

**Knowledge and Skills, Roles and Responsibilities
of Services Coordinators in Nebraska**

Miriam Kuhn¹ and Johanna Higgins²

¹ Department of Special Education and Communication Disorders,
University of Nebraska at Omaha

² Omaha, Nebraska

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Correspondence concerning this report should be addressed to Miriam Kuhn, Department of Special Education and Communication Disorders, University of Nebraska at Omaha, 6001 Dodge St., Omaha, NE 68182. Email: miriamkuhn@unomaha.edu

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Families often first encounter Part C Early Intervention (EI) programs when they are in an extremely vulnerable stage of family life—learning that their child may have a verifiable delay or disability. Further, the services coordinator (SC) on the EI team will likely be the first human contact families experience as they are introduced to and navigate this journey with EI. Early in the history of Part C services coordination, researchers found numerous positive benefits of integrated and coordinated service delivery including “better flow of resources, supports, and services...parent satisfaction with provision of needed services and improved well-being and quality of life” (Dunst & Bruder, 2002, p. 363). The repertoire of knowledge and skills needed to develop trusting personal relationships, build strong family-professional partnerships, and complete myriad administrative tasks render the roles of EI services coordination complex. Furthermore, the task of training and equipping effective SCs is a daunting one (Bruder & Dunst, 2005; Childress et al., 2019).

Training and Professional Development of Services Coordinators

The research available regarding key activities and interactions of this profession that would potentially guide the PD efforts of trainers of SCs is quite limited (Bruder, 2010). Complexities of the EI process and a lack of tools to measure outcomes make it difficult to determine what encompasses SC practices as well as their effectiveness (Bruder & Dunst, 2008; Childress et al., 2013; Trute et al., 2008). However, researchers have determined that SCs need PD to improve cross-disciplinary communication and use of technology to interact with team members (O’Neil et al., 2008). SCs have also requested training on identifying family resources, adapting to changes in EI procedures, writing IFSPs and outcomes, and managing Medicaid cases (Childress et al., 2013). In a notable study, over 750 SCs across the United States identified

“better and more frequent training opportunities” (Childress et al., 2019, p. 139) as a critical need for the services coordination profession.

To further clarify areas of knowledge and skills wherein SCs reportedly need training, Nichols and colleagues (2023) surveyed 107 participants (e.g., EI SCs, SC supervisors, parent liaisons). Results indicated SCs in the midwestern state where this study was conducted needed to understand the sources of funding for EI services, demonstrate cultural competencies, and know how to connect families with community-based supports. They recommended professionals in the SC role should focus on time management/organization, teaming/collaboration, and leadership/facilitation. Authors of this study encouraged trainers of SCs to focus on (a) evidence-informed PD (Dunst, 2015), (b) training coordination and collaboration between state Part C systems and local entities who employ SCs, and (c) provision of adequate local resources for post-training support such as coaching, mentoring, and peer communities of practice (Nichols et al., 2023).

Recommended Knowledge and Skills for Services Coordinators

Due to the complexity of services coordination roles, a national workgroup, with guidance from key EI entities, the Division for Early Childhood (DEC) and the Early Childhood Personnel Center (ECPC), developed a set of recommended Knowledge and Skills for Service Coordinators (KSSC). The KSSC identifies six well-defined areas that professionals serving the role of SC should know and implement: infant/toddler development, family-centered practices, leadership/teaming, coordination of services, facilitation of transition, and professionalism (Workgroup on Recommended Knowledge and Skills for Service Coordinators, 2020). In addition to the KSSC, a joint position statement generated by DEC and the IDEA Infant & Toddler Coordination Association outlines six essential roles and responsibilities for EI SCs

based on legal requirements. These included making first contact with families, conducting the initial visit which is often called an intake meeting, coordinating child/family evaluation and assessment, facilitating the development of Individualized Family Service Plans (IFSPs), continuing to coordinate and monitor EI services and implementation of IFSPs, and coordinating transitions from EI and ultimately completing an exit process with the family (Division for Early Childhood, & IDEA Infant & Toddler Coordinators Association [DEC & ITCA], 2020). This statement also recommends aligning SC competencies with KSSC indicators, monitoring manageable caseloads, and ensuring fair compensation for SCs, and calls for research to enhance practices and training. (For a detailed description of the process used to develop these recommendations refer to Nichols et al., 2023.)

Nebraska's Plan for Improving Early Intervention Services

In 2014, the Nebraska Part C EI Co-Lead Agencies (Departments of Education and Health and Human Services) designed a multi-year Results-Driven Accountability (RDA) plan. The plan aimed to improve EI services delivered by dedicated SCs and EI providers across the state through PD and technical assistance (TA) in three areas: (a) child/family assessment, (b) writing functional IFSP outcomes, and (c) strengthening routines-based home visits for infants and toddlers with developmental delays or disabilities and their families. Three evidence-based strategies were selected for the PD/TA efforts: Routines-Based Interviews (RBI; McWilliam, 2010) for assessment of child/family needs and priorities, use of RBI results to develop high-quality, functional IFSP outcomes, and incorporation of the *Getting Ready Approach* (Sheridan et al., 2008) into home visits conducted by EI professionals.

Many of the elements for SC training suggested by the research of Nichols and colleagues (2023) were present in the state's development and phased roll-out of the PD/TA for

the three RDA strategies. The trainings and TA were coordinated, delivered, and evaluated in a collaborative fashion by the state-level co-lead agencies, state university systems, state-level content experts, trainers, and coaches, and the local entities who hire, support, and supervise the SCs. These collaborations continue for newly- and locally-hired SC and EI providers who receive their initial in-service PD/TA from state-level trainers.

In addition, local resources, such as peer coaching and mentoring, were provided post-training although this looked different across regions of the state depending upon the characteristics of the region or local needs. A detailed description of the three phases of training and TA utilized for the three strategies is beyond the scope of this report, however, information about each phase is available in the literature (Kuhn et al., 2020; Kuhn & Higgins, 2023).

