Assessing Models of Coordinated Services

A scan of state and local approaches to coordinating early care and education with other health and human services

May 2021

Scott Baumgartner, Elizabeth Cavadel, and Katherine Allison-Clark

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Scott Baumgartner, Elizabeth Cavadel, and Katherine Allison-Clark

Submitted to:
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

Submitted by:
Elizabeth Cavadel, Project Director
Mathematica
1100 First St. NE, 12th Floor
Washington, DC 20002

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Overview

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 conflicting or duplicative 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. Recently, for example, the U.S. Department of Health and Human Services (DHHS) Preschool Development Grant Birth-to-Five (PDG B–5) program awarded funding to states and territories to plan and design a statewide coordinated system of care for young children and their families.

To improve understanding of approaches to coordinating ECE with other health and human services, the Administration for Children and Families (ACF) sponsored the Assessing Models of Coordinated Services (AMCS) project. This report shares findings from a national scan of existing state and local coordinated services approaches.

Primary Research Questions

The national scan was designed to answer the following research questions:

1. Are coordinated services approaches able to coordinate partnerships and service application and delivery?
2. How do coordinated services approaches intend to reduce barriers that confront families trying to access services?
3. Are coordinated services approaches that combine ECE, family economic security, and/or other health and human services able to address other child development factors beyond ECE?
4. What have we learned from efforts to integrate enrollment and eligibility processes for health and human services?
5. How are they using data to understand service delivery dynamics?
6. How is public and private ECE funding targeted to meet the needs of at-risk children and families?

Purpose

States and localities interested in developing, or continuing, a coordinated services approach for families may not have access to information about the characteristics of such approaches in operation. For example, states or localities may be interested in the types of partners involved in such approaches and their roles, sources of funding and how they are used, the types of services being coordinated, efforts to align eligibility and enrollment processes, and use of data. AMCS intends this overview to begin to fill that gap. By analyzing the characteristics of different approaches, the study team was able to identify 6 preliminary "models" of service coordination (see findings). These models are exploratory categories defined by characteristics that coordinated services approaches have in common with each other. Individual coordinated services approaches were often not intentionally following a particular model.

The scan is a first look at the characteristics and potential models of coordinated services approaches at the state and local levels. This scan was not designed to be representative, and notably, coordinated services approaches without publicly available information might not have been identified. Findings presented in this report are preliminary and not generalizable. Additional field work conducted under AMCS will seek to further increase understanding of coordinated services approaches and refine the potential models described in this report.

Findings

Based on an analysis of 55 approaches (see methods), the study team identified 6 preliminary models of coordinated services (highlighted below). Three preliminary models describe approaches operating at the state level and three describe approaches at the local level. These models are exploratory ways to categorize existing approaches with similar characteristics, but the coordinated services approaches in the scan all had unique aspects to their coordination. Four local-level approaches did not fit neatly into a particular model. These four coordinated services approaches (which included two federally-funded Promise Neighborhoods and two that were not connected to any state or federal programs) had some characteristics of multiple models.

State Models of Coordinated Services

1. **State vision (6 state-level approaches):** Under this model, states had an overarching vision that outcomes for families would be enhanced through alignment of services for parents and children. Approaches that fit this model commonly pursued administrative and policy changes to facilitate coordination, but many of the details about how to implement the state's vision for service alignment were determined at the local level.
2. **State framework (12 state-level approaches):** 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.

3. **State direct services (6 state-level approaches):** In a state direct services model, the state was directly involved in coordinating services by offering specific services for families. Often, approaches that fit the state direct services model also contained elements of other models of coordinated services, such as the pursuit of administrative and policy changes.

Local Models of Coordinated Services

1. **Hub model (16 local-level approaches):** 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. Approaches that fit this model commonly used strategies like "no wrong door" intake processes, co-location, and joint case management so partners could have a more complete picture of families' needs and coordinate service delivery. Typically, hub models involved a large number of partners.
2. **Regional network with backbone (5 local-level approaches):** In the 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 of community service providers across a wide range of ECE and health and human services.
3. **Narrow coordination (6 local-level approaches):** Coordinated services approaches that fit this model tended to involve between two and eight partners working closely 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.

Additional detail about the models and cross-cutting themes related to the research questions are described in the report.

Methods

The national scan had three primary activities:

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 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 and met criteria for the scan.

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

Glossary

ECE: Early care and education

Coordinated services approach: a coordinated services effort by any individual program or a group of programs, an agency, department, or other organization focused on coordinating services for low-income families, at the state or local level.

Model of coordinated services: exploratory category that describes characteristics that coordinated services approaches have in common with each other, based on information gathered in a national environmental scan. Individual coordinated services approaches were often not intentionally following a particular model.

PDG-B5: Preschool Development Grant, Birth through Five.

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	• 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	• 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	• Creation of a statewide framework for how services should be coordinated for families • Work with local partners to implement local coordinated services approaches	• 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	• Creation of specific programs that coordinated two or more services for families • Implementation of services in local areas across the state	• 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	• Emphasis on family-focused service coordination • Streamlined entry into partner services and reduced barriers to access	• 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	• 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	• Extent to which partners are involved in decision-making
Narrow coordination	6	• Small group of partner organizations focused on enhancing services for a specific population • Grant funding	• Extent to which partners were able to collect and share data
Other	4	• Varies	• 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.

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I. 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. Recently, for example, the U.S. Department of Health and Human Services (DHHS) Preschool Development Grant Birth-to-Five (PDG B–5) program awarded funding to states and territories to plan and design a statewide coordinated system of care for young children and their families. The system cuts across services such as home visiting, Head Start, prekindergarten, and health programs.[3]

Assessing Models of Coordinated Services

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 designed to promote positive outcomes for family economic security, health, mental health, food and nutrition, and housing (see sidebar).[4] It builds on a prior project, Exploration of Integrated Approaches to Supporting Child Development and Improving Family Economic Security (Sama-Miller et al. 2018),[5] which identified key features of

Key terms

Approach: a coordinated services effort by any individual program or a group of programs, an agency, department, or other organization focused on coordinating services for low-income families, at the state or local level.

Model: exploratory categories that describe characteristics that coordinated services approaches have in common with each other, based on information gathered in a national environmental scan. Individual coordinated services approaches were often not intentionally following a particular model.

[3] To date, 52 states and territories have received one-year PDG B-5 planning grants to conduct needs assessments and create strategic plans and 28 have received additional funding to implement their designs.

[4] 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.

[5] https://www.acf.hhs.gov/opre/integrated-approaches-supporting-child-development-improving-family-self-sufficiency.

coordinated services approaches for parents and children in the same families. AMCS broadens the lens of Integrated Approaches by working to take in a wider range of services to support children and parents in communities, as well as systemwide state- and local-level coordinated services approaches for families.

To understand the features of state and local coordinated services approaches, the AMCS research team conducted a national scan. The scan had three primary activities:[6]

1. **A review of public information (November 2018)** to identify coordinated services approaches that met study criteria
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
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.[7]

The scan is a first look at the characteristics and potential models of coordinated services at the state and local levels.[8] 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

Assessing Models of Coordinated Services (AMCS)

Through the AMCS project, the Administration for Children and Families (ACF) seeks to learn more about how states and communities coordinate early care and education (ECE), family economic security, and/or other health and human services to most efficiently and effectively serve the needs of children and families with low incomes. Project activities include:

- A targeted literature synthesis
- A national scan of existing approaches to coordinate ECE with family economic security and/or other health and human services
- Telephone interviews and virtual site visits with select coordinated services approaches to get more in-depth information about how they are serving families on the ground
- A series of reports and briefs to inform both ACF and the public about the findings and discuss gaps or needs in the field

This report describes the national scan. Project findings will give practitioners, policymakers, and researchers information about the state of the field of coordinated service delivery and its challenges and opportunities.

