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**ABSTRACT**

The manual suggests steps, procedures, best practices, and key concepts to create and maintain successful interagency collaboration in the delivery of services to preschool handicapped children. Considered are the concept of collaboration, the rationale for its development, and a means of assessing a community to determine the needs and potential benefits. The manual then suggests and describes the use of the "preschool interagency council" as a model to achieve effective collaboration. The model is described in terms of both the processes and attitudes involved.  
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# PUTTING THE PIECES TOGETHER MAKING INTERAGENCY COLLABORATION WORK

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PUTTING THE PIECES TOGETHER:

MAKING INTERAGENCY COLLABORATION WORK

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## CHAPTER I

### DEVELOPING COLLABORATIVE EFFORTS

The concept of interagency coordination and collaboration has existed for some time in the area of human services. These efforts have been referred to by various terms such as service coordination, service integration, interagency cooperation, and networking, to mention a few. It is not a new idea. We have long ago recognized that no single agency can provide all of the services needed by a handicapped child and/or his family. For any single case there may be a need for direct classroom intervention, therapies, medical services, counseling and parent training which demand the involvement of several agencies. To be effective, they must be coordinated.

Aside from the need for comprehensive services, the elimination of unnecessary duplication of services must also be addressed. In any community, there are usually several service providers responsible for addressing the needs of the same children. The result may be competition and turf guarding. We can no longer, however, afford the luxury of independent parallel systems which serve the same children. As programs for the handicapped have been adversely affected by the state of the economy and limited resources, it appears we will be measurably challenged to find successful strategies of collaboration between agencies which will offer a means of improving and/or expanding services without multiplying costs. The need for coordination of services is extremely critical in times of shrinking resources which appears to be the outlook for human services in the 1980's.

The cooperative approach to serving children with handicaps has been tried many times and in many ways. Interagency cooperation and collaboration, however, have seldom been achieved to the extent that everyone wishes. Legislation or dictates alone simply can't make it happen and unfortunately, the success stories are too few and the instances of "paper cooperation" too many. Many of the agreements have simply only been promises to cooperate with few successful results.

The problem is further compounded by the absence of clear operating guidelines for interagency collaborative efforts. The resources required to develop such guidelines has been limited and little attempt has been made to collect and integrate the findings of researchers, theorists, and practitioners in the area.

So how will effective interagency collaboration be created?

The answer must be found at the local level. While the initiative has already been established by the federal government through joint policy statements and at the state level through cooperative agreements between agencies, there must be some plan for the delivery of services in an efficient and coordinated fashion at the local level.

Agencies and personnel must want to coordinate their services and commit themselves to that task. Making some sense out of the complex delivery systems for handicapped children can best be done at the immediate and local level.

Since situations vary extensively from community to community, the services and working relationships also vary significantly. There may be no one set prescription or model that can be followed in a step-by-step fashion and precisely applied since each community has its own unique characteristics, needs, problems, political and geographical boundaries. Its own members are best prepared to explore and develop the most appropriate and efficient delivery system. It is clear, however, that a loose structure of coordination does not work. The programs and support services that are required by the families of handicapped children require careful and systematic coordination.

This manual will suggest some steps, procedures, best practices, and key concepts that can be used to create and maintain successful interagency collaboration.

The manual will begin by discussing the concept of collaboration, the rationale for its development, and a means of assessing a community to determine the needs and potential benefits.

It will suggest and describe the use of the "preschool interagency council" as a model to achieve effective collaboration.

In discussing the Council Model, we will describe it in terms of both the "process" and the "attitude" that are involved.



