

# Part C Service Coordinator Caseload Study

Prepared for  
**MISSOURI FIRST STEPS PROGRAM**

By

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and**

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*An Applied Research and Interdisciplinary Training Center  
for Human Services*

Data as of August 1, 2013

# Part One: National / Statewide Perspective

*(conducted by Phillips & Associates, Inc.)*

- **At a national level:**
  - Research service coordination workload and caseload sizes/ranges within the field of early intervention.
  - Provide an overview/summary of the research on national data.
- **In each of the ten SPOE regions:**
  - Research MO First Steps service coordinators (SC's) actual caseload sizes/ranges.
  - Provide an overview/summary of the research on state data.

## Purpose:

DESE is working on a research project/study of the dedicated SC model, workload, operations and miscellaneous duties in order to generate what would be a reasonable caseload for Missouri's early intervention system.

# National Part C Eligibility Measures

- Eligibility criteria for Part C services vary from state to state.
- The Part C program gives states considerable latitude in defining developmental delay for the purposes of determining eligibility.
- Expanded criteria can present additional costs for the state.

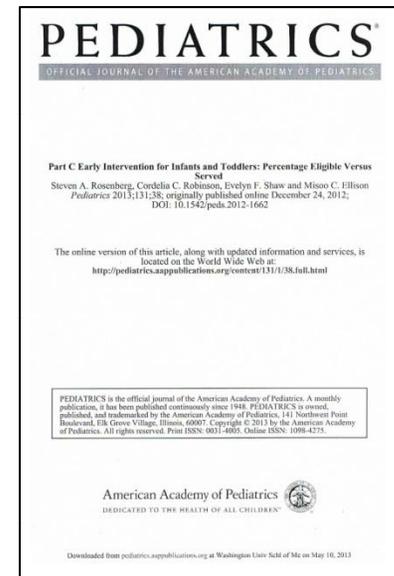
## State Ranking by Eligibility Criteria<sup>1</sup>

<-- Least Restrictive Criteria														Most Restrictive Criteria-->							
MI	KS	IN	WI	CO	DE	AL	NC	MA	ID	IL	NJ	NY	NH	CA	LA	SC	OK	MT	NE	CT	AK
				MS		AR					RH				MN	TN		NV		FL	AZ
				PA		IA									OH	WV		ND		GA	DC
				WA		MD									SD					KY	MO
				WY		NM									UT					ME	↑
						TX														OR	
						VA															

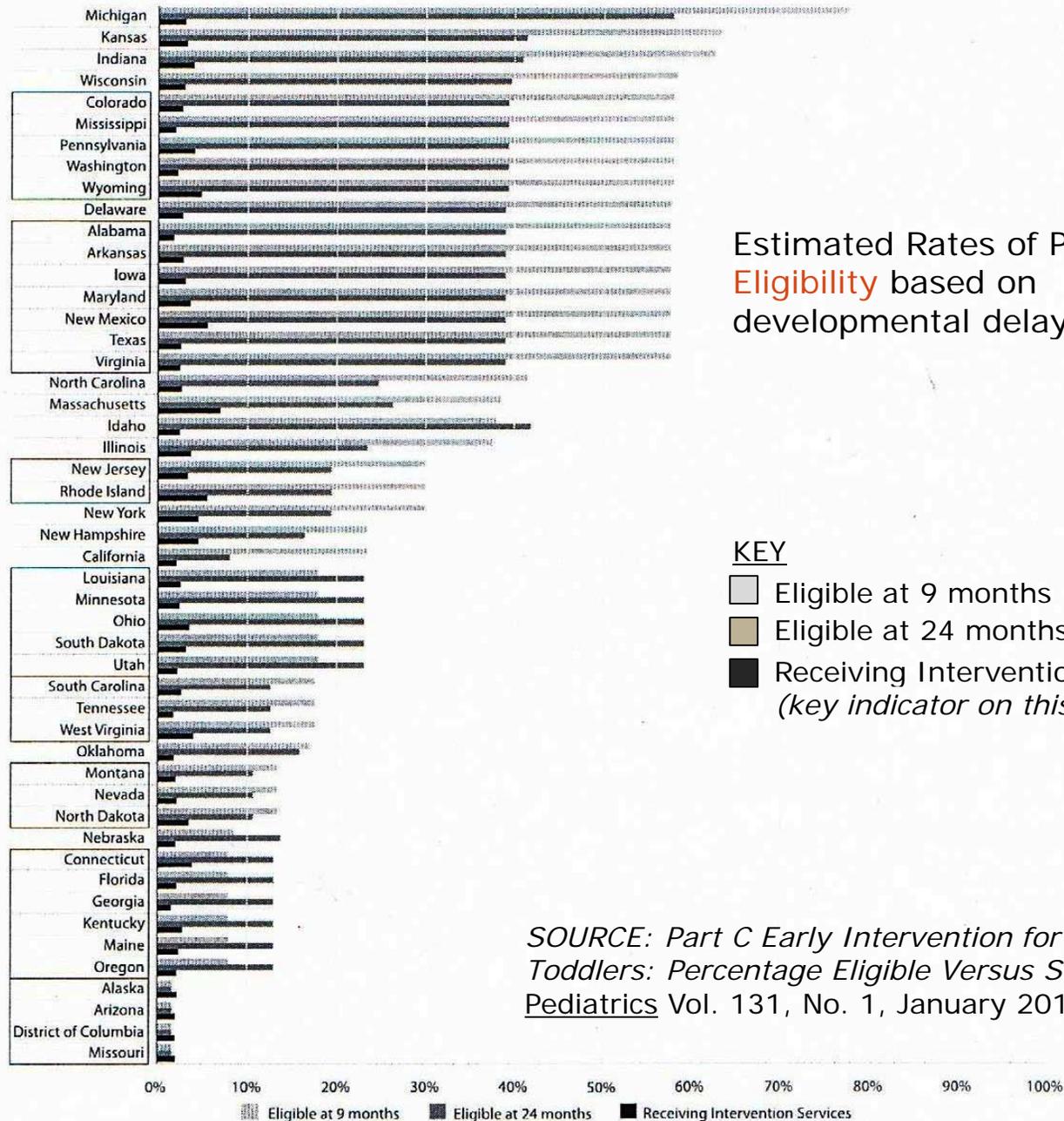
Missouri is among states using most restrictive criteria.

# National Study of Part C Eligibility

- A recent national study<sup>1</sup> suggests broad eligibility criteria is not a good predictor of greater number of children enrolled.
  - The study suggests that some states [want to] serve children who are at risk without declaring them as at risk, because expanding eligibility to include at risk would present additional costs for the state.
- **Nationally**, there is evidence a significant number of eligible children who receive services outside the Part C system.
- A recent study<sup>2</sup> revealed that approximately one-third of families with eligible children were referred to services outside of Part C.
- About 20% of families with eligible children refuse to participate in services.<sup>3</sup>



4 <sup>1</sup> *Part C Early Intervention for Infants and Toddlers: Pct. Eligible Versus Served, Pediatrics* Vol. 131, No. 1, January 2013; <sup>2</sup> *ideadata.org, Fall 2011*. <sup>3</sup> *SPOE Data Report*.



Missouri is among states using most restrictive criteria.

FIGURE 1

Estimated rates of Part C eligibility based on developmental delay. States sharing the same numerical eligibility criteria are grouped within boxes.

## State Part C Eligibility Measures

- Missouri's **narrow eligibility criteria** assists in identifying and enrolling appropriate children according to criteria for Part C early intervention services.
- As shown on the following page, **the number of children receiving EI services in Missouri is robust:**
  - Pediatrics study: MO Early Intervention (EI) population (as percent of eligible population 0-2) is higher than 15 other states, **including 13 states with less restrictive criteria.**

### MO First Steps Child Count\*:

JULY 2010 5,673

JULY 2011 6,089

JULY 2012 6,471

JULY 2013 6,411

\*Intake and Ongoing

Source: Key Indicators Report

Number of infants and toddlers, 0-2, and pct. of population receiving early intervention services under IDEA, Part C.