[6] Information from approaches was collected under the Formative Generic Clearance for ACF Research 0970-0356.

[7] Points of contact were typically agency directors, recommended by project stakeholders.

[8] Including tribal governments.

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.

The AMCS project is designed to answer six research questions. These research questions, and the way that the scan profiles collected data to answer the questions, are shown in Table I.1. Questions that the scan was designed to address are in bold in the table. The next step for the project will be to conduct telephone interviews and virtual site visits with staff from selected coordinated services approaches. These activities will inform more aspects of the research questions in Table I.1, 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.

In addition to these research questions, AMCS aims to better understand the relationship between state and local coordinated services approaches, and where possible, we explored these connections among the approaches included in the scan.

Table I.1. AMCS research questions

Research question	Data collected in scan about coordinated services approaches
1. **Are coordinated services approaches able to coordinate partnerships and service application and delivery?** Can we identify key characteristics of these approaches?	• Partners involved in the coordinated services approach at the federal, state, and local levels • Public and private partners
2. **How do coordinated services approaches intend to reduce barriers that confront families trying to access services?** Are there federal barriers to implementing such approaches?	• Populations served and their barriers to accessing services • How the approach was designed to address identified population needs
3. **Are coordinated services approaches that combine ECE, family economic security, and/or other health and human services able to address other child development factors beyond ECE?**	• Services for children under age 5 • Other health and human services • How services included in the approach were coordinated • Intended outcomes for children, families, and adults
4. **What have we learned from efforts to integrate enrollment and eligibility processes for health and human services?**	• Efforts to integrate enrollment processes • Efforts to align eligibility criteria
5. Are states and/or localities examining service delivery dynamics across ECE programs to assess the availability of care slots and services to meet the needs of eligible families? **How are they using data to understand service delivery dynamics?**	• Capacity to track families across services by linking individual child and adult records • Whether partners shared data and for what purpose • How individual level data were used • Efforts to integrate partners' data systems and/or improve data sharing

Research question	Data collected in scan about coordinated services approaches
6. **How is public and private ECE funding targeted to meet the needs of at-risk children and families?** Are there differences in the families that are able to access services?	• Federal, state, local, and private funding sources • Whether the coordinated services approach dedicated funds to service coordination • Whether the coordinated services approach blended or braided funding sources (as opposed to having separate funding sources for individual services) • Cost savings related to services coordination (for state coordinated services approaches only)

Note: Bold text represents the part of the research question about which the scan was intended to gather information.

Unfortunately, scant information emerged about the relationship between state and local coordinated services approaches, in part because of a lack of publicly available information about the existence of local coordinated services approaches affiliated with statewide efforts to coordinate services. In the scan, the research team collected information from state-level coordinated services approaches about whether the approach had local-level affiliates or implementation sites. The team also asked whether states had changed policies that could encourage more local-level coordination, such as by making changes to administrative agencies. The team collected information from local coordinated services approaches about state-level funding and partners that supported their coordination efforts. By learning more about a subset of these coordinated services approaches in future field work, we could uncover more information about how initiatives at the state level influence or encourage local stakeholders to establish a coordinated system.

Road map to the rest of the report

This report describes the process for conducting the scan and findings from the state and local coordinated services approaches in the scan, including preliminary "models" of coordinated services. The findings in this report lay the groundwork for future AMCS field work. Chapter II describes our methods, including how we identified and profiled coordinated services approaches, and how we analyzed the profile information. Chapters III and IV detail findings for state and local coordinated services approaches, respectively. Chapter V synthesizes findings from analysis of state and local coordinated services approaches to provide preliminary responses to the AMCS research questions (bolded in Table I.1). Chapter VI concludes with next steps for the AMCS project, including how future project activities will be informed by the ongoing public health crisis brought on by the COVID-19 pandemic.

II. Methods

This chapter describes the process that the AMCS research team followed to identify state and local coordinated services approaches, collect and verify publicly available data on them, and analyze the data to develop preliminary "models" of coordinated services. This process is depicted in Appendix A and described below.

Identifying state and local coordinated services approaches

The AMCS scan began with a purposive review of a wide range of source documents to identify state and local coordinated services approaches.[9] These documents included:

- The database of coordinated services approaches to serving whole families, developed for OPRE's Integrated Approaches project
- Coordinated services approaches documented in other, related Mathematica projects
- Participants in federally funded initiatives, technical assistance, and grant programs[10]
- Coordinated services approaches documented by private sector initiatives, relevant member organizations, thought leaders, foundations, other funders, and research literature

To be included in the scan, state and local coordinated services approaches had to meet six criteria. These were:

1. Currently operates in the United States
2. Has a public website or other documents available for review
3. Serves any families with low incomes
4. Provides ECE services for children age 5 and younger
5. Provides family-focused health and human services in addition to ECE services
6. Intentionally coordinates multiple health and human services programs[11]

Of the 207 coordinated services approaches we identified initially, 95 met all six screening criteria. The 95 coordinated services approaches were spread geographically across the United States. Included in the 95 were 27 state coordinated services approaches and 68 local coordinated services approaches. The 27 state coordinated services approaches operated in 23 states (3 states

[9] The scan incorporated 186 documents.

[10] 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.

[11] The Integrated Approaches project defined intentionality as purposive investment and deliberate linkages between services (Sama-Miller et al. 2017). To qualify for inclusion, approaches to serving whole families had to have some information indicating that they were doing more than just providing referrals between organizations.

had more than one approach). The 68 local coordinated services approaches operated within 29 states (including the District of Columbia).

Examples of initiatives supporting coordinated services reviewed for AMCS:

Select federal initiatives supporting coordinated services:

- Promise Neighborhood Initiative (Department of Education)
- Supporting Working Families Initiative (Department of Labor)
- PeerTA Network (Department of Health and Human Services, Office of Family Assistance)
- Project LAUNCH (Department of Health and Human Services, Substance Abuse and Mental Health Services Administration)
- ACF Early Childhood Training and Technical Assistance System (Department of Health and Human Services, Office of Head Start and Office of Child Care)

Select private sector organizations, funders, and initiatives supporting coordinated services:

- Ascend at the Aspen Institute
- Community Action Partnership
- Annie E. Casey Foundation
- National Head Start Association

Developing profiles for coordinated services approaches

To develop the profiles, the AMCS research team created separate state and local templates to document information about the coordinated services approaches.[12] The topics included in the templates were informed by the information collected in the Integrated Approaches project scan. The template also included items designed to capture PDG B-5 grant requirements, such as kindergarten transition programs and supports. OPRE and project stakeholders reviewed the templates and gave input on key aspects of coordination on which to collect information.

The topics in the state and local profile templates were mostly the same but used different language to reflect the different contexts of state and local approaches. For example, the local template asked about the geographic region that the local coordinated services approach served; the state template asked about local implementation sites for the state-level approach. The state template also included a separate section about "collaboration outcomes," including whether the approach had resulted in cost savings or whether the state had made any changes to policy as a result of the approach. The profile templates are included in Appendix B and described in the box on page 7.

[12] Approval for information collection was obtained under the Formative Data Collections for ACF Research and Evaluation (0970-0356).

Among the 95 coordinated services approaches that screened in, the research team selected 61 to develop profiles on, including all 27 state and 34 of the local coordinated services approaches. To select the 61 approaches, the research team consulted with OPRE, prioritizing those with distinctive characteristics and those that had relatively more information available for review. For example, the research team identified 10 community action agencies that had Head Start grants and met screening criteria. The research team created profiles for three that had comparatively more public information available. The research team also chose some coordinated services approaches with characteristics that were particularly relevant for PDG B-5 grantees. For example, OPRE was particularly interested in approaches that coordinated multiple early childhood services, and in state coordinated services approaches that included local implementation sites.