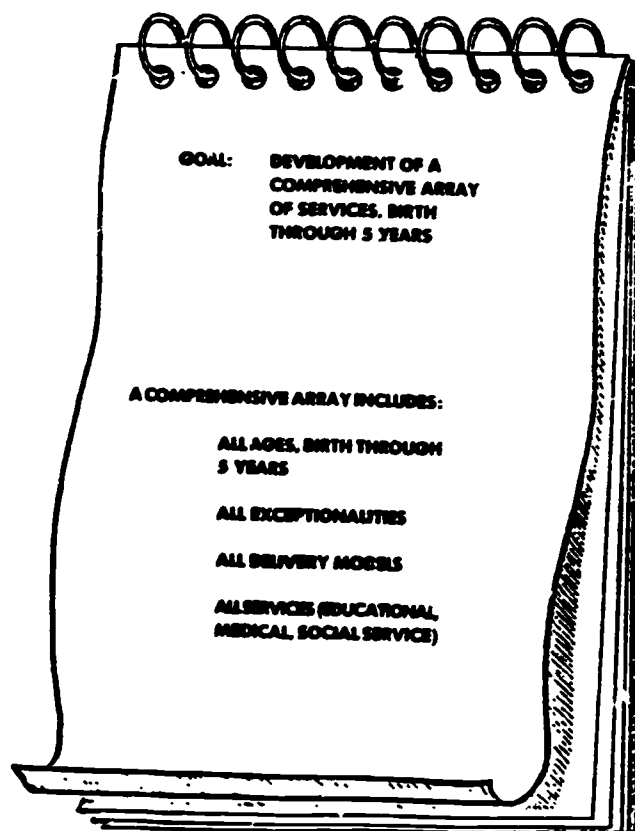
## CHAPTER II

### THE GOAL OF COLLABORATION

The "Preschool Interagency Council" is only one model by which to obtain successful interagency collaboration. It is an extremely valuable model because it tends to facilitate the emergence of a multitude of other collaborative ventures between agencies that are problem solving in nature and result in the provision of comprehensive programs for preschool handicapped children.

It is extremely important to realize that the preschool interagency council is only a strategy to accomplish the ultimate goal.

That goal is the development of a comprehensive array of services for preschool handicapped children, birth through five, within a community. The Council is not an end unto itself but is the strategy or mechanism for coordinating the agency efforts to insure this goal.



To obtain a comprehensive array of services for preschool handicapped children, we must ensure that services and programs are available for handicapped children of all ages, birth through five years of age. There

should be available programs for children with every type of exceptionality, including speech and language impaired, hearing impaired, visually impaired, physically handicapped, mentally retarded, emotionally and behaviorally disordered, etc.

Since children will have very individual problems and family conditions, they will need varying kinds of programs and delivery models. All different delivery models should be available including full time programs, part time programs, mainstreaming programs, therapeutic programs, home based programs, and there should be availability to indirect, consultative, or parent training programs when this is needed. We must be careful not to try to fit all children into the exact same delivery model as their needs may be very different. They may need a combination of one or more of these various delivery models. The comprehensive array of services also should include the various type of services that are needed by preschool handicapped children and their families. These include educational, medical, and social services.

Obviously, reaching this goal of providing a comprehensive array of services will be no easy task and will demand that the agencies within a community coordinate all of their efforts to achieve it. One easily recognizes that no one agency will have the expertise or the available resources to provide all the services and thus collaboration is the best answer.

By considering each of the various agency programs, one can easily see that there exists a wide variety of delivery models and programs and services that are available to preschool handicapped children. The very nature of these programs result in different kinds of age criteria, eligibility, financial eligibility, philosophy, and delivery model. This is fortunate because it yields great variety and through the combination of all of these various and different agency programs one can ultimately put together an array of services to serve the varied needs of the children.

Through the combination of the various agencies, their unique programs, strengths and weaknesses, services can be offered that are not only flexible but complimentary.

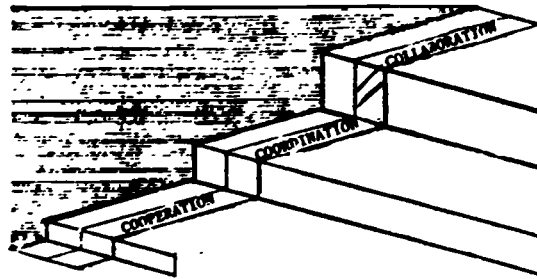
The activities of the Council should be directly related toward problem solving and creating ways to develop this comprehensive array of services. It should be perceived as a "master planning group" which is able to identify the programs and services available within the community, to identify the gaps in service delivery, and then to complete those gaps so that services are being provided to the preschool handicapped children identified.

