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AUTHOR	Morgan, Janet L.; Swan, William W.
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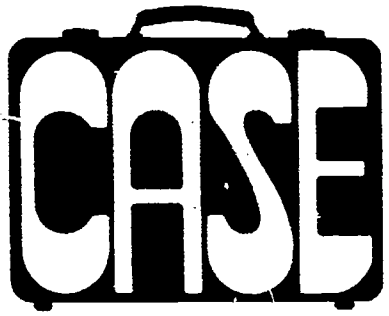
ABSTRACT

This information packet is designed to assist local interagency councils to implement Public Law 99-457's requirements concerning the provision of high quality services to preschool children with disabilities and their families. The model described provides a framework for continual coordination of agency programs as well as use of collaboration for problem solving. It is designed to structure the independent but similar functions of various agencies, eliminate fragmentation and duplication of services, allow for more effective utilization of personnel and resources, ensure the provision of a full array of services, streamline the service delivery system for families, and eliminate the sense of territoriality that often plagues services to children. The document reviews the goals and rationale for a local interagency council, states prerequisites for effective interagency efforts, describes the critical characteristics of a council, examines the maturation or developmental stages of a council, discusses implementation procedures for assembling the interagency team, and outlines the main functions and activities which result in effective collaboration. An appendix briefly outlines four case studies, which examine the advantages of collaboration for the agencies, the child, and the family. (Contains 50 references.) (JDD)



COUNCIL OF ADMINISTRATORS OF SPECIAL EDUCATION, INCORPORATED

A DIVISION OF THE COUNCIL FOR EXCEPTIONAL CHILDREN

INFORMATION DISSEMINATION PACKET

LOCAL INTERAGENCY COUNCILS FOR PRESCHOOL HANDICAPPED PROGRAMS: AN EFFECTIVE STRATEGY TO IMPLEMENT THE MANDATE

by
Janet L. Morgan
Manatee County School District, Florida
and
William W. Swan
University of Georgia

INDIANA UNIVERSITY

Department of School Administration
Department of Special Education
1992

CASE Research Committee

Information Packet

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William W. Swan
University of Georgia

Reviewed by
CASE Research Committee:

Leonard C. Burrello
Barbara Elliott
Robert Hanson
Sharon Retschlag
Theodore Riggin

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PREFACE

Public Law 99-457 provides for services to exceptional infants and toddlers (Birth through 2 years) and preschoolers (3 to 5 years). One of the key aspects of this legislation is the emphasis on and requirement for interagency efforts to serve these handicapped infants and toddlers and their families. The authors of this most significant legislation were aware of the limited services for all preschoolers, not just those services for the handicapped. By using an Interagency Council, one can effectively implement the mandate by maximizing the available resources from all agencies, such that all exceptional infants and toddlers and their families can receive the services they so desperately need. Also, the Interagency Council strategy can provide for an individualized plan based on local agency resources and constraints rather than providing only one narrow approach. While demonstrating interagency cooperation is a requirement of the mandate, the effective leader can use this strategy not only to meet the mandate but to maximize the services provided to these infants and toddlers and their families.

This information packet is designed to assist those who are committed to implementing a local Interagency Council to facilitate the provision of high quality services to preschool (Birth through 5) handicapped children and their families.

It is important to note that there are four critical assumptions upon which the implementation of the material in this packet is based:

1. The individual who will use this information most effectively is a LEADER and leaders find a way to be achieve their goals.
2. The Interagency Council members who represent a variety of community agencies are committed to real services for these children and their families.
3. Cooperation/coordination/collaboration are essential from all members in an Interagency Council.
4. The focal point for effective collaboration of services is at the local level.

The contents of this packet are based on the literature and real world experiences, the combination of which has resulted in the provision of significant services to meet the needs of preschool handicapped students and their families.

CHAPTER I: INTRODUCTION

Background

The need for cooperation, coordination, and collaboration among local and state agencies serving handicapped preschoolers and their families has long been recognized. Handicapped preschoolers exist throughout the age range from birth through five years. The nature of the service delivery system for this extremely heterogeneous group will continue to require the involvement of multiple agencies to meet the complex educational, parent/family, medical, therapy, and social service needs. To be effective, however, these services must be coordinated. The unique mix of services needed for each child and his family will require an informal and sometimes formal commitment of a variety of professionals from a variety of agencies. Further, the unique mix of services needed will not be static; it will require frequent periodic review and revision to remain appropriate and responsive.

While the implementation of effective strategies for ongoing coordination of direct services to the child and family has too rarely been demonstrated in the past, it is essential. Commitment to service coordination is logical, rational, and results in sound planning. Implementation of interagency collaborative strategies is a wise investment for all participants.

The passage of P.L. 99-457 (The Education for the Handicapped Act Amendments of 1986) created a new impetus for the provision of services for preschool handicapped children--birth through five years (B-5)--and their families. It provided all of the rights and protections of P.L. 94-142 to handicapped children ages 3 through 5 (3-5) years and allowed for voluntary participation of the states in the Handicapped Infant and Toddler Program (Part H) for handicapped children birth through two years (B-2). These amendments established timelines for the development and provision of services to the preschool population, asserted the need for multidisciplinary treatment of children, emphasized the need for family intervention, and created a focus on interagency planning and problem solving to meet the needs of this unique group.

Interagency approaches have often been unsuccessful in the past (Hodge, 1981). These unproductive attempts may leave school districts reluctant to make further attempts despite requirements to do so. And as school districts have generally served the school age population without emphasis on interagency collaboration, they may tend to operate in the same manner for the B-5 population. While the interagency coordinating requirements for the Handicapped Infant and Toddler Program (B-2) are specific, the efforts to meet those requirements may not be based on demonstrated effective interagency coordination efforts for handicapped preschoolers (ages 3-5).

If school districts and agencies are sincere in their intent to create the full continuum of educational, parent/family, medical, therapy, and social services for handicapped preschoolers, the coordination of the primary services of community agencies for this population must be achieved. Duplication and fragmentation of services must be eliminated and a system must be developed which maximizes appropriateness, quality, and cost effectiveness, and includes accountability.

This can be accomplished in part by placing emphasis on successful practices when new or refined ventures are made in local interagency collaboration. This will then result in improved services for handicapped preschoolers and their families. One such model is the local Interagency Council (Council) which is the subject of this information packet.

Definitions

Cooperation, coordination, and collaboration are important concepts in understanding local interagency efforts. While these terms are often used interchangeably, they are best understood to describe differing levels of sophistication of interagency activities (Stafford, 1984). Interagency "cooperation" can be described as a process of informal working together to achieve the day to day goals of the organizations (Black & Kase, 1963). It represents a basic level of working together and has been experienced by most readers of this packet. It implies that agencies are aware of one another, may cross-refer children, and share information although agency procedures remain distinct and

separate. "Coordination" represents a higher level of interagency interaction and has been defined by several different authors. Morris and Lescohier (1978) defined coordination as various efforts which alter or smooth the relationships of continuing independent elements such as organizations, staffs, and resources. In particular they state that agencies share commonalities: the goal of providing services to handicapped children; common understanding for what services each can commit to and provide, to whom each is accountable, and which client groups are involved. Black and Kase (1963) indicate that coordination is a more formalized process of adjustment or utilization of existing resources through integration.

"Collaboration", the highest level of working together, has been described by several authors. Black and Kase (1963) indicated that collaboration is a more intensive jointly planned effort by organizations over a mutual concern which results in a mutually desired result. Morris and Lescohier (1978) stated that collaboration is that action which brings previously separated and independent functions and organizations into a new unitary structure. And Bartel (1977) provided the most comprehensive statement indicating that collaboration is a relationship between two or more agencies in which the parties share common goals, mutual commitments, resources, decision making and evaluation responsibilities. It must involve a common goal which is within the scope of agencies' general goals. There

must be shared commitment to the goal. There must be an investment of agency resources through contributions of time, personnel, materials, and facilities--agencies must do more than simply endorse the idea. With shared decision making and leadership each agency maintains control of its own contributions and does not suffer any loss of power vis-a-vis the others. This is the greatest challenge in collaborative undertakings. Joint evaluation exists where all parties have equal perrogative to judge the effectiveness of the project and the quality of the collaboration.

The challenge for the Council is to guide local agencies through this process of maturation of interagency efforts in delivering effective services to preschool handicapped children and their families. The local Council serves to re-align the working relationships of agencies and serves as an equalizer in the case management system.

The following definition is used in this packet for a local preschool Interagency Council (Council):

A LOCAL PRESCHOOL INTERAGENCY COUNCIL IS:
A master-planning group of middle management representatives (10-12 people) from the primary service delivery programs in a local community. It operates on an ongoing basis to define roles and responsibilities of agencies, coordinate existing agency services, identify and fill service

gaps, and develop a full continuum of services. It serves policy-making and case management functions.

The Interagency Council model described in this packet is designed as a strategy to provide a framework for continual coordination of agency programs as well as use of collaboration for problem solving (Morgan, 1987b). It has been extensively promoted in Florida by three Interagency Projects funded originally under a State Implementation Grant through the Florida Department of Education. It is an effective model because it focuses on the development of a formal, working team of agency representatives who regularly meet for the following purposes:

-to develop a common information base;

-to eliminate unnecessary duplication of services;

-to coordinate existing agency programs;

-to identify gaps in services;

-to determine the respective roles and responsibilities of each agency;

-to collaborate on utilization of resources to complete the continuum of services;

-to serve an interagency case management function to ensure that all identified children are appropriately served.

The local Interagency Council provides an organizational framework within which the independent but similar functions

of various agencies are structured. It eliminates fragmentation and duplication of services, allows for more effective utilization of personnel and resources, and ensures the provision of a full array of services within the community. It streamlines the service delivery system for families and eliminates the sense of territoriality that too often plagues services to children. Acting as a community team, the agencies focus on a broader sense of organization to ensure that all handicapped preschool children receive appropriate intervention services.

Packet Overview

Do you see a need for additional emphasis on collaboration among agencies to meet the goal in your community? Answer the following questions regarding collaboration; and if you have checked several items "yes", you probably have a need:

DO YOU NEED TO COLLABORATE?

	YES	NO
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?	___	___

	YES	NO
Do programs and agencies compete for the same children? Does turf-guarding exist? Is there mistrust?	___	___
Do agencies devalue one another?	___	___
Is there a lack of comprehensive services (educational, medical, social, etc.) for children in the B-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?	___	___

If a strategy for improved interagency collaboration would be beneficial for your community, this packet will assist in implementation of a local Interagency Council.

This packet will review the goals and rationale for a local Interagency Council, state prerequisites necessary for effective interagency efforts, describe the critical characteristics of a Council, and describe the maturation or developmental stages of a Council. Then, the packet will describe the implementation procedures for assembling the interagency team and describe the main functions and activities which result in effective collaboration.

CHAPTER II: THE LOCAL INTERAGENCY COUNCIL--A STRATEGY

The nature of the delivery system in any locale for preschool handicapped children and their families is complex. The system is composed of an assortment of diversified agencies that may provide educational, medical, therapy, and social services. Agencies typically have different eligibility criteria, guidelines, capabilities, constraints, funding sources, and overlapping populations of children and families. Further, agency personnel often have little understanding of the procedures and characteristics that guide the functioning of agencies other than their own. The result is fragmentation of services to families, inappropriate referrals, duplication of services, and significant frustration. Parents of a handicapped child often experience the greatest frustration as they attempt to discern the maze of community agencies to obtain what they need for their child.

Agency personnel concerns parallel the parents' concerns. Administrators, supervisors, social workers, teachers, therapists, medical personnel, and others need assurances that their efforts with children and families are synchronous with the efforts of other agencies. They experience a compelling need to work closely with other professions who serve a child and family to avoid duplications and sometimes conflicting treatment approaches. Most personnel are interested in streamlining procedures to

improve services and search for ways to be more effective for children and their families.

So, while children and families have needs, agencies have needs as well. Agency resources, funds, personnel capabilities, and time are real limitations which must be considered. Agencies must have assurances that their resources are being expended in a most efficacious manner. Prioritizing, selecting, refining, and even eliminating services that can be provided is a complex process for agencies. For example, many agencies provide screening and evaluation, social work services, direct intervention with children and families, public awareness and public relations activities, related services, parent education and training, staff development activities, program and curriculum development and refinement, and program evaluation. Because of the commonality of many of these efforts among agencies, competition for children and families, protectionism, turf-guarding, and a tendency to devalue other agency programs may result. Smaller agencies may be unable to devote resources to staff development or social services. Other services, such as comprehensive parent programs, may simply not be possible because of the cost and staff limitations that may exist. Or underutilization of these services may occur since the target population served by one agency is small.

The Interagency Council (Council) provides an effective and powerful strategy for local coordination and collab-

oration. The Council, if properly organized and supported, allows for the needs of children and families and the needs of agencies to be met effectively and simultaneously. It is a powerful and functional administrative tool. The Council, comprised of a team of mid-level management representatives from the primary agencies which serve handicapped and high-risk children (B-5), meets at least monthly to address both policy issues and direct services to children.

This Council provides an "organizational" framework for facilitating delivery of services to preschool children and their families and coordinating every aspect of the delivery system across the agencies. It results in shared services and clarification of the respective roles and responsibilities of the various agencies to avoid competition and duplication and to minimize costs. As a strategy, the Council offers significant advantages to the agencies themselves including increased efficient use of funds, focused services, and increased quality of services.

The bottom line, however, is that the Council provides a strategy for coordination of agency resources to ensure that all children in need of services are identified and receive them. The primary goal of the Council is to synchronize agency programs which then provide a complete array of services, to maximize progress, and to streamline the process of delivering services. The "child-oriented" goal must always be foremost on the minds of agency personnel--it is the underlying rationale and raison-d'etre for the Council and the agencies themselves.

A Case Study: Clarifying the Rationale for Collaboration.

Each agency has the best interests of the children and families it serves in mind and would like to see all needed services provided. To do this, long-term involvement of many agencies must occur. Consideration of the following case clarifies the immediate and continual need for coordination of services among agencies and collaborative efforts to ensure maximum efficiency.

