

SERVICE COORDINATION: FINANCING QUALITY SYSTEMS A SYSTEMS APPROACH

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POLICY ISSUE

As we complete the first decade of full implementation of Part C of the Individuals with Disabilities Education Act (IDEA), many states are grappling with how to maximize resources in order to obtain adequate funding for services in general, and for service coordination in particular. This challenging task is taking place as state policy makers are confronted with an increasing number of children entering the system, provider shortages, escalating costs, state revenue shortfalls and the retraction of services by other relevant agencies. This situation poses continued challenges to the integrity of the interagency foundation for funding and service delivery of this landmark legislation. The unique characteristics of Part C offer a tremendous amount of latitude to states to define their own funding and service system, yet at the same time requiring states to identify, coordinate and use all relevant funding sources.

Data from two studies will provide important information on the number and types of funding sources used to fund service coordination. Harbin and her colleagues (2001) from the federally funded Research and Training Center on Service Coordination surveyed all fifty states and the District of Columbia about the provision of service coordination, which also included questions about financing service coordination. The second study was conducted for the Part C Infant and Toddler Coordinators' Association by Andrews and Goldhammer (2001). This comprehensive survey also

contained questions related to funding of services and service coordination. This report discusses the data from these two surveys, and concludes with recommendations to states for increasing finance options for services in general, and service coordination in particular. However, 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).

LEGAL REQUIREMENTS

Service coordination, as defined by federal regulations, is “the activities carried out by a service coordinator to assist and enable a child eligible under (Part C) and the child’s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state’s early intervention program.”¹ Thus, the service coordinator assists the family on behalf of Part C of IDEA to access all of the benefits and opportunities offered to them through each state’s Part C system, including services provided by other agencies and programs.

A major responsibility of the service coordinator, on behalf of the public Part C system, is to ensure that services are paid for in a manner consistent with the state’s early intervention financial policies. While each state’s policies may vary greatly, depending particularly upon their utilization of family resources, there are some federal

funding requirements and principles that must be implemented.

Part C of IDEA is unique in terms of federal legislation. While other legislation mentions the value of interagency coordination, Part C of IDEA regulations actually **requires** interagency coordination and specifically requires other federal programs and services to be the “payor of first resort.” This ensures that although children are eligible for programs under Part C, other systems for which they are also eligible may not surrender their fiscal or service obligations. These requirements were instituted in an effort to ensure that all relevant agencies would continue to contribute.

These requirements also emphasize the importance of maintaining the natural supports and “multiple eligibilities” that exist for families and young children. While some of these resources typically may not be considered “disability” resources, they address the needs of families with young children in a variety of areas, such as housing, employment, childcare, well-child care, nutrition, education (both family and child), prevention, and intervention services. These resources are reflected in the routines, activities, and supports that families identify as typical or “natural” and can form the “hub” of resources that

(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;

(2) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

(3) to enhance their capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families;

and

(4) to encourage States to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

Part C of IDEA can build upon. Therefore, the service coordinator needs to know how to access these varied fiscal resources on behalf of the children they serve.

The federal statute is clear that Part C funds should be used to **facilitate the coordination of payment** from a variety of sources – not to be a primary funding source for services, in fact the regulations (Sec. 303.527) require that Federal Part C funds are to be the “payor of **last** resort.” Congress did not intend to provide federal funds to support another state program; but rather, to provide “glue money” to assist states to tie the variety of existing resources together, and fill the gaps. Table 1 delineates a funding hierarchy that could be used by state policy makers in designing their funding package. The hierarchy also could be used by service coordinators in helping to locate services and/or funds to support services. Contrary to common practice, the chart indicates that state and federal Part C funds should be the last to be accessed.

The federal regulations (Sec. 303.527) established an unprecedented requirement for state Part C administrators and service coordinators to become aware of and access a variety of other federal, state and local resources in the provision of IFSP and other services. These resources, supports and services are based upon a variety of eligibilities, many of which are not related to disability. Approximately half of the potential resources rely upon income as the primary eligibility criterion.

FUNDING SOURCES

States’ funding packages for services, in general, and service coordination in

particular have continued to evolve over time (Clifford, Bernier, and Harbin, 1993; Andrews and Goldhammer, 2001). When first implementing Part C of IDEA, many states tended to adopt the service delivery model that was used before the passage of the legislation. A significant portion of Federal Part C funds was used to shore up the delivery of direct services provided primarily by the lead agency and its subcontractors. Data from the two recent studies indicate that as Part C has evolved, there has been a *moderate increase* in the diversity of fiscal resources utilized.

