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ABSTRACT

This study addressed concerns of Pennsylvania legislators and government departments by examining coordination between education and other human service agencies in three program areas: early intervention (for preschool handicapped children); student assistance (for drug and alcohol abuse and other teenage problems); and teenage pregnancy and parenting. It sought to clarify the nature of the coordination problems that arose and the reasons for those problems in order to make recommendations about how to alleviate them in the future. Interagency conflict and service blockages were found to be independent problems for coordination. For teenage pregnancy, institutional survival concerns were the primary contributor to interagency conflict. The main cause of interagency conflict in student assistance was treatment philosophy and the main blockage to coordination was service capacity. For early intervention coordination, the main blockage was again service capacity. Conclusions and recommendations included: (1) coordination can increase the cost of services by increasing the demand; (2) coordination is facilitated by complementary interests; (3) arrangements that minimize competition between agencies should be established; (4) regulations contribute to coordination problems; (5) coordination is facilitated when programs have a clear purpose compatible with the philosophies of other involved parties; (6) local coordination councils can facilitate coordination; (7) planning and adjustment to facilitate coordination must continue after new projects have started; and (8) increased resources are often needed to reduce service blockages. (ABL)

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THE COORDINATION OF EDUCATION AND SOCIAL SERVICES:  
IMPLICATIONS FROM THREE PROGRAMS

In recent years there has been a growing interest in the effective coordination of human services. An important motivation for promoting coordination has been to use available resources more efficiently. As the money to be used for human services declines, it is important to reduce waste and duplication. In addition, it is important to ensure that each client receive appropriate services. When these must come from more than one agency--as often happens--it is in the client's interest for those agencies to communicate in order to deliver the assistance that will be most helpful. Not doing so often leads to waste, contradictory directions from different agencies, and unneeded frustrations for the clients.

The need for effective coordination will grow in coming years as states face the challenge of at-risk youth--those children who are likely to use drugs, become pregnant, be disruptive in school, or drop out (for information on these problems, see Pennsylvania Department of Education, 1987). Handicapped children also need help from a variety of agencies including public schools and organizations that can help with their special physical or mental problems.

The state of Pennsylvania has made conscious efforts to facilitate coordination between education and other service agencies in the last few years. Greatest attention has been given to coordination of services for preschool handicapped children; a statewide coordination agreement was signed by three relevant state departments--Education, Public Welfare, and Health--in 1984. New school-based programs to treat the needs of teenaged parents and drug and alcohol abusers also make provision for coordination with other

agencies. Some of these new efforts have encountered problems in developing effective means for coordination while others have proceeded more smoothly.

A study examining current coordination practices promised to clarify these problems in order to suggest ways to improve existing programs and avoid pitfalls as new ones are initiated. In order to respond to concerns about coordination raised by the Governor's Office of Policy Development, legislative staff, and staff in the Pennsylvania Department of Education, Research for Better Schools initiated such a study in the summer of 1986. The study examined coordination between education and other human service agencies in three program areas: early intervention (for preschool handicapped children), student assistance (for drug-and-alcohol abuse and other teenage problems) and teenage pregnancy and parenting. Because little research on coordination had been conducted in the past, the study was necessarily exploratory. In each program area, it sought to clarify the nature of the coordination problems that arose and the reasons for those problems in order to make recommendations about how to alleviate them in the future.

This report presents the results of that study. It briefly offers an overview of the main problems and reasons identified before reviewing the study's methodology. Findings relevant to each of the three general program areas are presented. Finally, general conclusions are stated, and specific recommendations are offered.

#### Coordination Problems and Contributing Factors

Because the study was exploratory, it began with a general notion of coordination which is defined by Webster as "bringing into an orderly, efficient, harmonious relationship." The research was designed to identify

problems in bringing about such a harmonious relationship and the sources of those problems. Two separate problems were identified:

Interagency conflict. Here agencies that interact with some frequency and regularity disagree on any of a range of issues. These disagreements can range from minor incidents to the termination of working relationships.

Service blockages. In these situations, one agency and its clients have limited access to another agency and do not receive the appropriate amounts and types of services.

The two problems appear to be independent. Conflict between agency administrators does not necessarily constrain the flow of clients at the program level, and service blockages may occur in situations where there is not conflict, sometimes because there is no communication of any kind.

Six factors are identified that affect the quality of coordination between agencies. The specifics vary somewhat with the program area and with the nature of the problem (conflict vs. blockages):

- Institutional survival concerns lead to coordination problems when agencies differ over how resources should be allocated or who should make specific decisions. Differences in survival concerns can arise between agencies or between local agencies and the state.
- Differences in treatment philosophy include different views of what clients should be served and what services should be provided. Typically educators have a narrower view of appropriate clientele and services than mental health professionals. These differences reflect a combination of legal mandate and professional training. Access to services is limited when professionals' treatment philosophies do not include a role for potential collaborators.
- Regulations of departments and agencies may create disagreements and constrain institutional responses to service needs. They create disagreements when two agencies operate under regulations that are not compatible. They create blockages when required procedures slow the rate at which services can be delivered.
- Limited service capacity of a specific school or agency can contribute to disagreements and reduce access to service. Service capacity is reduced by financial constraints, staff shortages, and lack of appropriate services.