Rank: Part C eligible (broad to narrow)	State	Receiving EI Birth through age 2	EI Percentage of population	Rank w/in Crit	Pct of EI pop Rank
1	Michigan	10,285	3.00		22
2	Kansas	4,141	3.42		15
3	Indiana	8,976	3.54		13
4	Wisconsin	6,011	2.88		24
5	Wyoming	1,178	5.08	1	4
5	Pennsylvania	19,036	4.44	2	6
5	Colorado	5,806	2.88	3	23
5	Washington	5,567	2.11	4	41
5	Mississippi	2,122	1.74	5	48
6	Delaware	925	2.79		25
7	New Mexico (inc. 3-4 yrs)	4,705	5.46	1	3
7	Maryland (inc. 3-5 yrs)	7,380	3.39	2	17
7	Iowa	3,605	3.08	3	21
7	Virginia	8,384	2.77	4	26
7	Arkansas	3,140	2.72	5	29
7	Texas	23,613	2.02	6	43
7	Alabama	2,991	1.67	7	50
8	North Carolina	10,163	2.73		28
9	Massachusetts	14,519	6.70		1
10	Idaho	1,717	2.45		33
11	Illinois	18,576	3.79		11
12	Rhode Island	1,928	5.85	1	2
12	New Jersey	10,570	3.35	2	19
13	New York	28,645	4.09		8
14	New Hampshire	1,775	4.52		5
15	California	32,575	2.17		38
16	Ohio	14,103	3.36	1	18
16	South Dakota	1,091	3.09	2	20
16	Louisiana	5,106	2.72	3	30
16	Minnesota	5,077	2.45	4	34
16	Utah	3,392	2.17	5	39
17	West Virginia	2,499	4.09	1	9
17	South Carolina	4,405	2.46	2	32
17	Tennessee	4,000	1.68	3	49
18	Oklahoma	2,564	1.62		52
19	North Dakota	922	3.41	1	16
19	Nevada	2,544	2.31	2	36
19	Montana	728	2.00	3	44
20	Nebraska (inc. 3-4 yrs)	1,496	1.91		45
21	Connecticut	4,431	3.87	1	10
21	Kentucky	4,592	2.76	2	27
21	Maine	982	2.49	3	31
21	Oregon	2,990	2.14	4	40
21	Florida	11,955	1.88	5	46
21	Georgia	6,640	1.65	6	51
22	Alaska	797	2.43	1	35
<b>22</b>	<b>Missouri</b>	<b>5,024</b>	<b>2.21</b>	<b>2</b>	<b>37</b>
22	District of Columbia	467	2.04	3	42
22	Arizona	4,850	1.84	4	47

SOURCES:  
Idea Part C  
Child Count,  
Fall 2011;  
Pediatrics,  
January 2013.

# National Service Coordinator Models

**Table 2**  
**Features of Four Service Coordination Models**

## **Dedicated Service Coordination**

- ◆ Service coordination responsibilities are primary focus of the role
- ◆ Service coordinators may be employed by an early intervention program
- ◆ Service coordinators may be independent of early intervention program, i.e., be employed by another agency, program, or project, or by a private provider

## **Early Interventionist and Service Coordination**

- ◆ Primary service provider also has service coordination responsibilities
- ◆ Home visitor provides both intervention services and service coordination to a given caseload of families
- ◆ Trans- or multidisciplinary team — all team members have direct intervention responsibilities and a selected caseload of families for whom they provide service coordination

## **Interagency Service Coordination**

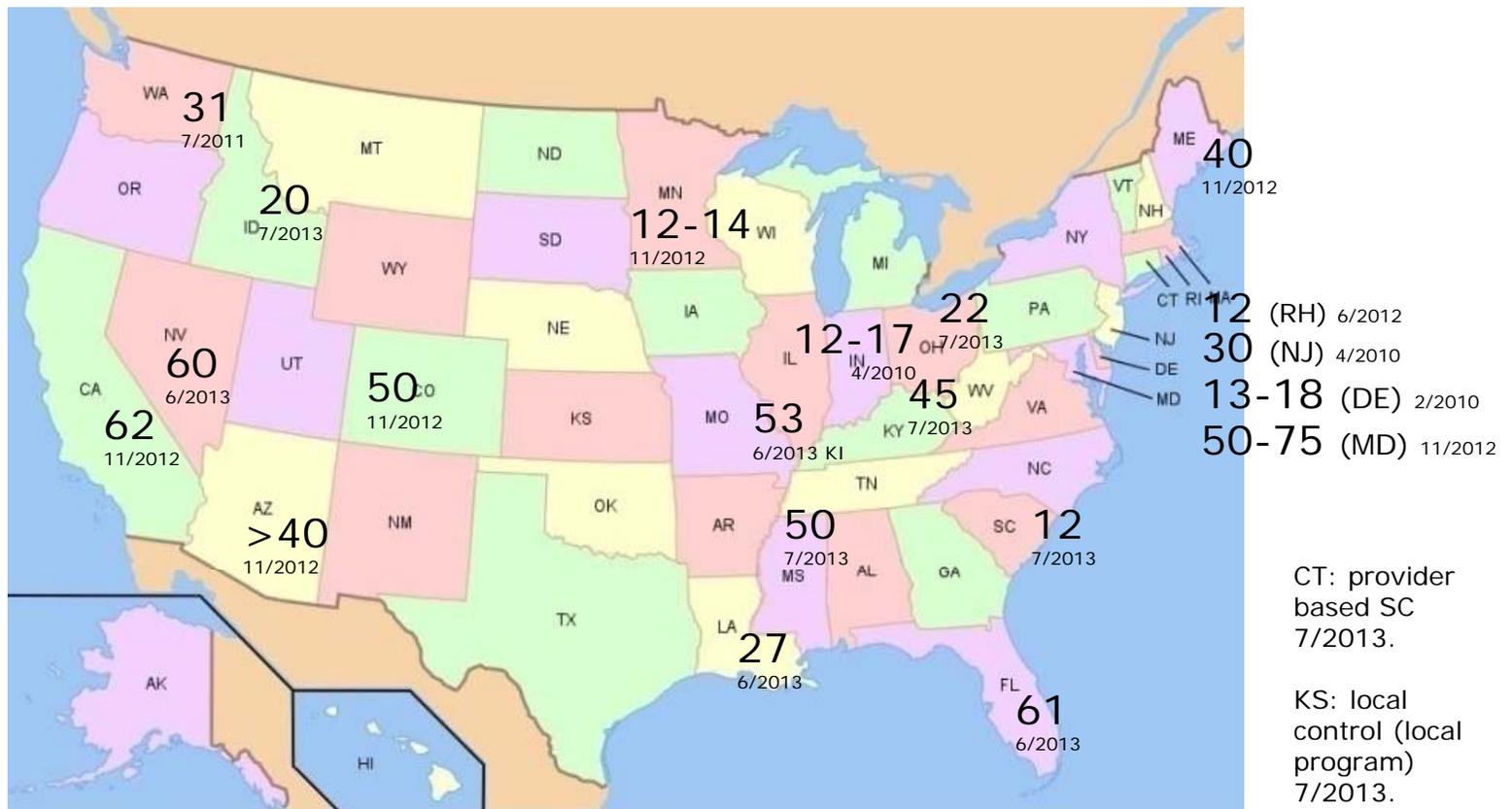
- ◆ Several different agencies may provide service coordination or case management services to Part C-eligible families
- ◆ The person to serve as the Part C service coordinator can be selected from the agency most appropriate to the family's needs and wishes
- ◆ State and/or local interagency agreements or activities, such as training, assure that service coordination meets Part C requirements.

## **Interim or Intake Service Coordination**

- ◆ Single point of entry to early intervention system
- ◆ Interim service coordinator, usually dedicated, provides intake services and facilitates all activities during the first 45 days or until the IFSP meeting.
- ◆ At the IFSP meeting, interim service coordinators may be appointed as the ongoing service coordinator and continue in this capacity with some families

# National Caseload Size

## Reported Caseload by State



# National Caseload Issues

## **Caseload reporting is irregular:**

- Not commonly reported or monitored and lacks centralized guidance.
- Relevant information is often not centrally kept or tracked.
- Contracted service coordinator reporting of relevant activities (tasks) is not uniform.
- In the contracted provider environment, accountability measures are often not visible to state Part C Directors, or managed/monitored by state Part C Directors.
- Some activities (tasks) are often assigned outside of service coordinator responsibilities or workload.
- Average caseload accuracy may be unreliable due to frequency of change.
- Distinction between caseload and workload is obscure.

## National Caseload Issues, continued...

- **Reasons given for high caseloads:**

- Time needed to accomplish case intake work (takes away from ongoing casework)
- Locating service providers
- Rural travel time
- Turnover resulting in understaffing (at least temporarily.)
- Dedicated service coordinators working above required expectations.
- Data system issues →

KY, MS, and WA report that online, database system improvements have contributed to improved caseload management (7/2013).

## National Caseload Issues, continued...

### **Data Entry (multiple people are responsible):**

- When asked who enters data into the data system (overlapping responses given):
  - 37 states (78.7%) indicated that the service coordinator is doing the data entry.
  - 34 states (72.3%) responded they use a dedicated data entry person.
  - 30 states (63.8%) indicated that service providers are doing data entry.
  - 8 states indicated other sources of data entry including:
    - Office staff
    - Supervisory staff
    - Regional offices
    - Contractors for provider enrollment and reimbursement office
    - Regional SPOE contractor agency staff

# Service Coordinator Caseload

- **Missouri Service Coordinator model**

- Dedicated service coordination model.
- Dedicated SCs often have larger caseloads (7th Annual Wisconsin Head Start Association Training Conference, February 2009).

