

FAMILY SERVICE COORDINATION

Framework for Family-Centered Service Coordination

- ✓ **Introduction to Family Service Coordination**
- ✓ **Family Service Coordination: A Guide For Families and Service Providers (available in hard copy version of packet)**
- ✓ **Family Service Coordination in Kansas--What the Law Requires**
- ✓ **Family-Centered Care**
- ✓ **Choice & Decision Making Matrix for Family-Guided Approaches to Early Intervention**
- ✓ **Distinction Between Family Service Coordination and Intervention Models**

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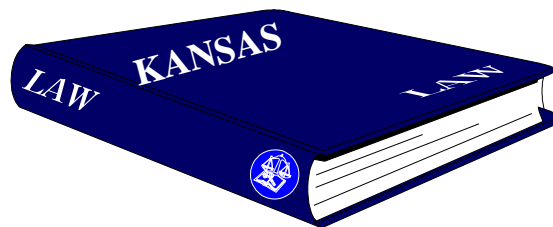
INTRODUCTION TO FAMILY SERVICE COORDINATION

The provision of a family service coordinator for infants and toddlers with disabilities is one of the unique features of the Part C legislation (P.L. 104-17). Family service coordination sets a precedent that has dramatically changed the philosophy and delivery of services for young children and their families. The fields of early intervention/early childhood special education view the child in the context of the family, focusing on strengths and resources of the family and not the deficits or weaknesses of the child. The fields also recognize the family as an equal team member and central decision-maker, rather than the team of professionals and service delivery personnel. With the recognition of the family's role in decision-making, systems have initiated change that accommodates and coordinates the needs and interests of families.

Family service coordination in early intervention is a fundamental component of an effective service delivery system. It has become the cornerstone of effective IFSPs, services and partnerships between families and service providers (Rosin, Whitehead, Tuchman, Jeisen & Begun, 1993). Effective family service coordination is contingent on a good match between families' needs and the services available to them. The family service coordinator is responsible for assisting a family in coordinating services across agencies and people, assisting in obtaining needed services (adequate housing, child care, respite services) and helping a family to understand and exercise their rights.

Stroup-Rentier, V. L., & Lindeman, D. P. (2003). *Family service coordination*. Parsons, KS: Kansas University Center on Developmental Disabilities.

FAMILY SERVICE COORDINATION IN KANSAS—WHAT DOES THE LAW REQUIRE?



In Kansas, the individual who provides family service coordination is referred to as the "Family Service Coordinator". Part C of the Individual with Disabilities Education Act (IDEA) states that the family service coordinator is to be "from the profession most immediately relevant to the infant, toddler or family's needs or who is otherwise qualified to carry out all applicable responsibilities of Part C. One issue in Kansas is the shortage of professionals, particularly in rural areas, and it may be difficult to find a professional who represents the most relevant needs of the child and family. So, an individual in these settings who meets the qualifications described by the State of Kansas may be selected. Family service coordination is most meaningful when it occurs in the families' community.

Families in Kansas shall be given the option of being co-coordinators. This means, coordinating their own services with the assistance of their family service coordinator. Optimally, a parent may become qualified to perform all functions carried out by a family service coordinator and could even carry out family service coordination for another family, if the parent demonstrates appropriate competencies as identified by the Kansas Department of Health and Environment.

The reauthorization of IDEA in 1997 made no changes to earlier regulations on family service coordination. The definition of family service coordination and a description of responsibilities and activities of family service coordinators are below. (This information is taken from both our state and federal infant-toddler IDEA regulations.)

Sec. 303.23 Service coordination

(a) General.

- (1) As used in this part, except in Sec. 303.12(d)(11), service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State's early intervention program.
- (2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for—

- (i) Coordinating all services across agency lines; and
 - (ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.
- (3) Service coordination is an active, ongoing process that involves—
- (i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
 - (ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
 - (iii) Facilitating the timely delivery of available services; and
 - (iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) Specific service coordination activities

(c) Employment and assignment of service coordinators.

- (1) Service coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.
- (2) A State's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out, on an interagency basis, their job responsibilities.

(d) Qualifications of service coordinators. Service coordinators must be persons who, consistent with Sec. 303.344(g), have demonstrated knowledge and understanding about—

- (1) Infants and toddlers who are eligible under this part;
- (2) Part C of the Act and the regulations in this part; and
- (3) The nature and scope of services available under the State's early intervention program, the system of payments for services in the State, and other pertinent information.