- Inadequate communication patterns can contribute to coordination problems and adequate patterns can help resolve problems. Good communication is facilitated by formal arrangements, good personal relationships, and a history of working together. Communication problems may occur between agencies or between different elements within the same agency.
- Even when general patterns of communication are adequate, the personal qualities of administrators can facilitate or impede cooperative relationships.

### Study Methods

To identify the sample for the study, RBS staff met with representatives of the Department of Education, the Department of Public Welfare, and the Governor's Office for Policy Development. A decision was made to focus on three program areas: Early Intervention, Student Assistance, and Teenage Pregnancy and Parenting. In each area, five local projects that were operating in 1985-86 were chosen for study. The Early Intervention local projects were based on interagency agreements between Education Department Intermediate Units (IUs), County Mental Health/Mental Retardation Agencies (MHMRs), and Health Department District Offices. The Student Assistance and Teenage Pregnancy projects were typically located in school districts and supported at least in part with state Department of Education funds. Student Assistance programs worked with County Drug and Alcohol Commissions and a variety of treatment agencies. Teen Pregnancy projects worked with hospitals, family planning agencies, and nutrition programs among others. The projects were chosen deliberately to vary in their service approach, project size, location within the state, and location in urban, suburban, and rural areas.

During August and September of 1986 telephone interviews were conducted with a minimum of four individuals in each project. These four included an administrator for the school-based project, someone who delivered project

services, and representatives of two agencies in frequent contact with the project (suggested by the project administrator). Interviews employed open-ended questions dealing with the history of the project, relations between agencies, adequacy of resources, incentives, leadership, and recommendations for policies to facilitate coordination. From the interviews, case profiles were constructed of all 15 projects. The five profiles for each program area were then compared in order to identify patterns of coordination in that area and factors affecting the extent and quality of coordination. Findings within the three program areas were then compared in order to identify factors distinctive to each area and issues that seemed to be more general. The following sections describe the findings for the three program areas.

#### Early Intervention

The early intervention program is designed to maximize the efficiency and effectiveness of services to preschool handicapped children by coordinating the services of the Departments of Education, Public Welfare, and Health. Services include infant stimulation (sensory, social and physical stimulation); training in how to walk, dress, and feed oneself; physical, occupational, and speech therapy; medical and rehabilitation services; psychological testing and counseling; and education programs. If started early enough, such programs increase the likelihood that handicapped children will be able to go to school and function more fully as competent adults. Moreover, such programs greatly reduce the costs of special education and other services for handicapped children.



In 1984, Pennsylvania increased the funding for early intervention to \$22.8 million, of which \$7.4 million was transferred to education. At that time, it was noted that three cabinet departments had responsibility for early intervention. By statute primary responsibility rested with the Department of Public Welfare, the direct recipient of state funds for this area. These funds went to county MHMRs which in turn contracted for services with private and public providers. In addition, the education IUs had responsibility for school-aged special education students and also provided services to the preschool population. Finally, Public Health clinics were an important source of referrals to both systems. Because there was no formalized means to coordinate early intervention services, an interagency agreement was signed by all three state departments in 1984. This agreement directed that the IUs were to work out similar agreements with the county MHMRs and local Public Health officers in 1985. Signing an agreement was a requirement for receiving state early intervention funds.

The coordination issues in early intervention are typically of the "institutional conflict type" rather than the "service blockage type." The conflict includes various disputes between the IU and the county MHMR and/or private providers. Sometimes the dispute is with the MHMR, and other times with the providers. One issue often in dispute is the treatment of specific children: what diagnoses should be made, what services are required under the agreement, whether home-based or center-based care is indicated, what range of physical therapies and training is required, what counseling and educational services are beneficial, and how frequently services should be offered.

A second conflict issue is who should provide these services. This question has financial implications since income depends upon the number of

children served. Thus, questions about appropriate treatment and organizational stability become enmeshed. In contrast to the oversight role of most MHMRs, IUs play dual roles as service providers and monitors of subcontracts. To provide services, a state guideline requires that a minimum 25 percent of each IU's early intervention funds be subcontracted for services from other providers. The guidelines also require IUs to subcontract services with existing providers rather than initiate new programs. This creates the expectation that providers will receive funds from the IU and it also permits the development of a conflict of interest, since an IU sometimes decides to provide services to children who could be assigned to providers.

A third conflict issue concerns the structuring of relationships between agencies in making treatment assignments and funding decisions. Should decisions be made unilaterally or by some formal decision-making body? Should children be assigned to different agencies on the basis of age, diagnosis, level of disability, location, or some other criterion? What should the procedures be for the review and disposition of new cases? The answers to these questions of course determine how decisions about specific children will be reached.

One or more of these conflict issues occurred in almost half of the situations studied. The five local projects included nine different IU-mental health system relationships. Two of the nine relationships appeared to have serious problems and two had moderate problems while five did not have problems. In one locality a county mental health administrator refused to sign the interagency agreement. In another locality, after several agreements had been formulated but not followed, the IU withdrew from providing service in one county, turning over its operations and funds to the mental health



agency with which coordination had failed. In two other localities, there were reports of poor working relationships among agencies and persistent disagreements about the IU's distribution of funds. There were not signs of conflict in the other five relationships. It should be noted that in order to ensure variation in quality of coordination a deliberate effort was made to include difficult situations, and difficult situations were probably oversampled.