> William T., a 33 month-old black male child was born prematurely at 3 pounds, 7 ounces to a 15-year old single mother. Two months after his birth, he was discharged to the maternal grandmother when his mother refused responsibility for the child. One month later, he was admitted to the emergency room of a local hospital and immediately transfered to Children's Hospital with pneumonia, seizures, dehydration, and metabolic acidosis. Following this, he was seen for routine medical care both at the local health department and a private pediatrician. Referrals were made to the Department of Health and Rehabilitative Services (HRS) for social service assistance to the family, to Children's Medical Services, and then to Developmental Services for screening and evaluation as developmental delays were apparent. Ongoing parent training and social services were provided to assist caring for this child diagnosed with vision and hearing impairments, cerebral palsy, and severe retardation. The grandmother continued to work two jobs to support a large family and verbalized anger and resentment over having been left with the care of this difficult youngster. Since no other responsibile adult was available in the home to care for him while his grandmother worked, William was left in the care of a twelve year old sister. The family did not own a car and medical appointments were too frequently missed. Medical services through Children's Medical Services were provided 20 miles from the child's home and medicaid transportation needed to be arranged each time. At 16 months, the child was enrolled in a center-based program at the Association for Retarded Citizens (ARC). Parent training in the home and HRS social services continued. The grandmother's work

schedules, confusion over medical providers, transportation problems, distance from the school, and other family and personal pressures continued to complicate provision of services. The family was often confused over differing opinions and instructions. The complex needs of the child, the number of agencies involved, and the limitations of the family created a difficult case management situation.

There should be no doubt that a family such as this is at "high risk" for fragmented and uncoordinated service delivery. The complexity of the child's needs as well as those of the family indicate the need for a decision-making process which is clearly beyond the scope of a single case-manager or professional. The Interagency Council, however, can serve as the forum for collaboration of service delivery problems exemplified in this case.

Likewise, the Interagency Council provides a system for determining the respective roles and responsibilities of the agencies so that services of one agency are not depleted on complicated cases. The agencies are able to discuss and mutually decide how the various services (educational, therapy, equipment, parent training, transportation, social services, medical services, related services, etc.) can be most appropriately, efficiently, and economically provided.

Establishing Interagency Systems

As individual schools function in a coordinated manner within a school system and individual departments function in a coordinated manner within an organization, the Interagency Council provides a strategy to facilitate coordination and collaboration of independent agency programs

within a community. Agencies can function as a family or a "team" of agencies with the focus on the needs of the child and family.

The concepts of interagency coordination and collaboration provide a new perspective on the manner in which agencies work and relate. Agencies become part of a "team" and a larger system in which they play a critical and interdependent part and depend upon others to play needed roles. Agencies begin to perceive the "gestalt"--the entire scope of services needed by the child and family. Agencies perceive their role and relationship to one another within the context of the community. They adjust their roles and relationships for the benefit of the children and families they are charged to serve.

The Council provides a strategy for the development, coordination, and provision of the components of the preschool programs. It organizes the efforts of all of the community agencies to develop the following in a coordinated manner:

-a system of comprehensive service delivery

-a system of child location and identification

-a system of information exchange

-a system of referral and transition

-a system of case management

-a system of personnel development

-a system of parent services

-a system of evaluation of interagency efforts

While these systems are operational within most individual agencies, they are agency-specific, duplicative in nature, and may function independent of other similar services. Costs may be unusually high for underutilized services. Collaboration among agencies may significantly expand and improve the ability of the agencies to meet the needs of the children, families, staff, and agencies alike. Collaboration therefore meets two objectives: (1) to improve the delivery of services to children and families, and (2) to improve the efficiency and effectiveness of the service delivery systems themselves.

Thus, the use of local Interagency Councils may be a valuable strategy for the development, coordination, and provision of all aspects of preschool services within a geographical area. Is there a model which can be used to guide the development of a particular local Interagency Council? Are there particular goals for such a Council? Are there any prerequisites for enhancing collaboration among agencies? Are there particular characteristics of effective local Interagency Councils? Are there stages of development for local Interagency Councils along with identified activities for those stages? The next Chapter responds to these questions.

CHAPTER III: THE LOCAL INTERAGENCY COUNCIL--A MODEL

The Interagency Council Model is described in terms of goals, prerequisites to collaboration, characteristics of effective Interagency Councils, and stages of Interagency Council development (Morgan, 1987b).

Purpose

The purpose of the Interagency Council is to develop and provide for a comprehensive array of services for handicapped and at-risk children, birth through five years of age, and their families. Developing and providing a comprehensive array requires that services are available for handicapped and high risk preschool children regardless of age or type of impairment. It requires the presence of all types of service delivery models. No one model will be appropriate for all children. An assortment of full-time, part-time, mainstreamed, itinerant, home-based, consultative, and parent training options must be available. Further, different types of services--educational, medical, social services, and related services--must be identified and accessible. All objectives, activities, and resources are directed toward this purpose. The agencies, through participation in the Council, can identify the rich assortment of programs and services that exist and how they can operate to complement one another.

The Interagency Council facilitates independent agencies whose functions and roles are varied to synchronize

their efforts to generate a full continuum of services. The strength of the Council is its task orientation which focuses energies and promotes a spirit of collaboration for the agencies' benefit. The effectiveness of the Council, however, requires the full commitment of the individual agencies to collaboration and the full commitment of the agency representatives to the goal.

The development of this comprehensive array of services leads to the realization of the ultimate goal--to ensure the provision of appropriate and coordinated services to each child identified.

Prerequisites to Collaboration

The presence of a spirit of collaboration does not occur spontaneously--it must be encouraged and nurtured. Deliberate action is necessary to gain group concensus and to realize that there is no real advantage to competition and turf-guarding. There must be mutual agreement of the agencies that the priority is to guarantee that all identified children and their families receive appropriate services. The level of trust and respect must be developed to the degree that agencies ensure that all children are properly served, regardless of who provides the service. Roles and responsibilities of agencies must be clearly articulated and referral procedures developed to avoid children maintained on a waiting list and considered the "property" of one agency. Children must be regarded as "ours" rather than "yours" or "mine".

A state of readiness and receptiveness to interagency coordination and collaboration must be achieved prior to community agencies demonstrating the willingness to engage in such activities. This readiness is built upon the acceptance of some basic premises that agency personnel must share--premises that need to be deliberately discussed and agreed upon through concensus.

These basic premises are as follows:

-One agency alone cannot provide all of the services necessary to meet the needs of all the children and families.

-With limited resources, agencies must coordinate their efforts to avoid waste, duplication of services, and service gaps.

-An attitude and commitment to collaboration must exist.

-There is no value in competition for children. Nothing will be gained.

-There must be recognition of favorable tradeoffs.

-Mutual trust and respect must exist among agencies. There must not be public criticism of one another.

-The Interagency Council must be perceived as only a strategy to ensure provision of services to children and families in need.

-Evaluation of the interagency efforts must be made in light of services to children and their families.

-Maintenance of an interagency group is difficult. Group cohesion, a sense of equality among agencies, must exist; power, control, and authority conflicts must not interfere.

-A leader must be available to commit time and energy to support the effort. This leader must be trusted and respected by all agencies and must have credibility to resolve conflict.

Acceptance of these basic premises is required since successful interagency activities depend upon a positive attitude toward collaboration. It is only the attitude and commitment that make the process work. Negative attitudes and friction between agencies can prove to be unsurmountable barriers to the development of productive collaboration. If they exist, strategies will need to be employed for their elimination before a successful Interagency Council can develop.

Characteristics of Effective Local Interagency Councils.

The characteristics of effective Interagency Councils were determined through a review of the literature, analysis of existing Interagency Councils in Florida, survey results concerning best practices, seven years of operating an Interagency Council in a school district, and consideration of national discussions in professional meetings (Morgan, 1987b). Figure 1 lists each characteristic. Each characteristic is stated and the basis for its inclusion described below.

1. Dual Focus--Policy and Direct Services. Olsen (1983) described the experiences of fifteen local special education administrators in providing related services through collaboration with other agencies. He found that interagency committees at the local level appeared to be of two types--policy and direct services.

Policy: Interagency committees were comprised of administrative representatives. They developed interagency agreements, established general frameworks within which agencies would

Figure 1

Characteristics of Effective Local Interagency Councils

1. Dual focus--policy and direct services
2. Problem-solving or action group
3. Small group (10-12 members)
4. Primary service providers
5. Middle-management representatives
6. Consistent representation
7. Equal partnership
8. Immediate service area
9. Consistent leadership
10. "Agency-neutral" coordinator
11. Well-defined goals
12. Group cohesiveness
13. Established meeting procedures

operate, and took the initiative in developing new interagency programs and facilities. Priority needs were discussed and mutually acceptable solutions were defined.

Direct Services: Interagency committees focused on individual children served by more than one agency for whom problems or conflicts had arisen. They reviewed cases, discussed the needs of children and families, discussed alternatives, and developed plans of action.

Olsen found that the most successful groups incorporated both components. They tracked individual children until the problems were resolved, thus serving a case management function. Representatives were generally middle-management personnel and committee functions included role clarification, increasing understanding of agency capabilities and procedures, case reviews, joint funding, and resource pooling. The Interagency Council Model incorporates both these components.

2. Problem-Solving or Action Group. While the early stages of Council development are characterized by informational and awareness activities, it is critical that the Council perceive its main role as a problem-solving and action-taking group. If it is limited to "learning" about other agencies and programs without identifying service needs and proposing solutions, it will not accomplish the goal. The problem-solving nature and high degree of task orientation are critical elements in the expansion of preschool programs and services.

3. Small Group. The chances of succeeding in effective collaboration are significantly improved if the

effort is focused on a limited age group such as birth through five years and limited to a small geographic area--one community (city or county school district). The fewer the agencies involved, the more likely effective lines of communication and working relationships can be established and maintained (Elder, 1980). Gilbert and Specht (1977) conducted a study which showed that inter-agency coordination projects in which fewer than twelve agencies were involved were more likely to achieve positive results. They found a large number of participating agencies was related negatively to the success of coordination. One might imply from this that collaboration attempts in large urban areas should be subdivided into efforts of smaller subgroups or chances for success might be severely jeopardized.

Since the intent is to engage in discussion related to policy issues, to problem-solving, and to deal with issues of service delivery for children and families, group size is critical. Successful problem-solving and task-oriented behavior are most effectively accomplished in a group where small-group dynamics exist. The most effective group may be one which does not exceed 8 to 10 members (Ferrini et al., 1980). Beyond this size, the ability to freely discuss issues and reach concensus is significantly reduced. As the group increases in size, more time is spent protecting one's territory, greater threat is perceived, less discussion occurs, and cohesion is difficult to develop. Further

stablization of a group's role structure will become increasingly difficult with increased group size (Slate, 1958).

4. Primary Service Providers. It would be unreasonable and impractical to involve every community group which is in some way related to preschool handicapped children and their families. To do so would result in an excessively large group of personnel, many of which would sense only a tangential purpose in attending meetings and would eventually withdraw.

It is critical to identify the primary service providers within the community for Council participation. They comprise the main group which currently serves the defined population. The Council, however, must include representation by the main agencies that provide education, medical, therapy, parent, and social services to allow for coordination of the services needed by a child.

The primary providers may vary from district to district. Crippled Children's Services may be the primary medical provider in one county while the local health department may provide most of the services in another county. Migrant preschool programs may be found in rural and agricultural counties but not in largely urban areas. The primary providers in each district will need to be carefully determined.

Primary service providers are similar and generally include the local school system, Crippled Children's Services, Developmental Disabilities, parent training programs, Health Department, Association for Retarded Citizens (ARC), United Cerebral Palsy, parent resource program, Title XX Daycare, local speech and hearing clinic, hospital rehabilitation unit, perinatal program, Head Start, migrant preschool programs, and the Mental Health Center.

The Council should form linkages with other community services such as March of Dimes, Council on Epilepsy, Division of Blind Services, and other smaller programs but should not be compelled to include them on the Council if they are not directly providing services to the majority of the children who will be the focus of problem solving and discussion. Doing so will make the group size excessive, involve representatives who will sense little purpose in being there, and will diffuse the action capability of the group. The Council should be aware of these programs and work with them as needed.

5. Middle-Management Representatives. One pitfall encountered in developing interagency agreements is the tendency to communicate too low or too high in the organizational structure. Council membership characterized by teachers or non-administrative personnel may be self-defeating in policy areas. On the other hand, top level administrators may not be sufficiently close to the actual implementation of policy decision to realize problems with feasibility (Hall, 1980).

Olsen (1983) reported that a middle-manager was the most appropriate representative on a Council which focuses on direct services to children. The middle-manager is aware of line functions, works closely with administrators, is open to change, and can create change.

It appears that middle-managers maintain sufficiently close proximity to the children and families, accountability for provision of services, as well as the ability to influence high level policy makers to create needed change (Olsen, 1983; Kazuk, 1980). Councils which are comprised largely of non-management level personnel who cannot commit the agency resources or speak on behalf of the agency are doomed to terminal non-productiveness and will function only as awareness or learning groups. As time passes in these groups, frustration and lack of productiveness become increasingly evident and membership becomes increasingly unstable as participants are forced to prioritize their time on tasks most critical to the demands of their job.

6. Consistent Representation. A critical requirement of this model is commitment of agencies and personnel. Demonstrating commitment to the concept means the designation of a middle-management staff member who will attend meetings consistently. It is essential that the representatives attend all meetings (Ferrini et al., 1980). Consistent attendance provides for continuity of perspective and problem solving and development of a cohesive interagency team which will be able to address the needs of

the service delivery system and children on a long term basis. This element is critical for productivity. With frequent turn-over of membership, a barrier is created which will interfere with the ability to form a knowledgeable, cohesive, and accountable work group. Substitute or rotational representation is unacceptable as it disrupts the collaborative planning process.

It has been found that established groups are more effective than ad hoc groups in the solution of problems, the use of member resources, and the handling of conflict (Hall & Williams, 1966). Systematic variation of member turnover in problem-solving groups has revealed that performance effectivness of groups decreased with the increase in rate of turnover (Trow, 1960; Rogers, Ford, & Tassone, 1961).

