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ABSTRACT

This report discusses the findings of a study that investigated state coordination of early intervention services for infants, toddlers, and young children with disabilities. State Part C coordinators participated in a survey that sought their perceptions of values under girding service coordination, approach to service coordination, policies, monitoring, evaluation, funding, and broad organization structure and approach to service delivery in which service coordination is embedded. Results indicate: (1) service coordination models are reported to be working "somewhat" to "slightly more than somewhat"; (2) 17 states are considering changing their service coordination models; (3) all key stakeholders possess positive values that would facilitate effective service coordination; (4) a lack of specificity exists in the lead agencies' policies regarding the description of aspects of the service coordination role; (5) interagency agreements also lack specificity and fail to address key issues such as the use of multiple service coordinators; (6) Individualized Family Service Plans often fail to include supports and services provided by social services agencies; and (7) on a continuum of coordinated service delivery ranging from very little to a highly collaborative systems, 35 states are using one of the 3 models on the lower end of the continuum. (Contains 21 tables and 12 references.) (CR)

Service Coordination Policies and Models: National Status

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EC

SERVICE COORDINATION POLICIES AND MODELS: NATIONAL STATUS

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WHY IS THIS STUDY IMPORTANT?

Recognizing that many infants and toddlers with delays, disabilities, or risks need services from multiple people and agencies, both public and private, Congress required that services be coordinated at both the direct service and system levels (IDEA, 1987). To facilitate the coordination of services, the Individuals with Disabilities Education Act (IDEA) included a provision requiring the appointment of a service coordinator for each eligible child and his or her family. This individual is responsible for assisting the family in coordinating services across agencies and people, in assisting families to obtain the services they need, as well as understanding and exercising their rights.

Recent studies (Dinnebeil, Hale & Rule, 1996; Harbin, McWilliam, & Gallagher, 2000; McWilliam et al., 1995; Roberts, Akers, & Behl, 1996; Wesley, Buysse, & Tyndall, 1997) present evidence that both service providers and families are struggling with the effective implementation of service coordination. In addition, other studies have documented the difficulty in implementing exemplary practices related to service coordination, such as the coordinated development of IFSPS (Bruder, Staff, & McMurrer-Kaminer, 1997; Farel, Shakelford, & Hurth, 1997; Harbin et al., 2000; McWilliam et al., 1995; Roberts et al., 1996; Wesley et al., 1997).

IDEA requires the provision of service coordination, but does not specify how it should be done. Therefore, state policy makers are free to decide which models of service coordination will be used in their state. Five broad models of service coordination have been identified: 1) *Independent and dedicated* - the role of the service coordinator is dedicated to service coordination only and the agency providing service coordination is independent from service provision; 2) *Independent but not dedicated*– the agency providing service coordination is independent from service provision, but the service coordinator performs other responsibilities (such as system entry tasks) in addition to service coordination; 3) *Dedicated but not independent*- the service coordinator provides service coordination only in an agency that also provides intervention services; 4) *Blended* – the service coordinator also provides developmental intervention; 5) *Multi-level blended and dedicated* – children and families with the most complex service coordination needs are assigned a dedicated service coordinator, while intervention

service providers carry out service coordination tasks in addition to providing intervention for children and families with less complex needs. Each of these approaches to service coordination has its own underlying assumptions.

Despite the service coordination model selected, state policies provide the foundation and direction for how service coordination is implemented. Research studies in other professional areas (Bullock, 1980; Sabatier & Mazmanian, 1979), as well as policy studies related to early intervention (Dunst, Trivette, Starnes, Hamby, & Gordon, 1991; Harbin et al., 2000) reveal the crucial link between policy *specificity* and *clarity* and the success of implementation. Studies also demonstrate the importance of the *values* of the policy stakeholders, as well as the values inherent in the policies. (Dunst et al., 1991; Harbin et al., 2000; Marshall, Mitchell, & Wirt, 1985).

WHAT IS THE PURPOSE OF THE STUDY?

This study seeks to provide a better understanding of:

- The perceived values of four important stakeholder groups regarding service coordination.
- The perceived similarities in the values held by these important groups.
- The models of service coordination in use
- The role of the parent in service coordination
- The level of policy specificity undergirding service coordination
- The approaches to monitoring and evaluating service coordination
- The funding of service coordination
- The general approach to service provision in which service coordination is embedded.

HOW WAS THE STUDY CONDUCTED?

In order to answer this broader question, several smaller questions must be answered. This section contains a description of the participants and their characteristics, recruitment of the participants, the survey instrument used, and data analysis procedures.

Who participated in the study?

The Part C Coordinator in each of the states, the District of Columbia, and the U.S. territories was recruited to participate in the study. Since we were seeking the perceptions of a single individual in each state, we determined that the Part C Coordinators were the most knowledgeable individuals concerning the multiple aspects of service coordination policy within their states, because they are the individuals whose responsibility it is to possess the most complete policy picture of Part C. One hundred percent (100%) of the Part C Coordinators completed and returned the questionnaire for this study. Thus, all states agreed to participate in this study, resulting in a 100% return rate. This report addresses **only** the responses by the Part C Coordinators in the 50 states and the District of Columbia. The results of the responses from the Part C Coordinators in the United States territories will be contained in a separate report.

What are the Professional Characteristics of State Part C Coordinators?

The amount of **experience as a Part C Coordinator** ranged from 0 years to 13 years, with a mean of 4.5 years and a standard deviation of 3.62. Therefore, some of the Part C Coordinators (N= 14) are new to their job, having been a Part C Coordinator for one year or less; while others (N= 12) have 8 to 13 years of experience. All of these Part C Coordinators have **worked in Part C in some position** (not necessarily as Part C Coordinators) from 2 to 18 years with a mean of 9.27 years (standard deviation of 3.97). In general, this group of state Part C Coordinators is experienced, with an average of a little more than 18 years **experience in working with young children**. The **professional background** of many of the Part C Coordinators is special education (30%) and education (16%). The professional disciplines of other state Part C Coordinators is social work (11%); OT, PT, or Speech Therapy (11%); psychology (11%); administration (5%); and public health (5%). Other backgrounds that are reported by only one of the Part C Coordinators are: government, child development, parent/program management and attorney.

What Procedures were used to Obtain the Participation of all State Part C Coordinators?

