

Journal of Early Intervention

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Journal of Early Intervention 2006; 28; 175
DOI: 10.1177/105381510602800305

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AUTHOR REPLY

Advancing the Agenda of Service Coordination

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We would first and foremost like to thank our three colleagues for their thoughtful responses to our article *Service Coordination Models and Service Coordinator Practices*. These responses were heartening for us given that the common theme through all three commentaries was that service coordination is not receiving the attention it deserves by state and local early intervention systems and programs (Bruder, 2005). Indeed, described as the linchpin of a system of effective, appropriate early intervention, very little research exists about the practice characteristics and outcomes associated with different approaches to service coordination.

Our colleagues' responses contain a number of key points that expand upon the findings of the study presented in our article, as well as some of our other work at the Research and Training Center in Service Coordination (RTC). All of the points reinforce and challenge these findings, and as such, provide thoughtful analyses to the form and function of service coordination as it is being administered, practiced, and experienced today.

First, Andy Gomm's article describes a number of critical system factors that contribute to a state model of service coordination such as the lead agency and structure of the system. These factors are indeed salient, and relate directly to the political climate (both nationally and state-wide) influencing practices with young chil-

dren and their families. As an example of these very real issues, in the past 2 months, a lead agency for early intervention has been changed by a governor (Colorado) and a major change in the structure of an early intervention system has occurred (Indiana). Changes such as these seem to occur far too frequently in Part C early intervention, which in turn results in disequilibrium to the system, which results in upheaval for families, service providers, and service coordinators. While Gomm appropriately points out that the important variable might not be the model of service coordination, but the practices demonstrated by service coordinators, the instability of the Part C infrastructure that exists in many states presents major challenges to whoever provides service coordination through whatever model is ultimately chosen. The results of our study show that service coordination models do in fact influence service coordinator practices.

Second, Robin McWilliam describes a number of early intervention system issues that revolve around service coordination. We are in wholehearted agreement with his call for quality control. One of the early studies we conducted through the RTC on Service Coordination was an examination of state qualifications for service coordinators. In 53 states and jurisdictions, only 37 offered any training to service coordinators, in comparison to the 20 that mandated training of

service coordinators. Even more disheartening was the fact that the average length of these trainings was 3 days¹ (Bruder, 2005). A graduate assistant at the time remarked that licensed hairdressers are required to have more hours of training!

The federal statute for service coordinators provides a loose guide for establishing qualifications. By law, service coordinators must have knowledge of Part C, child development, and community resources. Those of us in early intervention know this is only a minimal degree of being considered qualified. More recently, in a study of credentials for all disciplines providing services under Part C, it was reported that of the 22 states having credentials, 15 include service coordinators, and that only four states report a credential specific for service coordinators. These credentials represent one mechanism for the quality assurance McWilliam is demanding. However, additional rigorous examination of the credentials and training of service coordinators must occur related to the ultimate impact service coordination has on families. States do not seem to be interested in this kind of rigor.

Our last respondent, Richard Roberts, offers cogent research questions to examine further important characteristics of service coordination. In particular, he reminds us that service coordination is an ongoing process and not a static service provided to families. The first of his questions focuses on families' expectations for service coordination over time as they progress through early intervention. Findings from the study reported in this issue indicate that length of time service coordinators work with families is less important than the scope of their practices. Both this study and others under the RTC suggest that while many families figure out how to manage and coordinate services themselves, few have an understanding of the structure, models, and roles of service coordination in their state, even among those "seasoned" and in leadership

positions in their state. For example, in a study we conducted under the RTC with 50 parents who were serving on their state ICC, we found that less than half could identify the model of service coordination in their state². While we, as well as others, have agreed that service coordination model is only one indicator of the statewide system of service coordination and early intervention (Harbin et al., 2004), one would hope that families in leadership positions would have a baseline of knowledge about their state system. Families are the ultimate consumer of services offered under Part C. We would like to go one step further than Rich's suggested research, and recommend that families help design the methodology to answer these and other important questions that will result in improved outcomes for themselves and their children.

All respondents acknowledged that the field must attend to practices, both in regard to the range of service coordination activities (as required by law) and as related (and responsible) to outcomes. Our work in the RTC has focused on outcomes (Bruder et al., 2005; Dunst & Bruder, 2002) and has produced a logic model that embeds service coordination activities within a set of infrastructure variables, which in turn, relates these variables to outcomes. The results presented in the article in this issue of the *Journal of Early Intervention* together with other findings on service coordination practices at the RTC³ have begun to allow us to fill in the missing pieces of the model with practices. We acknowledge, however, it is only a working model at this point. We would like to call upon all of our colleagues (researchers, administrators, practitioners, and families) to help advance the agenda of service coordination by helping to examine more closely the models investigated in our study and other models that result in desired and positive outcomes for the families and children Part C serves. Only then will we have the data

¹See http://www.uconnucedd.org/publications/files/RTC_TrainingReport

²See http://www.uconnucedd.org/Publications/Files/RTC_ICC_Survey_Report.pdf

³See www.uconnucedd.org

necessary to refine, and perhaps overhaul, the Part C system of early intervention.

Last, we need to acknowledge and thank all of those who assisted in this study and those leading up to it in the RTC on Service Coordination: First our co-investigators, Gloria Harbin, Michael Conn-Powers, Richard Roberts, Maureen Greer, and Glenn Gabbard; second, our state partners, Connecticut, Indiana, Massachusetts and North Carolina; and most importantly, the thousands of family members, state and local early intervention administrators, service providers, and service coordinators from across the country who participated in the many studies focused on advancing the agenda of service coordination under Part C.

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