

University of Nebraska - Lincoln

DigitalCommons@University of Nebraska - Lincoln

Nancy Shank Publications

Public Policy Center, University of Nebraska

9-2006

Developmental Disabilities Service Coordination in Nebraska

Nancy Shank

University of Nebraska - Lincoln, nshank@nebraska.edu

Follow this and additional works at: <https://digitalcommons.unl.edu/publicpolicyshank>



Part of the [Public Policy Commons](#)

Shank, Nancy, "Developmental Disabilities Service Coordination in Nebraska" (2006). *Nancy Shank Publications*. 3.

<https://digitalcommons.unl.edu/publicpolicyshank/3>

This Article is brought to you for free and open access by the Public Policy Center, University of Nebraska at DigitalCommons@University of Nebraska - Lincoln. It has been accepted for inclusion in Nancy Shank Publications by an authorized administrator of DigitalCommons@University of Nebraska - Lincoln.



Developmental Disabilities Service Coordination in Nebraska

Final Report
September 2006

Prepared by:
University of Nebraska Public Policy Center

For:
Office of State Senator Dennis Byars
LR 42 Service Coordination Work Group

University of Nebraska Public Policy Center
121 South 13th Street, Suite 303
Lincoln, Nebraska 68588-0228
Phone: (402) 472-5678
Fax: (402) 472-5679
Website: www.ppc.nebraska.edu

UNIVERSITY OF
Nebraska

– Table of Contents –

Executive Summary	i
Introduction	1
Statewide Results	3
Service Coordinator Activities -- Proportion of Time Spent and Importance	31
Mean Comparisons -- Service Coordinators and Provider Employees	33
Service Coordinator Responses by Service Area	41
Service Coordinator Responses by Years of Experience	45
Service Coordinator Responses by Education Level.....	46
Service Coordinator Responses by Number of Providers	48
Provider Employee Responses by Service Area.....	49
Provider Employee Team Experience by Service Area	52
Provider Employee Responses by Years of Team Experience.....	53
Comparisons across Three Surveys.....	54
References	58

Tables & Charts

Table A. 2004 Survey of Nebraska Developmental Disabilities Service Coordinators – Results	20
Table B. 2004 Survey of Nebraska Developmental Disabilities Service Provider Employees – Results	26
Table C. Service Coordinators’ Opinions of the Importance of Selected Tasks Compared to the Time Spent on Each Task	31
Table D. Mean Comparisons for Selected Corresponding Questions – 2004 Survey of Nebraska Developmental Disabilities Service Coordinators and 2004 Survey of Nebraska Developmental Disabilities Service Provider Employees	36
Table E. Service Coordinator Average Responses – Differences by Service Area.....	42
Table F. Service Coordinator Allocation of Time among Tasks – Differences by Service Area	43
Table G. Service Coordinator Average Responses regarding Service Coordinators – Differences by Experience Level	45
Table H. Service Coordinator Average Responses regarding Consumer Self- Determination – Differences by Education Level	46
Table I. Service Coordinator Average Responses regarding Service Coordinators – Differences by Education Level	47
Table J. Service Coordinator Average Responses regarding Service Providers – Differences by Number of Providers with whom Coordinators Work.....	48
Table K. Service Provider Employee Average Responses – Differences by Service Area.....	51
Chart - Provider Employee Team Experience by Service Area	52
Table L. Service Provider Employee Average Responses regarding Service Coordinators – Differences by Team Experience	53
Table M. Consumer Knowledge of Service Coordinator – Survey Comparison	55
Table N. Consumer being able to talk to Service Coordinator – Survey Comparison	56
Table O. Service Coordinator asking consumer what is important to them – Survey Comparison	56
Table P. Service Coordinator getting consumers what they want – Survey Comparison	57

Appendix – Survey Instruments

Survey Instrument Development and Administration	A-1
Survey, Focus Group, and Conference Call Content and Respondents	A-5
<i>2004 Survey of Nebraska Developmental Disabilities Service Coordinators</i>	A-9
<i>2004 Survey of Nebraska Developmental Disabilities Service Provider Employees</i>	A-25
Service Coordinator Service Areas (map)	A-34
Consumer Focus Group Session Prompts	A-35
Family Member/Legal Guardian Conference Call Prompts	A-36

The following document accompanies this report:

Developmental Disabilities Service Coordination in Nebraska –
Qualitative Responses

September 2006

Prepared by:
University of Nebraska Public Policy Center

For:
Office of State Senator Dennis Byars
LR 42 Service Coordination Workgroup

– Executive Summary –

At the request of the LR 42 Service Coordination Workgroup, coordinated by the office of State Senator Dennis Byars, the University of Nebraska Public Policy Center conducted a study of developmental disabilities service coordination in Nebraska. The Public Policy Center explored the perceptions and experiences of a variety of stakeholders involved in the service coordination system for people with developmental disabilities. Analysis of the quantitative and qualitative data gathered from consumers of developmental disabilities services, consumers' family members or guardians, Service Coordinators, and Service Provider Employees resulted in the following general observations.

Stakeholder satisfaction with service coordination:

- Many respondents make a distinction between satisfaction with service coordination in general and Service Coordinators.
- Families and consumers generally are pleased and feel Service Coordinators try hard and are helpful and available.
- Families, consumers, and Service Coordinators believe more strongly than do Provider Employees that Service Coordination is beneficial.
- Families of consumers believe Nebraska does not provide the range of service options that many other states provide to consumers of developmental disabilities services.
- Consumers' family members expressed concerns about supervision and the types of activities offered to consumers at day services.
- Consumers' family members expressed concerns about frequent turnover in day service employees.

The roles and responsibilities service coordinators currently are fulfilling, and the importance of various aspects of service coordination:

- Consumers and their families generally believe that Service Coordinators help consumers and families in a wide range of ways.
- Both Service Coordinators and Provider staff feel they advocate, ask what is important to consumers, and are familiar with the rights of consumers and their families.
- Both Service Coordinators and Provider staff feel they support consumer self-determination.
- Service Coordinators and Provider Employees indicate that Interdisciplinary Teams function well, but Provider Employees are slightly less positive about Teams.
- Service Coordinators rank tasks associated with their job differently when comparing percent of time spent on the task and importance of the task.

The working relationship between Service Coordinators and Service Provider Employees:

- The relationship between Service Coordinators and Service Provider Employees is tenuous, particularly from the perspective of Provider Employees.
- Service Coordinators believe there is a lack of Provider accountability.
- There is ambiguity between the roles of Service Coordinators and Provider staff.
- Overall, Provider Employees don't agree as strongly as Service Coordinators that consumers know their Service Coordinator and can talk with their Service Coordinator whenever they want.

How service coordination may be improved:

- Stakeholders want to see increased funding to add more Service Coordinators and reduce caseloads.
- Increase funding for services for people with developmental disabilities.
- Families, consumers, and Service Coordinators believe changes are needed in the process for determining eligibility for hours and types of services.
- Service Coordinators want processes to improve Provider accountability.
- Greater communication and teamwork is needed between Service Coordinators and Provider Staff.
- Service Coordinators and Provider staff may benefit from additional training opportunities.

– Introduction –

The LR 42 Service Coordination Workgroup, coordinated by the office of State Senator Dennis Byars, asked the University of Nebraska Public Policy Center to conduct a study of developmental disabilities service coordination in Nebraska. The Public Policy Center explored the perceptions and experiences of a variety of stakeholders involved in the service coordination system for people with developmental disabilities. The goal of the research project was to better understand:

- Stakeholder satisfaction with service coordination
- The roles and responsibilities service coordinators currently are fulfilling
- The importance of various aspects of service coordination
- How service coordination may be improved

The project focused on the delivery of service coordination in relation to its impact on consumers. The Public Policy Center gathered information from consumers of developmental disability services, their family members or guardians, Service Coordinators, and Service Provider Employees regarding developmental disability service coordination in Nebraska. All Service Coordinators and a sample of Service Provider Employees were surveyed. Consumers attending the 2004 People First conference were invited to participate in three focus groups. A random sample of family members/guardians was invited to participate in focus groups and individual interviews. This data is supplemented with National Core Indicators Survey results from surveys of Nebraska consumers.

The report first presents the information gleaned from the surveys, focus groups, interviews, and National Core Indicator data. We describe the overall **statewide results** and also compare and contrast similarities and differences in groups' responses. The results of this research are presented in the general categories listed below. It should be noted that there is obvious overlap and the categories are meant as an organizing tool, and not meant to serve as rigid barriers. Additionally, the survey tool included questions about respondents' socio-demographic information, educational status, and selected other descriptive informational items.

- Consumers and Their Families
- Consumer Self-Determination
- Interdisciplinary Team
- Service Providers
- Service Coordinators
- Design of Service Coordination System

Next, we present the results of an additional statistical analysis of the meaningful differences between **Service Coordinators and Service Provider Employee responses** to like questions in the survey. It was expected that Service Coordinators and Service Providers would have some differing perspectives on the service coordination system and that both the areas of agreement and the areas of disagreement would provide a more comprehensive picture of the system.

We then looked more closely at the Service Coordinator responses: the differences in responses based on **Service Area, years of experience, educational level** and the **number of providers** that Service Coordinators work with. Because service coordinators operate in very

different contexts and with different educational levels, it was expected that some meaningful differences would be identified.

We then analyzed Provider Employee responses based on **Service Area**. It was expected, as for Service Coordinators, that Provider Employees would have significant differences in some of their responses.

Finally, we analyzed the similarities and differences for those questions that appeared on the **National Core Indicators** survey and those on the Service Coordinator and Provider Employee survey. It was expected that the National Core Indicators survey might provide important quantitative perspectives from consumers and family members that would add to information collected from Service Coordinators and Provider Employees.

– Statewide Results –

In order to understand the overall information gleaned from the surveys, focus groups, interviews, and National Core Indicator data we first present the results from all participants, organizing the information in the following categories:

- Consumers and Their Families
- Consumer Self-Determination
- Interdisciplinary Team
- Service Providers
- Service Coordinators
- Design of Service Coordination System

For each of the six categories, we present results of the **survey responses** given by Service Coordinators and Service Provider Employees. The results are discussed below, grouped by service coordination topics we examined. In the first six sections of the Service Coordinator and the Service Provider Employee surveys, respondents ranked statements regarding different aspects of service coordination. The scale ranged from “Strongly Disagree” (1) to “Strongly Agree” (5). The higher the mean response for a statement, the higher the average level of agreement of the group responding. Throughout the report, the terms “Service Coordinator” and “coordinator” are used interchangeably, as are “Service Provider Employee” and “staff” and “Individual Program Plan Team” and “team.”

We present a simple numeric summary of the results. Table A (pages 20 - 25) and Table B (pages 26 - 30) provide the percent of respondents from each group who chose each rank for each question, the average (mean) of the answers given, the standard deviation of each answer from the mean, and the total number of respondents for each question. The number responding to each question does not include those who answered “Not Applicable.” Survey instruments are available in the Appendix. Open-ended survey questions are summarized in relevant sections. The open-ended responses given by Service Coordinators and Service Provider Employees are included in a separate qualitative responses document. Data on the percent of survey respondents answering each open-ended question also is given in that document.

Consumer and family members/legal guardian **focus group responses** also are summarized. Consumer focus groups comprised consumers who were 21 years of age or older, had a Service Coordinator, and were receiving services other than service coordination. The in-person focus groups lasted approximately one hour each. Participants were asked probing questions about their interaction with their service coordination, the frequency and nature of contact, who they turn to for assistance, what kind of assistance they have needed, and specifics of the aspects of service coordination they are happy with and of the aspects that make them unhappy. Family member/legal guardian focus groups were conducted via the telephone. Participants were asked about their interaction with the Service Coordinator and also to comment upon their family member’s interaction with the Service Coordinator, the frequency and nature of contact, who assists the consumer and family when help is needed, whether service coordination improves the consumers’ quality of life, the service coordination system in Nebraska, and specific comments on what is working and not working in the service coordination system. Question lists for focus groups are in the Appendix.

Where available, we present information from the most recent *National Core Indicators Survey* in which Nebraska consumers participated. This is the 2000 version of the *National Core*

Indicators Consumer Survey with data collected during 2000-2001. Interviews in Nebraska resulted in 438 valid surveys from “a random sample of individuals over age 18 who were receiving at least one service, besides case management” (Consumer Survey Summary Report 2000, February 2002, p. 10). Along with demographic characteristics of survey respondents and information on services and supports currently received, data on the following indicators was reported: health; community inclusion; choice and decision-making; respect and rights; service coordination; access; safety; satisfaction; relationships; and acceptability. Only direct consumer responses (no proxy responses) were accepted for questions about level of consumer satisfaction or those asking opinions of the consumer. Responses from an advocate if the consumer was not able to respond were accepted for other questions. The service coordination questions on the *National Core Indicators Consumer Survey* required direct consumer responses. Four questions relating to the relationship of the consumer and their service coordinator were the basis for similar questions we asked of Service Coordinators and Provider Employees. Comparisons of various groups’ responses are made for some of the similar questions. Comments from Nebraska families and guardians are included, when available.

Survey Section A. Consumers and Their Families

How do consumers and their families experience the service coordination system in Nebraska? At its most basic level, do they even know they have a Service Coordinator? Are consumers aware of the services that are available to them? Does their Service Coordinator assist them in accessing services? Do Service Coordinators know what is important to consumers? What kinds of services do Service Coordinators assist consumers in accessing?

Alternately, we also wanted to understand where Providers see themselves in the service coordination system. Do they serve as the consumer’s contact to assist when a consumer has needs? What do they see as their role in consumer advocacy? Do they feel that they understand consumers’ needs?

► *Ratings - Service Coordinators and Service Provider Employees*

Service Coordinators and Provider Employees both feel strongly that they advocate for consumers’ needs, ask what is important to consumers, and are familiar with the rights of consumers and their families. Service coordinators are fairly neutral regarding consumers knowing about and receiving the services they need. Providers are more pessimistic about consumers knowing about services and also about consumers contacting their Service Coordinators with questions about services.

Service Coordinators responses, on average, fell just above the middle of the scale to the upper end of the scale (Strongly Agree) on questions in this realm. Service Coordinators’ responses ranged from an average of 3.15 to an average of 4.79.

Service Coordinators had most agreement (ratings between 4.49 and 4.79), on average, with the following statements:

- Consumers can talk to me whenever they want (4.49);
- I advocate for consumers’ needs (4.68);
- I ask consumers what is important to them (4.73); and
- I am familiar with the rights of consumers and their families (4.79).

On the low end (means between 3.15 and 3.34), Service Coordinators had neutral to slight agreement with statements related to the statements that follow. Perhaps not surprisingly, a number of Service Coordinators also stressed the need for job opportunities for consumers in their answer to this section's open-ended question.

- Consumers know about the array of services and supports for which they are eligible (3.15);
- I am able to assist consumers to obtain...employment (3.16);
- Consumers receive the services they need (3.34).

Provider Employees showed the highest level of agreement (ratings between 4.51 and 4.64), on average, with the following statements:

- I ask consumers what is important to them (4.64);
- I advocate for consumers' needs (4.60);
- I have a good grasp of consumer needs (4.54);
- I am familiar with the rights of consumers and their families (4.51).

On the low end, provider staff responses indicated disagreement (means of 2.67 and 2.73, respectively) with statements:

- Consumers know about the array of services and supports for which they are eligible (2.67);
- Consumers contact their Service Coordinator with questions about services (2.73).

► *Comments – Service Coordinators and Service Provider Employees*

Service Coordinators who answered the open-ended question asking them to describe consumers' unmet needs listed **job coaching** and **employment** opportunities as major needs consumers have that are not being met. Service Coordinators stressed actual employment opportunities for consumers, rather than employment in workshops. The general need for more employment and also **transportation** services did not go unnoticed, and some coordinators mentioned these services are especially lacking in rural areas. Coordinators mentioned transportation as the means for consumers to get to jobs and social, recreational and medical appointments, and to make personal errands possible.

According to coordinators, another commonly identified consumer need was that of more **residential** support and services. Service Coordinators were concerned that consumers with a dual diagnosis or special needs often do not get the help they need from service coordination. They believe these consumers could use more hours of service and increased funding levels.

Service Coordinators also see the need for consumers to have more **choices** and **independence**, along with meaningful activities at day services and workshops, and more opportunities for social activities. There is concern that there is not enough **housing** for consumers of developmental disabilities services. In rural areas, some coordinators see limited choice of Service Providers. It was suggested that more **respite** services would give relief to those who care for consumers.

Many respondents cited a need to increase **funding** and hours and/or saw a need to **reform** the way funding and hours are assigned. Some Provider Employees are concerned there

are consumers who are not assigned the correct priority level initially, or that those assigning the level to a consumer do not allow for the level to change as the consumer's needs change.

A portion of Provider Employees saw no unmet needs, or responded by saying this question was not applicable to their situation. Others felt consumers need more **recreation** and **social** opportunities in the community and more residential services. Other items mentioned were the need for transportation and the importance of consumer choices. A small number of respondents also noted a need for Service Coordinators to have **contact** with and know the consumer. A similar number stressed the importance of the Service Coordinator **advocating** for the consumer.

► *Comments - Consumer Focus Groups*

We asked consumers if they saw or heard from their Service Coordinators between IPP meetings. Many said they see their Service Coordinator other than at meetings, sometimes as often as monthly, while other consumers only see their Service Coordinator at annual IPP meetings. One Service Coordinator calls the consumer a couple of times each week and they occasionally meet for lunch. Another consumer reported not hearing from their Service Coordinator often, and that the Service Coordinator is not very involved in the consumer's life. That was fine with the consumer. Others stated they could talk with their Service Coordinator as often as they want or need to. One consumer pointed out their Service Coordinator has an answering machine, which makes it easy for the consumer to get in touch with their coordinator.

When a consumer talks with their Service Coordinator, it may be a general check by the Service Coordinator on how things are going in the consumer's life and to ask if the consumer needs anything. Other times, they might cover more specific topics, such as: the consumer getting their programs done well; the consumer's goals; IPP meetings; working more independently; or how the consumer is getting along at work. One consumer pointed out their Service Coordinator helps them talk about situations with other people at work that might upset the consumer and how to deal with those situations.

There were numerous responses when we asked consumers if their Service Coordinator asks them what is important to them or what they think. Answers ranged from the Service Coordinator asks what is important to the consumer to the Service Coordinator does not ask what is important. Other consumers reported their Service Coordinator knows or has a pretty good idea of what is important to them. Another said their Service Coordinator helps the consumer get what is important to them.

Consumers go to their Service Coordinators with **wide-ranging requests** for help. Many consumers said their Service Coordinator helped them find a place to live or to find items for their apartment. Service Coordinators also help consumers write their goals and to achieve some of those goals, such as studying the driving manual so the consumer can get a driver's license and eventually a car, or helping the consumer locate a book to help them learn to be a better typist. Some Service Coordinators help consumers with their checkbook and finances. Service Coordinators also assist consumers with co-worker or roommate problems or to become involved in an activity the consumer enjoys. Sometimes a consumer contacts their Service Coordinator to update the coordinator on how the consumer is getting along in general.

The type of assistance Service Coordinators offer their consumers is wide-ranging. Sometimes the Service Coordinator acts as intermediary between the consumer and Provider staff. One consumer called their Service Coordinator when their Provider did not show up when scheduled. Another consumer felt staff was not helping them do their program and asked the

Service Coordinator to help settle the issue with the Provider staff. Other times the Service Coordinator is called on to help the consumer in a crisis, such as a break-in at the consumer's apartment. One consumer noted it is very helpful to have a Service Coordinator to guide them through a crisis situation.

