

 **Human Services** Research Brief

Nickie Fung, Elizabeth Cavadel, and Scott Baumgartner

## Supporting Families Through Coordinated Services Partnerships

### Key takeaways and sources for additional information

This brief describes findings from semi-structured telephone interviews with leaders from 18 coordinated services approaches that were included in the Assessing Models of Coordinated Services (AMCS) study. These interviews—conducted between July and September 2020—built on AMCS’s national scan and provided in-depth information about how coordinated services approaches serve children and their families. The lessons learned and examples highlighted in the brief might not apply to all the coordinated services approaches interviewed, or to coordinated services approaches more broadly.

Through telephone interviews, the AMCS research team learned that coordinated services approaches are able to coordinate partnerships to serve children and their families.

- **Collaborating with partners and aligning goals** between a coordinated services approach and its partners helped each contribute to the collective goal of meeting families’ needs.
- **Coordinated services approaches engaged in partnerships** to support access to, and enrollment in, early care and education (ECE) and other health and human services. Activities included examining and expanding the availability of care slots, and developing tools to share information about care options. Coordinated services approaches also worked with partners to increase the quality of ECE options for families.
- **Communication that facilitated information sharing** was a key characteristic of a successful partnership.
- **Coordinated services approaches reciprocally shared information and supports** across state and local coordinated services approaches. Some state coordinated services approaches helped local partners coordinate to meet the needs of children and their families.
- **Coordinated services approaches braided and blended funding** in multiple ways, and some coordinated services approaches successfully combined funding to meet multiple family needs. Some coordinated services approaches identified barriers to combining funding and using federal funding.
- **Coordinated services approaches collected data to inform their understanding** of their service area and to provide customized services. In some cases, coordinated services approaches managed data for partners to help them focus on providing services to families.

Readers can use the link provided here to find more information about [the AMCS national scan](#) that gathered information about a larger set of coordinated services approaches. Also, a deeper dive into these topics with a small group of state and local coordinated services approaches was part of the AMCS virtual site visits conducted in spring 2021.

To holistically support children and their families with low incomes, many states and local organizations coordinate early care and education (ECE) services with the provision of other health and human services. This coordination relies on partnerships. In interviews with leaders from 18 state and local coordinated services approaches, the AMCS research team identified key themes about coordination and partnerships. In this brief, we highlight those themes and provide examples from specific coordinated services approaches. Examples demonstrate how partners worked together to align goals; expand ECE access and support ECE quality; communicate and share information; braid, blend, or combine funding; and use data to meet the needs of children and their families. Examples are meant to be illustrative and do not represent all the coordinated services approaches or all the information gathered about a theme.

**Common goals among partners helped each partner stay motivated and focused on its role in the coordinated services approach.** Organizations might have many different goals to support families. Some coordinated services approaches, as part of their partnerships, have identified a common goal to which each partner contributes. For example, one state coordinated services approach focused on the goal of school readiness. Their partners, at both the state and local levels, were unified around this common goal, while each contributed a specific component of the goal. The state coordinated services approach was focused on systems change and technical assistance. Their state partners contributed expertise in data collection, while their local partners provided diverse programming such as ECE and home visiting. As one respondent said, "...[what] makes us successful is that we recognize the diversity within our network...but we all come together around [a] collective statewide approach. While that isn't always easy to balance, it helps us to be successful by truly allowing local partnerships to...[meet] the needs of the community that they know best but when they [join a] network-wide conversation, thinking first about our collective influence across the state."

.....

### Coordinated services approach:

An effort by a program or a group of programs, an agency, a department, or other organization focused on coordinating services for children and families with low incomes, at the state or local level.

State coordinated services approaches are operated by a state agency or department and serve families across the state.

Local coordinated services approaches tend to be operated by community-based non-profit organizations and focus on a particular community or region.