The following steps were taken to **recruit** participants: 1) the Part C Coordinators Association Officers agreed to be partners in planning and conducting this study; 2) project staff attended a national meeting for Part C Coordinators, explained the purpose

of the study, and asked for input from Part C Coordinators regarding content of the questions to be included in the instrument, as well as suggestions regarding the mode of distribution (mail, e-mail, fax or phone); 3) the announcement of the study appeared in the Part C Coordinators Newsletter; 4) project staff consulted with the officers of the Part C Coordinators national organization in the development of the survey; and 5) the survey was then sent by both regular mail and email, along with a demographic form and an informed consent form to all Part C Coordinators in all states and U.S. territories.

Follow – up to non-respondents included the following steps: 1) periodic reminders by e-mail and phone calls; 2) sending a copy of the survey upon request; 3) publishing the names of the states that had returned their surveys on the Part C Coordinator Association listserv. The use of phone reminders by project staff and Principal Investigators resulted in a 100% return rate.

What is the Content of the Survey and How was it Developed?

The survey instrument collects the perceptions of the Part C Coordinators, with regard to multiple aspects of service coordination. The survey contains a combination of 30 multiple choice and 3 Likert-style questions. Some of the multiple choice questions required respondents to select only one response, while other questions allowed respondents to select multiple relevant answers. The survey questions are grouped into 7 sections: values undergirding service coordination; approach to service coordination; policies; monitoring; evaluation; funding; and broad organizational structure and approach to service delivery in which service coordination is embedded. A copy of the survey can be found in the appendix of this report.

The survey items were developed to reflect critical variables identified in studies of service coordination, interagency coordination and policy implementation. The following individuals reviewed early drafts of the survey, making suggestions regarding the clarity of items, as well as items to be added: 1) the officers of the Part C Coordinator's Association (Part C Coordinators in Connecticut, Indiana, and North Carolina) plus the Part C Coordinator in Massachusetts; 2) Sue Mackey-Andrews, who constructed a survey for the Part C Coordinator's Organization that addressed a wide range of topics; and 3) staff of the Service Coordination Research and Training Center, particularly Mary Beth Bruder and Glen Gabbard.

The survey was piloted with four states: Connecticut, Indiana, Massachusetts and North Carolina. Each of these states has a different approach to service coordination, thus allowing us to ensure the questions were designed to adequately assess the varied service coordination approaches. Based upon the answers to pilot questions, as well as suggestions regarding revisions and additions to questions, we developed the final survey that is included in the appendix.

How were the Survey Data Analyzed?

We used descriptive statistics (means, standard deviations, frequencies and percentages) to describe the results of the Part C Coordinators from the 50 states and the District of Columbia. In addition, we grouped some conceptually similar items in order to better understand and describe broader types of values and service coordination approaches.

What are the Limitations of this Study?

This study measures the perceptions of the state Part C Coordinator. Therefore, it is not a direct measure of the variables. Despite the fact that the Part C Coordinators are quite knowledgeable about their states' models, the perceptions of others in their state may differ from those of the Part C Coordinator.

What are the Strengths of this Study?

The study contains responses from all states, providing a complete national picture. It presents information obtained from, arguably, the most knowledgeable informants in the state. It presents information, for which there are currently no direct measures.

WHAT DOES THE STUDY TELL US ABOUT OUR NATION'S APPROACH TO SERVICE COORDINATION?

This section contains the **findings** of the responses from all Part C Coordinators in the 50 states and the District of Columbia. The findings are grouped into the following topics: 1) Satisfaction with the way the service coordination model is working; 2) values; 3) service coordination model; 4) policies; 5) monitoring; 6) evaluation; 7) funding; and 8) broad approach to service delivery.

HOW WELL ARE THE SERVICE COORDINATION MODELS WORKING?

State Part C Coordinators were asked to rate how well they thought the service coordination model in their state was working, using a scale with "1"- standing for not at all working and "7" – standing for working extremely well. Table 1 presents the responses to this question. The mean level of satisfaction with the way that service coordination is working across the nation is 4.84.

Table 1: LEVEL OF SATISFACTION WITH SERVICE COORDINATION MODEL (Frequencies and Percentages of States)

Working Not At All 1	2	3	Working Somewhat 4	5	6	Working Extremely Well 7
0 (0%)	1 (2%)	3 (6%)	16 (31%)	17 (33%)	11 (22%)	3 (6%)

It is striking that 67% (33) of the Part C Coordinators perceived that their service coordination model was working in a somewhat average, or slightly more than average, fashion (ratings of 4 or 5). It is interesting to note as well, that only 20% (N= 11) think their service coordination model is working fairly well (rating of 6), while only 5.5% (N= 3) perceives their model as working extremely well.

ARE STATES CONSIDERING CHANGING THEIR SERVICE COORDINATION MODEL?

Despite the number of states (nearly 75%) that indicate some dissatisfaction with how well service coordination is working, only 17 states (33%) are considering, or are currently in the process of, changing the service coordination model in their state.

WHAT ARE THE VALUES THAT GUIDE SERVICE COORDINATION NATIONALLY?

The values and attitudes of policy developers and implementers have been shown to play an influential role in the contents and implementation of public policy

(Marshall et al.,1985; Dunst et al., 1991; Trivette, Hanby and Deal ___; Harbin et al., 2000). Whether these attitudes and values are consistent or conflicting among stakeholders, their impact is felt. Studies concerning early intervention have reported the importance of "shared values" across stakeholders at the state and local levels (Harbin, Eckland, Gallagher, Clifford, & Place, 1991; Harbin et al., 2000). Consequently, knowledge about key stakeholders' views and values concerning the *purpose* of service coordination, as well as its *organizational* strengths and weaknesses, helps to understand the context in which service coordination is implemented.

We asked Part C Coordinators to rate how strongly each of four stakeholder groups possessed six broad types of values related to service coordination, which were measured by 17 items. Part C Coordinators provided their perceptions of the values held by: 1) the lead agency; 2) the state Interagency Coordinating Council (ICC); 3) other relevant state agencies; and 4) local providers. They used a 4 point scale on the possession of the values with "1" standing for not at all, "2" a little; "3" some, and "4" a lot. The Part C Coordinators also had the option of selecting a "don't know" response, when they were not sure about the possession of a particular value by a particular group.

Did Part C Coordinators Know the Values Possessed by all Four Stakeholder Groups?

In general, Part C Coordinators reported that they were *most* knowledgeable about the values held by the Lead Agency and *least* knowledgeable about the values held by other relevant agencies. The mean number of "Don't Knows" reported by Part C Coordinators for each group are: **lead agency** – 1.65; **ICC** – 5.24; **other state agencies** – 7.94; and **local providers** – 5.12.

How Similar Were the Views Across the Groups?

