were trained in the protocol and data collection procedure for the family and service coordinator interviews on August 1, 2001. This training session was held at the University of Connecticut. Participants included all individuals who would potentially be conducting interviews. The protocol was piloted with five families in the four focal states, resulting in further refinement. The team approved the final protocol on July 17, 2001. The interview process was designed to gain input from 100 families based on their experiences with early intervention and service coordination to 1) identify outcomes of effective service coordination, 2) measure the outcomes of effective service coordination as perceived by families, and 3) identify and measure practices that lead to effective service coordination outcomes.

Families were introduced to the concept of service coordination and asked to explain something about their family, child, experience with early intervention, and status of services being provided. The interviewer, during the course of listening to the family's story, identified outcomes that were described by the family during the interview. At the conclusion of the story, the interviewer asked specific questions about each identified outcome, including:

- The importance of the outcome.
- Who assisted the family in achieving the outcome.
- How service coordination helped achieve the outcome.
- What specific tasks the service coordinators performed to achieve the outcome
- How long it took to achieve the outcome

Finally, the family was asked, “If service coordination is working well, how would you know it?”

Interviews were audio taped, and responses were recorded on a data sheet.

In addition to interviewing families, project staff interviewed each family’s service coordinator. A protocol was developed which included questions regarding the service coordinator’s training, supervision, and work activities. In addition, questions were asked regarding the service coordinator’s perception of what outcomes were important to a specific family as well as who helped the family work on the identified outcomes. Finally, service coordinators were asked, “If service coordination were working its absolute best for this family, how would you know it?”

The families participating in this phase of the project were different from the families who participated in the focus groups. The decision was made to recruit more families than needed for the study with the expectation that some families would drop out of the study or decline to participate following initial recruitment. In addition, we recruited a large number of families from traditionally underrepresented ethnic groups due to the fact that the majority of focus group participants were Caucasian. Families were recruited according to specific guidelines to ensure that a representative cross-section was attained. Efforts were made to achieve a balance across each state based on demographics including ethnicity (black, white, Latino, Asian, other), child’s level of need (mild, moderate, complex), family location (rural, suburban, urban) and socioeconomic status (low, not low). As project staff in each state identified a candidate family, recruiters contacted the center in Connecticut where the family’s demographics were centrally compared with the target demographics, and final acceptance or rejection was made to include the family for participation. Families were also asked to contact their service coordinators to request their participation in the study. Project staff then contacted each service coordinator to explain the project more fully and conduct an interview by telephone.

Visits were scheduled and implemented between August 2001 and April 2002. Project staff in the four focal states (Massachusetts, North Carolina, Indiana, Connecticut) conducted 25 family

interviews and 25 service coordinator interviews for a total of 100 family interviews and 100 service coordinator interviews across a diverse population of families. In order to complete a cost analysis of services, we collected data related to provision of service coordination as part of the service coordinator interviews, including personnel and training costs. Additional information will be collected from programs employing the service coordinators, including capital asset costs and costs of materials and supplies.

Data on family and service coordinators are currently being analyzed. A 15.7% sample of tapes were randomly selected for a reliability check. The trained analyst denoted: outcomes (“What would you like to see for your child/family?”), who helped, and practices (“What was done to help?”) from the transcribed interview. A comparison of interviewer and analyst data was performed demonstrating 81.6% correspondence between interviewer and analyst. However, we have chosen to transcribe all interviews and record data from the interviews as a reliability assurance. Unfortunately, 10 family interview tapes were not clearly audible and will not be included in the study. Family interview data are being compared to service coordinator interview data to determine the level of agreement between families and service coordinators on key issues related to service coordination outcomes and practices. Appendix I contains the demographic grid of the family profiles.

Thus far, thirty family interviews (33.4%) have been reviewed along with their corresponding service coordinator interviews using qualitative methodology. Frequency of responses from parents and services coordinators were calculated for:

- “What Families Would Like to See for their Child/ Family” and
- “Who Helped Make This Happen?”.

Family responses were reviewed and categorized under five main outcomes.

- 1) Families are informed about resources and services.
- 2) Families are involved in decision-making.
- 3) Children and families receive appropriate supports and services.
- 4) Children’s health and development is enhanced.
- 5) Children have successful transitions.

Consensus coding by two analysts was utilized to assure reliability of responses into categories. The 30 families yielded a total of 196 responses relating to what they would like to see for their child/family. Corresponding service coordinators offered 107 responses to the question: “If you were to ask this family what outcomes are important to them, what do you think they would say?”

