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ABSTRACT

This brief paper summarizes data from a survey of state coordinators of Part C of the Individuals with Disabilities Education Act concerning service coordination to infants and toddlers with disabilities. The survey examined variations in service coordination at the state level including roles of parents, values of key stakeholders, sources of funding, and the general approach to service provision in which service coordination is embedded. Findings are reported under the following headings: satisfaction with the state's service coordination model, values related to service coordination, system entry, role of service coordinator and lead agency, role of the family, role of paraprofessionals, state policies related to service coordination, monitoring at the local level, evaluation, funding sources, and level of interagency service delivery coordination. Discussion finds that the use of federal and state policies to modify and reform service delivery has historically encountered such challenges as the lack of shared values and vision among stakeholders, professional resistance and lack of skills, lack of policy and system models to guide in policy implementation, and lack of sufficient leadership. (DB)

SYNTHESIS BRIEF

PART C SERVICE COORDINATION: STATE POLICIES & MODELS

By
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PROJECT FORUM AT NASDSE

AUGUST 2001

Synthesis Brief

Part C Service Coordination: State Policies and Models

Synthesized by Joy Markowitz

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Overview and Purpose

The Individuals with Disabilities Education Act (IDEA) requires "For each infant or toddler with a disability in the State, an individualized family service plan...including service coordination services in accordance with such service plan" [20 U.S.C. Sec. 1435(a)(4)]. Service coordination involves assisting a family in obtaining needed services and managing those services across agencies and people, as well as helping a family to understand and exercise their rights. IDEA requires the provision of service coordination but does not specify how it should be implemented. Therefore, state policy makers are free to decide which models of service coordination to use in their states.

The Research and Training Center on Service Coordination at the University of Connecticut Health Center[1] conducted a study to obtain a better understanding of service coordination at the state level, including roles of parents, values of key stakeholders, sources of funding, and the general approach to service provision in which service coordination is embedded. Survey data from 51 Part C coordinators (50 states and the District of Columbia) were obtained between April and October 2000 and are presented in a report compiled by the Center. This document is a brief summary of the Center's survey data. The full report can be found at:
<http://childandfamily.uchc.edu/research/resprod.htm>

Findings

Satisfaction with Service Coordination Model

Most of the Part C coordinators (47 of 51 respondents) reported average or higher than average satisfaction with their service coordination model, and three of those reported that their model was working extremely well. Only four respondents expressed less than average satisfaction on a seven-point scale. Seventeen states are considering or are currently in the process of changing their service coordination model.

Values Related to Service Coordination

Part C coordinators rated how strongly four stakeholder groups—lead agency, state Interagency Coordinating Council, other state agencies, and local providers—hold values related to service coordination. Values were

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[1] Collaborative partners include the Federation of Children with Special Needs, Indiana University, Orelena Hawks Puckett Institute in Morgantown, NC and University of North Carolina at Chapel Hill.

measured over 17 items in such areas as enhancing outcomes and systems perspective. In general, coordinators reported being *most* knowledgeable about the values held by the lead agency and least knowledgeable about the values held by other relevant state agencies. Ratings indicated that the lead agency was perceived to hold values similar to the respondents regarding service coordination.

The perceived values were similar across stakeholder groups. For example, rated highly for all groups were the following two values: service coordination facilitates better outcomes for children and their families, and resources are more efficiently used when they are integrated. All four stakeholder groups were rated as having the highest values related to enhanced outcomes for children and their families, and having values consistent with a systems perspective. However, the degree to which these positive values were perceived to be held was often reported to be less than optimal.

System Entry

System entry involves intake, assessment and development of the individualized family service plan (IFSP). Part C coordinators reported eight different approaches to system entry. Thirteen coordinators reported that system entry varies from locality to locality, and 12 indicated that system entry is conducted by service providers from the lead agency. In the other states, a separate entity, a non-lead agency, an interagency team or a variety of entities perform system entry.