Part C Coordinators across the country indicated through their ratings that the Lead Agencies, nationally, possessed fairly similar values regarding service coordination, as indicated by the standard deviations for each of the 17 items in the Values section of the survey (see Table 2). Twelve of the 17 items in the Values section have a standard deviation of less than 1.0, while the number of standard deviations under 1.0 for the ICC, other agencies and local providers are 3, 1, and 2 respectively. None of the items had a standard deviation over 1.89 for any of the stakeholder groups.

The means across the four groups differ on each of the individual Values items (See Table 2). There are values for which the Lead Agency and the ICC are more similar in their views, and yet there are values for which the Lead Agency is more similar to other agencies, and in others, more similar to local providers. A mean of the 17 individual Values items indicates that the lead agency and the ICC are the most similar in the values they hold for service coordination.

Although the means differ across groups, the pattern with regard to the most strongly held and the least strongly held values is strikingly similar across groups. For example, among the most strongly held values, all groups are rated highly as seeing that service coordination facilitates better outcomes for children and their families and that resources are more efficiently used when they are integrated. On the other hand, there were two of the values that are reportedly held less frequently across all four groups: 1) agencies participate in service coordination because they don't want to be left out; and 2) competition results in better services.

Table 2: Cross Group Comparison of Service Coordination Values

VALUES	MEANS			
	LEAD AGENCY	**ICC**	**OTHER AGENCY**	**LOCAL PROVIDERS**
ENHANCES OUTCOMES				
Reduces frustration and confusion for families	3.78	3.38	3.02	3.30
Achieves better outcomes for children and families	3.80	3.44	2.94	3.34
Facilitates community integration	3.70	3.26	2.70	3.00
REDUCES GAPS AND OVERLAPS				
Reduces gaps and overlaps	3.66	3.30	2.71	2.98
COMPLIANCE				
Compliance with federal legislation is sufficient	2.76	2.48	2.24	2.44
SYSTEMS PERSPECTIVE				
Integrates services into coherent whole	3.69	3.30	2.83	3.02
Fragmented system requires families to be Dependent	3.10	2.54	2.24	2.62
Resources more efficient if integrated	3.84	3.40	2.96	3.00
Linchpin	3.74	3.33	2.63	2.78
Can get more resources	3.42	3.13	2.66	2.62
SERVICE COORDINATION IS LOGICAL, BUT DIFFICULT				
Difficult to get people to do their part	2.79	2.42	2.44	2.82
Don't want to be left out	1.15	1.02	1.09	1.19
Want to protect scarce resources	1.80	1.38	1.59	1.68
SERVICE COORDINATION NOT ORGANIZATIONALLY EFFICIENT				
Not organizationally efficient	2.02	1.85	1.94	2.17
Lead Agency needs to be responsible for all	1.82	1.48	1.39	1.62
Competition results in high quality services	1.29	1.26	1.51	1.36
Service Coordination is at expense of direct Service	1.30	1.28	1.55	1.80

WHAT ARE THE VALUES THAT ARE HELD BY IMPORTANT STAKEHOLDERS?

One of the most heartening findings is that the values relating to enhanced outcomes for children and their families were rated among the highest by all four stakeholder groups. Table 3 contains a comparison of the types of values held by the four stakeholder groups. Table 3 contains three types of values that address the purpose of service coordination: compliance, reduce gaps and overlaps, and enhancing outcomes. Interestingly, **enhancing the outcomes** for children and their families is the highest rated purpose attributed to all four stakeholder groups. Table 3 also contains values that address the organizational strengths and weaknesses of service coordination: 1) not organizationally efficient; 2) logical but difficult; and 3) systems perspective. Of these three types of values, all stakeholder groups, according to Part C Coordinator's perceptions, have values that are consistent with a **systems perspective**.

The rankings across all four groups are strikingly similar. Part C Coordinators seem to be reporting that in general the other stakeholders hold similar values, but to a lesser degree. We don't know if this pattern is the result of the Part C Coordinator not being able to separate his/her values from those of the others, or whether Part C Coordinators and state ICCs have worked to achieve shared values.

Table 3: TYPES OF VALUES: CROSS GROUP COMPARISON OF MEANS

VALUES	LEAD AGENCY	ICC	OTHER AGENCIES	LOCAL PROVIDERS
ENHANCES OUTCOMES	3.76	3.36	2.87	3.21
REDUCE GAPS AND OVERLAPS	3.66	3.30	2.71	2.98
COMPLIANCE	2.76	2.48	2.24	2.44
SYSTEMS PERSPECTIVE	3.56	3.14	2.66	2.81

SERVICE COORDINATION IS LOGICAL, BUT DIFFICULT	1.91	1.69	1.71	1.90
NOT ORGANIZATIONALLY EFFICIENT	1.61	1.50	1.47	1.74

WHAT ARE THE SERVICE COORDINATION MODELS BEING USED NATIONALLY?

To answer this broader question, we asked Part C Coordinators to describe several aspects of their service coordination model including: 1) service coordination during system entry; 2) whether there is continuity of the service coordinator from system entry to service provision; 3) the role of the service coordination; 4) the agency providing service coordination; 5) the agency responsible for ensuring that a service coordinator is selected; 6) criteria used to select the service coordinator; and 7) the use of parents as service coordinators.

How is Service Coordination Addressed in System Entry?

Slightly over 50% of the states indicated that a system entry coordinator helps coordinate intake activities for children and their families. Table 4 presents the responses of Part C Coordinators. The most common response under "other" was that local programs use different approaches – no single approach used.

Table 4: Approach to Service Coordination During System Entry

	Frequency	%
A system entry service coordinator helps coordinate intake activities	27	53%
A member of the intake team is assigned to coordinate intake activities, as well as performing other intake activities	10	19%
No one is officially engaged as an intake coordinator, but the tasks of coordination are picked up unofficially by one of the team members until eligibility is determined	6	12%
Other	8	16%

Are Parents Employed to Serve as Service Coordinators for Other Families?

Fifty three percent (53%) of the states (N= 24) indicated that a family member could serve as a service coordinator for children and families, other than their own, during the system entry process (intake, assessments and IFSP development).

Is there Continuity in Service Coordination Between System Entry and Service Provision?

Part C Coordinators were given four options and asked to select the option that best described what happened in their state. Twenty nine percent (29%) of the Part C Coordinators (N=15) indicate that the same service coordinator remained with the child and family from intake and IFSP development and then continued on as the service coordinator during service provision. Interestingly, another 29% of Part C Coordinators indicate in the "other" response, that a combination of approaches is used in their state. Of those states indicating use of a combination of approaches, 5 states indicate that their state uses a combination of options 1, 2, and 3 listed on Table 5. Five other states use a combination of options 2 and 3, with one respondent indicating that option 2 is most often used in urban areas and option 3 used most often in rural areas. Table 5 presents the options selected by Part C Coordinators.