Consumers gave various examples of things they are happy with. Their comments included: work and riding the bus each day (their Service Coordinator helped them arrange both); leaving one workshop for another; being pleased their IPP meeting went well; living on their own; participating in a recreational activity (their Service Coordinator helped set this up); having a pet; receiving help from their Service Coordinator to make choices and plan how to work toward goals; having a Service Coordinator who is "really cool;" and, being pleased the Service Coordinator gave the consumer a nickname the consumer likes.

The consumers attending the focus group did not have many complaints about their Service Coordinators. When asked to name things that made them unhappy, consumers mentioned not liking to go to their workshop if there is no work to do, assessments (because they make the consumer nervous), and too much turnover in Provider staff.

► *Comments - Family Member/Legal Guardian Conference Calls*

Most family members we talked with are **pleased** with the consumer's current Service Coordinator – some coordinators were described as excellent. One parent was grateful the Service Coordinator "gave me the time of day." This Service Coordinator listens to the family and offers input, but lets the family make decisions regarding the consumer. In another case, a consumer had previously been unaware that they had a Service Coordinator assigned to them. When this consumer's current Service Coordinator called the family and asked if they needed help, the coordinator was able to help the parent arrange all the services that are now in place for their child. This is something the parent felt they could not have done themselves and "we would be lost" without the Service Coordinator. Others expressed opinions such as: consumers need the advocacy of a Service Coordinator, especially if they don't have a family; and any help for the consumer and family, such as service coordination, is good.

Other comments made about the Service Coordinators working with these families and their consumers include that the Service Coordinator:

- Does whatever is needed for the consumer
- Does everything possible to improve the consumer's life
- Could not do more for the consumer
- Tries hard
- Has a good sense of what is important to the consumer and their family
- Is a partner with the family in advocating for the consumer
- Contacts family regularly
- Returns calls promptly
- Follows up on requests from family members
- Interacts with the consumer
- Meets with consumer monthly to find out how the consumer is doing
- Follows up with the Provider
- Works well with the Provider of day services
- Is knowledgeable
- Is learning more about the consumer's particular situation, which is new to the Service Coordinator

- Aware of laws
- Conducts IPP meetings in a professional manner (gave advice to consumer's parent on what to bring; had information in writing from a team member who was not able to attend; reiterated what was said so all understood; followed up on services for the consumer; actually coordinated programs at the meeting)
- Makes sure services outlined in the plan are completed and tries to improve the plan

There were some criticisms, as well. Some family members feel the Service Coordinator they work with could **follow-up** more effectively. One felt the Service Coordinator usually agreed with the Service Provider when questions about services arose. Even when a family is generally satisfied with the Service Coordinator, the Service Coordinator does not always get the family everything they **request**. Some parents stop asking the consumer's Service Coordinator for help with most things if the Service Coordinator doesn't do much except listen.

Some of the consumers whose family member we talked with communicate directly with their Service Coordinator. In other cases, the consumer is more likely to talk to a family member and the family member relays the information to the Service Coordinator. Communication between family members and the Service Coordinators varies as well. Some family members talk with the Service Coordinator when the consumer needs something, while others go directly to the Provider with their requests. This appears to vary based on the relationship between the Service Coordinator and the family member and also with the nature of the problem.

Frequent turnover of Service Coordinators did not appear to be a concern of most of those we spoke with, but one family member mentioned that many of the "good" Service Coordinators they have had did not stay with them long. More than one participant expressed concern about who would care for their consumer after they are no longer able to provide that care themselves. Even though one has arranged for another family member to be the consumer's eventual guardian, they hope the Service Coordinator will continue to help the new guardian navigate the system of services. Another noted many consumers of developmental disability services encounter difficulties as they get older and try to get into a nursing home.

National Core Indicators Consumer Survey Data - Consumers

Two *National Core Indicators* surveys were completed with 2001-2002 data from Nebraska families and guardians who have an adult family member either living at home or living away from home with residential supports. Approximately one-fourth of the respondents to these surveys wrote qualitative comments, including some on service coordination. The consensus was that families and guardians generally are satisfied with Service Coordinators. Qualities of Nebraska's Service Coordinators that were mentioned include: helpful; knowledgeable; caring; informative; and professional. Those not happy with their Service Coordinator mentioned not enough contact with the coordinator and too many changes in coordinators. The *National Core Indicators Consumer Survey* indicated that 91% of Nebraska consumers said they knew their Service Coordinator. This relates to our survey findings that 90% of Service Coordinators agreed or strongly agreed consumers knew they were the consumer's Service Coordinator. In contrast, only 78% of staff surveyed in 2004 agreed or strongly agreed with the statement "Consumers know their Service Coordinator."

Survey Section B. Consumer Self-Determination

We wanted to probe for how decisions and choices are facilitated in the current service coordination system. Do Service Coordinators and Providers support and believe they observe the

concepts of consumer self-determination? Whose opinion matters? Do consumers and Service Coordinators and Providers agree on their levels of involvement in the consumer's life?

► *Ratings - Service Coordinators and Service Provider Employees*

Both Service Coordinators and Providers strongly support and believe they facilitate consumer self-determination. They both reject the notion that they rely more on others than on the consumer for determining needs. The ordering, based on mean, was slightly different between the two groups. Service Coordinators more strongly disagreed (than Providers did) with the three questions about their relative reliance on the assessments of those *other than* the consumer. Coordinators' more highly agreed (than Providers did) with self-determination.

- I rely more on my own assessment than on families' assessments for determining needs (2.26);
- I rely more on my own assessment than on consumers' assessments for determining needs (2.66);
- I rely more on family members than on consumers for determining needs (2.71).
- I support the concept of self-determination (4.57);
- I facilitate consumer self-determination (4.43).

Providers' responses about their support and facilitation of consumer self-determination strongly mirrored that of the Services Coordinators. Providers disagreed with the three questions about their relative reliance on the assessments of those *other than* the consumer. Provider Employees' highest average responses were in agreement with self-determination.

- I rely more on family members than on consumers for determining needs (2.36).
- I rely more on my own assessment than on consumers' assessments for determining needs (2.71);
- I rely more on my own assessment than on families' assessments for determining needs (2.86);
- I support the concept of self-determination (4.38);
- I facilitate consumer self-determination (4.27).

Comments - Service Coordinators and Service Provider Employees

Over three-fourths of the Service Coordinators commenting on consumer self-determination emphasized the role of the **team** and the various team members (Service Coordinators, Provider staff, family members, guardians) with respect to consumer self-determination. The importance and need for self-determination is recognized and supported by numerous respondents to this question, but many believe self-determination sometimes is **difficult** to achieve. Service Coordinators stressed the relationship between the cognitive level of the consumer and the consumer's ability to make decisions as a significant factor in realizing self-determination. A consumer's age was brought up as another factor affecting self-determination. Some Service Coordinators noted that older consumers who have been in the system a long time appear to have more trouble with the concept of self-determination than younger consumers.

Qualitative results show the primary concern of Provider Employees commenting on consumer self-determination is the **lack of support** for self-determination from those close to the consumer. Provider Employees cited the need for more support, from both Provider staff and Service Coordinators and from consumers' families, in order for self-determination to be successful.

Many Provider Employees also mentioned the need for more effective **education** of the consumer regarding self-determination; consumers need more education in what self-determination really is and what it involves, and in how to set and reach reasonable goals. Some also believe in order for self-determination to work consumers need increased **involvement** in their own affairs, including participating in meetings, creating their own plans, and making their own decisions.

Provider Employees responding also noted that although the concept of consumer self-determination may be good, it can be difficult to put into practice. This was similar to responses from Service Coordinators. Two of the reasons for this skepticism were mentioned by both coordinators and staff. Some Provider staff believe, as do some coordinators, there are consumers who will be unable to understand and apply the concept of self-determination, no matter how much education they receive. Provider staff mentioned, as did coordinators, that older consumers who have been in the system longer than younger consumers may have more difficulty accepting and applying the concept of self-determination, since it is new to them and a significant change.

In addition, some Provider staff mentioned reasons self-determination may be difficult to implement that were not mentioned by Service Coordinators. These staff members feel the alternate Service Providers some consumers have turned to when exercising self-determination were unreliable and unable to handle the consumers' needs. Other Provider staff mentioned that some consumers may become so comfortable with the services provided they don't want to succeed on their own for fear of losing that support.

Survey Section C. Interdisciplinary Team

A central component of the service coordination system is the Interdisciplinary Team. We wanted to find out whether the Teams operated in the way they are envisioned. Are the right people on the Team? Is consumer participation supported? Is consensus reached? What are the overall goals of the Team?

► *Ratings - Service Coordinators and Service Provider Employees*

Service Coordinators, on average, responded very positively to all statements about the Interdisciplinary Teams' functioning. In fact, no response fell below 4.29 on the 1 to 5 Likert scale. Service Coordinators most strongly agreed with:

- I support consumer participation at meetings (4.89);
- I communicate with teams outside of the annual and semi-annual reviews (4.86).

Provider Employees, on average, were slightly less positive. Their only response above the 4.50 level was:

- I know what is expected of me as a member of a team (4.56).

Provider staff responses that fell below the 4.0 level included:

- Teams are in agreement about consumers' IPP plans (3.63);
- Team meetings are scheduled such that all members are able to attend (3.94).

► *Comments - Service Coordinators and Service Provider Employees*

One role of a Service Coordinator is to facilitate team meetings and ensure that consumer needs, concerns, and goals are represented and articulated at the meetings. Service Coordinators most often reported they support the consumer at team meetings by getting **direct input** from consumers. More than one-half of the Service Coordinators who mentioned consumer input stressed the importance of obtaining consumer input prior to the team meeting and using the input to help consumers prepare to participate in the meeting. Many of the Service Coordinators responding also supported an active team role for consumers by encouraging direct verbal input from consumers at team meetings. Some Service Coordinators recognized that consumer verbal input at team meetings is not possible in all cases, and Service Coordinators need to advocate for such consumers. Service Coordinators also reported supporting consumers at team meetings by making sure consumers have a chance to respond to questions, listening to and considering the consumers' opinions, and getting input from all who attend the meetings.

When asked how they support consumers at team meetings, Provider Employees most frequently responded that they encourage consumers to voice their own concerns, wants, and needs. Often they assist the consumer in doing this by talking with the consumer prior to the meetings (a tactic also favored by Service Coordinators) and discussing potential topics and consumer concerns so both the consumer and the employee will be better informed and prepared for the meeting. Some Provider Employees also feel it is their job to communicate consumer concerns to the team for the consumer if the consumer is unwilling or unable to voice their own concerns. Similarly, a portion of Provider staff believes it is their responsibility to share their own opinions and ideas regarding the consumer during meetings as well.

Many Provider Employees said **advocating** for consumers is their main objective during meetings. Provider staff also supports the consumer by going to team meetings with the consumer, making sure that consumer voices are heard and their questions are being answered, and ensuring the consumer understands what is being talked about at the meeting and what is being asked of them. Staff also helps consumers set reasonable goals and supports consumers as they work toward their goals.

Advocating an active role on the team for the consumer, mentioned by both Service Coordinators and Service Provider Employees, ties in to staff comments on consumer self-determination mentioned in the last section. Participating in meetings was one way staff felt consumers could increase their involvement in their own affairs.

► *Comments - Consumer Focus Groups*

Some consumers mentioned that they discuss IPP meetings and goals during typical contacts with their Service Coordinators. Some consumers expressed pleasure that their IPP meeting went well, and others expressed that they did not like IPP meetings because they made them nervous.

► *Comments - Family Member/Legal Guardian Conference Calls*

Some family members specifically mentioned that the IPP meetings are conducted in a professional manner (gave advice to consumer's parent on what to bring; had information in writing from a team member who was not able to attend; reiterated what was said so all understood; followed up on services for the consumer; actually coordinated programs at the meeting). Also, some said that Service Coordinators made sure services outlined in the plan are completed and tries to improve the plan.

*Survey Section D. Service Coordinators evaluating statements about Service Providers /
Service Provider Employees evaluating statements about Service Coordinators*

The service coordination system requires Service Coordinators and Providers to work together to achieve consumers' goals. We wanted to know more about how the relationship worked between Service Coordinators and Providers. Is the relationship a productive and effective one? Is information shared? Are roles and responsibilities observed?

► *Ratings - Service Coordinators and Service Provider Employees*

Service Coordinators reported positive responses to most questions about interactions with Providers, with one important exception. They report disagreement with the statement that procedures exist to hold providers accountable. Indeed, the mean for this question was the lowest for the entire survey.

Service Coordinators' responses fell between 4.31 - 4.48 for four of the questions in this section. Service Coordinators had only one response that averaged above that range:

- I work with providers to respect consumers' desires (4.57).

Three responses fell below the 3.50 level:

- Procedures exist to ensure that providers are held accountable for service delivery (2.69);
- I am able to ensure that consumers receive quality services from providers (3.32);
- I supply assistance that should be supplied by consumers' residential or day providers (3.40).

Overall, Provider Employees were less positive about their relationship with Service Coordinators. No responses exceeded 4.50. Five responses fell below the 4.0 level:

- Service Coordinators' have a good grasp of consumers' needs (3.27);
- I supply consumer assistance that should be supplied by a service coordinator (3.37).
- I work with service coordinators to facilitate consumer self-determination (3.76);
- I have a productive working relationship with service coordinators (3.78);
- I work with service coordinators to respect consumers' desires (3.95).

► *Comments - Service Coordinators and Service Provider Employees*

We asked both groups surveyed to describe ways in which Providers and Service Coordinators could work together to improve developmental disabilities service coordination. Comments from both coordinators and Provider staff revealed the relationship between Service Coordinators and Providers appears to be a **tenuous** one in many cases. A small number of coordinators and staff went so far as to say that an "us vs. them" mentality exists. Many of the Service Coordinators who answered this question feel an increase in Provider accountability would improve service coordination. Some suggestions were to give more authority to Service Coordinators and to be able to withhold payment if a Provider is not providing adequate services. Although Service Coordinators have procedures to follow if they feel a Provider is not doing their job, many feel there are no consequences for Providers beyond the filing of the complaint.

A number of the Service Coordinators responding also would like to have more **communication** with Providers (regular meetings of the two groups was suggested), and have clearly defined **roles** for Service Coordinators and for Provider staff on the Individual Program

Plan team. Service Coordinators and Providers could work together more effectively if each understood the other's responsibilities. Joint training of Service Coordinators and Providers was suggested as one way for the two groups to learn more about each other's roles and responsibilities and to provide some common background. Some coordinators proposed service coordination would improve if Service Coordinators and Providers worked as a team to help consumers and to promote consumer independence and self-determination.

Provider Employees mainly used this question to focus problems of developmental disabilities service coordination on Service Coordinators and largely gave answers that spoke to Service Coordinators' problems and improvements Service Coordinators could make. The largest single response highlighted the importance of increased and better quality **communication** between Providers and Service Coordinators. Although this same suggestion was given by some coordinators, Provider Employees placed the burden for improving communication largely on the Service Coordinators. More regular contact between Providers and Service Coordinators, such as monthly meetings, was suggested by some staff. One person recommended committees made up of both Providers and Service Coordinators to resolve problems that arise between the two groups.

Many Provider Employees who answered placed an emphasis on the importance of working together as a team. In a similar context, staff members also felt if Providers and Service Coordinators both advocated for their clients, an improvement in developmental disabilities service coordination would result. Other areas in which improvements could be made are increasing both parties' understanding of each other's **job responsibilities** and of their own job responsibilities, and understanding the system. Some staff members advocated mutual training sessions for Providers and Service Coordinators.

A small number of Provider Employees believe the Service Coordinator should be less a monitor of details and more concerned with services for consumers. A similar number believe Service Coordinators have animosity toward or do not respect the Provider agency. Provider Employees saw a need to change that way of thinking, but no suggestions were given as to how to accomplish this. Some Provider Employees think Service Coordinators should spend more time with or have more contact with their consumers. A few of the Provider Employees answering the survey would like to see team meetings scheduled so as many members as possible can attend and not have random meeting scheduling. A similar number see clear and consistent expectations for Providers across the state as a benefit to developmental disabilities service coordination.

There were Provider Employees who acknowledged the relationship between Service Providers and Service Coordinators is a good one, with open communication and both parties working for the good of the consumer. A few respondents called for the elimination of Service Coordinators, in responses similar to those found for another question (*Please describe ways in which service coordination can be improved, if any*). Additionally, a few Provider Employees suggested Service Coordinators should not be employees of the state.

*Survey Section E. Service Coordinators and Service Provider Employees;
each evaluating statements about themselves*

We wanted to better understand how well equipped and competent Service coordinators and Providers felt. Do they feel they have the skills, familiarity with procedures and services, training, supervision, support, and abilities needed to do their job? Do they have time to do their job? Where did they receive the most beneficial training to do their job?

► *Ratings - Service Coordinators and Service Provider Employees*

Both Service Coordinators and Providers express familiarity with Nebraska Department of Health and Human Services (HHS) requirements regarding abuse and neglect. Service Coordinators express personal confidence in their abilities to do their job. They believe they do not have enough time with consumers and that it is difficult serving as an advocate with funding constraints. Service Coordinators responded that most of their training has been through on-the-job experiences and that they have perhaps, some, opportunity for continuing training. Providers appear to be less confident about their familiarity with rules and regulations and dealing with special populations.

Five statements about Service Coordinators resulted in mean responses greater than 4.50, indicating agreement to strong agreement, when evaluated by Service Coordinators. These statements are:

- I back up other service coordinators from my office when they are out (4.76);
- My skills as a service coordinator were developed by on the job experience (4.73).
- I am familiar with HHS' requirements regarding abuse and neglect (4.68);
- I have the personal attributes needed to be a good service coordinator (4.66);
- I have the knowledge, skills, and abilities needed to do my job (4.51);

Service Coordinators had a number of responses falling below 4.0:

- My skills as a service coordinator were developed by training literature provided by HHS (2.83).
- I have enough time to interact with consumers (2.92);
- I am able to balance being a consumer advocate with funding constraints (3.07);
- My skills as a service coordinator were developed by my supervisor (3.36);
- My skills as a service coordinator were developed by providers (3.37);
- I have the expertise to work with consumers who have diagnosed mental health needs (3.77);
- My immediate supervisor provides the guidance I need (3.87);
- I have the opportunity for continuing training to enhance my job-related knowledge, skills, and abilities (3.91);
- I am familiar with consumers' emergency and backup care plans (3.93).

Overall, Provider Employees were not as positive in their responses. The only response that exceeded 4.50 was:

- I am familiar with HHS' requirements regarding abuse and neglect (4.54).

Provider Employees were not as confident as when considering the above statements about:

- I am familiar with Nebraska's philosophy of service coordination (3.29);
- I am familiar with consumers' emergency and backup care plans (3.89);
- I am familiar with the various forms of guardianship, including guardians' powers and their limits (3.93);
- I have the expertise to work with consumers who have diagnoses mental health needs (3.94).

► *Comments - Service Coordinators and Service Provider Employees*

Service Coordinator responses to the question “*What makes a good Service Coordinator?*” included a wide range of characteristics, attitudes, and qualities. The single most common response of coordinators indicated the importance of good **listening** skills. The ability to **advocate** for the consumer, and being **knowledgeable** of services, policies, or procedures also were listed as important attributes of a good Service Coordinator. **Kindness, flexibility, communication** skills, **organizational** abilities, and the ability to **work with many types of people** also were frequently mentioned characteristics. A wide range of other desired characteristics ranging from time-management abilities, the ability to handle stressful situations, and being willing to ask hard questions, to having hands-on experience with service provision were mentioned by smaller numbers of coordinators. Coordinators listed additional personal attributes such as patience, honesty, and compassion as well.

Provider Employees who gave opinions on what makes a good Service Coordinator included those who think a good Service Coordinator is one who **knows consumers**, keeps in **contact** with consumers regularly, **visits** consumers in all settings, or is **involved** with consumers before issues arise. An important characteristic mentioned is good **listening** skills, the most common response given by Service Coordinators. Other important characteristics included: listening to all parties; working with the **team**; being **unbiased** or open to the ideas of others on the team; having good **communication** skills and the ability to get along with **many types of people**; being a team **leader**; and having the ability to **facilitate**. **Following up** on team meetings and goals and pursuing services and funding, even to the point of testing the rules of the system when needed (mentioned by a few Provider Employees), also were listed as characteristics of a good Service Coordinator.