Topics included in state and local coordinated services approaches templates

- **General information:** Year created; mission, goals, and vision; overview of how ECE and other health and human services are coordinated
- **Development of the approach:** Why the approach was developed; how it has changed over time
- **Size:** Annual number of children and families served
- **Funding sources:** Annual budget; sources; how funds are combined
- **Partners in coordination:** Lead agency, types and names of partners; how partners work together
- **Services:** Intended service population; ECE and other health and human services; eligibility criteria; how services are coordinated; key outcomes for children, adults, and families
- **Data systems and use:** Collection and use of individual-level and family-level data; data sharing between partners; efforts to integrate data systems
- **Collaboration outputs (state only):** Cost savings; policy changes

Using public information from the scan, the research team filled in as much of the profiles as possible. The research team then attempted to confirm and complete the information related to each approach. The research team identified points of contact for coordinated services approaches through public websites and by sharing lists of the coordinated services approaches with the 10 regional offices that make up ACF's Office of Regional Operations, as well as the Child Care and Development Fund State Administrators. Starting in the fall and continuing through the end of 2019, the research team reached out to contacts by email to introduce the project and ask the contacts to review and complete the information in the profile. If the contacts did not respond, the research team followed up by email (three times) and phone (once) before dropping them from the profile confirmation process. In some cases, the research team also had follow-up phone calls to clarify contacts' responses in the profiles. These phone calls resulted in the removal of three state coordinated services approaches and five local coordinated services

approaches that, after more information had been collected, did not meet the criteria for inclusion in the scan. The calls also resulted in the addition of two local coordinated services approaches.

By the conclusion of the profile confirmation process in December 2019, the research team had "confirmed" profiles from 40 approaches that met criteria. This total included 38 of the 61 draft profiles sent out for confirmation and 2 profiles for the additional local coordinated services approaches that respondents identified. The findings in this report are primarily based on the analysis of those 40 confirmed profiles. A flow chart describing the stages of the scan and number of approaches identified is included in Appendix A (Figure A.1).

Analysis of the confirmed profiles

Qualitative analysis of the profiles followed a layered, three-stage approach.

Stage 1: Preparation

The research team reviewed the content of the confirmed profiles to assess how complete they were and conducted follow up with contacts to clarify information, as described above.

Stage 2: Summary analysis

The profiles were loaded into NVivo, a qualitative coding software, to create summaries for each row in the profile template. This enabled the research team to read across the profiles and get an overview of information from each category. The research team created general codes to track summary information, such as types of funding sources and services. For this stage of analysis, state and local profiles were analyzed together.

Stage 3: Thematic coding

This analysis involved reading through summary codes multiple times to surface patterns and common topics, such as how partners made decisions and what types of outcomes the coordinated services approaches were designed to achieve. Thematic analysis was conducted separately for state and local coordinated services approaches.

In addition to reading summary coding output across the profiles, the research team also read through each profile and took notes on emerging themes and common characteristics to develop exploratory categories (or models) of coordinated services. This step in the analysis was done to address the project research question on how state and local coordinated services approaches manage partnerships and service application and delivery. After identifying empirical categories, the research team read through the summary codes developed in Stage 2 within each category to refine the categories themselves and the characteristics that defined them. The chapters that follow refer to these categories as "models of coordinated services," although it is important to note that there was wide variation in the features of coordinated services approaches. Often, individual coordinated services approaches were not intentionally following a particular model.

After Stages 2 and 3, the research team coded the remaining 15 "unconfirmed" profiles, which relied solely on publicly available information.[13] Using the available information about these coordinated services approaches, the research team fit them into the models of coordinated services developed using the confirmed profiles. The end of Chapter IV describes some coordinated services approaches that did not appear to fit into any model. The information from the unconfirmed profiles offered more detail and context, but did not influence the original development of the models or the findings across state and local coordinated services approaches.

[13] As shown in Appendix A, Figure A.1, 46 of the 61 profiles sent out for confirmation were confirmed and returned; 15 were not returned or confirmed.

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III. State Coordinated Services Approaches

The state coordinated services approaches in the scan focused on a range of goals related to child development, family stability and economic security, and some at the system-level. The child development goals included topics like school readiness and early literacy. Goals for families included mental and physical health, parent involvement with their children, and enhanced social capital, such as community connections. Some state coordinated services approaches also tracked economic security outcomes, such as increased job attainment. Many state coordinated services approaches also had system-level goals, such as increasing access to child care slots and improving the overall coordination of the ECE system.

System-Level Goals

One approach tracked five outcome domains, with indicators in each, to inform the coordinated services approach's progress in supporting healthy communities. These outcome domains cut across children, adults, and families:

1. **Healthy children:** rate of children born with low birth weight; immunization rate; Medicaid-enrolled children from birth to age 5 who have accessed dental services
2. **Children are ready to succeed in school:** percentage of kindergarten students proficient by kindergarten literacy assessment; educational attainment of women ages 15 to 50 with a birth in the last 12 months
3. **Safe and supportive communities:** rate of serious crime and juvenile arrests per 100,000 population; rate of deaths due to unintentional injuries per 100,000 children ages 0-5; unemployment rate; percentage of children under age 6 living in poverty
4. **Secure and nurturing families:** Incidence of child abuse per 1,000 population; percentage of live births to women under age 20; rate of domestic abuse per 100,000 population
5. **Secure and nurturing early learning environments:** Number of early learning environments meeting state quality standards; number of child care slots available in licensed and registered settings; percentage of households with children under age 6 with both parents in the workforce.

This chapter first gives general information about the development and funding of state coordinated services approaches, and then explores three such preliminary models.

Development

State coordinated services approaches reported that in most cases, their development was spearheaded by a small group of champions from state legislatures, executives, and administrative agencies. In some cases, these champions established structures to insulate the coordinated services approaches from changes in political priorities. Just under half of the state coordinated services approaches were written into law. Almost as many were overseen by public-private partnerships that existed outside of government agencies.

Funding

Budgets for state coordinated services approaches ranged from less than $1 million to more than $150 million, with most having an annual budget of more than $5 million. The most common federal funding source was the federal Temporary Assistance for Needy Families (TANF) block grant. As a condition of the block grant, states also had to spend their own ("maintenance of effort") funds on assistance for low-income families and on services to reduce how much the families received from public assistance. They could also transfer funds from the TANF program to other federal block-granted programs. For example, states could use TANF funds to supplement the Child Care Development Block Grant (CCDBG) to increase the amount of available child care subsidies.

Although many state coordinated services approaches received an annual appropriation or funding from a specific state agency, some also received special state funding, such as from the lottery or taxes on products like tobacco. Also, about half of state coordinated services approaches reported that they received other types of funding, such as from philanthropies and direct donations, to fund different aspects of their work. Only one state coordinated services approach explicitly reported that it blended or braided multiple funding streams together to support a specific service. Another noted the inflexibility of state funding sources as a challenge.

Funded by Excise Tax Revenue

Proponents of one state initiative sought to create a dedicated funding stream for early childhood health and development programs, one that was not subject to annual legislative appropriation. A state ballot initiative created the coordinated services approach and increased an excise tax to fund it. Excise taxes are those paid on a purchase of certain products or services, such as tobacco, alcohol, sugary beverages, or gasoline to help cover costs that benefit the population as a whole.

State models of coordinated services

Based on an analysis of 24 confirmed and unconfirmed[14] profiles of state coordinated services approaches, 3 models were identified (Table III.1). Together, state coordinated services approaches that used these models supported a statewide coordinated system of care, encouraged—and funded—local coordination efforts, set policy, and sometimes provided direct services themselves. Table III.1 summarizes the three state models of coordinated services. It includes commonalities and differences among the approaches within each type of model.