Purpose and Research Questions

The purpose of this study was to develop a rich picture of the knowledge and skill sets of Nebraska SCs and perspectives from the field regarding SC roles and responsibilities in the state. We sought a better understanding of Nebraska SCs' efforts to fulfill the central roles and demonstrate the key skills as identified by the DEC & ITCA (2020) joint position statement for SCs. Findings from this study have the potential to guide state leadership in refining and delivering initial and on-going professional development for SCs, as well as add to the knowledge base nationally regarding EI SCs' competencies and training needs.

The following research questions guided this investigation:

1. What differences are found between trained and not-yet-trained SCs regarding their confidence in having specific knowledge and using key skills critical to the provision of high-quality services coordination?
2. What are the perspectives of trained SCs, their supervisors, and their trained EI provider

colleagues regarding the SCs' confidence in or use of specific knowledge and key skills as they fulfill critical roles and responsibilities on their EI teams?

3. When considering the complex roles and responsibilities of SCs on their teams, what do trained and not-yet-trained SCs, SC supervisors, and EI providers identify as areas that would most benefit from professional development?

Method

For this study, a mixed method sequential explanatory design that included three stages was chosen. First, Qualtrics survey data was collected and analyzed from four groups of participants. The surveys gathered demographic information, quantitative responses to 15 Likert-scale items, and qualitative responses to two open-ended questions. Survey results subsequently informed collection of further qualitative data in the second stage of the study. Participants from three groups who were initially surveyed were recruited for in-depth focus group interviews, allowing researchers to probe for explanations of the survey findings. Upon completion of the second data collection and analysis phase, the third stage of examination was conducted. That is, results emerging from the first two stages were examined side-by-side for commonalities or disparities. The mixing, or integration, of conclusions in this manner “provide(s) fuller understanding of the phenomenon under study” (Teddlie & Tashakkori, 2009, p. 305), in this case—the knowledge and skills, roles and responsibilities, and PD needs of Nebraska SCs.

Setting and Participants

Participants were recruited from four populations across the state: (a) SCs who were relatively recently hired and had not yet completed training/fidelity-approval in the three RDA strategies. These SCs were actively employed, and thus, may have completed portions or all of

their introductory job training; (b) SCs who had completed introductory job training and were fully trained and fidelity-approved in the three RDA strategies as identified by the state agencies overseeing EI services, (c) supervisors of trained/approved SCs, and (d) EI providers who had also been trained/approved in all RDA strategies and who worked with trained/approved SCs.

Data Collection

Surveys

For the first stage of the study, all members included in the four populations from across Nebraska were recruited to anonymously participate in their respective form of a Qualtrics survey. Survey questions were generated by the research team and several reviewers provided feedback. Reviewers included state level Part C team members, as well as individuals who had experience as practicing SCs or EI providers, and/or had supervised SCs. Reviewer feedback prompted the deletion of some questions due to redundancy and the re-wording of others for improved clarity and focus. Surveys and two follow-up reminders were emailed to 49 not-yet-trained SCs, 71 trained SCs, 23 SC supervisors, and 186 trained EI providers. The number of actual participants and participation rates were as follows: not-yet-trained SCs ($n = 34$, 69% return rate), trained SCs ($n = 50$, 70% return rate), SC supervisors ($n = 15$, 65% return rate), and trained EI providers ($n = 81$, 44% return rate).

The surveys for the four populations were designed in parallel format in that the questions were about similar topics while aiming to gather each group's unique insights. A 6-point Likert scale provided item structure featuring responses ranging from 1= "Strongly Disagree" to 6= "Strongly Agree". For example, all SCs were prompted to express their levels of confidence in demonstrating the 15 indicators of knowledge and skills identified by the Workgroup on Recommended Knowledge and Skills for Service Coordinators (RKSSC, 2020).

Two open-ended survey questions provided opportunities for all SCs to indicate beneficial trainings and suggest needs for further professional development. (See the survey protocol for trained SCs in Appendix A).

Meanwhile, supervisors and trained EI providers were asked to indicate their level of agreement with survey statements about the trained SCs with whom they worked demonstrating their knowledge and skills. In addition to the range of responses indicating agreement from strongly disagree to strongly agree, there was an N/A (unknown or no opportunity to observe) response option given to supervisors and EI providers. All groups provided consent to participate and demographic information within the survey.

Focus Group Interviews

The second stage of data collection consisted of focus group interviews aimed at gathering more in-depth qualitative data than that gathered with the survey question responses. Representative groups from three of the four populations—trained SCs, SC supervisors, and trained EI providers—were purposefully recruited to participate in hour-long Zoom interviews. Not-yet-trained SCs were excluded from the focus group interviews as most were newly-hired and had not progressed beyond initial, basic training. Focus group recruitment targets included participants from urban, suburban, and rural settings as well as those serving families speaking various home languages. Scholarly literature recommends focus groups of six to eight participants (Guest et al., 2017; Merriam, 2009; Teddlie & Tashakkori, 2009). Guest and colleagues (2017) further determined that conducting three to six focus groups yields 90% of thematic information on a particular topic. For this study, seven groups of trained SCs ($n = 21$), three groups of supervisors ($n = 11$), and three groups of trained EI providers ($n = 9$) were interviewed by the first and second authors.

Before beginning the interviews, subjects indicated their consent to participate in the research and completed a short demographic survey through an on-line link. Facilitators utilized semi-structured protocols in which a set of open-ended questions were asked verbatim and in the same order for each category of participants interviewed. Facilitators then posed follow-up questions if clarification was needed or expansion on a topic desired. All interviews were conducted via Zoom technology and recorded securely to the university system cloud. Captions were generated by the Zoom system yielding transcripts for qualitative analysis.