Due to the interagency funding requirements in Part C of IDEA, access to federal, state, local, public, and private funds is extremely complex at both the local and state levels. Some states report great success in locally supporting individual children and families on an interagency basis, but these resources often are not garnered on a systemic basis, nor accessed uniformly statewide. Some states have been very successful in tapping into federal programs, such as Medicaid, to support Part C services, including service coordination. However, progress on utilizing multiple funding sources for service coordination is inconsistent and varies tremendously from state to state. All too often, Part C state and federal funds are used because they are easier to access. As a result, the financial obligation for Part C in some states seems increasingly to have moved to rest upon the shoulders of the state's lead agency.

States vary substantially in their demographics, including family economics. These demographics lead to a variety of resources, supports, and services that are available to families with very young children. For example, there are programs for

refugees, migrants, and families in poverty; it is quite likely that some of the Part C eligible children will be eligible for these or other programs. Potential partners in the provision and funding of service coordination total approximately 33 federal and state resources. Furthermore, individual states have initiatives related to at-risk populations, early education/literacy, and family support that vary substantially and may be locally organized and accessed.

Table 2 contains a list of possible funding sources for service coordination. The table indicates that there are two approaches to accessing these potential funding sources: 1) accessing funds *directly* from the source (column 1), and 2) *indirectly* accessing funds (column 2) through the use of personnel from these various funding sources, who are performing service coordination activities for other programs. In the second instance, these individuals would be recognized as Part C service coordinators. Thus, a variety of agencies would be contributing to the funding of service coordination. Use of this approach by service coordinators also supports the importance and use of natural environments, ensuring that the various community supports and resources used by families are part of the program planning process (IFSP) and are active in service delivery.

FINDINGS

Recent data from two studies present a picture of the: a) status of states' use of service coordinators from a wide array of agencies; b) status of states' use of funds from

another agency to support service coordination; and c) status of states' use of Medicaid and Children With Special Health Care Needs (CSHCN) to fund service coordination.

Service Coordination from Other Agencies

Despite the fact that many other federal and state programs require the use of service coordination, in a National Service Coordination Survey of 51 states (Harbin et. al., 2001), very few states (N=4) reported using personnel from diverse programs and agencies as service coordinators. The result is that many children and families have multiple service coordinators, while a service coordination resource that could be contributed by another agency goes untapped and the Part C lead agency bears the cost. The study conducted by Andrews and Goldhammer (2001) indicates the even in those instances where service coordination is provided by someone outside of the lead agency, the lead agency often reimburses that individual for that service, so the lead agency funds service coordination.

Use of Funds by Another State Agency

A study conducted by the Service Coordination Research and Training Center (Harbin et. al., 2001) reveals that very few states (N=13) are using funds from another state or federal agency (see Table 3). These 13 states identified the following “other agencies” as contributing funding for service coordination: health (4), developmental disabilities or mental retardation (4), education (1), school for the deaf (1), school for the blind (1), Medicaid waiver funds (1). These findings are echoed by the data collected from 25 states in the Part C Coordinators National Survey, 2000 (Andrews and

Goldhammer, 2001).

Use of Medicaid and CSHCN Funds

Title XIX, Medicaid is one of the most frequently used sources as reported by state Part C Coordinators in the two previously mentioned studies. In the National Service Coordination Study (Harbin et. al., 2001), 29 of the 51 states (including the District of Columbia) reported using Medicaid to help fund service coordination. However, it is interesting to note that while Medicaid is a key funding source, according to states' responses to the Part C Coordinators' Association Survey (Andrews and Goldhammer, 2001), only 9 of the 25 states completing the survey report requiring that local providers enroll with Medicaid in order to be a Part C provider. This means that while Medicaid, Title XIX may cover some or all of the IFSP services (including service coordination), local providers may not be accessing Medicaid funds.

Funding for service coordination is further complicated by the variety of approaches for service reimbursement, ranging from unit reimbursement as small as 6 minutes to a monthly capitated rate. In some instances, states reported that there was no direct reimbursement for service coordination (it is added to other staff responsibilities and not reimbursed directly), while still others reported that this service is only reimbursed by Medicaid.

