RESEARCH AND TRAINING CENTER IN SERVICE COORDINATION

Delphi Practices Data Report

PURPOSE

In Part C of the Individuals with Disabilities Education Act (IDEA) service coordination was seen as a means of helping to improve the outcomes for young children with disabilities and their families. However, the practices that service coordinators should engage in to ensure children and families experience positive outcomes are loosely defined. This study was designed to help identify effective service coordinator practices that would support the eight effective outcomes of service coordination as identified in a pervious study conducted by the Research and Training Center in Service Coordination. Consensus from key stakeholders in early intervention was obtained through focus groups and a Delphi consensus-building method.

METHOD

Samples

There were two identified samples for this study: national and state. The national sample included families and Part C coordinators. The state sample included families, service coordinators, service providers (Indiana only), and program administrators in four focal states (North Carolina, Massachusetts, Indiana, and Connecticut).

Sample Recruitment

A national sample of Part C coordinators was recruited through letters and follow-up telephone calls. The national families' sample was recruited through telephone contact by center staff. Recruitment of samples for focus groups was conducted by center staff in each focal state and preceded as the first round of focus groups. A diverse group of participants was recruited from urban, rural, and suburban settings in each of the focal states. A member of the Research and Training Center team sent an introductory letter to all prospective participants.

In Connecticut an invitation to participate in focus groups was mailed to all 39 program administrators. Follow-up calls were made to encourage participation and answer questions about the project. Parent support groups were contacted to generate interest in the project and solicit participation. Information about the project was distributed at seminars and meetings of parents of children in early intervention programs. Program administrators assisted in the identification of service coordinators/service providers by distributing 1500 flyers to individual providers across the state.

In Indiana letters were sent to six service providers and service coordinators. Each was also contacted by telephone. Parent support groups were contacted to assist with identifying families. Childcare was provided on site during focus groups to allow families with children to participate. In addition, notices were posted in a newsletter to families and providers. A mass mailing was sent to over 200 providers in urban areas.

In North Carolina center staff met with the director of the Health Department to explain the project and gain assistance in locating families that might participate. Health Department staff made the initial contacts to explain the project to families or professionals via 50 telephone calls and 25 visits. Ten fact sheets were sent out describing the project and activities, and Research and Training Center staff followed up with telephone calls to schedule focus groups with interested participants. This process was repeated with the Family, Infant and Preschool program, the Development Evaluation Center, the North Carolina School for the Deaf, Head

Start program, Smart Start program, and private physical therapy and occupational therapy groups.

A cover letter and flyer was sent to invite those administrators, service coordinators, and families who were invited to the first round of focus groups (those who attended and those who did not). Center staff followed-up with telephone calls to encourage participation. Flyers were distributed with full information about location, time, and other details. Directions were faxed or e-mailed to confirmed participants.

In Massachusetts providers were recruited through contact with each of the early intervention programs located across the state. Particular emphasis was given to those participants from year 1 focus groups and those who attended trainings related to service coordination conducted by the Early Intervention Training Center housed at the Federation for Children with Special Needs. Individuals who either attended training in service coordination or participated in a focus group were sent personal invitations. Personal phone calls were made to reinforce written invitations. Additional information about the focus groups was disseminated through the conference of the MEIC.

Program directors were recruited through contact with each of the early intervention programs located across the state and through regular presentations at the state ICC meetings, which are held quarterly. A large number of providers attended this meeting and have been kept abreast of key developments in the Research and Training Center's work on service coordination. In addition, participants from the first year of focus groups received written invitations and personal phone calls.

Family members who participated in the first year's focus groups received written invitations as well as personal phone calls inviting them to attend this year's groups. An article appeared in a statewide publication disseminated by the Parent Leadership Project (funded by the Part C lead agency, the Department of Public Health) noting the participation of one parent leader in last year's groups.

Protocol

The Research and Training Center team met in Connecticut on January 29 and 30, 2001, to plan the methodology for the second round of focus groups to identify recommended practices needed to achieve positive service coordination outcomes for children and families. A draft protocol was developed by Glenn Gabbard, refined by the team, and piloted with families and Part C coordinators at the National Project Directors meeting on February 25, 2001. Following the national focus groups, the protocol was revised based upon the responses of participants. The decision was made to reduce the length of the focus groups from three hours to two hours based upon the effort required by participants to complete the activities. The final protocol involved a two-hour process that included both large and small group activities.

Focus groups of 5 to 15 participants were planned in the four focal states (Indiana, Massachusetts, Connecticut, and North Carolina) in urban, suburban, and rural settings with the following stakeholder groups:

Program administrators (3 groups)

Family members/parents of children birth-five (3 groups)

Service providers/service coordinators (3 groups)

Service providers (3 groups - Indiana only)

Focus groups

Focus groups for three stakeholder groups were scheduled in Connecticut, Massachusetts, Indiana, and North Carolina. Additionally, Indiana scheduled focus groups with service providers. Three focus groups were planned for each stakeholder group in each focal state between April 2001 and August 2001.