Examination of these IU-mental health system relationships suggests that five of the six factors previously mentioned affect the probability and intensity of conflicts in the early intervention area. In order of the frequency of their appearance, these are institutional survival concerns, treatment philosophy, regulations, communication, and personal qualities. No problems of limited service capacity were reported in the early intervention projects.

Institutional survival concerns in early intervention projects relate to the flow of funds and control over decision-making. In some localities, private providers note that the IU is subcontracting only the required minimum 25 percent of its early intervention funds and appears to be hoarding resources. In other localities the IU may subcontract as much as 75 percent of its early intervention funds, but the providers demand even more. In still other cases providers complain that the IU's services duplicate those already provided and are of lower quality. Some IU staff who run homebound programs are concerned that center-based mental health programs are too expensive and require that funds be diverted from service to overhead. Some providers are concerned that the expansion of IU early intervention services may cause a decline in the number of children available to mental health providers, thus

leading to a loss of income. In effect, the providers are complaining that the IU is taking away children they might serve. Finally there are instances of competition between IUs and MHMRs for Federal per capita funds under Act 89-313.

Control issues overlap to some extent with funding issues. For instance, one county MHMR director wanted special education money transferred to his office so he could allocate it to providers. There is also a fear on the part of the providers that taking education money will require them to follow more stringent educational requirements governing eligibility for treatment and due process hearings for parents.

The second factor affecting conflicts in early intervention projects is the differences in treatment philosophy of education and mental health agencies. Generally, the mental health agencies take a broader view of the child and its problems than the IU. This difference is described in a variety of ways. One mental health official observed that educators judged their success in terms of increased student IQ while he and his colleagues took a more holistic approach. Educators contrast their educational model with the "medical" or "physical" emphasis of those in the mental health area. Focus of service is another difference of treatment philosophy. The IU focuses on the individual child while mental health agencies attend to the whole family.

Regulations are the third factor in Early Intervention conflicts. Differences in regulations appear to reflect the differing legal mandates and professional backgrounds of educators and mental health professionals. Mental health agencies have a history of providing assistance to "at-risk" preschoolers. Although the revised early intervention guidelines for education (May, 1986), encourage IUs to provide services to this group, they

also stipulate that such children cannot be included for federal child count purposes. Mental health professionals are concerned that the IUs will not provide services to children who in their view needed help. Mental health professionals also report that children whose handicaps are primarily physical are sometimes not provided with services in IU's early intervention efforts.

A fourth factor affecting conflicts is the pattern of communication between the IU and the mental health agencies. In most cases, good relationships were attributed in part to a history of working together that preceded the 1985 agreements. These relationships had sometimes been formalized through an earlier preschool council and had sometimes developed through more personal contacts. In two cases program staff were able to develop good communication and positive working relationships that compensated somewhat for lack of agreement among top program administrators. Without such day-to-day staff level cooperation, service delivery would deteriorate seriously.

Finally, there were two situations where the quality of relationships was reduced by the personal qualities of a top administrator. In one case an administrator appeared to be unwilling to accept requirements for a legal agreement developed in Harrisburg. In another case, the administrator was unable to develop the trust of counterparts in other agencies with whom work was required. This incapacity seemed to stem from both the way that person interacted with others and poor administration which contributed to duplication of services and low quality work.

Three of the four cases of conflict involve a combination of factors. In one case, where the conflict is severe, differences of treatment philosophy and regulations are compounded by divergent perceptions of institutional

self-interest and by limited communication. The other case of severe conflict centers on divergent institutional self-interest, but is complicated by different treatment philosophies and the personal qualities of a key administrator. One of the less severe situations results from a combination of mild disagreements over institutional self-interest, limited communications, and a difficult top administrator. The other is limited to a self-interest problem: a concern that the IU is holding onto funds that would be better shared among agencies.

### Teenage Pregnancy

The Pennsylvania Department of Education's Teenage Pregnancy and Parenting Program is designed to encourage and assist pregnant and parenting teenagers in the completion of high school by providing them with educational assistance, healthcare information, and supportive services that will enable them to complete school, develop good parenting skills, and achieve economic self-sufficiency. In addition to providing much needed assistance to teenage parents and their children, the program is also designed to reduce costs to taxpayers by decreasing the future need for social services to those teenagers and their children. The 1985-86 state budget included \$1,348,000 that was distributed to school districts and IUs in grants ranging from \$13,000 to \$200,000. Grants are for five years, with the amount declining each year and the local match increasing from 10% to 50% over that time. Two of the five projects included in this study are supported primarily by these grants, while the others receive additional support from local sources and other grants programs.