As with the surveys, the three interview protocols consisted of parallel questions that were adapted for the three types of groups interviewed. The Zoom screen displayed the roles and responsibilities of SCs as described in Part C of IDEA (2004) and the KSSC set of knowledge and skills for SCs. The three categories of participants then responded to open-ended questions about the comparative ease and difficulty for trained SCs in carrying out their roles and responsibilities, other roles/responsibilities not displayed that trained SCs perform, the strongest areas of competency for the trained SCs in the knowledge and skills identified, and any area of knowledge or skills requiring further PD. (See the focus group interview protocol for trained SCs in Appendix B). Complete demographic descriptions for all groups of survey and interview participants may be found in Appendix C of this report.

Data Analysis Plan

Quantitative Analyses

Surveys measuring opinions in the social sciences commonly use Likert scales consisting of discrete categories ranked in a particular order for their participants' responses (Göb et al., 2007). The categorical data generated by a Likert scale requires use of statistical analyses applicable to ordinal measures, and for this study, analyses that compared distributions of

rankings by the participant groups were selected.

First, descriptive statistics identified median and quartile Likert scores for all four participant groups. Next, for a between-group analysis of the ordinal responses to a variety of items of trained SCs and not-yet-trained SCs, a series of Kruskal-Wallis H tests were used. For this step of the analysis, effect sizes of the results were generated. Finally, a between-group analysis of the ordinal responses to a variety of items of trained SCs, SC supervisors, and trained EI providers was completed with a series of Mann-Whitney U-tests. This step of analysis involved comparisons of three unique groups, thus post hoc pairwise comparisons were performed when necessary.

Qualitative Analyses

There were two sources of qualitative data in this study. Surveys disseminated to three groups of participants—trained SCs, SC supervisors, and not-yet-trained SCs—collected information about SC PD through two open-ended questions. Responses to these questions were reviewed and organized into categories by group.

Next, 13 focus group interviews were conducted across three groups of participants—trained SCs, SC supervisors, and trained EI providers. Topics were explored and subsequently analyzed using a constant comparative qualitative approach (Merriam, 2009). This rigorous approach yields a rich, thorough description and deeper understanding of the phenomena under study, in this case, the knowledge and skills, roles and responsibilities, and PD needs of SCs in the state. Interview transcripts were uploaded into *NVivo*TM software for storage and organization, efficient coding, and further thematic development.

Stage one of this iterative and inductive process consisted of two independent coders reading all transcripts, identifying meaningful text segments in them, and assigning the segments

initial code labels. Subsequently, the coders met and compared the identified segments and assigned labels, examining these for appropriateness (Kisely & Kendall, 2011). As the coders discussed and reached consensus regarding code labels, those codes were added to the code book and clearly defined.

Stage two of the coding process consisted of the coders examining patterns emerging from the initial set of codes, resulting in identification of themes. In stage three, links among the themes were identified and discussed. Finally, quotations from participants that were illustrative of the themes were identified for use in writing this report, thus allowing their voices to be heard (Creswell & Poth, 2016).

Methodological Integrity

The research team utilized several approaches to protect the methodological integrity of this investigation. First, during qualitative analysis, code labels and definitions, as well as ensuing themes were scrutinized by an expert reviewer who provided feedback on the robustness of the qualitative analysis. The feedback was considered by the two coders who made refinements as agreed upon. Next, preliminary findings from both the qualitative and quantitative analyses were shared with a Part C stakeholder group in a state meeting. Feedback gathered indicated the findings were accurate and no changes were recommended by the stakeholders. Finally, a member check of preliminary qualitative findings from the focus group interviews was conducted (Creswell & Poth, 2016). These findings were emailed to all interview participants requesting that they review and provide feedback to the research team regarding the accuracy and completeness of the results. No corrections or additions were recommended.

Results

Quantitative Results

State-wide surveys yielded descriptive information from and comparisons amongst groups of participants regarding knowledge and skills of SCs. Likert scale scores available for survey items corresponded to the following possible responses: 1.00—Strongly Disagree; 2.00—Disagree; 3.00—Tend to Disagree; 4.00—Tend to Agree; 5.00—Agree; 6.00—Strongly Agree. The descriptive analyses identified median (50th percentile) and quartile (25th and 75th percentiles) Likert scores for 15 knowledge and skills survey items (see Appendix D of this report). Notably, the Likert scale rankings selected by at least 75% of every groups' members on all survey items inquiring about SCs' ability to demonstrate 15 indicators of specific knowledge and key skills fell within three categories: 4.00—Tend to Agree, 5.00—Agree, or 6.00—Strongly Agree. Thus, there were consistently strong rankings for all indicators across all participant groups.

Comparisons of Trained and Not-yet-trained SCs

Research Question 1: What differences are found between trained and not-yet-trained SCs regarding their confidence in having specific knowledge and using key skills critical to the provision of high-quality services coordination? Mann-Whitney tests were conducted on survey results from trained SCs and not-yet-trained SCs to address the first research question. These rank-based tests of a nonparametric set of data were selected to determine if there were statistically significant differences between the two groups' rankings of independent ordinal variables (15 particular knowledge area or skill set indicators pertaining to EI SCs). The research team hypothesized that trained SCs would rank themselves more confident than not-yet-trained SCs in these areas.

For 11 of the knowledge/skill indicators, there were no significant differences found between the trained and not-yet-trained groups of SCs (see Appendix E of this report). These

included reported levels of confidence in SCs' abilities to: demonstrate knowledge of infant/toddler development, use active listening skills when communicating with families/colleagues, facilitate family access to EI services, explain family rights and procedural safeguards, facilitate the child/family assessment and evaluation process, facilitate the development of IFSPs, coordinate and monitor EI services identified on IFSPs, partner to plan individualized transitions, manage and meet critical timelines to comply with EI policy, accurately document information, and effectively advocate for families.

