INTERAGENCY COLLABORATION IN EARLY INTERVENTION:

PARTICIPANTS' PERSPECTIVES

by

Shu-hsien Tseng

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Advisory Committee:

Professor Paula Beckman, Chair/ Advisor
Professor Philip Burke, Department Chair
Assistant Professor Brenda Hussey-Gardner
Professor Joan Lieber
Professor Emeritus Jessie Roderick

ABSTRACT

Title of dissertation: INTERAGENCY COLLABORATION IN EARLY
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                                     Department of Special Education

This qualitative study was an exploratory effort to investigate interagency collaboration in early intervention from a developmental view, and it applied Bronfenbrenner's (1995) bioecological paradigm as the underlying conceptual framework. The purpose of this study was to examine factors that facilitated collaboration and factors that interfered with it from the perspectives of agency representatives on a local Interagency Coordinating Council (ICC) in a northeastern state. Data collection included interviews with 22 members on the ICC, participant observations of meetings, and document analysis. Data were analyzed by the constant comparison procedure.

The factors that emerged in this study are consistent with those identified in the literature. However, because of the differences across early intervention systems, the extent of the impact of factors varied greatly. Also, most influential factors interacted with each other to jointly influence collaboration. Thus understanding and improving collaboration require being aware of the way in which factors interact, observing the scope and duration of their impact, and considering the feasibility of change.

Overall, the findings of this study agreed with previous research: (a) training in collaboration is necessary, (b) assessment of needs and influences of factors is needed, (c) the role of the ICC is important, (d) awareness of initiatives of collaboration should be promoted, and (e) ecological contexts influence providers' attitudes toward collaboration and need to be further explored. Other implications of this study included the importance of allocation of funding to work on collaboration, funding and mentorship support for leaders, installation of structural mechanisms for collaboration, education for professionals and parents to work together, communication among evaluation teams, service agencies and the lead agency, and opportunities for first-line workers to establish personal connections.

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Chapter I

Introduction

The concept of interagency collaboration has received considerable attention in

human service systems, as well as in the field of early intervention of special education.

Early intervention can be defined as actions or programs which identify and then prevent

or mediate developmental delays in young children under the age of three. In early

intervention, interagency collaboration has become a critical way to coordinate related

disciplines and systems to serve young children and their families more effectively and

efficiently. However, because of its complexity, interagency collaboration is a

challenging task and takes time and effort (Friend & Cook, 2000; Peterson, 1991).

Although the literature provides many guidelines and practical suggestions on

interagency collaboration, these guidelines precede research pertaining to this topic

(Bruner, Melaville & Blank, 1991 in Mawhinney & Smrekar, 1996; Crowson & Boyd,

1995; Knapp, 1995; Mawhinney & Smrekar, 1996). Generally, there is a lack of in-depth

and strongly conceptualized studies about interagency collaboration in the literature

(Knapp, 1995; Peterson, 1991). Therefore, Knapp (1995) suggests the need for a new

generation of research with strong conceptual frameworks that will facilitate better

understanding of the complexity of interagency collaboration. In response to Knapp's

call, this study used Bronfenbrenner's (1995) bioecological paradigm to examine the

phenomenon of interagency collaboration in early intervention and to draw pertinent

theoretical and pragmatic implications from this process.

This chapter introduces this study by presenting its rationale, conceptual

framework, research questions, and significance. The rationale for the study is discussed

from the perspectives of the legislative requirements, child and family needs, and issues within the service delivery system. Next, the conceptual framework of the study is introduced. Finally, the research questions and the significance of the study are proposed.

<div align="center">Rationale</div>

Because of the complexity of overlapping and interrelated problems in providing human services, the concept of interagency collaboration has received considerable attention by professionals working in human service delivery systems (Harbin, Ringwalt & Batista, 1998; Peterson, 1991; Smrekar & Mawhinney, 1999). Agencies typically begin to work collaboratively to solve issues such as: duplication of efforts, poor coordination, and diminishing financial resources and availability of services (Peterson, 1991). These issues also occur in the field of early intervention and the importance of interagency collaboration and the need to investigate it can be found in legislative requirements, among child and family needs, and within the service delivery system.

<div align="center">*Legislative Requirements*</div>

As a result of a movement among social agencies to work together, federal initiatives have increasingly encouraged coordination among systems and agencies. The interagency emphasis in the early intervention system is acknowledged in Part C of the Individuals with Disabilities Education Act (IDEA). This law states that the primary tasks for states are to develop a coordinated, multidisciplinary, interagency system of early intervention; to facilitate the coordination of financial resources for early intervention services; and to enhance the states' capacity to provide quality services (Part C Regulations, 303.1). Since states seeking financial assistance through this law have to

establish a statewide early intervention system to fulfill the intended goals of Part C, interagency collaboration has become imperative. Congress's vision for Part C is to foster early intervention systems that are comprehensive and collaborative (Garrett, Thorp, Behrmann, & Denham, 1998; Peterson, 1991). Requirements of Part C that specifically promote development and implementation of interagency collaboration include:

1. Developing a central directory of service resources and experts,

2. Establishing Interagency Coordinating Councils (ICC),

3. Emphasizing interagency arrangements to fund services,

4. Coordinating the provision of services across agencies, and

5. Establishing a comprehensive child-find and referral system to avoid duplication of effort (Peterson, 1991).

Child and Family's Needs

Another rationale for interagency collaboration comes from the evolving view of children with disabilities and their families' needs in the society. Over many decades, attitudes and practices toward educating children with disabilities have evolved through three primary stages (Caldwell, 1973, in Shonkoff & Meisels, 1990). In the first "forget and hide" stage, children with disabilities were kept from public view to avoid families' embarrassment. In the second stage, "screen and segregate", children with disabilities were assumed incapable of functioning in their natural communities, and, as a result, they were labeled and then segregated in institutions. Finally, in the third stage, "identify and help", which began in the mid-1970s, people started to recognize the rights of children with disabilities to have quality lives. Since then, much effort has been made to identify

children with special needs and to provide them with adequate intervention services as early as possible.