Infant Toddler Services. (1998). *Procedure Manual for Infant-Toddler Services in Kansas* (p. IX 1-3). Topeka, KS: Kansas Department of Health and Environment.

FAMILY-CENTERED CARE

There has been a shift to a "family-centered" orientation because:

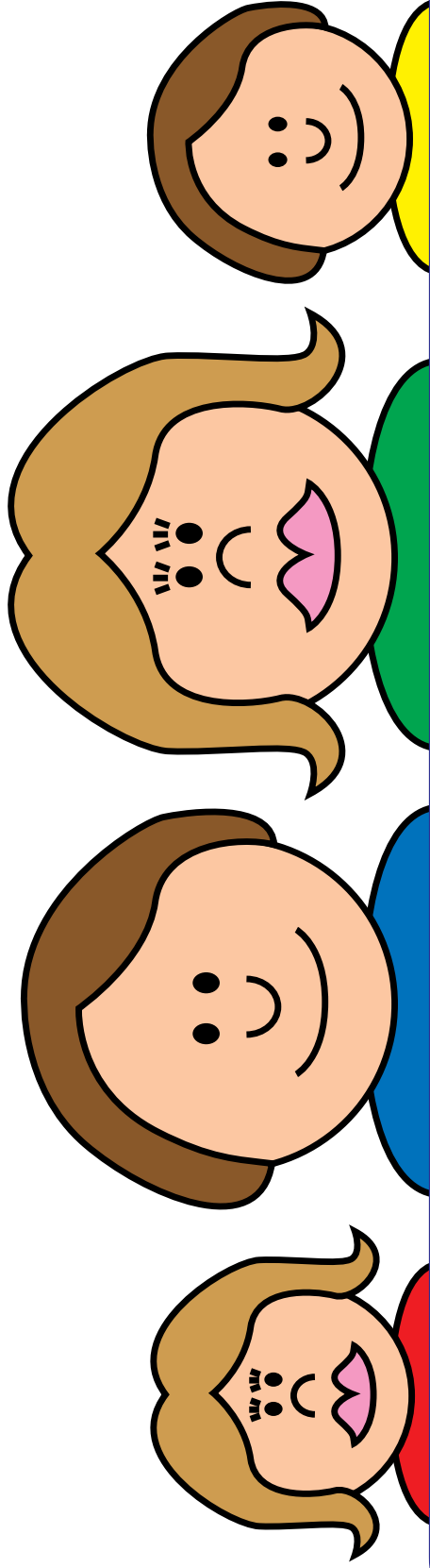
- ☛ When organizations embrace family-centered principles and corresponding practices, they find that they are more successful.
- ☛ When families use such services, the members (including the children who have delays or disabilities), truly benefit by getting what they need.
- ☛ They are more likely to trust the provider and obtain ongoing services.
- ☛ Families feel valuable as people and as the child's primary caregiver.
- ☛ A child's development and ability to cope with life situations are enhanced by a healthy parent-child relationship and the positive functioning of the entire family unit.
- ☛ Most parents want to be successful and effective, and to help their children to grow into healthy, fully functioning adults.
- ☛ Parents are likely to become better parents if they feel good about themselves, and thereby can feel competent in other important areas of their lives.
- ☛ Families are influenced by their cultural and ethnic values, and their community.
- ☛ Professionals are respectful of individual and family choices.
- ☛ Organizations and families are comprised of people. Professionals, parents, and children are people first. Each is worthy of respect (i.e., eye contact, smiles, proximity, appropriate touch, being heard)
- ☛ Professionals promote information sharing and collaboration.
- ☛ Family-centered care fosters win-win situations.

The basis of this approach is communication between families and professionals. The goal is to establish mutual trust so that a partnership can be formed. Together families and professionals have roles in creating this partnership.

Adapted with permission from:

Miller, E. (1996). *Family-Centered Care*. Retrieved February 26, 2003, from the The Gentle Touch® Program Web site: http://main.nc.us/gentletouch/ARTICLES-2-Family_Centered.html





Choice and Decision Making Matrix

The choice and decision making matrix is designed to assist family service coordinators in their work with families. It offers many choices they could give a family at each step in the early intervention system. This matrix is only a guide and not a prescriptive list of questions or activities to be completed. Some families may have additional activities, decisions and choices while some families have fewer. This is simply a listing of examples of choices and decisions families may have as they utilize Part C Services. A program may add relevant choices for them, over time, as they provide particular services and/or choices to families in their program.