To carry out their coordinated services work, both state and local coordinated services approaches develop partnerships. These partnerships can be within the state or local level or can operate across state and local levels. For example, state coordinated services approaches might partner across multiple state agencies; local coordinated services approaches might develop partnerships among several community-based organizations serving families; and some state coordinated services approaches might have local partners that implement services directly with families.

In this brief, we describe how those partnerships operated to support families. ▲

.....

Identifying commonalities among partners can help promote sustainability: shared motivation might encourage partner organizations to continue an effort, even after funding ends. For example, a state coordinated services approach focused on supporting children and a local coordinated services approach focused on serving adults coordinated two-generation services using grant funding. The partnership enabled them to develop a resource and referral portal so frontline staff could mutually refer children and their families to the state coordinated services approach and the local partner. Even when the grant funding ended, the partners continued coordinating. They attributed this continued work together to their common goals.

**Coordinated services approaches engaged in partnerships to support access to, and enrollment in, ECE and other health and human services.** Some coordinated services approaches attempted to reduce barriers for families to access services. Barriers included a lack of affordable ECE slots, limited information about available supports, and the complexity of the health and human services system.

For example, one state coordinated services approach worked at the family and state levels to expand ECE access. When a statewide proposal was made to expand the public preschool program, some of the coordinated services approach's local Head Start partners were concerned about the impact of the expansion on their Head Start enrollment. The eligibility criteria for public preschool and Head Start were different, and Head Start focused on enrolling families with a lower income than the public preschool program. Also, there were tradeoffs in funding levels and available benefits between the two programs. For example, some Head Start settings offered child care coverage for a longer day than the public preschool program, or the family could receive other benefits like dental services through Head Start, that were not available through the public preschool program. The coordinated services approach developed an online portal for families outlining the characteristics and eligibility requirements of each program to help parents select and enroll in the program best aligned with their needs.

In addition, during the same state's discussions of expanding public preschool, there was a proposal to concentrate preschool settings within the school districts. This would mean that child care organizations would not be part of the state's public preschool offering. In response to this proposal, at the time of the interviews, the state coordinated services approach was working to propose a full-day public preschool option in a mixed-delivery system, where public preschool could be provided within the

---

## Filling budget gaps through partnerships

One state coordinated services approach used the Preschool Development Grant Birth through Five (PDG B-5) program to develop relationships with partners, specifically with the agency that administers child care vouchers. When COVID-19 resulted in budget pressures that threatened to disrupt plans to add 600 additional child care slots, the coordinated services approach leveraged its relationships to solve the challenge. They reached out to state Child Care Development Fund (CCDF) partners for help. CCDF partners identified funding to fill the gap so that the coordinated services approach could proceed with its plans for adding child care slots. Leaders believed that before the PDG B-5 grant, they would not have been able to make this type of request of their partner and fill a gap like this. ▲

---

school district and also within community-based child care settings and parents could select from school-based and community-based preschool options to meet their families' needs.

Although some coordinated services approaches successfully aligned enrollment processes, other coordinated services approaches found it challenging to partner in this way. Several coordinated services approaches noted that income eligibility requirements did not align among many public supports, which made setting up a coordinated enrollment system more challenging as coordinated services approaches needed to manage enrolling families who might be eligible for some, but not all, services included in the enrollment system. In addition, some organizations were reluctant to partner to coordinate enrollment because they were focused on delivering specific programs to the families they served and did not have the capacity or motivation to engage in developing a coordinated enrollment system across organizations.

**In addition to supporting ECE access, coordinated services approaches worked to improve ECE quality.** Typical methods of supporting quality included providing training and technical assistance (T/TA), connecting ECE settings with Quality Rating and Improvement Systems (QRIS), and facilitating peer learning. For example, one local coordinated services approach worked with state and local partners to support ECE quality among a set of newly expanded programs. The coordinated services approach received state funding to expand public preschool slots; however, most of their ECE provider-partners were community-based child care centers that had never provided formal preschool services. The coordinated services approach worked with the state and the local ECE-provider partners to identify high quality curricula and practices that the providers could implement. The coordinated services approach also helped support eligibility and enrollment processes for the new preschool programs to ensure the “most vulnerable kids and families” got access to high quality preschool.