Simultaneously, theories of child development have also evolved. In contrast to the earlier nature or nurture debate, scholars have come to agree that the process of child development is complex and transactional, and risk factors for disabilities could be mediated significantly by the quality of the caretaking environment (Meisels, 1985; Shonkoff & Meisels, 1990). With increasing emphasis, not only on children's development, but also on their interactions with the environment; "ecology" has become a major consideration in the field of early intervention. In Webster's New Collegiate Dictionary, *ecology* is defined as the pattern of relationships between organisms and their environment. It is a Greek word from "ec-" + "-logy". "Ec-" means habitat or environment and is derived from the Greek word *"oikos"* which means house, and "-logy" means doctrine or theory. These definitions reflect the new perspective of early intervention services as facilitating appropriate interactions between the environment and young children with disabilities.

Bronfenbrenner (1975) was one of the pioneers in urging human service systems to view children and families from an ecological perspective. He defined human development as a lasting change in the way in which a person perceives and interacts with his or her environment. Young children with special needs are particularly vulnerable to difficulties as they interact with the environment, and without appropriate intervention, their delays in development may become permanent or intensified. Not only do young children with special needs require intervention services, but their families may need emotional support and consultation about how to work with their children or

how to find support services. Since young children's primary living environment is the

family, their development is greatly influenced by their home environment and family

situation. Therefore, it is fundamental to help families provide an appropriate home

environment to raise their children. Some low-income families may even need social

support, such as job training, housing, etc. However, it is impossible for a single agency

to meet all of these needs. As a result, different services must work together to provide

appropriate services for children with disabilities and their families.

Issues in the Service Delivery System

Early intervention involves a wide spectrum of services provided by professionals

from various disciplines including medical care, therapy, special education, and social

work. Different types of services have been traditionally provided by different agencies,

and, as a result of these fragmented human services, various problems occur. Such

problems include: duplication or gaps in services, poor coordination among agencies,

diminishing financial resources, or poor accessibility of services (Peterson, 1991). For

example, traditionally the school program provides special education for a child, and

social work services are provided by the social service agency. However, the educator

and the social worker should be able to work together to reduce duplication of services.

Some researchers described the phenomenon of the complexity of overlapping and

interrelated problems in the uncoordinated activities of many service agencies as a

"patchwork quilt" (Peterson, 1991; Smrekar & Mawhinney, 1996). Problems in the

"patchwork" service delivery system highlight the need for interagency collaboration to

coordinate the agencies which provide these services so that programs can serve young

children and their families effectively and efficiently. In addition, reduced funding for

human services is another incentive for collaboration to meet the demand for quality

services with limited resources (Alter, 1990, in Miller et al, 1995).

Overall, legislative requirements, a new perspective about the needs of children

and their families, and issues within the service delivery system provide an important

rationale for interagency collaboration in early intervention. Therefore, at the system

level, there is a need to establish a unified and comprehensive means of delivering

needed services for children with special needs. To do so requires intersystem and

interagency agreements as well as shared policies and procedures. At the practice level,

it is important to coordinate and collaborate among practitioners with different expertise

to minimize duplication of services and conflicting requirements. Although this need is

recognized, the process by which interagency agreements and interagency operational

systems are created is unclear. It is also unclear how these relationships evolve over time

and how participants change their perceptions and practices in the process. These are

important issues for stakeholders in interagency collaboration. To gain insight into these

issues, investigations with a strong conceptual framework are needed (Knapp, 1995).

Thus, this study examined interagency collaboration in early intervention by applying a

conceptual framework based on Bronfenbrenner's (1995) bioecological paradigm of

human development. This framework of human development is applied to the

organizational phenomenon of interagency collaboration because the process of

interagency collaboration is developmental rather than static, as are the participants'

perception and involvement in it (Fields, 1992; Flynn & Harbin, 1987; Knapp, 1995;

Selsky, 1991; Wyly, Allen, Pfalzer, & Wilson, 1996).

Conceptual Framework of the Study

The conceptual framework for this study is based on Bronfenbrenner's (1995)

bioecological paradigm of human development. Over the years, Bronfenbrenner has

stressed the importance of the relationship between child development and the

environmental contexts in which development occurs. He has advocated a more

contextually based approach to research in human development. In 1979, he developed

the ecological model and proposed that development does not occur in a vacuum and that

it cannot be observed in fragmented parts, but must be viewed holistically within its

context. He used concentric circles to represent the nested environments containing the

developing person in the center. From the center of the concentric circles to the outside

the circles respectively represent the person's *microsystem, mesosystem, exosystem, and*

macrosystem. The *microsystem* refers to the immediate environment containing the

person. This is the system which encompasses where a person develops, such as home or

school. The *mesosystem* consists of the interrelations among different microsystems in

which a person participates. It can be viewed as a set of microsystems. The *exosystem*

includes environments in which the person does not directly participate, but the person

may affect or be affected by. For example, the activities of a local school board may

affect a child's life, although he or she does not participate in it directly. Similarly, a

child's needs may influence the decisions of the school board. Finally, the *macrosystem*

refers to the culture or subculture in which the person is involved, along with any

underlying influential belief systems or ideology of the person. Bronfenbrenner (1979)

suggested that development takes place through "progressive, mutual accommodation

between an active, growing human being and the changing properties of the immediate

settings in which the developing person lives, … and by the larger contexts in which these settings are embedded" (p. 21). Applied to this study, the microsystem, mesosystem, exosystem, and macrosystem for an individual involved in interagency collaboration included the agency the individual belongs to, the interagency network, state or Federal regulations, and the ideologies or beliefs significant to the individual's perspective of collaboration, respectively.