Another key partnership for Part C is with the Title V, Children with Special Health Care needs (CSHCN). Historically, this program, formerly known as the Crippled Children's Program, has been a resource for children with medical needs and

their families. Partnership with CSHCN provides not only service support for children enrolled in both programs, but also an opportunity to tap into their care coordination system. However, only one of 25 states in the Part C Coordinators' Association Survey (Andrews and Goldhammer, 2001) currently requires its Part C providers to be enrolled with the State's Title V/CSHCN program. Collaboration with CSHCN, even within the states where health is the lead agency, has not achieved this potential benefit for children and families. This is particularly unfortunate given the need for lifespan planning, beyond age three, that ensures the continuation of essential services irrespective of the individual "systems" that children and families transition to. In this example, ongoing care or service coordination would be available to the CSHCN eligible child up through age 21 in most states. However, there is a recent trend in some states to eliminate service/case coordination from CSHCN. This trend could result in the elimination of CSHCN as a possible service coordination partner for Part C eligible children.

DISCUSSION OF CHALLENGES

As Part C evolved, interagency coordination has proven to be far more difficult to actually achieve. The diversity of resources, supports, and services originally intended by Part C of IDEA to support services through this interagency "quilt" has simply not materialized in many states. This has resulted in the gradual development of disability-oriented Part C "programs", with funding from a limited number of state and

federal resources (Roberts et. al., 1999). This has sometimes caused the service coordinator in some states to take on the role of "gatekeeper" for limited Part C resources, or acting as a managed care broker operating with an informal, pre-determined ceiling or cap on services or funding. Many Part C state administrators seek to understand how to better use service coordination in accordance with the original intent of Part C and with an eye toward better coordination of services for young children and families. Along the way, administrators grapple with their historical system and the expectations, or lack of expectations, established by the current service delivery model.

The reality in an overwhelming majority of states is that interagency relationships, and perhaps intra-agency relations as well, are difficult to cultivate and maintain at both state and local levels. Despite federal regulations to the contrary, many entities serving the Part C population prior to the passage of P.L.99-457 (now known as IDEA) have retracted some, if not all, of their services and supports leaving the Part C lead agency increasingly responsible to meet the needs of its eligible population. In addition, many state and local administrators from other agencies have been heard to say, "This is not our responsibility – that child belongs to Part C."

The requirement for "maintenance of effort" for public provision of funding, service, and resources is nearly impossible to pin down or to monitor at either the federal or state level, in part, due to frequently recurring fiscal shortfalls. For example, many states reported that a substantial amount of historically raised local revenue was

redirected to other populations when Part C was fully implemented due to the impression that this “program” was an entitlement and was either to be fully federally funded at some point in time, or that it was solely the responsibility of the state lead agency to fund.

RECOMMENDATIONS

This section presents recommendations for three important groups, in order to increase the funding options for service coordination. The most in-depth recommendations are presented for program administrators, since they are most directly responsible for designing and accessing funding sources for services in general, and service coordination in particular.

Families

- Inform the service coordinator of all services and resources used by your child and family, and make sure all are included in the IFSP.
- Ask the service coordinators about the funding sources used to fund services for your child and family.
- Use Table 2 to ask the service coordinator if there are other funding sources that possibly could be used to fund services for your child and family.
- Let your service coordinator know if your child and family have service coordinators from another program.
- Think about who you would feel most comfortable serving as the service

coordinator for your child and family (such as one of the service coordinators from another program, the parent of another child with a disability, another professional within the community, one of your child's service providers, etc.). When the IFSP is developed, let the professionals know who you would like to be the service coordinator for your child and family.

- Learn more about the possible sources that could be used to fund services and service coordination.
- Serve on your community Interagency Coordinating Council and request that the Council review current and possible funding sources, in order to identify potential untapped fiscal resources.
- Serve on state or local monitoring teams to assess whether all possible funding sources are being used.

Service Coordinators

- Become more knowledgeable about all potential funding sources.
- Ask families about the services, resources, and supports used by their child and family; create an Eco-map for each child and their family.
- Include all of the services, resources, and supports accessed by the child and family in the IFSP.
- Make sure you access all possible funding sources.
- Ask the family if they have service coordinators from other programs. In partnership with the family, determine which service coordinator will be the

major contact person (point person) with the family.

- Provide suggestions to state and local policy makers about information and training you need to more effectively access fiscal resources.