Missouri is a leader in reporting Part C caseload statistics.

- **Service Coordinator Caseload models**

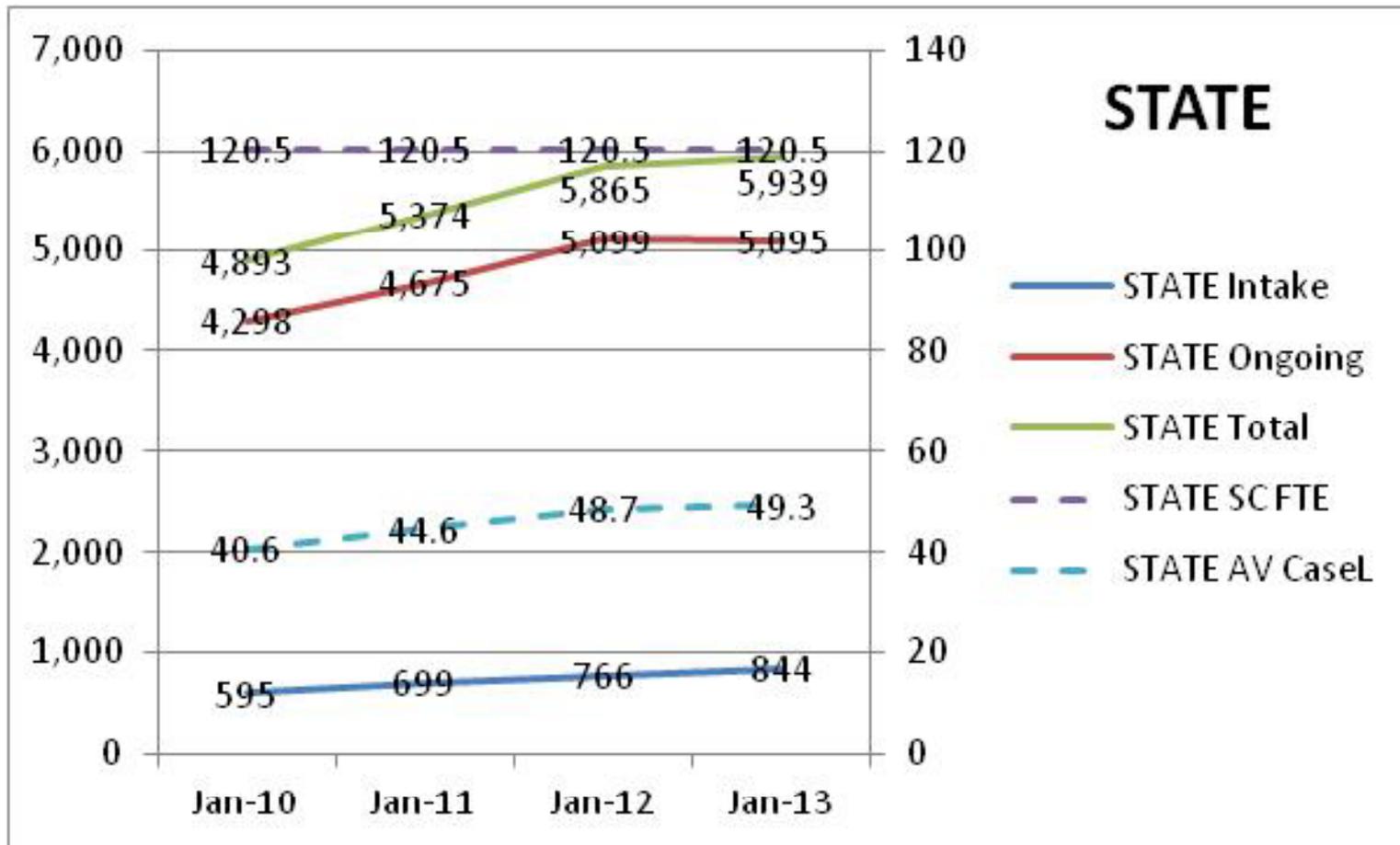
- 33 to 38, as low as 20 and as high as 60 – varied for dedicated service coordination model
- 40 – 60 established under contract (DESE Contract, February 2009).

*SOURCE: NECTAS, January 1998; MO State Auditor Report, January 2007; Florida Developmental Disabilities Council, 2013*

## Missouri Part C Service Coordination Model

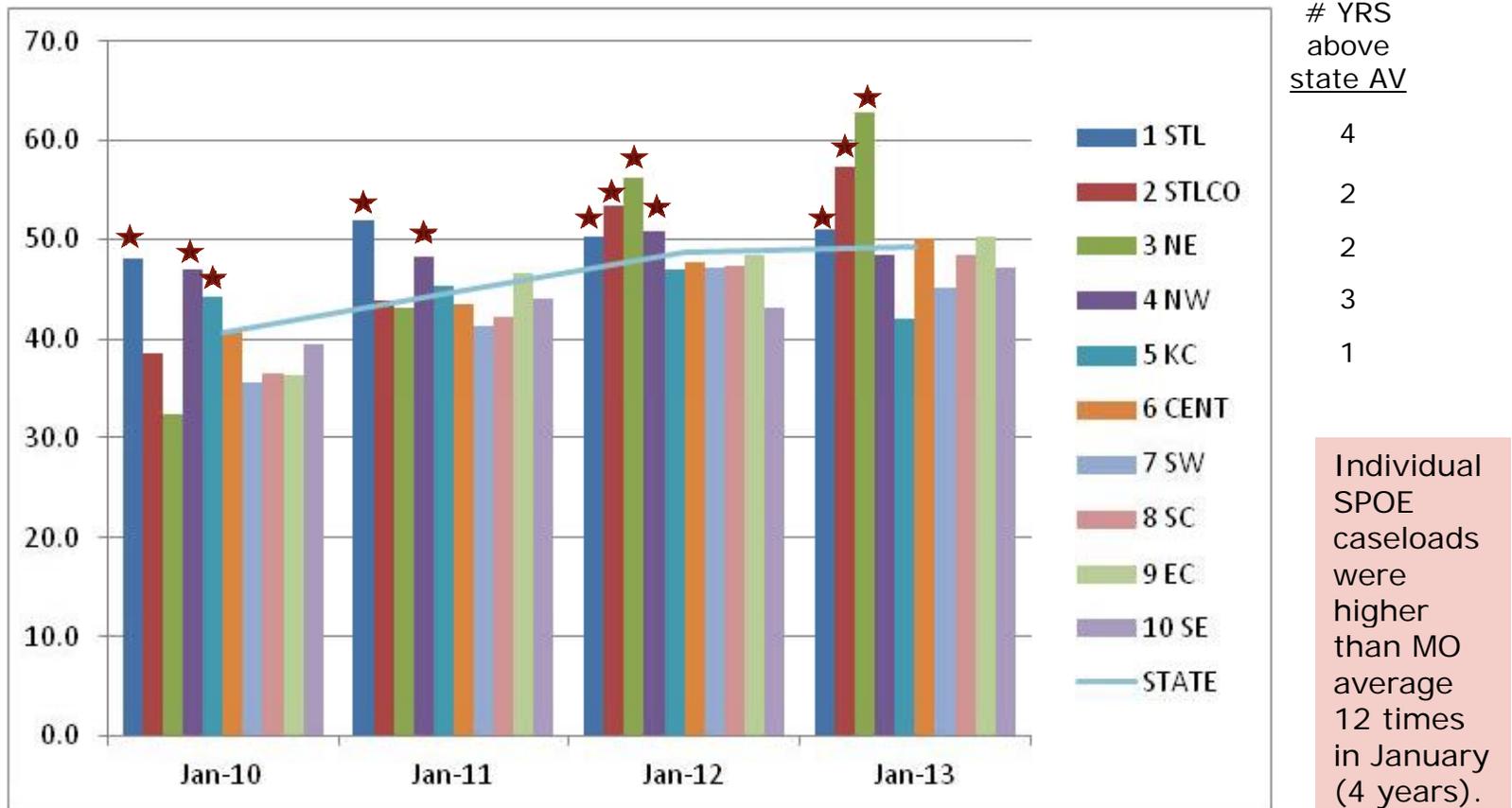
- The full time equivalent number of service coordinators for each regional SPOE (10 SPOEs) is determined by the contractor(s).
- **40 – 60 caseload:** established under contract  
(DESE Contract, February 2009).
- The contractor must seek and gain approval from DESE for changes to the full time equivalent number of service coordinators. Contract change is prompted if the ratio of children to all service coordinators falls below 40:1 or increases above 60:1.

