

## RESEARCH HIGHLIGHT

# Approaches to Coordinating Services for Young Children and Families

## Key Highlights

- ▶ Coordinating services may reduce barriers for families accessing needed services across organizations, but it can be logistically challenging to fund, implement, and sustain such coordination.
- ▶ Researchers found that the ways in which states and local communities coordinate services can be categorized into different models. Key findings across these models may inform child care and early education (CCEE)<sup>a</sup> leaders looking to improve service coordination for families.

## Overview

Across sectors, there are many effective services that promote healthy development in early childhood and support families' well-being. These include high-quality CCEE and supports for other family health, educational, and financial needs. It can be challenging for families to benefit from all of these services because they all function separately, typically in different locations and with differing eligibility, enrollment, and service provision requirements. This can prevent families from accessing services, or can make service navigation more cumbersome both for families (e.g., duplicative paperwork, travel to multiple agencies) and staff (e.g., lack of information about families' other services). Such roadblocks can exacerbate disparities because they affect marginalized families the most.

States and local communities have worked to address these barriers by combining services and funding streams, often across organizations, to fulfill multiple family needs simultaneously through a centralized process. Such strategies may improve families' access to services, which in turn may improve child developmental outcomes and parental well-being, particularly for families with lower incomes.

<sup>a</sup> Child care and early education (CCEE) refers to caregiving and educational services for children from birth to age 13. CCEE includes center- and home-based settings for infants, toddlers, preschool- and school-aged children. CCEE refers to services for a larger age group than early care and education (ECE), which consists of services provided only for young children (birth to age 5 who are not yet in kindergarten). ECE programs are included within the definition of CCEE.



This highlight reports on the **Assessing Models of Coordinated Services (AMCS) project**, as summarized in a 2022 [report](#) and [brief](#) by Mathematica. There is also an accompanying [interactive map](#) on OPRE's website.

This project is part of [OPRE's Portfolio on Coordinated Services](#). Projects within this research portfolio address the intentional coordination of two or more services. These projects span OPRE's research portfolios, including child care, Head Start, home visiting, child welfare, and welfare and family self-sufficiency.



These strategies may also result in cost savings by reducing redundancy and inefficiency across agencies. However, coordinating services is challenging; often the partners have different goals, activities, and funding requirements that create barriers to coordination.

The AMCS study provided an in-depth look at different approaches to coordinating CCEE with other health and human services. The study team identified common elements among approaches and used these to describe six overarching “models” of coordinated services. The purpose of this research highlight is to summarize key information from this study for CCEE leaders who may be interested in improving service coordination for families.

## Models of Coordinated Services

The Assessing Models of Coordinated Services (AMCS) study gathered qualitative data to identify underlying categories, or models, of coordinated services. There were three iterative phases of data collection: 1) a **model scan** using publicly available information and summarized in the [interactive map](#), 2) **phone interviews** with staff representing 18 of the coordinated services approaches, and 3) **virtual site visits** with leaders and frontline staff representing eight coordinated services approaches.<sup>b</sup>

Six descriptive models of coordinated services were identified—some operated at the state level and others at the local level. All state and local models in this study:

- Coordinated CCEE services with other health and human services.
- Focused on improving outcomes for young children (0-5) and families with low incomes.
- Developed partnerships among entities such as:
  - State agencies.
  - Educational entities.
  - Local area nonprofit organizations.
  - Private businesses.

These six models should not be regarded as recommended best practices or as a finite list, but rather as a description of the variety of ways that service coordination might operate in practice. These models can be useful examples for CCEE leaders seeking to develop or improve state or local approaches to service coordination.

### **Coordinated services approach:**

An effort by a program or a group of programs, an agency, a department, or other organization focused on coordinating services for children and families with low incomes, at the state or local level.

### **Model of coordinated services:**

An exploratory category that describes characteristics that coordinated services approaches have in common. Usually, individual coordinated services approaches were not intentionally following a model.

<sup>b</sup> More information about the study methodology can be found in the [full report](#).

## State models of coordinated services

The state-level coordinated services approaches in this study were operated by a state agency/department and served families across the state. Their partners included other state agencies/departments and/or one or more local organizations. Each of them varied in their goals and the supports they provided to improve outcomes related to child development, family stability, economic security, and/or system-level coordination. Commonly, these models focused on:

- Creating a statewide coordinated system of care.
- Encouraging and/or funding local coordination efforts.
- Changing or setting new policies.
- Providing direct services to families.

### Model 1: State systems change and investment in family services

**Goal:** To benefit the whole family by improving alignment between early childhood and adult services.

**Description:**

- These approaches often have an explicit “two-generation” mission where they are designed to serve both parents and children.
- These approaches employ a two-tiered method of coordinating services—one tier at the state level, and the other at the local level.
- These approaches may work to remove barriers in providing services to families at the local level by enhancing state-level agency coordination and/or changing policies.
- These approaches may support local-level innovation through sponsoring pilot projects and/or grants.