7. Equal Partnership. The Council must operate as an independent coalition of agency representatives, each being perceived as equally important regardless of size of the agency or program. While one or two members must assume the responsibility for facilitation and guidance of the Council activities, members must sense that they have equal partnership in the group (Ferrini et al., 1980).

The Council must not create another level of bureaucracy and should not be regarded as an extension of any single agency (Mulvenon, 1980). Under no circumstances should any agency sense or express ownership of the Council. "Ownership" creates an imbalance which jeopardizes

interagency efforts by creating suspicion that one agency will benefit from the Council at the expense of others.

Likewise, caution should be exercised in developing a Council hierarchy by establishing "officers". This practice implies greater responsibility and control by certain members. Problems of power, control, and authority within a Council can create significant friction and mistrust among members and impair the ability of the group to be productive. Discussion and negotiations between group members have been found to be implemented most effectively when representatives are equal in status (Stogdill, 1958). Council letterhead stationary and development of a separate logo can assist in establishing the Council as a coalition independent from the agencies. The stationary of one participating agency, for example, should not be used.

8. Immediate Service Area. The Council should focus on the local or main administrative service area served by the agencies. The main or immediate service area may be a single county, a segment of a large county which has been administratively subdivided, or may be several small counties in an educational collaborative. Because of the complexity of regions or multi-county areas containing districts or counties that function independently to provide services, the districts might combine cooperatively before working with other agencies for Council activities.

Focus on the immediate service area will enable the Council to establish meaningful goals, objectives, and activities that will meet the needs of both the children and

their families and the agencies. The result will be an increased commitment to the Council and the stablization of membership. Council members must observe a direct relationship between participation in the Council and solving their service delivery problems.

9. Consistent Leadership. During the initiation of Council development, membership becomes increasingly stable as the understanding of the process increases and adjustments in agency representation occur. Likewise, the Council leadership stabilizes or emerges as the competencies and necessary skills of the Council Coordinator become apparent.

Productiveness of the Council will depend in large measure upon the stability of the leadership as well as the membership. It will be this stability that generates group cohesion, differentiation of roles, sensitivity to agency needs, continuity of goals, and the ability to problem solve. Pryer, Flint, and Bass (1962) reported that groups tended to remain effective as long as they did not change leaders. Further, the performance of a group has been found to be contingent upon both the motivational system of the leaders and the degree to which the leader has control and influence in a particular situation (Fiedler,1974).

The Council Coordinator must assume the responsibility of providing guidance, direction, and motivation. She can only accomplish this through a firm understanding of the programs and administrative problems at hand. She must also be able to motivate, organize, and mobilize the group to

achieve solutions to the problems identified and to continually reinforce the cohesiveness of the group.

In situations where the Council Coordinator changes periodically, lack of continuity and instability of the group may occur. Motivation to achieve goals may be lessened as temporary Council coordinators lack long-term investment and accountability. Rotation of the function of coordinating the Council may serve to compensate for the lack of commitment on the part of one individual to assume the responsibility for coordination but is bound to create a long-term disadvantage.

10. Agency-Neutral Coordinator. While the Inter-agency Council Coordinator may be an employee of one of the participating agencies, it is critical that an "agency-neutral" role be established so that the Council is not used for better advantage of one agency. Fairness, equal support for the needs and concerns of all agencies, and a commitment to the needs of the children and families as a whole must be the focus. The Coordinator should work from a child-centered base rather than from any specific agency or program base (Elder, 1980), should serve as an advocate for the children instead of the agencies, and should facilitate member participation.

The Coordinator must be able to deal effectively with the human factors involved, understand group dynamics, demonstrate skills developing interpersonal relationships, have conflict resolution skills, have a sense of the history

of the community, and be committed to the goal and process of the Council. These qualities are critical as is displaying an understanding of the coordinated service delivery system and collaborative efforts which must be created.

11. Well-Defined Goals. Well-defined goals are a critical part of an effective Interagency Council. The clear focus on ensuring the existence of a comprehensive continuum of services to all these children and their families is a central focus for all Council participants. Without a clear focus, there is confusion for all participants, ineffective efforts are made, and disappointment, disillusionment, and dissatisfaction result. The Council Coordinator must facilitate the development of well-defined goals to have an effective local Interagency Council.

12. Group Cohesiveness. Group cohesiveness can be defined as the attraction of the members to the group (Bass, 1960), the level of group morale, and the coordination among members (Shaw, 1976). It is the factor which may be responsible to "make" or "break" the group and is largely responsible for its level of productivity. This quality serves as a type of "dynamic tension" that binds the group together and generates the spirit of support and assistance across agencies. It is dependent upon consistency of representation, commitment to similar goals, and the trust level of the group.

13. Established Meeting Procedures. To ensure consistent representation and a sense of stablity within the group, Council meetings should follow established meeting procedures. Meetings should be scheduled monthly at a mutually agreed-upon day and time. Establishing a regular meeting time, for example, such as the third Thursday of the month, will enable members to block out that time period to guarantee their attendance.

Meetings held less than once monthly will not allow for development of a cohesive interagency team or sufficient time for problem solving. In the beginning, interagency teams may even wish to meet more often in order to maintain interest and momentum and to more quickly establish working relationships and Council goals. Agency personnel have undoubtedly had unproductive experiences with committees and task force groups in the past. As a result, in the early stages of operation the Council may need to sense the accomplishment of several tasks. If this occurs, the members will have the necessary confirmation of the benefits of participation in such a group.

Holding monthly meetings at agency sites on a rotating basis has been found to be an effective strategy for maintaining the neutrality of the Council, fostering improved understanding of the various agency programs, and strengthening the rapport between agency members. Creating a high level of comfort with all of the agency programs and staff members should be a primary goal. Communication and

working relationships can be significantly enhanced by getting to know those secretaries and staff members one speaks with frequently.

Responsibility for sending out meeting notices, drafting the meeting agenda, and determining whether formal, written meeting minutes will be maintained must be decided. These housekeeping functions take time, resources, and consistency. They should be assumed by the Council Coordinator. Councils which have attempted to rotate these responsibilities have generally met with poor results and friction among Council members. All Council members will not be equally proficient conducting these functions. To ask that they do so may be setting them up for failure in the face of the other agency personnel. This rotation procedure is probably not worth the price that is paid and the friction that results will certainly be counterproductive to the spirit of cooperation that is intended.

Leadership of the Council is a key issue. The quality and stability of leadership will be directly proportional to the productivity of the group. The "leader" must have a thorough understanding of the community, display expertise in preschool program areas, have an understanding of group process, be capable of generating followership, and mobilize the group to accomplish its goals.

Stages of Local Interagency Council Development.

A predictable pattern of organizational development characterizes the maturation of the preschool Interagency Council although the pace and sequence of events may vary from one Council to another (Foster, 1986). This pattern consists of progression through three stages which represent increasing sophistication in the quality of the interagency activities. It may take an Interagency Council from two to four years to reach a mature and effective operational level.

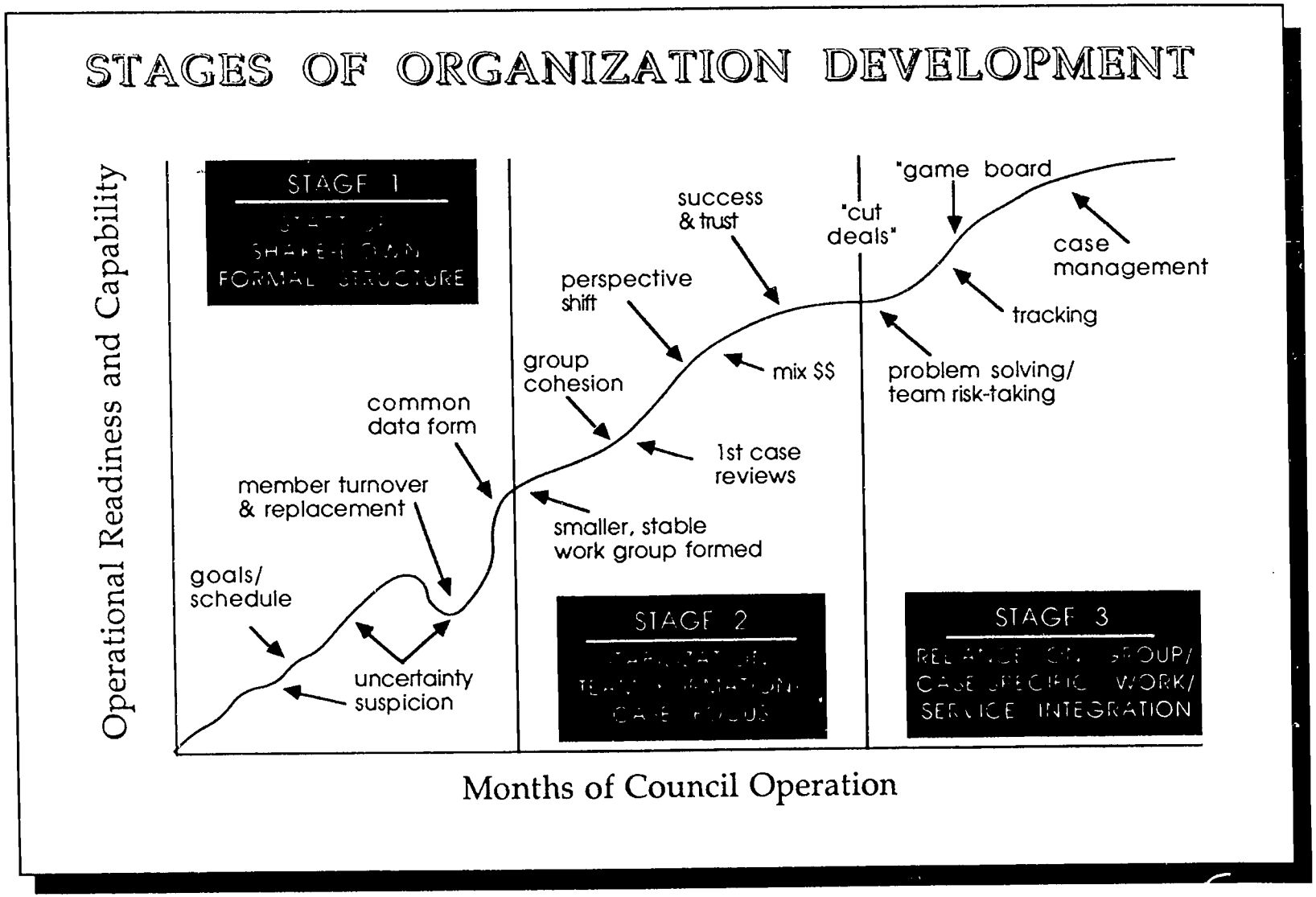
This pattern of organization development was described by Foster (1986) (Figures 2 and 3) in the Evaluation Report on the State Plan Grant Project to Improve Pre-Kindergarten Services to Handicapped Children in Florida. The senior author of this packet was the major source of information for the development of this organizational pattern.

Stage 1: Cooperation. The initial stage of a group is a time of orientation and exploration (Corey, 1981). Members get acquainted, determine the structure of the group, anticipate the expecations of the other members, and define their goals. At the initial sessions, members maintain a public image and present a side of themselves that is cautious and socially acceptable. They sense a certain anxiety and insecurity about the structure of the group and their respective roles.

The focus of the group is on creation of a formal operating structure for the Interagency Council (Foster, 1986). "Formal cooperation" is evident and attention is

Figure 2

Stages of Local Interagency Council Development



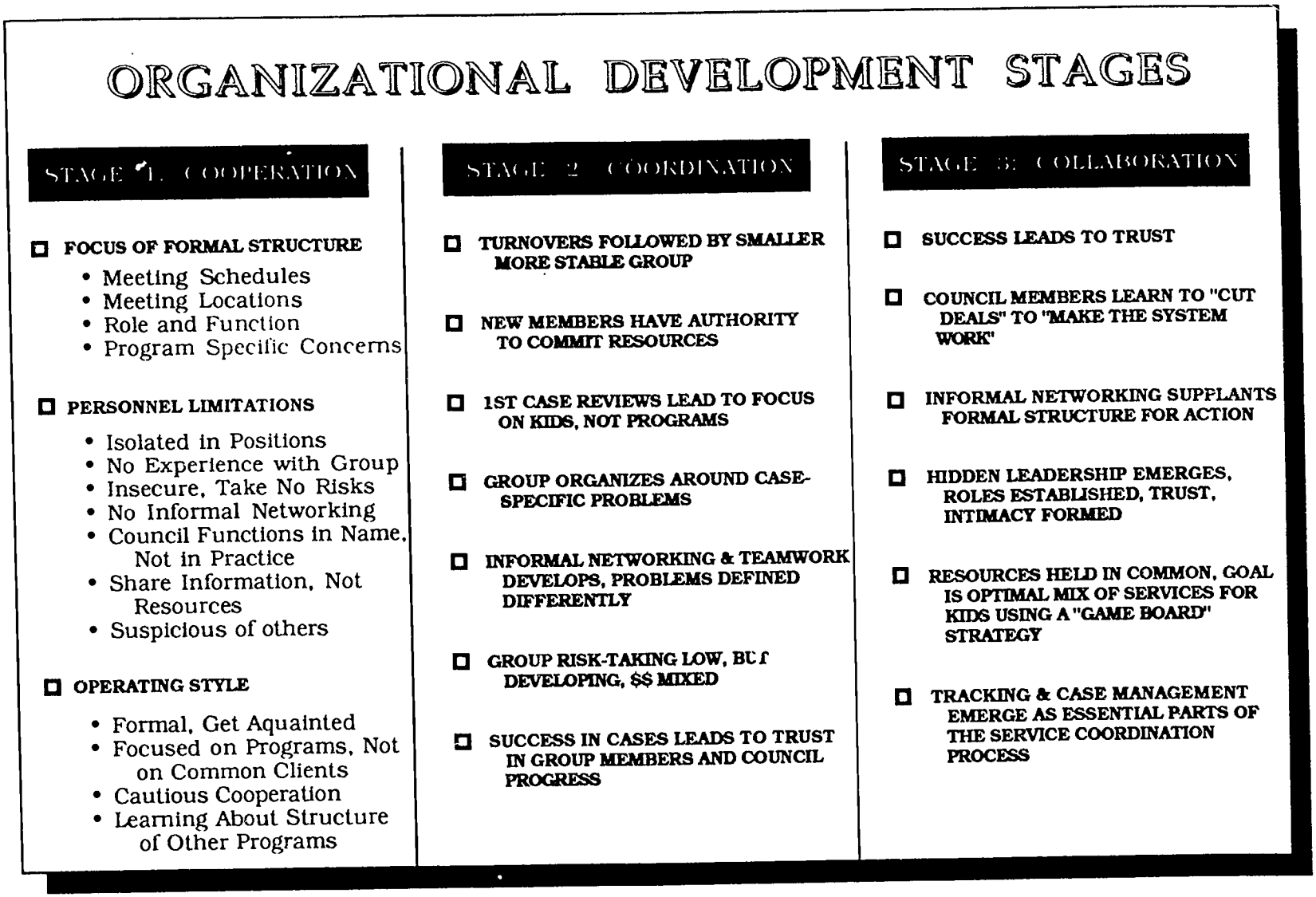
(Foster, 1986)

41

42

Figure 3

Organizational Development Stages



(Foster, 1986)

given to determining the meeting schedule, agenda items, and meeting sites. As the group gets acquainted, information sharing is the natural and central content of these early meetings. Members begin to develop a more complete understanding of agency roles, capabilities, and limitations.