[14] As described in Chapter II, the information from the unconfirmed profiles did not influence the original development of the models or the findings across state and local coordinated services approaches. We used information from unconfirmed profiles to add detail and context to the findings.

Table III.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	• 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	• 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	• Creation of a statewide framework for how services should be coordinated for families • Work with local partners to implement local coordinated services approaches	• 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	• Creation of specific programs that coordinated two or more services for families • Implementation of services in local areas across the state	• Extent to which approaches focused on statewide administrative and policy changes • How partners worked together

[a] Includes confirmed and unconfirmed profiles.

The 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. Under these models, states had an overarching vision that services for families would be enhanced through coordination, but many details were determined at the local level. The research team identified six coordinated services approaches that fit into the state vision model. All but one were housed at a state agency that primarily served adults. Two coordinated services approaches that fit the state vision model designated individual agency-level coordinators to oversee the state's initiative to coordinate services for both generations—parents and children.

Policy: Coordinated services approaches that fit the state vision model 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. For example, two states passed "cliff effect" laws as a part of their coordinated services approaches to make sure that parents would not lose important supports, like TANF or child care subsidies, when they started working or increased their income just beyond earnings limits. Coordinated

services approaches that fit in the state vision model also noted other policy changes as a result of their work, such as writing two-generation goals into all job descriptions for human services workers, developing a statewide unified data system for all human services programs, and creating an interagency plan for serving parents and children in a coordinated way.

Data: Although most coordinated services approaches that fit the state vision model collected individual-level data on parents and children, only one reported sharing data with partners. Most coordinated services approaches that fit the state vision model reported that, with their local affiliates, they used data for reporting and operational tasks like referrals and verifying enrollment information.

Example of Integrated Data

In 2019, one state launched a collaboration to support research, evaluation, and analytics using integrated data across state agencies. Several state agencies are partners in this initiative, which is housed within a state executive information technology office and supported in part by a major university. These state agencies planned to use integrated data to evaluate and improve coordinated service delivery across a variety of domains.

Partners: State vision models tended to list local agencies and grant recipients as partners. In this model, partners worked together through cross-agency working groups and committees that met regularly. For example, one approach held initial meetings between state and local partners to come up with a mission and vision for the coordinated services approach together. Another coordinated services approach reported that in addition to steering committee meetings, it adopted a new mission and vision statement to communicate goals to partners and trained the partners on the mission, vision, and goals.

Local coordination: 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. Most supported local pilot programs to try out new approaches to services coordination. One state, for example, used TANF funds to provide grants to support whole-family services to about 30 programs across the state.

The involvement of local communities in the state coordinated services approach appeared to be fundamental to the state vision model. One coordinated services approach reported that local programs “drove” the statewide coordinated services approach. Two states modeled their statewide coordinated services approaches after local coordinated services approaches in their states. One state had several pilot communities named in the legislation that created the coordinated services approach, and these community programs were integral to its early development.

The 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. All told, the research team identified 12 state coordinated services approaches that fit this model.

Policy: Coordinated services approaches in this model did not report on any policy changes that had been ratified, but at least two reported changes in process to promote more collaboration and coordination. For example, one coordinated services approach that fit this model reported that its state had established a committee to explore bringing all early childhood programs into the same agency.

Created Through Legislation

One state approach was created by state law as a public-private partnership. The approach was developed, funded, and supported programs and initiatives statewide, and operated as a connector and convener, serving as the Early Childhood Advisory Council (required by the Head Start Act) for the state. In this capacity, the approach integrated government and private systems to ensure all children could start school ready to succeed. Every county in the state housed a local partnership, which was responsible for meeting local needs and identifying opportunities for collaboration that would help young learners through programs that provide early intervention, strengthen families, improve children's health and well-being, increase the quality of early care and education, and help transition rising kindergarteners into school. Each local office operated as a separate nonprofit with its own board of directors made up of local leaders and people in the community.

Data: Many coordinated services approaches that fit the state framework model reported that they or their local implementation sites collected individual-level data on parents and children to track services uptake. In some cases, data were only collected for some programs. For example, two states reported collecting individual-level data only for a nationwide philanthropy-funded reading program that required it. A few states also collected individual-level data for programs such as home visiting and parent education programs. Three states had, or were working on, linking to state education longitudinal data systems so they could track children's long-term outcomes. These data were often shared with state agencies and used to generate quarterly or annual statewide reports.

Partners: The coordinated services approaches in the state framework model brought together state-level and community-level partners. State partners included the agencies in charge of human services, health, education, workforce development, and higher education (such as community colleges). Community partners included parents, faith-based organizations, early childhood professionals, and local nonprofits. Coordinated services approaches that fit the state framework model did not provide much detail about how partners worked together, but some mentioned boards of trustees and advisory councils that reviewed quarterly reports and met a few

times a year to approve budgets and provide guidance, along with operations teams that met more often and were more involved in logistical and day-to-day work.

Local coordination: Approaches in the state framework model provided a framework for the services that local implementation sites should provide while allowing for variation at the local level. For example, one state required each local implementation site to develop a plan to address goals related to children's physical health, social-emotional health, family supports and basic needs, parent education, and ECE. Another required local implementation sites to include representation from human services, health, education, and early learning in its programming. Some required local implementation sites to conduct a needs assessment in their communities to determine which services to include in their coordination. Others provided technical assistance to the local partners to help them improve the quality of their services or run their organization. For example, one state provided tools and sample policies to local implementation sites to help them with fiscal management and board operations, among other topics. The coordinated services approaches that fit this model varied in terms of how much of the state they reached. Although most had local affiliates responsible for counties or regions that covered the whole state, some funded local partners through competitive grants instead, and consequently did not cover the whole state.

The state direct services 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 contained elements of other models of coordinated services, such as breaking down agency-level siloes and/or reviewing policies. The research team identified six coordinated services approaches that fit this model.

Policy: Some of these approaches changed state administrative functions, just as the state vision model did. For example, one combined the agencies responsible for workforce development and human services. Another developed, but had not yet implemented, a joint governance mechanism for child care, Medicaid, food assistance, TANF, and the Women, Infants, and Children (WIC) program, housed within the agency responsible for early childhood services. In a third state, two state agencies merged (Health and Human Services) and created a structure within the new agency to champion implementation and lead a cross-training series for their colleagues.

About half of the coordinated services approaches that fit the state direct services model said policy changes were part of their work. One state changed its rules for what qualified as work activities for parents receiving public assistance. The change allowed parents to pursue postsecondary education while on public assistance. Another state passed a law that placed an intentional multi-generation focus on all human services programs in the state. Three coordinated services approaches that fit this model provided direct services to families, but the AMCS team was unable to confirm that they worked toward new policies or changes in administrative functions.

Partners: The processes partners used for working together varied widely. One coordinated services approach that fit the state direct services model reported that state agency partners primarily worked together to share data, but another reported that increasing cross-agency collaboration was a key goal. Data sharing between partners was as yet limited. Most had plans to create integrated data systems to track participants across services, but these were in the early stages of development.

A Multifaceted Approach to Coordinating Services

One state's initiative worked to create a more unified mixed-delivery system on multiple levels. The state created a joint governance structure for all programs administered by the state early childhood agency, including child care programs, prekindergarten, the quality rating and improvement system (QRIS), Head Start, and other related programs. The state also worked to enhance coordination between the state early childhood agency and other state agencies including those overseeing TANF, Medicaid, and food assistance. The state also implemented strategies to improve enrollment, eligibility, and referrals for families receiving case management through an early childhood program. Finally, the state led local coordination efforts by supporting two rounds of grants to communities piloting initiatives to coordinate services for whole families.