**Example:** Minnesota 2-Generation Policy Network<sup>c</sup>

Using state and federal (e.g., Temporary Assistance for Needy Families, or TANF) dollars, the network supports innovation in local communities aimed at addressing shared goals: closing the achievement gap for children entering third grade and supporting a well-prepared workforce. The network awards five-year grants for community organizations to develop and implement programs and provides them with technical assistance and evaluation support. At the state level, the network also works to redesign state systems to better center the needs of families.

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<sup>c</sup> For all of the specific examples provided in this highlight, additional information is available in the [full report](#).



## Model 2: State-supported local CCEE coordination

**Goal:** To improve the alignment of CCEE systems.

**Description:**

- These approaches often create a framework for statewide CCEE coordination that is flexible enough to allow for local areas to tailor their services based on the context.
- These approaches are often initiated through state legislation mandating a governing body for CCEE coordination.
- These approaches may operate as public-private partnerships where they receive state funds but operate semi-independently.

**Example:** Oregon Early Learning Hubs

The state of Oregon passed legislation mandating the creation of regional hubs that coordinate local enrollment into early learning programs, such as Head Start and Oregon’s state preschool program. Using a range of funding sources – including Preschool Development Grant Birth through Five (PDG B-5) funds and state and private funds – the 16 regional hubs work to improve CCEE access for children experiencing poverty and other marginalized populations. The regional hubs, each of which has its own lead organization, are required to demonstrate progress toward the following systemwide goals: (1) children arrive ready for kindergarten; (2) children are raised in healthy, stable, and attached families; and (3) the early learning system is aligned, coordinated, and family-centered. State-level staff support regional hubs to work toward these goals via technical assistance.

## Model 3: State family services provider

**Goal:** To provide specific services to families in local communities.

**Description:**

- In these approaches, the state is directly involved in local-level service delivery by determining which services to provide, designing those services, and/or providing services, rather than providing funding for local communities to design and implement their own programs.
- Implementing this kind of approach may take the form of multiple pilot programs in local areas.
- These approaches may also engage in state-level activities that overlap with those in the other state models (e.g., reviewing policies, supporting state-agency-level coordination).

**Example:** ‘Ohana Nui

The Hawaii Department of Human Services (DHS) partnered with community agencies in selected locations to pilot programs that provide multigenerational (e.g., for children and at least one other generation) family supports in five areas: housing, food, health, education, and social capital. Their “no wrong door” approach means that families can enter the coordinated system of programs through any of the services offered by DHS.



## Local models of coordinated services

The local-level coordinated services approaches reviewed in this study focused on serving a particular community or region and were typically operated by community-based nonprofit organizations. The local-level approaches were more likely than state-level approaches to provide direct services to families. While these approaches focused on serving a particular community, they may have been affiliated with state-level coordinated services approaches. These approaches all worked to improve families' access to services, align family service providers around shared goals, and ultimately improve outcomes for their target populations—yet they were all unique in terms of their precise goals and specific services provided.

### Model 4: Family-centered coordination

**Goal:** To increase families' access to necessary services, from the moment families are identified throughout their engagement with the system.

**Description:**

- Often, multiple services for families were co-located in these approaches.
- Many of these approaches use streamlined intake processes and then keep in close contact with families to make sure they can access all the services they need and are able to follow through on referrals.
- Many of these approaches use a “no wrong door” approach, meaning that all partners assess families' needs and direct them to the appropriate services, no matter which partner the family engaged with first.
- Several of these approaches match each family with a single case manager or a navigator who provides “warm hand-offs” to directly connect families with partner organizations for needed services.
- Many of these approaches track families' access to services and follow-through on referrals in an integrated data system.

**Example:** Northside Achievement Zone (NAZ) (local partner of the Minnesota 2-Generation Policy Network described above)

NAZ convenes Minneapolis nonprofit agencies and schools to provide wraparound services for families with the following goals: to close the achievement gap, stop intergenerational poverty, and increase access to CCEE.



## Model 5: Community-oriented collective impact for families

**Goal:** To achieve shared goal(s) related to community-level outcomes.

**Description:**

- Partner organizations identify one or more shared goals for community-level positive outcomes for families.
- The coordination in these approaches is primarily administrative and focused on data.
- One lead agency convenes and organizes partners for joint planning, training, and/or technical assistance.
- Typically, partners share data pertaining to the collective goal with the lead agency, which tracks and reports outcomes on shared indicators across all partners.
- Direct service delivery is not the main focus of these approaches, though some partner agencies may provide direct services.

**Example:** South Coast Early Learning Hub (SCELH; one of the Oregon's 16 Early Learning Hubs, described above)

SCELH coordinates outreach, eligibility, and enrollment for preschool slots, using community-level data to prioritize families with low incomes and families living in areas that lack childcare. This collaboration also facilitates connections between schools and families and coordinates access to home visiting. SCELH shares a data system with local Head Start and other child care providers to determine family eligibility. It also uses census and school district data to identify areas of need.