This is generally followed by clarification of the purposes of the Interagency Council in the form of goal statements. During this early stage, members may have only vague ideas about what they want from the group. Trust has not yet developed and members operate formally as representatives of their agencies. There may be little informal networking at this point and members are not yet sufficiently secure in their roles to make commitments of program resources. Establishing trust is critical in this stage. Without trust, group interaction will be superficial, constructive deliberation will not occur, and the group will operate under the handicap of instability. The Interagency Council Coordinator must play an active role in the establishment of trust.

Leadership becomes a critical component of this initial stage, particularly if the group is to mature into Stage 2. If this leader can establish new visions and meet the needs of all agency representatives, she will develop a following and inspire confidence in the group to proceed. If this leader also has personal magnetism, or charisma, there is the greatest possibility of dynamic for change. Members

become attached to the leader because of the attractive nature of her personality and because her ideas represent the often unspoken feelings and needs of group members.

The initial organizers of the Council are often personnel who serve as agency liaisons and work with a number of agencies in search of services for their clients (social workers, child find specialists, case managers). They are often instrumental in verbalizing the need for interagency coordinating council and in pulling the agency personnel together. While they may serve this purpose, they may not possess the skills to serve in an appropriate capacity to coordinate the Council on a long-term basis. Further, if they are not management-level personnel, they will experience difficulty attempting to lead a group whose credentials far surpass their own.

Two distinct forms of leadership behavior become evident in facilitation of the Council: 1) Goal achievement--the achievement of some specific group goals, and 2) group maintenance--the maintenance or strengthening of the group itself (Cartwright & Zander, 1953).

In this stage, where the task is ambiguous, highly directive behavior will serve to increase the satisfaction by clarification of the task (House, 1970). Therefore, the coordinator must demonstrate solid knowledge and competency in a number of areas.

In summary, the Cooperation Stage is characterized by a willingness of the agency representatives to work together

and show interest in increasing their understanding of the various programs and services. Communication increases and they begin to share information of mutual interest and benefit. Adjustments, however, to actual agency procedures are not yet being made. Agency representatives are still working in parallel fashion. While the initial organizers of the group deserve credit for motivating the group to action, they do not possess the skills or position to guide the Council on a long-term basis. Task orientation must be high at this Stage to maintain momentum of the group. As a result, the leadership must be direct, dynamic, and capable of generating followership.

Stage 2: Coordination. During this stage, members of the group increase their trust in the other members and the Coordinator becomes increasingly able to share information. From this increased openness, however, anxiety and defensiveness may occur as they and their agency are viewed by others on a level beyond the public image. Over a period of time, this anxiety, should give way to genuine openness, intimacy, and trust which lead to eventual development of the critical element of group cohesion.

During this stage, members learn to accept the constraints of the agency programs without blame. They acknowledge the fact that children cannot be served comprehensively by any single agency program represented. They begin to provide mutual support and assistance and begin to discuss complex cases where coordination is necessary.

Interagency Council members begin to work to improve coordination of services within the limits of prevailing rules and regulations. The perspective then begins to shift away from individual programs to the complex problems of individual children and Interagency Council members discover creative ways to mix resources from their various programs to meet the challenging problems of handicapped children (Foster, 1986). Interagency Council members begin to engage in mutual planning rather than sharing information. IEP Plan meetings may be scheduled by agencies at mutually agreed-upon times as opposed to simply inviting others to attend. Adjustments are being made in the manner in which the agencies work and plan. They begin to coordinate their roles and functions with consideration to the other's needs and constraints.

During this Coordination Stage, turnover in membership may occur as the role and competencies of the participants become clear. A smaller, more stable and committed group is forming and members are discovering whether the group is a safe place to disagree, ask for support, and offer assistance. Discussions about procedures, division of responsibility, and strategies for problem-solving may be central. The group is building a solid foundation for resolution of problems in service delivery and the role of the Coordinator continues to be critical. The leadership may change as an experienced and task-oriented coordinator is required.

Stage 3: Collaboration. This stage represents a working stage in which the Interagency Council has reached the level of maturity required to organize services for children with complex needs. The trust level of the group is sufficient to allow for exploration of significant problems and effective action. It is at this stage that the group cohesion becomes a key element of the group process. Cohesion refers to the attractiveness of the group for the participants and to a sense of belonging, inclusion, and solidarity (Corey, 1981). Interagency Council members are able to open up and take risks which may involve taking short-cuts with procedures or displaying flexibility with rules that otherwise might prevent a child from receiving a needed service in a timely manner.

Informal networking supplants formal program structure as a basis for action on individual cases. New agency roles, based on trust and intimacy in working relationships, result in improved case management. A well-developed and functional child tracking system is finalized to solidify a system where children cease to "fall between the cracks" of agencies and eligibilities.

The Interagency Council has reached a stage where trust and good working relationships enable the creation of new programs, written agreements, contracts between agencies, joint efforts at service delivery, and policy adjustments for agencies in an attempt to streamline the procedure for the benefit of handicapped children and their families. The

working relationships that have been established create the continuous functioning of a coordinated "interagency team" that is capable of meeting the challenge of ever-changing resources, constraints, regulations, funding levels, and community needs.

CHAPTER IV: IMPLEMENTATION PROCEDURES AND GUIDELINES

In the past, successful collaboration has been difficult to achieve due to many factors including lack of sufficient motivation and need, inability to define collaboration in specific terms, and the influence of interpersonal factors. However, P.L. 99-457 has established the need and the motivation to collaborate to provide comprehensive services to this population. This requires an integrated delivery system of education, parent/family, therapy, medical, and social services. It is apparent that no single agency will be able to provide all of the needed services. Various agencies, with unique roles and responsibilities, must relate to each other and maximize the positive influence of interpersonal factors. Agencies must do more than engage in simple cooperation and information-sharing. They must promote active collaboration and problem-solving.

The Preschool Interagency Council model provides a systematic and structured way to facilitate interagency problem solving. The model presented in the prior chapters is explicated in this section with specific guidance and examples to assess the need for interagency efforts, to establish procedures and content for the organizational meeting, to explore the varied goals/objectives for interagency Councils, to review specific activities in the three stages of Council development, and to provide more indepth information on selected continuing Council activities.

The activities chosen for a particular Council should focus on specifics such as identification of 1) current services provided, 2) capabilities and roles of the various agencies, and 3) gaps in service delivery. From there, the goals and collaboration activities of the Council may be more clearly identifiable. This process will serve to eliminate sources of needless duplication and to fill the gaps in service delivery. By creatively combining resources, facilities, and funding with written agreements and contracts, the Council can complete the service delivery continuum and meet the goal of services for handicapped preschoolers and their parents/families.

Assessment of Need for Interagency Efforts

Before one begins to consider using this Preschool Interagency Council model, one should assess the current need for or status of interagency efforts in the community. Figure 4 provides a series of examples which can be used to identify levels of interagency efforts in terms of cooperation, coordination, or collaboration. Appendix I contains four examples of advantages for collaboration which further explicate the three levels of effort.

Figure 5 may be used to assist the reader in determining if there is a need for collaboration in one's geographic community based on current activities. Figure 6 asks the reader to consider which factors which interfere with the provision of necessary services to handicapped and high risk preschoolers and their families. These identified factors will be transformed into goals for the Council's problem solving efforts.

Figure 4

Examples of Local Interagency Efforts

Cooperation, Coordination, and Collaboration

Activity	Level
The local school district sends notices of its teacher in-service workshops to the other agencies.	Cooperation
The local Association for Retarded Citizens (ARC) refers children to the school system when they turn five.	Cooperation
Agency personnel become familiar with the contact people in the respective agencies.	Cooperation
The Child Find Specialist works with and refers children to the local Head Start Program.	Cooperation
The Health Department forwards records to Children's Medical Services when requested.	Cooperation
The agencies that serve preschool children develop a procedure to share the responsibility and cost for Occupational Therapy (OT) and Physical Therapy (PT) services.	Coordination
Agency personnel develop and follow specified procedures to refer children to one another's programs.	Coordination
Agency personnel schedule IEP meetings at mutually agreeable times for Head Start and school district staff.	Coordination
The school district agrees to provide psychological and audiological services to Head Start so their funds can be then budgeted for OT, PT, and speech services.	Coordination
The local ARC, Head Start, and school district work together to develop transition procedures.	Coordination
Agencies develop or modify their programs and target populations to avoid competing or duplicating services.	Coordination
The Preschool Entitlement Grant is developed in conjunction with other agencies and other funding sources.	Collaboration

Figure 4 (Continued)

Activity	Level
Community agencies jointly develop a directory of services. Representatives from the various agencies gather and organize the information; the intermediate unit assumes the cost of printing and the school district agrees to mail the directories and a cover letter to all county pediatricians.	Collaboration
The school district provides speech therapy services to Head Start through a written agreement.	Collaboration
The Child Find Specialist conducts developmental screening at the Health Department every Wednesday morning when children are seen for Medicaid screening.	Collaboration
A consultant is brought in to train teachers in the area of music therapy activities. An intermediate unit pays for the consultant, Head Start provides the training materials and the school district provides the facility for the training. The intermediate unit sends out the notices and ensures all agencies they could send staff for training.	Collaboration
The school district enters into a written agreement with United Cerebral Palsy (UCP) to develop a preschool program. UCP provides the facility at no cost while the school district purchases OT/PT/speech services at a specified fee. The teacher and transportation are provided by the school district.	Collaboration
Head Start and Redlands Christian Migrant Association (RCMA) work together to develop a paraprofessional training program for both staffs, sharing the cost of the training.	Collaboration
The local rehabilitation center and Sertoma Club work together to develop and fund a Saturday morning daycare program for handicapped infants.	Collaboration

Figure 4 (Continued)

Activity	Level
Agencies develop and implement standard IFSP formats and procedures	Collaboration
The school district, UCP Program, and Health Department each contribute staff members to form a specialized preschool assessment team for evaluation of handicapped infants and toddlers. The team recommends the type and extent of services needed and refers to the appropriate provider.	Collaboration
Agencies develop and implement a case management and child tracking system.	Collaboration
IFSP meetings demonstrate participation by all relevant agencies and define each agency's contribution.	Collaboration
Program budgets (including grants) are developed with respect to one another to avoid duplication or waste. Budgets are developed in complimentary fashions to eliminate gaps in services.	Collaboration

Figure 5

DO YOU NEED TO COLLABORATE?

	YES	NO
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? Is there mistrust?	___	___
Do agencies devalue one another?	___	___
Is there a lack of comprehensive services (educational, medical, and social) for children in the B-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?	___	___

Figure 6

Providing a Continuum of Services

Directions: List all of the factors that currently interfere with the provision of the necessary services to handicapped and high risk preschool children and their families within your community.

Preliminary Planning Procedures for the Organizational Meeting

Once it has been determined that collaboration is needed, one has to engage in a series of planning procedures prior to the first meeting. The organizer must consider the purpose for oganization of the group, the geographical boundaries or service area, the target population, the agencies to be included, and the people who can represent those agencies best. Figure 7 provides a listing of personnel to be considered. These may change at a later date but they serve as a starting point for the formation of the Council.

The selection of the agency representatives is perhaps the most critical preplanning step. Since collaborative efforts depend upon trust and the supportive working relationships that will develop within the group, the personalities and capabilities they display may be the most critical single factor influencing the productive capability of the Council. The important considerations in recruiting members are decision-making power, their ability to commit resources of their agency, and their belief in the collaborative process (Mcgrab et al., 1982; Olsen, 1983; Ferrini et al., 1980). Each one must be flexible, task-oriented, able to function effectively as a member of a a team, and demonstrate effective problem solving skills.

Conducting the First Meeting

Once potential members of the Council are determined, it is time to consider the first meeting. Careful prelimi-

Figure 7

Potential Agency Representatives

to the Local Interagency Council

INVITE:

AGENCY	WHO CAN BEST REPRESENT
School District	
Child Find Specialist	
Head Start	
Crippled Children's Services	
Health Department	
Human Resources-Developmental Disabilities Services	
Association for Retarded Citizens	
United Cerebral Palsy	
Parent Training Program	
Mental Health Center	
Rehabilitation Center	
Preschool Migrant Program	
Infant Stimulation Program	
Hospital Therapy Department	
Other Agencies	
_____	
_____	

nary planning prior to this first meeting will establish the foundation for assembling agency representatives capable of working as a cohesive team to coordinate existing services and eliminate service gaps.

The actual agenda for the meeting may vary depending upon familiarity with the representatives and the history of the working relationships that already exist among them. In some areas, it is possible that agency personnel have never met. In other areas, informal networks and cooperative working relationships may have long been established. To ease anxieties, however, an agenda should accompany their confirmation and notice of the meeting.