## CHAPTER III

### COLLABORATION DEFINED

Unfortunately, the terms "cooperation", "coordination", and "collaboration" have been used interchangeably and this has contributed much confusion about the definition and meaning of these words.

These terms essentially represent a continuum or levels of sophistication of interagency efforts.



Consider the definitions of these terms. Cooperation may be defined as "the process of informally working together to meet the day to day goals of the organization" (Black and Kase, 1963). This might suggest that the agencies are generally aware of one another, cooperate in a casual and informal kind of way, and essentially "peacefully coexist". They may be aware of one another's programs, share information, and refer children to one another although the manner in which this is done may be very loosely defined and unstructured.

Coordination may be defined as "a more formalized process of adjustment or utilization of existing resources through integration" (Black and Kase, 1963). It may also be defined as "various efforts to alter or smooth the relationships of continuing independent elements such as organizations, staffs, and resources" (Morris and Lescohier, 1978). This definition would suggest that there are some specific efforts which are occurring or modifications being made in how the various agencies may cooperate. With coordination, the agencies may work together to jointly schedule activities, plan together, or work as a group to designate which programs may serve best specific populations of children. They may also work out some specific referral and/or transition activities and procedures.

With collaboration an even higher level of sophistication can be demonstrated. This may be defined as "that action which brings previously separated and independent functions and organizations into a new unitary structure" (Morris and Lescohier, 1978). This represents "a more intensive



jointly planned effort by organizations over a mutual concern which results in a mutually desired result" (Black and Kase, 1963). At this level, the agencies are truly problem solving, sharing resources, entering into contracts or written agreements with one another, and truly emerging programs. They may do this in an effort to minimize their cost, avoid duplication of effort, maximize efficiency and quality of programs, and even create services and programs not previously in existence. An example of a collaborative effort may be described as a school district and a Head Start program who enter into a written agreement for the provision of speech therapy services to Head Start. There are numerous advantages for both agencies. Advantages include provision of early intervention in a cost effective manner, improved communication and understanding between the two agencies, and the natural emergence of transition activities and procedures between the Head Start program and the local school district.

If an interagency council is to be truly successful, it must do more than just encourage the agencies to cooperate. There must be more happening than awareness activities or opportunities for various agency representatives to meet, become vaguely familiar with one another, and share information in a loose or unstructured manner.

There should be an emergence of true collaboration among the agencies in the form of problem solving, shared resources, mutual planning and delivery of services, and even integration of programs.

There are several essential features or components of collaboration. The agencies display:

- a common goal
- shared commitment
- investment of agency resources
- shared decision making and leadership
- joint evaluation

DO YOU NEED TO COLLABORATE?

	<u>YES</u>	<u>NO</u>
DO THE AGENCIES HAVE A LIMITED AMOUNT OF FUNDING RESOURCES AND FACILITIES FOR PROGRAMS?	_____	_____
ARE CHILDREN RECEIVING DUPLICATE SERVICES FROM AGENCIES? (ASSESSMENT, THERAPY, MEDICAL, ETC.)	_____	_____
IS THERE A LACK OF AWARENESS ABOUT THE AGENCY PROGRAMS, SERVICES, ELIGIBILITY, AND PERSONNEL? ARE PROFESSIONALS UNAWARE OF THE LOCATION OF VARIOUS AGENCY OFFICES?	_____	_____
DO PROGRAMS AND AGENCIES COMPETE FOR THE SAME CHILDREN? DOES TURF-GUARDING EXIST? MISTRUST?	_____	_____
IS THERE A LACK OF RESPECT AMONG AGENCIES?	_____	_____
IS THERE A LACK OF COMPREHENSIVE SERVICES (EDUCATIONAL, MEDICAL AND SOCIAL) FOR CHILDREN IN THE BIRTH TO 5 YEAR RANGE?	_____	_____
ARE CHILDREN FALLING THROUGH THE CRACKS AND FAILING TO RECEIVE NEEDED SERVICES?	_____	_____
ARE SERVICES TO CHILDREN FRAGMENTED BETWEEN SEVERAL AGENCIES?	_____	_____
IS THERE A LACK OF FREE, EFFORTLESS AND NATURAL COMMUNICATION AMONG AGENCIES?	_____	_____
IS THERE AN ABSENCE OF ESTABLISHED TRANSITION PROCEDURES ACROSS AGENCIES?	_____	_____
ARE PARENTS CONFUSED AND FRUSTRATED BY HAVING TO DEAL WITH INCONSISTENCIES IN THE SYSTEM AND NOT KNOWING WHERE TO GO FOR SERVICES?	_____	_____
IS THERE A DELAY IN TRANSMISSION AND SHARING OF RECORDS?	_____	_____