In 1995, Bronfenbrenner proposed the bioecological paradigm. There are four major components in the bioecological paradigm: *proximal processes, personal characteristics, context, and time*. These components are best understood through the two major propositions of the bioecological paradigm. The first proposition is that, throughout a person's life course, development proceeds through processes of "progressively more complex reciprocal interactions between an active, evolving biopsychological human organism and the persons, objects, and symbols in the environment" (Bronfenbrenner, 1995, p. 620). To be effective in influencing a person's development, interactions must occur regularly over an extended period of time. These enduring interactions are called *proximal processes,* and examples of the processes are parent-child or athletic activities. Proximal processes are the first component of the bioecological paradigm.

The second proposition of the bioecological paradigm is that the form and power, content, and direction of the proximal processes "vary systematically as a joint function of the characteristics of the developing person; of the environment, both immediate and more remote ones, in which the processes are taking place; and [of] the nature of the developmental outcomes under consideration" (Bronfenbrenner, 1995, p. 621).

According to this proposition, the second component of the bioecological paradigm is *personal characteristics*. Magnusson (1995) observed that congenital factors set the stage for the developmental process of a person's mental system while the system becomes mature through continuous, bi-directional interactions between the individual and different environments.

The third component of the paradigm is the *environmental context*. The context includes immediate and more remote environments of the micro-, meso-, exo-, and macrosystem. The last component of the paradigm takes into account the factor of *time*. More specifically, "time" refers to length of time as well as some important points of time. Developmental changes take time and are also subject to critical moments, for example, a child's entering school.

Summary and Application to this Study

The bioecological paradigm is also presented as the *process-person-context-time (PPCT) model* to show the interplay over time between a person's proximal processes (developmental processes), personal characteristics, and the social context of the person. It emphasizes the importance of situating the participant in context and uses nested concentric circles to conceptualize the ecological structures of the participant's environments. In this study, this human development theory was applied to the phenomenon of interagency collaboration since the process of interagency collaboration is developmental rather than static, as are the participants' perceptions and involvement. Applied to interagency collaboration in early intervention, each participant involved in the collaborative process was placed in the center of the nested ecological structures of the interagency collaboration system. The innermost circle, the immediate environment,

was the agency that each participant belongs to; the mesosystem referred to the

interactions that take place between agencies within the system; the exosystem consisted

of the environments in which the individual did not directly participate but affected or

were affected by, for example, the U.S. Office of Education; the outermost circle of the

macrosystem was the cultural or belief system that influences the individual's behavior in

or perception of interagency collaboration. For example, a participant's cultural

background influenced his or her perspective of collaboration.

The interagency collaboration network was viewed as a mesosystem for

individual participants as well as a developing organization in itself. Based on the

bioecological paradigm, individual participants' development in their perception and

involvement in interagency collaboration and the development of interagency

collaboration were subject to contextual influences, proximal processes, personal and

organizational characteristics, and time. Pertinent theoretical and pragmatic implications

of interagency collaboration were revealed through examining these components in-

depth.

<div align="center">Research Questions</div>

The purpose of this study was to examine what factors facilitated interagency

collaboration in early intervention in early childhood special education and what factors

interfered with collaboration from the perspectives of agency representatives. The

formulation of research questions was guided by the conceptual framework of the

bioecological paradigm. Due to time and scope limits, this study focused primarily on

the components of proximal processes (including the elements of activities, role

expectations, and relationships) and time. Five research questions were proposed based on these components:

1. How do members in the interagency network collaborate to provide early intervention services (i.e., what activities do they perform, and what are the mechanisms for performing these activities)?

2. How do members' personal expectations (i.e., legal responsibilities, outcome expectations, and role expectations) influence the process of interagency collaboration?

3. How do relationships between members influence interagency collaboration?

4. How has the process of interagency collaboration evolved? How have members' perspectives evolved?

5. How does collaboration among the Interagency Coordinating Council members affect delivery of services?

However, although other components of the bioecological paradigm (agency/personal characteristics and context) were not the primary foci, they would also be discussed as they emerged through data analysis.

Significance of the Study

The major contribution of this study was to supplement the studies of interagency collaboration in early intervention. The majority of current studies on interagency collaboration were evaluations of intervention projects. Although some studies gathered rich information, the information was descriptive rather than analytical. Generally, there is a lack of in-depth and strongly conceptualized studies of interagency collaboration in the literature, especially in the field of early intervention (Knapp, 1995; Peterson, 1991).

Knapp (1995) suggests that a stronger conceptualization would help studies to be specific about variables, locate sensitive outcome measures, and attribute results to influences. Moreover, although it is commonly accepted in the literature that interagency collaboration is multidimensional and developmental, few studies have examined the nature of the developmental process of interagency collaboration. This proposed study was an exploratory effort to examine the nature of the developmental process of interagency collaboration in early intervention with an underpinning theoretical framework of the bioecological paradigm.

CHAPTER II

Theoretical Framework and Literature Review

Since the 1970s or even earlier, there has been an increasing recognition of the complexity and interrelated problems in the need for human services. As Miller and her colleagues (1995) pointed out, in many areas, especially around the metropolitan areas, there is a "patchwork quilt" of agencies that provide various services to the clients (Miller, Scott, Stage, & Birkholt, 1995). This has resulted in a complex labyrinth that is difficult for parents and practitioners to sort out. It is communication and coordination among these agencies that sew the "patches" together. As a result, interagency collaboration is a concept that has received considerable attention by professionals working in human service systems (Harbin, Ringwalt & Batista, 1998; Peterson, 1991; Smrekar & Mawhinney, 1999). In the field of early intervention in early childhood special education, interagency collaboration has also become critical in coordinating related disciplines and systems so that they can serve young children and their families more effectively and efficiently.

