



Resource Article

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Understanding
Early Intervention Service
Coordination Essentials

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Service coordination is an Individuals with Disabilities Education Act (IDEA) required Part C early intervention service. This is in part because early intervention was not established or equipped to provide the breadth of services a family of an infant or toddler with a delay or disability might need. Rather, it was established with an integrated systems focus acknowledging that infants and toddlers with disabilities and their families often require *coordinated* services and support from varied personnel, services, and agencies, to address their family-unique and dynamic needs. The emphasis on coordination is key as more support should not be interpreted as more independent or isolated services delivered to the child. In fact, as Lee Ann Jung noted, parents have the greatest impact on their child's learning since parents know their child best and already intervene in their child's development everyday through planned or naturally occurring learning opportunities (Jung, 2003).

Accordingly, coordination of services is essential to help families navigate service systems, know their rights, and access the coordinated support

and services they need to help their child develop and learn. Furthermore, service coordination is an ongoing service the ebbs and flows in response to child and family changes.

Yet, while service coordination is a required IDEA service the method for providing such service is not defined. Rather states are provided the leeway to determine the approach or approaches, they will use to provide service coordination.

Dr. Mary Beth Bruder has studied service coordination extensively and has been instrumental in helping the field understand and advance quality service coordination practices. She has also helped identify and define different service coordination approaches. Three major approaches are often used to describe service coordination methods, these include dedicated, intra-agency, and blended.

1) Dedicated – In this model designated service coordinators are solely assigned the roles and responsibilities of service coordination activities and the agency in which they work is independent from the agency/agencies providing early intervention services.

- 2) Intra-agency –Similar to the dedicated model, this approach has service coordinators providing only service coordination but working in the same agency or program as the providers delivering early intervention services.
- 3) Blended – Within this model, service coordinators have the dual role of delivering service coordination as well as providing ongoing early intervention services. This model aligns with the primary service provider approach, which emphasizes the relationship-based nature of intervention.

In a recent Infant and Toddler Coordinators Association (ITCA) survey report (January 2019) 43 participating states responded to a question about the service coordination model used in their state. Twenty-one responding states reported using a dedicated model of service coordination (i.e., dedicated or intra-agency), eight states reported using a blended model, and 14 states reported using both models in their state early intervention system.

There is notable variation in the service coordination model or models used within state early intervention systems. This is likely influenced significantly by the political and contextual variables within a state system, including the lead agency responsible and the funding mechanisms in place for the provision of early intervention.

Dunst and Bruder (2006) examined service coordination practices associated with different service coordination models. The researchers surveyed parents about their experiences with service coordination while also capturing enough information about the agency and service coordinator to effectively align the parents' experiences with one of the three aforementioned service coordination models. Questions about service coordination practices included information

about early intervention service oversight, IFSP oversight, service provision, family decision making, provision of information, child learning opportunities, transition planning, and health and child care information/assistance. The investigator-developed survey including both open and closed-ended questions and was returned by 299 parents.

Using the service coordination models and parents' responses about service coordination practices several relationships emerged. These findings showed that the dedicated service coordination model related with fewer reported service coordination practices and that dedicated service coordinators had less contact with parents participating in early intervention. And less contact means less opportunities to develop relationships with families and fewer opportunities to stay abreast of family changes that might require more service coordination practices and action. When service coordinators are dedicated and independent of the agency providing the early intervention services it also is logistically less easy to meet and work collaboratively to provide services.

The evidence shows that the blended approach nicely aligns with quality service coordination practices. Yet, it is also important to acknowledge that having a blended approach requires particular system infrastructure factors for implementation, such as early intervention staff working within the same agency, which might not be feasible. Fortunately, within the EDIS system the blended approach is both valued and feasible, but as we help families transition to other early intervention systems, we must also acknowledge the dynamics of other system service coordination models and practices to most effectively support the family and the receiving agency as part of quality service coordination practices.

Dunst, C. J. & Bruder, M. B. (2006). Early intervention service coordination models and service coordinator practices. *Journal of Early Intervention*, 28(1), 155-165.

Jung, L. A., (2003). More is better: Maximizing natural learning opportunities. *Young Exceptional Children*, 6(3), 21-27.

Infant and Toddler Coordinators Association (ITCA), January 2019. ITCA Service Coordination Survey Report. Accessed from: <http://www.ideainfanttoddler.org/pdf/2019-Service-Coordination-Survey-Reports.pdf>

What do the data say?



