D3: Next Steps for Research and Evaluation on Coordinated Services for Children and Families

Thursday, June 29, 2023

10:45 a.m. – 12:00 p.m. | *Mt Vernon*

1. Descriptive Information

D3: Next Steps for Research and Evaluation on Coordinated Services for Children and Families	Presenters
The Office of Planning, Research and Evaluation (OPRE) has a portfolio of research focused on the coordination of services to support children and families. Projects within this research portfolio address the intentional coordination of two or more services, which may be provided under the umbrella of a single organization or by multiple organizations. The goal of this session is to identify next steps for research and evaluation related to coordinated services.	**Kathleen Dwyer,** OPRE **Erin Cannon,** OPRE **Tracy Carter Clopêt,** OPRE **Scott Baumgartner,** Mathematica **Scribe** Jeremy Long **Number of Attendees:** 21
This session will include brief presentations regarding three recent OPRE projects that studied distinct aspects of service coordination: Next Steps for Rigorous Research on Two-Generation Approaches, which developed a tool to assess the mutual reinforcement of coordinated services; Alief Montessori Community School, which identified key characteristics of state and local approaches to coordinating early care and education with other health and human services; and Understanding the Value of Centralized Services, which studied approaches to funding centralized services.	
After the presentations, attendees will respond to a series of questions in small and large groups: What information would be most helpful to provide to early childhood practitioners interested in coordinating services? What are the most pressing research needs to address in order to advance the understanding of coordinating services? What questions need to be addressed? What constructs need to be better defined and measured? How can we apply an equity lens to this work moving forward?	

2. Documents/Presentations Shared (Please list any electronic documents, PowerPoint presentations, or web links used during the session.) *Collect presenter PowerPoints or other documents on the flash drive provided.*
CCEEPRC Coordinated Services Final 6.29.23

3. Brief Summary of Presentations

Summary of Presentation #1: Introduction to OPRE's Coordinated Services Portfolio - Kathleen Dwyer - OPRE

- Due to a growing interest in the field to understand how our ACF programs are being coordinated to serve children and families, OPRE funded several research and evaluation projects that focus on coordination of services.
- We know that children and families face complex, interdependent challenges and that services to address their needs may come from a range of providers. These research projects aim to better understand how programs coordinate multiple services to support children and families.

- Projects within this portfolio address the intentional coordination of two or more services, which may be provided under the umbrella of a single organization or by multiple organizations.
- The projects span OPRE's program-specific research portfolios, including Head Start, child care, home visiting, child welfare, and welfare and family self-sufficiency.
- In an effort to try to embody the type of coordination we are interested in studying; we have tried to extract lessons and key findings from projects across this broad portfolio
  - To gain a comprehensive understanding of the state of the evidence related to service coordination and
  - To identify knowledge gaps and next steps for research and evaluation
- We are taking several steps to moving toward a coordinated research agenda
  - We have an OPRE cross-project workgroup that enables us to share information across projects so that we can align and intentionally build on our collective work.
  - We have supported cross-project convenings and development of a toolkit of resources to promote coordination across projects, such as sharing information regarding expert consultation and site selection.
  - We have a new resource page on the OPRE website to guide audiences to relevant projects.
  - We are now including information on new publications pointing to the cross-cutting portfolio and the resource page, to help guide readers to additional relevant resources that might be outside their program area.
- Looking across these projects, the coordinated services workgroup identified these broad research questions that our collective projects are beginning to address. – mostly descriptive in nature
- Taken together, we've learned:
  - Service coordination can be initiated at federal, state, tribal, and local levels.
  - Can involve: (1) system-level work such as setting policy or organizational roles; (2) connecting agencies and promoting partnership among them, and/or (3) providing resources and assistance to encourage and sustain local alignment across service providers.
  - Locally, including within a single or group of organizations/agencies, coordinated services may take a holistic approach that considers the range of a child or family's needs. This may include support for families to set and progress towards goals.
  - Regardless of the level at which services are initiated or funded, a common expectation is that coordination will be felt by the families receiving the services – for example, access to multiple services will be easier, or outcomes will be improved because services are aligned.
- Across the different projects, we've also identified examples of coordination strategies that may be carried out by federal, state, tribal, and local partners, and service providers.
- All of these strategies involve effort.
  - Some of these are intense, such as adopting a shared mission and goals.
  - While others are less intense, such as emphasizing relationships and communication between organizations, agencies, service providers and/or families, aiming to strengthen and broaden services for a family and reduce barriers to service access and participation.
- Other examples include:
  - Aligning program rules, such as enrollment criteria and service calendars, to enable better coordination;
  - Aligning, sharing, and/or jointly pursuing resources, such as funding, staffing, and data systems;
  - Streamlining processes, such as intake, enrollment, assessment, and referrals;
  - Following up with families or partners to support service completion as families progress; and
  - Collecting data, measuring common outcomes, and participating in a shared continuous quality improvement process.
- To date, the group of projects has been able to coordinate our efforts so we are building on one another, and we've developed a picture of service coordination and examples of coordination at the state, tribal, and local levels, our next steps toward developing a research agenda focused on service coordination include:

- - Taking a cross-cutting look at the findings from the multiple projects, including findings from lit reviews, environmental scans, conceptual model development, and qualitative and quantitative research, and
  - Identifying research gaps and next steps for research evaluation.
- Model scan and analysis of 40 coordinated services approaches profiles.
- National scan
- Step 1: Scan publicly available information
- Step 2: Apply study criteria
  - Currently operates in U.S.
  - Has public documentation
  - Serves families with low-income
  - Directly provides ECE services
  - Provides family focused health and human services
  - Intentionally coordinates multiple services
- Step 3: Profiles
  - When/how approach was founded
  - Development of approach
  - Size
  - Funding sources
  - Partners
  - Services
  - Data systems and data use
- Step 4: Verification
  - Telephone interviews: goes into more depth than profile.
  - How coordinated service approaches (CSA) was founded and developed and how it's evolved over time?
  - Who partners are and how they work together?.
  - How families are connected to services (coordinated eligibility & enrollment)?
  - How data are used and shared?
  - Changes in size or population served over time.
- Virtual site visits – gather more detail from various perspectives → spoke to leadership of CSA, supervisors, or leaders of individual programs within the CSA, and frontline staff at eight sites (four state level and five local level)
  - Roles and responsibilities
  - Characteristics of families served.
  - Typical family's progression through services and how partners coordinate to provide services.
  - Parent / family voice included in program conceptualization.
  - Ways families find out about the CSA, eligibility and enrollment.
  - Staffing and organization structure
  - Changes in partners over time and relationships among partners
  - Ways CSA use data to measure success, track family progress
  - Blending, braiding of funding; cost benefits of coordination
  - Coordination and alignment of Federal, state, and local agencies, policies, procedures, data, etc.
  - Ways that ECE meets needs of families and funding for ECE
- State systems change and investment in family services
  - Primarily focused on improving alignment of services that are designed for both parents and children (sometimes termed "two-generation") and have goals related to the whole family.
  - Coordinated services approaches in this model have both a state level and a local level aspect to their coordination. They often took steps to enhance state level agency coordination and review (or change) state policies that might inhibit coordination or create challenges for families.
  - Tended to encourage experimentation and innovation at the local level through pilot projects and/or grants.

- o Collected individual-level data from parents and children and used that information for reporting and operational tasks
  - o ~7/40 identified in confirmed profiles
- State-supported local ECE coordination:
  - o Focused primarily on improving alignment of the early care and education (ECE) system
  - o Primarily developed through legislation and most operating as public-private partnerships. They receive state funds but function semi-independently.
  - o Provided a structure for local level ECE coordination across the entire state. Local areas have flexibility within the structure to tailor their services to local need
  - o Collected individual-level data to track services uptake, although in some states this only occurred for a subset of programs
  - o ~12/40 identified in confirmed profiles
- State family services provider:
  - o State was directly involved in local level service delivery by developing specific programs or offering specific services in communities (through contracting agencies or state offices).
  - o Coordination across local services was supported by the state.
  - o Had characteristics of other models of coordinated services, such as breaking down agency-level siloes (e.g. Utah Intergenerational Poverty Initiative) and/or reviewing policies (e.g. 'Ohana Nui)
  - o Often intended to collect and track individual-level data, but data use among some coordinated services approaches included in this model was still limited
  - o ~5/40 identified in confirmed profiles
- Family centered coordination:
  - o Designed to increase families' access to necessary services by supporting family engagement with the system, using strategies such as "no wrong door" intake processes and co-location of service providing partners
  - o Many coordinated services approaches intended to track families in a combined data system
  - o Identified 14/40 in our confirmed profiles
  - o Definition for hub model is partly drawn from: https://www.ruralhealthinfo.org/toolkits/services-integration/2/care-coordination/community-hub
  - o Examples include several Promise Neighborhoods
- Community-oriented collective impact for families:
  - o A lead, or backbone, agency coordinated partners with the goal of improving community-wide outcomes
  - o Coordination was primarily administrative and focused on data; the backbone agency's responsibility was as a convener and organizer in charge of collecting data and tracking and reporting outcomes. Many coordinated services approaches in this model did not directly serve families.
  - o Identified 11/40 in confirmed profiles
- Focused coordination:
  - o Tended to involve a small number of service-providing partners working together on a specific program for an identified service population
  - o Usually funded with grants
  - o Used one set of enrollment criteria for all components of the coordinated services approach
  - o Collected data for grant requirements, but data sharing was challenging
  - o Identified 8/40 in confirmed profiles