The purpose of this study was to use a qualitative approach to examine interagency collaboration in the field of early intervention by applying a conceptual framework based on Bronfenbrenner's (1995) bioecological paradigm of development. This chapter first introduces how interagency collaboration has been defined in the literature. Then, it presents the theoretical framework for this study and a review of current literature concerning interagency collaboration.

Conceptualizing Interagency Collaboration

Various terms have been used to describe the effort to develop unified human service systems to meet diverse needs, such as service integration, coordination, collaboration. This section discusses how interagency collaboration has been conceptualized and defined in the public law 99-457 and in the literature.

Vision of Interagency Collaboration in Part C of P.L. 99-457

An emphasis on interagency collaboration in the early intervention system is acknowledged in Part C of the Individuals with Disabilities Education Act (IDEA), public law 99-457. This law states three primary tasks of early intervention for states: to develop a coordinated, multidisciplinary, and interagency system of early intervention; to facilitate the coordination of financial sources for early intervention services; and to enhance states' capacity to provide quality services (Part C Regulations, 303.1; Peterson, 1991). Congress's vision for Part C is to foster early intervention systems that are comprehensive and collaborative (Garrett, Thorp, Behrmann, & Denham, 1998; Peterson, 1991). Requirements of Part C that specifically promote development and implementation of interagency collaboration include:

1. Developing a central directory of service resources and experts.

2. Establishing Interagency Coordinating Councils.

3. Emphasizing interagency arrangements to fund services.

4. Coordinating the provision of services across agencies through service coordination.

5. Establishing a comprehensive child-find and referral system to avoid duplication of effort (Peterson, 1991).

The term "coordinate" is used consistently in Part C to describe the effort to unify services for infants and young children with special needs.

The Continuum of Unifying Efforts

Service integration, coordination, collaboration - - various terms have been used to describe the effort to develop unified human service systems. Crowson and Boyd (1996) compare some efforts to unify services for children. They use *integration* to describe the unifying process, and they have argued that more integration of services is better. They suggest that every effort to integrate human services can be viewed as a point along a continuum "from little-to-no integration of services to a collaborative ideal in the integration of services" (p.164). There are three major terms that distinguish various points along the continuum: (1) *cooperation*, in which most influence comes from a single agency, (2) *coordination* with more joint work and some level of mutual adjustment between agencies, and (3) *collaboration* with fully shared services among agencies and an increasing loss of autonomy of individual agencies replaced by collective policymaking. Collaboration, though difficult to achieve, is the ideal state and is the goal for all the efforts to integrate human services. Therefore, the term *interagency collaboration* is used consistently to describe efforts to achieve unified services in the early intervention system in this study.

Perspectives of Interagency Collaboration

One perspective on interagency collaboration is that collaboration is a result of resource dependency. From this perspective, the primary drive for organizations to collaborate is to survive. Agencies seek interagency collaboration for resources they need while trying to preserve their autonomy. Miller and colleagues stated, "The

relatively enduring linkages among multiple organizations… are typically seen as the means by which organizations manage their dependencies on resources necessary for organizational survival" (Miller, Scott, Stage & Birkholt, 1995, p. 681). For example, Rivard and colleagues (1998) defined interagency collaboration as the extent to which organizations exchange two primary resources: client referrals and information. Galaskiewicz pictured the collaborative relationship based on this perspective as "a reluctant organization striving to maintain its independence from others, while knowing that it must engage in interorganizational relations to procure the resources it needs" (1985, p. 282, in Miller et al.). However, Miller and colleagues (1995) in their study of services for the homeless found that interagency relationships are not just simple reluctant exchanges but are the results of interactions among various motivations and contingencies, such as legislative requirements, efficiency, and stability. They also pointed out that the relationship is impossible without interpersonal trust and is facilitated by shared goals among participants and agencies. Therefore, collaboration not only takes place at the agency level, but also at the individual level.

Gravois (1995) reviewed some definitions of collaborative teams composed of individuals from multiple disciplines. For instance, one definition of a team is "a distinguishable set of two or more individuals who interact interdependently and adaptively to achieve specified, shared, and valued objectives" (p. 5, in Gravois, 1995). They distinguish a team from a small group in that a team contains well-defined roles and often tackles a variety of tasks while a group does not. Another definition by Billup (1987, in Gravois, 1995) suggests that a multidisciplinary team consists of professionals among whom there are purposeful interactions guided by their common goals. These

professionals, even though possessing individual expertise, are functionally interdependent in their collaborative pursuit of the commonly shared goals. Based on these definitions, a collaborative team not only brings various professionals together but also coordinates various factors among them, such as shared goals, purposeful interactions, and mutual adjustments.

At the agency level, Flynn and Harbin (1987) suggested that interagency collaboration is a general concept that describes a variety of efforts to reform the current categorical service delivery system. Gray (1989) defined collaboration as "a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible" (p. 4 in Gray & Wood, 1991). Wood and Gray (1991) identified the components of who, what, and toward which ends of interagency collaboration and concluded, "collaboration occurs when a group of autonomous stakeholders of a problem domain engage in an interactive process, using shared rules, norms, and structures to act or decide on issues related to that domain" (p. 146). Similarly, Peterson (1991) stated that, to engage in interagency collaboration, "two or more agencies synchronize their activities to promote compatible schedules, events, services, or other kinds of work that contribute to the achievement of each agency's individual mission and goals" (p. 90). Crowson and Boyd (1993) also suggest that collaboration occurs when services are shared and increasing loss of agency autonomy is replaced by collective decision-making.