Table 5: Continuity of Service Coordination Between Intake and Service Delivery

	Frequency	%
The system entry or intake coordinator transfers service coordination responsibilities to another service coordinator who assists with IFSP development and eventual coordination of services	9	18%
The system intake coordinator assists with IFSP development and then transfers service coordination responsibilities to a new service coordinator designated on the IFSP when service delivery is to begin	10	20%
The same service coordinator facilitates the intake process, IFSP development, and is then listed on the IFSP as the service coordinator.	15	29%
The service coordinator is first selected at the time of the development of the IFSP.	2	4%
Other	15	29%

Who Provides Service Coordination?

The Part C Coordinators were asked to select one of seven options that best describes the **role of the individual** designated on the IFSP to provide service coordination. Two options were selected by the most states, (27%) for each option: 1) an individual who is dedicated to providing service coordination only – no other service or services; and 2) all six options are allowed and used within the state. An additional 10 states selected the "other" option. These individuals also indicated that their state uses a combination of two or more options listed in Table 6. Thus in 47% of the states, there is variability in the nature of the responsibilities of the service coordinator within these states.

Table 6: Role Played By Service Coordinator		
	Frequency	%
Individuals provide service coordination only – no other service.	14	27%
Individuals provide service coordination, in addition to intake and evaluation services.	3	6%
Individuals provide developmental intervention services (e.g., non-therapies), in addition to service coordination.	4	8%
Individuals provide developmental intervention or therapies in addition to service coordination.	6	12%
Individuals provide any type of services from any agency, in addition to service coordination.	0	0
For children with mild-to-moderate needs, service coordination is provided by the interventionist, while children with multiple needs receive service coordination from an individual who provides service coordination only.	0	0
In our state, all of the above are allowed and used.	14	27%
Other	10	20%

Which Agency Provides Service Coordination?

Part C Coordinators were given seven options from which to choose. The greatest number of Part C Coordinators (N= 14) indicated that service coordination is provided by a local or regional private program or providers, who are contracted by the lead agency, and these service coordinators also provide developmental intervention and therapies. Once again, the second highest choice selected by Part C Coordinators was "other," which was chosen by 9 states (17%). However, when options 2 and 3 are combined, it indicates that a sizable number of states (N= 20), over 1/3 of the 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 and therapies. Table 7 contains Part C Coordinators' answers to this important question.

Table 7: Agencies Providing Service Coordination		
	Frequency	%
A local or regional agency or entity that is separate from (independent of) the agencies providing intervention services (e.g., language, cognitive, social, etc.), and therapies (e.g., OT, PT).	7	14%
The lead agency at the local level, which also provides intervention services and therapies.	6	12%

Local or regional private programs and/or providers contracted by the lead agency, which also provide developmental intervention services and therapies	14	27%
A state agency other than the lead agency is responsible for providing service coordination.	2	4%
Any agency can provide service coordination.	7	14%
State lead agency directly provides service coordination.	3	6%
In our state, all of the above are allowed and used.	3	6%
Other	9	17%

Which Agency Is Responsible for Ensuring the Selection of the Service Coordinator?

In about 40% of the states (N= 19), the lead agency is responsible for ensuring that a service coordinator is selected for each eligible child and his or her family. The other two choices most frequently selected by Part C Coordinators were: 1) the agency that provides service coordination (N= 12); and 2) the agency that provides intervention (N= 12). See Table 8.

Table 8: Agency Responsible for Designation of Service Coordination

	Frequency	%
Lead agency	19	37%
Special intake agency (performs intake only)	3	6%
Agency that provides service coordination	12	23.5%
Agency that provides intervention	12	23.5%
Interagency group and process	1	2%
Local discretion – varies locally	1	2%
Other	3	6%

How Much Uniformity is there in the Agency Providing Service Coordination?

Given Part C Coordinator's responses to previous questions, it is not surprising, that the most frequent response selected indicates considerable variability in the agency providing service coordination in each state. Fifty percent (50%) of the states indicate that service coordination varies not only across communities, but within communities as well. In only 11 states there is consistency across the state in the agency providing service coordination.

Table 9: Amount of Uniformity in Service Coordination Agency		
	Frequency	**%**
The agency providing service coordination is the same across the state (e.g., the Health Department provides service coordination in all localities or a specially created agency provides service coordination in all localities).	11	22%
The agency providing service coordination varies from locality to locality (e.g., in one community, Health; in another, LICC; in another, Developmental Disabilities, etc.).	9	18%
The agency providing service coordination varies both within the community, as well as from one community to another.	25	50%
Other	5	10%

Who Selects the Service Coordinator?

Some definitions of family-centered service provision include families having the opportunity to select various service options, among them, selection of the service coordinator (cite). However, state Part C Coordinators indicated that in only 10% of the states (N= 5) does the family select the service coordinator. On the other hand, two of the options selected by the Coordinators demonstrate a partnership between the family and the professionals in the selection of a service coordinator. Forty seven percent (47%) of the states (N= 24) selected one of these two options. One Part C Coordinator from a rural state indicated that a majority of the programs in the state have only one person who serves as a service coordinator within a community. Once again, variability exists in many states. Approximately one third of the states (31%) indicated that selection of the service coordinator is determined locally.

Table 10: Who Selects Service Coordinator		
	Frequency	**%**
Family selects	5	10%
Family selects in conjunction with the intake service coordinator	9	18%
The Assessment and/or IFSP team selects with the family	15	29%
Determined locally	16	31%
Other	6	12%

What Criteria are used when Selecting the Service Coordinator?

Part C Coordinators were presented with 11 criteria and asked to rate each as never used – "1", seldom used – "2", usually used – "3", or always used –"4". For each

criterion, there were some states that never used a particular criterion, while other states indicated that they always used the same criterion. The criterion selected as the most frequently used by the most states was the appointment of the individual who is already serving as a service coordinator for another child in the family.

Twenty three percent (23%) of the states (N= 12) indicated that parent choice is always used, while 42% of the states (N= 21) indicated that it was usually used as a criterion for the selection of a service coordinator. However, selection of the individual with whom the family is "most comfortable" is usually used by almost half of the states.

The two criteria selected as used less frequently by Part C Coordinators were: 1) family's connection with social services; and 2) family's prior involvement with another agency or provider.