An initial 10 minutes to get coffee, circulate, and allow for exchange of conversation between representatives who are acquainted may be advisable. Name badges will facilitate introductions and conversation between agency personnel who have conversed on the telephone but have never had the opportunity to meet. This initial "mixer" time should not be lengthy or the meeting may appear disorganized. Be sensitive to extremely task-oriented and time-conscious representatives who feel strongly that meetings should begin promptly as scheduled. They may be offended by what may appear to them as wasted time.

The first item on the agenda should be a brief welcome by the organizer or facilitator and an expression of appreciation for the interest and time of those who have

attended. The purpose for the meeting should be clearly stated. It is also advisable to provide an explanation of the role of the agency or personnel who assumed responsibility for the meeting and bringing the agencies together. The role of the organizing group should be described clearly as a facilitative role to bring interested agency personnel together for the mutual concern of developing strategies for improving and coordinating services for preschool handicapped children (Magrab et al., 1982). It must not appear that the organizing agency has anything more to gain from the collaboration than the other agencies. If the agencies feel that they are being used to the best advantage of the organizing agency, they may not be willing to participate.

The second item on the agenda should be introduction of the agency personnel in attendance. They should be asked to introduce themselves, their position, and briefly describe the functions of their agency.

The third item on the agenda should be an explanation of interagency collaboration, its benefits, and the concept of the Interagency Council. The first manual in a series by Morgan (1986) (A Rationale for Collaboration) and the first section of this packet could be used to develop the content. The history of interagency collaboration could be described. It may be better, however, to ask someone from an existing Interagency Council in a nearby district, in the state, or a nearby state, to provide a motivational and

informative talk. This presentation should explain the need for collaboration between agencies, the goals and functions of an Interagency Council, and the beneficial results. Using a speaker from outside the area has several advantages. It provides evidence of the value of the endeavor, removes suspicion that the organization has more to gain than other agencies, and allows an objective outsider to respond to objections or questions that might place local personnel in a difficult situation.

Following the presentation on the advantages of collaboration, the agency representatives should decide how to proceed. The group should select the time and day that is most convenient for their next meeting and establish concensus that they will again all be in attendance to begin the task of establishing an Interagency Council. The group should also mutually decide upon one of the agency facilities for the next meeting. As meeting sites are rotated during the first year, it is advisable to allow for a brief tour immediately before or after the meeting to acquaint everyone with the staff, facility, and program.

As the initial meeting adjourns, point out that they have already begun to work effectively together. Restate their mission and confirm that they already have a better understanding of each other's potential contributions. As they leave, they will be going away with a new sense of perspective and visions of the problem-solving that will occur.

Goals/Objectives for Interagency Councils-What Can They Do?

Interagency Councils have an array of activities which can be conducted. There is no specific mix of activities which magically guarantees success. Rather, the Council needs to determine goals and activities in a manner of concensus. The Council needs to determine those short-term goals which will sequentially and concurrently lead to the ultimate goal of serving all identified children by having a full continuum of services to offer. Figure 8 provides an array of activities which Councils may wish to consider as they pursue the goal of comprehensive services to all preschool handicapped and high risk children and their families.

Within this array of activities, some must be addressed in the early stages of Council development as they provide a foundation for other activities to build upon. These early activities relate to confidentiality and strategies which allow agencies to share information. These early activities also involve development of a thorough understanding of existing services and programs as well as identification of the gaps and problems in the service delivery system. Only when the Council has a thorough knowledge of the capabilities of the individual agencies, the funding sources that are available, and the gaps and problems that exist, can it begin to solve those problems through the interagency process. Further, the ability of the Council to solve problems appears to closely correspond to the maturation of

Figure 8

What Local Interagency Councils Can Do--A Menu
(From Which Appropriate Activities May Be Selected)

AREA	ACTIVITIES/OBJECTIVES
Information Exchange	To improve awareness and understanding of agencies To improve understanding of eligibility and procedures To ease communication exchange To share information about funding sources To eliminate duplication of services To facilitate exchange of records/ reports To develop a standardized release of information form to facilitate exchange of information across agencies To develop standardized IEP/IFSP forms across agencies To develop and disseminate computerized mailing labels for agencies To coordinate IEP and Service Plans To allow for regular exchange and updating of information at Council meetings To identify and utilize primary contact people within agency programs
Public Awareness	To educate the parents and medical community of the need for early identification To increase awareness regarding availability of services To utilize Child Find services and activities To develop brochures explaining services To conduct mailing campaigns to physicians, preschools, hospitals, parent groups To print a directory of services To address parent groups and offer information on child development

Figure 8 (Cont.)

AREA	ACTIVITIES/OBJECTIVES
Public Awareness (Cont.)	To coordinate mailing and public awareness campaigns; to coordinate child find efforts To develop brochures, directory of services to explain all available programs and their relationship to one another
Screening and Identification	To identify current sources of screening/evaluation To develop effective assessment procedures To develop coordinated community-wide system for referral and identification To develop collaborative programs for screening children in conjunction with local health providers To promote parent awareness of the need for early identification services To educate private physicians about the availability of programs and services to children To identify a single point of entry into the system To coordinate screening programs and ensure referral of children to appropriate agency programs To develop an understanding of evaluation criteria or standards required by agencies To develop reciprocity regarding evaluation reports across agencies to avoid duplication of effort To develop a system of inter-disciplinary evaluation of preschool children utilizing multi-agency or interagency evaluation teams as necessary
Case Management	To develop a standard release of information form to facilitate exchange of information To develop an effective child tracking system to follow each child identified in need of some type of special services To develop a coordinated case management procedure To develop a case conference procedure for monthly Council meetings to discuss problem cases; to utilize the Council as one level of case management

Figure 8 (Cont.)

AREA	ACTIVITIES/OBJECTIVES
Referral and Transition	To develop effective referral procedures To develop a systematic procedure for referring children to programs To develop county-wide procedures to transition children smoothly across programs To develop standard referral procedures among agencies To share agency forms (referral, consent, release) to facilitate efficient referrals To identify contact people in various agency programs for referral To share agency brochures and written information To develop timelines, guidelines, and procedures for transition of children among agency programs To use child-tracking system to to project transition needs To update program information regarding program slots, waiting lists, program expansion or cutbacks which require immediate adjustments to referral or transition activities
Program Delivery	To complete a matrix of existing services and programs, organized by age or other eligibility factors; to identify the services currently available To identify or define the respective roles and responsibilities of the community agencies with respect to educational, therapeutic, medical, parent, and social services as well as by age, exceptionality, or geographical area To identify and eliminate sources of duplication of effort, re-channeling resources as appropriate To fill service gaps through program expansions, contracting, or collaborative programs To standardize or clarify definitions and terminology used by the various agencies

Figure 8 (Cont.)

AREA	ACTIVITIES/OBJECTIVES
Program Delivery (Cont.)	To develop a directory of services to provide to agencies, physicians, parents, etc. To coordinate scheduling of IFSP, IEP, and Service Plan meetings with all relevant staff To assist one another in upgrading program standards To influence policy makers regarding need for program improvements and modification and/or expansion To coordinate programs' standards and case management procedures To identify programs and services available To identify gaps in service delivery systems To formulate contracts and written agreements To develop interagency transportation services To share resources To explore sharing of physical space and facilities
Parent Involvement	To identify existing parent training, parent education, and parent support programs To promote and develop parent support groups To provide information on agencies and services To compile parent guides and brochures To coordinate parent education activities across agencies To coordinate these existing services to develop a continuum of parent services To avoid duplication of effort To develop a directory or listing of available parent groups, target populations, meeting times and places, activities To identify a lead agency for parent activities, if appropriate To develop a compilation of parent lending libraries to encourage better utilization and to avoid duplication

Figure 8 (Cont.)

AREA	ACTIVITIES/OBJECTIVE
Staff Development	To establish a network to share staff expertise To coordinate training and inservice experiences To identify available consultants and professional expertise To share training materials To conduct an interagency needs assessment regarding inservice needs To designate a lead agency for inservice if appropriate To identify agency resources for personnel development activities To develop and coordinate inservice and personnel development activities across agencies To develop master plan components as needed To develop procedures for implementing the Beginning Teacher Program in non-public programs (ARC, Easter Seals, Head Start, etc.)
Program Evaluation	To develop a child tracking and data collection system that will document delivery of services due to inter-agency Council efforts To develop other procedures, e.g., surveys or questionnaires, that will allow for evaluation of procedures used To facilitate the provision of a comprehensive array of services to handicapped and high risk students and their families To continue operation in an effective manner as judged by other agencies and those being served To increase the number of handicapped and high risk students and their families being served To fill gaps in the continuum of service delivery To establish standards, to measure results and to report to relevant audiences

the Council and the trust that has developed within the membership.

Specific Activities by Stage of Interagency Council Development

Stage 1 Activities. During the intial stage of Council development, the activities of the group are focused on orientation and development of a formal operating style. Members get acquainted, come to concensus on the purpose of the Council, decide on meeting schedules and locations, and begin to develop what will become a system of information sharing. They, perhaps for the first time, learn the capabilities and roles of the various agencies as they discover the existing continuum of services in their community.

Activity #1: Determine Council Operating Procedures. The agenda for the first Council meeting will need to include some decisions regarding meeting dates, times, and possible locations. These will most likely change within the first few months as schedules adjust and as there may be some initial turnover in membership. As the role of agency representatives crystalizes and the need for certain types of people becomes more obvious, this will be a natural occurrence.

Activity #2: Define Purpose and Interagency Premises. The success of the Council will depend upon a spirit of

cooperation between and among agencies. The Council may need to verbalize and reach concensus on basic premises that were addressed earlier in this packet. These premises relate to the need for collaboration and mutual support, the important contribution of each agency, focus on the child and family, and elimination of duplication and competition among service providers. The Council may wish to develop a written philosophy statement such as the one depicted in Figure 9.

Activity #3: Initiate System of Information Sharing.

At this early point, information sharing consists of:

-identifying agency contact people

-sharing literature and brochures on services

-identifying agency services and programs

-visiting the various agency centers

-developing procedures for records exchange

-clarifying types of records which can be provided by various agencies

-development of an interagency release of information form (see Figure 11).

Activity #4: Develop Release of Information Form

A major focus is development of a standard release of information form (Figure 10) which must then be adopted into procedure by each participating agency. The form should become part of their standard intake or application process. It facilitates the exchange of information, verbal or written, between and among

Figure 9

Sample Statement of Philosophy

The identified goal of the Interagency Council is development of a system of comprehensive services to handicapped children birth through five years of age in Exciting County. The total effort of the Interagency Council is intended to support that goal through continuous planning, collaboration and problem solving that will result in new or expanded services where ever there is a need.

Because the Council recognizes the unique needs of very young at risk and developmentally disabled children and their families, it believes that the early intervention process should be comprehensive, interdisciplinary and designed specifically to meet their physical, developmental, emotional and social needs. The growth and development of children within the birth to five year range should be viewed holistically rather than as a constellation of independent, separate parts. Teamwork and collaboration, therefore, become essential components of the entire process, from identification through treatment and ongoing support.

Because the intent of all early intervention for very young disabled children is to 1) encourage patterns of normal development, 2) prevent a condition from becoming more debilitating, and 3) decrease stress on the, family, it is the belief of the Interagency Council as a whole that all intervention efforts should reflect children within the framework of the family. The identification and treatment process, therefore, should include the family as an important component.

The interdisciplinary team approach to intervention is endorsed by the Council as it encourages the collaborative process among professionals and parents who work with the child. Although individual team members always bring specific discipline knowledge to the group, it is the sharing process with parents and other team members that develops the ability to work with the whole child.

This statement of beliefs is intended to reflect the philosophical and practical position of the Interagency Council which accepts responsibility as the advisory body in developing critical services for young handicapped children in Exciting County as long as the need prevails.

Adapted from the Palm Beach
Interagency Council

FIGURE 10
SAMPLE RELEASE OF INFORMATION FORM

LOGO YOUR LOCAL AREA PRESCHOOL HANDICAPPED COUNCIL

AN INTERAGENCY COLLABORATIVE PROJECT

999 Entirely Possible Lane Anywhere, Any State 999-555-1212

DEC Memorial Hospital
Speech Pathology Department

Children's Safety and Adult
Caring Center, Inc.

Children's Medical Services,
District LIX

Easter Seals/
Happiness Place

State Special Education
Resource System
Child Find

Human Services Developmental
Services
Unique Family Services

Human Services Parent
Training Program

Everywhere Head Start

All County Health
Department

All County Schools,
Preschool Handicapped Program

All County Mental Health
Center, Inc.
Child & Family Services

Parent Resources Program,
Infant Stimulation

Other Relevant Agencies
Child and Family Services

Authorization for Release of Records

Child: _____

BD: _____

I hereby authorize the following persons, agencies, and/or the Preschool Council to engage in verbal or written communication for my child. All pertinent records and information can be released between agencies as necessary. I am aware that this information will be strictly confidential and will be used in my child's best interest in order to provide the best medical and educational management. I am aware that I may deny consent for disclosure to any of the agencies designated below.

The agencies authorized to exchange information include:

DEC Memorial Hospital
Child Find, State Special Education Resource System
Children's Safety
Easter Seals/Happiness Place
Protective Cove Child & Family Center
Head Start
All County Schools
All County Hearing & Speech Center
Project Child Caring

Human Resources Agency
Developmental Services/Parent Training
Children's Medical Services
Health Department
United Cerebral Palsy (UCP)
Other Agencies: _____
_____
_____

The following records may be exchanged:

_____Psychological testing
_____Social/developmental history
_____Health/medical records
_____Speech & language reports
_____OT/PT reports

_____Vision/hearing records
_____Staffing reports; IEPs, HAB Plans
_____Progress reports
_____Developmental assessment
_____ _____

Information will NOT be disclosed to any other party except personnel with a legitimate interest without prior written consent of the parent or legal guardian.

_____
Signature of Parent/Guardian

_____
Date

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agencies. It is aimed at eliminating the excessive time and difficulties agencies encounter in the transfer of records--a common complaint of agencies. It is required before the Council can discuss specific children in the coordination of services or to resolve service delivery problems. It is also required before an interagency child tracking system can be established.