# Missouri Service Coordinator Caseload

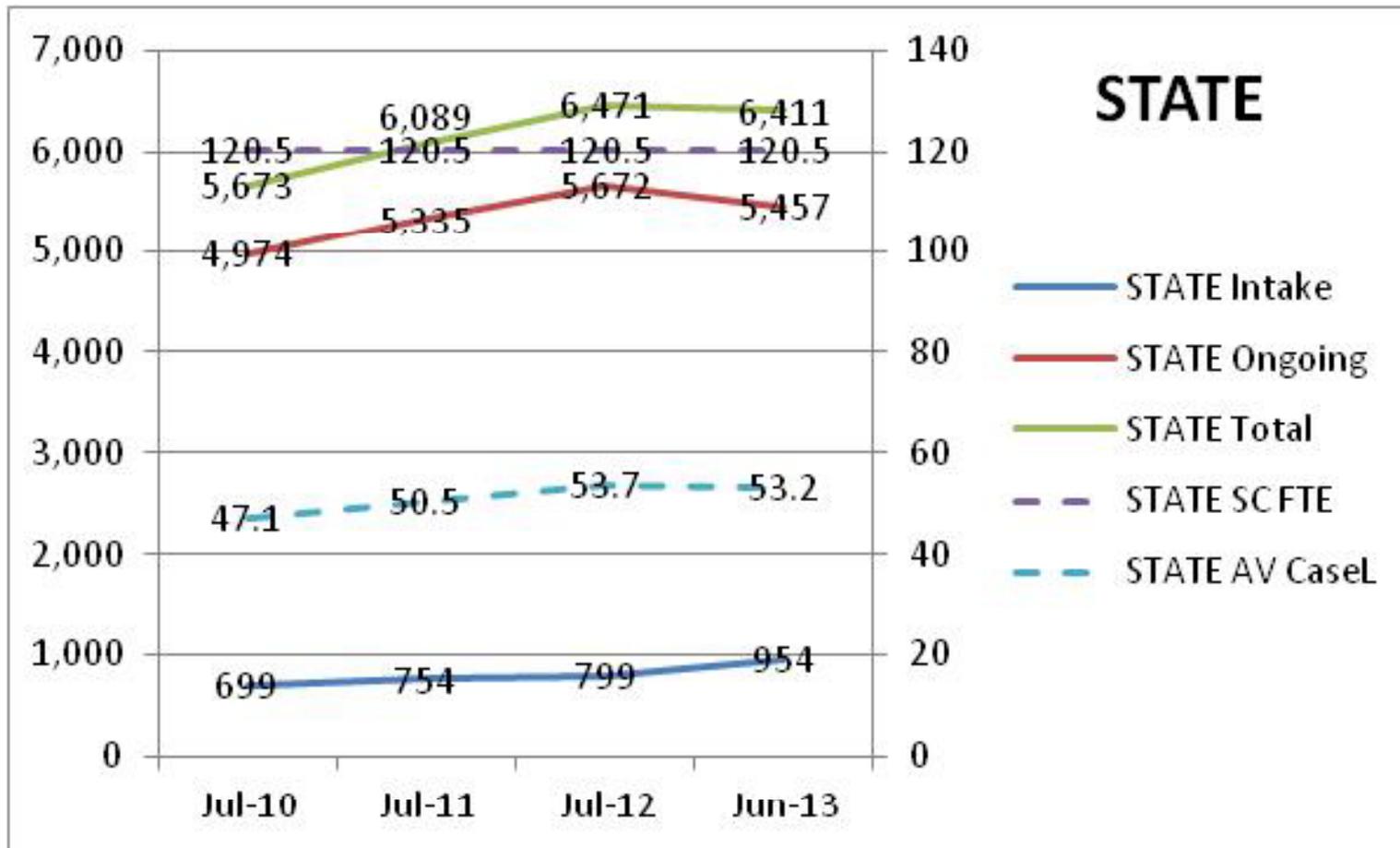


SOURCE: SPOE Key Indicators Reports for July 2010, July 2011, July 2012, June 2013

# Missouri Service Coordinator Caseload

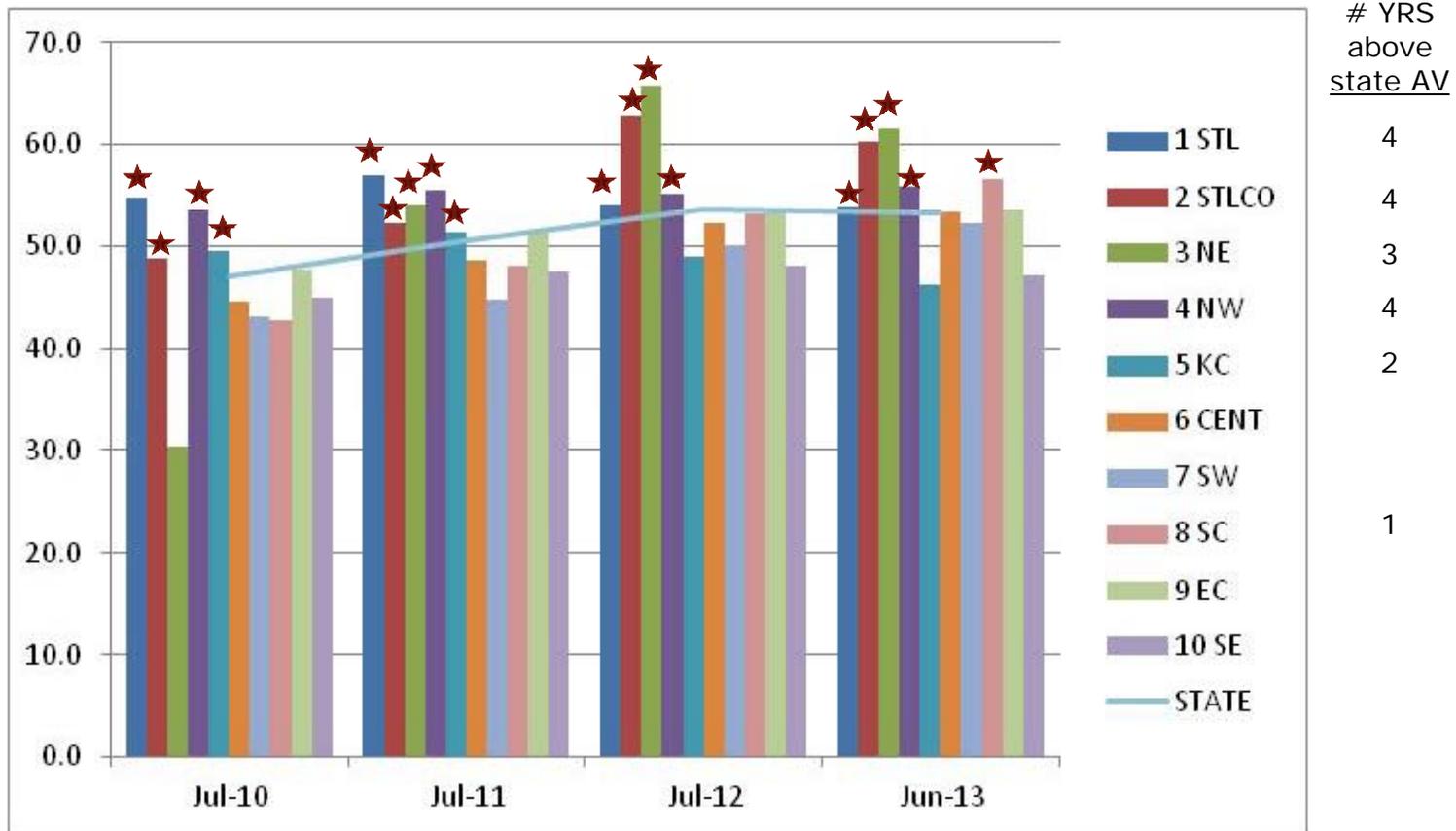


# Missouri Service Coordinator Caseload



SOURCE: SPOE Key Indicators Reports for July 2010, July 2011, July 2012, June 2013