Table 11: Comparison of Criteria Used in Selection of Service Coordinators Across State

CRITERIA	MEAN	STANDARD DEVIATION
Individual who is already serving as a service coordinator for another child in family	3.29	.71
Parent choice	2.84	.90
Geographic proximity to family	2.80	.84
Caseload of service coordinator/service provider (e.g., who has an opening)	2.71	.82
Individual who has expertise on the child's most prominent needs	2.67	.80
Individual with whom family is most comfortable	2.61	.79
Individual who has expertise on the family's most prominent needs	2.52	.71
Projected amount of time agency and/or provider has with family, including child	2.35	.95
Projected amount of time agency/provider has with child	2.33	.98
Prior involvement with an agency/provider	2.20	.92
Any connection with social services	1.70	.76

Can the Family be Designated as the Service Coordinator?

In 18 states, the family can be designated as the service coordinator, only in addition to a service coordinator employed by an agency. In about 1/3 of the states (N=17), the family never can be designated as the service coordinator. In 9 states the family is allowed to be the designated service coordinator for its own family; while in 10 states families may serve as the coordinator for other families.

Do States Pay Families to Perform Service Coordination?

Sixty six percent (66%) of the respondents (N= 31) reported that families never could be paid for performing service coordination duties. The remaining states (N= 16)

reported that families could be paid, if they served 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.

Can Paraprofessionals be Service Coordinators?

States appear to be about evenly divided among the three choices given to Part C Coordinators. In 18 states, paraprofessionals are not allowed to serve as service coordinators; while in 19 states they are allowed to do so. In the remaining 14 states, paraprofessionals can serve as a service coordinator, only in collaboration with a professional.

Are Parent Training, Resource, and Referral Organizations used to Improve Service Coordination?

Nearly 90% of the states (N= 45) use parent training organizations (PTI's) to provide information and support for families. States rarely use PTI's to assist in identifying families to serve as service coordinators. Only 4 states indicated they used none of the five options presented. In the "other" category, 4 states indicated that PTI's assisted in training; one state reported that PTI's provided assistance in advocacy for families. One state indicated that PTI's assisted with interagency collaboration, perhaps as part of a local Interagency Coordinating Council.

Table 12: Use of Parent Training and Resource Centers

	Frequency	%
As a resource in identifying parents who can provide information and support for families.	45	88%
As a resource in finding parents who can assist in developing materials for families	30	59%
As a resource in finding parents who can assist in training service coordinators	23	45%
As a resource in identifying families to participate in monitoring activities	20	39%
As a resource in finding parents to act as service coordinators	6	12%
None of the above	4	8%
Other	7	14%

WHAT IS THE NATURE OF STATES' POLICIES?

The answers to multiple topics frame the answer to this broader question: These include: 1) amount of specificity and detail; 2) inclusion of philosophy and desired outcomes of service coordination; 3) the issue of multiple service coordinators; 4) service coordination within interagency agreements; 5) authority of service coordinators; and 6) caseload.

How Detailed and Specific are States' Policies?

Policy implementation literature in education and human services (cite), as well as early intervention studies (Harbin et al., 1991; Harbin et al., 2000), demonstrates the importance of policy emphasis, specificity, and clarity in effective statewide implementation of the policies. In other words, policies must be clear, so that all implementers understand how services are to be delivered.

Part C Coordinators were asked to rate the level of specificity of their state's service coordination policies on a scale of "0"- not sure, "1"- same amount of specificity as federal policies, "2" – slightly more specific than federal policies, "3" – somewhat more specific, or "4" – much more specific.

In general, about thirty seven percent (37%) to slightly over half (57%) of the states' Part C Coordinators reported that various aspects of their state's policies contain about the same amount of specificity as the federal policies on service coordination. Perhaps this is one explanation for the amount of local variation in many aspects of service coordination.

However, approximately one-fourth of the states (24%) indicated that their policies were much more specific than federal policies when it comes to describing how the service coordinator *performs tasks*. There were 7 Part C Coordinators who responded that they were not sure about the level of specificity with regard to one of the following: 1) the description of *who* provides service coordination (N= 1); 2) description of how the service coordinator *performs tasks* (N= 1); and 3) description of *competencies* needed by service coordinators (N= 3). There are 14 Part C Coordinators who have been a Part C Coordinator for one year or less; this is perhaps one explanation for this lack of policy knowledge. Table 13 contains the means of the Part C Coordinators' responses regarding aspects of service coordination.

Table 13: Amount of Policy Specificity Regarding the Service Coordinator		
How do your state's policies compare with the amount of	**Mean**	**Standard**

specificity and detail contained in the federal policies in the following areas:		**Deviation**
Description of who provides service coordination	1.74	1.10
Number of roles and tasks included	1.76	1.00
Description of the roles and tasks performed	1.94	1.08
Description of how service coordinator performs tasks	2.02	1.07
Description of competencies needed by service coordinators	2.20	1.36

Specificity of Philosophy and Outcomes. The policy implementation literature demonstrates the important link between the stated philosophy and the successful implementation of the policy. The same important link has been demonstrated between the specificity of expected outcomes and effective implementation. Implementers at the local level (program administrators and service providers) need clear directions if there is to be continuity across providers and communities.

According to Part C Coordinators, over half of the states' policies specify a *stated philosophy* (63%), as well as the *desired outcomes* (57%) of service coordination.

Do Policies Address the Issue of Multiple Service Coordinators? The existence of multiple service coordinators would seem to defeat the purpose of service coordination. However, 59% of the Part C Coordinators (N= 30) indicate that their states' policies were *silent* with regard to the issue of multiple service coordinators. Twenty three percent (23%) prohibit the existence of multiple service coordinators. The remaining 9 states (18%) indicate that their policies provide guidance on how the situation of multiple service coordinators should be addressed.

Do Policies Address the Need for Service Coordination for Multiple Children in the Family? Seventy one percent (71%) of the Part C Coordinators (N= 36) indicate that their states' policies do not address this situation.

There were 8 Coordinators (16%) who report that a Part C service coordinator could serve all eligible Part C children, but service coordinators from other programs would serve the other non-eligible Part C children in the family.

Three states' policies allow the Part C service coordinator to serve all children in the family being served by other agencies that require a service coordinator, whether the children are Part C eligible or not. Only 1 state allows a service coordinator from another program to serve all children in the family, including the Part C eligible child.

One state selected "other" and indicated their policy allowed local agencies to serve families in the way that most fit family needs.

