

Executive Summary

Introduction

To promote children’s healthy development and give them opportunities to flourish, families need a wide range of support services. These services are often disconnected from each other. Early care and education (ECE) has a particularly fragmented system (National Academies of Sciences, Engineering, and Medicine 2018). Systems with myriad processes and requirements, such as separate enrollment processes that ask families to give the same information to multiple providers, place a burden on families—a burden that can be particularly hard on those in crisis (Adams and Heller 2015; Adams et al. 2015; Cavadel et al. 2017). A growing number of states and localities are working to address the many needs of families living in poverty by coordinating their services and funding streams.

The Assessing Models of Coordinated Services (AMCS) project, sponsored by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) in DHHS, aims to improve understanding of approaches that are designed to coordinate ECE with other health and human services, such as those aiming to promote positive outcomes for family economic security, health, mental health, food and nutrition, and housing.¹

To understand the features of state and local coordinated services approaches, the AMCS research team conducted a national scan. The scan is a first look at the characteristics and potential models of coordinated services at the state and local levels.² AMCS intends this overview to inform the field about ways that state- and local-level approaches coordinate systems and services for families. This scan was not designed to be representative, and notably, coordinated services approaches without publicly available information might not have been identified. Additionally, about one-quarter of the coordinated services approaches identified through the scan did not respond to the research team’s request to confirm details about their activities. As a result, findings presented in this report are preliminary and not generalizable.

Methods

The national scan had three primary activities, conducted between November 2018 and October 2019:

- 1. A review of public information (November 2018)** to identify state and local coordinated services approaches that met study criteria. The scan of public information identified 95 state

¹ OPRE also sponsors additional, ongoing projects that examine different aspects of coordinated services, including Next Steps for Rigorous Research on Two-Generation Approaches (NS2G), Understanding the Value of Centralized Services (VOCS), Head Start Connects, Building Capacity to Evaluate Community Collaborations to Strengthen and Preserve Families (CWCC), and State Temporary Assistance for Needy Families (TANF) Case Studies, as well as others involved in cross-project collaboration work.

² Including tribal governments.

and local coordinated services approaches, including 27 state-level approaches and 68 local-level approaches.

- 2. Development of profiles (January 2019)** to systematically capture publicly available information about key features of coordinated services approaches, such as the partners and services involved in the approaches. The research team consulted with ACF to select 61 approaches for which to develop draft profiles. These were then sent to the approaches for verification and additional information.
- 3. Verification of publicly available information (October 2019)** by asking points of contact at a set of coordinated services approaches to review the profiles, confirm or correct the information they contained, and fill in gaps in knowledge. Ultimately, the research team received 40 profiles that were verified by representatives of coordinated services approaches.

The research team coded and conducted a thematic analysis of those 40 profiles to identify draft characteristics of models of coordinated services. After developing the preliminary models of coordinated services, the research team coded and categorized an additional 15 draft profiles that were sent out for verification but not returned. The analysis is based on 55 approaches (24 state and 31 local).

State coordinated services approaches

The state coordinated services approaches in the scan focused on a range of goals related to child development (such as school readiness and early literacy), family stability (such as mental and physical health, and parent involvement with their children), and economic security (such as job attainment). Many approaches also had system-level goals, such as increasing access to child care slots and improving the overall coordination of the ECE system. State coordinated services approaches reported their development was spearheaded by a small group of champions from state legislatures, executives, and administrative agencies. Budgets for state coordinated services approaches ranged from less than \$1 million to more than \$150 million (most having an annual budget of more than \$5 million), with the most common federal funding source being the federal Temporary Assistance for Needy Families (TANF) block grant.

State coordinated services approaches tended to fall within three models that the team termed state vision, state framework, and state direct services models.

State vision model. Coordinated services approaches that fit the state vision model focused on the idea, or vision, that to improve outcomes for families with low incomes, the state had to improve the alignment of services for parents and children. State approaches within this group took steps to break down siloes at the state agency level and review (and change) state policies that might inhibit coordination between services for low-income families or create challenges for the families. Most coordinated services approaches that fit the state vision model collected individual-level data on parents and children and used that information for reporting and operational tasks like referrals and verifying enrollment information.

Overall, approaches that fit the state vision model tended to encourage experimentation and innovation at the local level. As a result, coordinated services approaches that fit this model reported that local implementation tended to be diverse.

State framework model. Coordinated services approaches that fit the state framework model were primarily developed through legislation to improve outcomes related to children’s health and school readiness. This legislation typically included language that dictated the structure of, or framework for, their governing bodies while allowing for variation at the local level. Many of the coordinated services approaches that fit in a state framework model operated as public-private partnerships—receiving state funds but operating semi-independently, with their own boards of directors that included representatives from the state’s governor’s offices and agencies, the legislature, the business community, and other stakeholders. Many state approaches within this model reported that they or their local implementation sites collected individual-level data on parents and children to track services uptake, although in some states this only occurred for a subset of programs. Altogether, the approaches in this model brought together state-level partners (such as agencies in charge of human services and health, as well as community colleges) and community-level partners (such as parents and local nonprofits), however these approaches did not provide much detail about how partners worked together.