Summary of Presentation #2: Findings from the Understanding of Value of Centralized Services Study - Erin Cannon - OPRE

- This project came from a congressional directive to *research how centralized community resource centers, which allow citizens to apply for several Federal social services in a single location, can reduce the burden on constituents and ensure the cost-effective allocation of Federal resources.*

- Centralized Community Resource Centers are defined as brick-and-mortar locations where individuals can apply for or receive multiple services and/or benefits that are funded by the federal government.
- The project had several descriptive research questions. I will present some of the learnings from the first two listed here:
  - What is the range of models that have been used to provide centralized social services?
  - What do we know about the different models used to deliver services centrally?
- Sites were selected to get diversity on a few key characteristics, including population served, region, urban/rural, type of agencies, and ACF program provided.
  - For example, Neighborhood Place is a partnership of distinct agencies providing services in locations strategically located throughout Louisville; Wayne Metro is a Community Action Agency in Detroit that provides multiple services under the umbrella of a single org; Blackfeet Manpower is a Tribal organization that provides many services under a single agency while also partnering with other Tribal programs.
- We wanted to ensure that the project was informed not only by the Congressional directive but also by the interests of key groups of people who might have interest in the project. In the early phases, we convened groups of federal staff, intermediaries and other systems-level actors, program practitioners, and people with lived experience of coordinated services to inform the project's focus, site visits, and publications.
- Here are findings from the site visits on key features of their approaches to centralization.
  - The Key takeaway: there is no one way to centralize services. It's possible to intentionally, strategically develop an approach under different funding and data sharing constraints.
- You can see this point reflected as…
  - All sites had a shared mission/vision and central intake.
  - All sites had some way of sharing data with one another – either a data release form that clients signed (2 of 3 sites) or a shared data system (1)
  - Sites had very different funding models:
    - Blackfeet Manpower (BM) had braided and blended funding.
    - Wayne Metro (WM) has braided funding.
    - And Neighborhood Place (NP) keeps all its programmatic funding separate.
  - Two sites had universal application.
  - Two sites had warm handoffs.
- Across the literature review and qualitative data collection with three sites, there were several learnings about how centralized services can affect clients' access to services.
  - Centralizing services can increase access for clients. The literature review found that centralizing services can result in faster access to services. Respondents across sites articulated that centralizing services in a single location helped clients access services, both those they originally sought assistance for as well as other services they may not have been aware they were eligible for (WM, NP, BM). Expanding virtual access points helped as well, especially during COVID, as clients could still seek help and learn about additional services without having to visit an office (WM).
  - Staff respondents felt that the ways in which their organizations centralized services allowed them to address client needs more holistically than they would have before centralization (WM) or than they would have in the absence of co-location (NP). Cross-trained staff can connect clients to a range of needs (WM, BM – goal), as they can identify quickly what other programs or services a client may be eligible for without going through multiple processes. Centralized data systems (WM, BM) and infrastructure to share information such as return on investments (ROIs) (NP) supports this.
  - The literature review found that limited-service availability and staff capacity could limit access, if providers do not have availability and capacity to serve the larger number of clients seeking services that may result from centralization. Sites also experienced barriers or challenges to centralization, which reduced their ability to address clients' needs or their access to services. Sites reported that access to virtual services could be a barrier, as some clients do not have access to the necessary technology. In addition, ensuring staff are trained and informed of all services/programs offered, especially with staff turnover (WM, NP), is an ongoing challenge.