In Connecticut nine focus groups were planned across different geographical areas throughout the state. In Indiana 12 focus groups were planned across different geographical areas throughout the state. In Massachusetts nine focus groups were planned across different geographical areas throughout the state. In North Carolina nine focus groups were planned across different geographical areas throughout the state.

Families, service coordinators, service providers, and administrator groups were convened in each of the four focal states. Participants were asked to identify practices that supported the outcomes developed through the Delphi technique in Objective 2. There were 275 participants: 97 in Indiana, 53 in Massachusetts, 58 in North Carolina, and 97 in Connecticut. Stakeholders included 73 family members, 93 service coordinators, 86 program administrators, and 23 service providers (in Indiana only).

Focus groups were conducted over a period of approximately two hours and were managed by a trained facilitator. All facilitators operated from a 16-page facilitation guide to ensure that group activities were practiced uniformly. Focus groups were structured into three activities:

1. Introduction to service coordination.
2. Discussion of the tool kit available to service coordinators.

3. Discussion of practices that would lead to quality service coordination.

Groups were then focused on determining answers to the following core question: "What do service coordinators need to do in order to reach the best outcomes for children and families?" Various approaches to generating responses were used including discussions of:

1. What quality service coordination would look like.
2. The tools available for ideal service coordination.
3. The attitudes desired for ideal service coordinators.
4. The skills desired for ideal service coordinators.
5. The tools required for ideal service coordination.

The group's individual ideas were posted for general discussion to synthesize the ideas most representative of the group. These core ideas became the output of the focus group, which lead to the practice statements used in the subsequent Delphi processes.

Completed Focus Groups

Group	**MA**	**IN**	**NC**	**CT**
Program Administrators (Suburban)	5/08/01	4/18/01	6/12/01	6/21/01
Program Administrators (Urban)	4/4/01	6/05/01	6/6/01	5/17/01
Program Administrators (Rural)	5/14/01	5/7/01	6/5/01	6/19/01
Service Providers (Suburban)		4/30/01		
Service Providers (Urban)		6/08/01		
Service Providers (Rural)		5/9/01		

Service Coordinators (Suburban)	4/12/01	6/01/01	6/20/01	5/31/01
Service Coordinators (Urban)	5/10/01	6/01/01	5/22/01	4/4/01
Service Coordinators (Rural)	5/1/01	5/1/01	5/31/01	5/7/01
Families (Suburban)	5/23/01	5/25/01	5/15/01	5/9/01
Families (Urban)	5/30/01	7/24/01	5/17/01	5/9/01
Families (Rural)	5/16/01	4/5/01	4/6/01	8/07/01

Data Analysis

Over 2000 practice statements were generated in the focus groups described in Activity 3.5. Project staff sorted the practice statements by stakeholder group. Two independent raters created categories based on common themes for the practices. These themes/categories were finalized by consensus of two independent raters. There were 18 themes for practices generated by family members, 19 themes for practices generated by service coordinators, 13 themes for practices generated by service providers, and 20 themes generated by program administrators. A list of samples of themes appears in the following table.

Following the development of themes, two additional reviewers coded statements. Items that reviewers disagreed on were consensus coded for 100% agreement. A practice statement that encompassed all the ideas of the group was generated for each category. The project coordinator and principal investigator reviewed the final practice statements for accuracy. These statements comprised the four Delphi survey instruments, one for each stakeholder group (program administrator—76 practice statements, service coordinator—67 practice statements, service provider—30 practice statements (Indiana only), and family—55 practice statements). Please see Appendix F for copies of Delphi survey instruments.

Practice Themes	
Program Administrators:	**Families:**
1. Evaluation of services	1. Ongoing monitoring and assessment
2. Developmentally appropriate tools	2. Family and provider work together
3. Preparing families for transition	3. Preparing for transition
4. Coordinating/scheduling transition	4. Coordinating transition
5. Training	5. Mandatory reporting
Service Providers (Indiana Only):	**Service Coordinators:**
1. Ongoing monitoring and assessment	1. Communicate with team
2. Administrative tasks	2. Family centered
3. Health care needs of child/family	3. Locate/provide services
4. Family centered	4. Communicate with family
5. Knowledge of school system	5. Educate and inform families

Develop and distribute Delphi measures within state

The focus group process produced a high number of statements (over 2,000). Many participants from the previous Delphi study on outcomes stated that the time involved in completing three rounds of surveys was excessive, particularly for surveys with high numbers of statements. For this reason, the Delphi survey for the practices study required focus group participants to complete only one survey. This survey, distributed in November 2001 to all participants of focus groups on practices, included both practice and outcome statements from both sets of focus groups. There was an overall return rate of 65%. Individual stakeholder return rates, as shown in the following table, were as follows: service coordinators—40%, program administrators—44%, family members—38%, and service providers—56% (Indiana only).