The projects provide services in seven areas as specified by the Department of Education:

- Coursework towards graduation: In four of the five projects, pregnant and parenting teenagers receive their coursework in the mainstream classrooms and, if needed, get additional tutorial assistance through the program. In the fifth project a special school is maintained for pregnant teenagers to attend until childbirth.
- Counseling: All five projects offer some counseling on pregnancy, parenting, and personal problems by both project staff and referrals to clinics and private providers.
- Parenting and health education: All the projects provide education on health, nutrition, sexuality, pregnancy, childbirth, family planning, parenting skills, relationship skills, and life-goals. This education is provided in part by school district staff, and in part by guest experts and referrals to outside agencies. The two larger well-established projects bring more guest experts into the school, while the three newer projects are somewhat more dependent on referrals.
- Daycare: Three projects provide in-school daycare during the first year and then assist the mother in arranging other daycare services with welfare subsidies, for which all teenage parents in school qualify.
- Vocational assistance: Access to vocational training and job placement services is important for teenage parents, especially for those who do not complete high school, yet this is the weakest of the seven components in most of the projects. Three of the five projects have no vocational program, one has a nominal vocational component, and only one is actively providing vocational assistance.
- Healthcare coordination: All the projects make referrals for physical examinations, prenatal and postnatal care, family planning, pediatric care, nutritional programs, welfare programs, and drug and alcohol programs when needed. Depending upon the availability and accessibility of various Health Department programs, these needs are often met by referrals to Maternity Service Project providers; Well Baby Clinics; Women, Infants, and Children (WIC) program; and Drug and Alcohol Abuse Programs.
- Case management: Students often enter the program by telling a teacher or nurse they are pregnant and being referred to program staff. In some cases they come to the program before pregnancy to seek options counseling or contraception information. Also, they may be served by prevention education, which is a component of several of the local programs. Those who receive these early services often avoid pregnancy. Students who are pregnant are introduced to the

programs direct services and referral services. Four of the five projects keep systematic records of their referrals, and one is more casual. Transitioning of students out of program services has not yet been a significant part of the programs of the three newer projects. In one of the well-established projects the girls are assisted in arranging permanent childcare for the second year and, since the seminar sessions are repeated annually, the girls normally take the initiative of dropping out at that time. They are then removed from the program's active list.

In contrast to the early intervention projects, coordination problems in teenage pregnancy projects are typically of the "service blockage" type. These blockages are situations in which a school and its students have limited access to outside agencies and do not receive the appropriate services. Service blockages occur in various program areas. All the projects report an insufficiency of prenatal health and nutrition education, difficulties arranging transportation to outside services, and a need for subsidized mental health and personal counseling. There are indications of inadequate sex education and linkage with family planning counseling in most projects. Three have no vocational components in their teenage pregnancy programs and two have inadequate components. One project reports a scarcity of daycare centers in the area.

The factor that contributes most to these blockages is limited service capacity. This factor did not appear at all in early intervention projects. Other contributing factors are regulations, differences in treatment philosophy, and inadequate communication patterns.

Service blockage problems related to the limited service capacity of specific agencies take the form of shortages in funds, staff, or appropriate services. The direct services and referral functions of the teenage pregnancy projects have very insecure fiscal support. The dependence of most of these projects on declining state grants threatens their very survival. Project



staff indicate that stable funding from the Department of Education is needed to continue services to pregnant and parenting teenagers and for related programs that will lower the demand for these services by providing education in life goals, relationships, and sexuality, and family planning.

There are also serious service capacity limitations in some of the outside agencies with which teen pregnancy projects work. One frequently cited problem is the negative impact of Health Department nursing staff cuts. This has limited the amount of health and nutrition education available and has led to maternal and child healthcare service gaps, particularly in rural areas. Health Department services that are unavailable or inaccessible in some areas include Maternity Service Projects for prenatal and postnatal care and family planning, Well Baby Clinics for pediatric visits, WIC nutritional programs, and drug and alcohol abuse programs. In the Public Welfare Department, funding shortages have contributed to staff shortages in Children and Youth Services, and have helped create an unstable AFDC staff that is inadequately trained to understand and respond to the unique needs of teenage parents.

Additional service capacity problems were reported in relation to daycare. The three projects that provide in-school infant daycare have been able to do so only with the aid of the Education Department grant, and their daycare programs are in jeopardy as state funding decreases. This is a cause for serious concern among staff, because the availability of in-school daycare has been an important factor in convincing many girls to continue school after childbirth. Several schools have expressed an interest in incorporating daycare into their parenting education programs, but they have not yet accomplished this. Projects relying on outside daycare centers have

experienced some difficulties in arranging transportation of the infants to the centers and also to health care facilities. One project, in a rural area, reports a shortage of outside daycare centers, which poses a major problem for participants in the program. Teenage parents who cannot continue living with their original families may face several kinds of housing problems. One project reports a lack of foster homes for pregnant teens and another reports that the lengthy waiting lists for public housing close this option to teenage parents, whose need for housing is immediate.

Up to now most projects have lacked the resources to develop vocational training and job placement programs, and they report that there is also a lack of programs for teenage parents who drop out of school. Where Job Training Partnership Act programs are available, they are usually not geared to the special needs of teenage parents. In one program that is designed for teenage parents, the administrator estimates that it could be serving twice as many teenagers but is constrained by a lack of funds. The service capacity problems of mental health and counseling agencies include staff shortages and a lack of counseling fee subsidies needed by many teenage parents.