# Missouri Service Coordinator Caseload

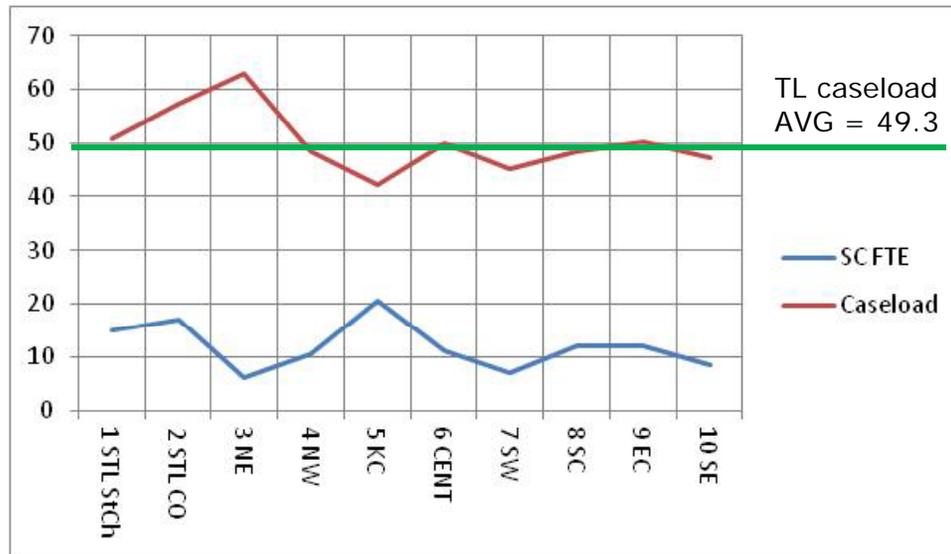


# Missouri Service Coordinator Statistics

First Steps Service Coordinator statistics by SPOE

*(January 2013)*

	1	2	3	4	5	6	7	8	9	10	TL
	1 STL StCh	2 STL CO	3 NE	4 NW	5 KC	6 CENT	7 SW	8 SC	9 EC	10 SE	TL
<b>SC FTE</b>	<b>15</b>	<b>17</b>	<b>6</b>	<b>10.5</b>	<b>20.5</b>	<b>11</b>	<b>7</b>	<b>12</b>	<b>12</b>	<b>8.5</b>	<b>120.5</b>
<b>Caseload</b>	<b>50.9</b>	<b>57.4</b>	<b>62.8</b>	<b>48.5</b>	<b>42.1</b>	<b>50.0</b>	<b>45.1</b>	<b>48.4</b>	<b>50.3</b>	<b>47.1</b>	<b>49.3</b>



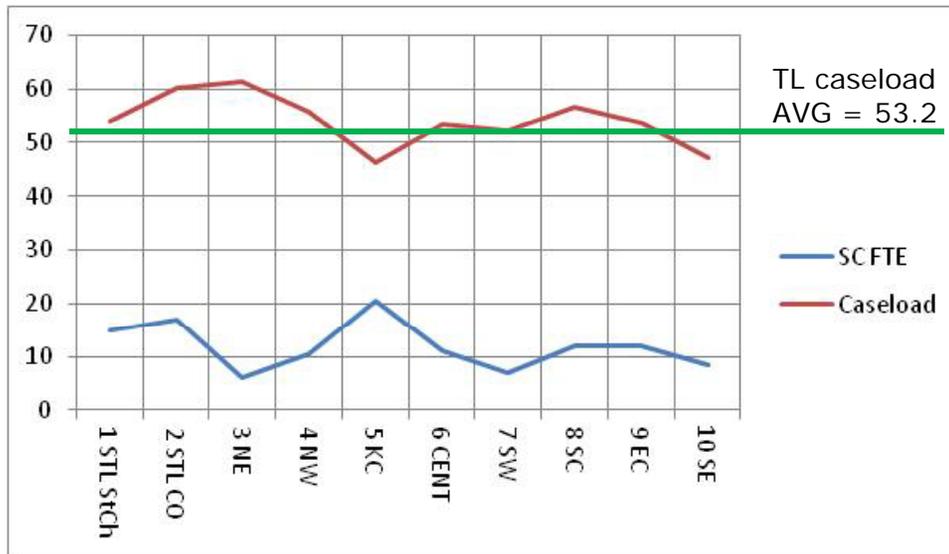
In January 2013, the 10 SPOEs reported avg. caseloads between 42.1 (low) and 62.8 (high). The state-wide average caseload was 49.3.

# Missouri Service Coordinator Statistics

First Steps Service Coordinator statistics by SPOE

*(June 2013)*

	1	2	3	4	5	6	7	8	9	10	TL
	1 STL StCh	2 STL CO	3 NE	4 NW	5 KC	6 CENT	7 SW	8 SC	9 EC	10 SE	TL
<b>SC FTE</b>	<b>15</b>	<b>17</b>	<b>6</b>	<b>10.5</b>	<b>20.5</b>	<b>11</b>	<b>7</b>	<b>12</b>	<b>12</b>	<b>8.5</b>	<b>120.5</b>
<b>Caseload</b>	<b>53.9</b>	<b>60.2</b>	<b>61.5</b>	<b>55.8</b>	<b>46.3</b>	<b>53.4</b>	<b>52.3</b>	<b>56.7</b>	<b>53.6</b>	<b>47.1</b>	<b>53.2</b>

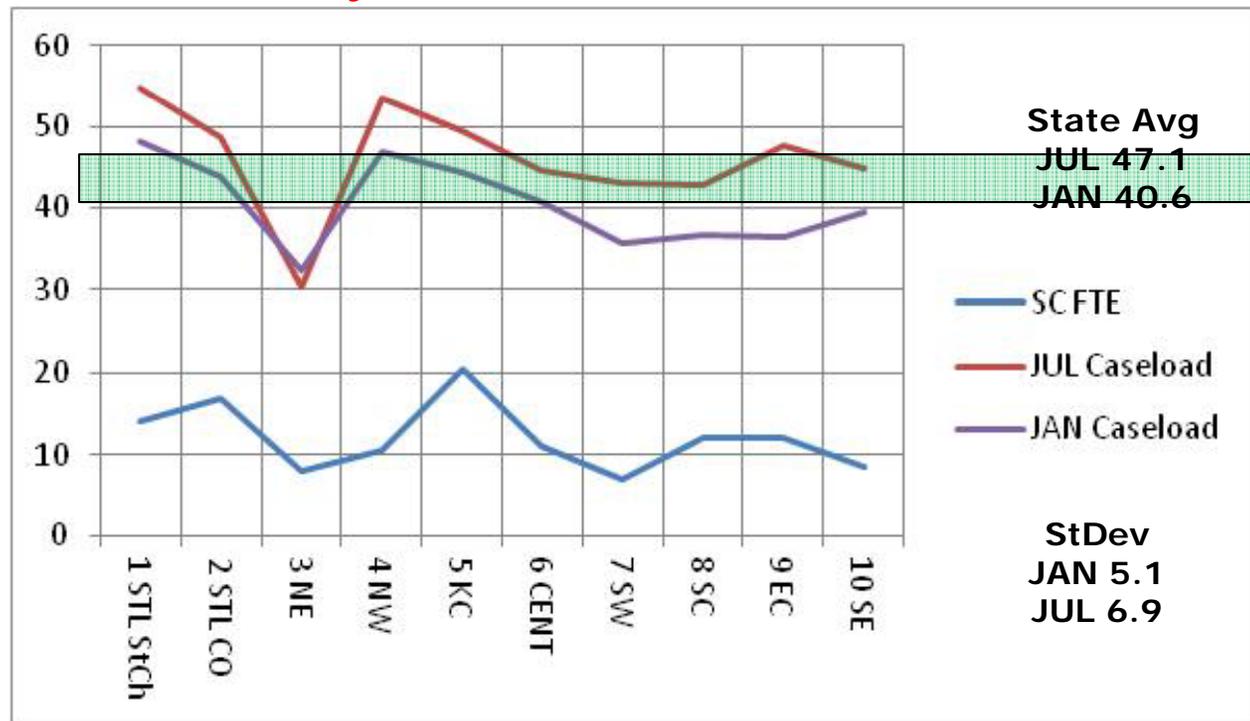


In June 2013, the 10 SPOEs reported avg. caseloads between 47.1 (low) and 61.5 (high). The state-wide average caseload was 53.2.