There were, however, four knowledge/skill indicators explored by the survey wherein trained SCs ranked themselves significantly more confident than their not-yet-trained counterparts. Trained SCs had a median confidence rating of 6.00 (IQR = 5.00 – 6.00) in their ability to gather comprehensive information about family strengths, needs, available or desired resources, while not-yet-trained SCs had a median confidence rating of 5.00 (IQR = 5.00 – 6.00) in this area. As hypothesized, trained SCs tended to have higher ratings than not-yet-trained SCs, $U = 583.00, z = 2.73, p = .006, r = .30$. Next, both groups of SCs had median confidence ratings of 5.00 in their ability to facilitate families' access to desired community and/or medical resources, but the interquartile rankings of the two groups differed (trained IQR = 5.00 – 6.00, while not-yet-trained IQR = 4.00 – 6.00). Upon analysis, trained SCs tended to have higher ratings than not-yet-trained SCs for this survey item, $U = 599.00, z = 2.47, p = .013, r = .27$. Thirdly, trained SCs had a median confidence rating of 6.00 (IQR = 5.00 – 6.00) and not-yet-trained SCs had a median confidence rating of 5.00 (IQR = 5.00 – 6.00) for the skill indicator of utilizing strengths-based approaches in working with families and colleagues. This yielded a result of trained SCs tending to have higher ratings than not-yet-trained SCs for this skill area, $U = 656.00, z = 1.99, p = .047, r = .22$. Finally, the median confidence ranking for trained SCs for

their ability to demonstrate professionalism through flexibility, resiliency, dependability, and by engaging in ongoing professional development was 6.00 (IQR = 5.00 – 6.00), while the median ranking for not-yet-trained SCs was 5.00 (IQR = 5.00 – 6.00). Again, as hypothesized, trained SCs tended to have higher ratings than not-yet-trained SCs, $U = 647.00$, $z = 2.03$, $p = .042$, $r = .22$. Effect sizes (r) were calculated for these significant findings and are reported above. Only one of the knowledge/skill indicators met the criteria of having an effect size of .3 to .5 which is considered a medium effect and this was the first skill reported above—that of gathering comprehensive family information. A small effect size was found for all other significant differences between the trained and not-yet-trained groups.

Comparisons of Trained SCs, SC Supervisors, and Trained EI Providers

Research Question 2: What are the perspectives of trained SCs, their supervisors, and their trained EI provider colleagues regarding the SCs' confidence in or use of specific knowledge and key skills as they fulfill critical roles and responsibilities on their EI teams?

Kruskal-Wallis tests were conducted on survey results from trained SCs, their SC supervisors, and EI providers working with trained SCs to provide a quantitative source of data to address the second research question. These rank-based tests of a nonparametric set of data were used to determine if there were statistically significant differences between the three groups' rankings of independent ordinal variables—fourteen of the fifteen knowledge area or skill set indicators measured in the SCs' surveys. One indicator, accurate documentation was not measured in the EI provider surveys. The research team hypothesized that there would be no significant differences found among the three groups.

For eight of the knowledge/skill indicators this hypothesis was upheld, that is, there were no significant differences found amongst the groups (see Appendix F of this report). These areas

included confidence in SCs' abilities to: gather comprehensive information from families, facilitate family access to EI services, facilitate family access to desired community and medical resources, explain family rights and procedural safeguards, coordinate and monitor EI services identified on IFSPs, partner to plan individualized transitions, manage and meet critical timelines to comply with EI policy, and effectively advocate for families.

For six of the knowledge/skill indicators, however, a significant difference was indicated by the Kruskal-Wallis test. This finding required post hoc pairwise comparisons between the groups to determine where this difference lay. For five indicators, trained SCs ranked their confidence in their knowledge/skill area statistically higher than EI providers ranked them. These included confidence in abilities to: utilize active listening skills ($H(1) = 9.332, p = .002$); facilitate the assessment and evaluation process for children and families ($H(1) = 6.051, p = .014$); facilitate the development of the IFSP ($H(1) = 6.160, p = .013$); utilize strength-based approaches with families ($H(1) = 9.466, p = .002$); and, demonstrate professionalism ($H(1) = 7.848, p = .005$). It should be noted that there were no significant differences found between the rankings of trained SCs and their supervisors nor between the supervisors' and EI providers' rankings regarding these five knowledge/skill indicators. For the sixth indicator—confidence in knowledge of infant and toddler development—both the trained SCs ($H(1) = 11.067, p < .001$) and the supervisors ($H(1) = 4.589, p = .032$) tended to rank the SCs significantly higher in this area than did the EI providers.

Qualitative Findings

There were two sources of qualitative data collected in this study. Focus group interviews yielded rich descriptions from trained SCs, SC supervisors, and trained EI providers working with trained SCs to further illuminate Research Question 2 that is stated above. The focus group

participants also responded to queries about SC professional development to answer Research Question 3. Additionally, the survey posed two open-ended questions regarding continuing PD of SCs to trained SCs, not-yet-trained SCs, and SC supervisors that provided more qualitative data for answering Research Question 3.

Four themes emerged from the two sources: strengths in trained SCs' knowledge and skills, challenges in trained SCs' knowledge and skills, additional roles and responsibilities assumed by Nebraska's trained SCs, and perspectives on professional development for SCs. The themes will be explicated below and representative participant quotes included.

Theme 1: Strengths in Trained SCs' Knowledge and Skills

Interview participants were shown the list of six areas of knowledge and skills identified by the KSSC document: infant/toddler development, family-centered practices, leadership and teaming, coordination of services, transition, and professionalism. No further definitions of these areas were provided. Participants identified family-centered practices, effective coordination of services, and the understanding of infant and toddler development as the strongest areas of SC knowledge and skills.