Choice and Decision Making Matrix for Family-guided Approaches to Early Intervention

First Contact(s)	Activities	Family Decisions	Choices
<ul style="list-style-type: none"> • Introduction • Determination of screening services • Identification of preferred setting/natural environments • Screening <ul style="list-style-type: none"> - development (cognitive, motor, communication, social, adaptive) - vision - hearing - physical (including health) • Referral(s) • Reports 	<ul style="list-style-type: none"> • Continue involvement • Who • Where • When • Who will be involved in screening • Yes-No • Who • To whom • From whom 	<ul style="list-style-type: none"> • Yes or No • Now or later • EPSDT • MD/Health Dept. • Other • Home • School • Dr.'s office • Times convenient for family and best for child • Times routines/activities logically occur • Informal support <ul style="list-style-type: none"> - Family - Friends - Staff available - Service Coordinator - Paraeducator - Nurse - ECSE - SLP/PT/OT • Community agency • From other agencies • To other agencies • Family • MD/Health Dept. • Other • Part C • Referring agency(s) 	

Evaluation/Assessment

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> Referral for Comprehensive Evaluation Rights Review Eligibility Evaluation (list measures identified/required) Assessment for Program Planning (list measures identified/required) <ul style="list-style-type: none"> Identification of typical day/ preferred activities Review of Evaluation Results Releases of Information 	<ul style="list-style-type: none"> Concerns to assess (determined in part by state guidelines, appropriate consent forms signed, parental rights) Frequency/location/length of visit Want more information Role(s) Participants Format To whom From whom 	<ul style="list-style-type: none"> Only priority concerns of family Requirements of Part C Any family preferred combination Family preferences Opportunities to observe child's daily activities and routines Yes/No Now/Later Assessor <ul style="list-style-type: none"> Facilitator Assistant Guide Informant Observer Validator Parents <ul style="list-style-type: none"> Friends Peers Part C/EI PT/OT/SLP Siblings Careproviders Extended family Community provider(s) Verbal explanations as evaluation occurs Written report follow-up Team reviewed Service Coordinator reviewed or Primary Team evaluated Written + verbal Physician Referring agency Others as identified _____

Individualized Family Service Plan (IFSP)

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> Rights Review Informed Consent IFSP Planning Guide (Pre-planning) IFSP Meeting Sharing evaluation/assessment information 	<ul style="list-style-type: none"> Who is to be included Format for review (determined in part by state guidelines) Use of form (optional) Who will attend IFSP, location, time Who will coordinate Would you like to co-service coordinate (if allowed within state guidelines) Who will share 	<ul style="list-style-type: none"> Family members Parent to Parent Service Coordinator Written + verbal Video + verbal + written Yes or no Independent Interview with staff Part C/EI staff Family Formal support Staff from other agencies Part C/EI staff Family Formal support Staff from other agencies Need more information/responsibility Yes/No Now/Later Ask again at next review Family members Formal support Everyone involved Only family selected participants MD/Health Dept. Child results Family concerns Verbal Information Records/reports from other agencies Both verbal and written Other advocacy support Veteran parent Written Friends Service Coordinator Veteran parent Friends Service Coordinator Veteran parent Friends Service Coordinator Veteran parent Informal support Private providers Written reports Team assessment Written reports

Individualized Family Service Plan (IFSP) continued

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> • Identification of outcomes • Determination of services/services provided • Description of outcomes, activities, evaluation plans • Determination of review dates • Identification of service coordinator • Development of a transition plan 	<ul style="list-style-type: none"> • What outcomes will be included in IFSP • What services will be provided (family choice) • Who will provide services (determined in part by state guidelines) • How will outcomes be met • Who will do what, when • How will we know we're done (evaluation) • When to review • Who will be identified (determined in part by state guidelines) • When 	<ul style="list-style-type: none"> • Child outcomes • Family outcomes • Dyad outcome • Combination • Early Intervention or other under Part C • Medical/health • Child care • Others as identified by family • Part C/EI staff • Private providers • Family members • Extended family • LEA • MD/Health Dept. • Community agencies • Friends • Informal • Other _____ • Family/child preferred activities • Service providers selected • Family/Team determined timelines • Individualized by outcome • 3 mo - 6 mo - 9 mo - 12 mo • Part C/EI • Other agency • Family members • Co-Coordiators • At least 6 months prior to transition • Immediately • Family preferred time

