COMPONENT III: SERVICE COORDINATION

DEFINITION:

Service Coordination is designed to provide professional expertise in the development of a service delivery strategy for the entire family, with a particular focus on the development and learning of young children. Six elements are included in effective family service coordination:

1. Assessment of needs for children and families
2. Referral process
3. Review and evaluation (including the coordination of intervention services among various programs)
4. Developing a service delivery plan
5. Monitoring effectiveness of service delivery plan
6. Reporting

When a child participates in more than one program, the service coordinator, in collaboration with program or agency offices, will identify **one key contact.** (*With the exception of mandated services).The key contact will be the person who has developed the closest working relationship with the family and will interact with the family so that services are integrated. Service coordination involves exchanging of information as per local agreements and modifying activities in ways which directly benefit the family or child. Service coordination requires more organizational involvement than networking and can be an important strategy for change. Each Judy Center Partnership, through existing MOU's / MOA's and Service Coordination Team Agreements should adhere to their own policies and procedures including confidentiality and Service Delivery Plan implementation.

BACKGROUND:

Service coordination is designed to provide professional expertise in the development of service delivery plans for the entire family, with a particular focus on the development and learning of young children. The development of this plan is an integral part of the service coordination process. The family's acceptance or refusal of this process is pivotal for successful service coordination.

The following six elements are included in effective family service coordination.

1. **Assessment of needs for children and families**

   The child's' and families' strengths and needs are assessed, through a family information form, upon entering a Judy Center partners program. The Judy Center Service Coordinator's duties do not include screening and assessing all children and families who enter partnership programs. Not every family is appropriate for an assessment. Only those families whose needs have been identified through the intake process and those families who are already involved with a partner should receive an assessment through the partner program. Individual partners may have formerly developed assessments. As appropriate, the Judy Center Service Coordinator reviews the assessments with the interdisciplinary Service Coordination Team and develops a Family Service Plan, with the direct involvement of the family. Reviewing the assessments among the team members reduces the chance of duplicating services and improves the service delivery plan.

   At service coordination team meetings educational, developmental, health, and family assessments and evaluations may be presented and reviewed. It is the responsibility of the Judy Center Service Coordination Team to facilitate the referrals and follow-up services.

2. **Referral process**

   The process of service referral to the Judy Center Partnership will be completed as per each county's Service Coordination Agreement.
   Some examples may include:

   - In case of immediate family need, the referral to a partner program should be made immediately in conjunction with the family. Families should be encouraged to contact the partner program and complete the referral themselves, especially if they are requesting the service. The Judy Center Service Coordinator can assist in facilitating the referral process by talking directly to the partner and by informing the partner of the family's identified needs.

- During the Service Coordination Team meeting, a referral can be completed as part of the service delivery plan. Referrals to particular programs can be recommended by the team and discussed with the family. If the family agrees on the plan, the referral can be completed by the key contact agency that has been identified through the Service Coordination Team. Because the family's needs have been identified and a service delivery plan developed, the referral process is expedited and family follow-through is more likely.

3. Review and evaluation (including the coordination of intervention services among various programs)

Each agency will have a case worker as a member of the Service Coordination Team. The team members' responsibilities include: 1) reporting evaluations and assessments of children and families who are involved with any Judy Center Partnership program or activity, 2) being an active participant on the Service Coordination Team to try to minimize redundant activities among agencies working with the same families, thus ensuring optimal use of community resources to best meet each family's needs, 3) developing service delivery programs and strategies based on identified gaps or needs for services, 4) implementing the service delivery plan so that all families receive the timely, effective, comprehensive services they need, and 5) being an active participant on the Service Coordination Team in the development of a comprehensive service delivery plan for each family.

During the Service Coordination Team Meeting, a key contact agency is designated and, as appropriate, a service delivery plan is developed. Any agency involved with the child and family has their roles and responsibility established based upon the team evaluation and the team's decision about the staff and agency that are best suited to meet that family's needs. The key contact will receive updates, including referrals by the partner agencies.