.....

### **The challenge of coordinating services beyond ECE**

Sometimes, partnering to coordinate child-directed services beyond ECE—such as the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, K–12 education, and the child welfare system—was a challenge for coordinated services approaches. Those other systems and service providers did not always see the connection between their services and ECE, or they did not have the capacity to engage in coordinated work. For example, leaders at one coordinated services approach described their unsuccessful efforts to engage child welfare partners in coordinating services. The child welfare agency preferred to work within their own agency to meet family needs and felt that there would be burden associated with working with others outside their agency. In response, the coordinated services approach tried developing new programming aimed at developing relationships with these stakeholders, but the challenges persisted. Leaders at another coordinated services approach said it was a challenge to engage local school districts. It required a mindset shift for the school districts to understand how ECE related to their work. ▲

.....

Other coordinated services approaches said that their partnerships helped increase the quality of ECE programs by strengthening the ECE workforce through providing T/TA. For example, one local coordinated services approach worked with home-based ECE providers to improve quality. Before their state adopted a QRIS, the local coordinated services approach created its own tiered quality system and provided funding to the local resource and referral agencies to offer TA to help providers to move into higher tiers. The coordinated services approach noted that these QRIS-related quality efforts were then able to be used across child care settings, to include center- and home-based providers.

Peer learning was another way that coordinated services approaches supported ECE quality. For example, one state coordinated services approach connected ECE partners to consultants and subject matter experts with peer learning groups to promote quality improvement. At the time of the interviews, this state coordinated services approach was in the process of developing a TA platform to cultivate new TA resources and promote existing materials. Previously, TA was provided on an “as requested” basis, and the coordinated services approach was interested in promoting ongoing TA that would equip communities with information and tools. Examples of planned topics included how communities could engage in advocacy; how to use data, resources and supports for accessing ECE funding opportunities; support for using coordinated enrollment structures related to the Preschool Development Grant Birth through Five funding; and school-readiness resources.

### **Communication that supported information sharing was a key characteristic of successful partnerships.**

This information sharing helped meet the needs of families. For example, one local coordinated services approach held regular meetings with other county and local agencies. During these meetings, partners shared information about their services, discussed collaborative projects, and brainstormed ways to use their partnerships to fill service gaps and meet the needs of children and families. Coordinated services approach leaders said these regular meetings also kept them informed about new services, which helped them connect families to services offered by their partners.

Communication happened both formally and informally. Some coordinated services approaches used formal structures, such as memoranda of understanding, to define communication. For example, one state coordinated services approach created a reciprocal information-sharing process between the state coordinated services approach and the network of local partners. In addition to a top-down flow of information, leaders said that the information local partners shared with state leaders was essential to how they conceptualized coordinating services for children and their families. Leaders from another state coordinated services approach said they used local regional councils to identify service gaps, opportunities for coordination, or ways to improve efficiency in funding or access to services.

Informal communication across partners happened within the day-to-day work. For example, one state coordinated services approach employed program officers to support local partners with implementation. Through their work, the program officers learned about challenges local partners faced and passed this along to staff at the state coordinated services approach. The coordinated services approach used this information to address challenges and improve implementation at the local level.

Information sharing between state and local coordinated services approaches was particularly important to supporting coordination. The primary role of some state coordinated services approaches was to facilitate communication. For example, leaders at one state coordinated services approach said that working as an intermediary between the state agencies and its local ECE partners helped keep the state agencies and local partners connected with one another. The coordinated services approach could help translate local partner experiences and needs for support to the state agencies. The coordinated services approach was then able to support the state agencies in developing strategic solutions to quickly address partner needs (such as T/ TA support) and the needs of children and their families (for example, expanded home-based child care options). The coordinated services approach also connected staff from local partners directly with state leaders so they could share the challenges they

faced in their communities to inform policy decisions. They also supported the local partners in sharing lessons with one another, provided TA, and connected the local service providers with experts in order to improve their practices.