## Model 6: Focused coordination

**Goal:** To provide specific services to a narrowly-defined population or geographic area.

**Description:**

- These approaches tend to involve a small number of service-providing partners.
- Partners work closely together to provide services for an identified service population or area.
- These models use a single set of enrollment criteria for all components of the coordinated services approach.
- Services may be co-located (e.g., Head Start within a public housing community).
- These approaches are usually funded by grants.
- Data are used to meet grant requirements but sharing data among partners is often a challenge.

**Example:** Central Georgia Technical College

Within the technical college, this partnership reduces barriers to students' successful completion of their associate degree by providing on-site childcare as well as supports and referrals for their academic success, external childcare access, and family financial supports (e.g., Supplemental Nutrition Assistance Program, or SNAP). The partnership uses braided funding to provide services with different eligibility requirements. Data tracking includes student retention and performance as well as family feedback.

# Key Findings Across Models of Coordinated Services

Topic	Key Findings
<p><b>Coordination and Partnership</b></p>	<p>All approaches included in this study focused on services for low-income families; some local-level approaches narrowed their populations of interest further (e.g., low-income families affected by the opioid crisis).</p> <p>Many different partners were involved, such as state offices or agencies; education partners (e.g., CCEE settings, school districts, and colleges); local nonprofit organizations; and businesses.</p> <p>Partners worked together to provide services (e.g., CCEE, home visiting, financial supports, health care), build the early childhood system, and/or provide funding and technical assistance.</p> <p>Partnerships could be formal or informal.</p> <p>Challenges to partnerships include differing priorities, funding requirements, and/or policy restrictions.</p>
<p><b>Eligibility and Enrollment</b></p>	<p>Some partnerships created shared application and eligibility systems for families to pursue multiple services at once, but none could enroll families into multiple services at once.</p> <p>Coordinating application, eligibility, and enrollment sometimes had unintended consequences such as decreased enrollment in some CCEE options, which made partners less willing to coordinate this process.</p>
<p><b>Funding</b></p>	<p>The coordinated services approaches blended and braided a wide variety of federal, state, and private funds. Blended and braided funds combine multiple funding sources to support a single initiative. Braided funds track and report the use of funds back to each funder, whereas blended funds do not have this requirement.<sup>d</sup></p> <p>By integrating funding sources—often including state, federal, and private sources—partnerships have more flexibility. Each funder has different requirements, so one source of funds may be used to fill gaps left by another.</p> <p>Typically, only small sums are allocated explicitly for coordination or systems-building activities.</p> <p>Funding regulations and restrictions can make it difficult for partners to coordinate and meet family needs.</p>

<sup>d</sup> For more information about blended and braided funding, see [this resource](#) from the Child Care Technical Assistance Network.

Topic	Key Findings
<b>Data Collection and Use</b>	<p>Among the coordinated services approaches in the study, the following types of data were being collected: community data, administrative data, and feedback data from participants.</p> <p>Uses for the data included identifying needs, targeting services, tracking progress, identifying areas for continuous quality improvement, and sharing family-level data among partners.</p> <p>Overall, data collection was an area for growth. Many coordinated services approaches acknowledged a need to enhance their capacity for data collection and analysis. Data sharing among partners was challenging given privacy concerns. Integrated data systems are being pursued.</p>
<b>COVID-19 Pandemic</b>	<p>Some coordinated services approaches were well-positioned to help families navigate the resources needed during the pandemic, including financial supports. Some partnerships expanded to meet these needs.</p> <p>The transition to virtual services presented barriers to accessing services for some families and removed barriers for others. The pandemic hindered some partnerships and created new opportunities for others.</p>

## Summary

Service coordination is important for reducing barriers to needed services, particularly for families with young children and low incomes. States and localities have developed approaches to coordinating services that were summarized into six “models” by the AMCS study. Across models, approaches to coordinating services are thought to have the potential to address key equity issues of access to services, structural barriers to service delivery, and outcomes for historically marginalized communities.

OPRE has a portfolio of work on service coordination for those who would like to learn more. Information about their related projects can be found on OPRE’s [Coordinated Services Research and Evaluation Portfolio](#) website. These projects highlight coordination efforts undertaken by child care, Head Start, child welfare, home visiting, and other programs. Additional service coordination examples from the AMCS study can be found via [OPRE’s Mapping Coordinated Services Approaches interactive tool](#).



## Equity considerations for coordinated services

Increasing access to needed services for young children and families has clear equity implications. All of the coordinated services approaches reviewed in the AMCS study focused on serving families with low incomes, but data were not specifically collected about equity-related goals and outcomes. Structural inequities are often the root cause of differential access to educational, economic, and health-related services for families. Future research could explore how, for whom, and to what extent coordinated services can reduce barriers that families face based on their personal characteristics (e.g., race, ethnicity, immigration status, ability status). Specific topics of interest may include:

- Explicit focus of service coordination on racial/ethnic groups affected by systemic racism in the community served.
- Use of disaggregated data to measure change over time in disproportionate impact of service fragmentation on historically marginalized groups.
- Integration of family and community voice into decision-making for coordinated services approaches.

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## References

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Fung, N., E. Cavadel, and S. Baumgartner. (2022). *Supporting families through coordinated services partnerships*. OPRE Report #2022-52. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

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