Overall, there is a common plan among agencies, and they will relinquish autonomy if necessary. Participants have defined roles in the implementation of the common plan. In addition, collaboration may require some adjustment of agencies'

policies to fit the common goals as well as some contribution of resources to support collective activities.

Summary

In conclusion, at the level of both individuals and agencies, similar components contribute to the promotion of interagency collaboration, such as joint commitment, shared goals, purposeful interactions guided by the goals, interpersonal trust, shared services and resources, mutual adjustment and joint planning and decision-making. However, although these definitions and discussions in the literature provide valuable guidelines and practical suggestions of interagency collaboration, several scholars pointed out that this body of information has preceded the research base (Crowson & Boyd, 1995; Knapp, 1995; Mawhinney & Smrekar, 1996; Weiss, 1981). Knapp (1995) commented, "Enthusiasm outstrips evidence at a rapid rate" (p. 6). Professionals trying to implement interagency collaboration still struggle with various difficulties (Knapp, 1995; Peterson, 1991; Weiss, 1981). To address the complexities and difficulties of interagency collaboration, Knapp suggests that research with a strong theoretical base is needed. Therefore, the following section first explores several theoretical approaches to interagency collaboration in the literature and then presents the theoretical framework that was used in this study.

Theoretical Framework

The difficulty in studying collaboration lies in its complexity and flexibility - -the nature of collaborative effort and the convergence of different disciplines (Knapp, 1995). Knapp suggests that research should be guided by a conceptual framework to overcome such difficulties. Without some guiding theoretical framework to help researchers be selective in data collection, all information seems relevant and every factor seems important. A constructive conceptual framework will help investigators analyze data effectively and develop appropriate questions for new studies. In this section, I review some attempts in the literature to develop a theoretical basis of interagency collaboration, and then present the theoretical framework that will be used in this study.

Theory Development in Interagency Collaboration

There have been several attempts in the literature to develop theoretical frameworks to guide the evaluation of interagency collaboration in human service systems. For example, Foster-Fishman and colleagues conducted a qualitative review of eighty articles, chapters, and practitioners' guides on collaboration (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001). Based on this review, they developed a framework that captured the conditions needed to succeed in collaborative efforts. They suggest the concept of collaborative capacity. *Collaborative capacity* refers to the ability to promote effective collaboration and change. Such capacity is (a) dynamic, changing with membership, foci, and developmental stages, (b) adjustable, enhanced by technical assistance and capacity building effort, (c) transferable, in that the capacity developed within one experience may be carried over to other collaborative efforts. The

concept of capacity allows researchers and practitioners to identify existing strengths of collaborative alliances as well as areas that need to be improved.

Collaborative capacity can be found at four critical levels: within collaborative members, within their relationships, within their organizational structure, and within the programs they develop or support. By enhancing member competencies, building relationships among members, strengthening interagency operations, and designing and implementing effective programs, collaborative alliances can develop the capacity they need to succeed. Specific strategies include fostering positive interactions among members, developing shared goals, creating inclusive decision-making processes, proactively building leadership, developing task focus, formalizing roles and processes, and promoting active communication.

Flynn and Harbin (1987) developed a holistic paradigm to evaluate interagency collaboration. Many evaluation efforts usually focus on one dimension of collaboration and increase our knowledge in that area. For example, Rivard and colleagues focused on the dimension of resources and evaluated the effectiveness of a demonstration project in increasing resource exchanges among involved agencies (Rivard, Johnson, Morrissey, & Starrett, 1998). Flynn and Harbin argued that interagency collaboration is multidimensional, interactional among dimensions, and developmental, and they proposed a paradigm based on relevant literature as well as their own practical experiences. In the paradigm, they identified five dimensions that are critical to interagency collaboration:

1. *Climate*: attitudes, priorities, and support of key decision makers as well as those of direct service providers.

2. *Resources*: money, people (available professionals), and facilities.

3. *Policies*: laws, regulations, standards, guidelines, licensing, certification, and interagency agreements.

4. *People*: the facilitator/leader, group members, and key decision makers.

5. *Process*: series of actions and operations used by an interagency group, such as communication, planning, and mechanisms for conflict resolution.

These dimensions are dynamic and change over time. Flynn and Harbin (1987) also identified four developmental stages of interagency collaboration: formation, conceptualization, development, and implementation, and suggested that the efforts of an interagency group should be evaluated based upon the stage of development in which they are functioning. However, the stages are not totally discrete. Tasks of different stages may occur at the same time.

This paradigm was applied and modified by Fields in 1992. Fields (1992) developed a questionnaire to study interagency collaboration based on the developmental stages and dimensions proposed by Flynn and Harbin (1987). She administered the questionnaire to 23 interagency groups in Maryland and found large similarities among groups in the first three stages: formation, conceptualization, and development. Therefore, Fields suggested that the four stages be combined into two stages of pre-implementation and implementation. She also proposed an additional stage -- evaluation. Regarding the dimensions of interagency collaboration, she verified that four of the five dimensions influenced the developmental stages of interagency groups, but that there was only a weak influence from the resource dimension. Therefore, she suggested modifying

the paradigm to include only three stages: pre-implementation, implementation, and evaluation; and four dimensions: climate, policies, people, and process.

Overall, researchers have come to agree that interagency collaboration is multidimensional and developmental (Fields, 1992; Flynn & Harbin, 1987; Foster-Fishman et al, 2001). From this perspective, interagency collaboration is viewed as an ongoing process and will develop through predictable stages along several important dimensions. However, there is no agreement as to what those dimensions and stages are, and there are diverse views. For example, Foster-Fishman and colleagues (2001) proposed the importance of member competencies, interagency relationships, interagency operations, and communication. Baldwin and colleagues suggested the degree of philosophical agreement among agencies and accessibility of services to children with special needs were important dimensions (Baldwin, Jeffries, Jones, Thorp, & Walsh, 1992). Flynn and Harbin suggested the factors of climate, resources, policies, people, and process of collaboration, but Fields argued that the resource dimension had only a weak influence in the case of her study.

