2.3 Working Together

Level at which the system works together when multiple service providers are involved with the same family

Purpose

In a strong early childhood system, families that need several different kinds of services can be assured that the different service providers are aware of each other's work and coordinate with one another, with the family itself involved in working out how the services will be coordinated. The extent to which coordination is needed depends upon the types of service involved and the needs of each individual family. For example, for most children there is less need for coordination between pediatric care and an early childhood education program, though such coordination might be essential for a child with special health care needs. By contrast, coordination would routinely be very important for parents receiving both home visiting and substance use disorder treatment. This measure provides a way for systems to assess how well they work together in these and other situations.

Definition

This measure examines the extent to which the system works together when multiple service providers are involved with the same family. This standard is particularly related to *2.2 System Navigation*. Consequently, we recommend that communities examine both measures together.

‣ To understand how well they are working together, communities can examine what happens when multiple service providers are involved with the same family, taking into account the following:

‣ The extent to which workers are aware of, and incorporate into service plans, related services being delivered by another provider (bonus for a common, consolidated service plan used by multiple providers);

‣ The extent to which case conferences or case planning meetings include all relevant service providers (and, when in-person participation is impossible, relevant information is gathered before the meeting from providers who cannot attend);

‣ The extent to which families participate in such meetings and have an opportunity to influence the choices being made by the service providers; and

‣ The extent to which workers know and communicate with their colleagues from other organizations, when relevant, outside of formal meetings.

Communities can use the model survey provided below to gather information and stakeholder opinion about this measure. Taking into account the ratings for each of the questions in the survey, communities then assign themselves an overall rating of Level 1 (low or poor coordination) through Level 4 (extensive coordination among system sectors). Assigning a level provides a baseline for ongoing assessments of system coordination, facilitates system-wide target setting, and offers an easily understood way to convey the status of the system on this performance measure to funders or policymakers. The detailed results of the survey can help systems identify specific areas of weakness and objectives to address those weaknesses, which will lead to overall improvement in the level over time.

Implementation

The following guidelines provide the tools to gather and analyze data about how well a community is doing with regard to this measure and a summary of the recommended steps and stakeholders needed. Communities can modify and customize as needed.

Tool or Survey

Communities are invited the use the model questions at the end of this section as a starting point for their own, customized tool to solicit the level of input they are seeking. The model describes common scenarios and asks respondents to consider what happens in the scenario. It then asks for feedback on specific sectors within the early childhood system. Two agencies that piloted the tools have provided the surveys they created as a resource below.

Summary of Steps

1. **Set intention:** Determine which questions matter to you and your community, and how much each matters. This will vary by stakeholder type. Also consider your aspirations associated with each question. Perhaps you only aspire to reach a low or moderate level of maturity for some assessment questions based on community goals and priorities.

2. **Identify stakeholders:** The lead agency should consider the system stakeholders whose participation is important, such as pediatric practices, medical homes, mental health agencies, etc. See Stakeholders section below for considerations regarding stakeholder engagement. Confirm and refine intentions/goals with stakeholders.

3. **Outreach:** Either through a convening of system administrators or one-on-one outreach to system administrators, describe the assessment process and goals. Share the model survey tool or one of the online samples provided. Solicit commitments to participate and request front-line staff to respond to the survey. If possible, also solicit commitment to participate in next steps after the survey is complete.

4. **Gather contextual information (recommended):** In addition to using the tool, communities are encouraged to collect and review additional information relevant to this measure. Examples include: percentage of families that have a medical home and the trend over time; data concerning how often any existing centralized resources (such as Help Me Grow or 2-1-1) are used and by whom, the trend over time, and any data concerning quality (e.g., how often referrals of different types are successful); and formal agreements between systems and/or providers and any prior evaluations of how well these agreements work in practice. These data will help with interpreting survey results and crafting responses.

5. **Develop survey:** Communities may wish to use the sample surveys provided within the toolkit or customize the model survey to best meet their research interests.

6. **Field survey:** Field the online survey, ideally with front-line staff with direct experience working with families. Leaders involved in the assessment should actively authorize and encourage their

staff to participate. The lead agency should consider crafting a template email for stakeholders to send out to their staff with the survey link.

7. **Compile results:** Aggregate and synthesize results across the data sources used. For questions 9 and 10, which call for narrative responses, review the responses for common themes and important insights, then summarize.

8. **Rate:** Stakeholders should meet to discuss the results of the survey and to assign an overall level of performance. Beyond the assignment of a level, at this convening stakeholders will want to discuss next steps, such as ongoing work to address weaknesses identified. This may suggest setting a meeting schedule and/or identification of additional information needed. Agency leaders should be encouraged to the share the results with front-line staff.

9. **Interpret:** Communities should interpret results using question prompts provided in the Interpreting Results section.

10. **Plan:** Determine what action should be taken as a result of the analysis, and record in action planning guide. Use this assessment as an entrée to a larger conversation to support system building efforts.

Stakeholders

Target Sectors

Communities will vary in terms of the appropriate sectors to include in the assessment, but pediatric care or medical home providers would be a key sector, as pediatric care is closest to a universal service for families with young children. Home visiting, early care and education, and early intervention are also key sectors to include in this assessment, and other sectors may be included as appropriate for a given community.