Program Administrators

Despite the incredible challenges, improving the fiscal infrastructure is needed in order to improve service coordination for children and their families, and to meet the intent of the law. There are two ways to accomplish this: 1) to increase the number of funding sources used, and 2) use service coordinators from partner agencies for those children who are enrolled in multiple programs. The following recommendations are made to help accomplish both approaches.

- **Develop A More Comprehensive Vision of the Service System and Its Funding.** In many respects, funding has driven development for many state Part C systems. It is timely for states to pause, reassess their directions and needs, and lay a path for the future that reflects the intent and spirit of the federal law and responds to the unique characteristics of each state. This vision should define the Part C system's operation priorities. It should also define partnerships with community resources and supports to more effectively serve families and very young children in their natural environments using individualized routines and activities.

“Programs” are relatively easy to establish; “systems” are more difficult to cultivate and maintain. Freestanding programs don’t require the degree of coordination and collaboration that systems do. Consequently, it is not surprising that

many states have developed a Part C “program” rather than a Part C “system”. Remember that strength is in numbers. State leaders need to honestly ask themselves if they have a Part C "comprehensive system" or a "program" (Harbin and West, 1998; Roberts et. al., 1999). Some questions to facilitate this review include:

Are children and families participating in typical young child and family services at the local community level? Are services like Early Head Start, CSHCN, Parents as Teachers, etc., part of the multidisciplinary team and reflected on the IFSP? Does the Part C system *support* these services through consultation or have they *replaced* these services in some manner? Does the service coordinator know all of the services used by the child and family? Do they help to coordinate and integrate all services? Is their voice heard and influence regarded by these partners?

Do individuals other than Part C practitioners provide service coordination?

How are these responsibilities shared among the team members?

How do families “learn” about the practical aspects of service coordination?

Do training and policy support families to assume their own service coordination obligations over time in an informed manner and with support?

How are family members incorporated into a state’s service coordination system? Are families informed of the array of services and resources across all agencies, both public and private?

Do IFSPs document a diversity of services and supports that reflect the

general community? Or, are families served by traditional disability providers in the “new” natural environment – segregated home environments, when the provisions of natural environments are improperly applied?

As the Part C system experiences financial challenges, who is involved in discussing options and ideas and making commitments for resources, supports, and services including funds beyond the lead agency?

This work to define an expanded perspective of Part C cannot be accomplished effectively at the local level; it needs federal and state leadership to set the tone, determine the basis or foundation for agreement, provide a viable infrastructure and model collaboration.

- **Identify Additional Funding Sources.** Many states are using a smaller number of fiscal resources than are potentially available. Although it is extremely time consuming to identify and learn how to access additional resources, it certainly would be prudent to access available, but currently unused, resources. One approach being used by a very few states to more effectively and efficiently use a wide array of funding sources is a *regionalized or centralized billing system*. This approach means that a fewer number of people need to be knowledgeable about what fiscal resources are available, eligibility requirements needed to qualify for the resources, and how to access these resources. Many of the current funding approaches rely upon local program administrators and service coordinators to be knowledgeable about, and then personally access, multiple

complex funding sources. Clearly, states need more in-depth technical assistance in how to access diverse funding sources. A mere listing of the possible funding sources is not sufficient. The American Maternal and Child Health Professionals (MCHP) organization is in the process of developing two finance monographs that should be helpful. One is a short finance monograph developed by Jill Kagan and her colleagues, while the other is a more extensive monograph being developed by Linda Goetze and her colleagues.

- **Use Personnel From Partner Agencies to Provide Service Coordination.** While the field of early intervention has sometimes been concerned about overwhelming families with the multiple professionals that come into their lives to provide various interventions and therapies, it has not been successful in effectively partnering with other programs to consolidate key and common functions, such as service coordination. One way to reduce the number of professionals interacting with a child and family is to consolidate the service coordination function played by individuals from various programs into one professional, hence, eliminating multiple service coordinators. If the state would broaden the definition of "who" could play the role of service coordinator for children with disabilities, to include individuals from other programs (such as Early Head Start, Even Start, CSHCN), this would increase resources accessed through other programs by using their personnel. In addition, some of these other programs (e.g. Early Head Start) have multiple services (dental, health, social services, parents training, etc.) that are regularly provided to children within their programs. These other

programs that provide multiple services would make a natural service coordination provider for the Part C eligible children in their program.