Twenty-seven of the Part C coordinators indicated that a system entry coordinator handles intake activities for children and their families. Others reported a variety of other approaches at the time of entry. Twenty-four indicated that a family member may serve as a service coordinator for children and families other than their own during the system entry process. In fifteen states, the same service coordinator remains with a child and family during intake and IFSP development and then continues as the service coordinator during service provision. The other states use a combination of approaches.

Role of Service Coordinator and Lead Agency

In 24 of the states, there is variability in the nature of the responsibilities of the service coordinator. Also, there is a lack of specificity in lead agencies' policies regarding the service coordination role.

In regard to the agency that provides service coordination, 20 states use an agency (whether under the direct auspices of the lead agency or contracted by them) that provides both service coordination and developmental intervention/therapies. The remainder of the states reported that a variety of agencies or a combination of agencies provides service coordination.

In 19 of the states, the lead agency is responsible for ensuring that a service coordinator is selected for each eligible child/family. Half of the states indicated that service coordination varies not only across communities, but within communities as well. Respondents from 24 states reported that service coordinator selection is a partnership between the family and the professionals. Sixteen of the Part C coordinators indicated that selection of the service coordinator is determined locally.

Role of the Family

In 18 states, the family can be designated as the service coordinator as long as the family works in tandem with a service coordinator employed by an agency. In contrast, in 17 states, the family may never be designated as the service coordinator. In 10 states, families may serve as coordinators for other families. Families are never paid for performing service coordination duties in 31 states; however, in other states families may be paid if they serve as the service coordinator for another child and his or her family, but would not be paid for acting as their own child's service coordinator. Parent Training and Information (PTI) organizations are used by 45 states to provide information and support to families; however, few states use PTIs to assist in identifying families to serve as service coordinators.

The criterion selected as the most frequently used to select a service coordinator is current experience as a service coordinator for another child in the family. Other important criteria are parent choice and family comfort with the individual.

Role of Paraprofessionals

In 19 states paraprofessionals are permitted to serve as service coordinators, while in 18 states they are not permitted to serve in this role. In the remaining 14 states, paraprofessionals may only serve as a service coordinator in collaboration with another professional.

State Policies Related to Service Coordination

In general, Part C coordinators reported that their state's policies contained about the same amount of specificity as federal policies on service coordination. However, in 12 states policies were deemed much more specific than federal policies regarding descriptions of *how* the service coordinator performs tasks, 32 states specify a *philosophy of service coordination*, and 29 specify *desired outcomes* of service coordination.

Thirty-six state policies do not address issues related to service coordination for multiple children in a family; however, 12 states specifically prohibit the use of multiple service coordinators for one family. Eight respondents reported that one service coordinator may serve all eligible Part C children in a family.

Thirty-four state policies provide little or no specificity in the area of interagency agreements and service coordination. Seven states provide very specific instructions in this area.

Twenty-four state policies specify or suggest the caseload size for service coordinators. Across these states, the suggested caseload is a mean of 38, with a range of 9 to 70.

Part C coordinators from 34 states reported that service coordinators sometimes support IDEA families who are also receiving Temporary Assistance for Needy Families (TANF) to make their transition from welfare to work; and in five states coordinators always provide this support. Respondents indicated a stronger relationship with Title V-Services for Children with Special Health Care Needs (CSHCN), with 47 Part C coordinators reporting that they sometimes or always provide support to families whose children qualify for CSHCN. IFSPs do not always include supports and services provided by TANF, another indication of the nature of interagency coordination.

Monitoring at the Local Level

Thirty Part C coordinators reported that the process, problems, and/or outcomes of service coordination are a major focus of state monitoring of the local level. An additional 17 indicated that monitoring of service coordination occurs, but is not a major focus. In three states this is not addressed in local monitoring. In 16 states, monitoring teams include representatives of multiple agencies. Fifteen reported that only the state's lead agency conducts monitoring. Twenty-six states reported that families are included on their monitoring team.