Activity #5: Identify Existing Services.

The first few meetings of a newly formed Council generally focus on brief presentations by each representative to clarify the services provided by their agency and their operational procedures. Creating this common information base serves to eliminate misconceptions or miscommunication resulting from a lack of understanding. When there has been ample opportunity to discuss and become familiar with the programs and services, the Council should complete the Community Agency Services Matrix (Figure 11). This provides a concrete and visual display of available services and will clarify the referrals which are most appropriate to the various agencies. Knowing for example, that Head Start is able to provide dental services while other agencies cannot, may make a difference in where a child is referred. This first matrix will also clearly reveal gaps in services. The second matrix-Continuum of Services Matrix (Figure 12)-

FIGURE 11

COMMUNITY AGENCY SERVICES MATRIX

SERVICES	SCHOOL DIST.		HEAD START		HRS/ DS		CMS		HEALTH DEPT		UCP		ARC																	
	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5	B-2	3-5
INITIAL PARENT CONTACT																														
REFERRAL																														
SCREENING																														
COMPLETE DIAGNOSTIC TEAM																														
PSYCHOLOGICAL EVALUATION																														
OT EVALUATION																														
PT EVALUATION																														
SPEECH EVALUATION																														
AUDIOLOGICAL EVALUATION																														
VISION EVALUATION																														
MEDICAL EVALUATIONS																														
SOCIAL WORK																														
PLACEMENT STAFFING																														
CLASSROOM PROGRAM																														
OCCUPATIONAL THERAPY																														
PHYSICAL THERAPY																														
SPEECH THERAPY																														
VISION SERVICES																														
HOME-BASED PROGRAM																														
PARENT SKILL TRAINING																														
PARENT COUNSELING/THERAPY																														
PARENT SUPPORT GROUP																														
PARENT LIBRARY/LOAN																														
TRANSPORTATION																														
MEDICAL SERVICES																														
DENTAL TREATMENT																														
SPECIALIZED EQUIPMENT																														
DAY CARE																														
RESPITE CARE																														
BEHAVIOR SPECIALIST																														
NURSING SERVICES																														
OTHER																														

FIGURE 12

CHECK ONE: ___B-2 OR ___3-5

CONTINUUM OF SERVICES MATRIX

HANDICAPPING AREAS	CONTINUUM OF SERVICES													
	FULL TIME SPECIAL EDUCATION	PART TIME SPECIAL EDUCATION	MAIN-STREAMED	SPEECH/ LANGUAGE ONLY	OT ONLY	PT ONLY	MULTIPLE THERAPIES	HOME BASED	DAY CARE	CONSUL-TATIVE	PARENT TRAINING	OTHER	OTHER	OTHER
DEVELOPMENTAL DELAY														
MILD MENTAL HANDICAP/EDUC.														
MODERATE MENTAL HANDICAP/TMR														
SEVERE/PROFOUND MENTAL HANDICAP														
MILD ORTHOPED. HANDICAP														
MODERATE TO SEV. ORTHOPEDIC HCP.														
MILD VISUAL IMPAIRED														
BLIND														
HARD OF HEARING														
DEAF														
MILD SPEECH/ LANGUAGE IMP.														
SEVERELY LANGUAGE IMP.														
BEHAVIOR DISORDERS														
SEVERELY EMOTION-ALLY DISTURBED														
OTHER														

DIRECTIONS: IN THE BOXES, INDICATE THE AGENCY/PROGRAM THAT PROVIDES SERVICES TO EACH TYPE OF HANDICAPPING CONDITION ACCORDING TO THE DELIVERY MODEL.

will then allow the Council to assess which program delivery models (full-time, part-time, mainstreamed, therapy, home-based) are available and which populations (EMH, TMH, PMH, Speech/Language, EH, PH, HI, etc.) are served. Reviewing these two matrices together will provide a clear picture of the type and scope of services provided and the populations served.

Activity #6: Define Terms and Requirements

A significant amount of misunderstanding and friction occurs between agencies as a result of a lack of understanding of terms, labels, program requirements, grant constraints, funding and budget levels, chain of command, and procedures. Council members need to share such information, learn how other agencies function, and understand the limitations and capabilities of each agency. This common base of information will be required in problem solving situations.

Activity #7: Identify Gaps in Service Delivery

Analysis of the two matrices completed under Activity #5 will demonstrate existing gaps in services. These will be identified by age range, type of service, and type of handicap. It will yield specific information which will enable the Council to later search for agency as well as interagency solutions.

Activity #8: Identify Need for Policy Modification

Within the discussion of existing services and gaps in service delivery, the Council can begin to identify

local policies and procedures in which modifications would begin to remedy problem areas. These modifications may be relatively easy to make once the problems are clearly identified. For example, an agency which has arbitrarily chosen not to serve 3 year olds because it assumed another agency was responsible, may then modify its policy accordingly. Discussion of other inaccurate perceptions held about various agencies can result in clarification and often simple solutions to problems in service delivery.

Activity #9: Define Strengths and Barriers to Collaborative Efforts.

Early in the process, the Coordinator should complete an assessment of the factors that will influence the ability to obtain productive collaboration (See Figure 13). Only with a clear perception of strengths, barriers, and commitment can a realistic plan of action be developed. Following the rationale of Lewin's force field analysis, the coordination process must begin by reducing the negative influence of any barrier rather than enhancing any facilitator (which often can serve to increase the strength of the resistance). These will need continual attention. Factors which enhance cohesiveness and commitment to the group are also reviewed (see Figure 14).

Figure 14

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 information exchange

Follow-up and closure on specific cases

GROUP INTERACTION

Continuity of membership

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 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/new activities

Goal-Oriented

Time efficient

Relaxed

Enjoyable with humor and laughter

Thought provoking, motivating

Flexibility of style allows discussions and deviations from agenda

LEADERSHIP

Consistency and continuity

Democratic

Allows members to freely contribute

Enhances group interaction and cohesion

Facilitates goals and activities

Summary. The activities in this stage of Council development lay a foundation and establish the rapport and trust necessary for collaboration to occur in the next stages. The focus in these activities is on stablization of the group, establishment of purpose and operating procedures, information sharing, procedures for exchange of records in light of confidentiality issues, and understanding of the current service delivery model. By the end of this stage, Council members can clearly identify the gaps in services. Trusting working relationships have developed to allow for the interagency problem-solving that must occur. Concern at this point begins to shift to children and families.

Stage 2 Activities.

During this stage, Council focus clearly changes to coordination of services for children and families. Turnovers in membership, including leadership, will probably occur. This results in a smaller, more stable group commited to the task. Much informal networking and teamwork develops. This ability of Council members to represent their agency and commit resources leads to development of a child tracking system and case conferencing of children.

Activity #1: Refine the Council Structure. Based on a more clearly defined sense of purpose, commitment of agency personnel is secured. An understanding is reached that attendance must be consistent and members

must have the ability to speak for their agency and commit resources. A clear sense of the "team" nature of the group is apparent. The Council operates as an independent consortium of agency representatives with a clear understanding that no agency has ownership.

Activity #2: Coordinate Service Delivery. Analysis using both the Community Agency Services Matrix (Figure 11) and the Continuum of Services Matrix (Figure 12) will identify the unnecessary duplication which may exist among agencies. Agencies may be found to target similar populations or services while others go unserved. When this is identified, agencies may choose to shift in the focus of some programs or re-allocate funds to cover deficit areas. There should be a clear understanding of which handicapping conditions and age ranges are served by each agency. This provides an objective method of distributing the total population across agencies to ensure their own program purpose and survival. For example, the ARC may be designated to serve the B-3 profoundly handicapped population, UCP to serve B-3 children who require home-based OT and PT services, the local speech and hearing clinic to serve children needing only speech and language therapy services in a center-based program, Head Start to serve mildly handicapped children who function successfully in a mainstreamed setting, the school district to serve 3-5 year old children who meet their elibility criteria

for placement, etc.. Further, there is clarification relative to the medical, social service, and parent education providers.

Activity #3: Coordinate Casefinding Activities. The agencies should explore the public awareness and case finding activities in which they are engaged. They can easily be coordinated across the agencies. The child Find Specialist may be designated as the person primarily responsible for this coordination of effort. The agencies can:

-disseminate brochures or information on available services

-develop an interagency brochure on the importance of early intervention

-inform area physicians and specialists

-coordinate mailings and awareness activities

-identify other programs where high risk children may be located (teenage pregnancy programs, drug/alcohol programs, nutrition or health programs, deaf service centers, etc.).

Activity #4: Coordinate Screening and Evaluation. This activity involves reviewing the manner in which preschool children are evaluated and referred. Duplication of effort is generally found here to a significant degree. Fragmented screening activities are found in numerous agencies and often consume considerable time and effort. Agencies are often

unaware of evaluations which have been provided by other agencies, are unable to secure them easily, or even refuse to accept them and deliberately duplicate the effort. The evaluation process requires coordination and streamlining to avoid this unnecessary duplication and drain on resources. Coordination will benefit the child, the family, and the agencies as well. Activities to improve the identification process can include:

-coordination of screening activities
-standardization of screening instruments
-training to improve quality of screening
-identification of current evaluation practices
-designation of a single point of entry for new referrals
-standardization of best evaluation practice and instruments across agencies
-identification of evaluation personnel who specialize in infants and preschoolers
-creation of a specialized interagency evaluation team for infants and preschool children
-clarification of evaluation requirements (tests needed, procedures, examiner credentials)
-acceptance of evaluations of other agencies

Activity #5: Coordinate System of Case Management. Two levels of case management can be defined and developed: (1) community-level (Council) management, and (2)

program-level (agency) management. In actuality, the Council serves a case management function by coordinating roles of the various agencies, identifying program slots and openings, and ensuring that no child is assigned to an agency waiting list and unserved. Through coordination of the agencies, appropriate services by one of the agencies can be provided. A regular portion of each Council meeting agenda should be reserved to discuss complicated cases needing clarification and coordination. The Council should also discuss cases which are problematic or when roles and responsibilities (procedural and financial) of the various agencies need to be defined. The Council's case management system involves organization of the countywide continuum of services and ensures that no child "falls through the cracks" of agency programs.

Activity #6: Begin a Child Tracking System. In order to ensure that all children receive appropriate services and that they are not lost to the system, a central registry or interagency tracking system must be developed (Morgan, 1987). This system is based on the use of an interagency release of information form (Figure 10). It records each child identified who needs special services, indicates current services and programs provided and has a feedback loop which informs the Council Coordinator at any time services cease. This allows for re-activation of efforts to communicate

with the family, review the case, and again secure services for the child. It eliminates the possibility that a child will become lost in transition or between agencies. It identifies specific children the Council needs to discuss or for whom case managers must focus their activities. More detail on child tracking is contained in the next major section on "Continuing Council Activities".

Activity #7: Develop Referral and Transition Procedures. As the Council develops an improved understanding of the capabilities of the agency programs, more appropriate referrals will result. Knowledge of agency contact people and intake procedures will shorten the time needed to put families in touch with the programs which can assist them. Informal networking among agency personnel on a day to day basis will increase and more uniform procedures for referral will emerge. Transition procedures will emerge as a natural consequence of effective interagency relationships. With the spring of each year, the Council will begin to address the transition of children from program to program. Timelines will be established and the understanding of agency procedures and constraints will serve as a foundation for these procedures. The information in the child tracking system will also serve to alert agencies of the type and number of children to be transitioned each year.

Activity #8: Coordinate Personnel Development. Each preschool agency needs to provide for continuing education of staff members. For smaller agencies, this often is difficult or occurs at great cost. The Council may wish to conduct an interagency needs assessment relative to training needs. It may then identify various local agency personnel with expertise who can train other agency staff. This can reduce the amount of funds needed to provide outside consultants. Other solutions may be devised to meet training needs. One agency may be designated to serve as a lead agency for training. Grant funds may be allocated by one or several agencies for this purpose with a commitment that training offered will be open to staff members from all agencies. Or, the cost for training activities can be shared by several agencies but still be open to all agencies. Agencies without the ability to provide money might be able to contribute space, printing, or refreshments. Each agency offers what it can.