PRESCHOOL INTERAGENCY COUNCIL MODEL

- PROBLEM SOLVING GROUP; TASK ORIENTED
- SMALL GROUP (12 - 15)
- PRIMARY SERVICE PROVIDERS
- CONSISTENT REPRESENTATION
- EQUAL ROLES
- GROUP COHESION
- CONSISTENT LEADERSHIP
- CLEAR AND WELL DEFINED GOALS
- REPRESENTS MAIN SERVICE AREA
- ROTATE AGENCY SITES FOR MEETINGS
- MONTHLY MEETINGS; CONSISTENT TIME/DAY

## CHAPTER IV

### THE PRESCHOOL INTERAGENCY COUNCIL MODEL

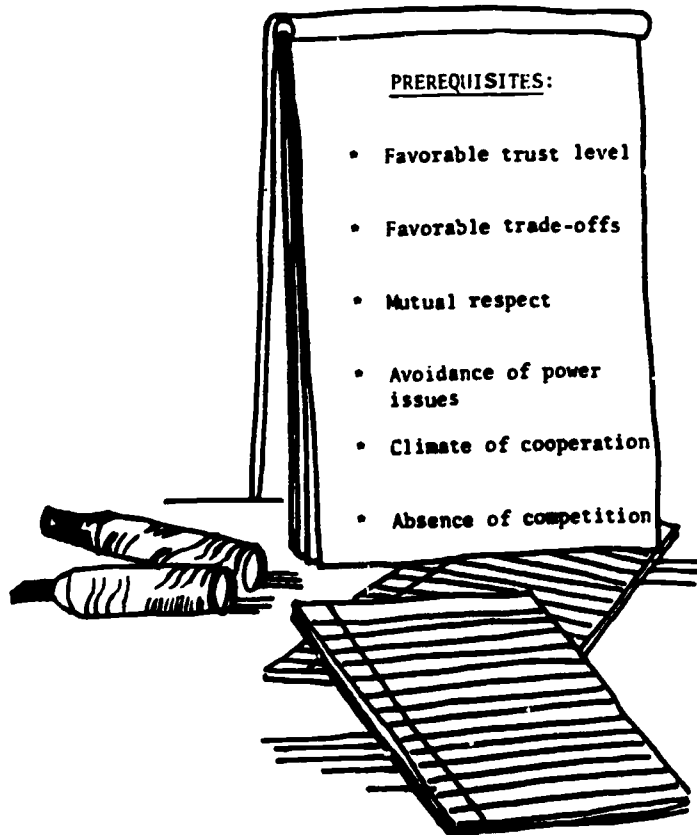
One highly effective model used to coordinate the agencies within a community that serve preschool handicapped children is the "preschool interagency council."

In this model, an interagency council is created and comprised of consistent representation from the agencies serving handicapped preschoolers.

While the model can be extremely productive, it has one major weakness that must be understood--that without full commitment of the agencies and agency personnel, the model will not be successful. There must be a steadfast commitment to collaboration, to the children and families to be served, and to each other.

While such interagency groups are relatively easy to initiate, they are extremely difficult to maintain. One must be aware of not only the purposes and goals for such a group but acutely aware of the critical human and interpersonal factors that affect its operation.

While critical interpersonal factors will be discussed later, it is important to realize that several basic attitudes are prerequisite to the development of good interagency councils.





In order to create and maintain the interest and commitment of the agency representative to such a group, the Council must offer more to the agencies than being another meeting to attend. Busy agency personnel must prioritize their time and devote it to those activities which are productive and solve problems for them.

The meeting must (1) provide useful information, (2) assist in solving problems, (3) provide for sufficient group interaction and communication, (4) provide continuity of goals, and (5) must provide an environment which is characterized by warmth, trust, and mutual respect and support.