While many of these other programs can support the provision of service coordination by providing it directly with no exchange of funds, these data indicate that they are rarely used. Programs providing service coordination for children with multiple eligibilities often form the basis of the natural environments that are typical of the activities and routines in which families and very young children participate. Often the most common eligibility criterion for these programs is income. Acknowledging the well-documented link between the prevalence of poverty and disability, a good many of these programs (such as Medicaid) are available to some of the Part C eligible population.

In fact, if properly constructed, there are few resources that cannot be used by Part C of IDEA to either pay for service coordination or provide it directly. This broader approach to resource utilization exemplifies the “system” approach to Part C, which is more in line with the intent of the legislation. In addition, using partner agencies to provide service coordination helps to support life span planning with families and ensures that important services will continue once the child exits the Part C system. This broader conceptualization also helps to reduce the sheer number of people who enter into the lives of families with very young children, simultaneously maximizing the efforts of our collective, albeit limited, resources. However, some states are moving to separate service coordination from direct services for a variety of reasons. These

separate or independent models will need to develop special strategies to ensure use of a breadth of services and fiscal resources that are effectively coordinated.

- **Develop Meaningful Interagency Agreements.** Effective interagency agreements are more than ceremonial. They guide the active dialogue and demonstrate agreements between parties on key issues and obligations, and thus document the individual and collective responsibilities in key topical service and fiscal areas. Sound interagency agreements are active and dynamic documents that are routinely reviewed and revised. States are encouraged to dig out their agreements! Do these agreements define individual responsibilities with sufficient detail? How have systems agreed to coordinate so that access and parity to services can be ensured without undue reliance upon the individual service coordinator's ability to "finesse" the local service system? What is the review and revision schedule for these agreements? Do the agreements contain authority for service coordinators to coordinate services across agencies?

Interagency agreements are not the sole responsibility of the states, however. The federal agencies, including the U.S. Department of Education as the federal lead agency for Part C, must cultivate partnerships in a similar manner as states are asked to do. Agreements at the federal level need to be precise and support individual state implementation. The FICC and the agreements it develops need to provide an infrastructure to support system service coordination. Is the FICC effective in bringing interagency funding issues to the surface, and in making recommendations to federal representatives that will respond to the very real challenges that states deal with on a

regular basis?

- **Training, Training, Training...**The clear message that families are giving us is that it is critical for service coordinators to be well trained and supported in their jobs. One of the key expectations of a service coordinator is to work themselves out of a job by sharing their knowledge with families. Issues of appropriate relationships with families, personal and professional boundaries, and competencies are critical to incorporate into training, credentialing, and ongoing technical assistance. We do nothing for families when we do “for” them. We open doors and make magic happen when we share our skills and secrets and work “with” them to advance their existing skills, competencies, and knowledge. Service Coordinators should be knowledgeable about a broad array of services and resources, as well as how to access needed financial resources.

Therefore, if service coordinators are housed in partner agencies, we cannot *assume* that their agencies will provide sufficient training. All partner agencies need to be involved in planning and conducting service coordination training so there is consistency across providers and agencies.

IN SUMMARY

The challenges ahead for state Part C planners are complex. For over a decade, states have worked diligently to establish early intervention services pursuant to federal regulations. Cultures have emerged, expectations developed. The erroneous

expectation that the lead agency for Part C is financially responsible for all that happens in early intervention has caused significant strain to many states where costs are spiraling upwards without relief. Eligibility criteria are reduced and some states speak regularly about “dropping out of Part C.” In some states, service coordinators are used as gatekeepers to manage costs.

In most states, the culture of early intervention has grown “within itself” becoming more of a “program”, rather than becoming more of a “system” by incorporating state and community partners in planning, providing, and accounting for comprehensive services. There is still time to reverse this trend and create partnerships that will bring a variety of resources, including expanded financing for service coordination, to the Part C table. One key challenge to success of building a true Part C “system” will be the ability at all levels to recognize and value the skills, talents and expertise of others beyond the disability network, in serving families with very young children with disabilities. This challenges our very core beliefs, and asks us to truly implement the multi-disciplinary, interagency, family-centered and systems requirements of the federal regulations, increasing the need to work collaboratively with others in service coordination.