Local coordination: The defining feature of the state direct services model was the leading role states took in local-level coordination. Two of the six states with approaches that fit the direct services model developed pilot programs and identified local areas to implement them. The pilots for one state included a home visiting program and a hub for services designed for families experiencing homelessness. The other state included a number of county-level initiatives centered in family-focused case management, career pathways coaching, and job training. Four states developed programs that were implemented statewide out of public assistance offices or other state institutions, such as community colleges. Examples included coordinated case management to improve connections to workforce development, wraparound services for parents receiving child care subsidies, and home visiting programs for TANF recipients. As with the state framework model, one approach that fit the state direct services model created a competitive grant process, awarding planning and implementation grants to support whole-family pilot programs in local communities.

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IV. 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.

This chapter first describes general information about the development and funding of local coordinated services approaches, and then focuses on three preliminary models of coordinated services approaches.

Development

Most local coordinated services approaches identified in the scan formed less than 10 years ago. Local coordinated services approaches tended to have similar reasons for their creation. In some cases, the approaches described a growing interest in research-based strategies to improve outcomes for communities' most vulnerable populations. For example, one approach was spurred by county leaders' interest in prevention science and research about the return on investment for early childhood interventions. Another approach arose from a desire to develop new strategies to decrease the prevalence of poor maternal health outcomes. Others cited community challenges and community need as the drivers. For the leaders of these coordinated services approaches, persistent problems like poverty, teen pregnancy, crime, and infant mortality would be best addressed through an integrated, system-level solution. Approaches conducted needs assessments in their communities to specify challenges and develop solutions. One approach, for example, was designed to replicate the Harlem Children's Zone after local leaders visited the program, a well-publicized, comprehensive, place-based model to provide wraparound support for families and children in a neighborhood in New York City. The availability of funding also played a role in the development of local coordinated services approaches. Promise Neighborhood Initiative grantees, funded by the U.S. Department of Education, for example, received initial yearlong grants to conduct needs assessments and design initiatives to coordinate services for their communities.

Funding

Annual budgets for local coordinated services approaches ranged from $350,000 to nearly $20 million. These approaches commonly received Head Start, TANF, and CCDBG funding from the U.S. Department of Health and Human Services. Other examples of federal funding sources included the Workforce Innovation and Opportunity Act (WIOA), administered by the Department of Labor; and the Supplemental Nutrition Assistance Employment and Training Program (SNAP E&T), funded by the Department of Agriculture. Most local coordinated services approaches received state funds; those that reported a specific source cited state departments of human services and education. It was also common for local coordinated services approaches to receive private money from foundations and individual donations. Among these

other sources, six programs cited the United Way; two coordinated services approaches were led by their local United Way. Although local coordinated services approaches had many funding sources, they tended to be tied to individual services. It was not common for local coordinated services approaches to mention blending or braiding different funding sources.

Local models of coordinated services

Three preliminary local models of coordinated services emerged from an analysis of 31 confirmed and unconfirmed[15] profiles (Table IV.1). Together, these approaches worked to improve families' access to services, align the system around shared goals, and ultimately, improve outcomes for their target populations. In addition to the three preliminary models, profiles included four unique local coordinated services approaches that did not easily fit into a model. Table III.2 summarizes the three local models of coordinated services. It includes commonalities and differences among the approaches within each type of model.

Table IV.1. 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	• Emphasis on family-focused service coordination • Streamlined entry into partner services and reduced barriers to access	• 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	• 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	• Extent to which partners are involved in decision-making
Narrow coordination	6	• Small group of partner organizations focused on enhancing services for a specific population • Grant funding	• Extent to which partners were able to collect and share data
Other	4	• Varies	• Varies

[a] Includes confirmed and unconfirmed profiles.

[15] As described in Chapter II, the information from the unconfirmed profiles did not influence the original development of the models or the findings across state and local coordinated services approaches. We used information from unconfirmed profiles to add detail and context to the findings.

The 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. Typically, hub models involved a large number of partners. Many (though not all) coordinated services approaches that fit this model reported more than 12 partners, and some had as many as 36. The hub model was the most common model, with 16 coordinated services approaches fitting this model identified in the scan.

Data: Over two thirds of coordinated services approaches that fit a hub model intended to track clients in a combined data system. Among these, at least four coordinated services approaches reported that they successfully established data systems that multiple service providers used. Others ran into difficulty: one coordinated services approach reported that partners had had privacy concerns about data systems in the past. This coordinated services approach has since received funding to try again, as the partners have developed more trust in each other over time.

Partners: In hub models, strategies such as joint case management and co-location gave partner staff at all levels opportunities to interact with each other regularly. Co-location may increase the integration and coordination of the partners, if staff from different partners have more opportunities to see each other and engage in activities such as joint planning meetings or cross-training. Coordinated services approaches that fit a hub model described regular meetings between leaders from partner organizations to plan services and make joint decisions.

Many coordinated services approaches that fit a hub model also streamlined intake processes and then kept in close contact with families to make sure they could access all the services they needed and did not fall through the cracks, so there would be fewer barriers for families who needed services. For example, three coordinated services approaches had a "no wrong door" approach to intake, meaning that all partners assessed family needs and directed them to the appropriate services, no matter which partner they engaged with first. Several coordinated services approaches matched each family with a single case manager or a navigator to connect them with services, and provide warm handoffs to partner organizations. Generally, these navigators were paid staff members of the lead organization that convened the partners. At least one coordinated services approach used a peer navigator system, in which a new family was matched with one who had been involved with the coordinated services approach, and the involved family helped the new family access the services and supports they needed.

Partners Working Together for Accountability

In one approach, more than 20 partners worked together to create a Results Based Accountability framework for evaluation. Partners met every month to create plans for improving performance impact. They developed performance measures to assess the quantity, quality, and impact of each of 10 program goals related to stable communities and student achievement, from kindergarten readiness to the attainment of a postsecondary degree. When designing its evaluation plans, the lead agency aligned all existing programs and solutions to government performance indicators. Scoring their impact allowed team leaders to troubleshoot challenges in meeting benchmarks. The data were collected and analyzed monthly to learn what was and was not working.

Funding: Hub models primarily included community-based or regional coordinated services approaches that were open to all residents of a particular geographic area. Four coordinated services approaches that fit a hub model were developed for the Promise Neighborhood Initiative, a community-based strategy created by the U.S. Department of Education in 2010. The initiative provided grants to community nonprofits, institutions of higher education, and tribal governments to create a continuum of "cradle to career" services and improve coordination between various systems, including early childhood, K–12 education, higher education, and workforce development. A few coordinated services approaches that fit a hub model were funded primarily through another grant program, the Strengthening Working Families Initiative. This initiative, funded by the U.S. Department of Labor in 2016, supported local partnerships that focused on improving access to child care options for parents enrolled in career development programs.

The regional network with backbone model

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. Unlike the lead agency in the hub model, the backbone agency typically did not provide case management or other direct services. Partners in the regional network with backbone model tended to be focused on a goal or set of goals that the coordinated services approach was developed to achieve. Partners of coordinated services approaches that fit this model operated independently for the most part. For example, they had their own intake processes. Five coordinated services approaches identified in the scan fit the regional network with backbone model.

Data: 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. For example, the backbone agency in one long-standing coordinated services approach created an integrated data system to track the families served by all the partners and, working with an evaluation partner, used the data in the system to assess the partners' performance indicators that were specified in

their contracts. The backbone agency also used child outcomes to assess success against community-wide targets.

Tracking and Using Outcome Data

One approach was established to foster a coordinated ECE system to improve the well-being of all children within a single county. The approach has five goals: (1) healthy children; (2) successful parents; (3) a high quality child care system; (4) children who are prepared for school; and (5) a community committed to children. Different partners are the lead agencies for each goal, and a public-private partnership administered by the county early childhood office serves as the backbone agency. All of the partners enter individual-level data in a single data system, which was developed to evaluate services offered within the approach. The backbone agency and its evaluation partner maintain the data system and use it for research, program evaluation, performance reporting, decision making, and quality improvement.