Responding employees also felt a good Service Coordinator **advocates** for the consumer and **respects** consumer interests and needs. Being **easy to contact** and returning calls is also important. A couple of Provider Employees went as far as to say Service Coordinators should be available to consumers around the clock.

Provider Employees saw value in the Service Coordinators getting to know and work with **Providers** and listening to Provider staff. A small number mentioned the importance of Service Coordinators keeping **paperwork** current or turning paperwork in on time.

It was noted by a number of respondents that Service Coordinators should have good **knowledge** of the developmental disability field. Sometimes this comment was tied to the importance of previous experience in direct care or management. Effective Service Coordinators also need knowledge of developmental disability services and programs.

Many professional and personal traits thought to characterize a good Service Coordinator also were listed. Some examples are being: flexible; organized; compassionate; dedicated; open-hearted; patient; trustworthy; competent; professional in manner; easy to talk to; courteous; respectful; persistent; considerate; practical; honest; realistic; friendly; able to use common sense; fair; positive; creative; caring; capable; cooperative; accountable; dependable; helpful; and responsive.

► *Comments - Family Member/Legal Guardian Conference Calls*

Although turnover among Service Coordinators did not appear to be a major concern for family members, mention was made of too much **turnover in day service employees**. More than one family member also stressed the importance stability and habit play in the well-being and happiness of their consumer. The issue of consistent care in a residential setting was talked about

with respect to house parents. In the example given, house parents were previously hired on a days-per-week basis, but now are hired on an hourly basis. This family member believes this change doesn't work well in the residential situation because there are more changes in caregivers during a given day.

Some family members expressed concern about **communications** with providers. One person feels the manager of the workshop their child attends says they will follow up on a request but often don't. When the parent stops at the workshop, the staff members do not speak to them and appear uncaring. This person feels there is no accountability for the Provider who runs the workshop. When describing a situation their child was involved in at a workshop, the parent commented that documentation of an incident by the Provider may not always accurately reflect what happened – “anybody can write anything down on paper.”

More than one of the family members we spoke with pointed out that consumers often sit at their workshop with nothing to do. One suggested consumers be given lessons, such as in personal hygiene, when there is no contract work. The lessons themselves would be valuable and also would give the consumers something to do when no work is available. Many of the family members we talked with are very **pleased with the day services** their consumers receive. In one instance, Provider staff gave time outside of work to take a consumer on outings after the consumer's hours were cut and no longer allowed time for the outings.

► *Comments – Service Coordinators*

Service Coordinators were asked two additional open-ended questions about coordinating services. These questions were not asked of Provider Employees.

The first question was “*How, if at all, is your ability to coordinate services affected by consumers on your caseload who present behaviors that are aggressive, destructive, or a threat to themselves or others?*” Service Coordinators reported there are **not enough qualified Providers** willing to provide services for consumers with behaviors that are aggressive, destructive, or a threat to themselves or others. Therefore, it is hard to find services for or to place these consumers, according to many Service Coordinators. Service coordination for these consumers becomes more time consuming than coordinating services for a consumer who has more options for placement with a Provider. Some said this could be detrimental to the quality of services provided to other consumers. It was noted that it may be especially difficult to find appropriate behavioral health services in rural areas. A number of Service Coordinators responding reported little or no effect on their ability to coordinate services for consumers with such behaviors (often these Service Coordinators mentioned they had some background in Mental Health).

“Please describe the needs you have as a Service Coordinator that are not being met, if any” was the second question asked only of coordinators. Many of the Service Coordinators who answered this question would like to **decrease their caseloads and paperwork** so they can spend more time in direct contact with consumers. Service coordinators suggested that additional support staff would help decrease Service Coordinators' work load, as would filling cut positions (rather than redistributing work load), and decreasing extra projects.

Respondents also felt they would benefit from more leadership, support, and direction from their **supervisor**. Some Service Coordinators would like feedback on their job performance, as well as consistent answers from their supervisors. Additional **training** (e.g., initial, cross-training on other services in the health and human services field, HHS policies and procedures,

techniques for dealing with the wide range of mental health issues), is a need mentioned frequently.

Provider accountability and issues with pay and hours (adequate pay, overtime pay, no overtime hours) also were cited by respondents as areas in which they would like to see some changes. Provider accountability also was commented on in the responses to the question regarding Providers and Service Coordinators working together to improve developmental disabilities service coordination. Mention also was made of needing better access to **information** (i.e., a comprehensive list of services in the community; a reference website for Service Coordinators to post resources they have found in Nebraska and other states). Some Service Coordinators said they would benefit from having a high-speed Internet connection, voice mail, or a more private work space where they could discuss confidential matters. Disparities between rural and urban offices were noted.

Survey Section F. Design of Service Coordination System

Finally, we wanted to understand what stakeholders thought of the overall service coordination system. Does the system make sense to those involved in it? Do consumers benefit? Does the system result in comprehensive care?

► *Ratings - Service Coordinators and Service Provider Employees*

Neither Service Coordinators nor Providers expressed strong support for and understanding of the state's system. Providers, especially, were not confident in the design and results of the system.

Service Coordinators had no responses above 4.23. The range in means was between 3.19 and 4.23. The highest mean response for this section was:

- Service Coordinators abide by the state's developmental disabilities service coordination policies and procedures (4.23).

Five responses fell between 3.19 and 3.95:

- The state's regulations encourage self-determination (3.19);
- The current DD service coordination policies and procedures facilitate improvements in consumers' lives (3.37);
- The state's design for service coordination results in a comprehensive system of services and supports (3.49);
- The current state DD services coordination policies and procedures are clear (3.52);
- Consumers may move between service areas with continuity in service coordination (3.95).

None of the Provider Employee responses in this section exceeded 3.22. The range of means fell between 2.96 and 3.22:

- The current state DD services coordination policies and procedures are clear (2.96);
- The state's design for service coordination results in a comprehensive system of services and supports (3.01);
- The state's regulations encourage self-determination (3.08);

- The current DD service coordination policies and procedures facilitate improvements in consumers' lives (3.18);
- Consumers have positive outcomes through DD service coordination (3.21);
- Consumers may move between service areas with continuity in service coordination (3.22).

► *Comments – Service Coordinators and Service Provider Employees*

Many of the Service Coordinators' responses to the request that they describe ways in which service coordination could be improved were similar to those for the open-ended question regarding any Service Coordinator needs not being met. Service Coordinators echoed the main concern given in answers to that question – they need **more time** to spend with consumers. Suggestions to accomplish this included hiring more Service Coordinators, decreasing caseloads, decreasing paperwork, and/or hiring additional support staff.

Improvements in the **funding process** or increasing the **level of funding** also were mentioned as ways coordinators felt service coordination could be improved. Additional improvements include: **training** for Service Coordinators; **Individual Program Plan reform**; **Provider accountability** that includes consequences for non-compliance; and **standardized practices** (i.e., files) across the state's service areas.

The majority of Provider Employee respondents appeared to interpret the question asking for possible ways in which service coordination could be improved as pertaining to the individual service coordinators. Their answers concentrated on service coordinators rather than on potential improvements to the system of developmental disabilities service coordination as a whole. The main suggestion given by staff was for Service Coordinators to increase **contact** with consumers and/or Providers, to visit consumers in all settings (e.g., home, work, day services), and to know consumers' situations. This was along the line of service coordinators who commented they need more time with consumers, as were staff comments that service coordination would improve if there were more Service Coordinators and/or fewer consumers per case load

Provider Employees believed that more **orientation and training**, along with hiring Service Coordinators with actual **experience** providing services to people with developmental disabilities, would result in better service coordination, according to various respondents. A number of employees also felt Service Coordinators working as a **team** with Service Providers would improve service coordination.

Increased **communication** would be an improvement as well, according to some staff members. Also, a small number of Provider Employees recommended voice mail for all Service Coordinators as one way to make service coordination better. This relates to improved communication between Service Coordinators and both staff and consumers.

Consistency in service coordination between regions and consistent expectations for all Provider agencies are each seen as an improvement by some Provider Employees who responded. In addition, letting Provider Employees know their duties or of a Service Coordinator change would be an improvement.

Some Provider Employees who responded felt Service Coordinators should not **monitor** the provider staff. A small number voiced the opinion that Service Coordinators are not needed.

There are some Provider staff members who would like to see a change in service coordination **leadership**, with more support for Service Coordinators. It is the opinion of a

number of the Provider Employees answering that Service Coordinators are doing a good job and can be contacted when necessary. In contrast, a lesser number would like to see more **evaluation** of Service Coordinators, either by Providers or the Service Coordinator Supervisor. A 1-800 telephone number to register complaints about service coordination was suggested by one person.

► *Comments - Family Member/Legal Guardian Conference Calls*

In general, participants in the family member/legal guardian conference calls were more **critical** of Nebraska's Health and Human Services System and the system of service coordination for persons with developmental disabilities than they were of Service Coordinators or Providers. Most felt Nebraska's **options for services fall far short** compared with those offered by other states. A Service Coordinator "can only coordinate something if it's there," was one opinion. If services and facilities are not available a Service Coordinator can not do much to help the consumer. The lack of options for services is seen as even worse in western Nebraska. One family, lifetime Nebraska residents, has considered before and again is considering moving "across the river" to Iowa to allow their consumer to have access to better services. Although most family members had some complaints about service coordination in Nebraska, many stressed how difficult it would be without service coordination and the various programs currently available.

In general, the conference call participants feel Health and Human Services needs to look at the big picture. A **lack of funding** and **not enough Service Coordinators** contribute to large caseloads, which translate into Service Coordinators not having enough time for each consumer. Large Service Coordinator caseloads and the consequent lack of enough time for consumers were noted by various Service Coordinators and Provider Employees, as well.

A few people mentioned the legislature and the possibility of passing laws to make things better for Nebraskans with developmental disabilities. One even feels that there are people (including some legislators) who do not value people who are elderly or those with disabilities.

A family member whose child has been in the developmental disabilities system for many years believes service coordination "should be separate from Health and Human Services" because there is a conflict of interest between the two. In their opinion, things have gotten worse and not much gets done since Health and Human Services took over service coordination and Service Coordinators became employees of the state. This family member feels that time sometimes is wasted at the Individual Program Plan meetings discussing things that will never actually happen for the consumer.

TABLE A. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

Results

	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Mean	Std Dev	N*
<i>Consumers and Their Families</i>								
A1. Consumers know I am their service coordinator.	1%	0%	9%	23%	67%	4.55	0.74	94
A2. Consumers contact me when they have questions about services.	4%	7%	29%	35%	23%	3.67	1.06	93
A3. Consumers contact their providers when they have questions about services.	2%	14%	27%	38%	18%	3.57	1.02	93
A4. Consumers can talk to me whenever they want.	2%	2%	5%	24%	65%	4.49	0.87	93
A5. Consumers receive assistance from someone else in my office if I am not available.	3%	5%	12%	29%	48%	4.16	1.06	91
A6. Consumers know about the array of services and supports for which they are eligible.	6%	19%	34%	34%	6%	3.15	1.02	94
A7. Consumers receive the services they need.	9%	12%	33%	31%	16%	3.34	1.14	94
A8. Consumers are satisfied with their service coordination.	1%	3%	12%	52%	32%	4.11	0.81	94
A9. I am familiar with the rights of consumers and their families.	1%	1%	0%	14%	84%	4.79	0.60	94
A10. I ask consumers what is important to them.	1%	1%	0%	19%	79%	4.73	0.63	94
A11. I have a good grasp of consumer needs.	1%	1%	1%	40%	56%	4.50	0.68	94
A12. I advocate for consumers' needs.	1%	1%	1%	23%	74%	4.68	0.66	93
A13. I get consumers what they want when they ask for my help.	0%	2%	17%	52%	29%	4.07	0.74	94

TABLE A. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

Results

A14. I am able to assist consumers to obtain the following:								
a. behavioral health services	1%	4%	21%	31%	43%	4.10	0.95	94
b. insurance, medical, and other health services	0%	4%	17%	43%	35%	4.10	0.84	93
c. assistive technology	1%	6%	22%	46%	24%	3.86	0.90	94
d. transportation	3%	12%	19%	41%	24%	3.71	1.06	92
e. social and recreational activities	0%	5%	23%	45%	27%	3.93	0.85	94
f. personal assistance services (e.g. housekeeper)	0%	3%	26%	43%	29%	3.97	0.82	94
g. respite services	1%	13%	29%	32%	26%	3.68	1.03	94
h. employment	4%	23%	37%	22%	13%	3.16	1.06	94
i. job training	2%	12%	39%	26%	21%	3.52	1.02	94
j. housing	2%	9%	27%	36%	27%	3.77	1.01	94
<i>Consumer Self-Determination</i>								
B1. I support the concept of self-determination.	0%	1%	4%	31%	64%	4.57	0.63	94
B2. I facilitate consumer self-determination.	0%	1%	6%	41%	51%	4.43	0.66	94
B3. I rely more on my own assessment than on consumers' assessments for determining needs.	10%	35%	37%	16%	2%	2.66	0.93	94
B4. I rely more on family members than on consumers for determining needs.	7%	37%	33%	21%	1%	2.71	0.92	94
B5. I rely more on my own assessment than on families' assessments for determining needs.	16%	43%	41%	0%	0%	2.26	0.72	94

TABLE A. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

Results

B6. Consumers and I agree on my level of involvement in their lives.	2%	7%	24%	39%	27%	3.81	0.99	94
<i>Interdisciplinary Team</i>								
C1. Consumers' teams include the people necessary to plan programs of services.	0%	3%	15%	32%	50%	4.29	0.84	94
C2. I communicate with teams outside of the annual and semi-annual reviews.	0%	1%	0%	11%	88%	4.86	0.43	94
C3. I am able to facilitate the team to reach consensus decisions.	1%	1%	4%	50%	44%	4.34	0.71	94
C4. I support consumer participation at team meetings.	1%	0%	0%	6%	93%	4.89	0.47	94
C5. Team meetings are scheduled such that all members are able to attend.	1%	0%	0%	33%	66%	4.63	0.60	94
C6. Team members work to promote consumer:								
a. independence	0%	5%	19%	37%	39%	4.11	0.89	94
b. productivity	1%	5%	16%	42%	36%	4.06	0.91	94
c. community integration	2%	5%	20%	29%	43%	4.06	1.03	94
d. self-determination	1%	5%	22%	35%	37%	4.01	0.95	93
<i>Service Providers</i>								
D1. I have a productive working relationship with providers.	0%	2%	11%	41%	46%	4.31	0.75	94
D2. I work with providers to respect consumers' desires.	1%	1%	1%	33%	64%	4.57	0.68	94
D3. I work with providers to facilitate consumer self-determination.	0%	2%	4%	37%	57%	4.48	0.68	94

TABLE A. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

Results

D4. I am able to deal with conflict between consumers and providers.	1%	1%	7%	49%	42%	4.30	0.74	92
D5. I educate providers about consumer needs.	0%	2%	7%	47%	43%	4.31	0.70	94
D6. I supply assistance that should be supplied by consumers' residential or day providers.	6%	18%	28%	28%	20%	3.40	1.16	93
D7. I am able to ensure that consumers receive quality services from providers.	6%	17%	31%	29%	17%	3.32	1.13	94
D8. Procedures exist to ensure that providers are held accountable for service delivery.	25%	23%	19%	20%	13%	2.69	1.36	94
<i>Service Coordinators</i>								
E1. I am familiar with Nebraska's philosophy of service coordination.	1%	0%	12%	34%	53%	4.38	0.78	93
E2. I have the personal attributes needed to be a good service coordinator.	0%	0%	2%	29%	68%	4.66	0.52	92
E3. I have the knowledge, skills, and abilities needed to do my job.	0%	1%	3%	40%	56%	4.51	0.62	93
E4. I have the opportunity for continuing training to enhance my job-related knowledge, skills, and abilities.	2%	9%	23%	29%	38%	3.91	1.07	93
E5. I know what is expected of me as a service coordinator.	1%	4%	11%	37%	47%	4.25	0.89	93
E6. My immediate supervisor provides the guidance I need.	8%	12%	14%	19%	47%	3.87	1.33	93
E7. I back up other service coordinators from my office when they are out.	0%	1%	0%	19%	75%	4.76	0.50	89
E8. I have enough time to interact with consumers.	10%	31%	25%	26%	9%	2.92	1.14	93

TABLE A. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

Results

E9. I am able to balance being a consumer advocate with funding constraints.	12%	17%	30%	32%	8%	3.07	1.14	92
E10. I am familiar with a broad range of developmental disabilities.	0%	2%	11%	44%	43%	4.28	0.74	93
E11. I am familiar with services available from HHS.	0%	3%	18%	41%	37%	4.12	0.82	92
E12. I am familiar with services available within the community.	0%	3%	18%	48%	30%	4.05	0.79	92
E13. I am familiar with consumers' emergency and backup care plans.	1%	9%	18%	39%	33%	3.93	0.98	92
E14. I feel confident about my ability to handle consumer emergencies.	0%	3%	9%	36%	52%	4.37	0.78	92
E15. I am familiar with HHS' requirements regarding abuse and neglect.	0%	2%	2%	21%	75%	4.68	0.63	91
E16. I am familiar with the various forms of guardianship, including guardians' powers and their limits.	0%	4%	15%	46%	35%	4.11	0.82	92
E17. I have the expertise to work with consumers who have diagnosed mental health needs.	3%	7%	20%	51%	20%	3.77	0.95	92
E18. I am able to recognize any needs consumers have that are not being met.	0%	2%	14%	55%	28%	4.10	0.71	92
E19. I know what constitutes good behavioral / mental health services.	1%	3%	15%	55%	25%	4.00	0.80	92
E20. My skills as a service coordinator were developed by:								
a. on the job experience	1%	0%	1%	21%	77%	4.73	0.60	92
b. previous work experience and/or education	2%	3%	4%	35%	54%	4.37	0.89	91
c. consumers and/or their families	0%	5%	13%	37%	45%	4.21	0.87	92
d. my supervisor	12%	14%	18%	37%	18%	3.36	1.27	92

TABLE A. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

Results

e. providers	3%	20%	29%	30%	16%	3.37	1.08	91
f. training literature provided by HHS	11%	26%	38%	20%	5%	2.83	1.04	92
g. other service coordinators	1%	4%	6%	38%	51%	4.32	0.86	92
<i>Design of Service Coordination System</i>								
F1. The current state DD service coordination policies and procedures are clear.	3%	8%	36%	40%	13%	3.52	0.94	90
F2. The state's regulations encourage self-determination.	9%	9%	46%	26%	10%	3.19	1.04	89
F3. Service coordinators abide by the state's DD service coordination policies and procedures.	1%	1%	13%	42%	42%	4.23	0.81	90
F4. The current DD service coordination policies and procedures facilitate improvements in consumers' lives.	2%	13%	41%	33%	10%	3.37	0.92	87
F5. The state's design for service coordination results in a comprehensive system of services and supports.	3%	10%	35%	36%	15%	3.49	0.98	88
F6. Consumers may move between service areas with continuity in service coordination.	2%	8%	22%	26%	40%	3.95	1.08	88
F7. Consumers have positive outcomes through DD service coordination.	0%	0%	15%	51%	34%	4.19	0.68	88

*The number of survey respondents for each question does not include those who answered "Not Applicable."