Regulations also contribute to service blockages. Even when services are available, regulations may constrain their use. For instance, project personnel are frustrated that Welfare Department regulations do not require continuation of teenage parents in school even in situations when transportation and daycare are available. Moreover, eligibility criteria sometimes delay or prevent providing welfare support to those who need it to remain in school. Several respondents complained of state regulations that prevent babies from being carried on school busses, thereby creating difficulties in the use of daycare services. There are regulations that

prevent school programs from providing job training to out-of-school teenage parents, and other regulations that prevent Job Training Partnership Act programs from serving teenage parents who are technically but not actually in school. Difficulties were reported in the use of Children and Youth Services because its staff seems overloaded with regulations and paperwork. Finally, eligibility requirements for medical assistance are reported to set unrealistically low income maximums, creating a problem for some who need this assistance.

The major difference in treatment philosophy that creates service blockage problems in teenage pregnancy programs concerns the amount and range of services required. At one end is a position held by a limited number of community members that no service should be given to "these girls." Others, including some school staff, support limited services due to fear of community opposition, concern about making pregnancy too attractive, or inability to visualize the kinds of services needed. At the other end are advocates of a broad range of services, including all seven components required by the state as well as assistance in preventing conception. All five projects do some prevention work, and three list it as a formal component in their programs. Several respondents argued that increased prevention efforts would play an important role in good coordination by relieving overtaxed services and facilitating case management. One respondent urged the development of a "multifaceted prevention program that gives teenagers a positive incentive not to get pregnant." Modeled on the Dunlevy Milbank Center program in New York, such a program would include tutoring, job training and internships, childcare, medical care, counseling, and sex education, plus a recreational component. Several respondents described the hesitance of the state to become

more involved with prevention as out of touch with public opinion and public needs. In the words of one school social worker, "If we can include prevention in this small town and in parochial schools, the state can include it."

Differences in treatment philosophy also lead to service blockage problems related to welfare, truancy, and the misuse of homebound instruction. The Welfare Department's failure to require teenage parents to stay in school may, in part, reflect a difference in treatment philosophy, in that some case workers may not perceive these clients as needing to continue in school. The low priority that Children and Youth Services gives to truancy problems, and physician's overuse of homebound instruction to keep pregnant girls out of school are also, in part, matters of treatment philosophy.

Inadequate communication patterns contributing to service blockages include lags in publicizing the program to school staff, a lack of program staff training and information on other agencies, poor contact with out-of-school teen parent programs, frequent failure to bring program services to student attention before pregnancy occurs, and inadequate use of interagency councils. Almost all staff agree to the need for an interagency council to improve coordination of services, but only one project is an active participant in a regular council. One project is not active in a council that operates in its community, one is a member of an inactive council, and two are in localities that have no interagency councils.

#### Student Assistance

The Student Assistance Program began as a way to identify students who have problems in school because of drug or alcohol use and refer them for

help. Modeled on a program developed by the North Hills School District in Western Pennsylvania, the state stimulated the development of projects in four school districts in 1984-85, with the addition of sixteen in 1985-86 and another forty-four in 1986-87. State services to the school districts include offering guidelines on procedures, structures, and policies for a local project, and training faculty core team members. For the 1986-87 school year, the state program expanded its focus to take a broader perspective on student mental health issues and include training students to help them improve their self-concepts and decision making and interpersonal skills.

In a Student Assistance project, the typical course of intervention begins with a teacher reporting some student difficulty to a "core team" of teachers and counselors. The core team circulates a behavior check list to the student's teachers to develop a profile of the student's functioning. The core team then interviews the student to determine the nature of the problem. If the problem is drug or alcohol related, the core team meets with the student and parents and makes its treatment recommendation, which it backs by threat of expulsion if necessary. The student may be referred to in-school suspension, an in-school intervention group, outpatient treatment, or inpatient treatment. After treatment the student is put in a support group to reinforce abstinence.

Some of the coordination problems in student assistance projects are of the "interagency conflict" type. Others are of the "service blockage" type.

#### Interagency Conflict Problems

The primary source of conflict in student assistance projects is differences in treatment philosophy. Institutional survival concerns also contribute in a minor way. The parties who sometimes come into conflict

include project staff, school administrators, the school board, community members, treatment centers, and the state program. The issues involved include disagreements about the relative extent of substance dependency and other kinds of student problems, the amount of emphasis a project should place on each type of problem, what services students need, how the services should be introduced, how funds should be spent, and some questions of local versus state autonomy. Some community members and treatment agency staff see drug and alcohol abuse as the primary problem and advocate intense detection and intervention efforts, while many school personnel and other agency staff see student drug and alcohol use as frequently symptomatic of personal life problems and advocate counseling, informal intervention, and prevention efforts.

Four of the five projects appear to have had more conflict in the past than at present. Two have gone from high conflict to medium, and two from medium to low. One project appears not to have experienced interagency conflict. The state Student Assistance Program staff appear to have played a major role in resolving the earlier conflicts.

Two different treatment philosophies give rise to conflicts: the substance-dependency emphasis and the holistic emphasis. Advocates of the substance-dependency emphasis identify all student use of drugs and alcohol with the "disease of chemical dependency," or at the least with a high risk of developing this "disease." They typically see school drug and alcohol problems as being of crisis proportion and as requiring vigorous detection efforts, strong disciplinary action, and compulsory treatment. Some Student Assistance projects were preceded by earlier projects inspired by the organization "Chemical People" that had arisen in response to Pittsburgh



television station WQED-TV's dramatic series on the school drug problem. In contrast to the Student Assistance Program, these earlier projects were focused exclusively on the "drug problem" and were mainly punishment and expulsion oriented. Measures proposed have included compulsory urine tests with expulsion for refusal, random locker checks, and the use of police dogs to sniff out drugs in school. Several schools have held dramatic assemblies in which a well known former New York police officer presented a dramatic scare-talk. Several projects have encountered parents and agency staff who advocate six-week detoxification programs for all "users".