The frameworks discussed above are exploratory. The collaborative capacity proposed by Foster-Fishman and colleagues (2000) identifies the ability level for a collaborative group, but they did not examine the developmental process of the collaborative capacity. Flynn and Harbin (1987) stressed a developmental and holistic view of interagency collaboration, but as reflected in Fields's (1992) argument, the dimensions of collaboration proposed were still controversial. The problem is how to select or collate these ideas to construct a comprehensive and reliable conceptual framework that can be used to understand interagency collaboration. This study

proposed that it would be helpful to refer to the theoretical constructs based on some established theories of organization or development. Relevant established theories could serve as a valid reference to check against various observed factors and facilitate the development of a more reliable conceptual framework. For example, this study used a theoretical framework, the bioecological paradigm- -a major framework of human development, to guide the investigation of the developmental process of interagency collaboration in early intervention. The bioecological paradigm emphasizes the processes by which contextual factors influence development and links macrochange of the context and individual behaviors. This paradigm is described in detail in the following section.

Theoretical Framework of This Study

The most commonly accepted perspective in the literature is to view interagency collaboration as an ongoing, developmental learning process, rather than a static process (Fields, 1992; Flynn & Harbin, 1987; Knapp, 1995; Selsky, 1991; Wyly, Allen, Pfalzer, & Wilson, 1996). In response to this perspective, this study examined interagency collaboration in early intervention by applying Bronfenbrenner's (1995) bioecological paradigm of human development. This study adopted the paradigm because it views development as a result of interactions between an individual and the environment. This idea is also applicable to the diverse and dynamic interactions among agencies, individual participants, and settings of interagency collaboration.

Bronfenbrenner first proposed his ecological-developmental model in 1979. This model has evolved over the years, and in 1995 he proposed his current bioecological paradigm. In the following paragraphs, before turning to the details of the bioecological

paradigm, I first explore its roots in the concepts of field theory and the ecological-developmental model. Then, some basic concepts of the paradigm are described. Finally, these concepts are applied to interagency collaboration as it is implemented in early intervention as well as to this study.

The Roots in Field Theory

Bronfenbrenner's bioecological paradigm has its early roots in field theory by Lewin (1943). In psychology, the term "field theory" has been applied primarily to describe the work of the Gestalt psychologists, and especially to characterize the work of Lewin and his followers. In fact, it originated from some concepts developed in physics. In the end of the nineteenth century, revolutionary ideas were introduced into the study of physics that changed some fundamental conceptions of physical reality. These ideas, contributed by Faraday, Maxwell, and others, are called "field theory". The theory challenges the Newtonian view of natural phenomena as the result of simple forces among particles and suggests the important impact of the field, the environment. It proposes that the properties of an environment will determine how an object with certain properties will act in that environment. The ideas of field theory have not only influenced physics but also have shifted viewpoints in other fields, including psychology. In a manner analogous to that of field theory in physics, Kurt Lewin (1943) proposed that the properties of any event are determined by its relationship to the system of events of which it is a component.

At that time, traditional research in psychology tended to remove participants from their environment and to isolate factors to determine pure treatment effects. Much thinking in psychology has been dominated by what Lewin termed as the "Aristotelian"

mode of thinking (Lewin, 1935b, in Lindzey, 1968). In this model, psychological events are relatively independent of context and are primarily determined by the characteristics of individuals, such as instinct, heredity, and perception. However, Gestaltists like Lewin found it increasingly evident that it is meaningless to speak of behaviors of an individual without reference to his or her environment. Moreover, in contrast to the traditional view of phenomena as aggregates of distinct parts, they argued that perception could and should be considered from the viewpoint of "organized wholes" (Marrow, 1969). Although wholes are changeable by changes in any part, Gestaltists insisted that the wholes are different from merely sums of their parts and are entities with distinctive structures.

The most fundamental construct posited by Lewin is an individual's *life space*, that is, the individual's perception of the environment and his or her own place in it. Therefore, life space consists of the person and the environment. All psychological events, such as thinking and acting, are conceived to be a function of the life space. Lewin and his followers further used the ideas of field theory to study group dynamics. They found that an individual's perception of one's own life-space is primarily determined by the primary groups one belongs to and by one's interactions with other members in these groups (Caplow, 1964). The perception of one's life-space then influences one's willingness to cooperate in group activities. To gain effective cooperation of a work group depends on group consent.

Bronfenbrenner (1979) drew heavily on Lewin's ideas and applied them to human development. Based on the Lewinian view, Bronfenbrenner (1979) defined development as "the person's evolving conception of the ecological environment, and his relationship

to it, as well as the person's growing capacity to discover, sustain, or alter its properties"
(p.9). The following paragraph describes Bronfenbrenner's ecological-developmental
model of human development.

The Ecological-developmental Model

The ecological-developmental model was originally described by Bronfenbrenner
in 1979. The model was developed to advocate a more contextually based approach to
the study of child development. As opposed to development-out-of-context, the
ecological model argues for the importance and the feasibility of understanding
development-in-context. It proposes that development does not occur in a vacuum nor
can it be observed in fragmented parts, but that it must be viewed holistically within
context. The context includes different settings that contain or influence the developing
individual.

Therefore, understanding human development should take into account aspects of
the immediate environment containing the developing person as well as aspects of more
distant environments that influence the person even though he or she does not directly
participate in them. Bronfenbrenner (1979) defined the ecology of human development
as "the scientific study of the progressive, mutual accommodation between an active,
growing human being and the changing properties of the immediate settings in which the
developing person lives, as this process is affected by relations between these settings,
and by the larger contexts in which these settings are embedded" (p.21). He used the
Russian roll as an example to describe the model. The concentric circles of layers of the
roll symbolize the nested environments containing the developing person in the center.