There is a great deal of rhetoric at the federal and state levels concerning the importance of young children and families in our nation’s future. By partnering for service coordination, as well as other IFSP services, with the broader early childhood community, we strengthen our collective and individual voices. Partnering also works

to improve and expand quality services for all children and families, not just those with disabilities or developmental delays. Partnerships can make communities responsible for creating and maintaining systems of care, including effective service coordination, in ways that are culturally responsive and specific to the unique characteristics of the area. These partnerships can help to build long-term systems of care and education that support families beyond their Part C participation and create quality, comprehensive systems emphasizing family-centered, practices utilizing a variety of resources that are “natural” to each family. However, state administrators will need to create policy incentives to further the identification and use of multiple funding sources. Much work remains to be done if service coordination truly is to become a linchpin of service delivery and we are to identify the fiscal resources needed to accomplish this.

¹Section 303.12 (Early Intervention Services) further defines service coordination to mean “assistance and services provided by a service coordinator to a child eligible under this part and the child’s family that are in addition to the functions and activities included under § 303.23.”

Table 1:

FUNDING HIERARCHY

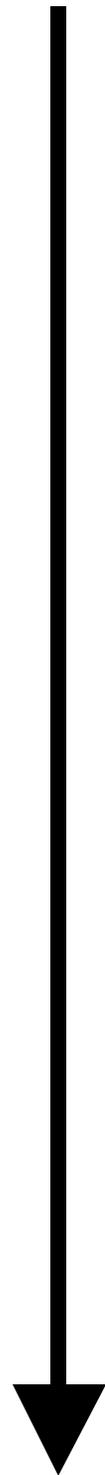
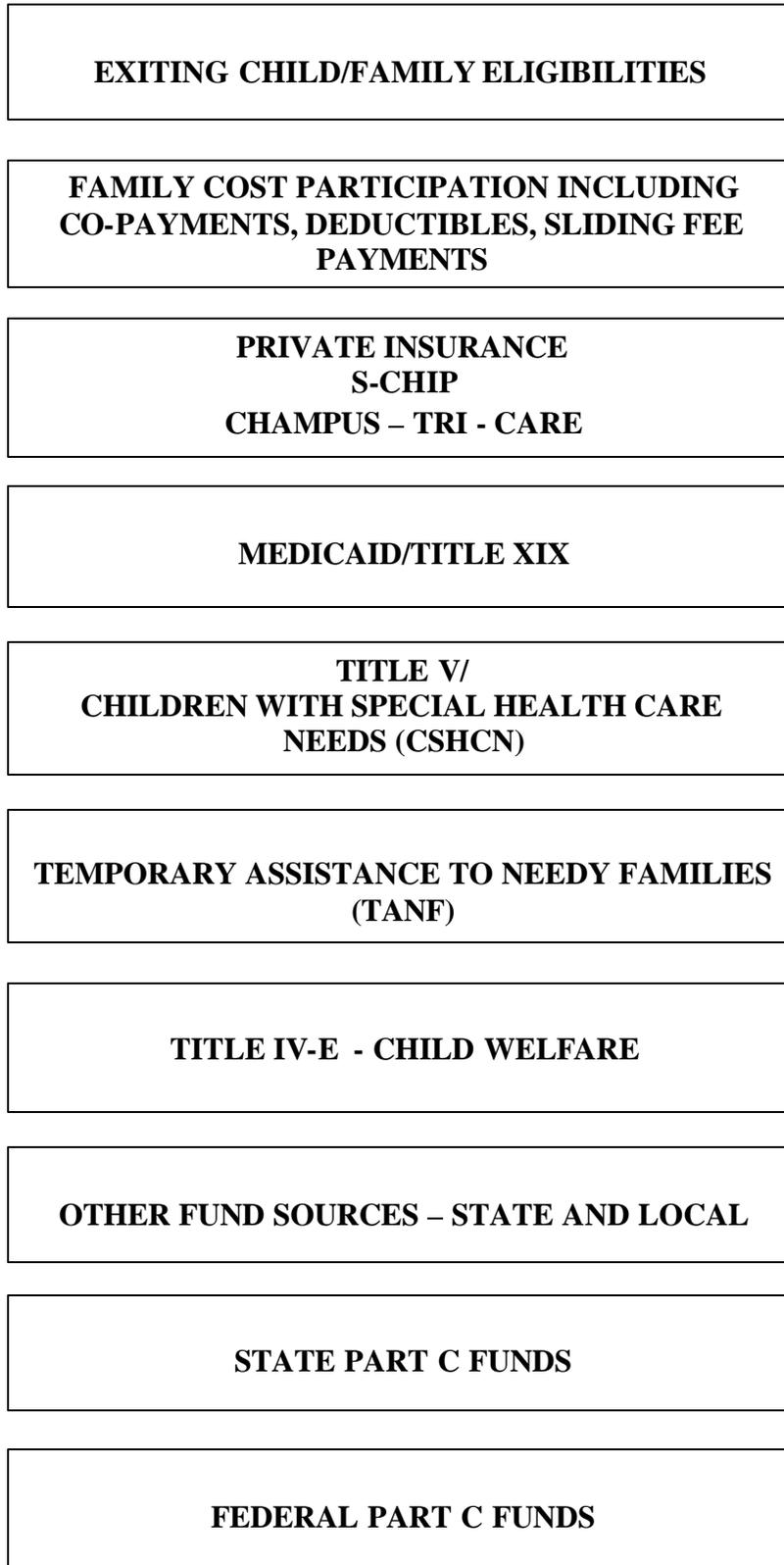