Partners: Backbone agencies typically brought partners together periodically to discuss performance, provide training to partner agency 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. Partners seemed to communicate more often with the backbone agency than with each other. Although some backbone agencies institute advisory councils and steering committees with partners to make decisions, much of the communication these coordinated services approaches described was about providing a service, such as training partner staff, receiving annual or quarterly performance reports, or reviewing partners' performance.

The narrow coordination model

Whereas the other two local models of coordinated services had numerous partners and served all families within a geographic area, coordinated services approaches that fit this model tended to involve between two and eight partners working together on a specific program. The scan found six coordinated services approaches that fit a narrow coordination model. However, most did not respond to the research team's request to confirm the information about them.

Data: Data sharing between partners tended to be challenging. One coordinated services approach reported collecting individual-level data on parents and children, but they were not shared across partners. Representatives of the coordinated services approach cited federal privacy statutes that, in their opinion, made it difficult to share data safely and securely.

Partners: In the narrow coordination model, 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. Several coordinated services approaches mentioned that family services were co-located, such as Head Start in public housing, or child care on a college campus where parents were taking courses. Coordinated services approaches using a narrow coordination model used one set of enrollment criteria for all components of the coordinated services approach.

Partnering to Serve Whole Families

One approach was founded to increase access to postsecondary education and employment opportunities for families with young children living within the same rural region. In the approach, parents are enrolled in a one-year college program, and their children are enrolled in a child care program. Families receive intensive case management for two years. One agency leads the approach partnership with a child care agency, two postsecondary institutions, and a workforce development agency. Leaders from each partner agency sit on a decision making board together as equals.

Funding: Most approaches that fit the narrow coordination model were funded with grants. This funding tended to come from federal agencies. Two were funded with Performance Partnership Pilot grants administered by the Family and Youth Services Bureau (FYSB) within ACF. One participated in the Rural IMPACT initiative supported by the U.S. Department of Health and Human Services.

Other local coordinated services approaches

The local coordinated services approaches in the scan all had unique aspects to their coordination, and four did not fit neatly into a particular model. These coordinated services approaches (which included two Promise Neighborhoods and two overseen by nonprofit organizations) had some characteristics of multiple models. Two of the approaches, although local, served broad geographic areas, including a number of rural counties in the eastern United States and most of the southern half of a midwestern state, and had characteristics of state-level models of coordinated services.

V. 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. Through the scan, the AMCS research team identified six models of coordinated services. Three models describe coordination at the state level, and three describe coordination at the local level. Next, we synthesize information about common features of state and local coordinated services approaches to provide initial—and partial—answers to the study research questions.

Research Question 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. For example, coordinating direct services involved co-locating multiple programs or assigning families to a case manager who helped them navigate a range of services for families and children. Administrative alignment included centralizing the management of multiple programs, setting up formalized partnerships and feedback loops between multiple service providers, or developing an integrated data system to link data for adults and children by using a single identifier. These strategies can theoretically enhance the responsiveness of a system of care for families by giving service providers a holistic picture of a family's needs and reducing families' need to seek separate access to multiple types of support.

Although there was limited information gathered through the scan about how state and local coordinated services approaches interact, we did find examples to suggest potential patterns of how they could interact. The state framework model, for example, tended to give local partners leeway in determining how to coordinate services. In about half of the coordinated services approaches that fit a state framework model, local partners acted like hub model partners, by reducing barriers to enrollment. In the other half, they acted like partners in regional network with backbone models, convening partners and tracking and reporting community-wide outcomes. State coordinated services approaches also valued local partners; local-level innovations informed facets of at least three state coordinated services approaches.

Research Question 2: How do coordinated services approaches intend to reduce barriers for families trying to access services?

Coordination of direct services for families, as noted, 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 (Research Question 4) also were intended to reduce barriers and roadblocks for families trying to access services. Hub models, in particular, emphasized barrier reduction in the way that they coordinated direct services and streamlined enrollment and eligibility processes. Planned data collection for AMCS will investigate federal barriers to these efforts.

Research Question 3: Are coordinated services approaches able to address other child development factors beyond early care and education?

The coordinated services approaches included in the scan aimed to improve outcomes for low-income families with children. 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 primary ECE services provided or supported by the coordinated services approaches included school readiness and reading programs, health and nutrition programs, home visiting, child care, Head Start/Early Head Start, and prekindergarten.

The coordinated services approaches identified in the scan also often included a range of other health and human services. Most coordinated services approaches reported that they provided services to help with the transition to kindergarten, although they gave few details about what these services entailed. Most coordinated services approaches also included services delivered directly to adults with low incomes, including parenting supports, prenatal care, and employment and training services. A number of coordinated services approaches provided individual support to families through coaching, case management, or help navigating resources.

Research Question 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, but local implementation sites might have engaged in these activities. Some state-coordinated services approaches created local hubs or operated programs to help families navigate services so that it was easier for families to get connected to the services for which they were eligible. Administrative alignment efforts like those already described may also be first steps to further streamlining enrollment and eligibility processes. For example, to make it easier for families to find the services for which they were eligible, one state reported that it was creating a single portal for all prekindergarten programs across the state, regardless of funding source or lead agency.

Integrating enrollment and eligibility was a more explicit priority for some local coordinated services approaches. Hub models, for example, sometimes adopted "no wrong door" approaches to program enrollment. Narrow coordination models reported one set of eligibility criteria for all components of their services. On the other hand, those using the regional partnership with backbone model focused coordination efforts on getting partners oriented toward the same community-wide outcomes, not on integrating specific services.

Research Question 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 adjusting services.

Research Question 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.

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VI. Next Steps

Two planned research activities for AMCS will use the scan findings to probe into coordinated services approaches and develop fuller answers to 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 project team will interview independent state and local coordinated services approaches to better understand how they work with each other and/or influence each other. The project team also plans to identify and speak with local affiliates of some state coordinated services approaches to better understand how state-level service coordination affects services for families on the local level.

The research team will also hold a series of interviews—virtual site visits—with a small group of state and local coordinated services approaches. Ideally, these virtual site visits will include some state and local coordinated services approaches that are officially linked, or affiliated, with one another, to gather more detailed information about the relationship between state and local coordinated services approaches than could be obtained from a telephone interview. In the virtual site visits, for example, research team members will try to speak not just to coordinated services approach directors, but also to staff members at partner organizations, staff members providing services directly to families, and parents themselves. The research team hypothesizes that local-level coordination may be influenced both formally and informally by state-level coordination. Formally, states could actively participate in local-level services coordination or make changes to state policies and regulations. Informally, states could establish a culture and environment conducive to local innovation and coordination of services for children and their families.

It is important to acknowledge that the public health crisis brought on by COVID-19 has profoundly affected both the populations served by the coordinated services approaches identified in AMCS and the systems themselves. Families, for example, are strained by the closure of child care centers and schools, the overloading of the health care system, and lack of access to many supports, both public and private. Some families are likely to be out of work and without income or health insurance, whereas others might be essential workers who need to put themselves and their families at risk of COVID-19 every day. Some coordination strategies, like co-location or individual case management and service navigation, might not be feasible for a while due to social-distancing rules or other resource constraints. Initiatives could be delayed as staff focus on acute issues, such as ensuring the availability of personal protective equipment, testing, or distributing emergency assistance. Staff involved in the coordinated services approaches may have to adjust to remote work, if it is a possibility. Staff, too, are personally affected by the pandemic, facing many of the same challenges the families do.

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, they will learn more about how the coordination provided by state and local coordinated services approaches has been affected by COVID-19.