Regarding family-centered practices, participants expressed high levels of confidence in SCs' abilities to quickly build relationships with families, use active listening skills, and gather detailed information from families regarding family strengths, concerns, and available or desired resources. SCs' approaches with families were described as emanating from strengths-based perspectives. When asked to identify her strongest area of knowledge/skills from the list, one SC said:

[Family-centered practice] really lends to being... an empathetic listener and understanding... [they]'re driving the ship as a parent and you're...there to advocate.

[T]hat's always been... my approach to things because that's how I would want someone to work with me." (Trained SC)

When asked a similar question about the strengths of SCs with whom they work, supervisors and EI providers, alike, verified this area of strength in their responses:

Family-centered practices. I mean understanding their (families') concerns and why that's a concern. (EI Provider)

Because of the RBI training that we've had, the Getting Ready training that we've had, I feel like one of the strengths, and I think this is across the state because of those initiatives, is the family-centered practices, very family driven. Everything we do is driven by the family. (Supervisor)

The services coordinators that I have worked with are really good at building those relationships with the family, which...sets up the team for success because if the family has a great experience with the services coordinator, then it makes our job a lot easier too. (EI Provider)

Coordination of services emerged as another area of strength. Descriptions of this skill included assisting families in various ways, such as making referrals to providers, scheduling appointments, and/or coordinating funding sources to obtain access to desired EI or community services. Although thorough understanding of the EI process of referral, assessment/evaluation, IFSP development, and EI service implementation reportedly takes time for beginning SCs to achieve, many of the interviewed participants expressed confidence in trained SCs' strength in this area. Participants also described the SCs' deep knowledge of available community services and their ability to match families with additional services desired by the families. Participants said:

I feel really comfortable and confident in the coordination of services. (Trained SC)

That coordination of services is so important, just because they have that conversation with the parents about what they need, and they can really help us decide what would be the best primary service provider, again, based upon what the needs of the family are. (EI provider)

I will say they are constantly striving to meet the family's needs and are advocating for that (Supervisor)

It should be noted that there were, in contrast, numerous concerns expressed by participants from all three groups regarding challenges specifically with coordinating Medicaid waiver services. The waiver program presents unique challenges for EI SCs in that they are only sporadically required to submit waiver applications, state and federal requirements frequently change, and SCs report having difficulty accessing current guidance regarding the waiver application from state entities administering the program. Some participants described this specific challenge in coordination:

I also find myself, I'm going to be honest, when I get a waiver email about something changing, I open it and then I'm like, oh, I'll read it later... I don't have a waiver case right now. And then, a year later, here I get a waiver case [and] I'm scrambling because you're so busy with other things that if you don't have a waiver case, that gets put on the backburner. And things change frequently with waiver and then, when you get one again, you're... way behind. (Trained SC)

The process of applying for waiver and applying for Medicaid, like all the paperwork steps that they have to do... I feel like that training takes a really long time for them to really nail down the system for each of those resources. (EI Provider)

Knowledge of infant-toddler development and learning is key to effective services coordination for this population of young children and their families, and interviewed participants reported this as an area of strength. Several mentioned that they understood that this would be considered foundational knowledge, serving a different function than the specialized knowledge base of EI providers trained in areas of professional expertise (e.g., special education; speech/language, occupational, or physical therapy; deaf education).

Having worked with really qualified services coordinators, I really feel... that infant and toddler development piece [is a strength]. Especially some days when I come in from preschool and I'm trying to shift my brain as to what these kids are supposed to be able to do, I always have appreciated their ability to stay within their lane and know that this is what we're looking for—infant and toddler development. (EI provider)

Part of that... understanding [of] infant and toddler development [is] to be able to guide parents with a lot of questions that they have...[S]o it's important to have that foundation to be able to share [the answer to] what they're asking and what information they want. (Trained SC)

Theme 2: Challenges in Trained SCs' Knowledge and Skills

An aspect of teaming—collaboration and communication with EI professionals—emerged from the qualitative data as one of the largest challenges for trained SCs. Issues with aligning schedules for meetings or evaluations arise, particularly impacted by the availability of

contracted EI providers.

I agree that communicating and collaborating has been really difficult because of time constraints...We cover [multiple] counties. Not each school district has their own providers, ESU [the Educational Service Unit] provides those, and so those people are also going all over the place, and so, trying...to be able to get everybody in the same town, at the same time, it's not always easy. Scheduling can be very difficult. (Trained SC)

Honestly, we just had a new hire ask the question, "What's the hardest part of this job?" Every single person answered: "Scheduling." You don't think it's going to be, but it's challenging to get the provider scheduled, the school scheduled, the family scheduled. Scheduling is a nightmare. (Supervisor)

SCs also mentioned navigating a wide range of colleague personality characteristics, as well as varied practices or policies specified by schools districts within which they work. Finally, SCs at times find themselves facing difficult conversations with professional teammates when it is necessary to advocate for families on their caseloads. When asked about a challenge, one supervisor said: *"I was thinking of helping build that ability and that confidence... to be able to work with teams and advocate when things aren't quite going right."* (Supervisor)

In addition, few participants identified effective facilitation of transitions as an area of strength. Challenges were identified in this area across participant groups. These included: differences in transition practices across various school districts served by the same SCs, availability of community preschool programs willing to serve children with more significant disabilities, and families encountering impacts of the seriousness of their children's disabilities when navigating the transition from Part C services to school or community programs. In

addition, some SC participants reported feeling less confident in reporting transition efforts in written plans and meeting state guidance for quality transition plans. One SC explained:

I feel like I do a good job of transitioning kids and making sure everything they have everything that they're going to need. But as far as writing those transition plans, I'm not sure that I'm doing it exactly how they (state compliance evaluators) want it. I never feel confident in that. (Trained SC)

Theme 3: Additional Roles and Responsibilities Assumed by Nebraska SCs

Over time, Nebraska SCs have assumed a number of roles and responsibilities that do not appear in the DEC/ITCA Joint Position Statement (2020). Focus group participants were queried about what these additional roles and responsibilities of trained SCs were as their responses had the potential to uncover further knowledge areas and skill sets needed for effective services coordination in the state. Participant responses fell into two sub-themes: roles that were dedicated to improving EI program quality in this state, and roles that someone else could do.