Activity #9: Coordinate Parent Education/Training. Likewise, each agency will be involved in some type of parent education activity. Other community parent education and support groups may also be identified. A major complaint of agency personnel relates to the amount of time spent to provide parent education activities that are often poorly attended. Coordi-

FIGURE 15--SAMPLE CONTINUUM OF PARENT GROUPS

AGENCY	FOCUS	TARGET POP.	LOCATION	TIME/DAY	SIZE	COST TO PARENT	CONTACT
HEAD START	GENERAL PARENT EDUCATION	PARENTS (3-5 YEAR DISADVANTAGED)	CENTER OR HOME VISITS	3RD THURSDAY OF MONTH: 7-8:30 PM OTHERS SCHEDULED AS NEEDED	UNLIMITED	NONE	LISA WATERS 555-1234
COUNTY SCHOOLS	PARENT EDUCATION AND SUPPORT GROUP	PARENTS OF PRE-SCHOOL DEAF CHILDREN	BAYSIDE ELEMENTARY	PARENTS SCHEDULE EVERY OTHER MONTH AFTER SCHOOL	UNLIMITED	NONE	DEBBIE JONES 555-3456
COUNTY SCHOOLS	INFANT STIMULATION FOR HANDICAPPED AND DEVELOPMENTALLY DELAYED CHILDREN	PARENTS AND 0-3 YEAR OLD BABIES WHO HAVE THESE NEEDS	CHRIST EPISCOPAL CHURCH'S NURSERY	FRIDAY'S 10:00-NOON	SMALL GROUP	NONE	JAN EMPTY 555-5678
PARENT RESOURCE PROGRAM	GENERAL AND HANDICAP SPECIFIC PARENT EDUCATION	COMMUNITY	THROUGHOUT COMMUNITY	SCHEDULED	GROUPS OF 15 OR MORE	VARIES WITH CLASS	CRYSTAL HENRY 555-9876
PARENT TRAINING	PARENT TRAINING	PARENTS OF DEVELOPMENTALLY DELAYED CHILDREN 0-5+	HOME AND OFFICE	SCHEDULED	INDIVIDUAL AND GROUP	NONE (DS CLIENTS)	CATHY SPRING 555-8347
CHILDREN'S SER. PARENT CARE PROGRAM	PARENT EDUCATION	COMMUNITY (PREVENTION)	OFFICE AND COMMUNITY	SCHEDULED	GROUP	NONE	CONNIE SMITH 555-0000
CHILDREN'S PARENT SUPPORT GROUP	PARENT SUPPORT, INFORMATION, EDUCATION	PARENTS OF HANDICAPPED 0-10 YEARS	EASTER SEALS/ HAPPINESS CENTER	4TH TUESDAY 7:00 pm	GROUP	NONE	KIM SMOOTH 555-4567
PARENT-TO-PARENT	PARENT SUPPORT	PARENTS OF NEW-BORNS WITH HANDICAPS	HOSPITAL/HOME	SCHEDULED AS NEEDED	INDIVIDUAL	HOME	MYRIAM HOPE 555-7654
SPECIAL BEGINNINGS	PARENT SUPPORT	PARENTS OF PREEMIE AND HIGH RISK INFANTS	HOSPITAL/PHONE	WHENEVER NEEDED	INDIVIDUAL	NONE	LAURA HEAR 555-0987
COMPASSIONATE FRIENDS	PARENT SUPPORT	BEREAVED PARENTS	BLAKE HOSPITAL	4TH MONDAY 7:30 PM	INDIVIDUAL OR GROUP	NONE	ANITA UPSTER 555-4823
F.A.C.E.	PARENT SUPPORT AND EDUCATION	PARENTS OF CHILDREN WITH CRANIO-FACIAL DISORDERS	SARASOTA MEMORIAL	2ND TUESDAY 7:30 PM	INDIVIDUAL AND GROUP	$5.00/YEAR	555-5904
PROJECT RAINBOW	FAMILY SUPPORT	CHRONICALLY ILL CHILD, YOUNG ADULT AND THEIR FAMILIES	HOPE PLACE	WHENEVER NEEDED/ 24 HOURS/DAY	INDIVIDUAL AND GROUP	NONE	JUDY ROBERTS 555-9999

nation of these efforts across the agencies can do much to eliminate duplication of effort and inefficiency in the expenditure of resources to meet these goals. The Council may choose to identify the existing parent education, parent training, and parent support groups within the community and designate lead agencies for each (see Figure 15). A monthly calendar of various parent education activities scheduled can be disseminated to the parents. Agencies should open their activities to the parents of any child to maximize their impact. Likewise, a directory of the various parent lending libraries can be compiled and disseminated to encourage better utilization.

Summary. During Stage 2, the focus changes from learning about the agencies to coordinating services for the benefit of children and families. Unnecessary duplication of services is identified and coordination among the agencies begins to work to eliminate it. Coordination begins to maximize the existing abilities of the agency resources. The agencies accept their constraints and begin to provide mutual support and assistance to strengthen existing programs. A creative process has begun.

Stage 3 Activities

Activities in Stage 3 are characterized by a willingness of the agency representatives to solve problems by a creative combination of agency resources. Written agreements, contracts, mingling of dollars and personnel are

used to develop services and programs that did not previously exist. A sophisticated interagency system of coordination and collaboration emerges as agency programs become interdependent and mutually supporting. They function as a family of related agencies and prioritize quality services to children and families in the most efficient manner.

The activities at this stage are a continuation of those initiated in Stage 2. They represent continued refinement of the administrative and service components described earlier. Coordination of services gives way to more sophisticated efforts. As the Council continues to mature, it will need to develop its own IEP in determining and filling services gaps, refining an information exchange system, maintaining the child tracking system, maintaining consistent information on children across agencies, developing contracting arrangements with other agencies as necessary, and specifying other primary foci for major investment of energies to accomplish the Council goals. Relationships among agencies will continue to need nurturing. Resources and conditions will be in a state of continual flux. Additional goals will always be identified.

Two major activities in Stage 3 are reviewed in some depth--child tracking systems and contracting with other agencies. These two activities are perhaps the underpinnings of the interagency collaborative effort. The first is critical to provide the information to ensure the

services to the students and their families. The second is critical to effectively and efficiently use agency resources without unnecessary duplication.

Child Tracking

It is not possible to collaborate on service provision unless information is shared on the preschool students and their families who need the services. One means of providing this information initially and continuing to share critical information is through a child tracking system which operates as a form of central registry to identify and follow children (Morgan, 1987). It is composed of two parts.

1) Standard Authorization for Release of Records. The first part is a standard authorization for release of records to all authorized agencies. Figure 10 provides a sample of this standard authorization for release of information. This sample has been used in a moderate size school district for the past seven years.

2) Standard Preschool Data Card. The second part is a manual card file containing standard preschool data cards (See Figure 16). Directions for using the Preschool Data Card are as follows:

> Which Children. A card should be completed for every child between birth and five years who is identified as having any handicap or special need which warrants the provision of special services.
>
> The card is completed at the time the child is identified, not only when placed in services.

Figure 16

Preschool Data Card

PRESCHOOL DATA CARD

ALL COUNTY

K-ENTRANCE

NAME:_____ ADDRESS:_____

PARENT/GUARDIAN:_____ PHONE:_____

DOB:_____ AGE:_____ GENDER:_____

HANDICAPPING AREA(S): (A)_____ (B)_____ (C)_____

CURRENT PLACEMENTS:	INITIATION	DISMISSAL	CASE MANAGER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGENCIES KNOWN TO:

SCHOOLS	YES____	NO____
DEV. DISABILITIES	YES____	NO____
PARENT TRAINING	YES____	NO____
MEDICAID	YES____	NO____
SSI	YES____	NO____
OTHER:_____	YES____	NO____
_____	YES____	NO____

PHYSICIANS:

_____
_____
_____
_____
_____

EVALUATIONS/DATE:

___DEV. EVAL.	___AUDIO
___PSYCH.	___VISION
___SPEECH	___MEDICAL
___OT	___PT
___SOC.HIST.	___OTHER
___	___

Who Completes the Card. The first agency responsible for identification or intake should complete the card. It may be the Child Find Specialist who later refers the child to an agency or it may be the Social Worker at the agency who first becomes aware of the child as the parent inquires about services. Each agency should determine the procedure for completion of the cards. It is recommended that they become part of each agency's regular procedure for enrollment.

The cards should be completed by all agencies or individuals who are providing direct services in the form of programs, therapy, counseling, etc. Cards do not need to be completed by CMS, the Health Department, etc., since their respective agencies will be listed on the card in the section labeled "Agencies Known To".

How Are They To Be Completed? Complete the cards in pencil providing all the information requested.

1.	K-Entrance:	Leave this blank. It will be completed by the Council Coordinator and will indicate the year the child will enter kindergarten.
2.	Name:	Child's name, listed last name first.
3.	Identifying Information:	Complete child's address, DOB, gender, phone number, age, and the name of the parent/guardian.
4.	Handicaps:	List the known handicaps, with the most primary first.
5.	Current placements:	List the programs in which the child is currently enrolled, the initiation date, and the current case manager.
6.	Agencies:	Check off and list every agency who works with this child/ family.
7.	Physicians:	Past and current physicians and specialists working with this child.
8.	Evaluations:	Provide the dates of the most recent evaluations.
9.	Comments:	On the reverse side of the card, list any comments or additional information that should be known.

Where Are They Sent? When completed, send the cards by mail to the Council Coordinator or hand-deliver them to the office or to the next session of the Council. Keep a xerox copy of the card for future reference and for updating.

How Are They Updated? Whenever there is a change in the information provided on the card (address, program placement, case manager, etc.), indicate the change in red on the xerox copy of the card that you retained and send it to the Council Coordinator.

Withdrawal or Termination From A Program. In the event that a child is withdrawn or terminated from the agency program for any reason, the Council Coordinator should be notified by telephone call, contact, or by sending in an update to the card. Indicate the reason (e.g., moved, transportation, etc.).

If the child is in need of continued services, it is critical that the notification be made as soon as possible. The family will be contacted with the intent of continuing the needed services through another agency if the difficulties cannot be resolved.

Implementation of Child Tracking. The following procedures are effective as steps in establishing a child tracking system as a part of a local Interagency Council. These procedures have been field tested in multiple locations to demonstrate generalizability across settings and among a variety of agencies.

Step 1: CLARIFY YOUR PURPOSE

Clarify that the purpose of the child tracking system is not simply to "log" handicapped preschool children but to establish an interactive system among the service providers to prevent losing children once they have been identified as needing special services.

Step 2: IDENTIFY THE TARGET POPULATION TO BE TRACKED

The system should track children who need special intervention services (special education, therapy, early intervention in the home, parent training, etc.). The population should be definable and manageable. This is the population that you intend to ensure the provision of appropriate services. If high risk children are included, be certain to carefully define them (i.e., premature infants less than 1500 grams birthweight, genetic disorders, medically complex, cerebral palsied, etc.). Attempting to track, for example, all children who are at the poverty level or all children of single parents may meet with failure and create confusion over the purpose and implementation of the system.

Step 3: IMPLEMENT THE USE OF A STANDARD RELEASE OF RECORDS AUTHORIZATION

Without a standard release of information form which has been implemented across agencies, a child tracking system cannot be developed. This form will idenity the primary agencies to be included in the system.

Step 4: DETERMINE THE INFORMATION TO BE COLLECTED

Develop the child tracking card, complete with the information to be collected. Information requested on each child should be done for a reason (identifying information, handicapping conditions, long range planning, funding sources, evaluation and services to be provided, kindergarten entrance date, agencies known to, etc.) and can be tailored to coincide with data which must need to be collected or reports which are generated periodically.

Basically, the information should help to ensure elimination of fragmentation and duplication of effort. It should enhance coordination efforts in planning, funding, and delivery of services.

Step 5: DECIDE IF INFORMATION WILL BE COMPUTERIZED

Large districts will need to computerize this system. Small and medium size districts will probably be able to track children satisfactorally with a manual card file. Careful thought should go into computerization of the system. While it will allow generation of reports and data, it will also take considerable time and training. Decide it if it worth the effort.

Step 6: IDENTIFY WHICH AGENCIES WILL COMPLETE THE CARDS

Cards will need to be completed by those agencies which are providing direct intervention services to children. This will reveal which children are currently receiving services and which are not. Agencies that are providing some related services (e.g., audiological services, equipment) or serving most every child (Health Department, CMS) may simply be referenced on the cards rather than making separate cards.

Step 7: DETERMINE HOW THE CARD FILE WILL BE ORGANIZED

The card file is best organized by agency program (e.g., school district, ARC, UCP, HRS Parent Training Program, Easter Seals, County Hospital Speech & Hearing Clinic, Head Start, RCMA) with separate dividers for: unserved/pending placement, parent refused services, follow-up, being evaluated, etc. Cards on children above five years can be removed each year from the system and filed in an inactive section accordingly. You may refer to these later and, as a result, find it unwise to discard them entirely.

Step 8: DETERMINE WHERE THE TRACKING SYSTEM WILL BE LOCATED

Determine who will be responsible for maintaining the tracking system. This should be the Interagency Council Coordinator as the tracking system provides an interagency level of case management of children. As the monthly meeting agenda is developed, the Council Coordinator will be aware of children "unserved" who need to be the subject of case conferences to determine resources for delivery of services. Determine who will have access to the system and develop a standard procedure for updating it.

Step 9: PRINT AND DISSEMINATE THE CHILD TRACKING CARDS

Print and provide sufficient cards to the agencies who will need them. Directions will need to be provided along with encouragement for each agency to establish procedures and personnel responsible for their proper completion. It appears best to incorporate them into the standard intake or application procedure for each agency.

Step 10: ORGANIZE THE CARD FILE

The Coordinator should prepare for the receipt of cards by preparing a card file box, organized by agency. As the cards are completed and received, they can be immediately filed.

Step 11: AGENCIES COMPLETE AND RETURN CARDS TO COORDINATOR

Initial establishment of the system requires the largest investment of time. Agency personnel will need to complete a card on each child currently served in their intervention programs and forward them to the Council Coordinator for filing. Cards should also be completed on any child known but unserved--these cards will provide a target population of children to locate and offer services.

Step 12: CONTINUALLY UPDATE THE CARD FILE

Once the file is originally established, continual updates will be necessary. Agencies will forward new cards as new children are identified and the Council Coordinator will file them accordingly. When children are dismissed or drop out of programs, agency personnel will need to immediately notify the Council Coordinator by phone or in writing. As this occurs, the card will be pulled and new efforts will be made to re-enroll the child in appropriate services. Likewise, the Council Coordinator is notified of transfers from one program to another so that the child's card can be relocated to the appropriate location in the card file.

The Council Coordinator may wish to send periodic lists to each of the Council representatives to reveal a current listing of enrollments for their agency program. This reminder will provide another means of encouraging and securing updated records.

Step 13: MAINTAIN CHILD DATA

The Council Coordinator may want to maintain monthly child count records documenting the number of children served across the agency programs. This will provide information back to the agencies and demonstrate the increase in the numbers served, partially as a result of effective interagency collaboration.

The implementation of a child tracking system is central to the operation of the Interagency Council. This activity will need continuing refinement and maintenance based on the changing needs of students and their families and the changes in agencies over time.

Contracting with Other Agencies

One of the litmus tests of collaboration among agencies is sharing of resources. One of the most significant resources to share is money to serve children and their families. The lead agencies for the B-2 and 3-5 groups may contract with other service providers for particular services for individual students and their families. While the staff of the programs must either be certified or a certified person must work with the child in the program, the lead agencies need not provide all the services. This aspect of collaboration is perhaps the most challenging because of existing perceptions and attitudes in many agencies. However, the evidence of agreements or contracts for provision of services is the ultimate example of collaborative efforts.

Written agreements and contracts occur when relationships between agencies have matured to the point where they can cooperate--not compete--to capitalize on the unique talents, structures, and capabilities of the participating agenncies (Olsen, 1983). While they have financial reasons which motivate collaboration, they have overcome barriers of interagency rivalry and need for autonomy to mutually create a program which addresses a common problem. Written agreements and contracts most often are created to overcome problems related to insufficient facilities, multihandicapped children, staff shortages, rural areas and the need for related services which pose

Contracts between agencies generally involve purchase of services and specify a dollar amount. They specify the general purpose of the contract as well as the specific responsibilities of each agency. State Board of Education Rules or other specific agency regulations will provide guidelines and requirements which must be met when contracting between agencies.