State approaches in this model provided a framework for the services provided by local implementation sites while allowing for some variation. Some required local implementation sites to conduct a needs assessment in their communities to determine which services to include in their coordination and others provided technical assistance to the local sites to help them improve the quality of their services or run their organization.

State direct service model. What primarily defined the state direct services model was having the state get directly involved in coordinating services by offering specific services for families. Often, approaches that fit the state direct services model also had characteristics of other models of coordinated services, such as breaking down agency-level siloes and/or reviewing policies. Across approaches, the processes partners used for working together varied widely and data sharing between partners was (as yet) limited.

Some state approaches under this model developed pilot programs and identified local areas to implement them. Others either developed programs that were implemented statewide out of public assistance offices or other state institutions, such as community colleges.

Table ES.1 describes the number of state approaches identified within each model type, as well as commonalities and differences among approaches within each model type.

Table ES.1. Preliminary state models of coordinated services

Name	Total number identified in profiles ^a	Commonalities among coordinated services approaches in model	Differences among coordinated services approaches in model
State vision	6	<ul style="list-style-type: none"> • Focus on improving the alignment of services for parents and children • Pursuit of statewide policy and administrative changes to facilitate service coordination on the local level • Flexibility given to local jurisdictions to make implementation decisions 	<ul style="list-style-type: none"> • Extent to which data are shared among partners • How vision is implemented at local level • Involvement of localities in development of state’s vision
State framework	12	<ul style="list-style-type: none"> • Creation of a statewide framework for how services should be coordinated for families • Work with local partners to implement local coordinated services approaches 	<ul style="list-style-type: none"> • How lead, or coordinating, agencies are organized (such as public-private partnership or administrative agency) • Level of state involvement in local implementation • Coverage of state (full or partial) • Amount of individual level data collected
State direct services	6	<ul style="list-style-type: none"> • Creation of specific programs that coordinated two or more services for families • Implementation of services in local areas across the state 	<ul style="list-style-type: none"> • Extent to which approaches focused on statewide administrative and policy changes • How partners worked together

^a Includes confirmed and unconfirmed profiles.

Local coordinated services approaches

On the local level, coordinated services approaches focused their missions on helping children and their families achieve their potential and lead secure, stable, and healthy lives. They ranged from broad, regional approaches that brought service providers together to improve community-wide outcomes, to ones that were focused on a targeted set of families, like those living in public housing, enrolled in a Head Start program, or who are refugees. Most local coordinated services approaches formed in response to community challenges and needs. Some described a growing interest in research-based strategies to address those needs. Others developed in response to funding availability, such as the Promise Neighborhood Initiative program operated by the Department of Education. Annual budgets for local coordinated services approaches ranged from \$350,000 to nearly \$20 million. Federal funding commonly received included Head Start, TANF, and CCDBG funds from the U.S. Department of Health and Human Services.

Three preliminary local models of coordinated services emerged from our analysis: the hub model, regional network with backbone model, and narrow coordination model (Table ES.2). These three models described most of the local approaches in AMCS; however, four local approaches did not fit neatly into a particular model.

Table ES.2. Preliminary local models of coordinated services

Name	Total number identified in profiles ^a	Commonalities among coordinated services approaches in model	Differences among coordinated services approaches in model
Hub model	16	<ul style="list-style-type: none"> • Emphasis on family-focused service coordination • Streamlined entry into partner services and reduced barriers to access 	<ul style="list-style-type: none"> • Extent to which they are able to track clients in combined data system • Use of specific coordination strategies, such as co-location
Regional network with backbone	5	<ul style="list-style-type: none"> • Lead backbone agency convenes organizations in a geographic area around common goals and targets • Little emphasis on aligning enrollment or intake or reducing access barriers for families 	<ul style="list-style-type: none"> • Extent to which partners are involved in decision-making
Narrow coordination	6	<ul style="list-style-type: none"> • Small group of partner organizations focused on enhancing services for a specific population • Grant funding 	<ul style="list-style-type: none"> • Extent to which partners were able to collect and share data
Other	4	<ul style="list-style-type: none"> • Varies 	<ul style="list-style-type: none"> • Varies

^a Includes confirmed and unconfirmed profiles.