From the center of the concentric circles to outside, the circles respectively represent the

person's *microsystem, mesosystem, exosystem, and macrosystem* (Figure 2-1).

Ideology   Policy makers   Religion

Collaborative
team

Micro-

Mesosystem

Exosystem
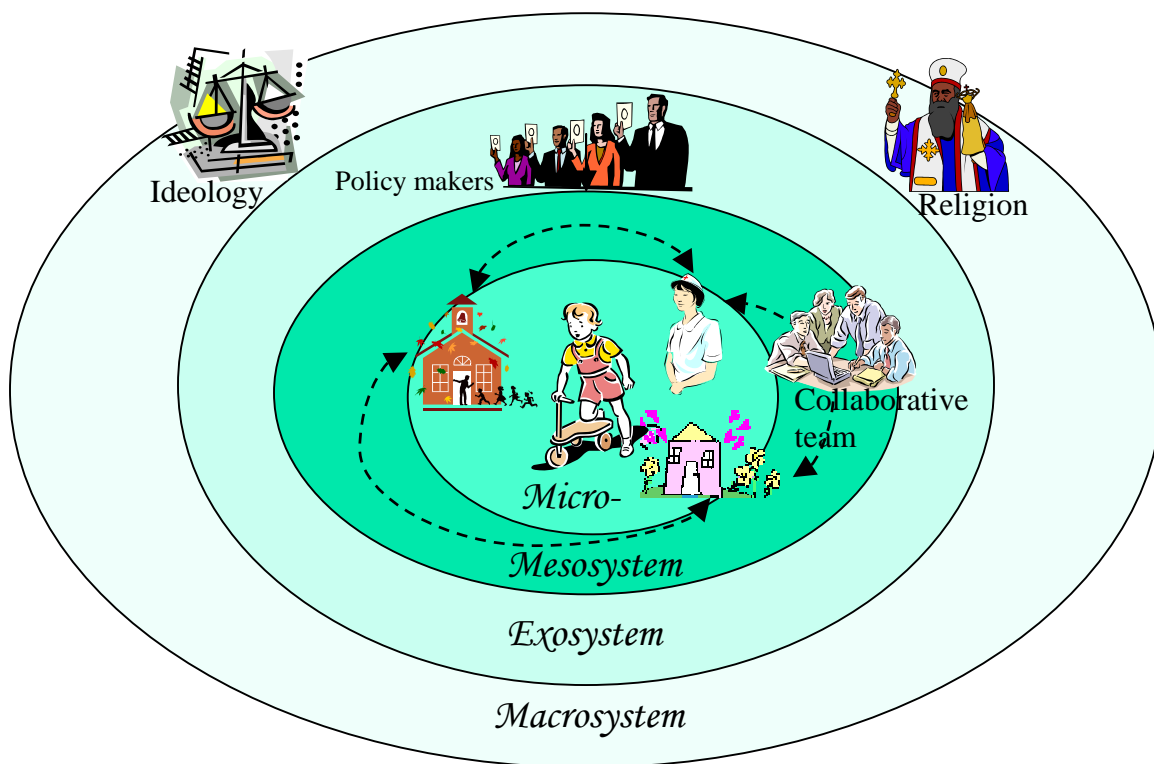
Macrosystem

Figure 2-1. Layers of ecological contexts for a developing person in the Ecological-

developmental model.

The *microsystem* is the immediate environment that contains the person. Most

individuals participate in more than one microsystem, for example, a child participates in

both home and school. The developing person experiences a pattern of activities, roles,

and interpersonal relations within each microsystem in which he or she participates. The

mesosystem is the relationship between the different microsystems in which the person

participates; it can be viewed as a system of microsystems. The relationship between

parents and school professionals is one example of the mesosystem. The *exosystem*

includes contexts in which the person does not directly participate but that may affect or

be affected by the person. For example, the activities of a local school board may affect a child's life although he or she does not participate in it. Similarly, a child's needs may influence the decisions of the school board. Finally, the *macrosystem* refers to the culture or subculture in which the person is involved, along with any underlying influential belief system or ideology of the person. Bronfenbrenner (1979) suggests that human development involves "progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, … and by the larger contexts in which these settings are embedded" (p.21). At different levels of environment, mutual accommodation occurs through the function of a person's activities, roles, and interpersonal relationships in each environment.

An important concept in the ecological-developmental model is *molar activity.* *M*olar activity is what a developing person does that is persistent through time. For instance, learning a language is an example of molar activity. Molar activity also has a momentum, as opposed to some short-lived activity with little impact on a person. The momentum is produced by the person's intent--the desire to do what one is doing. The content and complexity of molar activities as exhibited by the developing person will reflect the stage and nature of his or her development. Other people in the environment who facilitate the activity become the sources of direct influence on the person's development, such as the language teacher or parent. Bronfenbrenner (1979) suggests the importance of investigating a child's molar activities in order to understand his or her development. He recommended that public policy urge schools to document the kinds of

molar activities that were occurring in classrooms. In this study, it is relevant to explore

the persistent and influential mechanisms or activities of interagency collaboration.

The Bioecological Paradigm

In 1995, Bronfenbrenner extended his thinking and proposed the bioecological

paradigm. In this paradigm, he proposed four major components that play significant

roles in a person's development. The four components include proximal processes,

personal characteristics, context, and time. The paradigm is presented as the *process-*

person-context-time (PPCT) model to show the interplay, over time, among a person's

proximal processes (developmental processes), characteristics of the person, and the

social context (Figure 2-2).