Roles For Different Groups of Stakeholders

Leadership: Administrators/leaders in the target sectors should be the first level of engagement. Stakeholders may be an existing inter-agency group, or a new group may need to be formed to complete this assessment. A convening of participating stakeholders or one-on-one outreach to participating stakeholders by the lead agency will help build buy in, increase response rates among front line-staff, and provide a leadership group that can respond to the results of the assessment. Leaders will also have a broad sense of coordination and integration within the system, which will be important context to bring to the assessment. They may also complete the survey, but they are not the primary target of the survey.

Front-line staff: The survey tools are designed to solicit front-line staff experience working with families and getting them to the services they need. All levels of staff who work with families should be invited to complete the survey.

Parents: Parent input may be sought on how well they feel the agencies they encounter work together. Parents may be engaged in a variety of ways: through targeted focus groups; by including parent leaders in the workgroup; or by customizing the survey tool to capture parent perspectives. Soliciting parent input across the first three Coordination measures (2.1, 2.2, and 2.3) would be efficient and the results would provide important context for interpreting results from front-line staff.

Data Sources

In most cases, early childhood communities create the data to be reviewed and evaluated. They can do so through any of the following means:

‣ Survey results, as completed by early childhood system administrators and front-line service providers. Sample surveys from two participating EC-LINC communities that piloted this measure can be found at the following links: Ventura County Service Provider Survey and Central Vermont System Integration Survey (Both surveys capture questions for measures 2.2 and 2.3)

‣ Proceedings of leadership workgroup convenings to discuss survey results.

‣ Findings from leadership workgroup discussions, if the survey has been used as a set of discussion questions.

‣ Findings from front-line service provider focus groups. Sample provider focus group questions used in a pilot of measures 2.2 and 2.3 can be found at the following link: Ventura County Service Provider Focus Group Protocol

‣ Proceedings of parent focus groups or survey results, if the survey is modified to elicit parent input. Sample parent discussion questions used in a pilot of measures 2.2 and 2.3 can be found at the following link: Ventura County Parent Café Questions

Secondary or administrative data for measures may be sourced from the following:

‣ Community health surveys (for proportion of families with a medical home).

‣ Centralized resource agencies, such as Help Me Grow or 2-1-1 (for utilization of centralized referral resources).

‣ Agency administrative information (for inter-agency agreements to facilitate coordination).

‣ Evaluation data (for any existing studies of service integration or coordination efforts).

Tips For Successful Implementation

See Tips for Successful Implementation under *2.1 Working Together.*

Limitations

The ability to draw conclusions from the data may be limited if there is low agency engagement or there is not cross-sector participation.

2.3 Working Together: Survey

Scenario: You are providing services to a family that is also receiving services from one or more other organizations. Please focus on situations in which coordination with the other service provider would be useful; you can ignore, for example, routine services like pediatrics, unless there is a special need that would make it important for your services to be coordinated with pediatric care. Please rate statements 1-7 using the following scale:

1—very unlikely to happen / less than a 25% chance of happening

2—likely not to happen / a 25-50% chance of happening

3—likely to happen / a 50-75% chance of happening

4—very likely to happen / a greater than 75% chance of happening

0 or NA—you do not know or the question is not applicable to your job

1. You will know that the family is receiving multiple services.	1 2 3 4 NA
2. You will know about the nature of the other provider's work with the family, and they will know about the nature of your work with the family.	1 2 3 4 NA
3. When you develop or review and revise a service plan, you will have up-to-date information from the other provider.	1 2 3 4 NA
4. When you develop or review and revise a service plan, the family will help to determine which services it receives from which organization.	1 2 3 4 NA
5. The two plans will be coordinated with one another (for example, so that the family doesn't experience scheduling conflicts between your services; or so that participating in one service fulfills a reasonable requirement for the other).	1 2 3 4 NA
6. You will have informal contacts with the other provider when such contacts would be helpful.	1 2 3 4 NA
7. You believe that the other provider will work with the family in a way that helps make your work more effective.	1 2 3 4 NA

In answering these questions, you have been thinking about your experience with many different sectors. Now please think about those sectors individually, and give your ratings as follows.

My experience in referring people to this sector has generally been:

1—Largely unsatisfactory (I usually encounter problems)

2—Somewhat unsatisfactory (I encounter problems fairly often)

3—Somewhat satisfactory (I sometimes encounter problems)

4—Largely satisfactory (I rarely encounter problems)

0—Not applicable (no experience working with this sector orI am part of this sector)

8a. Pediatrics	1 2 3 4 NA	8f. Mental health	1 2 3 4 NA
8b. Early care and education	1 2 3 4 NA	8g. Income support	1 2 3 4 NA
8c. Home visiting	1 2 3 4 NA	8h. Food and nutrition	1 2 3 4 NA
8d. Early intervention	1 2 3 4 NA	8i. Family support / Parenting education	1 2 3 4 NA
8e. Child welfare	1 2 3 4 NA		

2.3 Working Together: Survey (Continued)

After compiling results, communities can collaboratively assess where their system falls according to the following levels:

Level 1—Little evidence of coordination, formal or informal.

Level 2—Some promising examples of coordination, likely among particularly complex cases, and of relationships developing among providers to support coordination.

Level 3—Coordination has become the norm for at least some kinds of services that are frequently involved together with the same families.

Level 4—Coordination is expected across early childhood service providers, and situations in which it is lacking are rare.

For the final two questions, please think about both scenarios (2.2 System Navigation scenario and 2.3 Working Together scenario), and more broadly about how well you think different services for young children and their families are coordinated.

1. What is the best example you know of successful or improved coordination between different sectors in our community?

2. If you could pick one area for us to focus on as we try to improve coordination between different sectors, what would it be and why?