Another state coordinated services approach was able to use state–local communication to help a local service provider solve a challenge. The local provider identified a need to provide culturally appropriate social capital programs for parents, such as financial education programs, but did not think it could use federal funding for that type of program. On behalf of the local provider, the state coordinated services approach talked to federal and state stakeholders and determined that Temporary Assistance for Needy Families (TANF) and child care subsidy funding could be used to support this type of program. They then arranged conversations with county stakeholders to help the local service provider move forward.

**Braiding, blending, and combining funding with partners improved how coordinated services approaches provided services that met children and families’ needs.** More than half of the coordinated services approaches interviewed described using a variety of funding streams, including Child Care and Development Fund (CCDF), Workforce Innovation and Opportunity Act (WIOA) funds, and local funding to provide services to children and their families. For example, one coordinated services approach blended and braided five federal funding streams, including block and discretionary grants, for a program in which counties used a two-generation framework to meet families’ needs.

Coordinated services approaches shared examples of how they combined public funds. Staff at one state coordinated services approach said federal funding was the impetus for their coordination efforts. Initially, a federal grant program to support two-generation work brought together a child-serving agency and adult-serving organizations. Changes in the 2016 CCDF Final Rule also allowed the state coordinated services approach to provide more stable coverage for families and parents who

pursued employment. The coordinated services approach described this as providing them more flexibility to consider a whole-family model for their services. By combining federal grant funds with CCDF, the coordinated services approach was able to support coordination among adult- and child-serving services. Staff reported that they hoped federal partners would make other policy changes, such as aligning eligibility for CCDF and TANF, to make it easier for coordinated services approaches to coordinate adult and child services. As another example of combining public funds, one local coordinated services approach that provided child care partnered with workforce centers. The workforce center dual-enrolled participants into its program and the child care program so the coordinated services approach could provide child care using a combination of Head Start funding and other federal grant funding, while the workforce center could use WIOA funds for career training.

In addition to public funding, some coordinated services approaches blended private funding. As a public-private partnership, one local coordinated services approach drew equally from county funding and a fund that combined corporate, foundation, and other private funding to coordinate child care services, improve the quality of child care, and conduct home visits.

Although many coordinated services approaches successfully combined various funding streams, most coordinated services approaches did not have funding for the coordination itself. In addition, leaders from two coordinated services approaches shared that because requirements for funding streams did not always align, it was challenging to provide multiple types of services. For example, leaders from one state coordinated services approach said it was a challenge to align funders' requirements with community needs, which often included needs that crossed different service sectors. The coordinated services approach leaders said that they appreciated the flexibility of block grants, however, the specifications of discretionary grants, required more effort to ensure staff used the funding for designated populations and services. As

---

### **Balancing goals with federal funding: perceived barriers**

Staff from two local coordinated services approaches said they intentionally did not compete for federal funding because they felt that requirements for obtaining and managing federal funding outweighed the benefits of the additional funding. As a result, one coordinated services approach prioritized raising funds through its partnerships instead of pursuing federal funding opportunities, which staff viewed as having "strings attached." Similarly, staff from another coordinated services approach said the level of federal funding was often inadequate for the time and effort required to manage the grant, report on it, and demonstrate outcomes during the time frame of the grant. ▲

---

As a result, staff expressed frustration that they could use certain discretionary funding to, for example, support a family member's substance use treatment but not to meet their child care needs. Similarly, another local coordinated services approach said that although they tried to enroll adults into workforce training programs and support their child care needs, those services were paid for with separate funding streams, and some people were not eligible for both types of services. The coordinated services approach tried to bring in additional funding to cover these types of gaps but said that it was a big challenge.