Hub model: Coordinated services approaches that fit a hub model used strategies designed to increase families’ access to necessary services, from the moment families were identified and throughout their engagement with the system. Many coordinated services approaches that fit a hub model streamlined intake processes and then kept in close contact with families to make sure they could access all the services they needed. They used strategies that included “no wrong door” intake processes, joint case management, and co-location to increase the coordination of partners and to provide an integrated network of support for families. Typically, hub models involved a large number of partners. Over two thirds of coordinated services approaches that fit a hub model intended to track clients in a combined data system. Hub models primarily included community-based or regional coordinated services approaches that were open to all residents of a particular geographic area.

Regional network with backbone: In a regional network with backbone model, coordination was primarily administrative and focused on data. In this model, a lead, or backbone agency coordinated services with the goal of improving community-wide outcomes. The backbone agency’s responsibility was largely to be a convener and organizer. The backbone agency was often in charge of tracking and reporting outcomes. Partners did not typically share data with each other, only with the backbone agency. Backbone agencies typically brought partners together periodically to discuss performance, provide training to partner staff, and participate in joint planning. Communication between the partners in a regional network with backbone model appeared to be filtered through the backbone agency.

Narrow coordination: Coordinated services approaches that fit the narrow coordination model tended to involve between two and eight partners working together on a specific program, such as workforce development or literacy programming for the parents of children enrolled in a specific early childhood education center. Partners worked closely with each other to provide services. One coordinated services approach described its partners as “equals,” and another mentioned that the partners shared resources. Coordinated services approaches using a narrow coordination model used one set of enrollment criteria for all components of the coordinated services approach. Data sharing between partners, however, tended to be challenging. Most approaches that fit the narrow coordination model were funded with grants, including from federal agencies such as the Family and Youth Services Bureau (FYSB).

Lessons learned about state and local coordinated services approaches

This scan was designed to shed light on six research questions related to the coordination of ECE with other health and human services. Below we briefly summarize what was learned to inform answers to those questions.

1. Are coordinated services approaches able to coordinate partnerships and service application and delivery?
 - To varying degrees, coordinated services approaches emphasized both coordinating direct services for families and aligning policies, practices, and procedures to streamline the system of care for families.
2. How do coordinated services approaches intend to reduce barriers for families trying to access services?
 - Coordination of direct services for families sought to reduce common participation barriers for families, such as a lack of access to transportation or burdensome enrollment processes. Efforts to integrate enrollment and eligibility processes for health and human services also were intended to reduce barriers and roadblocks for families trying to access services.
3. Are coordinated services approaches able to address other child development factors beyond early care and education?
 - Coordinated services approaches articulated outcomes for children and related systems (such as “healthy children,” “kindergarten readiness,” and “increased availability of high quality child care”) and for families and communities more broadly (for example, “successful parents,” “secure and nurturing families,” and “increased percentage of households with children with all parents in the workforce”). The coordinated services approaches identified in the scan also often included a range of other health and human services, including transition to kindergarten, parenting supports, prenatal care, employment and training services, and coaching, case management, and service navigation.
4. What have we learned about efforts to integrate enrollment and eligibility processes for health and human services?

- State-level coordinated services approaches did not share much information about efforts to integrate enrollment and eligibility processes. Integrating enrollment and eligibility was a more explicit priority for some local coordinated services approaches, particularly those that fit into the hub model.
5. How do coordinated services approaches use data to understand service delivery dynamics?
 - On both the state and local level, some coordinated services approaches had developed or made progress on developing integrated data systems, but it was still a challenge to share data. Some coordinated services approaches discussed specific challenges to sharing data, including federal statutes and privacy guidelines and the need for partners to build trust with each other. In some cases, collection of individual-level data was primarily designed for external reporting, which made it hard to use data for continuous quality improvement or tailoring services.
 6. How is public and private early care and education funding targeted to meet the needs of at-risk children and families?
 - State and local coordinated services approaches used many different funding sources—state, local, and private. However, it is unclear to what extent and how successfully they were able to blend or braid multiple funding streams together to provide services. Few coordinated services approaches could say how much money was allocated to support coordination itself, possibly because the funds they received were earmarked for particular services.

Next steps

Two planned research activities for AMCS will use the scan findings to probe further into coordinated services approaches and develop fuller answers to these research questions.

A series of telephone interviews with up to 20 state and local coordinated services approaches, selected in consultation with OPRE, will yield more details about how partners work together, what services they provide, and the relationships between state and local coordinated services approaches. The research team will also hold a series of interviews—virtual site visits—with a small group of state and local coordinated services approaches. These activities will inform more aspects of the study research questions, and will give a more detailed look at a subset of approaches. As the research team continues this field work, our understanding of approaches will evolve, and findings and conclusions may change.

The scan was completed before the COVID-19 pandemic, and the telephone interviews and site visits were delayed as a result of the pandemic. As the research team moves forward with data collection, we will learn more about how the coordination provided by state and local coordinated services approaches has been affected by COVID-19.