4. **Service Delivery Plan**

Not every child/family will be identified as needing a service delivery plan. This decision will be based on each program's policies and procedures. The service delivery plan is designated during the Service Coordination Team meeting. Before the Intervention Plan can be initiated, all team members and the family must agree upon the plan and sign off. This does not negate services that have already been provided by partners. A continuation of those services could be part of the service delivery plan. Intervention should be goal-specific and based on a timetable that is set by the team members.

Although a key contact agency is designated through the team process, another agency that participates with the family may be identified to provide a specific service. Communication between the two agencies should be regular and open. **A service delivery plan that is not coordinated among participating agencies and the family is ineffective**. This is why a team proposal is so important. By brainstorming together and developing a plan, agencies can produce workable, realistic, and effective interventions.

5. **Monitoring effectiveness of the service delivery plan.**

Not every family needs intense services. The Service Coordination Team, through the service delivery plan determines the level of intervention. Best practices indicate that an important part of the plan is setting a schedule to review it. During the review, the initial plan should be reviewed and family's progress should be reported by the key contact agency. Each agency that is involved with the family should have the opportunity to provide input on the family's participation in the program, and any new or revised service delivery plan, if necessary.

During the review, the initial plan should be reviewed and the family's progress should be reported by the key contact agency. Each agency that is involved with the family should have the opportunity to provide input on the family's participation in the program.

6. Reporting/Communication among partners

Communication among the partners is not limited to the Service Coordination Team. The key contact will need to be in regular communication with the other Service Coordination Team members to inform other agencies of any family emergency or significant change in family status.

Best practices indicate the service plan, assessments performed, and Service Coordination review should all be discussed directly with the family.

*Service coordination may involve many agencies, each with its own focus, requirements, and philosophy. Agency members will need to be diligent in following the aforementioned six elements to overcome the many challenges to effective service coordination.

Challenges/Strategies/Solutions:

Challenges	Strategies/Solutions
Getting agencies to work together to share information, including basic information.	The Service Coordinator can set the tone by showing a willingness to share information with partners after obtaining the family consent in writing. Information is shared in a team meeting in which service coordinators from all agencies are included. The team should develop its own format to present information so that all members are seen as equal partners.
Maintaining confidentiality among team members.	It is important to start out with a joint understanding of the rules of confidentiality. All team members will sign an agreement that defines roles and responsibilities and establishes the goals of the team. (*See Appendix: Judy Center Case Management Team Member Agreement(s).* Families may be hesitant to sign a release of information. It is helpful if the lead agency, when enrolling a family in their program, should explain the Judy Center program and help the family to understand why it is important to give permission to share information.
Maintaining regular communication is an essential part of the coordination of services.	Service coordinators are responsible for scheduling meetings. Methods of communication may vary among counties.
The lead agency may fear a loss of control when collaborating with other agencies.	This territorial mindset becomes a barrier to a smooth and seamless service delivery model.

	It takes time to develop trust and rapport between agencies. It is important for all partner agencies to work collaboratively to increase the likelihood of school readiness for all Judy Center Partnership children.
Building a team out of individuals who report back to different agencies.	Each member needs to be heard and to have an opportunity to participate in the development of the team process, recognizing at the same time that agencies have specific requirements they must meet. The team must recognize that full collaboration between agencies is the best way to meet the needs of the family.
There may be disagreement between various agencies as to the family service plan.	Multiple service delivery systems will be effective when they are coordinated and individualized to address the needs of each child. Coordination of services will eliminate gaps, duplications, and other inefficiencies that inflate human and monetary costs. Through combining and coordinating the efforts of agencies and professionals, collaborative initiatives significantly improve the quality of services. Best practices indicate agencies can reach a compromise if they focus on what is important for the family. If possible, let the family determine the plan.
Family buy-in can also be a challenge	It is important to involve the family as much as possible in creating a service plan. In some cases it is required by law. Plans should be revised, as needed, in order to meet the family's changing needs.