Evaluation

Separate from, or in addition to, monitoring, 29 states collect additional evaluation data related to service coordination. The two methods most frequently used are surveys and interviews. Twenty-three states survey families, 11 survey service coordinators and service providers, and 10 survey multiple stakeholders from multiple agencies. Interviews are most often conducted with service coordinators (17 states), families (16 states), and service providers (15 states). Focus groups with families, service coordinators, and service providers were used in fewer states—ten, nine and eight, respectively. To determine the effectiveness of service coordination for children, 37 respondents reported using parent report, 35 IFSPs, and 19 child outcome measures.

Funding Source

The most commonly reported sources of funding for primary service coordination are federal Part C funds (42 states), lead agency (37 states), and third party payers (28 states). Other funding sources mentioned include other state agencies (e.g., Developmental Disabilities and Mental Retardation, and Health), local funds, county funds, Title V, Child Care Block Grant, and home and community based waiver from Medicaid. Nearly two-thirds of the states obtain funds for service coordination from a combination of state and federal funds.

Level of Interagency Service Delivery Coordination

Part C coordinators selected from six options describing the amount of service delivery coordination with other community agencies. Options ranged from very little coordination with the bulk of services being provided by the lead agency, to an integrated collaborative service system where an interagency/inter-sector community group is prominent. Harbin and West (1998) previously described these options. Twenty-eight respondents selected the two middle options, indicating moderate levels of collaboration.

Discussion and Implications

The service coordination requirement in IDEA for individual children and their families is seen by many as one of the most important tools for improving the conditions of infants and toddlers with disabilities. However, the use of federal and state policies as vehicles to modify and reform service delivery has historically encountered many challenges. Some of the challenges include the lack of shared values and vision among stakeholders, professional resistance and the lack of skills, lack of policy and system models to guide in the adequate implementation of federal and state policies, and the lack of sufficient leadership to envision and build a comprehensive coordinated system.

Values

The importance of valuing service coordination as essential for infants, toddlers and their families seems critical to establishing a climate that is conducive to collaboration and service coordination. According to Part C coordinators, stakeholder groups in most states possess this value, but perhaps not as strongly as needed for optimum implementation. Overall, respondents from across the country perceive there to be a modest level of shared values among stakeholders. It appears that more work is needed at the state level in order to establish the level of shared values necessary to guide an adequate approach to service coordination. However, in most states, policy makers can build upon existing positive values.

Infrastructure

Current state policies lack specificity in many critical aspects of service coordination. In addition, state policies typically allow major approaches to, and policy decisions about, service coordination to be determined at the local level. The federal government elected to allow states to make these decisions and states have, in turn, passed on the decision making to localities. While this satisfies the desire for local autonomy, it raises concerns about uneven and inadequate implementation of the service coordination requirement.

Part C coordinators indicated that interagency agreements contain even less specificity than the lead agencies' policies. The lack of clear agreements regarding service coordination may be a substantial barrier to adequate implementation. In addition, the lack of authority accorded to service coordinators may make it extremely difficult, if not impossible, for them to perform the responsibilities required of them by law. In essence, the IFSP becomes the interagency/inter-provider agreement at the direct service level. Efforts must be made in many states to make sure that services and supports needed by a child and his/her family from other agencies are included on the IFSP.

Leadership

The role of leadership is an important ingredient in the successful development of a service delivery model (which includes service coordination) at both state and local levels (Harbin, McWilliam, & Gallagher, 2000). It is possible that

Part C coordinators and other stakeholders in leadership roles need additional information in order to improve their states' policies and infrastructure, in addition to providing leadership in developing shared values. Part C coordinators would benefit from adequate state models and technical assistance that address all elements needed to establish an adequate infrastructure for service coordination.

Through service coordination, Part C of the IDEA created the framework for addressing concerns about fragmented service delivery and burdens on families to find services to meet their children's needs. Survey data from the Research and Training Center on Service Coordination indicate that some progress has been made in coordinating services for individual children and families; however, much work is still needed to develop an adequate infrastructure to guide service coordination.

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