Proponents of the holistic emphasis agree that schools need to be concerned about drug and alcohol problems among students and that it is important to create a drug-free environment in the schools, but they hesitate to identify all "use" as a chemical-dependency "disease". They regard drug and alcohol use as frequently symptomatic of personal life problems and where possible they prefer to treat these problems through counseling, informal intervention, voluntary self-help groups, and referrals to mental health services. The holistic emphasis also recognizes and offers assistance with other problems, most notably teen suicide. Four of the five projects have made a concerted effort to give their programs a broader scope than drug and alcohol problems. One has developed its program as an alternative to an earlier more punitive drug and alcohol program. Another is especially responding to instances of student suicide. It began by asking for training with a broader focus than the state Student Assistant Program. Several projects report that half or more of the problems do not involve drugs or alcohol, and that in those which do, the usage is not always the central problem.

The substance dependency emphasis is most strongly supported by parents and the staff of some treatment agencies, while school staff and other treatment agencies hold the holistic emphasis. Conflict between these two emphases has been a mixed blessing. Some projects have been started because of pressure from community members with the dependency emphasis, and others have been slowed in their development by such disputes. In one community parent advocates threatened to sue school board members for exposing their children to drugs. The school board was not convinced, but it yielded to this pressure and started a program. Some community people see professionals with a holistic approach as engaging in "denial" of the problem, raising irrelevant civil liberties issues, and slowing the development of necessary detection efforts. Some professionals believe community people tend to exaggerate the centrality of substance dependency in student problems and to advocate such intense detection and compulsion tactics as to threaten civil liberties, destroy student trust, and inspire resentment and rebellion. In the words of one school administrator, "We want an effective program, but not a police state atmosphere." The staff of one local project that used the mental health approach before the state Student Assistance Program was adopted have seen tendencies toward excessive intrusiveness and substance dependency emphasis in the state program, and this perception has slowed their conversion to the new program format.

The second factor giving rise to institutional conflict in Student Assistance projects is institutional survival concerns. Two projects report a high level of competition between providers for cases and funds in the treatment of students. This leads to difficulties in arriving at a formula for allocating assessments and treatment assignments as well as friction over

scheduling meetings and arranging for joint assessments by the drug treatment center and the MHMR. In some areas project staff reported problems in using some drug treatment centers for assessments due to their tendency to call all abuse "addiction" in order to get insurance coverage for treatment of the students. In some districts, school board members are reported to use their influence to get their "favorite" practitioners used in treating students, which interferes with matching cases with the most appropriate services. Finally, one Intermediate Unit has in the past trained core teams for its school districts and is interested in continuing this function, but it finds itself thwarted by the state Student Assistance Program staff's insistence on training all core teams.

#### Service Blockage Problems

Service blockage problems in Student Assistance projects occur when a school and its students have limited access to outside agencies, so that appropriate services are not received. These problems usually take one of four forms. First, the services are not available in the community in sufficient quantity to meet the demand. Included here are a lack of drug and alcohol treatment centers, a lack of mental health counseling services, and a lack of family therapy agencies. Second, the services are available in the community but are not sufficiently known and understood by clients and school personnel to be appropriately utilized. Here, ignorance of the existence of treatment and counseling services and limited knowledge of the kinds and quality of services offered by specific agencies are the problems. Third, the services are available; but they are slow, cumbersome, and difficult to use. In these cases the agencies with which the schools must work are underfunded,

understaffed, and several are limited in their ability to respond. Finally, the services are available, but they cannot be used for specific clients. Included here are limitations related to funds, agency mandates, and client characteristics.

The major cause of service blockages in Student Assistance projects is limited service capacity. These problems take the form of shortages in funds, staff, or appropriate services, occasionally in the schools but more often in the outside agencies. Student Assistance projects do not make large demands on school funds and staff time. A project in single school typically requires staff time equivalent to one to two full time positions for the counselor's time and released time of core team members. The school districts with projects appear to absorb these costs comfortably within their budgets. The only service capacity problems reported by schools were lack of funds for summer counseling and project services, and a lack of funds for local training of core teams members. On the other hand, all five projects report major problems in getting services in mental health counseling and in drug and alcohol treatment programs. Drug and alcohol treatment centers typically provide six-week inpatient programs funded by insurance payments from the student's family policies. All projects report a lack of funds for the treatment of students from uninsured families. Mental health counseling is less frequently covered by family insurance, and the need to fund these services is even greater since their fees are high enough to constitute a barrier for many families. A related need is support agencies that provide family therapy for students' families. One additional service capacity problem is anticipated in the future. In several areas the increased number of Student Assistance projects is threatening to create more clients than

available treatment centers can serve. Finally, several projects report that in cases thought to involve parental abuse or neglect, Children and Youth Service cooperation is slowed by their shortage of funds and staff.