Table 3. Total Percent of Interview Responses by Outcome

Interview	Families Informed	Families Involved	Appropriate Services	Health/ Development	Successful Transitions
Family	3.6	4.1	39.8	48.5	4.1
Service Coordinator	5.6	0.9	28.0	62.6	2.8

Both groups identified the outcome of “child’s health and development” with the greatest frequency (families 48.5%, service coordinators 62.6%), followed by receiving “appropriate supports and services” (families 39.8%, service coordinators 28.0 %). The least frequent response offered by families related to “families being informed” (3.6%). Service coordinators anticipated “families being involved in decision making” with the least frequency (0.9%).

Family and service coordinator responses were compared to determine percent of agreement. The percent agreement between family and service coordinators ranged from 25.0 – 88.9, with a mean of 54.5 and standard deviation of 16.82.

Both families and service coordinators were asked who helped the family meet the outcomes that were important to them. Families and service coordinators acknowledged many individuals and groups as contributing to children’s development including: parents/ family members, service coordinators, service providers (therapists, teachers, nurses, and other personnel from birth-to- three agency), doctors and other individuals (daycare, funding sources, child/ programs other than birth-to-three). Parents identified 369 people who assisted them, while service coordinators identified a total of 255 people who assisted the family. Please see Table 4 for percent

of total family and service coordinator responses relating to identification of people who helped child/family reach identified outcomes.

Table 4. Total Percent of Interview Responses by People Who Assisted.

Interview	Parent/ Family	Service Coordination	Service Provider	Doctor	Other
Family	30.6	28.7	24.4	8.4	7.9
Service Coordinator	26.3	39.6	17.6	7.5	9.0

Both families and service coordinators identify themselves as playing the primary roles in assisting children/ families. Families view the involvement of families and service coordinators as being fairly equal, with service coordinators identified as assisting in 28.7% of the outcomes and families in 30.6%. Service Coordinators identify themselves as assisting in 39.6% of family outcomes and families in 26.3%. Service providers assist with the third highest frequency in both family and service coordinator responses. Percent of agreement between families and service coordinators ranged from 9.1 – 76.9. The mean percent of agreement between family and service coordinator responses was 46.03 with a standard deviation of 13.38. The data tables for these responses are in Appendix J

Barriers and challenges encountered. Due to the specific sampling procedure, recruitment proved challenging and continued several months past the targeted date of September 2001. There was a brief lapse in the interview schedule in Indiana in November 2001 when the person completing the interviews had a baby. In Massachusetts, delays led to the hiring of a second interviewer to complete interviews. In addition, the individual who had been trained to conduct interviews in Spanish in Connecticut left the A.J. Pappanikou Center sooner than expected to have twins, causing a delay in recruitment and implementation of Spanish-speaking families. In order to recruit a diverse sample of families, participants were selected based on a grid. Many families who might have participated were not included because doing so would have created an over-representation of a specific group or characteristic.

In addition, tapes for interviews needed to be mailed to Connecticut for analysis and there were many lengthy mail delays due to problems in the University mailroom.

OBJECTIVE 5: TO DEVELOP TRAINING MODELS TO ENSURE THE ACQUISITION AND MAINTENANCE OF RECOMMENDED PRACTICES IN EFFECTIVE SERVICE COORDINATION FOR FAMILIES, SERVICE COORDINATORS (AND PROVIDERS), AND SYSTEM ADMINISTRATORS (YEAR 4 AND 5).

What we know. There have been many articles (Bruder, 1998; Bruder, Brinckerhoff, & Spence, 1991; Bruder, Lippman, & Bologna, 1994; Bruder & Nikitas, 1992; Stayton & Bruder, 1999; Thorp & McCollum, 1994) and books (Bricker & Widerstrom, 1996; Winton, McCollum, & Catlett, 1997) written on early intervention personnel preparation, yet statewide systems of early intervention continue to struggle with providing effective and appropriate training to service coordinators (Romer & Umbreit, 1998). System variables, including a lack of funding, that affect both the scope and delivery of training and caseload assignments override the positive outcomes of validated service coordination curricula (Trivette, 1998; Winton, 1998). In fact, there are a number of available curricula (Edelman, Greenland, & Mills, 1992; Rosin, Green, Hecht, Tuchman, & Robbins, 1996; Zipper, Hinton, Weil, & Rounds, 1993) as well as recommended content areas (Roberts et al., 1998) for service coordinators.

What we don't know. How to address the needs of learners across stakeholders group to improve service coordination outcomes. How to institutionalize technological applications of training methodology.

What we proposed to do. In order to develop responsive, effective and usable curricula for the learners in the twenty-first century, training will be built upon the creation of learning organizations for families, service coordinators and providers, and system administrators, while utilizing adult learning guidelines applied to early intervention with preservice audiences (Bruder et al., 1991), inservice audiences (Bruder & Nikitas, 1992), higher education faculty (Bruder et al., 1994), and child care providers (Bruder, 1998).