The Council must be a productive, problem solving group which offers solutions to immediate and local concerns. It must be more than just a forum to increase awareness in agency programs and personnel. Its size should be small (12-15) to remain manageable and to allow for effective interaction, communication, development of rapport and cohesion.

To be effective in truly coordinating agency programs and developing, through collaborative interagency efforts when possible, a full continuum of services for handicapped preschoolers, the membership of the Council is critical. The Council should be comprised of middle-management-type personnel who have the authority to commit resources and speak officially on behalf of their agency and programs. All of the primary agencies that serve handicapped preschoolers in the community (educational, medical, social service, etc.) should be included although the size of the group should remain small to be productive. It is critical that a designated representative attend each Council meeting on a regular basis to allow for stability, continuity, and eventual accomplishment of the goals. Without this commitment, dependability and willingness to assume responsibility, the Council will be limited in its ability to stimulate effective collaboration.

In addition, the designated agency representative should want to be part of the Council, display a positive and cooperative attitude and be committed to the tasks at hand.

Group cohesion results from the attractiveness of the group for the participants and to a sense of belonging, inclusion, and solidarity. The camaraderie that results from cohesion is a key element of the group process and fosters action oriented behavior. This critical quality of cohesion alone determine the success or failure of the group. Cohesion is created through the presence of a warm, trusting, and predictable environment which offers mutual respect and support to its members.

" OUR COUNCIL "

INVITE:

AGENCY

WHO ??

SCHOOL DISTRICT

CHILD FIND SPECIALIST

HEAD START

CHILDREN'S MEDICAL SERVICES

HEALTH DEPARTMENT

HRS - DEVELOPMENTAL SERVICES

ASSOC. FOR RETARDED CITIZENS (ARC)

PARENT TRAINING PROGRAM

MENTAL HEALTH CENTER

REHABILITATION CENTER

PRESCHOOL MIGRANT PROGRAM

INFANT STIMULATION PROGRAM

(WHO ELSE ?)



## CHAPTER V

### DEVELOPING GOALS

Interagency collaboration can be conceived as having two general goals:

- (1) to improve the delivery of services to handicapped preschoolers and their families, and
- (2) to improve the efficiency and effectiveness of service delivery systems.

As demands for quality and comprehensive services increase and funds and resources become more limited, collaboration may be the best way to assure the continuation of a range of services.

The ultimate goal of any Council would be to coordinate services and create new programs so as to create a complete array of services for handicapped children, birth through 5 years.

The interagency council should formulate goals that are well defined, mutually acceptable, and capable of attainment. Success in the attainment of initial goals enhances the likelihood of continued cooperational endeavors.

#### WHAT LOCAL INTERAGENCY COUNCILS CAN DO

##### AREA

Information

##### ACTIVITIES

- Improved awareness and understanding of agencies
- Improved understanding of eligibility and procedures
- Ease of communication exchange
- Exchange of new information, update
- Sharing of information about funding sources
- Eliminate duplication of services
- Facilitate exchange of records/reports

AREA

ACTIVITIES

**Screening and Identification**

- Identify current sources of screening/evaluation
- Develop effective assessment procedures
- Develop coordinated community-wide system for referral and identification
- Develop collaborative programs for screening children in conjunction with local health providers
- Promote parent awareness of the need for early identification services
- Educate private physicians about the availability of programs and services to children
- Develop an effective child-tracking system

**Awareness**

- Educate the parents and medical community of the need for early identification and the availability of services
- Utilize Child Find services and activities
- Develop brochures to explain services
- Promote mailing campaigns to physicians, preschools, hospitals, parent groups
- Print a directory of services
- Address parent groups and offer information on child development

**Referral and Transition**

- Develop effective referral procedures
- Develop county-wide procedures to transition children smoothly across programs
- Develop a standard release of information form to facilitate exchange of information
- Use a child-tracking system to insure follow-up
- Assure most appropriate services