A few service blockage's problems related to regulations were reported. Several mentioned the problem of not being able to involve Children and Youth Services in situations thought to be abusive because of regulations requiring physical signs of abuse for their involvement. Some respondents reported a problem in trying to understand and deal with the numerous, sometime divergent regulations of state level offices in education, mental health and drug and alcohol abuse. This points to a need for coordination on the state level. On the other hand, some possible state efforts were viewed as likely to create more problems that they would solve. Several respondents suggested that any state requirements of local interagency agreements would involve "red tape" outweighing the benefits. They also believed that any mandated state-funded student assistance program would involve excessively complex regulations. The same applies to purchase of treatment services by schools. This was thought to be more costly and complex than funding treatment facilities directly.

Respondents in all five projects felt that service blockages related to inadequate communication between agencies have been minimal. Three projects report that communication is facilitated by their participation in active interagency councils, and they strongly recommend such councils to others. One project reports that staff benefited from a formal interagency council at the beginning and could use such an ongoing council now. The fifth project, which has no council, says that their communication is good because of the proximity of all the agencies within the same small community. All projects except the one in the small community stressed the importance of having

designated contact persons in all the agencies seeking to coordinate their services. Two other issues related to communication were the need to fund administrative time spent in coordination and the need for joint meetings in which various Student Assistance projects could learn about with each other's work and share insights on the utilization of outside services.

#### Summary

Table 1 provides a summary of the factors that contribute to coordination problems in each of the three project areas. It illustrates a number of points. First, the two problems appear in different areas. Both problems appear in student assistance projects, but blockage occurs in the teen pregnancy area as well while conflict appears in early intervention projects. Second, blockage problems stem primarily from limited service capacity within the agencies providing service, sometimes the educational agencies and sometimes others. Third, the sources of conflict in early intervention and student assistance are different. The major conflict in early intervention stemmed from the divergent survival concerns of IUs and organizations in the mental health and retardation community. In student assistance, conflicts stem from disputes--often between parents and professionals--over treatment philosophies. The issue is whether drug abuse should be treated as a special dependency or as part of each person's larger mental health situation. Finally, although never major problems, the regulations established in specific areas often undermine effective coordination while good communication can facilitate it.

#### Conclusions and Recommendations

The three program areas examined here raise rather different political and service delivery issues. Teen pregnancy and drug use are both issues of



TABLE 1

COMPARISON OF FACTORS RELATED TO COORDINATION PROBLEMS

	Teen Pregnancy Conflict	Student Assistance Conflict	Student Assistance Blockage	Early Intervention Blockage
Service Capacity			X	X
Institutional Survival Concerns	X	*		
Treatment Philosophy	*	X		*
Regulations	*		*	*
Communication	*		*	*
Personal Qualities	*			

X = primary contributor

\* = additional contributor

high public concern at the moment while assistance to handicapped preschoolers is important primarily to their parents and to specialists. Disagreements about what services should be provided are strongest in student assistance while the ambivalence with teen pregnancy is over whether anything should be done at all. Because these areas are different, they offer a useful base for exploring how to better services in a wide variety of areas. This examination of the three programs suggests two broad conclusions about the coordination of education and human service programs and makes five specific recommendations for action.

### Conclusions

- A. Coordination can increase the total cost of service delivery. It does so by increasing the demand for service.

One argument for promoting the coordination of services is that doing so creates economies in service delivery and reduces waste. It is often hoped that such economies will reduce the actual financial outlays for such services. Nothing observed in this study contradicts the premise that coordination reduces waste, but reducing waste and minimizing actual outlays of funds are two different things. The economies of coordination may be accompanied by increase in service delivery because improved communication among agencies creates better referral systems and the number of clients rises. The net result will be an increase in costs. Service expansion received the greatest attention in the student assistance area where it was anticipated before the 1986-87 school year that the new programs in schools would overload existing drug and alcohol treatment facilities. The same may

also be true in early intervention where coordination among agencies can lead to more effective case finding. Teen pregnancy projects also increase the referral rates of such girls to a variety of service agencies when project staff are strong advocates for their clients.

Moreover, coordination itself requires time. For instance, respondents agree that one of the best vehicles for coordination is a regional council to address a wide range of problems, such as at-risk youth. Such meetings require time of key managers to set them up and of the participants who attend.

B. Coordination is facilitated complementary interests at the state and local levels.

The fifteen projects illustrate that coordination can proceed smoothly when the parties involved share common understandings about what purposes should be addressed and how they should be accomplished. At the same time, due regard must be given to each organization's need to ensure its own survival and to divergent perspectives on what services should be offered based on professional training and sometimes incompatible regulations. Building consensus is often difficult, however, because the parties involved are quite diverse. They include the managers and staff of a variety of local agencies, the staff of the state agencies that oversee the work done in each area (education, health, welfare, and so forth), and a variety of community and parent groups. In some cases their interests can, in principle, be harmonized while in others they are fundamentally at odds. The task of creating sufficient agreement among these groups can be overwhelming. It

requires the goodwill, imagination, and hard work of a number of key actors. Some of the specific recommendations made below will help reach that end.

### Recommendations

1. To facilitate coordination, it is important to establish arrangements that minimize competition between agencies.

This recommendation is fundamental to maintaining harmony among agencies that must work together. If two supposedly cooperating parties are in fact competing for the same resources from one or a limited number of outlets, coordination efforts can become turf wars over how to divide up what is available. That was the situation with several with several of the projects interviewed. These wars became more intense when the participants experienced greater uncertainty about their own survival or felt that the rules gave unfair advantage to one or more of the competitors.