Intervention

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> Implementation of outcomes 	<ul style="list-style-type: none"> Who will participate Who will coordinate Where will activities be implemented (natural environments) When will activities be scheduled What materials Who will coordinate How often What format How are we doing 	<ul style="list-style-type: none"> Parents Siblings Grandparents Extended family Child care providers Other Friends Nursery school Early Intervention staff PT/OT/SLP Family Service Coordinator Home Child care School Other as identified by family Family preferred time Within child routines Specific times of day As activities occur Combination of above Family materials Toys and objects Materials to be made Resources to be obtained from other agencies Provider materials (only as needed) Combination of above Weekly Biweekly Family/Team determine schedule Monthly Other Written logs/comments Written report Notebook Verbal Other Outcomes completed Continue as is Continue and revise Terminate Add new outcome
<ul style="list-style-type: none"> Evaluation of outcomes 		

Progress Monitoring/Evaluation

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> • Three & nine month reviews <ul style="list-style-type: none"> - Assessment Update - Daily routines/activities update - Outcome reviews <ul style="list-style-type: none"> • provider summaries • Six month review <ul style="list-style-type: none"> - Family concerns, priorities • Twelve month review <ul style="list-style-type: none"> - Eligibility reestablishment (if needed) - Family concerns, priorities - Other state guideline requirements 	<ul style="list-style-type: none"> • Format • Who receives • Status of current document • Who will participate, location, time 	<ul style="list-style-type: none"> • Written + verbal • Written • Team reviewed • Service Coordinator • Family • Part C/EI staff • Cooperating programs (child care, school) • Physician • Private providers • Rewrite IFSP completely • Revise <ul style="list-style-type: none"> - add outcomes - revise outcomes - revise services - change staff • Part C/EI staff • Family • Friends • Private providers • Formal support • Veteran parent • Cooperating programs (child care, school)

Transition

Activities	Family Decisions	Choices
<ul style="list-style-type: none"> Development of transition outcome Implementation of transition Follow-up activities 	<ul style="list-style-type: none"> What role to play When to develop Who will be included What options to consider When to transition Activities to include 	<ul style="list-style-type: none"> Coordinator Visitor Observer Informant Family preferred time Initial IFSP 6 months prior to age 3 90 days prior to age 3 Mom Dad Birth to Three staff LEA staff Integration consultant Preschool staff Veteran Parent Community settings ECSE options Continuation of 0-3 No further services Other agencies Combination of above Services are completed Age 3 Team decision Program evaluation Team meeting

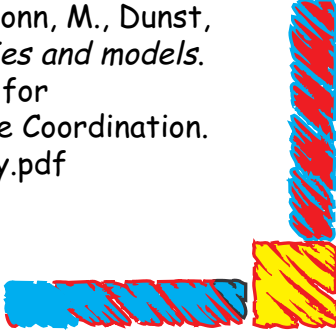



DISTINCTION BETWEEN FAMILY SERVICE COORDINATION AND INTERVENTION MODELS

IDEA requires the provision of service coordination but does not specify how it should be designed or implemented. Five broad models of service coordination have been identified by Bruder et al. (2000):

- 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. (p. 1-2)

As discussed earlier the family service coordinator is to be from the professional most closely related to the child's needs. However, a model for family service coordination and intervention which is popular in Kansas is the option discussed above called the "blended" model. Here, the family service coordinator and the interventionist are the same person and change roles to meet the needs of the family and child. Kansas does allow flexibility to do both. The key in using this model is to understand the distinction between the family service coordination activities such as the coordination of available services, transition activities and advocacy for families and those activities that assist in promoting the development of the child.



Adapted with permission from Bruder, M. B., Gabbard, G., Harbin, G., Conn, M., Dunst, C., & Whitbread, K. (2000). *Data report: Service coordination policies and models*. Farmington, CT: University of Connecticut, A. J. Pappanikou Center for Developmental Disabilities, Research and Training Center on Service Coordination. Retrieved February 26, 2003, from <http://www.uconned.org/policy.pdf>