Roles Improving EI Programs. Trained SCs often take on leadership roles as well as tasks related to Child Find efforts on the Part C Planning Region Team for their area of the state. Participants mentioned providing information and outreach at community fairs, contacting other agencies and medical clinics or personnel, and preparing to facilitate Planning Region Team meetings as additional duties. Many such events occur after usual work hours.

If there's a committee to be offered or the Child Find that's happening, that falls on the services coordinators. Here we do 90% of the Child Find. In the area of outreach, we take all those resources around the communities. We also are the ones that go speak to agencies in town about what our program does, we're the ones that do that public speaking piece.
(Trained SC)

We do a ton of Child Find. So, when I think of our team and myself included, we are manning tables at parent-teacher conferences and at health fairs, and at the mall, and in the parking lot for [a community event]. [W]e're doing many presentations on the Early Development Network for CASA (Court-Appointed Special Advocate program) and WIC (Women, Infants, and Children nutrition program) and all of those things. It's actually a big role and responsibility that takes quite a bit of our time when we are not working cases. A lot of that happens on evenings and weekends, too. (Supervisor)

Yes, I would say that's a real significant one that our [SCs] would do on a very regular basis, very involved with, or being present at, community activities. (EI provider)

Trained SCs participate in on-going state-level training regarding changes and additions to Part C policies and then bring that information back to the EI team members with whom they work. A benefit reported from this is increased consistency in EI service implementation across Planning Regions and local EI teams.

We often look to services coordinators to ask... "How are other teams doing this?" or "What are the options for doing this, or what does the state say?" because they are in the know for some of [the] new processes that are put in place. So they bring information back to the teams, but they also help us all stay a little bit more consistent. (EI provider)

SCs also support the documentation of team activities and, at times, report checking on this for their EI provider teammates as well completing their own summaries.

We have a lot of different systems for documentation. We have Nfocus for Waiver, we have the CONNECT system for our EI kids, we have the SRS for educational records. And then

some of us even help with GOLD documentation...just [by] making sure that everybody remembers in some of our small schools where they don't have a lot of kids. We have to make sure that GOLD is being done for kids before they turn three. (Trained SC)

Finally, experienced and trained SCs have assumed a role of peer coaching, support, and completing fidelity checks for some of the recent RDA strategies, specifically, accurate use of RBIs for child/family assessment and the *Getting Ready Approach* for high-quality home visits. They may provide this peer support to other SCs or to EI provider teammates. Three trained SCs offered these explanations of this additional responsibility: *“Because you have to have your fidelity check yearly, I am having to do at least seven to six [RBI] fidelity checks a year for providers, so [that takes] a lot of time too.”* (Trained SC) *“Implementing RBI five years ago, and now the home visitation training...we really do spend a lot more time in training and fidelity than what probably someone in the educational field... realizes.”* (Trained SC) *“I would say [I do] a lot of coaching with new team members, new services coordinators, as well as any team member that comes on board to...help them get acclimated to their new position.”* (Trained SC)

Roles That Someone Else Could Do. Recent staff shortages have landed some trained SCs in roles covering for these missing personnel. Some reported filling in for administrative assistants by answering phone calls or filing paperwork. Some SCs housed within a school building have been called upon to cover school duties such as supervision. An additional duty that some SCs have encountered is that of managing social media accounts related to EI programs. *“For myself, I do all of our website stuff updating all that information I do on our Facebook page. I've also this year been asked to cover a [preschool] classroom. I've been asked to cover playground duty.”* (Trained SC)

Theme 4: Perspectives on Professional Development for Services Coordinators

All four groups in this study were queried about the needs of SCs for further professional development—some through open-ended questions on the survey and some in the focus group interviews. Trained and untrained SCs and SC supervisors responded to the survey items. Survey responses were gathered and the coders grouped the responses into eight broad categories. Across the surveyed groups, the most frequently cited topic of interest in PD for SCs was that of understanding current or changed EI policies, procedures, and laws, including the Child Abuse Prevention and Treatment Act and facilitation of family access to the Medicaid waiver program. Also frequently mentioned was PD for development of IFSPs, team collaboration and communication skills, and support for families who deal with more specialized family concerns (e.g., trauma, low economic resources, mental health, significant medical needs). Often respondents mentioned they were interested in a training practice rather than a specific topic, for example, they preferred training specific to EI SCs rather than more general training and regular opportunities to meet with and learn from other SCs. Additional areas for further PD that were coded from the surveys included: home visiting strategies (mentioned more by not-yet-trained SCs and SC supervisors), early childhood development, community resources, and Routines-Based Interviews.

In focus group interviews, perspectives regarding PD for SCs were gathered from three of the four participant groups—trained SCs, supervisors, and EI providers. Coders organized this data under six coded categories. As with the surveys, an area frequently mentioned in interviews as needing further professional development and/or technical support was coordination of Medicaid waiver services (e.g., applications, documentation).

It's hard to figure out the training that they offer for [waiver]. A lot of times [it] is for services coordinators who work with [a] much older population, and so, even the trainings they put out

aren't specific to us, so we have to... comb through to find what fits our role and even sometimes that's not even the case so it's just a very frustrating process. (Trained SC)

Additionally, training for EI processes such as transition planning and development of IFSPs were identified areas.

Transition also, like each school in our area does transition a little different. Like the rules based on preschool, it just varies based on school. (EI Provider)

Participants mentioned that SCs experience uncertainty regarding the aspect of getting down “what will be done by whom” in reference to IFSP outcomes, and that they encounter variability when collaborating with EI providers to use effective language in the outcomes.