Table 14: Policies Related to Service Coordination for Multiple Children in the Family		
	Frequency	**%**
Our state policies do not address this situation	36	71%
Our state policies allow one Part C service coordinator for all children in the family who are Part C eligible and service coordinators from other programs for non-eligible children	8	16%
Our state policies allow the Part C service coordinators to serve all children in the family regardless of whether they are Part C eligible or not. (Family had only one service coordinator – someone from Part C	3	6%
Our state policies allow the service coordinator from another program to serve all children in the family. (Family has only one service coordinator – someone from another program)	1	2%
Our state policies allow multiple Part C service coordinators and coordinators from other programs	0	0%
Other	2	4%

Do Interagency Agreements Address Service Coordination? Interagency agreements are one of the primary tools to guide the actions of staff from different agencies. Thirty five percent (35%) of the state Part C Coordinators (N= 18) responded that their state policies address this issue only in a general way. Interestingly, another 31% of the Coordinators (N= 16) indicated that their interagency agreements did not address service coordination across agencies. The combination of these two categories indicates that interagency agreements in nearly two-thirds (66%) of the states provide little or no specificity to guide staff from various agencies. However, there are 7 states that provide very specific instructions in their interagency agreements regarding service coordination across agencies.

Do Interagency Agreements Provide Authority for Cross Agency Service Coordination? Over two-thirds of the states (73%) do not specify the authority of the service coordinator to coordinate services for children and families across agencies. The "other" responses included: 1) that the state interagency agreement did not address this

issue, but local interagency agreements often did; 2) the interagency agreement includes the authority to secure services, but not authority over personnel.

The lack of authority to coordinate services across agencies in many states makes the task more difficult for individual service coordinators (Gallagher, Harbin, Thomas, Clifford, & Wenger, 1988).

When Authority is Specified, What are the Areas of Authority? There were 10 coordinators (20%) indicating that their states' interagency agreements provide authority for service coordinators over personnel in multiple agencies. Table 14 displays the areas in which service coordinators are accorded authority as specified in interagency agreements in these 10 states.

Table 14: Types of Authority Contained in Interagency Agreement

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

DO STATES' POLICIES SPECIFY A CASELOAD FOR SERVICE COORDINATION?

Forty seven percent (47%) of the states' policies specify or suggest the caseload size for service coordinators. Across these 24 states, the suggested caseload is a mean of 38 with a standard deviation of 17.73. The minimum caseload reported was 9 and the maximum reported was 70. The greatest number of states (N= 4) reported a caseload of 35.

DO PART C COORDINATORS PROVIDE SUPPORT TO FAMILIES WHO RECEIVE TANF OR TITLE V SPECIAL HEALTH?

Part C Coordinators indicated that in 11 states (22%), Part C service coordinators never support **families receiving TANF** to facilitate their transition from welfare to work. The largest number of states (N= 34, 68%) reported that service coordinators sometimes supported families receiving TANF. Five (5) Part C

Coordinators reported that service coordinators always supported families receiving TANF. Those states selecting the "sometimes" and "always" choices (N= 39) were asked to indicate whether this support is included in the IFSP, another indication of the nature of coordination of key services across agencies. Table 15 includes the responses provided by 33 of the 39 Part C Coordinators.

Table 15: Inclusion of TANF Support in IFSP (N= 33)		
	Frequency	**%**
A service written on the IFSP	12	37%
A service independent of IFSP services	5	15%
Varies from child to child	5	15%
Varies from one locality to another	11	33%

Part C Coordinators also were asked whether service coordinators provided support to families whose children qualify for **Title V, Services for Children with Special Health Care Needs (CSHCN)**. Respondents indicated a stronger relationship with Title V than with TANF. Fifty nine percent (59%) of the states selected "sometimes" and 37% of the states selected "always." Only 4% of the states responded never. Table 16 describes whether the support is included on the IFSP in these 47 states. This table indicates that Title V, CSHCN services are more likely to be in the IFSP than are TANF services.

Table 16: Inclusion of Title V Support on IFSP (N= 40)		
	Frequency	**%**
A service written on the IFSP	22	55%
A service independent of IFSP services	5	12.5%
Varies from child to child	6	15%
Varies from one locality to another	7	17.5%

IS SERVICE COORDINATION MONITORED AT THE LOCAL LEVEL?

Sixty percent (60%) of the state Part C Coordinators (N= 30) reported that the process, problems and and/or outcomes of service coordination are a major focus of monitoring at the local level. An additional 34% (N= 17) indicated that monitoring of

service coordination occurred, but is not a major focus of monitoring. The remaining 6% of the states (N= 3) reported that service coordination is not addressed in local monitoring. Part C Coordinators were given several options regarding who conducts local monitoring. Table 17 presents the array of entities used to conduct local monitoring. The largest group of states (N= 15, 31%), report that only the state lead agency conducts monitoring. It is interesting to note that only 16% of the states include representatives of multiple agencies in monitoring a service (i.e., service coordination) that is intended to go across agencies. Fifty two percent **(52%)** of the states include families on their monitoring team.

Table17: Who Monitors Local Service Coordination

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

DO STATES GATHER EVALUATION DATA IN ADDITION TO MONITORING?

Fifty seven percent (57%) of the states (N= 29) collect additional evaluation data. The two methods most frequently used to gather data are surveys and interviews. Twenty three (23) states use surveys with families served by the program. About half that many states administer surveys to service coordinators (N= 11), service providers (N= 11), and to multiple stakeholders from multiple agencies (N= 10). Interviews are most often conducted with service coordinators (N= 17), families (N=16), and service providers (N= 15). Focus Groups are used less frequently but with the same targets as discussed above: families (N= 10), service coordinators (N= 9), and service providers (N= 8). Outcomes measures are rarely used; however, in some states they are used with: families (N= 4), lead agency stakeholders (N= 3), and service providers (N= 3). Combining the families and parent advocacy groups results in 6% of the states using outcome measures with consumers. See Table 18.

Table 18: Service Coordination Evaluation Methods and Audiences (N= 29)				
	Survey	Interviews	Focus Groups	Outcome Measures
Families served by program	23 (82%)	16 (57%)	10 (36%)	4 (14%)
Parent and/or advocacy groups	6 (21%)	5 (18%)	5 (18%)	2 (7%)
Service coordinators	11(39%)	17 (61%)	9 (32%)	2 (7%)
Service providers	11(39%)	15 (54%)	8 (29%)	3 (11%)
Program Administrators	6 (21%)	8 (29%)	3 (11%)	2 (7%)
Stakeholders – lead agency	5 (18%)	3 (11%)	2 (7%)	3 (11%)
Stakeholders – multiple agencies	10 (36%)	6 (21%)	3 (11%)	1 (4%)
Community	5 (18%)	4 (14%)	4 (14%)	0 (0)
State ICC	4 (14%)	5 (18%)	2 (7%)	1 (4%)
LICC	5 (18%)	5 (18%)	3 (11%)	1 (4%)

Part C Coordinators identified two other methods of data collection: 1) state databases and 2) a group such as a regional policy council or consumer board.