**Program Delivery**

- Programs assist one another in upgrading program standards
- Influence policy makers regarding need for program improvements and modification, and/or expansion
- Coordinate programs' standards and case management procedures
- Identify programs and services available
- Identify gaps in service delivery system
- Formulate agreements among pre-school programs and agencies
- Develop interagency transportation services
- Implement interagency problem-solving for difficult cases
- Share resources
- Explore sharing of physical space and facilities

**Parent Involvement**

- Promote and develop parent support group
- Provide information on agencies and services
- Compile parent guides and brochures
- Coordinate parent education activities

**Staff Development**

- Establish a network to share staff expertise
- Coordinate training and inservice
- Identify available consultants and professional expertise
- Share training materials



## CHAPTER VI

### HUMAN FACTORS IN INTERAGENCY GROUPS

In the development and maintenance of preschool interagency councils, it is critical that we perceive both the "process" and the "attitude" that are involved.

The "process" refers to the actual goals and objectives of the group. The "attitude" refers to the sense of cooperation and commitment that must be present. It is only the "attitude" that allows the "process" to occur successfully.

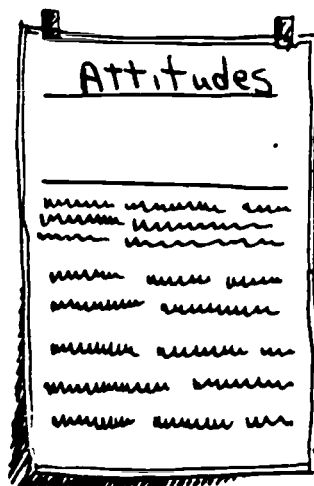
In any group effort, there are numerous human factors that will influence whether the goals can be achieved. Everyone can recall groups in which participation was either satisfying or disappointing, depending upon the manner in which the group worked together. Understanding the process of how groups work together and the concept of good group dynamics is critical for the success of the interagency council.

There is a strong need to work to develop trust, openness, mutual respect, and support in these councils. The Council must provide a warm, supportive and trusting environment where members realize that there is nothing to gain by competition. Council members should be regarded as equal in importance and problems of power, control, and authority must not be permitted to emerge and upset the balance of the team.

There must be a commitment first to provision of appropriate services to the children in question without suspicion that a particular agency is benefitting.

The Council should not be an extension of any single agency but an independent coalition charged with coordination and integration of services for the mutual benefit of all agencies, the children, and families.

Leadership within the group should facilitate the activities of the Council and serve to build the cohesion within the group that renders it productive.



## FACTORS ENHANCING COMMITMENT

### PROVIDES INFORMATION

Becoming aware of available services and programs, procedures, eligibility

Remaining current with program changes and new programs

Establishing rapport and working relationship with community agency personnel

Visiting community agencies due to on-site rotating meetings

Exchange and sharing of ideas and solutions

Guests and speakers allow for new information exchange

Follow-up and closure on specific cases

### GROUP INTERACTION

Continuity of membership and

Relaxed, open, warm

Trusting and sincere

Mutual helping and sharing

Predictable and stable

Face-to-face interaction

Friendly and personal working relationships

Enhanced by rotating sites

Small group size allows for effective interaction

Members have equal status

### GROUP FUNCTION

Group decision making on student placements

Problem solving

Sharing of information

Advocacy

Stability of purpose

Mutual helping and supporting

### MEETING STYLE

Continuity of goals and activities

Goal-Oriented

Time efficient

Relaxed

Enjoyable with humor and laughter

Thought provoking, motivating

Flexibility of style allows discussions and deviation from agenda

### LEADERSHIP

Consistency and continuity

Democratic

Allows members to freely contribute

Enhances group interaction and cohesion

Facilitates goals and activities

There is much to be gained by establishing a mechanism for permanent cooperation and coordination. Agencies and agency personnel must perceive the advantages in participating in such a group. The collaborative model presented here is offered as an attempt to systematize the process of collaboration and to suggest a means for effectively achieving it.

The Prekindergarten Regional Interagency Pilot Project has been developed and funded from the HCEEP State Implementation Grant, awarded to the State of Florida, Department of Education in 1983.

The grant, submitted by Gloria Dixon Miller, Consultant for Prekindergarten Students, Bureau for Education for Exceptional Students, is directed toward development of a comprehensive plan for serving Florida's preschool handicapped children and their families.

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