**Data helped coordinated services approaches understand community, child, and family needs and tailor services to meet those needs; some coordinated services approaches supported data management for local partners.** To inform their understanding of children's and families' needs, some coordinated services approaches collected data at the community or regional level and at the family level. Both types of data helped coordinated services approaches focus and customize services. One local coordinated services approach customized services based on a needs assessment that identified and prioritized all the needs for an individual family—for example, needs for support

of educational goals, needs related to accessing community resources, and needs related to family stability. Based on this family assessment, coordinated services approach leaders encouraged staff to engage any of the coordinated services approach's relevant partners to support the family. Another state coordinated services approach required its local partners to complete a community needs and resources assessment every three years. A major component of this process included conducting focus groups to understand the experiences of children and their families. These data helped the state coordinated services approach develop policies that were responsive to the needs of children and families across the state.

Although data sharing was sometimes limited among coordinated services approaches and partners, leaders from five local coordinated services approaches helped their partners focus on meeting the needs of children and their families by supporting data management. For example, one local coordinated services approach did not expect its local partners to have the capacity to enter data into a data tool the coordinated services approach used, in addition to entering data into the partner's own data systems. Acknowledging that the coordinated services approach's staff had more capacity, the coordinated services approach began accepting data from partners in any format and adding partners' data into its tool. Another local coordinated services approach used its external evaluation team to clean and organize data received from partners. This strategy encouraged data sharing by reducing the time and effort partners had to spend compiling data. Regardless of how developed the coordinated services approaches' capacity for data, most coordinated services approaches shared that access to more data and more integrated data systems would help them better understand community and family needs.

**The 18 coordinated services approaches that inform this brief were varied and operated with a range of different structures, funding, and services.** Taken together, examples in this brief highlight how coordinated services included in the AMCS study have endeavored to support children and their families through innovative partnership approaches. All of the coordinated services approaches emphasized that coordination relies on relationships with partners and can have challenges. In the box below, we describe key takeaways from these conversations and sources for additional information about the coordinated services approaches included in the AMCS study.

.....

### **Assessing Models of Coordinated Services project**

The Assessing Models of Coordinated Services (AMCS) project aimed to improve understanding of approaches to coordinating services at the state or local level. Coordinated services approaches are efforts by any program or group of programs, an agency, a department, or other organization focused on coordinating services for children and their families with low incomes. AMCS sought to understand how such coordinated services approaches coordinated early care and education with other health and human services, such as those designed to promote positive outcomes for family economic security, health, mental health, food and nutrition, and housing. AMCS project activities included a targeted literature synthesis, a national scan of existing coordinated services approaches, telephone interviews, and virtual site visits with selected coordinated services approaches. AMCS was sponsored by the Office of Planning, Research, and Evaluation within the Administration for Children and Families in the U.S. Department of Health and Human Services. ▲

.....

**Laura Hoard, Project Officer**

**Tracy Carter Clopet, Project Officer**

Office of Planning, Research, and Evaluation  
Administration for Children and Families  
U.S. Department of Health and Human Services

Contract Number: HHSP233201500035I/HHSP23337028T

**Elizabeth Cavadel, Project Director**

Mathematica  
1100 1st Street, NE, 12th Floor  
Washington, DC 20002-4221


**Suggested Citation:**

Fung, N., E. Cavadel, and S. Baumgartner. (2022). "Supporting Families Through Coordinated Services Partnerships." OPRE Report 2022-52. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

**DISCLAIMER:**


The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.


This report and other reports sponsored by the Office of Planning, Research, and Evaluation are available at <https://www.acf.hhs.gov/opre>.

 [Sign-up for the OPRE Newsletter](#)

 Follow OPRE on Twitter  
[@OPRE\\_ACF](#)

 Like OPRE on Facebook  
[facebook.com/OPRE.ACF](https://facebook.com/OPRE.ACF)

 Follow OPRE on Instagram  
[@opre\\_acf](#)

 Connect on LinkedIn  
[company/opreacf](https://company/opreacf)