# Missouri Service Coordinator Statistics

First Steps Service Coordinator statistics by SPOE

*(Jan 2010 and July 2010)*

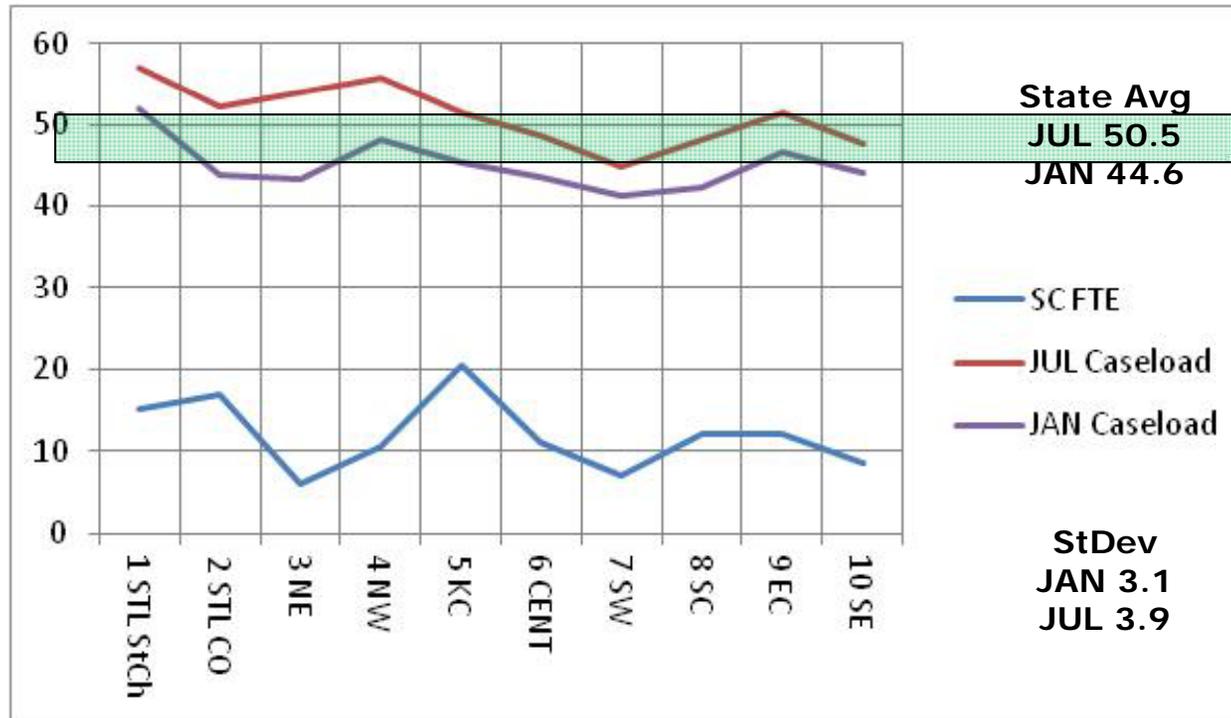


SC FTE adjustments were made in SPOE 1 and SPOE 3 in 2010.

# Missouri Service Coordinator Statistics

First Steps Service Coordinator statistics by SPOE

*(Jan 2011 and July 2011)*

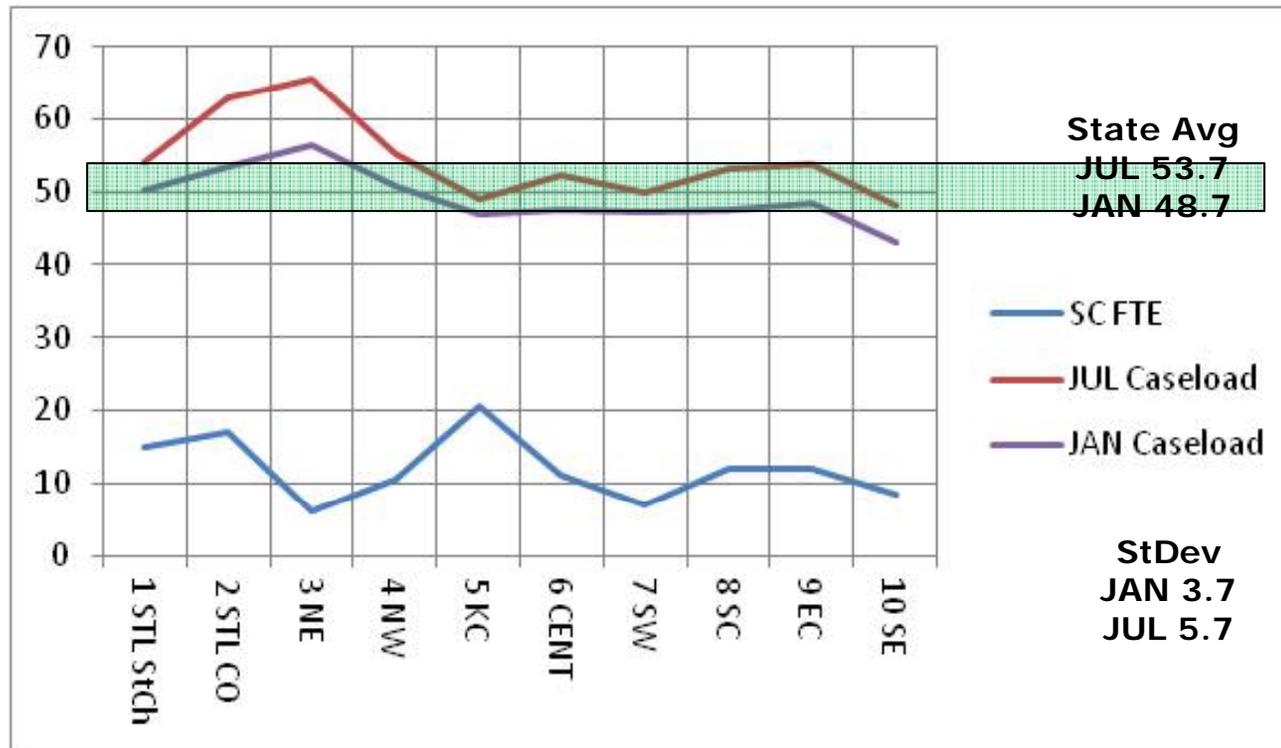


First Steps caseload was most uniform in January 2011 with StDev=3.1 (4 years).

# Missouri Service Coordinator Statistics

First Steps Service Coordinator statistics by SPOE

*(Jan 2012 and July 2012)*



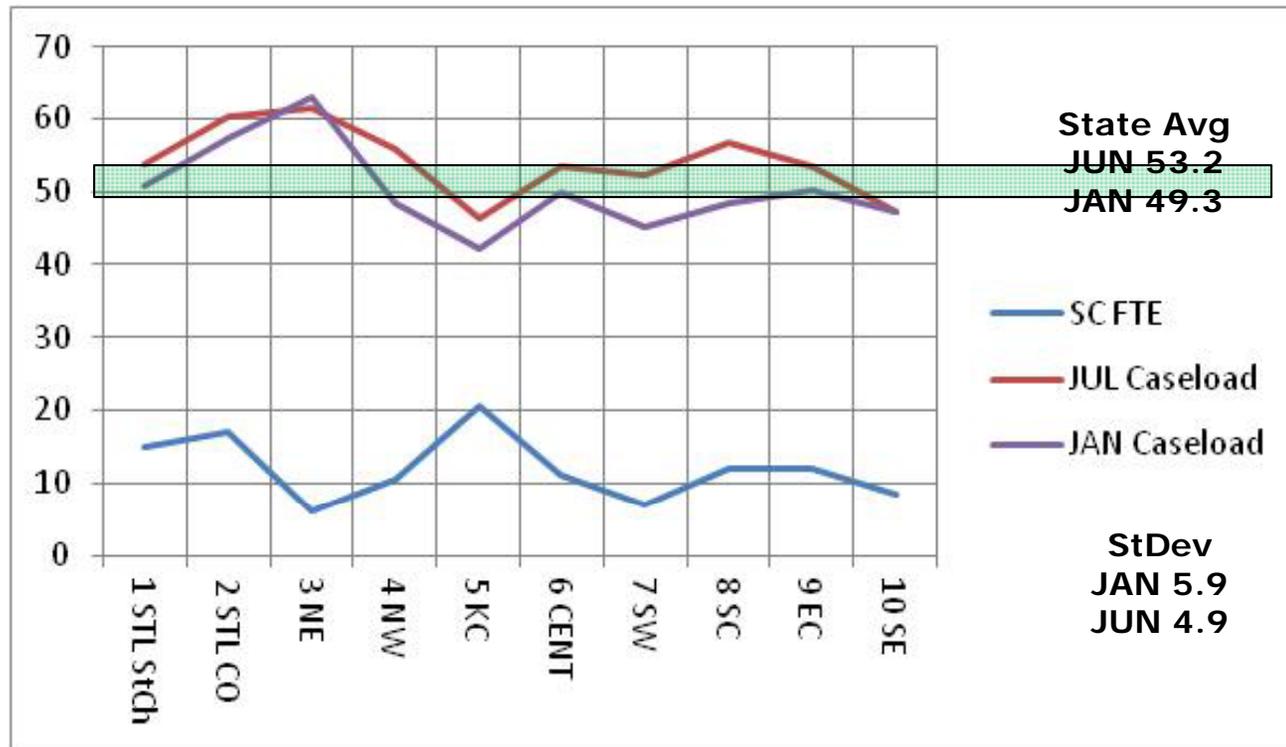
Individual SPOE caseloads had a less significant impact on evaluation of state average caseload.

First Steps caseload was fairly uniform in January 2012 with StDev=3.7.

# Missouri Service Coordinator Statistics

First Steps Service Coordinator statistics by SPOE

*(Jan 2013 and June 2013)*



Individual SPOE caseloads have significant impact on evaluation of state average caseload.

# Missouri Service Coordinator Job Description

- Conduct the family assessment, collects information on the child's development.
- Coordinates evaluations and assessments.
- Facilitates the IFSP meeting.
- Coordinates and monitors delivery of early intervention services.
- Informs families of advocacy services.
- Coordinates with medical and health providers.
- Facilitates transition from First Steps program.