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Appendix A

Stages of the National Scan

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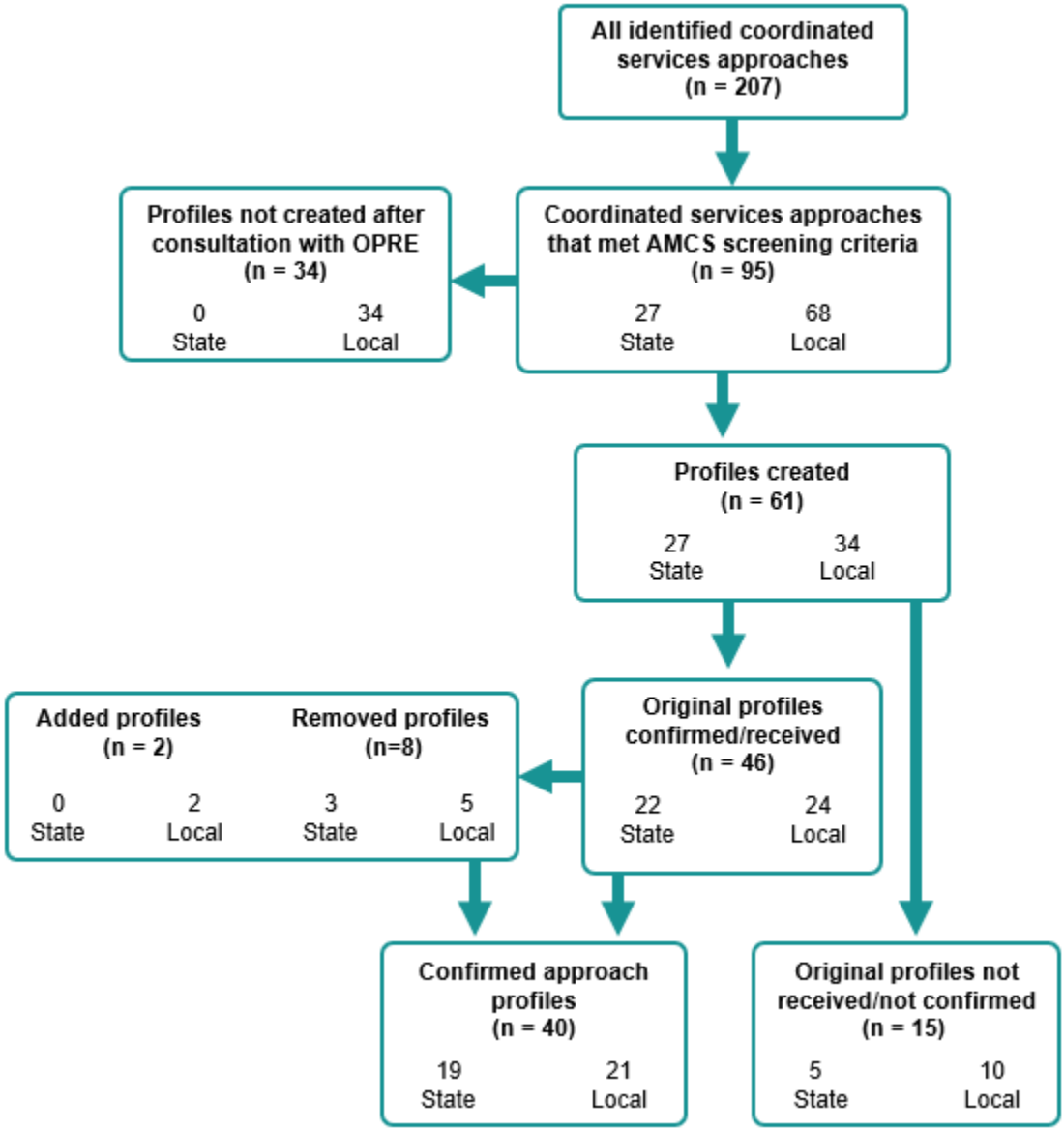
Figure A.1 shows the number of approaches included at each stage of the AMCS national scan. It includes the total number of approaches identified and that passed the initial screening, those for which the study team created profiles, the number of confirmed profiles that coordinated services approach representatives reviewed, and finally, the number of profiles included in the analysis.

Figure A.1. Stages of the national scan



OPRE = Office of Planning, Research, and Evaluation; AMCS = Assessing Models of Coordinated Services.

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Appendix B

Model Scan Profile Templates

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AMCS Model Scan – State Profile

[State Name, Name of the approach]

We use the term "approach" to refer to the coordinated services work you are engaged in. An approach could be a model (a framework for how to coordinate) or a program (an organization directly delivering services to families) or both. Your approach might also have different terms that you use. Please focus on the coordinated services work your organization does when answering the questions below.

Category		Details
General information		
Do you have any documents that provide information about the coordinated services approach that you are able to share, such as a diagram of partners or organizational chart? If so, please provide a link to their web location or attach them by email.		
1	What year was the coordinated services approach founded and/or how many years has it been in operation?	☐ Not applicable ☐ Don't have this information
2	What are the mission, goals, and vision of the coordinated services approach?	☐ Not applicable ☐ Don't have this information
3	What is the State doing to coordinate services (for example, providing funding or technical assistance to local approaches, creating joint governance across agencies, combining agencies)?	☐ Not applicable ☐ Don't have this information
4	Are there local implementation sites of the State coordinated services approach? If so, what are the locations? Please include the number of local sites and their locations. If available, please provide the web address for any local sites. *If the approach is being implemented in nearly every county, you do not need to list them all, but please describe this.*	☐ Not applicable ☐ Don't have this information
5	How were the local implementation sites identified?	☐ Not applicable ☐ Don't have this information

Category		Details
Development of the approach		
6	Please describe any needs assessment activities conducted in developing the coordinated services approach.	☐ Not applicable ☐ Don't have this information
7	What were the drivers (or impetus) in developing the coordinated services approach (e.g. legislative, executive, agency-level champions, response to challenge, policy change, state investment)?	☐ Not applicable ☐ Don't have this information
8	Was there Federal involvement in developing the coordinated services approach (other than funding)? Please describe.	☐ Not applicable ☐ Don't have this information
9	How has the coordinated services approach changed over time?	☐ Not applicable ☐ Don't have this information
Size		
10	What is the annual number of children and families served by the coordinated services approach overall? What are the most commonly/frequently used services in the approach?	☐ Not applicable ☐ Don't have this information
Funding sources		
11	What is the total annual budget dedicated to the coordinated services approach? What is the approximate proportion of the overall department or agency budget that is dedicated to coordinating services (please base proportion on the department or agency leading the coordinated effort and provide the name of the department/agency)?	☐ Not applicable ☐ Don't have this information
12	Do you use Federal funds to support the coordinated services approach (such as the Child Care and Development Fund, Head Start, or Federal grants)? If so, what services are they used for?	☐ Not applicable ☐ Don't have this information
13	Do you use State funds to support the coordinated services approach? If so, what services are they used for?	☐ Not applicable ☐ Don't have this information