Both written agreements and contracts have decided advantages. Their successful implementation will depend, however, upon cooperative and trusting relationships between the involved parties. Administrators must be able to reliniquish the need for completed control of the program and hold value for the contribution of the other agency.

Existing agreements/contracts have been reviewed and Figure 17 contains a sample contract. A sample format has been approved by board attorneys and boards of education as well as the boards of a variety of programs with whom the contract has been developed. Figure 18 contains a sample agreement which has been similarly approved. While negotiation will occur on particular costs, it can be accomplished. As a note, it is often cheaper for the lead agency to contract out selected services, consistent with the needs of the child and the family in the IEP or the HAB plan, because often the lead agency will not have to pay retirement or other benefits which it provides for its own employees. The quality of the services however must be as high as those provided by the lead agency. Daily rates can

Figure 17
Sample Contract

CONTRACT

between

THE _____ COUNTY SCHOOL BOARD

and

PRIVATE PRESCHOOL FOR HANDICAPPED CHILDREN

Agreement made and entered in _____ County, _____State, this first day of July, 198__, by and between the _____ County School Board, hereinafter referred to as the School Board and the Private Preschool for Handicapped Children hereinafter referred to as the Preschool.

PURPOSE

The purpose of this agreement is to specify tuition charges and the responsibilities of the Board and the Preschool in relation to students who are enrolled in the Preschool Program.

RESPONSIBILITIES

THE PRESCHOOL agrees:

1. To provide enrollment in a classroom program for preschool handicapped children in accordance with the following tuition fees:

Mildly Mentally Handicapped	$.	per day
Moderately Mentally Handicapped	$.	per day
Profoundly Mentally Handicapped	$.	per day
Orthopedically Handicapped	$.	per day
Speech & Language Therapy	$.	per day
Occupational Therapy	$.	per day
Physical Therapy	$.	per day

2. To provide therapies in small group settings; billing shall be based on therapy hour rather than student count.

3. To provide a monthly statement to the School Board itemizing charges for students based on the services required in the IEP, the contract for services, or other proper authorization by the Exceptional Student Education Director.

4. To provide services rendered by qualified teachers and therapists who are certified or licensed in accordance with the standards established by the state.

5. To provide supervision of the educational program provided to the students under contract to ensure effective case management and compliance with the IEP.

6. To provide written progress reports on each student on a quarterly basis.

7. To provide all necessary student records at the time of reassignment to another school program.

8. To provide monthly attendance records.

The SCHOOL BOARD agrees:

1. To provide student information and records as necessary for placement and provision of services.

2. To schedule and conduct the original placement and IEP meeting on the children being placed in the Preschool under contract.

3. To provide a written contract for each student which specifies fees, conditions, and duration.

4. To provide transportation for all students placed under contract.

5. To pay bills rendered by the Preschool within thirty (30) calendar days of receipt of bill statement.

This agreement shall be effective July 1, 198__ and shall continue in effect for the period of one year. It may be cancelled by mutual agreement of the parties or until either party cancels it by giving to the other party a notice thirty (30) days in advance of the desired date of cancellation.

Dated this _____ day of _____, 198__.

_____
, Director
Private Preschool Program
for Handicapped Children

_____
, Superintendent
_____ County Schools

_____
, Chairman
_____ County School
Board

_____
, Director
Exceptional Student
Education

Figure 18

Sample Agreement

Between

HEAD START AND COUNTY SCHOOL BOARD

Agreement made and entered in Example County, Florida this first day of July, 1987, by and between the County School Board hereinafter referred to as the School Board and the Head Start Program, hereinafter referred to as Head Start.

PURPOSE

The purpose of this agreement is to establish the responsibilities of the Board and Head Start relative to services for preschool handicapped children. Both the Board and Head Start support the right of all handicapped children to receive a free and appropriate public education including all necessary special education and related services in accordance with state and federal statutes and regulations.

RESPONSIBILITIES

The following terms and conditions are agreed to by the Board and Head Start:

1. Head Start is considered an appropriate placement for identified handicapped children who meet the Head Start eligibility criteria and for whom placement in a self-contained preschool special education classroom would not provide the least restrictive environment.

2. Head Start placement will be considered for preschool handicapped children when the Individual Educational Program (IEP) indicates the need for stimulation and socialization with non-handicapped peers.

3. Children evaluated by the Preschool Diagnostic Team and recommended for referral to Head Start will receive priority for admission.

4. Consultation and evaluation services (speech, OT, PT, psychological) will be provided to Head Start children upon referral to the Preschool Diagnostic Team consistent with school district procedures.

5. Head Start staff members will participate in the development and implementation of the Individualized Educational Program (IEP) as appropriate.

6. Speech-language, occupational, and physical therapy services will be provided by the Board in each Head Start center for the necessary implementation of the IEP. Procedures will be consistent with those specified in the Special Programs and Procedures for Exceptional Students and supervision will be provided by the district's Coordinator of Preschool Handicapped Programs.

7. Head Start will provide appropriate classroom space and materials necessary for provision of therapy services. Social services, parent education, and transportation will be the responsibility of Head Start consistent with each child's IEP.

8. Handicapped children served in Head Start who receive therapy services provided by the Board will be considered dually enrolled in both agency programs. Records and reports will be shared by both agencies. Confidentiality and due process procedures will be maintained in accordance with the Head Start Performance Standards and Board regulations.

This agreement shall apply only to 3 and 4 year old children who meet enrollment eligibility criteria for Head Start and who are suspected or identified as handicapped. It shall be effective July 1, 1987 and shall continue until June 30, 1988. It may be cancelled by mutual agreement of the parties or until either party cancels it by giving notice of thirty (30) days.

Dated this _____ day of _____, 1987.

_____
, Director
Head Start Program

_____
,Superintendent
School Board of Example County

_____
, Chairman
School Board of Example County

_____
,Director
Exceptional Student Education

be derived based on a percent of FTE funding generated from state funds in those states which operate on a weighted formula or a formula grant basis.

While the sample is for a private preschool for handicapped children and a school board, it can be generalized to other combinations of agencies which wish to collaborate.

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APPENDICES

ADVANTAGES OF COLLABORATION

Example #1

A LOCAL SCHOOL DISTRICT AND A UCP CENTER ENTER INTO A WRITTEN AGREEMENT FOR DEVELOPMENT OF A PRESCHOOL PROGRAM FOR HANDICAPPED CHILDREN, AGE 3 TO 5 YEARS.

THE UCP CENTER PROVIDES THE CLASSROOM FACILITY. THE SCHOOL DISTRICT PROVIDES THE TEACHER, AIDE, AND THE TRANSPORTATION FOR THE CHILDREN TO THE CENTER. OT, PT, AND SPEECH THERAPY SERVICES ARE PURCHASED BY THE SCHOOL DISTRICT FROM UCP. THE PARENT ORGANIZATION AT THE CENTER INVOLVES THE PARENTS OF THE PRESCHOOLERS.

LIST THE ADVANTAGES FOR THE AGENCIES, THE CHILD, AND THE FAMILY. THINK OF THE ADVANTAGES FOR OTHER AGENCIES SUCH AS CHILDREN'S MEDICAL SERVICES, HRS DEVELOPMENTAL SERVICES ALSO.

SCHOOL DISTRICT	UCP	CHILD/FAMILY
Provides program despite lack of facilities within the schools	Maximum use of facility	Receives early intervention needed at one site
Lower costs and program overhead	Community support and positive image for housing the program	Access to established parent group
Good community public relations	Can direct funds to other needed areas	Intensive and well coordinated therapy services
Is able to divert use of funds into salary, therapy, and materials	Receives certified teaching staff from the school to upgrade instruction	Integrated program/team approach
Better availability of OT/PT/speech services; easier scheduling	Increased contracts for intensive OT/PT/speech services	No duplication and fragmentation of services
Access to other UCP services, such as medical consultation, parent group, equipment, etc.	Guaranteed steady income from OT/PT contract	All needs met between agencies
Access UCP parent education services	Improved access to school district and FDLRS resources	Parent receives more consistent treatment
		Easier transition from preschool into school district program

ADVANTAGES OF COLLABORATION

Example #2

THE LOCAL SCHOOL DISTRICT AND HEAD START PROGRAM ENTER INTO A WRITTEN AGREEMENT FOR THE PROVISION OF SPEECH-LANGUAGE THERAPY SERVICES. THE LOCAL SCHOOL SYSTEM PROVIDES A PART-TIME SPEECH-LANGUAGE PATHOLOGIST WHO PROVIDES SCREENING, EVALUATION AND THERAPY SERVICES AT THE COUNTY'S TWO HEAD START CENTERS. FTE IS GENERATED FOR THE CHILDREN ENROLLED IN THE PROGRAM AND THE CHILDREN ARE CONSIDERED "DUALLY-ENROLLED" IN THE PROGRAMS.

WHAT ARE THE ADVANTAGES FOR THE AGENCIES, THE CHILD AND THE FAMILY?

SCHOOL DISTRICT	HEAD START	CHILD FAMILY
Early intervention reduces the demand for services to be provided later at the kindergarten level	Improves program through the addition of speech services	Receives early intervention otherwise perhaps not available
Guarantee FTE and Preschool Incentive Grant funds	Can divert funds for other services which cannot be otherwise funded	Special needs are provided for in the least restrictive environment
Good public relations	Can provide a suitable placement option for the mildly handicapped	Assistance with dental and medical needs which cannot be provided by the school
Provides alternative program placement for speech-language impaired and mentally handicapped preschoolers	The speech-language pathologist can be used as a resource and trainer to assist staff and curriculum development	Becomes familiar with school district policies and procedures (IEP's, staffings, etc.)
Promotes understanding and good working relationships between agencies	Transition activities and procedures are enhanced	Smoother transition into school district
Results in the development of transition activities and procedures	Develops better understanding of school policy procedure	Transportation is provided
Results in the ability to project later caseload needs at the kindergarten level	Ability to develop procedures for follow-up of students is enhanced	
Assists in long-range program planning		

ADVANTAGES OF COLLABORATION

Example #3

IN ORDER TO DEVELOP A COMPREHENSIVE EVALUATION TEAM, SEVERAL AGENCIES CONTRIBUTE PERSONNEL. THE CHILD FIND SPECIALIST PROVIDES THE INITIAL DEVELOPMENTAL ASSESSMENT AND A VISION SCREENING. THE SCHOOL DISTRICT PROVIDES A SCHOOL PSYCHOLOGIST AND SPEECH-LANGUAGE PATHOLOGIST. THE UCP CENTER PROVIDES A SOCIAL WORKER, AN OCCUPATIONAL AND PHYSICAL THERAPIST. THE FDLRS CENTER PURCHASES AUDIOLOGICAL EVALUATIONS AND OTHER SPECIALIZED EVALUATIONS AS NECESSARY.

TEAM MEMBERS CONTRIBUTE 1/2 DAY PER WEEK ON AN ESTABLISHED SCHEDULE TO EVALUATE THE CHILDREN AND MAKE RECOMMENDATIONS REGARDING THE NEED FOR SERVICES AND APPROPRIATE PROGRAMS. THE EVALUATIONS ARE CONDUCTED AT THE UCP CENTER WHICH PROVIDES THE MOST CENTRAL LOCATION AND THE MOST SUITABLE TESTING FACILITY.

WHAT ARE THE ADVANTAGES FOR THE AGENCIES, THE CHILD AND THE FAMILY?

AGENCIES

Shared cost of the evaluation

Contributes best resources to team and receives advantage of the other agency's contribution

Provides well organized, comprehensive team effort

Avoids duplication of evaluation services

Secures comprehensive evaluation early; provides for best recommendations and case management

Promotes respect and cooperation between agencies

Generates reports necessary for securing placement and/or treatment

Enhances development of programs

CHILD/FAMILY

Receives comprehensive and quality evaluation

Avoids duplication of testing and/or fragmented services

Avoids necessity of transporting the child to several agency locations

Reduces the time the parent must allow for the evaluations

Ensures coordination of recommendations to the parent, eliminating confusion or contradiction

Creates increased confidence in the agencies and organizations

ADVANTAGES OF COLLABORATION

Example #4

A LOCAL SCHOOL DISTRICT HAS EMPTY CLASSROOMS IN AN ELEMENTARY SCHOOL. THE HEAD START PROGRAM, NEEDING A FACILITY FOR ONE OF ITS CLASSROOMS, IS PERMITTED TO LOCATE THERE AND ONE OF THE OTHER CLASSROOMS IS DESIGNATED TO HOUSE A PRESCHOOL VARYING EXCEPTIONALITIES CLASSROOM FOR HANDICAPPED STUDENTS.

WHAT ARE THE ADVANTAGES FOR THE AGENCIES, THE CHILD AND THE FAMILY?

HEAD START

Obtains needed space

Can utilize school resources

Access to school psychology services

Access to speech, occupational therapy, physical therapy

Dual enrollment possibilities for handicapped children

Shares materials and resources

Can readily utilize school facilities (cafeteria, playground) and transportation services

Develops understanding of school policies, procedures, and student progression plans

Gains better understanding of kindergarten curriculum and demands to better prepare the children

Special education teachers share expertise and ways to modify the curriculum for the handicapped

Transition procedures and activities enhanced

SCHOOL DISTRICT

Preschool and early intervention programs

Dual enrollment potential

Mainstreaming opportunities for handicapped children

Benefits from Head Start resources, curriculum, teacher training opportunities

Establishes transition procedures and activities

Provision of early speech-language therapy reduces need for later intervention and associated educational lags

Develops better continuity between the Head Start and kindergarten curriculum

CHILD/FAMILY

Improved program due to shared resources and expertise

More comprehensive services

Placement in the least restrictive setting

Improved curriculum and preparation for kindergarten curriculum

Better understanding and rapport with school district personnel

Easier transition from Head Start to the school district