What are state Part C early intervention eligibility criteria ?

Part C early intervention eligibility criteria vary greatly from state to state. Accordingly, it is necessary for service coordinators, helping families transition from one state or program to another, to understand the variations in state eligibility criteria. The Individuals with Disabilities Act (IDEA) 2004 regulations (34 CFR 303.300) provides broad guidance about how children may qualify based upon a developmental delay or the presence of a condition with a high probability of resulting in a delay. Yet, the regulations do not define the degree of delay or specify the types of conditions. Rather, states are given discretion to identify the degree of delay and established conditions for determining eligibility within their state. Additionally, states can choose to include infants or toddlers at risk of experiencing a substantial developmental delay because of biological or environmental factors in their early intervention eligibility criteria.

Over the years several states have changed their eligibility criteria, some becoming more restrictive while others becoming less. Using three general categories states self declare a category that best aligns with their state established eligibility criteria for developmental delay. These three categories include:

- Category A - This is the most inclusive category and includes children at risk, any delay, atypical development, -1.0SD in one domain, up to 22% delay in two or more domains, and percentages of delay up to 25% in one or more domains.
- Category B - In the middle, this category includes delays of 25% in two or more domains, 30% to 33% in one domain, and -1.3 SD in two domains or -1.5 SD in any domain.
- Category C - This is the most restrictive category and includes children with 33% delay in two or more domains, 40% and 50% delay in one domain or -1.5 SD in two or more domains, -1.75 SD in any domain, and -2.0 SD in one or more domains.

Based upon a review of 2017 Department of Education data the IDEA Infant and Toddler Coordinators Association (ITCA) (<http://www.ideainfanttoddler.org/pdf/2017-Child-Count-Data-Charts.pdf>) categorized states by these three categories. The table here shows this categorization.

To further help service coordinators and families understand state eligibility criteria, the Early Childhood Technical Assistance Center (ECTA) published a helpful review of each states Part C eligibility criteria. This document is useful for service coordinators and families moving between states. Included in the document are the state specific

eligibility criteria as well as state online links that provide further information about eligibility and Part C services within the state. This document, titled States and territories definitions of criteria for IDEA Part C eligibility (March 4, 2015), is available at: http://ectacenter.org/~pdfs/topics/earlyid/partc_elig_table.pdf

| Category A (16) | Category B (19) | Category C (15) |
|-----------------|----------------------|-----------------|
| Alabama | California | Alaska |
| Arkansas | District of Columbia | Arizona |
| Colorado | Illinois | Connecticut |
| Delaware | Indiana | Florida |
| Hawaii | Massachusetts | Georgia |
| Iowa | Minnesota | Idaho |
| Kansas | Mississippi | Kentucky |
| Maryland | Nebraska | Louisiana |
| Michigan | New Hampshire | Maine |
| New Mexico | New York | Missouri |
| Pennsylvania | North Carolina | Montana |
| Texas | North Dakota | Nevada |
| Vermont | Ohio | New Jersey |
| Virginia | Rhode Island | Oklahoma |
| Washington | South Dakota | Oregon |
| Wisconsin | Tennessee | |
| | Utah | |
| | West Virginia | |
| | Wyoming | |



Consultation Corner

What Makes Service Coordination Unique?

Sarah Nichols and Maria Kastanis

What makes Service Coordination unique?

Service coordination is the only early intervention (EI) service where specific activities under Part C of the Individuals with Disabilities Education Act (IDEA) are identified. Part C of IDEA defines service coordination as services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part.

Service coordination is a service that all families in EI are entitled to at no cost to them. Part C of IDEA specifically says that every infant or toddler and their family must be provided a service coordinator who is responsible for coordinating all services required under this part across agency lines; and serve as the single point of contact for carrying out activities described in Part C of IDEA.

Let's pause to reflect for a moment.

What do you think that means "across agency lines?"

What "agencies" would a service coordinator need to know about in order to effectively coordinate services for families?

What types of skills or strategies would someone need to apply to be knowledgeable about community-based services (non EI services) and EI services?

Above and beyond being the expert on EI services, service coordinators need to be familiar with non EI services that families may already be involved with, or might seek a connection to, within their community. This could include and is not limited to the child's physician (sometimes referred to as the medical home), child care providers, Early Head

Start/Head Start, social service agencies also serving children under three and their families such as Women Infant Children (WIC), community or park district resources, local education agencies (LEA), etc. This can be an enormous challenge for service coordinators as agencies and community resources are always evolving and the point of contacts and services available may change frequently.