Delphi Return Rate: Round 1 for Recommended Practices

Stakeholder Group	Number Distributed	Number Returned
Service Coordinators	**93**	**37**
Program Administrators	**86**	**38**
Families	**73**	**28**
Service Providers	**23**	**13**
Total	**275**	**179**

The eight outcomes of high quality service coordination identified in Objective 2.0 were listed across the top of each survey. The practice statements generated by each stakeholder group were listed in a column down the left side of the survey. Respondents were asked to review each practice statement and circle the outcomes they would expect to occur from each practice. Respondents were instructed to circle no more than three outcomes per practice. Data from returned surveys were entered into SPSS and frequencies were generated. Practices that were rated in 26% or more of the responses as being likely to result in a particular outcome were retained. These practices comprised the surveys in the next phase of the project: the national Delphi survey.

National Delphi Survey. In the next phase of the study, the recommended practices underwent additional validation using a large-scale survey, which was distributed to practitioners, administrators, and family members across all 50 states and the District of Columbia. Eight surveys were developed. Each survey contained one of the eight outcomes of high quality service coordination, which appeared at the top of the survey. The list of the recommended practices associated with that outcome (derived from data in the previous Delphi survey) was listed down the left-hand side of the survey. Participants were asked to rate their level of agreement that each practice would lead to the outcome listed at the top of the survey. A four-point Likert scale was used that included the following statements: "strongly agree," " agree," "disagree," and "strongly disagree." Surveys were distributed to over 5,000 participants from four stakeholder groups in 50 states plus the District of Columbia and Puerto Rico. A message was posted to Part C coordinators on the Part C listserv asking Part C coordinators in each state to distribute surveys to service coordinators, service providers, and program administrators. Only one Part C coordinator declined to distribute surveys. In states that had dedicated service coordinators, the Part C coordinators were asked to distribute the surveys separately to service coordinators and providers. In the remaining states, service coordinators who were also providers were asked to complete the service coordinator survey. Part C coordinators were also asked to fill out a survey themselves. In addition, 112 Parent Training and Information Centers (PTIs) were contacted to request assistance in distributing surveys to parents. The Federation for Children with Special Needs contacted each PTI by e-mail or letter to request participation and followed up by telephoning the PTI representatives.

Each of the eight surveys contained between 14 and 53 items. The RTC team determined that it would not be practical to ask each respondent to fill out all eight surveys (one for each of the eight outcomes). In order to keep survey items to a manageable number and to increase the survey return rate, it was decided that participants would be asked to fill out only two surveys each. Surveys were paired for distribution so that no participant would have more than a total of 67 items to complete between the two surveys. The surveys were anonymous, but they were coded for stakeholder group and state. A demographic question on the service coordinator and service provider surveys asked how long the respondent had been a service coordinator. The following table details the distribution procedure:

Delphi—national/practices					
	Family	**Part C coordinator**	**Program administrator**	**Service coordinator**	**Service provider**
Number of Participants	112 PTIs distributed packets of two surveys to 12	53 coordinators received 2 surveys	8 administrators per state received 2	8 coordinators per state received 2 surveys	8 providers per 15 states received 2 surveys

	families each		surveys		
How many surveys for each of the eight outcomes	336 of each outcome	14 of each outcome	106 of each outcome	106 of each outcome	30 of each outcome
Total surveys distributed	2688 total surveys distributed to families	106 total surveys distributed to Part C coordinators	848 total surveys distributed to program administrators	848 total surveys distributed to service coordinators	240 total surveys distributed to service providers
Color of surveys	Pink	Blue	Yellow	Green	White

Data for the national Delphi on recommended practices of service coordination have been collected and analyzed. The RTC team sent two e-mail reminders and follow-up phone call reminders at approximately 2-week intervals beginning in late August. A total of 1318 Delphi surveys from 35 of the 53 states/territories were received for a return rate of 27.9%. The analysis identified practices of exemplary service coordination. Practices were defined as exemplary when 85% or more of the respondents “agreed” or “strongly agreed” that a given practice would lead to outcomes of high quality service coordination (yielding 142 practices).

The exemplary practices were sorted into themed categories by three independent investigators. Each investigator independently sorted the 142 practices into categories representing similarities in the individual practices. The three investigators then came together and reviewed their individual themed categories and resorted the outcomes until they came to consensus. Finally, the three investigators resorted the practices for reliability and finalized the practice themes. The result was twelve distinctive practices themes representing the 142 exemplary practices:

1. Providing Information
2. Ensuring Family Understanding
3. Being Responsive to Families
4. Developing IFSPs
5. Monitoring Progress
6. Ensuring Family Satisfaction
7. Promoting Child Development
8. Addressing Healthcare and Safety Issues
9. Completing Administrative Responsibilities
10. Planning for Transitions
11. Collaborating with Community Organizations
12. Engaging in Professional Development

The Principle Investigator and Project Coordinator reviewed the individual practices in each of the themed categories and make slight adjustments in the placements of individual practices.

SUMMARY

Providing the field with a set of effective outcomes of service coordination was the first step in ensuring children and families receive the quality of services intended in Part C of IDEA. The second step in actualizing those outcomes has been identifying a set of practices that will result in those effective outcomes of service coordination. This study has provided the field with exemplary practices that service coordinators should engage in order to ensure the highest quality of service coordination for children and families. Further studies conducted by the Research and Training Center in Service Coordination will focus on validating the study on essential outcomes of service coordination, as well as the present study on service coordination practices.