TABLE B. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE PROVIDER EMPLOYEES
Results

	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Mean	Std Dev	N*
<i>Consumers and Their Families</i>								
A1. Consumers know their service coordinator.	0%	9%	12%	37%	41%	4.11	0.96	207
A2. Consumers contact their service coordinator when they have questions about services.	18%	26%	23%	22%	8%	2.73	1.22	202
A3. Consumers contact me when they have questions about services.	1%	4%	12%	38%	43%	4.20	0.89	203
A4. Consumers can talk to their service coordinator whenever they want.	13%	17%	22%	27%	21%	3.25	1.32	208
A5. Consumers know about the array of services and supports for which they are eligible.	21%	22%	30%	20%	6%	2.67	1.19	206
A6. Consumers receive the services they need.	5%	16%	23%	38%	18%	3.47	1.12	207
A7. Consumers are satisfied with their service coordination.	4%	11%	35%	33%	15%	3.45	1.02	204
A8. I am familiar with the rights of consumers and their families.	1%	3%	6%	25%	66%	4.51	0.81	208
A9. I ask consumers what is important to them.	1%	0%	2%	26%	70%	4.64	0.64	207
A10. I have a good grasp of consumer needs.	1%	0%	3%	35%	61%	4.54	0.67	208
A11. I advocate for consumers' needs.	1%	1%	4%	24%	70%	4.60	0.74	207

TABLE B. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE PROVIDER EMPLOYEES
Results

	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Mean	Std Dev	N*
<i>Consumer Self-Determination</i>								
B1. I support the concept of self-determination.	4%	0%	7%	29%	59%	4.38	0.97	208
B2. I facilitate consumer self-determination.	4%	1%	7%	40%	47%	4.27	0.93	206
B3. I rely more on my own assessment than on consumers' assessments for determining needs.	16%	24%	35%	18%	5%	2.71	1.10	204
B4. I rely more on family members than on consumers for determining needs.	17%	42%	29%	9%	2%	2.36	0.95	206
B5. I rely more on my own assessment than on families' assessments for determining needs.	15%	18%	40%	20%	7%	2.86	1.11	207
B6. Consumers and I agree on my level of involvement in their lives.	1%	5%	23%	38%	32%	3.94	0.95	205
<i>Interdisciplinary Team</i>								
C1. Consumers' teams include the people necessary to plan programs of services.	2%	4%	10%	32%	50%	4.26	0.96	205
C2. I know what is expected of me as a member of a team.	1%	0%	7%	25%	66%	4.56	0.73	207
C3. I communicate with teams outside of the annual and semi-annual reviews.	2%	1%	6%	30%	61%	4.45	0.86	208
C4. I have enough time to serve on consumers' teams.	2%	6%	12%	35%	45%	4.14	1.01	207
C5. Team meetings are scheduled such that all members are able to attend.	5%	8%	10%	41%	36%	3.94	1.12	207

TABLE B. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE PROVIDER EMPLOYEES

Results

	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Mean	Std Dev	N*
C6. Teams are in agreement about consumers' IPP/IFSP plans.	5%	10%	23%	38%	23%	3.63	1.10	207
C7. Team members work to promote consumer:								
e. independence	2%	8%	11%	39%	39%	4.07	1.00	206
f. productivity	0%	8%	13%	40%	36%	4.04	0.94	204
g. community integration	2%	9%	14%	38%	35%	3.97	1.03	205
h. self-determination	5%	9%	21%	35%	28%	3.72	1.13	205
<i>Service Coordinators</i>								
D1. Service coordinators have a good grasp of consumers' needs.	10%	19%	20%	31%	18%	3.27	1.26	204
D2. I work with service coordinators to respect consumers' desires.	1%	7%	17%	43%	29%	3.95	0.94	202
D3. I work with service coordinators to facilitate consumer self-determination.	6%	5%	23%	37%	27%	3.76	1.09	202
D4. I have a productive working relationship with service coordinators.	5%	9%	20%	36%	30%	3.78	1.12	206
D5. I educate service coordinators about consumer needs.	2%	3%	12%	41%	40%	4.17	0.90	204
D6. I supply consumer assistance that should be supplied by a service coordinator.	8%	13%	32%	24%	21%	3.37	1.20	203

TABLE B. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE PROVIDER EMPLOYEES

Results

<i>Providers</i>								
E1. I am familiar with Nebraska's philosophy of service coordination.	11%	14%	25%	34%	16%	3.29	1.21	208
E2. I am familiar with a broad range of developmental disabilities.	0%	2%	9%	40%	48%	4.32	0.78	208 208
E3. I am familiar with consumers' emergency and backup care plans.	3%	11%	15%	34%	36%	3.89	1.11	206
E4. I feel confident about my ability to handle consumer emergencies.	1%	1%	5%	39%	52%	4.41	0.76	207
E5. I am familiar with HHS' requirements regarding abuse and neglect.	1%	3%	4%	24%	68%	4.54	0.82	208
E6. I am familiar with the various forms of guardianship, including guardians' powers and their limits.	2%	10%	15%	39%	34%	3.93	1.03	208
E7. I have the expertise to work with consumers who have diagnosed mental health needs.	2%	9%	15%	37%	35%	3.94	1.05	205
E8. I know what constitutes good behavioral / mental health services.	1%	5%	15%	45%	32%	4.02	0.91	207
<i>Design of Service Coordination System</i>								
F1. The current state DD service coordination policies and procedures are clear.	11%	22%	33%	25%	7%	2.96	1.10	202
F2. The state's regulations encourage self-determination.	7%	19%	37%	25%	9%	3.08	1.05	201

TABLE B. 2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE PROVIDER EMPLOYEES

Results

F3. The current DD service coordination policies and procedures facilitate improvements in consumers' lives.	8%	18%	31%	29%	11%	3.18	1.11	200
F4. The state's design for service coordination results in a comprehensive system of services and supports.	12%	20%	28%	28%	8%	3.01	1.15	201
F5. Consumers may move between service areas with continuity in service coordination.	9%	15%	28%	32%	11%	3.22	1.14	197
F6. Consumers have positive outcomes through DD service coordination.	9%	14%	31%	32%	11%	3.21	1.12	201

*The number of survey respondents for each question does not include those who answered "Not Applicable."

– Service Coordinator Activities -- Proportion of Time Spent and Importance –

There is a misalignment between Service Coordinators’ time spent on tasks and their ranking of the relative importance of tasks. We asked Service Coordinators to estimate the percent of time they spend in a typical month on 15 tasks we identified. Next, we asked Service Coordinators to rate the importance (from 1 = “Not at All Important” to 5 = “Extremely Important”) of those same tasks. Eighty Service Coordinators estimated the time spent on each task in a typical month, and between 79 and 87 rated the various tasks. Not all Service Coordinators rated all tasks. One coordinator noted they do not complete all the tasks on the list. Another felt this was too difficult to complete without keeping track of their time for a given period, and explained they did not answer the question. The total time spent did not add to 100% for 55 of the 80 Service Coordinators who estimated the percent of time they spent on each task. These percentages were adjusted proportionately to sum to 100%. This adjustment is reflected in the “% of time spent” column of Table C, below.

Table C. Service Coordinators’ Opinions of the Importance of Selected Tasks Compared to the Time Spent on Each Task

Rank of task in terms of importance	Level of importance (average response)	Task	Rank of task in terms of % of time spent	% of time spent (average response)
1	4.94	Advocating on behalf of individuals on my caseload	3	10%
2	4.81	Working with consumer and/or family member	5	8%
3	4.56	Assessing consumers’ needs	8	6%
4	4.56	Coordinating ongoing services and supports	4	9%
5	4.48	Monitoring residential services	7	7%
6	4.44	Arranging initial services and supports	11	3%
7	4.40	Facilitating team meetings	2	13%
8	4.39	Monitoring day services (non-residential)	6	8%
9	4.05	Coordinating eligibility for services and supports	10	3%
10	3.66	Administration (e.g., paperwork)	1	22%
11	3.27	Traveling to do my work (excluding commute to work)	9	5%
12	3.20	Monitoring unpaid and non-specialized supports	13	1%
13	2.84	Non-DD service Coordination (e.g., APS intake)	14	1%
14	2.71	Transporting consumers (e.g., grocery store, bank, health appointment)	12	2%
15	2.57	Coordinating payments for services	15	1%

Service Coordinators ranked the importance of the task within two ranking points of the proportion of time spent for ten of the tasks. Of the five tasks having more than two ranking points difference (bold), Service Coordinators ranked three as more important than the rank of the proportion of time they were able to spend on the task. The exceptions are administrative duties, such as paperwork, and facilitating team meetings. On average, Service Coordinators responding point out they typically spend the largest share of their time (approximately 22%) on administrative responsibilities. In contrast, average responses of those who rated the importance of the tasks show administrative duties were tenth most important out of the fifteen tasks. Facilitating team meetings ranked second in terms of average share of time spent (approximately 13%), compared to a rank of seventh in terms of importance of the task.

Advocating on behalf of individuals on their caseload was the task rated by Service Coordinators as the most important on average, with a mean response of 4.95. A close second was working with the consumer and/or their family member, with a mean of 4.81. Respondents estimated they spend approximately 10% of their time, on average, advocating on behalf of individuals on their caseload and average of approximately 8% working with the consumer and/or their family member.

We gave Service Coordinators the opportunity to add tasks not included in the 15 we identified for the activities questions with “other” categories in which they could specify additional tasks. Additional tasks noted by Service Coordinators included;

- referrals;
- completing ongoing training;
- covering the front office (due to lack of support staff);
- general office tasks such as correspondence, filing, and preparing items for mailing;
- scheduling and re-scheduling meetings;
- obtaining documents from providers to complete the Individual Program Plan packets;
- answering general questions from the public;
- assisting with the finances of consumers;
- dealing with upset consumers and family members;
- networking with other agencies to provide additional information or services for the individuals on the coordinator’s caseload; and
- fulfilling committee work in related areas.

Several Service Coordinators also noted many of the tasks on our list overlap, and some mentioned the share of time spent on some of the tasks differs from one month to another. One commented “advocating comes through in monitoring, meetings, etc.” and another observed “everything I do is to advocate for the consumer.”

– Mean Comparisons -- Service Coordinators and Provider Employees –

Asking Service Coordinators and Service Provider Employees many of the same questions or corresponding questions (re-worded from the respondent’s point of view) allowed us to compare their opinions on various aspects of service coordination. In Table D (pages 36 – 40), the means of both groups’ responses to selected corresponding questions are listed, as well as the differences between the two means. We tested the means of the responses of the two groups for each question to determine if the means were statistically different. If the means of the two groups were not statistically different, they are listed as “not different” in Table D.

Survey Section A. Consumers and Their Families

Service Coordinators and Service Provider Employees indicating their level of agreement with statements concerning consumers and their families **answered similarly**, on average, for the following statements:

- Consumers receive the services they need;
- I ask consumers what is important to them;
- I have a good grasp of consumer needs; and
- I advocate for consumers’ needs.

Service Coordinators agreed at a **higher average level** than staff that:

- Consumers contact me/their Service Coordinator when they have questions about services.
- Consumers know I am their Service Coordinator/Consumers know their Service Coordinator;
- I am familiar with the rights of consumers and their families;
- Consumers can talk to me/their Service Coordinator whenever they want;
- Consumers know about the array of services and supports for which they are eligible; and
- Consumers are satisfied with their service coordination.

In contrast, Provider Employees average level of agreement was higher and significantly different than that of coordinators for the statement:

- Consumers contact me/their providers when they have questions about services.

Survey Section B. Consumer Self-Determination

Although coordinators and staff felt strongly they support the concept of self-determination, the Service Coordinator mean was 4.57, significantly different compared to the Provider Employee mean of 4.38. Each group strongly indicated, at similar average levels, they facilitate consumer self-determination (Service Coordinator mean of 4.43; Provider Employee mean of 4.27). Also, both coordinators and staff indicated, on average, they less than agree with the following statement; “Consumers and I agree on my level of involvement in their lives.”

Both Service Coordinators and Provider staff showed some **disagreement**, at similar average levels (means of 2.66 and 2.71, respectively), with the statement “I rely more on my own

assessment than on consumers' assessments for determining needs." Each group also indicated some disagreement, but at significantly different average levels, with the statements "I rely more on family members than on consumers for determining needs" and "I rely more on my own assessment than on families' assessments for determining needs."

Survey Section C. Interdisciplinary Team

Although both groups indicated agreement that they communicate with Interdisciplinary Teams outside of the annual and semi-annual reviews, the difference in means was significant. Service Coordinators' mean response was 4.86, compared to average staff response of 4.45. Service Coordinators serve as the leader of the team and are the member who schedules team meetings. Provider staff had a lower level of agreement than Service Coordinators, on average, with the following statement: "Team meetings are scheduled such that all members are able to attend." The difference between the Service Coordinators' mean response of 4.63 and the Provider Employees' mean response of 3.94 was significant.

Service Coordinators and Provider Employees had a similar average level of agreement when rating whether consumers' teams include those necessary to plan programs of services. This also was the case when indicating whether team members work to promote consumer independence, productivity, and community integration. Service Coordinators did feel more strongly, on average, that team members work to promote consumer self-determination. The difference in coordinator and staff means was significant.

Survey Section D. Service Coordinators evaluating statements about Service Providers / Service Provider Employees evaluating statements about Service Coordinators

When each group ranked statements about how they interact with the other group, differences emerge. Service Coordinators have a better impression of the working relationship between the two groups than do Provider Employees. The average level of agreement was significantly different for Service Coordinators than for Provider Employees for the following three statements:

- I work with [the other group] to respect consumers' desires;
- I work with [the other group] to facilitate consumer self-determination; and
- I have a productive working relationship with [the other group].

When asked if they educated the other group about consumer needs, Service Coordinators and Provider Employees answered similarly on average, with means of 4.31 and 4.17, respectively. Service Coordinators and Service Provider Employees also agreed similarly, on average, as to whether they supply assistance that should be supplied by the other group, with each group's mean response falling between "Neutral" and "Agree."

Survey Section E. Service Coordinators and Service Provider Employees; each evaluating statements about themselves

When Service Coordinators ranked statements about themselves and Provider Employees ranked statements about themselves, the two groups' average levels of agreement regarding their own knowledge, expertise, and abilities in the developmental disabilities field often were very similar. Although Service Coordinators feel they are more familiar with Nebraska's philosophy of service coordination than do Provider Employees, the two groups have similar average opinions about:

- their familiarity with a broad range of developmental disabilities;
- their familiarity with consumer’s emergency and backup care plans;
- their ability to handle consumer emergencies;
- their familiarity with HHS’ requirements regarding abuse and neglect;
- their familiarity with guardianship issues;
- their expertise in working with consumers who have diagnosed mental health needs; and
- their knowledge of what constitutes good behavioral/mental health services.

Survey Section F. Design of Service Coordination System

Service Coordinators and Service Provider Employees were close to neutral (means of 3.19 and 3.08, respectively) and answered similarly, on average, when evaluating if the state’s regulations encourage self-determination. Both groups also felt similarly about the statement “The current DD service coordination policies and procedures facilitate improvements in consumers’ lives,” with means of 3.37 (coordinators) and 3.18 (staff).

The mean of the responses of the two groups differed significantly on the other questions regarding the design of the service coordination system. The widest gap between the two groups is seen for “Consumers have positive outcomes through DD service coordination.” Service Coordinators on average more than agreed with this statement, with a mean of 4.19, while Provider Employees averaged between neutral and agree (mean of 3.21). In all cases of the other three statements where the Service Coordinators and Provider Employees gave answers resulting in different means, Service Coordinators always indicated more agreement, on average, with the statements than did Provider Employees. These three statements relate to: clarity of current state DD service coordination policies and procedures; the comprehensiveness of the system of services and supports resulting from the state’s design for service coordination; and consumers’ ability to move between service areas with continuity in service coordination.

**TABLE D. Mean Comparisons for Selected Corresponding Questions -
2004 Survey of Nebraska Developmental Disabilities Service Coordinators and
2004 Survey of Nebraska Developmental Disabilities Service Provider Employees**

Service Coordinator Survey	SC Mean	SC Mean – Provider Mean	Provider Mean	Provider Employee Survey	SC Mean and Provider Mean Comparison*
<i>Consumers and Their Families</i>				<i>Consumers and Their Families</i>	
A1. Consumers know I am their service coordinator.	4.55	0.44	4.11	A1. Consumers know their service coordinator.	different
A2. Consumers contact me when they have questions about services.	3.67	0.94	2.73	A2. Consumers contact their service coordinator when they have questions about services.	different
A3. Consumers contact their providers when they have questions about services.	3.57	-0.63	4.20	A3. Consumers contact me when they have questions about services.	different
A4. Consumers can talk to me whenever they want.	4.49	1.24	3.25	A4. Consumers can talk to their service coordinator whenever they want.	different
A6. Consumers know about the array of services and supports for which they are eligible.	3.15	0.48	2.67	A5. Consumers know about the array of services and supports for which they are eligible.	different
A7. Consumers receive the services they need.	3.34	-0.13	3.47	A6. Consumers receive the services they need.	not different
A8. Consumers are satisfied with their service coordination.	4.11	0.66	3.45	A7. Consumers are satisfied with their service coordination.	different
A9. I am familiar with the rights of consumers and their families.	4.79	0.28	4.51	A8. I am familiar with the rights of consumers and their families.	different
A10. I ask consumers what is important to them.	4.73	0.09	4.64	A9. I ask consumers what is important to them.	not different
A11. I have a good grasp of consumer needs.	4.50	-0.04	4.54	A10. I have a good grasp of consumer needs.	not different
A12. I advocate for consumers' needs.	4.68	0.08	4.60	A11. I advocate for consumers'	not different

**TABLE D. Mean Comparisons for Selected Corresponding Questions -
2004 Survey of Nebraska Developmental Disabilities Service Coordinators and
2004 Survey of Nebraska Developmental Disabilities Service Provider Employees**

Service Coordinator Survey	SC Mean	SC Mean – Provider Mean	Provider Mean	Provider Employee Survey	SC Mean and Provider Mean Comparison*
				needs.	
<i>Consumer Self-Determination</i>				<i>Consumer Self-Determination</i>	
B1. I support the concept of self-determination.	4.57	0.19	4.38	B1. I support the concept of self-determination.	different
B2. I facilitate consumer self-determination.	4.43	0.16	4.27	B2. I facilitate consumer self-determination.	not different
B3. I rely more on my own assessment than on consumers' assessments for determining needs.	2.66	-0.05	2.71	B3. I rely more on my own assessment than on consumers' assessments for determining needs.	not different
B4. I rely more on family members than on consumers for determining needs.	2.71	0.35	2.36	B4. I rely more on family members than on consumers for determining needs.	different
B5. I rely more on my own assessment than on families' assessments for determining needs.	2.26	-0.60	2.86	B5. I rely more on my own assessment than on families' assessments for determining needs.	different
B6. Consumers and I agree on my level of involvement in their lives.	3.81	-0.13	3.94	B6. Consumers and I agree on my level of involvement in their lives.	not different
<i>Interdisciplinary Team</i>				<i>Interdisciplinary Team</i>	
C1. Consumers' teams include the people necessary to plan programs of services.	4.29	0.03	4.26	C1. Consumers' teams include the people necessary to plan programs of services.	not different
C2. I communicate with teams outside of the annual and semi-annual reviews.	4.86	0.41	4.45	C3. I communicate with teams outside of the annual and semi-annual reviews.	different

**TABLE D. Mean Comparisons for Selected Corresponding Questions -
2004 Survey of Nebraska Developmental Disabilities Service Coordinators and
2004 Survey of Nebraska Developmental Disabilities Service Provider Employees**