TABLE 2**Resources, Supports, and Services Potentially Available for
Part C Service Coordination**

Source	Reimburse	Provide	Income Eligibility	Special Considerations/ Unique Characteristics
Part B 619 Federal Funds	X	X		X
Part B State Funds	X	X		X
Part B Federal Funds (3-21)	X	X		X
Title V/Children with Special Health Care Needs (CSHCN)	X	X	X	X
Title V/Maternal Child Health (MCH)	X	X	X	X
Women, Infant and Children (WIC) Nutrition Program		X	X	Varies
TRI-CARE	X	X		X
Impact Aid	X			X
Title IV-A Temporary Assistance to Needy Families (TANF)	X	X	X	X
Title IV-E Prevention of Institutional Placement	X			X
Medicaid (multiple approaches)	X		X	Varies
State-Childrens Health Insurance Program (S-CHIP)	X		X	Varies
Tobacco Money	X			Varies
CCBDG/CCDF	X	X	X	Varies
SSBG	X	X	X	Varies
Healthy Start		X		X
Early Head Start/Head Start		X	X	X
Healthy Families		X		X
Parents as Teachers		X		
Public School Prevention initiatives	X	X		Varies
Family Preservation and Support	X	X		Varies
Juvenile Justice/Prevention Programs	X	X		Varies
Drug/Alcohol Prevention Grants (PL 105-20)	X			Varies
Native American Child Protection Grants	X	X		X

TABLE 2**Resources, Supports, and Services Potentially Available for
Part C Service Coordination, continued**

Source	Reimburse	Provide	Income Eligibility	Special Considerations/ Unique Characteristics
Family Violence Prevention Services		X		Varies
Refugee Supports and Services		X		X
Federal Part C Funds	X			X
State Part C Funds	X			X
Private Insurance/Managed Care Entities	X	X		
Lottery Funds	X		Varies	Varies
Locally raised revenue	X	X	Varies	Varies

TABLE 3**Primary Funding Sources for Service Coordination**

STATE	Lead Agency	Third Party	Federal Part C	Another State Agency	TANF	Other
AK	X		X			
AL	X	X	X	X		
AR	X	X	X			
AZ		X	X	X		
CA		X	X			
CO	X		X	X		
CT	X		X			
DC		X	X			
DE	X		X	X		
FL	X	X	X			
GA	X	X				
HI	X		X			
IA	X		X			
ID	X	X	X			
IL			X			
IN	X		X		X	
KS		X	X			
KY	X	X	X			
LA	X		X	X		
MA	X	X	X	X		Federal Part B
MD		X	X			
ME	X	X				
MI	X		X	X		Federal Part B
MO	X	X		X		
MN	X		X			Local funds
MS	X					
MT	X		X		X	
NC	X	X	X	X		Title V; Child Care Block Grant; Non-governmental funding
ND						
NE		X				
NH	X	X	X			
NJ	X	X	X			Local funds
NM	X	X		X		
NV		X	X			

TABLE 3**Primary Funding Sources for Service Coordination, continued**

STATE	Lead Agency	Third Party	Federal Part C	Another State Agency	TANF	Other
NY	X	X				County funds
OH			X	X		
OK	X		X			
OR	X					
PA	X	X	X			
RI	X	X	X			
SC		X	X			
SD						
TN	X	X	X	X		
TX	X	X	X		X	Blended funding approach; Non-governmental funding
UT	X	X	X			
VA	X	X	X	X		
VT		X	X			Cont. fr. LEAS/CSHH
WA		X	X			
WI	X	X	X			
WV	X	X	X			
WY	X	X	X			

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