In order to be successful with this task, service coordinators need to have great interviewing and listening skills to be aware of resources the family is already connected to or wishes to learn about. It is essential that service coordinators learn about the family's formal supports such as physicians, health insurance, financial help; intermediate supports such as places of worship, work friends; and informal supports such as extended family, neighbors, and friends so that they can develop a clear picture of what supports that family has that are already in place. It helps to have good communication skills and the ability to build and sustain relationships with individuals who fulfill various roles at other agencies so you can effectively work together to ensure the family's needs are addressed. Organizational skills and ability to follow through with referrals and requests for information when consent is provided by the family are also important.

Tips:

- Start a team folder to list resources and contact information for the communities served.
- Regularly add to and review the folder as team members and service coordinators become aware of new or existing resources that may help address needs or concerns shared by

Consultation Corner (continued)

- families.
- Work together to ensure all team members are taking the time to hear family concerns as well as family existing strengths and resources, and that consent is on file before any private or confidential information is shared across agencies.
 - Take notes and keep good documentation (who, when, what, where, how) when referrals are made and when information is discussed, acquired, or shared.

Specific Service Coordination Activities & Services

Service coordination is an active, ongoing process that involves; 1) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and 2) Coordinating the other services identified in the

Individualized Family Service Plan (IFSP) under § 303.344(e) that are needed by, or are being provided to, the infant or toddler with a disability and that child's family.

See the table, included here for the specific service coordination activities identified in Part C of IDEA along with strategies service coordinators can implement to ensure families successfully navigate the early intervention system. Note that a number of these strategies are things that ALL team members can support. We encourage service coordinators and providers alike to consider the things they can do as they team and collaborate with one another.

Use the space provided to add additional strategies you already use or would like to try. Then review it with a peer or your team to discuss how the strategies are working and explore what you want to try in addition to what is already in place.

Service Coordination (SC) Services under [Part C of IDEA 303.34 \(2011\)](#)

| SC Services: | Strategies for Success |
|--|---|
| 1. Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families; | <ul style="list-style-type: none"> • Listen to family cues and identify strengths, supports, existing resources, and potential needs • Be aware of EI and non EI services and referral processes • Ensure the team is aware of family connections with new services or when they are in need of a new support • Keep the team in the loop on new community-based resources • Promptly return messages and document all communication |
| 2. Coordinating the provision of early intervention services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided; | <ul style="list-style-type: none"> • Understand timelines, family rights, and make time to coordinate with team members • Provide examples of family rights and illustrate how/when they may be applied "in the moment" as the family moves through the early intervention process • Be responsive and follow through with referrals promptly • Know your team members and the expertise they bring to the team • Partner when challenging or sensitive conversations need to take place • Ensure providers have time, knowledge and skills to properly address the support the family needs to address their IFSP outcomes • Track timelines for transition and identify ways everyone can help |

| SC Services: | Strategies for Success |
|--|--|
| 3. Coordinating evaluations and assessments; | <ul style="list-style-type: none"> • Know the team members who can assist with evaluations and assessments according to their discipline, special skills or expertise, regions served, availability, etc. • Ensure evaluation/assessment takes place in a timely manner with qualified providers • Ensure family is a decision maker in the date, time and location of evaluations/assessments, including how they will occur and how quickly the IFSP meeting will take place for eligible children and families (e.g. same or different day) • Ensure documentation is completed accurately, is written understandably for all team members, and shared in a timely manner |
| 4. Facilitating and participating in the development, review, and evaluation of IFSPs | <ul style="list-style-type: none"> • Plan in advance to ensure all team members are able to participate and that adequate time is allotted so everyone can fully participate • Share IFSP meeting plan and written information prior to the meeting • Ensure the family understands their rights and procedural safeguards • Support the family's decision making in identifying and evaluating their priorities • Ensure all team members have an opportunity to contribute and ask questions • Use information gathered through interviews and family assessment activities to inform IFSP development • Explore EI and non-EI supports and resources • Facilitate team consensus and apply conflict resolution techniques when needed |
| 5. Conducting referral and other activities to assist families in identifying available EIS providers; | <ul style="list-style-type: none"> • Develop a relationship with programs, agencies and/or individual providers in your service area • Identify contact persons to receive referrals and be aware of the information they will need when the referral is made • Establish an understanding of the special knowledge and skills that might be required of providers to support the with addressing their IFSP outcomes and priorities • Strategies under SC Services Item 1 also apply |
| 6. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner; | <ul style="list-style-type: none"> • Set calendar reminders to correspond, in order to meet timelines • Use the IFSP as a living document that is reviewed and discussed during regular contacts, intervention visits, and team meetings • Monitor the outcomes on the IFSP ongoingly and stay abreast of family changes • Schedule/Conduct/Participate in periodic review meetings (at least every 6 months) and more frequently if family priorities change or the IFSP requires modification • Upon review, ensure IFSP updates are distributed in a timely manner |
| 7. Conducting follow-up activities to determine that appropriate Part C services are being provided; | <ul style="list-style-type: none"> • Know Part C of IDEA to differentiate between what is and is not appropriate • Keep in regular contact with the family • Have team meetings to review IFSP implementation, coordinate services as needed, share successes, and problem solve challenges • When applicable, ensure appropriate authorizations and funding are in place for EI services |