Service Coordinator Survey	SC Mean	SC Mean – Provider Mean	Provider Mean	Provider Employee Survey	SC Mean and Provider Mean Comparison*
C5. Team meetings are scheduled such that all members are able to attend.	4.63	0.69	3.94	C5. Team meetings are scheduled such that all members are able to attend.	different
C6. Team members work to promote consumer:				C7. Team members work to promote consumer:	
a. independence	4.11	0.04	4.07	a. independence	not different
b. productivity	4.06	0.02	4.04	b. productivity	not different
c. community integration	4.06	0.09	3.97	c. community integration	not different
d. self-determination	4.01	0.29	3.72	d. self-determination	different
<i>Service Providers</i>				<i>Service Coordinators</i>	
D2. I work with providers to respect consumers' desires.	4.57	0.62	3.95	D2. I work with service coordinators to respect consumers' desires.	different
D3. I work with providers to facilitate consumer self-determination.	4.48	0.72	3.76	D3. I work with service coordinators to facilitate consumer self-determination.	different
D1. I have a productive working relationship with providers.	4.31	0.53	3.78	D4. I have a productive working relationship with service coordinators.	different
D5. I educate providers about consumer needs.	4.31	0.14	4.17	D5. I educate service coordinators about consumer needs.	not different
D6. I supply assistance that should be supplied by consumers' residential or day providers.	3.40	0.03	3.37	D6. I supply consumer assistance that should be supplied by a service coordinator.	not different
<i>Service Coordinators</i>				<i>Service Providers</i>	
E1. I am familiar with Nebraska's philosophy of service coordination.	4.38	1.09	3.29	E1. I am familiar with Nebraska's philosophy of service	different

**TABLE D. Mean Comparisons for Selected Corresponding Questions -
2004 Survey of Nebraska Developmental Disabilities Service Coordinators and
2004 Survey of Nebraska Developmental Disabilities Service Provider Employees**

Service Coordinator Survey	SC Mean	SC Mean – Provider Mean	Provider Mean	Provider Employee Survey	SC Mean and Provider Mean Comparison*
				coordination.	
E10. I am familiar with a broad range of developmental disabilities.	4.28	-0.04	4.32	E2. I am familiar with a broad range of developmental disabilities.	not different
E13. I am familiar with consumers' emergency and backup care plans.	3.93	0.04	3.89	E3. I am familiar with consumers' emergency and backup care plans.	not different
E14. I feel confident about my ability to handle consumer emergencies.	4.37	-0.04	4.41	E4. I feel confident about my ability to handle consumer emergencies.	not different
E15. I am familiar with HHS' requirements regarding abuse and neglect.	4.68	0.14	4.54	E5. I am familiar with HHS' requirements regarding abuse and neglect.	not different
E16. I am familiar with the various forms of guardianship, including guardians' powers and their limits.	4.11	0.18	3.93	E6. I am familiar with the various forms of guardianship, including guardians' powers and their limits.	not different
E17. I have the expertise to work with consumers who have diagnosed mental health needs.	3.77	-0.17	3.94	E7. I have the expertise to work with consumers who have diagnosed mental health needs.	not different
E19. I know what constitutes good behavioral / mental health services.	4.00	-0.02	4.02	E8. I know what constitutes good behavioral / mental health services.	not different
<i>Design of Service Coordination System</i>				<i>Design of Service Coordination System</i>	
F1. The current state DD service coordination policies and procedures are clear.	3.52	0.56	2.96	F1. The current state DD service coordination policies and procedures are clear.	different
F2. The state's regulations encourage self-determination.	3.19	0.11	3.08	F2. The state's regulations encourage self-determination.	not different

**TABLE D. Mean Comparisons for Selected Corresponding Questions -
2004 Survey of Nebraska Developmental Disabilities Service Coordinators and
2004 Survey of Nebraska Developmental Disabilities Service Provider Employees**

Service Coordinator Survey	SC Mean	SC Mean – Provider Mean	Provider Mean	Provider Employee Survey	SC Mean and Provider Mean Comparison*
F4. The current DD service coordination policies and procedures facilitate improvements in consumers' lives.	3.37	0.19	3.18	F3. The current DD service coordination policies and procedures facilitate improvements in consumers' lives.	not different
F5. The state's design for service coordination results in a comprehensive system of services and supports.	3.49	0.48	3.01	F4. The state's design for service coordination results in a comprehensive system of services and supports.	different
F6. Consumers may move between service areas with continuity in service coordination.	3.95	0.73	3.22	F5. Consumers may move between service areas with continuity in service coordination.	different
F7. Consumers have positive outcomes through DD service coordination.	4.19	0.98	3.21	F6. Consumers have positive outcomes through DD service coordination.	different

* "Different" and "not different" refer to the statistical significance of the difference in the mean of the responses of Service Coordinators and the mean of the responses of Service Provider Employees for a given question.

– Service Coordinator Responses by Service Area –

We compared the means of the responses for each statement on the survey by service area to see if Service Coordinators' average responses were significantly different depending on their geographic location. For each statement on the survey, we tested whether the mean responses from all service areas were equal. If the results of this test indicated the means of responses from the five service areas were not equal for a given statement, we tested further to find out between which service areas the significant differences in means existed.

No significant differences emerged between service areas in the average ratings of agreement/disagreement with statements pertaining to either consumer self-determination or the design of Nebraska's service coordination system. Of the 66 statements Service Coordinators evaluated in the remaining four sections of the survey, significant differences in average levels of agreement/disagreement between service areas were found for seven statements. Statements for which mean responses differed between service areas are listed in Table E, below, along with the mean response from each service area.

The means of responses to various statements showed Service Coordinators sometimes did answer differently, on average, depending on their location. Means were not equal between four pairs of service areas for the statement evaluating Service Coordinator interaction time with consumers. Service Coordinators in the Central Service Area agreed at a higher level (3.93) than those in the Eastern (2.48), Southeast (2.78), or Western (2.62) Service Areas that they have enough time to interact with consumers. Service Coordinators in the Northern Service Area agreed at a higher level (3.47) than those in the Eastern Service Area (2.48) they have enough time to interact with consumers. Service Coordinators working in the Central Service Area also agreed at a higher level (4.80) than those in the Southeast Service Area (4.11) that consumers on their caseload were able to talk to them whenever the consumer wanted.

Service Coordinators in the Eastern Service Area agreed at a higher average level (4.37) than those in the Western Service Area (3.31) that they have the opportunity for continued training in their field. The mean response (4.79) of Service Coordinators in the Eastern Service Area also was higher than of those in the Western Service Area (4.15) when evaluating whether team meeting schedules allow all members to attend. Service Coordinators in the Eastern Service Area believe they are able to assist consumers in obtaining assistive technology (4.29) more than do coordinators in either the Northern (3.53) or Southeast (3.50) Service Areas.

When considering procedures to ensure Service Provider accountability for service delivery, Service Coordinators in the Northern Service Area gave a higher mean response (3.67) than those in either the Central or Eastern Service Areas (2.27 and 2.43, respectively). Service Coordinators located in the Northern Service Area felt more strongly (3.87) they could balance being a consumer advocate with funding constraints than those in the Southeast area (2.50).

TABLE E. Service Coordinator Average Responses – Differences by Service Area

Service Coordinator Survey	Service Area (mean response)
Consumers can talk to me whenever they want.	Central (4.80) > Southeast (4.11)
I am able to assist consumers to obtain assistive technology.	Eastern (4.29) > Northern (3.53) > Southeast (3.50)
Team meetings are scheduled such that all members are able to attend.	Eastern (4.79) > Western (4.15)
Procedures exist to ensure that providers are held accountable for service delivery.	Northern (3.67) > Central (2.27) > Eastern (2.43)
I have the opportunity for continuing training to enhance my job-related knowledge, skills, and abilities.	Eastern (4.37) > Western (3.31)
I have enough time to interact with consumers.	Central (3.93) > Eastern (2.48) > Southeast (2.78) > Western (2.62) Northern (3.47) > Eastern (2.48)
I am able to balance being a consumer advocate with funding constraints.	Northern (3.87) > Southeast (2.50)

In addition to looking at responses in the first six sections of the Service Coordinator survey for variation between service areas, we also examined the responses to the questions regarding Service Coordinator activities in a typical month. The tasks for which response patterns differed significantly between service areas are shown in Table F, below, along with the mean response for each service area. As noted earlier, the percentages did not add to 100 for 55 of the 80 Service Coordinators who estimated the percent of time they spent on each task. These percentages were adjusted proportionately to sum to 100%. The adjusted percentages were the basis for the following analysis.

TABLE F. Service Coordinator Allocation of Time among Tasks – Differences by Service Area

Percent of time spent by Service Coordinators on various activities in a typical month	Service Area (mean response)
Assessing consumers' needs	Western (6.34%) > Central (3.49%)
Coordinating ongoing services and supports	Southeast (12.61%) > Central (5.35%)
Working with consumer and/or family member	Southeast (9.93%) > Eastern (6.45%)
Monitoring day services (non-residential)	Central (11.93%) > Eastern (5.45%) Southeast (6.54%) Western (7.06%)
Monitoring residential services	Central (12.76%) > Eastern (5.73%) Northern (8.44%) Southeast (6.03%) Western (5.97%)
Transporting consumers (e.g., grocery store, bank, health appointment)	Eastern (2.90%) > Northern (0.47%)

In general, Service Coordinators across the state's five service areas responded similarly as to the proportion of time they spent in a typical month on the following tasks:

- Facilitating team meetings;
- Coordinating eligibility for services and supports;
- Coordinating payments for consumer services;
- Arranging initial services and supports;
- Administration (e.g., paperwork);
- Monitoring unpaid and non-specialized supports;
- Traveling to do my work (excluding commute to work);
- Advocating on behalf of individuals on my caseload; and
- Non-DD service coordination (e.g., APS intake).

We expected the average share of time spent traveling to do service coordination work might vary significantly between service areas, given the distribution of population across Nebraska. Although the average share was higher in the Eastern and Western Service Areas than in the other three service areas, none of the differences between any of the service areas proved significant.

The most variation between the five Service Areas in the pattern of responses estimating how Service Coordinators allocate their time was for monitoring day services or for monitoring residential services. Service Coordinators in the Central Service Area allocated a significantly higher proportion of time, on average, to the task of monitoring residential services than did

Service Coordinators in each of the other four service areas. The result for monitoring day services was similar, with Service Coordinators in the Central Service Area allocating a significantly higher average share of time to this task than Service Coordinators in the Eastern, Southern, or Western Service Areas.

Not much variation between service areas was seen when we examined how Service Coordinators ranked the importance of various tasks in providing quality service coordination to consumers. The only task for which Service Coordinators' average responses were significantly different between service areas was transporting consumers (e.g., grocery store, bank, health appointment). Service Coordinators in the Eastern Service Area gave an average response of 3.50 (on a scale where 5 = Extremely Important and 1 = Not at All Important) compared to the average response of coordinators in the Northern Service Area of 1.93.

Some differences in responses across service areas also emerged for two demographic questions. Service Coordinators in the Northern Service Area indicated they had more consumers on their current caseloads (5.20, on average) who were non-funded (i.e., have deferred formal service coordination until they receive additional services and supports) than did those in the Eastern Service Area (1.15, on average). We also found the average number of providers a Service Coordinator works with differs based on their service area. On average, coordinators in the Eastern Service Area (mean of 7.71) work with a significantly different number of Providers than those in the Central (mean of 2.47), Northern (mean = 2.87), Southeast (mean of 4.44) or Western Service Areas (mean of 2.08). The Eastern Service Area includes Omaha and the Southeast Service Area includes Lincoln. A map of the service areas is included in the Appendix.

– Service Coordinator Responses by Years of Experience –

None of the Service Coordinator’s average responses to statements in the Consumer Self-Determination section or to statements in the Service Provider section were significantly different depending on years of Service Coordinator experience.

As indicated in Table G, Service Coordinators with 11 years or more experience in service coordination responded differently, on average, than those with three to 10 years experience to the statement evaluating familiarity with guardianship issues. Those with more experience agreed more strongly they were familiar with the issues than those with less experience. Significant differences in average levels of agreement/disagreement as to development of service coordination skills by previous work experience and/or education were found between two sets of experience levels. Groups of coordinators with two years or less and three to ten years experience both agreed more strongly (means of 4.64 and 4.58, respectively) than the group with 11 years or more experience (mean of 4.03) that their service coordinator skills were developed in this manner.

TABLE G. Service Coordinator Average Responses regarding Service Coordinators - Differences by Experience Level

Service Coordinator Survey	Years Experience in Service Coordination (mean response)
I am familiar with the various forms of guardianship, including guardians’ powers and their limits.	11 years or more (4.38) > 3 – 10 years (3.97)
My skills as a service coordinator were developed by previous work experience and/or education	2 years or less (4.64) > 11 years or more (4.03) 3 – 10 years (4.58) > 11 years or more (4.03)

– Service Coordinator Responses by Education Level –

We evaluated mean responses given by coordinators regarding consumer self-determination for variation by years of education. For most statements in the self-determination section, there was no significant difference in the average responses of Service Coordinators with different levels of education. A significant difference was noted in the average opinions of Service Coordinators when responding to the statement regarding the weight of the coordinator’s assessment versus the family’s assessment when determining needs, as shown in Table H. Even though both groups mean response fell between disagree and neutral, the mean of coordinators with a bachelor’s or master’s degree (2.37) was higher than the mean of coordinators with less than a four-year degree (2.03).

TABLE H. Service Coordinator Average Responses regarding Consumer Self-Determination – Differences by Education Level

Service Coordinator Survey	SC Education Level (mean response)
I rely more on my own assessment than on families’ assessments for determining needs.	Bachelors or Masters degree (2.37) > Less than a four-year degree (2.03)

There was some significant variation by education level in Service Coordinators’ responses to statements in the section about service coordinators. In Table I, these statements and the means for each category of education level are listed. Although counterintuitive, Service Coordinators with less than a four-year degree had higher mean responses than those with a bachelor’s or master’s degree for three statements dealing with familiarity with developmental disabilities, services available from HHS, and consumers’ emergency and backup care plans. More in line with expectations about the possible differences in responses based on education level was the result of the comparison of means regarding skills development between the responses of coordinators with different education levels. On the job experience and training literature provided by HHS play a smaller role in development of Service Coordinators skills for those with a bachelor’s or master’s degree than those with less than four years of education beyond high school.

Many of the average responses to statements in the service coordinator section were not significantly affected by Service Coordinator education level. Among those statements are:

- I am familiar with Nebraska’s philosophy of service coordination;
- I have the personal attributes needed to be a good service coordinator;
- I have the knowledge, skills, and abilities needed to do my job;
- I have the opportunity for continuing training to enhance my job-related knowledge, skills, and abilities;
- I know what is expected of me as a service coordinator;
- I feel confident about my ability to handle consumer emergencies;
- I am familiar with HHS’ requirements regarding abuse and neglect;
- I have the expertise to work with consumers who have diagnosed mental health needs;

- I am able to recognize any needs consumers have that are not being met; and
- I know what constitutes good behavioral / mental health services.

TABLE I. Service Coordinator Average Responses regarding Service Coordinators - Differences by Education Level

Service Coordinator Survey	SC Education Level (mean response)
I am familiar with a broad range of developmental disabilities.	Less than a four-year degree (4.60) > Bachelors or Masters degree (4.12)
I am familiar with services available from HHS.	Less than a four-year degree (4.47) > Bachelors or Masters degree (3.93)
I am familiar with consumers' emergency and backup care plans.	Less than a four-year degree (4.27) > Bachelors or Masters degree (3.79)
My skills as a service coordinator were developed by on the job experience	Less than a four-year degree (4.93) > Bachelors or Masters degree (4.62)
My skills as a service coordinator were developed by training literature provided by HHS	Less than a four-year degree (3.27) > Bachelors or Masters degree (2.55)

– Service Coordinator Responses by Number of Providers –

The number of Providers with whom a Service Coordinator works did affect average responses to two statements regarding Providers, however. Those statements, along with mean responses of Service Coordinators working with various numbers of Providers, are listed in Table J. Service Coordinators working with seven to fifteen Providers tend more toward agreement with a statement about supplying assistance that should be supplied by Providers than those who work with only one or two Providers (a mean of 3.81 compared to 3.0). On the other hand, Service Coordinators working with seven to fifteen Providers responded at an average level between “Disagree” and “Neutral” to a statement related to Provider accountability. This is in contrast to the significantly different ranking by Service Coordinators working with three to six Providers, whose average response was between “Neutral” and “Agree” with respect to the statement on Provider accountability.

TABLE J. Service Coordinator Average Responses regarding Service Providers - Differences by Number of Providers with whom Coordinators Work

Service Coordinator Survey	Number of Providers with whom Coordinators work (mean response)
I supply assistance that should be supplied by consumers’ residential or day providers.	7 - 15 Providers (3.81) > 1 – 2 Providers (3.0)
Procedures exist to ensure that providers are held accountable for service delivery.	3 – 6 Providers (3.17) > 7 – 15 Providers (2.19)

Service Coordinators did not agree/disagree at significantly different average levels depending on the number of Providers with whom they work when rating the following statements about Service Providers:

- I have a productive working relationship with providers;
- I work with providers to respect consumers’ desires;
- I work with providers to facilitate consumer self-determination;
- I am able to deal with conflict between consumers and providers;
- I educate providers about consumer needs; and
- I am able to ensure that consumers receive quality services from providers.

– Provider Employee Responses by Service Area –

On the whole, Providers Employees' survey responses varied more across service areas than did Service Coordinators' responses. We found significant differences in mean responses across service areas for approximately 11% of the statements for which coordinators indicated their level of agreement/disagreement. Provider Employees' responses were significantly different for approximately 33% of the statements they ranked. Provider staff exhibited significant variance between service areas in their average responses for at least one statement in each of the six sections of their survey. Table K includes the statements and mean responses for service areas with significant differences in the average responses of Provider Employees.

Provider staff across the state evaluated the following statements in connection with consumers and their families similarly:

- Consumers contact me when they have questions about services;
- Consumers know about the array of services and supports for which they are eligible;
- Consumers are satisfied with their service coordination;
- I am familiar with the rights of consumers and their families;
- I ask consumers what is important to them;
- I have a good grasp of consumer needs; and
- I advocate for consumers' needs.

For three statements dealing with consumers knowing, contacting, or talking to their Service Coordinator, Provider staff in the Central Service Area answered at a significantly different average level. Mean responses in the Northern and Southeast Service Areas were higher than in the Central Service Area with respect to staff opinion for all three of the statements. The Eastern Service Area staff also answered with higher means than did the staff in the Central Service Area for the statements concerning consumers contacting their Service Coordinator with questions about services and talking to their Service Coordinator whenever they want. Significant differences in average responses also were present between the Eastern and Western Service Areas for the statement about consumers talking to their Service Coordinator whenever they want. The Western Service Area Provider staff means were lower than the Eastern Service Area staff means for this statement and lower than the Eastern and Northern Service Areas when responding to a statement about consumers receiving the services they need.

A pattern of Central Area staff having significantly different (lower) average levels of agreement than those of staff in the Eastern, Northern, and Southeast Service Areas emerges for two statements in connection with supporting and facilitating consumer self-determination. A third statement about if Provider staff relied more on family members than consumers for determining needs also resulted in significantly different average responses between some service areas. Variation was seen between the Eastern Service Area and the Northern and Western Service Areas, with higher average responses in the Eastern Service Area. The same pattern of variation also was seen for this statement with higher average responses from staff in the Southeast Service Area than in the Northern and Western Service Areas.

When asked to evaluate statements with reference to Interdisciplinary Teams, service area location did not make a significant difference in Provider staff average responses across the state for the majority of the statements. There were some significant differences in mean responses to the statement about working with Service Coordinators to facilitate consumer self-determination. The levels of agreement from staff in the Eastern and Southeast Service Areas

were higher, on average, than from staff in the Central Service Area. Staff working in the Eastern Service Area also indicated more agreement with the statement about the productivity of their working relationship with Service Coordinators than did staff located in the Central Service Area.