- o This project did not yield information on how centralizing services impacts client outcomes, though respondents felt that centralizing services addressed client needs and improved their outcomes. The literature review did not identify how centralizing services improve client outcomes, though it identified studies that found how centralized service interventions can improve outcomes compared to the absence of services. By design, the site visits did not yield evidence on how centralizing services improve outcomes for clients.
- Allocation of resources:
  - o Findings from the site visits and literature review suggest that centralizing services can result in a more efficient allocation of resources, though this project did not conduct cost analyses to provide concrete evidence on this topic. While the literature review did not find studies that addressed the financial cost or savings of centralizing services, it identified areas of predicted savings due to efficiencies. Staff responses on this topic aligned with those identified in the literature.
    - Centralizing services created efficiencies for clients, in that they do not have to visit multiple sites, saving them money (e.g., for transportation) and time. Centralizing functions such as applications and eligibility can also reduce wait times for clients (WM). Staff members noted that centralizing services can help secure funding, as it looks good on grant applications (NP) and data can demonstrate to funders how clients access services (WM)
    - Blending funding saved time and resources in tracking and reporting funds spent across different streams (BM).
- Though it creates cost and operational efficiencies, centralizing services also requires up-front investment. Sites also identified the importance of initial investment to achieve these savings; for example, it takes time and money to invest in a data system, but that data system will ultimately reduce time needed to process applications and will operate at a higher level of accuracy, reducing costs related to correcting errors. (WM). Ensuring access to services can also be expensive; for example, helping clients access virtual services can come with a cost, especially for computers (WM).
- Brief description of how these factors facilitate centralization.
  - o **Blended funding**: BM found that blended funding enabled them to more easily centralize services, as funding could cover different services and required much less time in tracking and reporting. Other sites, such as NP, found innovative ways to centralize without blended funding (i.e., the cost-neutral model).
  - o **Buy-in:** Sites emphasized that having a commitment from all levels of the organization to the mission of centralizing services and providing a range of services to meet client needs, rather than just focusing on a specific service, facilitated centralization. The shift to centralization can be challenging and this buy-in helps move it forward.
  - o **Communication with clients**: Having clear lines of communications with clients was important for making sure clients were up to date on the services they could receive and how centralized or co-located services could help them. Centralization and the trust that clients had with the organizations could also improve communication, so this could reinforce the efforts to centralize.
  - o **Data sharing**: Being able to share data is critical for responding to multiple needs that a client might have. Whether this is through a shared data system or more other processes, such as a release of information form, this sharing of information among programs helps providers align their services for clients. While sharing data facilitates centralization, centralization can also continue the move towards increased data sharing.
- Brief description of how these factors can be barriers centralization.
  - o **Physical space:** Sites reported running out of space for their services, as well as facing challenges with privacy, especially for conversations with clients involving sensitive information, in an open or cubicle setting.
  - o **Information and training**: Ensuring that staff had the information and training they need to centralize services could be a barrier. This includes making sure staff have necessary information to refer to other resources/partners as well as to provide a centralized intake or eligibility process, especially in light of changing requirements and eligibility.
  - o **Resistance to change:** Staff at sites articulated that it can be challenging to change staff mindset in providing centralized services, especially with the emphasis on the "whole family". The shift from

knowing about a single service and addressing needs related to that service, to understanding the range of services a family might need and how to connect them, can be difficult for some staff members and therefore can impact service provision to families.

Summary of Presentation #3: Mutual Reinforcement for Two-Generation Initiatives: A Measurement Tool from NS2G - Tracy Carter Clopêt - OPRE