The early intervention funds transfer arrangement which gives money to the IUs and directs that some must be subcontracted to mental retardation service providers seems to enhance the uncertainty that leads to destructive competition. The current procedure transfers funds for Welfare to Education and then lets an education agency decide how much of that money should be transferred to private facilities that in the past depended on funds from existing welfare agencies. This arrangement contributes directly to tensions at the grass roots level between agencies that should be cooperating. Some of the private facilities perceived that they risked losing funds (although that was not the case), and some resented oversight by a new funding source. Others perceived the IU as in biased position since it had to choose between sharing funds with other agencies or using the money itself.

We asked administrators in the other program areas how applicable they thought such an arrangement would be in their situations. While a number approved of any procedure that would give them access to more funds, the more thoughtful ones were afraid that such a system would require educators to make decisions that they were not in a good position to make.

Sometimes coordination is facilitated by clear rules rather than communications mechanisms. In this case, it appears that rules requiring that children of specific ages or with particular conditions should be the responsibility of either the education or the welfare system would go a long way to reducing conflict between agencies. In some counties, the participating agencies are moving to such arrangements themselves.

However important this specific example of funds transfer arrangements is for the early intervention projects, there is a larger point here. That is that formal arrangements to facilitate coordination between agencies should not threaten the interests of any one of them.

2. Regulations contribute directly to coordination problems.

Two generic regulatory problems appeared in this study. The first was contradictory regulations that contributed to conflicts between parties. The clearest case of this problem was the treatment of preschool children at risk of developing handicaps. Existing regulations contribute to the readiness of welfare agencies to help a broader range of children than their colleagues in education because the cost of educational services to at risk children cannot be reimbursed. These contradictory regulations enhance the difference in treatment philosophies between professionals in the two areas.

The second problem is that some regulations create service blockages. For instance, eligibility requirements that set high income requirements limit

services to children that professionals believe to be in need. Similarly, complex procedures to determine eligibility slow the delivery of services and discourage those who are not persistent.

In general, for coordination between agencies to work well, a review of the regulatory environment of all parties is necessary. This review should anticipate contradictory regulations and sources of blockages and work out ways to remove these barriers to cooperative relationships in the field.

3. Coordination is facilitated where programs have a clear purpose that is compatible with the philosophies of the major involved parties.

In all three program areas, coordination problems appeared that were directly attributable to the treatment philosophies of the parties involved. In the early intervention area, the differences stemmed from the cognitive outlook of the educators which was narrower than the family or whole-child orientation of people from the mental health field. In the drug abuse area, those with the substance abuse emphasis disagreed with those who took the broader holistic perspective. In teen pregnancy projects, people differed as to how much assistance should be given to pregnant and parenting high school students.

Sometimes, problems are exacerbated by regulations and can be reduced by changing them. At other times, disagreements stem from professional socialization, and there may be room to develop agreements on common understanding with enough discussion. In other situations fundamental ideological differences exist, and parties are unwilling to compromise. Such situations may be out of the control of both state policy makers and local project managers. In these cases, only so much can be done to facilitate coordination.



4. Local coordination councils can facilitate coordination.

In a number of settings we found that positive working relationships among agencies was facilitated by a council to which each organization sends a representative. Such councils do not function well where there are major disputes over survival concerns or treatment philosophy, but in other situations they provide for a healthy exchange of information and facilitate referrals. As a rule, it appears better to use existing councils than to create new ones. In addition because some parties are likely to worry about wasting time through excess meetings and because it is often clear how much time needed for coordination, it is important to let members of the council establish their own ground rules for how often meetings are held and how long they last.

5. Planning and adjustment to facilitate coordination must continue after new projects have started.

Although this study will help to anticipate future coordination problems, many of them are inherently unpredictable. Many of the issues we have identified could not have been reasonably predicted by well-informed individuals in central location. Ongoing communication between the state agency and local projects is needed to identify these problems as they occur and develop solutions to them. Such communication can be encouraged in three ways. First, field staff can make regular visits to projects. Second, councils of project directors can meet in the capitol with central program staff. Finally, evaluation studies can help identify them. Adequate field-to-state agency communication should be built into the ongoing operation of any program of this sort. This is a crucial point that is often overlooked. Even after project funds are allocated, it is important for state department staff to maintain communications with projects in order to learn

about successes and problems encountered over time and help to develop solutions.

6. Increased resources are often needed to reduce service blockages.

This recommendation returns to the issue of coordination and costs. In a number of situations examined in the study, apparent coordination problems stem from the lack of capacity of one or more agencies. Additional personpower is needed to operate Children and Youth Services and to provide mental health counseling services, health care and day care to teen parents, and drug and alcohol treatment to substance users. These services simply require more money to be delivered effectively. Without additional support, coordination will not be adequate. This is one of the recurring themes in the interviews conducted. While coordination may allow these services to be used more efficiently, it also has the recurring effect of increasing the demand for them. As a result if all of the other five previous recommendations are enacted and additional resources are not provided where they are needed, significantly better coordination will not result.

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