How to facilitate an if IFSP. [W]hat is your role and what should you be saying, and when should you be listening, and how do you encourage others to be involved? (Supervisor)

[At] the state level... they are providing next steps in the training following the RBI, the Getting Ready, and the outcome training. And now it's the development of the “who will do what by when.” We're getting training on that so it's much better, but you know we have seven days to get an IFSP done and if providers don't jump on and do their thing within that timeframe, we knock it out and send it. So, to stay within the guidelines of getting that out in time as much as we can, yeah, that is tricky. (Trained SC)

Finally, trained SC interview participants expressed interest in professional development for leadership and team-building. Some lack confidence in their ability to advocate for families making requests of school teams, to have “difficult conversations” when conflicts or concerns arise, and to define their roles/responsibilities for other EI team members (e.g., school administrators). SCs asked for joint training with EI team members to strengthen understanding of EI roles/responsibilities and further develop team cohesion.

The administration side needs to know all of that stuff, in my opinion, that they don't have knowledge on. (SC)

The SCs go through a lot of training about what an IFSP is. They go through the file review and I know that we get a lot of information shared with us about how we should be writing things. But the people that have the most knowledge about that are the SCs and how to disperse that information out to team members, I guess, in a way that we're all on the same page about what should be on there and how it should be stated. (EI provider)

The interview data yielded additional codes for PD in family-centered practices, specifically Circle of Security, and understanding family diversity and culture. As with the survey data, participants provided interesting feedback regarding training practices to provide effective PD from the participants' perspectives. First, interviewed SCs find it beneficial to learn from each other. They desire times when they can all be together to get tips and strategies from each other. Secondly, SCs appreciate and understand that state-level updates on policies and practices are necessary but suggestions were made to aim such formal trainings at one or more of the following criteria: (a) addressing topics specific and relevant to EI SC roles and responsibilities, (b) ensuring information is consistent over time and across SCs, and (c) avoiding basic information already known to the SC.

Mixed Method Study Point of Mixing

In this study, results from surveys and interviews were available for mixing (i.e., integrating), thereby offering the research team an additional opportunity for analysis to more comprehensively address two of the research questions.

Research Question 2: What are the perspectives of trained SCs, their supervisors,

and their trained EI provider colleagues regarding the SCs' confidence in or use of specific knowledge and key skills as they fulfill critical roles and responsibilities on their EI teams?

For nine of the 15 knowledge/skill indicators, trained SCs tended to strongly agree that they were confident in their ability to demonstrate that indicator and their supervisors strongly agreed as well (the median score of both groups sampled was the highest ranking—6.00).

One such indicator was SCs' knowledge of infant and toddler development. For this particular area of knowledge, the quantitative and qualitative findings were somewhat divergent. Surveyed EI providers tended to agree (median score of 5.00) rather than strongly agree with SC knowledge of this area—the EI provider group's results on this item were statistically different. Focus group participants across groups, however, notably identified knowledge of infant and toddler development as a strength for the trained SCs with whom they work. Several of those interviewed provided additional information that SCs were knowledgeable regarding foundational infant/toddler developmental milestones, a different knowledge/skill set than that expected of EI providers with more extensive and/or specific training in developmental concerns and interventions than the SCs.

A number of the knowledge/skill indicators described family-centered practices valued in the field of early childhood education and care that were also featured in the training provided across Nebraska for the three RDA strategies. These included using active listening skills and strength-based approaches with families, gathering comprehensive information regarding family strengths, needs, and available or desired resources, and advocating for families. Focus group findings supported these skills as areas of competency for the trained SCs with reports of families regularly driving the EI process. Trained SCs were further described as quickly developing positive partnerships with families, and adept at utilizing information gathered from

families to connect families with desired resources and services. Trained SCs were viewed as strong advocates for families in this regard.

Trained SCs fill a central role of coordinating EI and other services and supports in efforts to build family capacity. Some of the highly ranked knowledge/skill indicators were connected to this role: facilitating access to EI services, managing and meeting the critical timelines to comply with EI policy, and accurately documenting information gathered about families. On the other hand, there were a number of additional indicators of effective services coordination that tended to be ranked “agree” by trained SCs and their supervisors (median scores of 5.00 for both groups) rather than “strongly agree.” These included: facilitating family access to community and/or medical services, explaining family rights and procedural safeguards, facilitating the assessment and evaluation process, facilitating the development of IFSPs, coordinating and monitoring IFSP services, and partnering to plan transitions. Interview participants frequently mentioned strengths related to the coordination of services role. Trained SCs were described as having deep institutional knowledge of community resources. They commonly use practices such as making referrals, assisting with scheduling, and coordinating funding to facilitate families’ access to desired community or medical resources. Trained SCs were also reported to consistently monitor EI services identified on IFSPs, in particular after participating in training for the *Getting Ready Approach* which prompted such monitoring. In the interviews, two areas related to the coordination of services that were identified as challenges for trained SCs were supporting families applying for the Medicaid waiver program and planning transitions. Many interview participants noted that skill/knowledge areas for facilitating navigation of the EI process take some time and experience to mature, while expressing their confidence in trained SCs to do so.

Research Question 3: When considering the complex roles and responsibilities of SCs on their teams, what do trained and not-yet-trained SCs, SC supervisors, and Early Intervention providers identify as areas that would most benefit from professional development? Across surveys and interviews, there were many commonalities in topics considered priorities for further PD for the SCs. Two areas related to coordination of services—facilitating Medicaid waiver applications and planning for transitions—were commonly raised. Additional areas identified for PD included EI policy updates, development and effective writing of sections of the IFSPs (e.g. “what will be done by whom”), and leadership/ team-building (e.g., collaboration and communication with other professionals). The value of trainings specific to the roles of SCs and opportunities to learn tips and strategies from SC colleagues was apparent and expressed in both data sets.