- Although interest in two-generation initiatives has intensified, the field lacks commonly accepted definitions and measures of relevant characteristics, processes, and outcomes.
- The Next Steps for Rigorous Research in Two-Generation Approaches (NS2G) project was designed, in part, to fill this gap.
- NS2G built on a prior two-generation project from 2015-2018 called the *Exploration of Integrated Approaches to Supporting Child Development and Family Economic Security,* or "*Integrated Approaches*" for short.
- In the *Integrated Approaches* project, Mathematica, Northwestern University, and OPRE developed a change model for economic security and child well-being approaches.
- This model, a version of which is included on this slide, helped the us identify certain inputs and pathways that might be important to measure in future evaluations of two-generation initiatives
- *From IA report:* The change model "(1) identifies the populations served; (2) describes the service model for caregivers and children in the same family; (3) explains how intentionality, quality, and caregiver-child mutual motivation are important factors in building on these approaches to deliver services and influence outcomes; and (4) illustrates a set of shorter- and longer-term outcomes that may result for caregivers, children, and their home environment."
- Drawing your attention to the yellow box on the slide **animate*,* we focused on several possible constructs from the change model for our measure development:
- Mutual reinforcement, which is represented by the crossed arrows between services and outcomes for both generations;
- Alignment
- Coordination
- Intentionality
- *(If needed) More information on the change model from the Integrated Approaches project is available at: https://www.acf.hhs.gov/opre/report/conceptual-frameworks-intentional-approaches-improving-economic-security-and-child-well*
- How do we capture "two-gen-ness"?
- While all four constructs we identified from the change model could be valuable to the field if measured, when asked to prioritize, a panel of two-generation experts recommended that a measure of mutual reinforcement would be most valuable.
- In their view, a measure of mutual reinforcement has the potential to capture the characteristics of a two-generation initiative (including alignment, coordination, and intentionality) that help families achieve outcomes beyond what single-generation services could attain on their own.
- And importantly, a measure for mutual reinforcement for two-generation initiatives did not exist yet.
- What do we mean when we say "mutual reinforcement"?
- **Mutual reinforcement** occurs in two-generation initiatives when service providers align and build on each other's efforts to serve whole families by adopting a shared vision and working toward common or compatible goals
- These efforts are **intentionally coordinated** to make use of each service provider's strengths or expertise. They can include:
  - Designing and **offering services of high quality and appropriate intensity** to caregivers and children in the same families
  - Developing and using **shared measures** to assess both caregivers and children in the same families, or

- - Developing a **common theory of change or aligned mission statements** to positively affect both generations within a family.
- These are the high-level steps we took to develop the measurement tool.
- *Definition*. We finalized our definition of mutual reinforcement, which you saw on the previous slide.
  - We made the construct of mutual reinforcement into something we could measure by breaking the definition into four component parts.
    - Partners, Principles, Infrastructure, and Service Delivery Strategies
    - These became the basis for subscales in our measurement tool
- *Measures mapping exercise*. We gathered existing resources from the field to inform our new measure.
  - We mapped specific items, ideas, concepts, or activities (collectively, "items") from these resources to the relevant components of the definition.
  - We identified where we could leverage and adapt existing items, where there were gaps, and created new items to fill these gaps.
  - Based on these efforts, we prepared our initial tool for testing
- *The small pilot study*. We tested and refined the measurement tool and scoring methodology in three waves of data collection in May through July 2022 with three NS2G initiatives.
- The mutual reinforcement measurement tool that we ended up with after the small pilot study includes 14 sets of survey-style questions.
- We wanted to develop a measure that would be useful for researchers and practitioners from the very beginning of its development, and the initiatives we worked with in the pilot emphasized how important it was for them to able to "score" their own responses. The Excel-based version that we subsequently developed calculates an overall "score" for Mutual Reinforcement and three subscales: Principles, Infrastructure, and Service Delivery Strategies. Users of the tool can use the output from Excel to track their scores over time as they make efforts to strengthen mutual reinforcement in their initiative.
- *Note:* We have designed the tool so that higher scores indicate stronger levels of mutual reinforcement. However, this tool and its scoring method are preliminary and not yet validated. While we assume improving scores coincide with strengthening mutual reinforcement, we do not yet know what scores translate to emergent, strong, or exemplary levels of mutual reinforcement. More testing is needed.
- The first set of questions asks the user to describe their initiative's <u>structure</u>, including:
  - The names of all the partners involved in their initiative.
  - Extent to which those partners have aligned visions, goals, missions, theories of change, and action plans.
  - And the number of programs or services their initiative offers to each generation.
- The second series of questions assesses the degree to which:
  - Programs and services are of high quality and appropriate intensity.
  - Partners align and streamline implementation.
  - Partners capitalize on their relative strengths or areas of expertise.
- Finally, a series of questions focuses on <u>data</u>, including:
  - Whether and how partners collect, use, and share data.
- In our pilot study, we learned that it can be really challenging for one person to have all the answers, so we are recommending that two-generation initiative staff and partners work together to answer these questions. We're recommending they do this in a two-step process. We tested Step 1 in our pilot, but did not test Step 2. Instead, we created Step 2 based on input from the staff in the pilot about how they envisioned using the tool with their partners:
- For **<u>Step 1</u>**, we suggest they **Complete the tool within their organization**, even if they partner with several organizations as part of their initiative.
  - Each partner organization within an initiative completes the tool internally with key staff. In the pilot, it worked well when 3 staff were involved, including a person who was familiar with how the initiative used data.
  - Using the results, staff identify improvements that would strengthen mutual reinforcement with an emphasis on *their organization's contributions* to the initiative.
- In Step 2**:**