STRATEGIES:

Implementation of Service Coordination

The primary activities of the service coordinator include the compilation of family needs data assessment, the referral process, review and evaluation, development of a coordinated service delivery plan, monitoring the effectiveness of intervention services, and reporting. The service

coordinator may or may not be responsible for the delivery of direct services. The service coordinator sees that the process is working, while partner agencies providing case management work directly with the families.

Best Practices:

- The first step is to collect information about the family, including their resources, concerns, and priorities for services.
- This information should be collected at the time the family first enrolls in any partner agency program. Thus assuring that each family is screened by the initial agency with which they come in contact.
- The screening process is a triage system, and not every family needs additional services after screening.* (Models- - one tier, two tier, three tier.

The initial contact agency provides information about the program services to the family. This includes a review of the program's confidentiality policy. At enrollment, the family also identifies the partners with which they are currently working and signs a consent to release information to the other partners as it is needed. A master list of all the children and the agencies with which they are involved is created in order to identify what services the family receives from the agency (thereby eliminating duplication of services.) The contact agency shares the family's interests with all members during a regularly scheduled Service Coordination team meeting. During the family assessment process of the service coordination team, the family's strengths and needs are identified. The team analyzes the family's concerns and resources and makes recommendations for possible service options and priorities. An initial service plan is developed to include both services provided by the partners and those provided by other community agencies. The goal for the team is to develop interventions which are relevant and meaningful to the family and realistic for staff time and program resources. These interventions build on the family's strengths and resources and promote its competencies. The referral process, as agreed upon by the team, is then initiated.

The key contact agency then discusses the team's recommendations (i.e. Family Service Plan) with the family. Together they finalize their service goals and decide how the program will

* Children are screened for educational needs through the Early Identification and Intervention process.

address *those goals over a set period of time. The goals should be written in goal attainment format* and activities should be implemented through referrals to all involved agencies.

The team then conducts regular meetings to review progress, identify barriers and challenges, identify changes in the family which might affect the probability of accomplishing goals, and evaluate goals set and met. This process is repeated as long as there is a need for services. Goals are evaluated according to the criteria set in the Goal Attainment Scaling and the Family Service Plan.

Communication between the partners is an ongoing process. Each partner is aware of the programs, services, and special activities offered. Through this process of regular communication, partner agencies have access to resources and avoid duplication of services, and families receive the services they need.

BIBLIOGRAPHY:

Allen, R.I., & C.G. Petr. Family-centered service delivery: A cross-disciplinary literature review and conceptualization. Lawrence, KS: The Beach Center on Families and Disability at The University of Kansas, 1995.

Brown, W.B., S.K. Thurman, & L.F. Pearl, Eds. Family-centered early intervention with infants and toddlers: Innovative cross-disciplinary approaches. Baltimore: Paul H. Brookes Publishing Co. 1993.

Dunst, C., C.Trivette, & A. Deal. Supporting and strengthening families: Volume I Methods, strategies and practices. Cambridge, MA: Brookline Books, 1994.

Duwa, S., C. Wells, & P. Lalinde. “Creating family-centered programs and policies.” Implementing Early Intervention from Research to Effective Practice. Eds. D.M. Brayant and M.A. Graham. New York: The Guilford Press, 1993.

Lee, I. Family-centered practices in early intervention: General literature, evaluation and validation studies. Lawrence, KS: The Beach Center on Families and Disability of The University of Kansas, 1995.

Parlakian, Rebecca. The Power of Questions: Building Quality Relationships with Infants and Families. (Resources for Program Leaders Series.) Washington, D.C.: Zero to Three, 2001.

The American Institutes for Research. Center for Effective Collaboration and Practice. Volume II: Promising Practice in Family-Provider Collaboration 1998. www.air.org

Turnbull, A.P., & H.R. Turnbull. Families, professionals, and exceptionality: A special partnership (2nd ed.) Columbus, OH: Merrill Publishing Company, 1996.

ADDITIONAL RESOURCES:

Please refer to the compact disk: *MSDE Service Coordination Forms*, provided for you with this document. This disk contains numerous forms gathered from a number of Judy Center Partnerships and have been provided for your use.