Provider Employees' average ranking of most statements pertaining to Service Coordinator did not vary significantly across service areas. Provider staff working in the Central Service Area did show a lower level of agreement, on average, than the staff from the Eastern or Southeast Service Areas when responding to the statement pertaining to working with Service Coordinators to facilitate consumer self-determination. Provider staff from the Eastern Service Area also had a higher average level of agreement (4.11) compared to staff from the Central Service Area (3.29) when evaluating the statement about the productivity of their working relationship with Service Coordinators.

As with their average ranking of most statements about Service Coordinators, Service Provider Employees' responses to all but one statement about Service Providers showed no significant differences. Provider staff working in the Central Service Area had a higher mean response than staff from the Western Service Area when reacting to a statement about their expertise with consumers with mental health needs.

More significant differences in Provider Employee average responses showed up when they evaluated survey statements from the section on the service coordination system in the state. For four of the six statements in this section, the Central or Western Service area staff's responses were lower, on the average, than those of at least one of the other service area's staff. Two statements were replied to similarly by Provider Employees, regardless of service area. One dealt with current developmental disabilities service coordination policies and procedures and their facilitation of improvements in consumers' lives (mean of 3.18). The second related to positive outcomes for consumers through developmental disabilities service coordination (mean of 3.21).

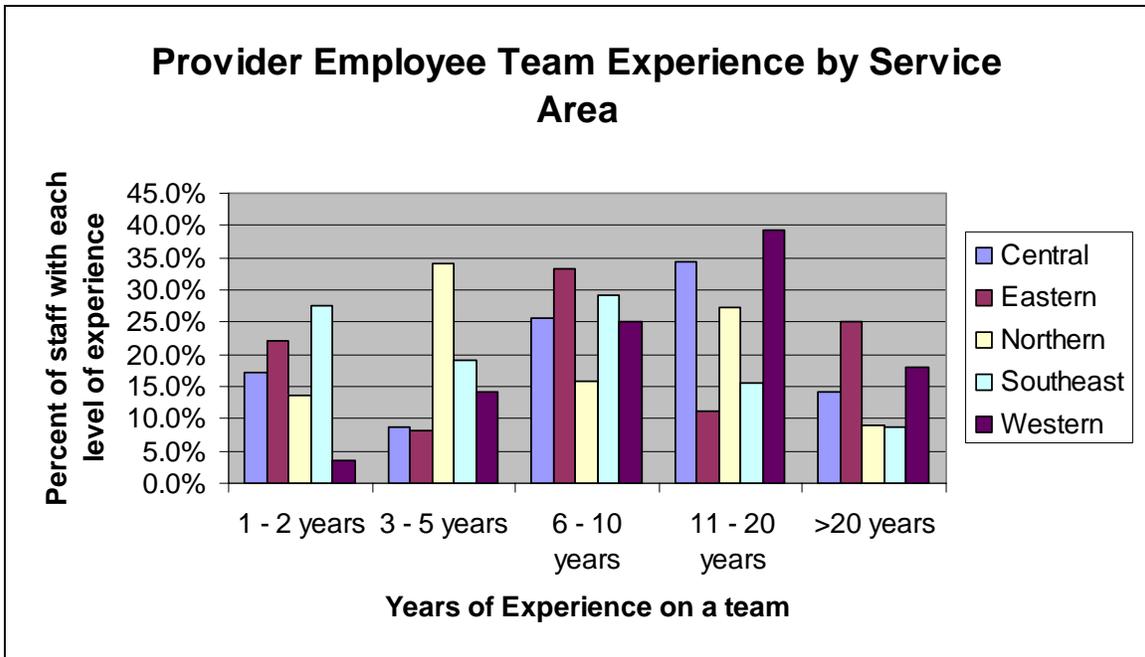
TABLE K. Service Provider Employee Average Responses – Differences by Service Area

Provider Employee Survey	Service Area (mean response)
Consumers know their service coordinator.	Northern (4.36) > Central (3.63) Southeast (4.20) > Central (3.63)
Consumers contact their service coordinator when they have questions about services.	Northern (3.07) > Central (2.03) Eastern (3.08) > Central (2.03) Southeast (2.85) > Central (2.03)
Consumers can talk to their service coordinator whenever they want.	Eastern (3.63) > Central (2.46) > Western (2.72) Northern (3.64) > Central (2.46) Southeast (3.43) > Central (2.46)
Consumers receive the services they need.	Eastern (3.68) > Western (2.93) Northern (3.67) > Western (2.93)
I support the concept of self-determination.	Eastern (4.50) > Central (3.60) Northern (4.58) > Central (3.60) Southeast (4.66) > Central (3.60)
I facilitate consumer self-determination.	Eastern (4.77) > Central (3.52) Northern (4.53) > Central (3.52) Southeast (4.44) > Central (3.52)
I rely more on family members than on consumers for determining needs.	Eastern (2.61) > Northern (2.04) > Western (2.00) Southeast (2.72) > Northern (2.04) > Western (2.00)
Teams are in agreement about consumers' IPP/IFSP plans.	Eastern (3.95) > Central (3.17)
Team members work to promote consumer community integration	Central (4.33) > Western (3.55)
I work with service coordinators to facilitate consumer self-determination.	Eastern (4.08) > Central (3.00) Southeast (3.93) > Central (3.00)
I have a productive working relationship with service coordinators.	Eastern (4.11) > Central (3.29)
I have the expertise to work with consumers who have diagnosed mental health needs.	Central (3.80) > Western (3.48)
The current state DD service coordination policies and procedures are clear.	Northern (3.28) > Central (2.60) Western (2.54)
The state's regulations encourage self-determination.	Eastern (3.31) > Western (2.50) Northern (3.26) > Western (2.50) Southeast (3.18) > Western (2.50)
The state's design for service coordination results in a comprehensive system of services and supports.	Eastern (3.33) > Central (2.57) > Western (2.48) Northern (3.34) > Central (2.57) > Western (2.48)
Consumers may move between service areas with continuity in service coordination.	Northern (3.56) > Central (2.71)

– Provider Employee Team Experience by Service Area –

We also compared Provider Employees’ responses from a given service area with responses from each of the four other service areas to see if the proportion of each level of experience on adult consumer Individual Program Plan/Individual Family Support Plan teams varied by Service Area. We found similar patterns in the respondents’ proportions of five levels of team experience between the following pairs of service areas: Central and Eastern; Central and Northern; Central and Southeast; Central and Western; Eastern and Southeast; Northern and Southeast; and Northern and Western.

We did find significant differences in Provider Employees’ patterns of responses regarding the proportions of the different levels of team experience in these pairs of service areas: Eastern and Northern; Eastern and Western; and Southeast and Western. The chart below shows the percent of Provider staff in each service area that has each level of experience.



– Provider Employee Responses by Years of Team Experience –

As we found for Service Coordinators and their years of experience in service coordination, Provider Employee responses to statements about consumer self-determination and about Service Providers did not vary significantly by years of Provider Employee team experience.

Provider Employees’ responses did vary significantly depending on their team experience when they gave their opinion on Service Coordinators having a good grasp of consumer needs (Table L, below). Staff members with one to two years of team experience mean response was between “Neutral” and “Agree.” Those with a higher level of experience, six to ten years, responded with an average rank between “Disagree” and “Neutral.” This was the only statement in the Service Coordinators section for which Provider Employees’ opinions varied by team experience.

TABLE L. Service Provider Employee Average Responses regarding Service Coordinators - Differences by Team Experience

Provider Employee Survey	Staff member’s team experience (mean response)
Service coordinators have a good grasp of consumers’ needs.	1 – 2 years (3.75) > 6 – 10 years (2.88)

– Comparisons across Three Surveys –

In the surveys of Service Coordinators and Service Provider Employees, we asked each group to indicate their level of agreement/disagreement with some statements about the relationship between Service Coordinators and the consumers for whom they coordinate services. Four of the statements on our 2004 Service Coordinator survey are similar to questions asked of a sample of over 300 Nebraska consumers on the 2000-2001 National Core Indicators Consumer Survey. We asked Provider Employees for their opinions on two of the four statements.

We analyzed the responses received for similar statements from the various groups surveyed. Service Coordinator and Provider Employee responses of “1” (Strongly Disagree) and “2” (Disagree) were grouped together and responses of “4” (Agree) and “5” (Strongly Agree) were grouped together for this analysis. This grouping allowed comparison of their responses to those of consumers answering the National Core Indicators Consumer Survey. A “Neutral” response on Service Coordinator or Provider staff surveys was assumed to be roughly equivalent to the middle responses of “Maybe” or “Sometimes” on the consumer surveys.

Responses to questions about the consumer knowing their Service Coordinator are given in Table M. Ninety percent of Service Coordinators answered either “agree” or “strongly agree,” compared to 78% of Provider Employees. The patterns of response were significantly different between the two groups. Approximately 93% of the consumers answering the National Core Indicators Consumer Survey said they knew their case manager/service coordinator. This was different than the proportion of Provider Employees agreeing or strongly agreeing (78%) that consumers know their service coordinator, but similar to the proportion of coordinators who agreed or strongly agreed with the statement.

In Table N, we compare patterns of response for similar questions about whether consumers can talk to their Service Coordinator whenever they want. None of the three groups answered in a pattern similar to either of the other groups. Although 89% of Service Coordinators agreed or strongly agreed and 84% of consumers answered yes, only 48% of Provider Employees agreed or strongly agreed. Approximately 14% of consumers indicated they sometimes could talk to their Service Coordinator if they want to, compared to a neutral response by 5% of Service Coordinators to a similar statement.

Service Coordinators and consumers were asked their opinion of whether Service Coordinators ask what is important to the consumer. As shown in Table O, the two groups have significantly different patterns of proportional responses, with 98% of Service Coordinators agreeing or strongly agreeing and only approximately 85% of consumers answering “yes.”

Service Coordinators and consumers had similar proportional responses to the statement and question about getting consumers what they want or need when they ask a Service Coordinator for help. There was no significant difference in their response patterns, as is shown in Table P.

NOTE: The National Core Indicators Consumer Survey percentages reported in our comparisons are based on raw data from which no surveys were deleted. Percentages reported in the *National Core Indicators Consumer Survey Summary Report 2000* are based on adjusted data with some surveys deleted. The percentages used in our comparisons were slightly lower than the National Core Indicators reported percentages for the response of “Yes” for all four questions. For the responses of “No” and “Maybe” or “Sometimes,” the National Core Indicators reported responses were equal or slightly higher in all cases than the percentages used in our comparisons. The *National Core Indicators Consumer Survey Summary Report 2000* figures are listed in parentheses for each question in Tables M, N, O, and P.

TABLE M. Consumer Knowledge of Service Coordinator - Survey Comparison

Similar Survey Statements/Questions asked of Service Coordinators, Service Provider Employees, and Consumers	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Total Responding	Different Patterns of Response Between:	
Consumers know I am their service coordinator. (2004 Service Coordinator Survey)	1%	0%	9%	23%	67%	94	Service Coordinators & Providers;	
Consumers know their service coordinator. (2004 Provider Employee Survey)	0%	9%	12%	37%	41%	207		
Do you know your case manager/service coordinator? (NCI Consumer Survey, 2000-2001 data)	No = 3.4% (2.8%)		Maybe = 5.4% (4.6%)		Yes = 91.1% (92.6%)		350 (325)	Consumers & Providers

TABLE N. Consumer being able to talk to Service Coordinator - Survey Comparison

Similar Survey Statements/Questions asked of Service Coordinators, Service Provider Employees, and Consumers	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Total Responding	Pattern of Difference Between Responses of:	
Consumers can talk to me whenever they want. <i>(2004 Service Coordinator Survey)</i>	2%	2%	5%	24%	65%	93	<i>Service Coordinators & Consumers;</i>	
Consumers can talk to their service coordinator whenever they want. <i>(2004 Provider Employee Survey)</i>	13%	17%	22%	27%	21%	208		
Can you talk to him/her (your case manager/service coordinator) if you want to? <i>(NCI Consumer Survey, 2000-2001 data)</i>	No = 1.8% (1.2%)		Sometimes = 13.9% (13.9%)		Yes = 84.4% (84.9%)		339 (324)	<i>Service Coordinators & Providers;</i> <i>Providers & Consumers</i>

TABLE O. Service Coordinator asking consumer what is important to them - Survey Comparison

Similar Survey Statements/Questions asked of Service Coordinators, Service Provider Employees, and Consumers	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Total Responding	Pattern of Difference Between Responses of:
I ask consumers what is important to them. <i>(2004 Service Coordinator Survey)</i>	1%	1%	0%	19%	79%	94	<i>Service Coordinators and Consumers</i>
Does s/he (your case manager/service coordinator) ask you what's important to you? <i>(NCI Consumer Survey, 2000-2001 data)</i>	No = 6.6% (6.5%)		Sometimes = 8.2% (8.2%)		Yes = 85.2% (85.4%)		

TABLE P. Service Coordinator getting consumers what they want - Survey Comparison

Similar Survey Statements/Questions asked of Service Coordinators, Service Provider Employees, and Consumers	Strongly Disagree (1)	(2)	(3)	(4)	Strongly Agree (5)	Total Responding	Pattern of Difference Between Responses of:
I get consumers what they want when they ask for my help. <i>(2004 Service Coordinator Survey)</i>	0%	2%	17%	52%	29%	94	No significant difference between the two groups' response patterns
If you ask for something, does s/he (your case manager/service coordinator) help get what you need? <i>(NCI Consumer Survey, 2000-2001 data)</i>	No = 2.2% (2.0%)		Sometimes = 13.7% (13.3%)	Yes = 84.0% (84.7%)		313 (301)	

References

- National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. (2000, June). *Core Indicators Project Consumer Survey*. Alexandria, VA & Cambridge, MA: Author.
- National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. (2002, February). *Core Indicators Project Consumer Survey Summary Report 2000, 2000-2001 Data*. Alexandria, VA & Cambridge, MA: Author. Retrieved April 5, 2004 from Human Services Research Institute website: http://www.hsri.org/docs/786_P3_Consumer2000final.pdf
- National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. (2003, January). *National Core Indicators Adult Family Survey Final Report, 2001-2002 Data*. Alexandria, VA & Cambridge, MA: Author. Retrieved March 18, 2004 from Human Services Research Institute website: http://www.hsri.org/docs/786_P4_AFS2002final.pdf
- National Association of State Directors of Developmental Disabilities Services & Human Services Research Institute. (2003, January). *National Core Indicators Family Guardian Survey Final Report, 2001-2002 Data*. Alexandria, VA & Cambridge, MA: Author. Retrieved March 18, 2004 from Human Services Research Institute website: http://www.hsri.org/docs/786_P4_FGS2002final.pdf
- Washington State. (2001). *Washington State 2001 Case Manager Profile & Survey*.

APPENDIX

Survey Instruments

– Survey Instrument Development and Administration –

2004 Survey of Nebraska Developmental Disabilities Service Coordinators

Staff at the Public Policy Center wrote the *2004 Survey of Nebraska Developmental Disabilities Service Coordinators* with input from Service Coordinator Supervisors, the LR 42 Service Coordination Workgroup, and two similar surveys. Four questions (A1, A4, A10, & A13) in this survey were adapted from similar questions asked of consumers in the 2000 version of the National Core Indicators (NCI) Project Consumer Survey. The NCI Project is a collaboration of the National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute. Questions asked in a Washington State 2001 Case Manager Profile & Survey provided general areas of inquiry for which questions were developed for this survey of Nebraska Service Coordinators.

The process was iterative: drafting the survey; having three conference calls with Service Coordinator Supervisors representing all Service Areas in the state; revising the survey based on Supervisors' input; reviewing the revised survey with the Work Group; and again revising the survey based on the group's comments. We used an on-line survey tool to design the web version of the Service Coordinator survey. A copy of the survey is included at Appendix page A-9.

The Nebraska Department of Health and Human Services provided the names and the work addresses of the Service Coordinators. All 139 Developmental Disability Service Coordinators in Nebraska were mailed a letter at their work address, in which we asked they voice their opinions regarding service coordination based on their experiences as Service Coordinators. The letter requested their participation in a confidential, on-line survey about service coordination in Nebraska and included an informed consent form. If a Service Coordinator agreed to participate, they returned the signed consent form to us.

Upon receipt of each participant's consent, a hyperlink allowing them to access the secure on-line survey was e-mailed to the participant. In August 2004, the survey was e-mailed to the 107 Service Coordinators who returned a signed consent form indicating their willingness to participate. Of those 107, 94 Service Coordinators returned the *2004 Survey of Nebraska Developmental Disabilities Service Coordinators*. The survey was set up so respondents could complete the survey only one time. Although they were allowed to answer part of the survey, exit the survey, and log-on again to complete the survey at a later time, some respondents had trouble with this option. Those taking the survey were able to skip questions and continue the survey; they were not forced to answer any question.

2004 Survey of Nebraska Developmental Disabilities Service Provider Employees

Staff at the Public Policy Center wrote the *2004 Survey of Nebraska Developmental Disabilities Service Provider Employees* based in part on the *2004 Survey of Nebraska Developmental Disabilities Service Coordinators*. As in development of the Service Coordinator survey, the process was iterative. The first draft of the Provider Employee survey was based on the final version of the Service Coordinator survey, but with many of the same questions being asked from the Provider Employee's point of view rather than from the Service Coordinator's perspective. The survey draft was e-mailed to the LR 42 Service Coordination Work Group and revised to arrive at the final version of the *2004 Survey of Nebraska Developmental Disabilities Service Provider Employees*. A copy of the survey is included in at Appendix page A-25.

Contact information for developmental disability Service Provider Agency Central Office Directors and Area Directors was given to us by Health and Human Services, Developmental Disabilities System. All current area offices of Nebraska developmental disabilities Service Provider Agencies were invited to participate by letter (through the six Central Office Directors and the 75 Area Directors). The letter requested the directors' assistance in making packets with the informed consent letter and a copy of the *2004 Survey of Nebraska Developmental Disabilities Service Provider Employees* available to four employees with experience as participants on adult consumer Individual Program Plan/Individual Family Support Plan. These include the two agency employees who had the longest experience participating as members of adult consumer Individual Program Plan/Individual Family Support Plan (IPP/IFSP) Teams and the two agency employees who had the shortest experience (but with at least a year's experience) participating as members of adult consumer Individual Program Plan/Individual Family Support Plan Teams.

Three-hundred twenty four packets were mailed to directors. Each survey was marked with a number to indicate the Service Provider Agency to which it was sent to allow us to determine whether we received feedback from employees of a representative sample of Provider Agencies. Surveys were returned from employees of 69 of the 81 agencies that were sent packets of surveys. Return of the survey by a Service Provider employee implied their consent to participate. We did not track individual respondents and did not ask participants to give their names on the survey. Of the 324 surveys sent, 208 were returned.

Consumer Focus Groups

► *Recruitment of the Participants*

The State Advisor-Director of Operations of People First of Nebraska, Inc. agreed to include an announcement about consumer focus groups in a newsletter sent in the fall of 2004. Along with the announcement, the newsletter included an information request form for consumers interested in the focus groups to fill out and a postage paid envelope in which to return the form to the Public Policy Center.

Consumers who returned forms indicating interest in the focus groups were sent a packet of focus group information (a letter to consumers or their legal guardians and informed consent forms). The cover letter explained the service coordination study and invited consumers to participate in a focus group. Signed consent forms were collected at the conference. Only consumers who had the appropriate signed consent form(s) were allowed to participate in a focus group session. As consumers handed in their consent forms prior to the sessions, we asked if they had any questions about the focus group and if they understood they were giving their consent to participate in the research project.

We assumed that consumers who returned a signed consent form had the authority to sign the form (i.e., did not have a legal guardian). Checking with a consumer's Service Coordinator to see whether or not the consumer had a legal guardian would reveal the identities of the consumers who asked to participate in the focus groups. We wanted consumers to feel free to give their opinions about service coordination without being concerned that their Service Coordinator knew they requested to participate in the consumer focus groups. Therefore, we did not check with Service Coordinators to verify that consumers who signed a consent form did not have a legal guardian.