- o Representatives from each partner organization (including staff who are authorized to envision and implement process change) meet to discuss the organization-level results.
  - o Using the collective results, partners determine improvements they can make to strengthen mutual reinforcement *across the initiative.*
- We recommend repeating this process at regular intervals to understand their initiative's level of mutual reinforcement over time. We suggest it might be helpful to repeat this process as part of annual planning, or when they make changes to their logic model or key processes or services.
- Insight from the pilot, where one of the initiative staff shared:
  - o "[Completing the tool as a group] was really an "aha" moment for us and how we could approach this in a holistic sense. Now we have a monthly meeting set up to discuss data, programs, and reporting together."
- **Opportunities to share learning across OPRE projects.**
  - o The NS2G project included resources to convene a series of meetings between five active projects in OPRE's research and evaluation portfolio. These meetings included OPRE and contractor staff.
  - o NS2G's charge in convening these meetings was to make sure that these projects complement, rather than duplicate, one another – to learn from one another, coordinate research efforts, identify appropriate programs for formative evaluation and technical assistance, identify opportunities to leverage projects.
  - o Can see that there was substantial overlap in the relevant ACF programs and activities for these projects.
- The projects in the portfolio generally did not use the same terms to describe aspects of coordinated services. Coordination and collaboration were the only two terms that overlapped.
- Initially, a discussion was held to talk about the value of developing a shared set of terms and ultimately decided against it, given that the projects focused on different service areas and populations, and products had different audiences.
- Developed a shared understanding of coordinated services that incorporated examples of goals, activities, and strategies observed across the projects participating in this coordination.
- Coordinating dissemination activities:
  - o Note that all reports and briefs from these active projects contain the text box on the slide, regardless of contractor. Pictures on the slide are just select publications, and some projects do not yet have publications available.
  - o Wanted to signal that the projects were part of a broader effort to understand service coordination, even if they had a different look and feel and if the projects focused on different program areas or populations.
  - o Also talked about defining key terms in text boxes to clarify how they were used in different publications.
- Discussion activity:
  1. What information would be most helpful to provide to early childhood practitioners interested in coordinating services?
  2. What format and channels are most useful for disseminating research on coordinated services to raise awareness, maximize reach, and foster shared learning across sectors?
  3. What are the most pressing research needs to address to advance understanding of coordinated services? What questions need to be addressed? What constructs need to be better defined and measured?
  4. How can we apply an equity lens to research on coordinated services moving forward?

4. **Brief Summary of Discussion**

Across the discussion questions, some trends emerged. For example, attendees noted a need for TA and dissemination of best practices under Q1, and Q2, and Q3. Additionally, there was overlap between equity and engagement topics across Q4, Q5, Q1, and Q2. Specifically, attendees wanted to make sure that early childhood practitioners were engaged and supported through TA, professional development, webinars, and other forms of dissemination.

5. Appendix

Q1. What information would be most helpful to provide to early childhood practitioners interested in coordinating services?

- **Theme 1: How do EC practitioners "do coordination" while meeting all their requirements?**
  - What do I have to "give up"? i.e. time, control (e.g., compliance assurance), funding
  - What are "their" processes, goals, language/terminology?
  - How to braid or blend funding successfully
  - Information to reduce the perception of competition or territorialism among service providers.
  - Universal eligibility for those receiving services
  - Develop a method for on time/early payment for childcare stipends (pre-pay rather than back pay)/ teach providers how to access this
- **Theme 2: Support for the process – TA and best practices and tools**
  - Best practices (e.g. how to set up a universal application)
  - Technical Assistance and resources, practitioners may be interested in coordination but may not know how and/or may not have the money or staff to do so
  - Templates detailed, profiles, or 'how to' guides for various models of coordination
- **Theme 3: What options exist for services and supports. What do families need?**
  - What resources are available, most relevant at transitions: military deployment, early instruction, kindergarten/ECE transition, pregnancy, loss family employment
  - Available resources i.e. special ed, foster youth, dual language learner support, best practices
- **Theme 4: What has worked well?**
  - Success stories, lessons learned, guidance, practical tips for implementation
  - Examples of other 'bright spots' where coordinated services has worked well
- **Theme 5: How to serve and support families from diverse backgrounds?**
  - Families from culturally and linguistically diverse backgrounds
  - Interdisciplinary collaboration to serve diverse families.
- **Other stickies that did not align to a theme**
  - What information different data systems (across collaborating agencies) include

Q2. What formats and channels are most useful for disseminating research on coordinated services to raise awareness, maximize reach, and foster shared learning across sectors?