In determining the effectiveness of service coordination for children, Coordinators reported using the following: IFSPs (N= 35 states), parent report (N= 37), and child outcome measures (N= 19). States also listed the following mechanisms for evaluating service coordination for children: state databases; fee for service claims; focus groups and interviews; self - study.

WHAT ARE THE PRIMARY FUNDING SOURCES USED FOR SERVICE COORDINATION?

Part C Coordinators identified three primary service coordination funding sources: 1) federal Part C funds (80% of the states, N= 42, use this source); 2) the lead agency (69% of the states, N= 37, use this source); and 3) third party payers (51% of the states, N= 28, use this source). Thirty three percent (33%) identified another state agency as a primary funding source. The state agencies listed most frequently are: Developmental Disabilities or Mental Retardation and Health. Twenty one percent (21%) of the states (N= 11) selected "other" when given the opportunity. The "other" sources identified by states as primary funding sources for service coordination include: local funds, county funds, Title V, Child Care Block Grant, HCBF waiver.

From Which Level of Government Does Substantial Funding Come? The greatest number of states (65%) obtain funds for service coordination from a combination of state and federal funds. Very few states (N= 4) use non – governmental funds as a substantial funding source. A few states (5) listed local or county funding as contributing substantially to service coordination.

WHAT IS THE BROAD STRUCTURE FOR SERVICE DELIVERY?

The provision of service coordination does not take place in a vacuum. Service coordination occurs within the context of system entry and service delivery. Service coordination during *system entry* is embedded in and influenced by the states' and communities' approach to system entry. Similarly, service coordination during *service delivery* is also influenced by the organization of, and approach to, service delivery.

Who is Responsible for Conducting System Entry Activities in Which Service Coordination takes Place? Part C Coordinators reported eight (8) different approaches to system entry. The greatest number (N= 13) of Part C Coordinators (25%) reported that system entry varies from locality to locality. A similar number of coordinators (N= 12) indicated that system entry is conducted by service providers from the lead agency. In fourteen (14) of the states system entry is performed by a separate agency, program, or entity. See Table 19.

Table 19: Responsibility for System Entry

	Frequency	%
Varies from locality to locality	13	25%
Service providers from the lead agency	12	24%
Lead agency contracts with a variety of entities across the state to perform intake or system entry tasks only.	9	18%
Lead agency contracts with private providers to conduct intake, as well as service delivery.	7	14%
Lead agency contracts with a separate entity, which is consistent across the state, to perform the intake function.	5	10%
One of the other public agencies, other than the lead agency, performs intake	2	4%
An interagency team performs all of the system entry of intake functions.	2	4%
Other	1	2%

WHO PROVIDES THERAPIES AND DEVELOPMENTAL INTERVENTION?

The two most frequently selected approaches to the provision of developmental intervention and therapies are: primary use of private programs (N= 22 states); and use of multiple agencies that have responsibility (N= 24 states). The use of regional programs, either to provide services directly (N= 16) or to contract with local programs or providers (N= 20), is used by a significant proportion (70%) of the states.

Table 20: Provision of Therapies and Developmental Intervention

	Frequency	%

Multiple agencies have responsibility for providing developmental intervention and therapies	24	47%
Private programs	22	43%
State contracts with regional programs and they, in turn, contract with local programs and/or individual providers	20	39%
Programs under the direct authority of the lead agency	13	25%
State contracts with regional programs and they provide direct services	16	31%
State employs individuals for service provision directly	6	12%
Other	2	4%

WHAT ARE THE APPROACHES TO COORDINATED SERVICE DELIVERY?

Part C Coordinators selected from six options that ranged in the amount of coordination, from very little, to an integrated collaborative service system. In an earlier study of 9 communities in 3 states, Harbin & West, (1998), found that the most positive child and family outcomes were obtained in the three most collaborative models in the continuum (options 4, 5 and 6). According to Part C Coordinators, 30% of the states (N=15) would fall into one of these **three most collaborative models**. Of these 15 states, the greatest number of states (N= 10) used model #4, as opposed to the more collaborative models #5 (N= 4) and #6 (N= 1).

The use of broader service delivery models by 35 states that are on the lower end of the coordination continuum is likely to make the task of service coordination for individual children and their families more difficult. It seems logical that if the infrastructure has not been established across agencies to facilitate coordination, the service coordinator may run into a variety of roadblocks in attempting to access services from other agencies, let alone ensure their adequacy.

Table 21: General Approaches to Coordinated Service Delivery		
	Frequency	**%**
1. The lead agency provides the bulk of the early intervention services; thus, there is little coordination needed with other agencies	2	4%
2. Although the lead agency makes most of the decisions about the design and functioning of the system, several agencies exchange information about each agency's efforts and initiatives; the agencies have begun to coordinate some of their activities, such as child find.	15	30%
3. There is a core of agencies and/or programs providing services that are cooperating to ensure continuity across programs in how developmental intervention is provided. Although other agencies may attend meetings, the focus is on the developmental intervention of young children with disabilities.	18	36%
4. The lead agency provides leadership to a variety of health, social, and education agencies that contribute fairly equally to decisions regarding the design and implementation of a service system that meets an array of child needs and potentially family needs as well. This group of agencies is also attempting to actively integrate the system of services for young children with disabilities with the system of services for children at risk of adverse outcomes.	10	20%
5. A strong and cooperative LICC provides the leadership and the vehicle for a wide variety of health, social welfare, mental health, job training and education participants to collectively contribute equally to decisions. Public and private providers and agencies work as closely as if they were part of a single program. Many or most intervention activities are cooperative endeavors. The focus of the system is on meeting the diverse needs of children with and at risk of disabilities, as well as the diverse needs of their families. Some initiatives of the LICC focus on improving the well – being of all children in the community.	4	8%
6. The LICC (or other interagency/inter-sector community group) is prominent in the design of a comprehensive system to meet the needs of all young children and their families within the community. This initiative focuses on the entire development of the children and the support of their families. The individual agencies are seen as secondary and the LICC is viewed as primary in importance in decision – making.	1	2%

SUMMARY OF MAJOR FINDINGS

As a linchpin of service delivery, it is imperative that we gain a better understanding of the states' approaches to, and policies to support, service coordination across the country. State Part C Coordinators' responses to a set of 33 survey questions provide the following major findings:

- Service Coordination models are reported to be working "somewhat" to "slightly more than somewhat" (mean of 4.8 on a 7 point scale).
- Seventeen (17) states are considering changing their service coordination model.
- All key stakeholders possess positive values that would facilitate effective service coordination, and in general the values appear to be similar. However, the level of strength, or the degree to which these positive values are held, is often reported to be less than optimal.
- There is a lack of specificity in the lead agencies' policies regarding the description of aspects of the service coordination role.
- Interagency agreements also lack specificity and fail to address key issues such as the use of multiple service coordinators.
- Interagency agreements often fail to provide sufficient authority for service coordinators to coordinate services across agencies.
- There is variability within some states on many components of their service coordination model. Several states allow localities to make these policy decisions.
- IFSPs often fail to include supports and services provided by TANF. Service Coordinators often are not providing support to families receiving TANF to facilitate their transition from welfare to work.
- Although states have a stronger relationship with Title V, Children with Special Health Needs, not all states' service coordinators provide support to children eligible for this program, nor is it always included in the IFSP.
- Only 25 states specify the caseload, which ranges from 9 to 70, with a mean of 38.
- On a continuum of coordinated service delivery ranging from very little coordination (1) to a highly collaborative system for <u>all</u> young children and

their families (6) the majority of states (35) are using one of the 3 models on the lower end of the continuum (level 1, 2 or 3).

DISCUSSION AND IMPLICATIONS

Part C of IDEA is intended to improve the conditions of infants and toddlers with disabilities, as well as improving the condition of their family, by reforming a fragmented and limited service system. The requirement of service coordination for individual children and their families is seen by many as one of the most important tools included in the legislation to accomplish this reform. The use of federal and state policies as vehicles to modify and reform the delivery of services has historically encountered many challenges, including: (a) lack of shared values and vision; (b) professional resistance and the lack of desired skills; (c) the lack of policy and system models to guide in the adequate implementation of federal and state policies; and (d) the lack of sufficient leadership to envision and build a comprehensive, coordinated system (Bruder et al., 1997: Dunst et al., 1991; Gallagher, Harbin, Eckland, & Clifford, 1994; Harbin, Eckland, Gallagher, Clifford, & Place, 1991; Harbin et al., 2000; Harbin & McNulty, 1990; Sabatier & Mazmanian, 1979). The two linchpins of family centeredness and collaboration need to permeate or be incorporated into the factors above.

SUCCESS OF IMPLEMENTATION

State Part C Coordinators report that the approach to service coordination is working moderately well. The federal legislation was enacted in 1986, it is now some 14 years later and states and localities have had the opportunity to address problems and improve implementation. Why, then, is service coordination not working better? The answers to questions on the survey used in this study might provide some insights into answering this question.

VALUES

The importance of strong values that view service coordination as essential instead of as an irritant, seems critical to establishing a climate that is conducive to collaboration and service coordination (Harbin et al., 1991). Most states reported possessing this value, but not as strongly as is needed for optimum implementation.

In addition, the literature also discusses the importance of a shared vision (Harbin, Clifford, Gallagher, Eckland, & Place, 1990; Harbin, et al., 1991; Harbin & McNulty, 1990). Once again, there appears to be a modest level of shared values among stakeholders across the states and District of Columbia. Clearly, more work needs to occur 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 the existing positive values.

INFRASTRUCTURE

An adequate infrastructure to support effective service coordination must contain several elements that are thoughtfully designed. Among these are: policy specificity leading to continuity in implementation, adequate authority for service coordinators to perform their tasks and responsibilities, and a multi-agency organizational design that facilitates service coordination at the system, as well as at the direct service level.

Results of this survey indicated that state policies **lack specificity** in many critical aspects of service coordination. In addition, state policy in many states allows major approaches to, and policy decisions about, service coordination to be **determined at the local level**. The federal government elected to let the states make these decisions, and now in many states, the states are electing to let the localities make the critical decisions. While this satisfies the desire of many localities for autonomy, it certainly also raises the policy issue of equity. In addition, the lack of policy specificity has been linked to inadequate implementation. Perhaps this is one of the reasons service coordination is working only moderately well in many states.

Interagency agreements seem to contain even less specificity than the lead agencies' policies according to the results of this survey. The lack of clearly specified agreements among agencies regarding service coordination seems like a substantial barrier to adequate implementation. The lack of **authority** accorded to service coordinators would seem to make it extremely difficult, if not impossible, for them to perform the responsibilities required of them by law.

The IFSP, in essence becomes the interagency/ inter-provider agreement at the direct service level. The intent of the legislation is for children and families to have all services coordinated into a cohesive whole. Based upon study results, it seems that states are not always integrating and coordinating all of the needed services for children and their families. It appears that states are doing a better job at coordinating services

to meet the health care needs of children, than they are at coordinating welfare services. Perhaps this is a reflection of the fact that the lead agency in some states is the Health Department. There is considerable progress needed in many states to make sure the services and supports from other agencies needed by the child and their family are included on the IFSP. This is important, since this document guides service delivery to individual children and their families.

The organizational structure for service delivery can facilitate or impede the service coordinators' ability to coordinate services across agencies. According to survey results, many states have developed an organizational framework that is both limited in the breadth of services it includes and in the amount of coordination that is used. These orgaizational limitations could easily be linked to the lack of coordination with both TANF and Title V, Children with Special Health Needs.

SKILLS

This survey did not directly examine this area. However, a comparison study reviewed states' service coordination training curricula (Bruder & Whitbread, 2001) and discovered that there is little or no training being conducted in most states. The lack of adequate training is certainly cause for concern. Data from this study indicate that states' policies provide very little detail in describing many of the aspects of the service coordinators' role. If providers can't read a description of what is expected of them and if they don't receive sufficient training to explain their responsibilities and build their skills, this situation would create a monumental challenge for service coordinators, and a considerable barrier to adequate implementation.

LEADERSHIP

The role of leadership is an important ingredient in the successful development of a service delivery model (which includes service coordination) at both the state and local level (Harbin et al., 1991; Harbin et al., 2000). It is possible that Part C Coordinators and other stakeholders in a leadership role 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.

CONCLUSION

Part C of IDEA created dreams and expectations that children and families would no longer be subjected to fragmented service delivery, nor would the burden fall to families to search out and locate relevant and available services to meet their child's needs. The results of this survey indicate that we may have made progress in coordinating services for individual children and families. We have made little progress, however, in developing an adequate infrastructure to guide service coordination. More progress is needed before the original dreams inherent in IDEA are met and families are no longer frustrated and burdened by fragmented and inadequate services.

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