There will be at least two major headings of training content; each to be developed at the three levels of service coordination. The first will be on recommended practices and outcomes of effective service coordination as determined through Objectives 2 and 3. We will develop materials specific to our audiences, as well as for both inservice (Stayton & Bruder, 1999) and preservice use (Kilgo & Bruder, 1997). In addition, policy manuals will be developed to guide training of policy makers/system administrators. Additional training methods are being explored, including learning modules that can be used for both in-person and web-based training. See section 4 for proposed changes to the project.

OBJECTIVE 6: TO DISSEMINATE INFORMATION ABOUT THE CENTER'S ACTIVITIES AND PRODUCTS

What we know. Despite articles, books and curricula on early intervention and service coordination, there are still gaps between knowledge and practice (Bruder & Staff, 1998; McBride & Peterson, 1997; McWilliam et al., 1998a; McWilliam et al., 1998b). During a four-day period, the Part C coordinators' listserv contained questions and responses from 16 states about whether other services provided to parents outside of the IFSP should go on the IFSP (as law requires).

What we need to know. How do we bridge the research to practice gap efficiently and effectively to a wide range of audiences?

What we did. A project website was established in September 2000 and is available at www.uconned.org/rtc/rtchome. The website provides information about the project, including project description, methodology, key contacts and project personnel, literature and resource references, and project data reports. The website is updated regularly and is an important component in the project's dissemination plan. There have been over 1,500 hits to the Research and Training Center project page since March 2001.

A quarterly newsletter describing the project, including activities completed to date, is distributed electronically and by post to over 3,000 people, including Part C coordinators, ICC chairs, focus group participants, state Part C monitors, and state curricula contacts. Newsletters

were distributed in September 2000, December 2000, March 2001, May 2001, August 2001, December 2001, and May 2002. A sample newsletter is in Appendix K.

Data reports, detailing the results of project studies conducted to date, were distributed as PDF downloadable documents on the Research and Training Center website. Appendix L contains a sample report. Copies of reports were made available at a poster session at the annual Project Directors meeting in January 2001, along with brochures and handouts describing center activities. Results from project studies were presented at the DEC conference in Boston in December 2001 and the Conference on Research Innovations in Early Intervention (CRIEI) in February 2002.

Project FORUM of the National Association of State Directors of Special Education (NASDSE) published a synthesis brief of the Research and Training Center report entitled "Service Coordination Policies and Models." The purpose of a FORUM synthesis brief is to capture the essence or key points from an important document for policy makers and others who do not wish to read a longer technical document. The brief was disseminated the week of September 19, 2001, by mail and e-mail and by posting the document as a PDF on the project website.

SECTION 4: PROPOSED ACTIVITIES FOR YEARS 4 AND 5

Description of Proposed Activities

Our findings thus far, plus the federal emphasis on evidence based practice that lead to child and family outcomes have led us to propose an expansion of studies for years 4 and 5.

What we know. We have gathered data from across stakeholder groups throughout the country to define a set of outcomes of service coordination and practices that would facilitate the acquisition of these outcomes. We have analyzed state systems of service coordination and family perceptions of those systems. Most importantly, we have service coordination profiles from 90 families and their service coordinators across four states.

What we propose to do.

Study 1: Measurable Indicators. We would like to replicate an abbreviated focus group and Delphi methodology to establish consensus on measurable indicators for each of the five service coordination outcomes.

Study 2: Validate Practices. We would like to select a sample of 100 families (25 by state) who can identify one outcome they would like to have happen (from the five we have categorized). We would then assist the service coordinator to implement practices (identified by Delphi) that facilitate the outcome and then measure the acquisition (or progress toward) the outcome.

Study 3: Training Methodologies. We would like to compare sample training methodologies to facilitate the acquisition of validated practices. In particular we will work with the Part C coordinators association to identify states that are willing to implement comparison studies of methodologies. Specifically, we will examine the role of web based instruction and peer mentorship models on acquisition of skills to implement the practices.

Outcomes

We anticipate having a tool kit for states that will contain indicators for each of the five outcomes, validated practices for each outcome and training guides for various methodologies that can be used to support the acquisition and use of practices. We will also have a service coordinator and family tool kit that will contain information, training guides, practice checklists and measurable indicators for service coordinator outcomes.

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APPENDICES

- A. RFP application for OSEP
- B. List of advisory board members
Project timelines
Budget
- C. List of calls, meeting dates and sample minutes
- D. Sample meeting minutes – advisory board
- E. Sample protocol
- F. Consumer satisfaction tables
- G. Delphi return tables
- H. Parent practices survey
- I. Demographic grid of family profiles
- J. Response tables
- K. Sample newsletter
- L. Sample data report