# Missouri Service Coordinator Responsibilities

*(in accordance with SPOE contract)*

## **Intake**

- 45-Day timeline activities
- Initial IFSP meeting

### **See Shared Service Coordination Chart.**

- Service Coordinator duties
- SC and administrative activities
- SC and provider activities.

## **Ongoing**

- IFSP meetings (6-month, Annual, Periodic)
- Regular contact with families
- Early Intervention Team meetings with providers
- Miscellaneous (staff meetings, time logs, track assistive technology, schedule child assessments, monitoring family cost and insurance/Medicaid information, RICC meetings, child find activities, supervisory or other activities designated by SPOE Director)

# Service Coordinator Activities

## Personnel Verification Report (with April 2012 statistics)

		1	2	3	4	5	6	7	8	9	10	TL
		STL StCh	STL CO	NE	NW	KC	CENT	SW	SC	EC	SE	
Intake		139 17.66%	151 15.81%	71 18.64%	104 18.77%	117 12.15%	75 14.12%	36 10.81%	80 13.65%	103 16.32%	42 11.02%	918 15.04%
Ongoing		648 82.34%	804 84.19%	310 81.36%	450 81.23%	846 87.85%	456 85.88%	297 89.19%	506 86.35%	528 83.68%	339 88.98%	5,185 84.97%
TL		787 100.00%	955 100.00%	381 100.00%	554 100.00%	963 100.00%	531 100.00%	333 100.00%	586 100.00%	631 100.00%	381 100.00%	6,102 100.00%
Service Coordinator	below 40	0.00 0.00%	1.00 5.88%	0.00 0.00%	5.50 <b>44.90%</b>	8.50 <b>36.96%</b>	2.10 <b>17.50%</b>	2.00 <b>28.57%</b>	2.00 <b>15.38%</b>	1.00 7.69%	2.50 <b>29.41%</b>	23.60 <b>18.62%</b>
Service Coordinator	40-60	10.00 <b>66.67%</b>	8.00 47.06%	2.00 33.33%	3.75 <b>30.61%</b>	11.50 <b>50.00%</b>	8.90 <b>74.17%</b>	2.00 <b>28.57%</b>	8.00 <b>61.54%</b>	7.00 <b>53.85%</b>	6.00 <b>70.59%</b>	67.15 <b>52.98%</b>
Service Coordinator	above 60	5.00 33.33%	8.00 <b>47.06%</b>	4.00 <b>66.67%</b>	3.00 24.49%	2.00 8.70%	0.00 0.00%	3.00 42.86%	3.00 23.08%	4.00 30.77%	0.00 0.00%	32.00 <b>25.25%</b>

MO First Steps Caseload falls into 40-60 range 52.98% of the time (1st quarter 2012).

# Service Coordinator Activities

## Personnel Verification Report (with January 2013 statistics)

		1	2	3	4	5	6	7	8	9	10	TL
		STL StCh	STL CO	NE	NW	KC	CENT	SW	SC	EC	SE	
Intake		113 14.79%	145 14.87%	50 13.26%	79 15.52%	116 13.44%	92 16.73%	27 8.54%	82 14.11%	77 12.75%	63 15.75%	844 14.21%
Ongoing		651 85.21%	830 85.13%	327 86.74%	430 84.48%	747 86.56%	458 83.27%	289 91.46%	499 85.89%	527 87.25%	337 84.25%	5,095 85.79%
TL		764 100.00%	975 100.00%	377 100.00%	509 100.00%	863 100.00%	550 100.00%	316 100.00%	581 100.00%	604 100.00%	400 100.00%	5,939 100.00%
Service Coordinator	below 40	0.00 0.00%	0.00 0.00%	0.00 0.00%	4.00 36.36%	9.00 40.91%	4.25 35.42%	1.00 14.29%	3.00 23.08%	0.00 0.00%	2.50 29.41%	22.75 18.42%
Service Coordinator	40-60	9.00 60.00%	8.00 47.06%	2.00 33.33%	4.00 36.36%	13.00 59.09%	4.75 39.58%	3.00 42.86%	9.00 69.23%	10.00 83.33%	6.00 70.59%	68.75 55.67%
Service Coordinator	above 60	6.00 40.00%	9.00 52.94%	4.00 66.67%	3.00 27.27%	0.00 0.00%	3.00 25.00%	3.00 42.86%	1.00 7.69%	2.00 16.67%	0.00 0.00%	31.00 25.10%

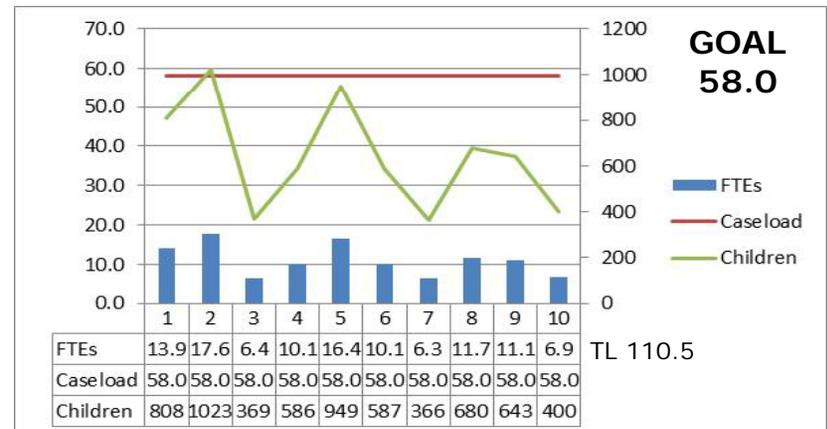
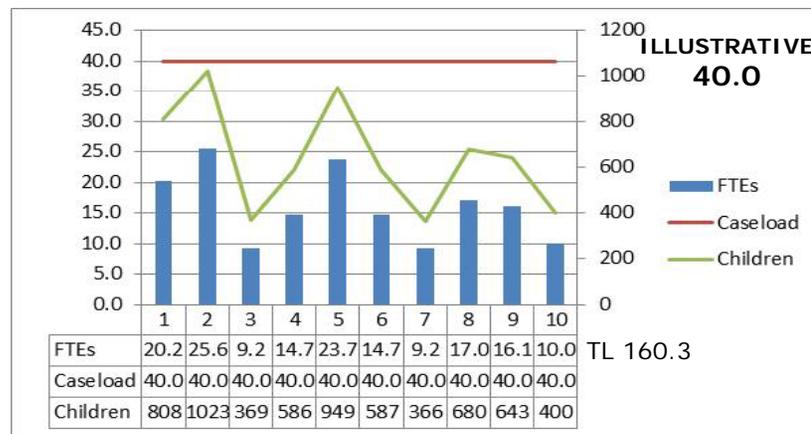
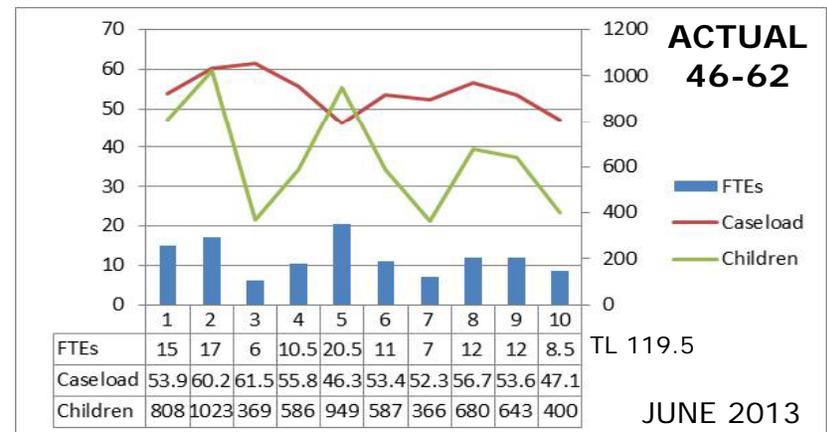
MO First Steps Caseload falls into 40-60 range 55.67% of the time (4th quarter 2012).

## Workload Recommendations

- Missouri's model allows for a variety of activities that are unrelated to Service Coordinator required duties. **Missouri needs clearly defined tasks and caseload calculation should only include these defined tasks.** Miscellaneous activities may be completed when time allows or when assigned by the SPOE Director.
- Missouri's model may include shared service coordination with administrative staff or providers. **Shared activities should be encouraged to alleviate workload during peak child count.** The use of shared service coordination could generate a new model of efficiency for Part C service coordination.
- Missouri's is a leader in reporting Part C caseload statistics. Time logs are useful in recordkeeping. **Time logs should have uniform instructions to ensure consistent completion by service coordinators.** If consistent and accurate time logs are kept, a time study should be conducted for further research on SPOE efficiency.