Three, 50-minute consumer focus groups were held Sunday, October 10, 2004 at the annual People First of Nebraska, Inc. conference in Kearney, Nebraska. We did not ask consumers to give their names or their Service Coordinators' names during the focus group sessions, however, in the information packet we asked if the consumer knew their Service Coordinator. If they didn't know their Service Coordinator, we asked that they ask staff to identify their Service Coordinator, so they would know who we were referring to when we asked questions about their Service Coordinator.

► *Participants*

We spoke with twelve consumers during the three focus group sessions, and provided them an opportunity to voice their opinions regarding service coordination. Focus group participants were consumers of developmental disability services in Nebraska who had registered to attend the People First of Nebraska, Inc. conference. Participants were required to be 21 years of age or older, have a Service Coordinator, and be receiving services other than service coordination. The script used to conduct the focus groups is included on Appendix page A-35.

Family/Legal Guardian Conference Calls

► *Recruitment of the Participants*

The Nebraska Department of Health and Human Services (HHS) agreed to take a random sample of 20 consumers of developmental disabilities services from each of the five Service Areas in Nebraska. The 100 consumers were selected from those 21 years of age or older who receive day and/or residential services.

Staff in each Service Area checked the 20 consumers to determine if they had an involved family member or guardian (i.e., a family member or guardian who regularly taking part in Individual Program Plan (IPP) meetings). Staff then let HHS know how many of the consumers had an involved family member/legal guardian. If not all 20 consumers had an involved family member/legal guardian, HHS took another random sample and sent the additional names to the Service Areas to be checked for an involved family member/guardian. This process was repeated until there were 20 names of consumers with an involved family member/legal guardian from each Service Area.

We provided 20 focus group conference call packets to each of the five Service Areas. Each packet included an informed consent letter and an information slip for the family member/legal guardian to return to us in a self-addressed, stamped envelope. These packets were mailed to family members/legal guardians by Service Area staff. We did not know the names of those receiving a packet. Family members or guardians interested in participating in a focus group conference call sent us the information slip with their name and contact information, indicating which conference call time(s) worked for them. Service Area staff did not have access to the names of the family members/legal guardians who agreed to participate in a conference call.

Focus group conference calls were held at three times (morning, afternoon, and early evening). Each call was scheduled for one hour. Those family members/legal guardians who consented to participate and returned their contact information received a postcard indicating their session date and time. They also were given a toll free telephone number and the conference call code needed to access the focus group conference call.

► *Participants*

During the conference calls with consumers' family members/legal guardians, we spoke with seven family members. Participants gave their opinions regarding service coordination based on their experiences as family members/legal guardians of persons who use developmental disabilities services. All are the parent or sibling of an adult consumer of developmental disability services in Nebraska. Some of the family members also are legal guardians for the consumer. We spoke with four of the family members during scheduled conference call sessions. Three of the family members who had signed up for conference calls and couldn't participate at the time of the call were contacted individually. The script used to conduct the family/legal guardian calls is included on Appendix page A-36.

– Survey, Focus Group, and Conference Call Content and Respondents –

Content of Surveys and Focus Group and Conference Call Discussions

Service Coordinators and Service Provider Employees surveyed gave their opinions on six areas of service coordination: consumers and their families; consumer self-determination; interdisciplinary team; service providers; service coordinators; and the design of the service coordination system. In addition, Service Coordinators were asked to estimate the percent of time spent on various tasks in a typical month and also to rank those same tasks on a five-point scale from “not at all important” to “extremely important.”

Service Coordinators completed a profile including information on their service area, experience, caseload, and education. Provider Employees indicated their years of experience as a member of an adult consumer Individual Program Plan/Individual Support Plan team. Based on the location of the Service Provider to whom we sent their survey, we assigned each Provider Employee who responded to the survey to one of the five Service Coordinator service areas. For example, employees of Service Providers located in Omaha were assigned to the Eastern Service Area and employees of Service Providers located in Lincoln were assigned to the Southeast Service Area.

In the quantitative sections of the Service Coordinator and Provider Employee surveys, respondents ranked statements relating to each of the six service coordination areas on a five-point scale ranging from “strongly disagree” to “strongly agree,” where a “5” indicated “strongly agree” and a “1” indicated “strongly disagree.” Service Coordinators and Provider Employees had the opportunity to answer open-ended questions related to each of the six areas of service coordination as well as evaluating the statements for which they specified their level of agreement/disagreement.

As each consumer focus group began, we established we would be discussing the consumers’ Service Coordinators. We asked about how often the consumers were in contact with their Service Coordinators, why they spoke with or saw their Service Coordinator, who helps consumers when they have a problem, for what reasons do consumers ask for help. We concluded each session by asking consumers to name two things they were happy with and two things they were not happy with and asking if there was anything else each consumer would like to say about how their Service Coordinator helps them.

During the telephone conference calls with family members/legal guardians of consumers with developmental disabilities, we asked that they tell us about the how often and why they had contact with their consumer’s Service Coordinator. We also discussed who helps the consumer when they need something. We asked if service coordination improves the lives of the consumers. As with consumers, we asked about things the family members/guardians were happy with, things they were not happy with, and if there was anything else they would like to discuss.

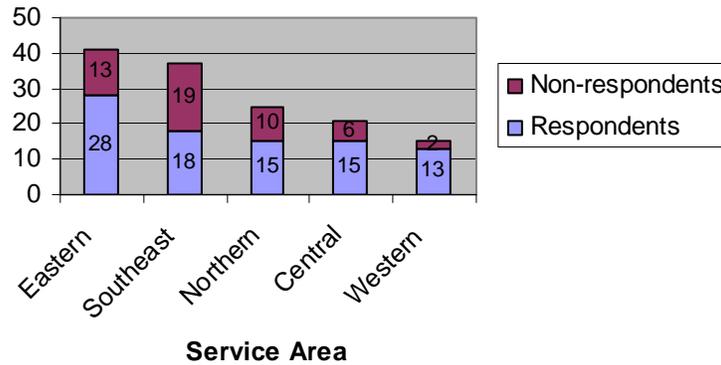
Characteristics of survey respondents and participants in focus groups or conference calls

► Service Coordinators

Overall, 68% of the 139 Service Coordinators in the state returned the survey. The average caseload in Nebraska is 32 consumers (89 respondents). Service Coordinators indicated they work with four to five Service Providers, on average (87 respondents).

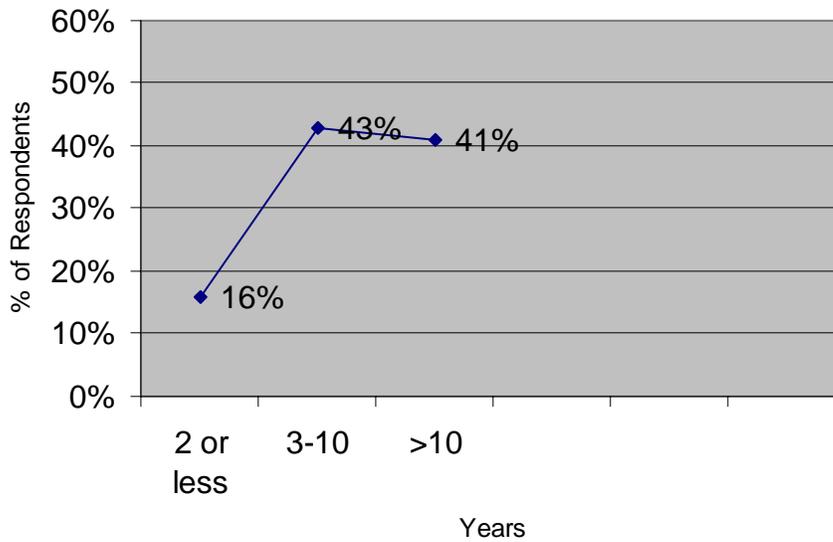
Of the 94 Service Coordinators responding to the survey, 89 indicated their service area. The following graph shows respondents and non-respondents by service area. The highest rate of response was 87% from the Western Service Area, with 13 out of 15 Service Coordinators completing the survey. The lowest rate of response was 49% from the Southeast Service Area.

Respondents by Service Area



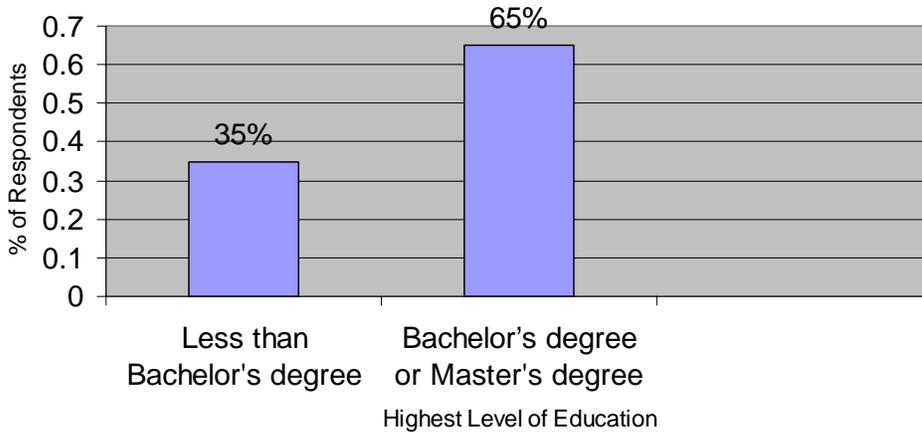
Ninety Service Coordinators gave information on their total number of years worked in developmental disabilities service coordination. As shown in the following graph, 16% had less than 2 years of experience, 43% had from 3 to 10 years of experience, and 41% had more than 10 years of experience in developmental disabilities service coordination.

Years Worked in Developmental Disabilities Service Coordination



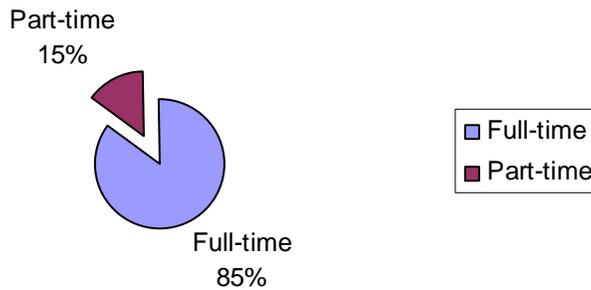
The majority (65%) of the 91 Service Coordinators responding to this question had a Bachelor's or a Master's degree. The remaining 35% had a high school diploma, some college, or an Associate's degree.

Educational Attainment



Employment status was reported by 88 of the Service coordinators. Most (85%) work full-time. Part-time Service Coordinators average 25 hours per week.

Employment Status

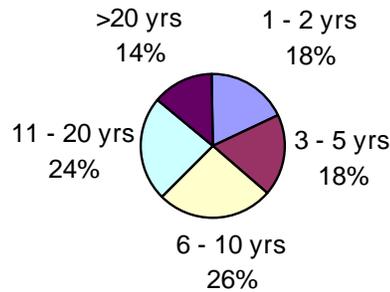


► Service Provider Employees

We asked each Service Provider Employee surveyed how many years experience they had as a member of an adult consumer Individual Program Plan/ Individual Support Plan team. Most responded (201/208) and statewide averages are shown in the chart below. One-half of

Provider staff has from 6 through 20 years of team experience; with another 14% having more than 20 years team experience.

Statewide Staff Team Experience



► *Consumers participating in focus groups*

Only one of the consumers participating in the focus groups had a legal guardian. Most lived in an apartment, but one lived with their family. All confirmed they received day and/or residential services in addition to service coordination. When asked if they knew their Service Coordinator, almost all consumers answered positively, although some needed clarification (i.e., your Service Coordinator is the person who leads your Individual Program Plan meeting). In the youngest group of consumers, most had had one or two Service Coordinators. Older consumers may have had many Service Coordinators over the years, and some experienced breaks when they did not have a Service Coordinator.

► *Family members/legal guardians who participated in the telephone conference calls*

The family members who participated in the calls were involved in the consumers' lives and represented consumers with various characteristics. Some of the younger consumers (in their 20's) only may have had a Service Coordinator for 3 or 4 years, while some older consumers have had a Service Coordinator for between 20 and 30 years. All of these consumers receive services in addition to service coordination (e.g., day and/or residential services). The consumers' living situations range from living at home with their family, to living in an apartment alone or with others, to living in a group home or dormitory. Some of the consumers only have help with daily tasks like shopping for groceries, cooking, or cleaning, while others need twenty-four hour supervision. Two of the consumers have jobs, while others attend workshops daily or for a part of each week.

2004 Survey of Nebraska Developmental Disabilities Service Coordinators

Survey pages (15) are numbered as on original survey.

2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

This is a reminder that you signed an Informed Consent Form indicating your willingness to participate in the 2004 Survey of Nebraska Developmental Disabilities Service Coordinators conducted by the University of Nebraska Public Policy Center. As a result you received a password giving you access to the survey.

You are free to withdraw from participation in the survey at any time without adversely affecting your relationship with the investigators, the University of Nebraska, or the State of Nebraska Health and Human Services System. Also, you may choose not to answer all of the survey questions. Neither decision will result in any loss or benefits to which you are otherwise entitled.

You may fill out the survey wherever you have access to the Internet. You may only complete the survey once. You do have the option of exiting the survey before answering all questions and returning at a later time to finish. We estimate the survey will take 30 minutes to complete.

There will be no compensation for participating in this research.

You may ask any questions concerning this research and have those questions answered either before agreeing to participate in the study or during the study. Call Nancy Shank (402/472-5687), Principal Investigator for this study and Associate Director of the University of Nebraska Public Policy Center, or Teri Perkins (402/472-5620), Research Specialist, with your questions. If you have questions concerning your rights as a research participant that have not been answered by the investigator, or to report any concerns about the study, you may contact the University of Nebraska-Lincoln Institutional Review Board (402/472-6965).

Thank you for agreeing to participate in the 2004 Survey of Nebraska Developmental Disabilities Service Coordinators.

2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE COORDINATORS

For the purposes of this survey, the term “consumers” refers to adults, individuals at least 21 years old, with developmental disabilities.

SERVICE COORDINATOR SURVEY

A. Consumers and Their Families

Please choose the answer that best represents your agreement with the following statements when considering *individuals on your current caseload*. The scale ranges from 1=Strongly Disagree to 5=Strongly Agree.

	(1)	(2)	(3)	(4)	(5)	Not Applicable
1. Consumers know I am their service coordinator.	<input type="checkbox"/>					
2. Consumers contact me when they have questions about services.	<input type="checkbox"/>					
3. Consumers contact their providers when they have questions about services.	<input type="checkbox"/>					
4. Consumers can talk to me whenever they want.	<input type="checkbox"/>					
5. Consumers receive assistance from someone else in my office if I am not available.	<input type="checkbox"/>					
6. Consumers know about the array of services and supports for which they are eligible.	<input type="checkbox"/>					
7. Consumers receive the services they need.	<input type="checkbox"/>					
8. Consumers are satisfied with their service coordination.	<input type="checkbox"/>					
9. I am familiar with the rights of consumers and their families.	<input type="checkbox"/>					
10. I ask consumers what is important to them.	<input type="checkbox"/>					
11. I have a good grasp of consumer needs.	<input type="checkbox"/>					
12. I advocate for consumers' needs.	<input type="checkbox"/>					

	(1)	(2)	(3)	(4)	(5)	Not Applicable
13. I get consumers what they want when they ask for my help.	<input type="checkbox"/>					
14. I am able to assist consumers to obtain the following:						
a. behavioral health services	<input type="checkbox"/>					
b. insurance, medical, and other health services	<input type="checkbox"/>					
c. assistive technology	<input type="checkbox"/>					
d. transportation	<input type="checkbox"/>					
e. social and recreational activities	<input type="checkbox"/>					
f. personal assistance services (e.g. housekeeper)	<input type="checkbox"/>					
g. respite services	<input type="checkbox"/>					
h. employment	<input type="checkbox"/>					
i. job training	<input type="checkbox"/>					
j. housing	<input type="checkbox"/>					
k. other (please specify): _____	<input type="checkbox"/>					

Open Ended Question

1. Please describe the needs you see consumers have that are not being met, if any.

B. Consumer Self-Determination

Please choose the answer that best represents your agreement with the following statements when considering *individuals on your current caseload*. The scale ranges from 1=Strongly Disagree to 5=Strongly Agree.

	(1)	(2)	(3)	(4)	(5)	Not Applicable
1. I support the concept of self-determination.	<input type="checkbox"/>					
2. I facilitate consumer self-determination.	<input type="checkbox"/>					
3. I rely more on my own assessment than on consumers' assessments for determining needs.	<input type="checkbox"/>					
4. I rely more on family members than on consumers for determining needs.	<input type="checkbox"/>					
5. I rely more on my own assessment than on families' assessments for determining needs.	<input type="checkbox"/>					
6. Consumers and I agree on my level of involvement in their lives.	<input type="checkbox"/>					

Open Ended Question

1. Do you have any other comments about consumer self-determination?

C. Interdisciplinary Team

Please choose the answer that best represents your agreement with the following statements when considering *individuals on your current caseload*. The scale ranges from 1=Strongly Disagree to 5=Strongly Agree.

	(1)	(2)	(3)	(4)	(5)	Not Applicable
e. Consumers' teams include the people necessary to plan programs of services.	<input type="checkbox"/>					
f. I communicate with teams outside of the annual and semi-annual reviews.	<input type="checkbox"/>					
g. I am able to facilitate the team to reach consensus decisions.	<input type="checkbox"/>					
h. I support consumer participation at team meetings.	<input type="checkbox"/>					
i. Team meetings are scheduled such that all members are able to attend.	<input type="checkbox"/>					
j. Team members work to promote consumer:						
i. independence	<input type="checkbox"/>					
j. productivity	<input type="checkbox"/>					
k. community integration	<input type="checkbox"/>					
l. self-determination	<input type="checkbox"/>					

Open Ended Question

1. How do you support the consumer at team meetings?

D. Service Providers

Please choose the answer that best represents your agreement with the following statements when considering *individuals on your current caseload*. The scale ranges from 1=Strongly Disagree to 5=Strongly Agree.

	(1)	(2)	(3)	(4)	(5)	Not Applicable
1. I have a productive working relationship with providers.	<input type="checkbox"/>					
2. I work with providers to respect consumers' desires.	<input type="checkbox"/>					
3. I work with providers to facilitate consumer self-determination.	<input type="checkbox"/>					
4. I am able to deal with conflict between consumers and providers.	<input type="checkbox"/>					
5. I educate providers about consumer needs.	<input type="checkbox"/>					
6. I supply assistance that should be supplied by consumers' residential or day providers.	<input type="checkbox"/>					
7. I am able to ensure that consumers receive quality services from providers.	<input type="checkbox"/>					
8. Procedures exist to ensure that providers are held accountable for service delivery.	<input type="checkbox"/>					

Open Ended Question

1. Please describe ways in which providers and service coordinators could work together to improve DD service coordination.

E. Service Coordinators

Please choose the answer that best represents your agreement with the following statements when considering *individuals on your current caseload*. The scale ranges from 1=Strongly Disagree to 5=Strongly Agree.