| SC Services: | Strategies for Success |
|--|--|
| 8. Informing families of their rights and procedural safeguards, as set forth in subpart E of this part and related resources; | <ul style="list-style-type: none"> • Introduce and review family rights and procedural safeguards during required junctures in the process and at other times as needed • Provide examples and illustrations how and when their rights might be used and what a violation of their rights might look like so they know what to look for • Ensure family rights and procedural safeguards are provided to the family in their native language or preferred mode of communication • Ensure appropriate documentation of the family's receipt of notices and consent forms related to rights and procedural safeguards are on file and updated as needed • Assist the family in advocacy and help them exercise their rights as needed (e.g. provide them with the appropriate complaint form, contact numbers and instructions to request a mediator) |
| 9. Coordinating the funding sources for services required under this part; and | <ul style="list-style-type: none"> • Know what is and is not an EI service • Understand the various fund sources in your local EI system • Ensure the family and all team members understand what is funded under Part C of IDEA and what other fund sources may be explored for services and supports outside of EI • When applicable, acquire and maintain documentation to support EI and non EI fund sources that may be required within the EI system (e.g. public and/or private health insurance, family participation fees, etc.) |
| 10. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services. | <ul style="list-style-type: none"> • Know and fully explain timelines and transition options to the family • Review transition timelines and activities at IFSP meetings and include transition plan to identify and document transition related activities • Develop a relationship with Local Education Agencies (LEA) and learn about transition options within and beyond the LEA • Identify contact person at LEA to accept/receive referrals and ensure consents are on file before making referrals • Follow transition procedures and document transition activities and timelines • Listen to and help answer questions and concerns identified by the family early and often • Coordinate and participate in transition planning conference according to timelines • Ensure everyone the family would like to invite is included in the transition planning conference and other transition related activities • Go on a site visit with the family for any location they considering during transition (school or other services) • Request/Provide progress reports and IFSP updates to LEA with consent |
| What other quality practices have you used when conducting service coordination activities? Jot a few down and share them with your team. | |
| <i>Developed by Sarah Nichols & Maria Kastanis from the Early Intervention Training Program at the University of Illinois for the EDIS February 2019 KIT Series.</i> | |



On the WWW

The Infant Toddler Coordinators Association (ITCA) recently completed a report on service coordination based upon a 2018 survey of Part C system service coordination status. Forty-three states responded to the nine questions included in the survey. The questions included inquiries about service coordination modules used in the state, employment status of service coordinators, caseloads, qualifications, establishment of job descriptions, competencies, and training materials

and requirements for service coordinators, and perspectives on the need for national standards on the inquire topics. The full report is available on line at:

www.ideainfanttoddler.org/pdf/2019-Service-Coordination-gSurvey-Reports.pdf

You can also access additional ITCA information and resources by visiting the home page at

www.ideainfanttoddler.org



Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

will receive a certificate of non-discipline specific continuing education contact hours.

In line with the focus on **Understanding Service Coordination Essentials**, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (January through May and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam for this series in June 2019. There is no need to register for the CEUs. Rather, if you are interested, complete the exam online at www.edis.army.mil

Upon successful completion of the exam, you

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Thank you for your continued interest in the KIT.