Category		Details
14	Do you use any other funding sources to support the coordinated services approach (such as municipal or private funds)? If so, what services are they used for?	
		☐ Not applicable ☐ Don't have this information
15	Do you combine or blend funding from different sources?	
		☐ Not applicable ☐ Don't have this information
Partners in coordination		
16	Is there a lead agency or coordinating body for the coordinated services approach? If yes, please name it.	
		☐ Not applicable ☐ Don't have this information
17	Do you have any Federal and/or State partners in the coordinated services approach (including governor's office, State agencies, tribal authorities, or public universities and community colleges)? If yes, please name them.	
		☐ Not applicable ☐ Don't have this information
18	Do you have any local partners in the coordinated services approach (including tribal authorities, local education agencies, or local governments)? If yes, please name them.	
		☐ Not applicable ☐ Don't have this information
19	Do you have any private organizations as partners in the coordinated services approach (including foundations, corporations, private universities or colleges, or faith-based partners)? If yes, please name them.	
		☐ Not applicable ☐ Don't have this information
20	What is the primary way that state-level partners work together to coordinate services and make decisions (including governance, oversight, resource allocation, and financial management)?	
		☐ Not applicable ☐ Don't have this information
Services		
21	What is the target population for the coordinated services approach (include community characteristics, demographics, and special populations; for example: homeless families, pregnant or parenting teens, and/or American Indian/Alaska Native families)?	
		☐ Not applicable ☐ Don't have this information

Category		Details
22	What services are provided as part of the coordinated services approach for children under 5 (such as early care and education, early intervention, infant and child nutrition, or health and wellness)? Please indicate if services are evidence-based and/or trauma-informed.	☐ Not applicable ☐ Don't have this information
23	Are there supports within the coordinated services approach to help families transition from early care and education into kindergarten?	☐ Not applicable ☐ Don't have this information
24	What health and human services and/or family economic stability services are part of the coordinated services approach?	☐ Not applicable ☐ Don't have this information
25	What are the eligibility criteria for participating in the coordinated services approach?	☐ Not applicable ☐ Don't have this information
26	Have there been any efforts to align eligibility criteria across different types of services? If so, please describe.	☐ Not applicable ☐ Don't have this information
27	How are services coordinated to improve families' engagement in services?	☐ Not applicable ☐ Don't have this information
28	What key outcomes do you expect for children, families, and adults from the coordinated services approach?	☐ Not applicable ☐ Don't have this information

Category		Details
Data systems and use		
29	To what extent are individual-level data on children and families collected (e.g. can family members be linked with a family ID and/or be tracked across services)?	☐ Not applicable ☐ Don't have this information
30	Are data shared across partners (e.g. shared database, reports, extracts)? If so, for what purpose?	☐ Not applicable ☐ Don't have this information
31	How are individual-level data used (e.g. research, reporting, decision-making, continuous quality improvement)?	☐ Not applicable ☐ Don't have this information
32	Have there been efforts to integrate data systems and/or improve data sharing? If so, please describe.	☐ Not applicable ☐ Don't have this information
Collaboration outputs		
33	Has the coordinated services approach resulted in cost savings? Please share the amount of cost savings, if applicable.	☐ Not applicable ☐ Don't have this information
34	Have there been policy changes and/or legislation proposed and/or passed as a result of the coordinated services approach?	☐ Not applicable ☐ Don't have this information

AMCS Model Scan – Local Profile

[Geographic location, Name of approach]

We use the term "approach" to refer to the coordinated services work you are engaged in. An approach could be a model (a framework for how to coordinate) or a program (an organization directly delivering services to families) or both. Your approach might also have different terms that you use. Please focus on the coordinated services work your organization does when answering the questions below.

Category		Details
General information		
Do you have any documents that provide information about the coordinated services approach that you are able to share, such as a diagram of partners or organizational chart? If so, please provide a link to their web location or attach them by email.		
1	What year did you start coordinating services and/or how many years have you been coordinating services?	☐ Not applicable ☐ Don't have this information
2	What are the mission, goals, and vision of the coordinated services approach?	☐ Not applicable ☐ Don't have this information
3	How is the service delivery area of the coordinated services approach defined?	☐ Neighborhood. Name:_____ ☐ Census tract. Name:_____ ☐ School district. Name:_____ ☐ Multi-county region. Name:_____ ☐ Other:_____ ☐ Not applicable ☐ Don't have this information
Development of the approach		
4	Please describe any needs assessment activities conducted in developing the coordinated services approach.	☐ Not applicable ☐ Don't have this information
5	What were the drivers (or impetus) in developing the coordinated services approach (e.g. local champion, response to challenge, policy change, community investment)?	☐ Not applicable ☐ Don't have this information

Category		Details
6	Was there Federal and/or State involvement in developing the coordinated services approach (other than funding)? Please describe.	
		☐ Not applicable ☐ Don't have this information
7	How has the coordinated services approach changed over time?	
		☐ Not applicable ☐ Don't have this information
Size		
8	What is the annual number of children and families served by the coordinated services approach overall? What are the most commonly/frequently used services in the approach?	
		☐ Not applicable ☐ Don't have this information
Funding sources		
9	What is the total annual budget dedicated to the coordinated services approach? What is the approximate proportion of the overall budget that is dedicated to coordinating services?	
		☐ Not applicable ☐ Don't have this information
10	Do you use Federal funds to support the coordinated services approach (such as the Child Care and Development Fund, Head Start, TANF, or Federal grants)? If so, what services are they used for?	
		☐ Not applicable ☐ Don't have this information
11	Do you use State funds to support the coordinated services approach? If so, what services are they used for?	
		☐ Not applicable ☐ Don't have this information
12	Do you use any other funding sources to support the coordinated services approach (such as municipal or private funds)? If so, what services are they used for?	
		☐ Not applicable ☐ Don't have this information
13	Do you combine or blend funding from different sources?	
		☐ Not applicable ☐ Don't have this information

Category		Details
Partners in coordination		
14	Is there a lead agency or coordinating body for the coordinated services approach? If yes, please name it.	☐ Not applicable ☐ Don't have this information
15	Do you have partners in the coordinated service delivery (including state or local government, tribal authorities, local education agencies, universities or colleges, foundations, corporations or faith-based partners)? If yes, please name them.	☐ Not applicable ☐ Don't have this information
16	What is the primary way that partners work together to coordinate services and make decisions (including governance, oversight, resource allocation, and financial management)?	☐ Not applicable ☐ Don't have this information
Services		
17	What is the target population for the coordinated services approach (including community characteristic, demographics and special populations; for example: homeless families, pregnant or parenting teens, and/or American Indian/Alaska Native families)?	☐ Not applicable ☐ Don't have this information
18	What services are provided as part of the coordinated services approach for children under 5 (such as early care and education, early intervention, infant and child nutrition, or health and wellness)? Please indicate if services are evidence-based and/or trauma informed.	☐ Not applicable ☐ Don't have this information
19	Are there supports within the coordinated services approach to help families transition from early care and education into kindergarten?	☐ Not applicable ☐ Don't have this information
20	What health and human services and/or family economic stability services are part of the coordinated services approach?	☐ Not applicable ☐ Don't have this information
21	What is the process for enrolling in the coordinated services approach and receiving services? How is enrollment coordinated across services?	☐ Not applicable ☐ Don't have this information

Category		Details
22	What are the eligibility criteria for participating in the coordinated services approach?	
		☐ Not applicable ☐ Don't have this information
23	Have there been any efforts to align eligibility criteria across different types of services?	
		☐ Not applicable ☐ Don't have this information
24	How are services coordinated to improve families' engagement in services?	
		☐ Not applicable ☐ Don't have this information
25	What key outcomes do you expect for children, families, and adults from the coordinated services approach?	
		☐ Not applicable ☐ Don't have this information
Data systems and use		
26	To what extent are individual-level data on children and families collected (e.g. can family members be linked with a family ID and/or be tracked across different services?)	
		☐ Not applicable ☐ Don't have this information
27	Are data shared across partners (e.g. shared database, reports, extracts)? If so, for what purpose?	
		☐ Not applicable ☐ Don't have this information
28	How are individual-level data used (e.g. research, reporting, decision-making, continuous quality improvement)?	
		☐ Not applicable ☐ Don't have this information
29	Have there been any efforts to integrate data systems and/or improve data sharing? If so, please describe.	
		☐ Not applicable ☐ Don't have this information

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