Discussion and Implications

The state of Nebraska committed to an RDA plan of professional development and technical assistance for three strategies to enhance Part C Early Intervention services. Services coordinators, as integral Part C team members, were fully included in the training plan, often trained alongside their EI provider counterparts. This mixed method study explored the knowledge and skills of SCs across Nebraska who have and have-not-yet been fully trained in these evidence-based practices.

The first implication of this study is that descriptive data (e.g., strong Likert rankings and confirmatory qualitative statements from participants) support continued efforts by the Nebraska EDN to provide on-boarding training in the three RDA strategies for new SCs and on-going TA and fidelity checks in the use of those strategies by all Nebraska SCs. As a group, surveyed

trained SCs across the state strongly agree that they are confident in their abilities to use active listening skills and strengths-based approaches with families and colleagues, and gather comprehensive information regarding family strengths, needs, available and desired resources (median Likert scale ranking of 6.00). Surveyed SC supervisors agreed with this assessment. Further, across focus groups, trained SCs were described as adept at quickly building relationships with families, nurturing effective family partnerships, and monitoring family satisfaction with their EI services. These are all skills and approaches that were emphasized in the RDA training and supported to an 80% level of fidelity for the three strategies—the use of Routines-Based Interviews (McWilliam, 2010) for child/family assessment and generation of high-quality IFSP goals, and use of the *Getting Ready Approach* for SC home visits (Sheridan et al., 2008).

It should be noted that, according to survey results, not-yet-trained SCs rank themselves somewhat less confident in two areas of knowledge/skills specifically impacted by use of the RDA strategies—gathering comprehensive family information and utilizing strengths-based approaches (median Likert scale ranking of 5.00- Agree). While there are, respectively, medium (.30) to small (.22) effect sizes for these two differences, an understanding of whether the effect is due solely to training or perhaps influenced by other variables, such as years of experience in the job of an EI SC, is unknown.

Other areas investigated during this study included the specific knowledge/skills needed to assist families to navigate the EI process, those related to effective coordination of services, and general knowledge/skills in understanding infant/toddler development and demonstrating professionalism. Data culled from quantitative sources were more mixed in the assessment of these areas, but it is important to remember that consistently strong Likert scale rankings (i.e.,

4.00 – 6.00) were selected by at least 75% of participants in all groups for all 15 indicators of SCs' specific knowledge and key skills evaluated by the surveys. Furthermore, these positive results are supported by rich, detailed examples of SC skills provided by the interview participants from all groups.

A second implication of this study emerged from the exploration of the myriad roles and responsibilities Nebraska SCs currently have as part of their typical job descriptions. In addition to the traditional roles defined by Part C, findings revealed several other roles and responsibilities that the SCs are periodically asked to assume. Some of the roles/responsibilities are quite complementary to the skill sets of experienced SCs, such as leadership of Planning Region Teams or peer support in terms of completing fidelity checks for RDA strategies. Other tasks, however, could, and probably should, be done by other staff. Entities hiring and supporting these professionals will want to carefully consider the varied background experiences SCs bring to their jobs, as well as their capacity to take on additional roles and aim to adjust the workload balance when new roles are added (Nichols et al., 2023).

Finally, study findings point to a third implication regarding future topics of PD needed for effective EI services coordination. Some topics overlapped with those identified by Nichols and colleagues (2023), including broadening cultural competencies and strengthening teaming and collaboration skills. Findings regarding SCs' interest in PD for effective writing of IFSPs and desire for EI policy updates may serve as a roadmap for next steps in improving EI services in the state. In addition, desired training practices point to SCs' interest in learning tips and ideas from other SCs in the trenches. Bringing together all SCs across the state on a regular basis would facilitate dissemination of key changes in policies, promote consistency in services provided by SCs, and offer opportunities for this meaningful form of collaboration.

Limitations

This study featured strong participation from SCs, both trained and not-yet-trained, from across the state and their supervisors, particularly in the on-line survey. In addition, recruitment efforts for the trained SCs and supervisors for participating in focus group interviews were positively received. This may have been due to the fact that the study focused entirely on the knowledge/skills and roles/responsibilities of SCs, providing high intrinsic motivation to participate. Proportionally, there are many more EI providers in the state and the research team found it more difficult to recruit these participants. Thus, the findings reported herein result from a smaller proportion of the EI provider (44% surveyed) population when compared to the SC (70% surveyed) and SC supervisor (65% surveyed) populations. Therefore, findings attributed to trained EI providers should be interpreted with caution. They may not generalize as well or align as closely with the perspectives of the population of trained EI providers in Nebraska.

Conclusion

Recent national attention to the critical roles and responsibilities of SCs on Part C EI teams has garnered a closer inspection of the knowledge and skills these key professionals need to effectively perform the many roles and responsibilities they undertake to support families of young children with developmental delays or disabilities (DEC & ITCA, 2020). This study explored Nebraska SCs' strengths and challenges with regard to knowledge/skills, their additional roles/responsibilities, and perspectives about further PD for SCs. Many SCs in the state have completed a three-phase PD series and achieved fidelity in the evidence-based strategies of Routines-Based Interviews for child family assessment, writing high-quality IFSP outcomes derived from information gained in an RBI, and using the *Getting Ready Approach* for

quality home visits. Connections between this training and SCs' level of confidence in their knowledge/skills were explored. The mixed method design of the study yielded descriptive quantitative and/or qualitative results pointing to Nebraska SCs' levels of confidence in several knowledge/skills highlighted in the KSSC (DEC & ITCA, 2020). These included family-centered practices (e.g., strengths-based approaches to partnering with families, ability to gather and document comprehensive family/child information, effective advocacy for families) and coordination of EI and other services that build family capacity (e.g., knowledge of the EI referral process and community resources, facilitation of family access to their desired resources, and consistent coordination and monitoring of EI services identified on IFSPs). The current study also offered an opportunity to tease out differences between trained and not-yet-trained SCs regarding their levels of confidence in their knowledge and skills, as well as confidence in completing the varied roles and responsibilities of SCs in EI.

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