	(1)	(2)	(3)	(4)	(5)	Not Applicable
2. I am familiar with Nebraska's philosophy of service coordination.	<input type="checkbox"/>					
3. I have the personal attributes needed to be a good service coordinator.	<input type="checkbox"/>					
4. I have the knowledge, skills, and abilities needed to do my job.	<input type="checkbox"/>					
5. I have the opportunity for continuing training to enhance my job-related knowledge, skills, and abilities.	<input type="checkbox"/>					
6. I know what is expected of me as a service coordinator.	<input type="checkbox"/>					
7. My immediate supervisor provides the guidance I need.	<input type="checkbox"/>					
8. I back up other service coordinators from my office when they are out.	<input type="checkbox"/>					
9. I have enough time to interact with consumers.	<input type="checkbox"/>					
10. I am able to balance being a consumer advocate with funding constraints.	<input type="checkbox"/>					
11. I am familiar with a broad range of developmental disabilities.	<input type="checkbox"/>					
12. I am familiar with services available from HHS.	<input type="checkbox"/>					
13. I am familiar with services available within the community.	<input type="checkbox"/>					
14. I am familiar with consumers' emergency and backup care plans.	<input type="checkbox"/>					
15. I feel confident about my ability to handle consumer emergencies.	<input type="checkbox"/>					

	(1)	(2)	(3)	(4)	(5)	Not Applicable
16. I am familiar with HHS' requirements regarding abuse and neglect.	<input type="checkbox"/>					
17. I am familiar with the various forms of guardianship, including guardians' powers and their limits.	<input type="checkbox"/>					
18. I have the expertise to work with consumers who have diagnosed mental health needs.	<input type="checkbox"/>					
19. I am able to recognize any needs consumers have that are not being met.	<input type="checkbox"/>					
20. I know what constitutes good behavioral / mental health services.	<input type="checkbox"/>					
21. My skills as a service coordinator were developed by:						
a. on the job experience	<input type="checkbox"/>					
b. previous work experience and/or education	<input type="checkbox"/>					
c. consumers and/or their families	<input type="checkbox"/>					
d. my supervisor	<input type="checkbox"/>					
e. providers	<input type="checkbox"/>					
f. training literature provided by HHS	<input type="checkbox"/>					
g. other service coordinators	<input type="checkbox"/>					
h. other (please specify):	<input type="checkbox"/>					

F. Design of Service Coordination System

Please choose the answer that best represents your agreement with the following statements when considering *individuals on your current caseload*. The scale ranges from 1=Strongly Disagree to 5=Strongly Agree.

	(1)	(2)	(3)	(4)	(5)	Not Applicable
1. The current state DD service coordination policies and procedures are clear.	<input type="checkbox"/>					
2. The state's regulations encourage self-determination.	<input type="checkbox"/>					
3. Service coordinators abide by the state's DD service coordination policies and procedures.	<input type="checkbox"/>					
4. The current DD service coordination policies and procedures facilitate improvements in consumers' lives.	<input type="checkbox"/>					
5. The state's design for service coordination results in a comprehensive system of services and supports.	<input type="checkbox"/>					
6. Consumers may move between service areas with continuity in service coordination.	<input type="checkbox"/>					
7. Consumers have positive outcomes through DD service coordination.	<input type="checkbox"/>					

Open Ended Question

1. Please describe ways in which service coordination can be improved, if any.

G. Activities in a Typical Month

Please indicate the percent of time you spend in a typical **month** on each of the following tasks.

Task	Percent of time
Assessing consumers' needs	_____
Facilitating team meetings	_____
Coordinating eligibility for services and supports	_____
Coordinating payments for consumer services	_____
Arranging initial services and supports	_____
Coordinating ongoing services and supports	_____
Administration (e.g., paperwork)	_____
Working with consumer and/or family member	_____
Monitoring day services (non-residential)	_____
Monitoring residential services	_____
Monitoring unpaid and non-specialized supports	_____
Transporting consumers (e.g., grocery store, bank, health appointment)	_____
Traveling to do my work (excluding commute to work)	_____
Advocating on behalf of individuals on my caseload	_____
Non-DD service coordination (e.g., APS intake)	_____
Other (please specify): _____	_____

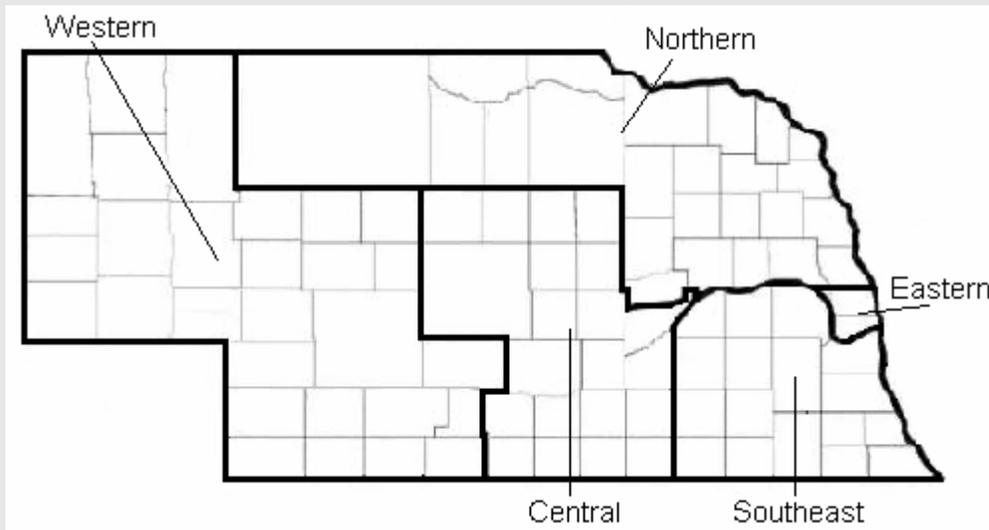
Based on your experience, please rate the importance of each task in providing quality service coordination to *individuals on your current caseload*. Please enter the number between 1 and 5 that best represents the importance of each task. **The scale ranges from 1=Not at All Important to 5=Extremely Important.**

Task	Importance
Assessing consumers' needs	_____
Facilitating team meetings	_____
Coordinating eligibility for services and supports	_____
Coordinating payments for consumer services	_____
Arranging initial services and supports	_____
Coordinating ongoing services and supports	_____
Administration (e.g., paperwork)	_____
Working with consumer and/or family member	_____
Monitoring day services (non-residential)	_____
Monitoring residential services	_____
Monitoring unpaid and non-specialized supports	_____
Transporting consumers (e.g., grocery store, bank, health appointment)	_____
Traveling to do my work (excluding commute to work)	_____
Advocating on behalf of individuals on my caseload	_____
Non-DD service coordination (e.g., APS intake)	_____
Other (please specify): _____	_____

SERVICE COORDINATOR PROFILE

Service Area

Please choose (from the drop down list) the service area in which you are currently working.



Experience

Please choose the response that corresponds with your years of experience. If the number of years falls between the categories listed, please *round up*.

Please indicate the total number of years you have worked in DD service coordination.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-5 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> 11-20 years | <input type="checkbox"/> more than 20 years |

Please indicate your total years of employment in social work/DD consumer services (including years noted above).

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> less than 1 year | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 3-5 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> 11-20 years | <input type="checkbox"/> more than 20 years |

Caseload Profile

Please indicate the number of consumers on your current caseload: _____ consumers

Please indicate how many of the above consumers are non-funded (i.e., have deferred formal service coordination until they receive additional services and supports). _____ consumers

Please indicate the number of consumers on your current caseload who present behaviors that are a threat to themselves or others or are aggressive or destructive: _____ consumers

Please indicate the *percent* of consumers on your current caseload you would describe (*in terms of the amount of time you spend on their cases*) as:

_____ % minimal involvement _____ % average involvement _____ % high involvement

Please indicate the number of providers with whom you currently work: _____ providers

Do you work as a service coordinator:

full time part time

If you work **part time**, please indicate the number of hours you work per week, on average?

_____ hours

Education

Please select your highest level of education.

- | | | |
|--|---|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Some college / education beyond high school; no degree | <input type="checkbox"/> Associates Degree |
| <input type="checkbox"/> Bachelors Degree | <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Beyond Masters Degree |

Survey Complete

Thank you for your time. Your comments and feedback are greatly appreciated.

2004 Survey of Nebraska Developmental Disabilities Service Provider Employees

Survey pages (8) are numbered as on original survey.

2004 SURVEY OF NEBRASKA DEVELOPMENTAL DISABILITIES SERVICE PROVIDER EMPLOYEES

For the purposes of this survey, the term “consumers” refers to adults (individuals at least 21 years old) with developmental disabilities.

PLEASE NOTE: SURVEY IS PRINTED ON FRONT AND BACK

A. Consumers and Their Families

Please circle the number that best represents your agreement with the following statements when considering individuals to whom you currently provide services.

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
1. Consumers know their service coordinator.	1	2	3	4	5	N/A
2. Consumers contact their service coordinator when they have questions about services.	1	2	3	4	5	N/A
3. Consumers contact me when they have questions about services.	1	2	3	4	5	N/A
4. Consumers can talk to their service coordinator whenever they want.	1	2	3	4	5	N/A
5. Consumers know about the array of services and supports for which they are eligible.	1	2	3	4	5	N/A
6. Consumers receive the services they need.	1	2	3	4	5	N/A
7. Consumers are satisfied with their service coordination.	1	2	3	4	5	N/A
8. I am familiar with the rights of consumers and their families.	1	2	3	4	5	N/A
9. I ask consumers what is important to them.	1	2	3	4	5	N/A
10. I have a good grasp of consumer needs.	1	2	3	4	5	N/A
11. I advocate for consumers' needs.	1	2	3	4	5	N/A

Open Ended Question

2. Please describe needs consumers have that are not being met, if any.

B. Consumer Self-Determination

Please circle the number that best represents your agreement with the following statements when considering individuals to whom you currently provide services.

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
7. I support the concept of self-determination.	1	2	3	4	5	N/A
8. I facilitate consumer self-determination.	1	2	3	4	5	N/A
9. I rely more on my own assessment than on consumers' assessments for determining needs.	1	2	3	4	5	N/A
10. I rely more on family members than on consumers for determining needs.	1	2	3	4	5	N/A
11. I rely more on my own assessment than on families' assessments for determining needs.	1	2	3	4	5	N/A
12. Consumers and I agree on my level of involvement in their lives.	1	2	3	4	5	N/A

Open Ended Question

1. Do you have any other comments about consumer self-determination?

C. Interdisciplinary Team

Please **circle the number** that best represents your agreement with the following statements when considering individuals to whom you currently provide services and consumers' teams on which you serve.

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
k. Consumers' teams include the people necessary to plan programs of services.	1	2	3	4	5	N/A
l. I know what is expected of me as a member of a team.	1	2	3	4	5	N/A
m. I communicate with teams outside of the annual and semi-annual reviews.	1	2	3	4	5	N/A
n. I have enough time to serve on consumers' teams.	1	2	3	4	5	N/A
o. Team meetings are scheduled such that all members are able to attend.	1	2	3	4	5	N/A
p. Teams are in agreement about consumers' IPP/IFSP plans.	1	2	3	4	5	N/A

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
q. Team members work to promote consumer:						
m. independence	1	2	3	4	5	N/A
n. productivity	1	2	3	4	5	N/A
o. community integration	1	2	3	4	5	N/A
p. self-determination	1	2	3	4	5	N/A

Open Ended Question

1. How do you support the consumer at team meetings?

D. Service Coordinators

Please circle the number that best represents your agreement with the following statements when considering service coordinators with whom you currently work.

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
9. Service coordinators have a good grasp of consumers' needs.	1	2	3	4	5	N/A
10. I work with service coordinators to respect consumers' desires.	1	2	3	4	5	N/A
11. I work with service coordinators to facilitate consumer self-determination.	1	2	3	4	5	N/A

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
12. I have a productive working relationship with service coordinators.	1	2	3	4	5	N/A
13. I educate service coordinators about consumer needs.	1	2	3	4	5	N/A
14. I supply consumer assistance that should be supplied by a service coordinator.	1	2	3	4	5	N/A

Open Ended Question

1. What makes a good service coordinator?

E. Providers

Please **circle the number** that best represents your agreement with the following statements when considering individuals to whom you currently provide services and supports.

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
2. I am familiar with Nebraska's philosophy of service coordination.	1	2	3	4	5	N/A
3. I am familiar with a broad range of developmental disabilities.	1	2	3	4	5	N/A
4. I am familiar with consumers' emergency and backup care plans.	1	2	3	4	5	N/A

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
5. I feel confident about my ability to handle consumer emergencies.	1	2	3	4	5	N/A
6. I am familiar with HHS' requirements regarding abuse and neglect.	1	2	3	4	5	N/A
7. I am familiar with the various forms of guardianship, including guardians' powers and their limits.	1	2	3	4	5	N/A
8. I have the expertise to work with consumers who have diagnosed mental health needs.	1	2	3	4	5	N/A
9. I know what constitutes good behavioral / mental health services.	1	2	3	4	5	N/A

Open Ended Question

1. Please describe ways in which providers and service coordinators could work together to improve DD service coordination.

F. Design of Service Coordination System

Please circle the number that best represents your agreement with the following statements.

	Strongly Disagree		Neutral		Strongly Agree	Not Applicable
8. The current state DD service coordination policies and procedures are clear.	1	2	3	4	5	N/A
9. The state's regulations encourage self-determination.	1	2	3	4	5	N/A
10. The current DD service coordination policies and procedures facilitate improvements in consumers' lives.	1	2	3	4	5	N/A
11. The state's design for service coordination results in a comprehensive system of services and supports.	1	2	3	4	5	N/A
12. Consumers may move between service areas with continuity in service coordination.	1	2	3	4	5	N/A
13. Consumers have positive outcomes through DD service coordination.	1	2	3	4	5	N/A

Open Ended Question

1. Please describe ways in which service coordination can be improved, if any.

IPP/IFSP Team Experience

Please indicate the total number of years you have served as a member of adult consumer Individual Program Plan/Individual Family Support Plan teams. If the number of years falls between the categories listed, please *round up*.

1-2 years

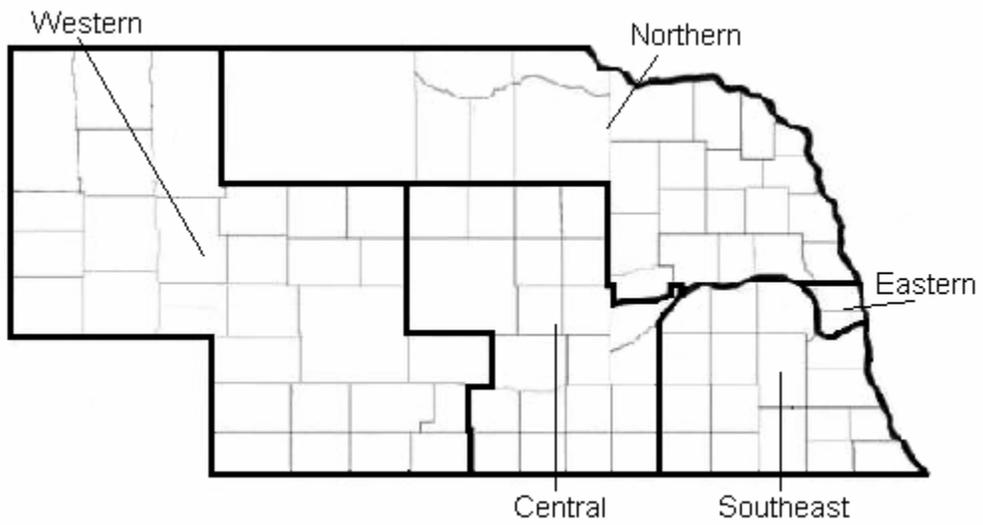
3-5 years

6-10 years

11-20 years

more than 20 years

Service Coordinator Service Areas



Developmental Disabilities Service Coordination Study
2004 Focus Group Sessions for Consumers of Developmental Disabilities Services
October 10, 2004
People First Conference
Kearney, Nebraska

- I. Who are we talking about / who do we want to talk with
 - a) Your Service Coordinator is the person who leads your IPP. Your Service Coordinator gives you help when you need it. One thing a Service Coordinator might do is help you find a different place to live if you need one. Another is to help you if you would like to find a job.
 - i) **Do you know the person who is your Service Coordinator?**
 - ii) **Do you receive services beyond service coordination?**
 - (1) e.g., day services and/or residential services
- II. Frequency of Contact
 - a) Your Service Coordinator is in charge of your IPP meeting. Do you see your Service Coordinator at any other times?
 - i) When do you hear from your Service Coordinator?
 - b) Would you like to talk to your Service Coordinator more often than you do?
 - c) Would you like to talk to your Service Coordinator less than you do?
- III. Nature of Contact
 - a) When you talk with your Service Coordinator, what do you talk about?
 - b) Why do you contact/call your Service Coordinator?
 - c) Does your Service Coordinator ask you what's important to you/what you think?
- IV. Who helps you?
 - a) When you have a problem and need help (if you need to find a different place to live, for example), who do you ask to help you?
- V. What do you ask for help with?
 - a) What kinds of things have you asked your Service Coordinator for help with?
 - b) When you've asked for help, have you gotten what you needed?
 - i) YES – ask for examples
 - ii) NO – ask for examples
- VI. Conclude focus group session
 - a) Name two things you are very happy with
 - b) Name two things you are not happy with
 - c) Is there anything else you would like to say about how your Service Coordinator helps you?

Developmental Disabilities Service Coordination Study

2004 Focus Group Conference Calls with Consumers' Family Members/Guardians

December 13 (7 pm), 14 (11 am), and 16 (1 pm), 2004

- I. Characteristics of the consumer who is your family member or the consumer for whom you are a guardian
 - i) Receiving service coordination?
 - ii) Receiving services (e.g., day services and/or residential services) from a Provider (i.e., services beyond service coordination)?
 - iii) Age 21 or older?
 - iv) What is the consumer's living situation?
 - (1) If in a group home, consumer not as likely to know their SC
 - (2) If consumer lives at home, parents more likely to interact with SC

- II. We want to talk about Service Coordinators
 - a) A Service Coordinator is the person who leads the consumer's IPP (Individual Program Plan) meeting. They are a state employee. The Service Coordinator gives the consumer help when they need it. One thing a Service Coordinator might do is help a consumer find a different place to live if they need one. Another is to help the consumer if they would like to find a job. The Service Coordinator is NOT the person who actually provides services to the consumer.
 - i) Do you know who the consumer's Service Coordinator is?**
 - ii) Do you think the consumer knows who their SC is?**
 - iii) How many Service Coordinators has the consumer had?**

- III. Frequency of Contact with SC
 - a) Does the consumer see their Service Coordinator at any times other than the IPP meeting?
 - i) When does the consumer hear from their SC?
 - b) Do you talk to the Service Coordinator other than at the IPP meeting?
 - c) Would you like to talk to the SC more often/less often than you do?
 - d) Does the Service Coordinator return your calls?

- IV. Nature of Contact with SC
 - a) When you talk to the consumer's SC, what do you talk about?
 - b) Why do you contact/call the consumer's SC?
 - c) What kinds of things have you asked the SC for help with?
 - i) Do you feel it is clear what the SC can do for the consumer and what the SC cannot do (i.e., help the consumer travel – SC used to be able to do this, but cannot anymore)?
 - d) When you've asked for help, have you gotten what you needed?
 - i) YES – ask for examples
 - ii) NO – ask for examples

- V. Who helps the consumer?
 - a) When the consumer has a problem and needs help (if they need to find a different place to live, for example), who do they ask for help?
 - b) Is the consumer able to voice their opinion about what they want/need to their SC?
 - c) Is there anything else you would like to say about how the Service Coordinator helps the consumer?

- VI. Quality of Life
 - a) Does service coordination improve the life of a person with DD?

- b) Do you think there is anything the Service Coordinator could do to make the consumer happier with their life?
 - i) What could the Service Coordinator do?

VII. Service Coordination System

- a) Are there any ways in which service coordination could be improved?
- b) Are there ways in which Service Providers and Service Coordinators could work together to make DD service coordination better?

VIII. Conclude the conference call session

- a) Name two things about service coordination you are happy with
- b) Name two things about service coordination you are not happy with
- c) Have we missed anything you would like to talk about?



An equal opportunity educator and employer with a comprehensive plan for diversity.