

Research and Training Center on Service Coordination

Division of Child and Family Studies



University of Connecticut
Health Center

Issue 3

March 2001

The Research and Training Center has completed four studies on how service coordination is implemented in all 50 states and the District of Columbia. We surveyed Part C coordinators and parent leaders about service coordination models and policies, finances, and training curricula. To read what we are learning, see our complete data reports, available in PDF downloadable formats, along with the first two issues of our newsletter at: <http://childandfamily.uchc.edu/research/research/htm>.

WHAT'S ON THE WEB?

The center's Web site provides information about the general purpose of the center and update information related to our current work. Check out the "What Are We Up To?" page for new information and ideas related to service coordination. Readers will also find a list of recommended readings related to the topic of service coordination.

SPOTLIGHT: PART C SURVEY

In this issue, we explore what we've learned from our national survey of Part C coordinators in 50 states and the District of Columbia. We asked:

How well is service coordination working?

Only three of the Part C coordinators responded that their service coordination system was working extremely well. The majority of coordinators (67%) characterized their systems as working in a somewhat average or slightly better than average fashion. Seventeen states reported that they are in the process of changing their service coordination models.

What are the values held regarding service coordination?

The survey explored the perceptions of service coordinators about the values held by four key stakeholder groups; lead agencies, other state agencies, state interagency coordinating councils, and local providers. In general, coordinators reported that they were *most* knowledgeable about the values held by the lead agency and *least* knowledgeable about the values held by other state agencies. The respondents stated that all of the groups valued service coordination, and the value patterns across stakeholder groups were similar. The most important value reportedly held by all four groups was enhancing child and family outcomes.

What are the service coordination models?

Part C coordinators were given four options and asked to select the one that best described what happened in their state in regard to the service coordinator's role after intake. Twenty-nine percent indicated that the same service coordinator remained with a family during intake, IFSP development, and on through provision of services. Another 29% indicated that there was no single approach used in their state. In 38% of the states, service coordination responsibilities were transferred from one individual to another at some point between intake and service delivery.

Families were permitted to act as service coordinators in 18 states as long as they worked in tandem with a coordinator employed by the agency. In 17 states, families were never designated as service coordinators. Nine states allowed families to act as coordinators for their own family, while in ten states families could serve as coordinators for other families.

How specific are service coordination policies? Our findings indicated that there was a serious lack of specificity in state-level policies for service coordination systems. Often, the responsibility for creating community-wide systems was delegated by the state to the local level. The result was a great degree of variability in how service coordination was implemented from community to community.

Interagency agreements, which could specify how related systems worked together, were not finely tuned. States did not always integrate and coordinate the needed services for children and their families, particularly those supported through Temporary Assistance for Needy Families.

Is service coordination monitored and evaluated? Coordinators from thirty states reported that the process, problems, and outcomes of service coordination were a major focus of monitoring. Three states did not address service coordination with local monitoring. Twenty-nine states collected additional evaluation data using surveys, interviews, and focus groups.

Of the 8 reported approaches to monitoring service coordination, the approach most often selected by states (29%) was that of the lead agency conducting monitoring alone.

How is service coordination funded? Part C coordinators reported three primary sources of funding:

1. Federal Part C of IDEA (44 states)
2. Lead agency (38 states)
3. Third party payers (28 states)

Funding for service coordination was most often received from a combination of state and federal funds (32 states), and in 5 states monies from a local county or municipality provided a substantial amount of funds for service coordination.

Implications of the findings: Several of the findings of this study may offer insight as to why service coordination is not working better. Most states reported a lack of specificity in policies related to service coordination. Specificity is needed to guide effective implementation. In

addition, the high degree of variability both within and across states in how service coordination is carried out raises issues of equity suggesting that families and children may not receive equal services as required by law.

WHAT'S COMING UP?

Having completed the first round of focus groups aimed at identifying a set of outcomes of high-quality service coordination, we are now in the process of scheduling the second round. This will be conducted in the four focal states (Connecticut, Massachusetts, Indiana, and North Carolina) using the identified outcomes to develop a set of recommended practices that will guide the work of service coordinators.

Center staff will facilitate in-depth discussions with service coordinators/providers, administrators, and parent leaders, asking the question "What do service coordinators need to do in order reach the best outcomes for children and families?" We are using a Delphi methodology to gain consensus across groups on the final list of optimal outcomes and recommended practices.

In our next newsletter, we'll focus on what we've learned from two surveys of parent leaders across the country. Look for issue 4 in May 2001.

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This project is supported by the U.S. Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the U.S. Department of Education.

Grant # H324L990002