# Caseload Recommendations

Missouri's caseload model of 40-60 children (without outliers) provides goal for desired effectiveness at approximately **58 children**.



## Part Two: Regional/Local Perspective

*(conducted by UMKC-IHD)*

- **Purpose:** Evaluate efficiency of service coordination components as a basis for recommending caseload size and infrastructure.
- **How:** Conduct an in-depth review in three SPOEs that represent the diversity of Missouri SPOE regions.
- **Results:** Overviews of SPOE infrastructure, EIT process, and service coordination process.

# SPOE Infrastructure and Workload

Region A	Region B	Region C
11,837 sq. miles catchment area (22 counties)	4,292 sq. miles catchment area (6 counties)	9,480 sq. miles catchment area (15 counties)
Serves 284 children	Serves 838 children	Serves 445 children
Contracted 6.0 FTE Uses 6 full-time staff, all employed	Contracted 20.5 FTE Uses 24, both full-time and part-time staff, all employed	Contracted 12.0 FTE Uses 14, both full-time and part-time staff, some employed and some sub-contracted
5 in their homes, 1 in office	All 24 in their homes	10 in their homes, 4 in office
All employed	All employed	10 employed, 4 subcontracted
3 support staff: 2 data entry, 1 administrative	1.75 support staff: Also share another 1.75 support staff with SPOE 4 in shared office space	2 support staff: 1 data entry 1 administrative

# Early Intervention Teams (EITs)

Region A	Region B	Region C
<b>Size of EITs:</b> 7 teams	18 teams (4 part-time)	11 teams
<b>Assignment:</b> Child assignment by county	Child assignment geographically with other factors considered	Child assignment geographically when provider available
<b>Impact to Coordinators:</b> More time per child to prepare and lead EIT meeting	More time per child because of front loading, to prepare and lead EIT meeting, to address new concerns brought up at EIT	More time per child by serving on multiple EITs, increasing service coordinator role in discussion of families' needs and concerns
<b>Technology:</b> Some remote technology for conference calls, including hands-free, and laptops are used in home visits. Use scanning and faxing to email, home offices and SPOE office	Pursuing virtual teaming Using conference calls, laptops in home visits, and an online fax option (to fax into email)	Laptops are used for completing paperwork after meetings. Few service coordinators take laptops to home visits Use conference calls and online fax through e-fax

# Service Coordinator Workload

Region A	Region B	Region C
<b>Area:</b> Round trip of 2 – 382 miles	Round trip of 2 – 130 miles	Round trip of 3 – 156 miles
<b>EIT meetings:</b> 2 hours monthly, but 3.5 hours with related duties	1-2 hours every month or 6 weeks	1-2 hours every month
<b>Staff meetings:</b> 5 hours each month	2 hours each month	5 hours each month
<b>Caseloads:</b> Vary per person by team, ranging from 49-91 per person Average range of 47-73 ongoing cases per person in a 12-month period	Caseloads range from 20-30 for part-time and 40-60 for full-time Average caseload is 22 per person for intake service coordinators and 46 per person for ongoing	Caseloads range from 40-60 The range for full-time service coordinators extends above 60 Part-time caseload is below 40 Caseloads can fluctuate when there is vacancy or leave (maternity, medical leave, etc.)

# Service Coordinator Supports and Challenges

Region A	Region B	Region C
<p><b>Supports:</b></p> <ul style="list-style-type: none"> <li>Office staff double-checking deadlines</li> <li>Monthly service coordinator meetings</li> <li>Everyone attending the RICC meeting</li> </ul>	<ul style="list-style-type: none"> <li>Office staff helping if asked</li> <li>Other intake service coordinators offering emotional support</li> <li>Ongoing service coordinators completing some parts of intake due to the high intake caseload</li> </ul>	<p>Office staff duties:</p> <ul style="list-style-type: none"> <li>Data entry</li> <li>Request for medical records</li> <li>Faxing</li> <li>Making up packets</li> <li>Mailing IFSPs</li> <li>Post office runs</li> </ul>
<p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>IFSP timelines</li> <li>Large caseloads</li> <li>Travel time</li> <li>WebSPOE changes</li> <li>Deadlines</li> <li>Finding translators</li> </ul>	<ul style="list-style-type: none"> <li>45-day timeline</li> <li>No-shows</li> <li>Changes in procedures</li> <li>Travel</li> <li>Entry into WebSPOE</li> <li>Rescheduling</li> </ul>	<ul style="list-style-type: none"> <li>45-day timeline</li> <li>Non-English speaking families</li> <li>Waiting for medical records to arrive</li> <li>10 business days to have IFSP meetings finalized</li> <li>Inter-periodic IFSP meetings</li> </ul>

# Service Coordinator Perspectives

Region A	Region B	Region C
<p><b>Slows me down:</b></p> <ul style="list-style-type: none"> <li>Travel and locating families in rural areas</li> <li>Data entry in WebSPOE</li> <li>Deadlines</li> <li>Obtaining parent signatures</li> <li>Finding translators</li> <li>Forms</li> <li>Finding providers who will travel</li> </ul>	<ul style="list-style-type: none"> <li>Scheduling and re-scheduling appointments</li> <li>Travel takes away from data entry time</li> <li>Working from home</li> <li>Technology</li> <li>Glitches in WebSPOE</li> <li>Feeling as if the work is never done</li> </ul>	<ul style="list-style-type: none"> <li>Not having enough office time to get paperwork and data entry done</li> <li>Re-scheduling visits when travel is involved</li> <li>Not using computers on visits</li> <li>Obtaining parent signatures</li> <li>Inter-periodic IFSP meetings</li> <li>Finding assistive technology</li> </ul>
<p><b>Helps me organize:</b></p> <ul style="list-style-type: none"> <li>Planners, calendars, reminders, and post-it notes</li> <li>Using computer</li> <li>Combine trips</li> <li>Plan meetings 30 days ahead</li> <li>Good notes</li> </ul>	<ul style="list-style-type: none"> <li>Use email for reminders and calendar</li> <li>Color-code filing system</li> <li>Use an organizer</li> <li>Plan ahead</li> <li>Keep paperwork current</li> </ul>	<ul style="list-style-type: none"> <li>Schedule trips together</li> <li>Use planner or tablet</li> <li>Keep a to-do list</li> <li>Use Outlook calendar</li> <li>Schedule meetings ahead</li> <li>Color-code</li> <li>Track on Excel spreadsheet</li> </ul>

# Benefits of Service Coordinator Model

Region A	Region B	Region C
<p><b>Intake and Ongoing (Blended) Approach:</b></p> <p>Assists in building rapport with the family</p> <p>Assists the family to build trust</p> <p>Provides a better snapshot of the family</p> <p>Helps reduce the number of people in the family's home</p>	<p><b>Intake and Ongoing (Separate) Approach:</b></p> <p>Provides the ability to separate the different paperwork and timeline responsibilities</p> <p>Is easier for large caseload sizes than blended service coordination</p> <p>Intake Service Coordinator completes intake meeting</p> <p>Initial IFSP completed in conjunction with ongoing service coordinator</p> <p>Involves transfer of the case to the ongoing service coordinator at the initial IFSP meeting</p>	<p><b>Intake and Ongoing (Blended) Approach:</b></p> <p>Reduces the number of times families have to tell their story</p> <p>Provides the family with consistency</p> <p><b>Intake and Ongoing (Separate) Approach:</b></p> <p>Ongoing service coordinator attends the initial IFSP meeting with the intake service coordinator</p>

*Recommendations:*

## Support from Office Staff

**Delegate to support staff the following types of tasks:**

- Mail, fax, send meeting notices
- Make copies for files from scanned documents service coordinators send from the field
- Establish case record in WebSPOE
- Do some portions of data entry
- Realize that personal working styles may vary

## *Recommendations:*

### **Service Coordination Model**

#### **Need flexibility in the model that best fits a region:**

- Allow SPOEs the flexibility to select the best model for service coordination for their region
- Find ways to eliminate unnecessary travel, e.g., electronic signatures and partnership with primary provider
- Streamline procedures for when a family cannot be located
- Improve WebSPOE features
- Consider separate primary/support provider visits for certain situations

*Recommendations:*

## Early Intervention Teams

**Consider how teams are implemented in a region:**

- Realize that teaming is working
- Consider additional ways and supports to minimize time-consuming meeting tasks
- Weigh the advantages of participation on multiple teams carefully
- Give SPOEs latitude in determining the length and frequency of meetings

## *Recommendations:*

### **Caseload Size**

#### **Need to maintain a range of options:**

- Set range for 40-50 cases per service coordinator for ongoing and blended service coordinators
- Consider blended versus designated model of service coordination
- Consider constraints due to travel time
- Enhance processes for reviewing requests for additional service coordinators

## Contact Information

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