- **Theme 1: Engaging practitioners (practical, professional development)**
  - Ongoing professional development (pre and in service)
  - Conferences that practitioners attend
  - Share briefs/memos with state agency staff
  - State ECE provider calls
  - Webinars advertised through state and local networks
- **Theme 2: TA**
  - Pairing with other systems-focused collaborations. Thinking specifically of systems of care which often includes community-wide consortiums
  - Technical assistance centers
- **Theme 3: Thinking broadly about audience**
  - Webinars include more than the "usual suspects" of researchers. Program folks (head start, CCR&R, and family resource centers, TANF agencies, IDEA, etc.
  - Connecting practitioners to potential partner providers
- **Other stickies that did not align to a theme**

- o Anecdotally heard that families often aren't aware of how services they may be eligible for are coordinating with other services

Q3. What are the most pressing research needs to advance understanding of coordinated services? What questions need to be addressed? What constructs need to be better defined and measured?

- **Theme 1: Quality , best practices, and context**
  - o Which coordination model is most effective for whom, under which circumstances?
    - o Add outcome in there too: what X whom X outcome X implementation context
  - o Constructs: quality of coordinated services needs: what practices close the equity gaps?
  - o Is the "whole" (coordinated service) greater (or at least equal to) the sum of the separate services?
  - o which models of coordination are we aiming for to best support families, it better to aim for a "no wrong door" approach or a "one stop shop" approach?
  - o What are families' experiences of coordinated services?
  - o What are best practices (most effective and efficient) in sharing data across organizations?)
- **Theme 2: Service provider experience & prep**
  - o Team work and communication between and among service providers
  - o Wellbeing of service providers in addition to children and family wellbeing
  - o Defining staff preparation to support successful coordination
- **Theme 3: Funding to learn innovate and sustain**
  - o Research grant to promote innovation at state and local level
  - o What funding mechanisms allow for the most sustainable approach to coordinated services?
- **Other stickies that did not align to a theme**
  - o Coordinated services that include more organizations such as Part C & Part B (section 6.9 and IDEA)
  - o Defining coordinated services, measurement indicators data sources

Q4. How can we apply an equity lens to research on coordinated services?

- **Theme 1: Participant-centered research/design**
  - o Family empowerment to enhance and increase access to quality services
  - o Interview or focus groups with families to understand benefits and burdens of coordinated services
  - o Intentionally engage staff and customers
  - o Community engaged research to hear from voices often left out (Black and Hispanic families, tribes, families with children with disabilities).
  - o Think deeply / reframe how families interact with ECE and related services (birth – kindergarten entry) what are families' routines? Barriers to navigate systems?
  - o Make it easier for families to be involved in the process (providing childcare, offering opportunities to be involved during non-working hours)
    - o Also – pay them for their time
- **Theme 2: Involve families and partners early**
  - o Develop research in tandem with tribes – do not wait until implemented to bring in tribal partners
  - o Involve families that need to be served in the planning, implementation, and evaluation
  - o Interviews/focus groups with providers / agencies to understand benefits and burden of coordinated services
  - o Include diverse voices (including the community impacted) in setting research questions
- **Theme 3: Disaggregate data when possible**
  - o Ensure data collected on participation / utilization of coordinated services allows for analysis by race/ethnicity, SES of users/ participants
  - o Ask who us benefiting and who is not?
  - o Subgroup analysis: who benefits and who gets left behind within various coordination models?
- **Theme 4: Dissemination**
  - o Disseminate data and resources to providers, general public, and the community

- o   Linguistically diverse dissemination

Q5. Other questions or thoughts

- The burden of coordination inevitably falls to someone – families, providers, local or state agencies, how can we support that to cease burden?
- I didn't see the portfolio includes early intervention agencies such as Part C
- How do partners navigate virtual engagement (clients and staff) vs physical colocation