[**P**roximal processes-**P**ersonal characteristics-**C**ontext-**T**ime]

$P+Pc1+C+T \Rightarrow Development\ (Pc2)$

Material
(personal
characteristics)

Engine
(proximal
processes)

Context

(Destination)

(Road)
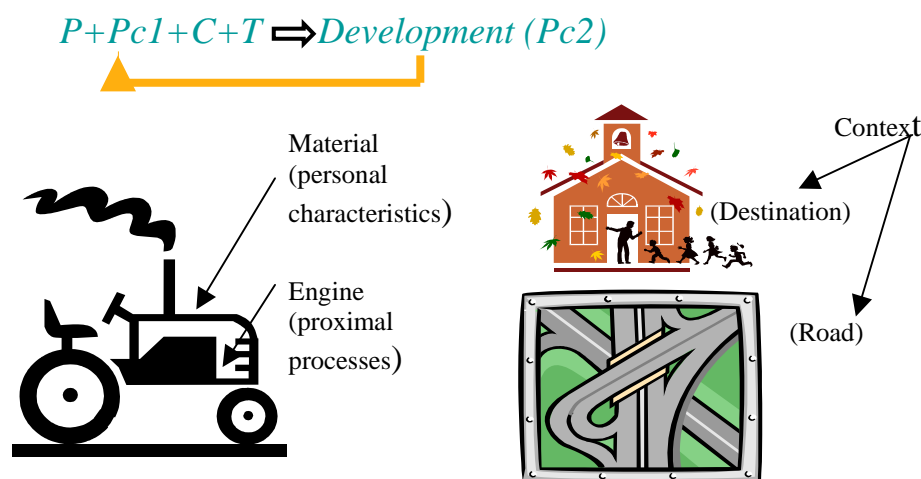
Figure 2-2. The bioecological paradigm and its components: proximal processes,

personal characteristics, context, and time.

Bronfenbrenner refers to the first component in this paradigm as *proximal*

process. This concept is best understood from the two propositions of the paradigm. The

first proposition is that, throughout the life course, particularly in early phases, a person

develops through "progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate environment" (Bronfenbrenner, 1995, p. 620). The interaction must occur regularly over an extended period of time to influence the person's development. Proximal processes are defined as these enduring interactions. Patterns of proximal processes are found in such examples as parent-child activities, complex tasks, or athletic activities. The second proposition of the bioecological paradigm is that the form and power, content, and direction of the proximal processes "vary systematically as a joint function of the biopsychological characteristics of the developing person; of the environment, both immediate and more remote, in which the processes are taking place; and [of] the nature of the developmental outcomes under consideration" (Bronfenbrenner, 1995, p. 621).

The second component of the bioecological paradigm refers to personal characteristics of a developing person. Bronfenbrenner (1995) states that interactions between a developing person and environment are profoundly affected by characteristics of the person. The influence will continue in a feedback loop. That is, a person's current characteristics are outcomes from earlier developmental processes while his current characteristics are also the basis of his personal characteristics for the next stage of development (Figure 2-2). Magnusson (1995) also argued for the influence of personal characteristics. He observed that congenital factors set the stage for the development of a person's mental system while the mental system matures through continuous, bi-directional interactions between the individual and environments.

The third component of the bioecological paradigm refers to the context for development. It includes the nested environments of the micro-, meso-, exo-, and macrosystems originally proposed in the ecological model. Finally, the fourth component is time. Specifically, time refers to both a period of time and important points in time. Developmental changes take time, while they are also subject to some critical moments, such as when a child enters school. As a result, both time and timing are influential in a person's development.

Summary

From field theory to the bioecological paradigm, there is an emphasis on a holistic, integrated view for research methodology. Elder (1995) pointed out that there is a holistic picture of the individual's developmental course in crossing multiple levels of settings. Research on development should look at the systematic overview of the complex impact of factors across levels. Bronfenbrenner's (1979) ecological-developmental model with nested levels of social environments is an important advance in linking variables such as macrochange and individual behaviors (Elder, 1995). This linkage has had a significant impact on research and practice in the field of early intervention. For example, Harbin and her colleagues used the ecological model to investigate the range of impact of the enactment of Part C. They examined services used by families in the context of the ecological model (Harbin, Kochaek, McWilliam, Gallagher, Shaw, Tocci, Buka, West, Sideris, & Clark, 1998). This framework helped them to gain a wide scope, yet in-depth, analysis, of service utilization within the early intervention systems of three states. This framework also guided the design of this study.

Application of the Bioecological Paradigm to Interagency Collaboration

The bioecological paradigm underscores the processes by which contextual factors influence development over time. Bronfenbrenner (1979) defined development as "a lasting change in the way in which a person perceives and deals with his environment" (p.3). Conventionally, people apply the concept of "development" to children and we tend to overlook the ways in which adults and even systems experience changes over time as well as a result of interacting with environments. For example, Kohn and Slomczynski (1990) found that changes of social structure in work settings would evoke corresponding changes in workers' behaviors such as self-direction. In this study, the bioecological paradigm of human development was applied to explore the development of interagency collaboration and people who participated in interagency collaboration.

Based on the bioecological paradigm, the collaborative relationships as well as individual participants can be placed in an ecological context (Figure 2-3). The innermost circle, the immediate environment, was the agency that each participant belongs to; the mesosystem was the interagency collaboration network that connects different settings for collaboration, such as the Interagency Coordinating Council; the exosystem was the environment in which the individual does not directly participate but will affect or be affected by (for example, the Mayor's Office for Children and Youth or the U.S. Office of Education); the outermost circle of the macrosystem was the cultural or belief system that influences the individual's behavior or perception in interagency collaboration. For example, a participant's cultural background influenced his or her perspective of collaboration. Interagency collaboration would be influenced by

contextual factors from these settings as well as by its proximal processes, organizational

or personal characteristics, and time (Table 2-1).
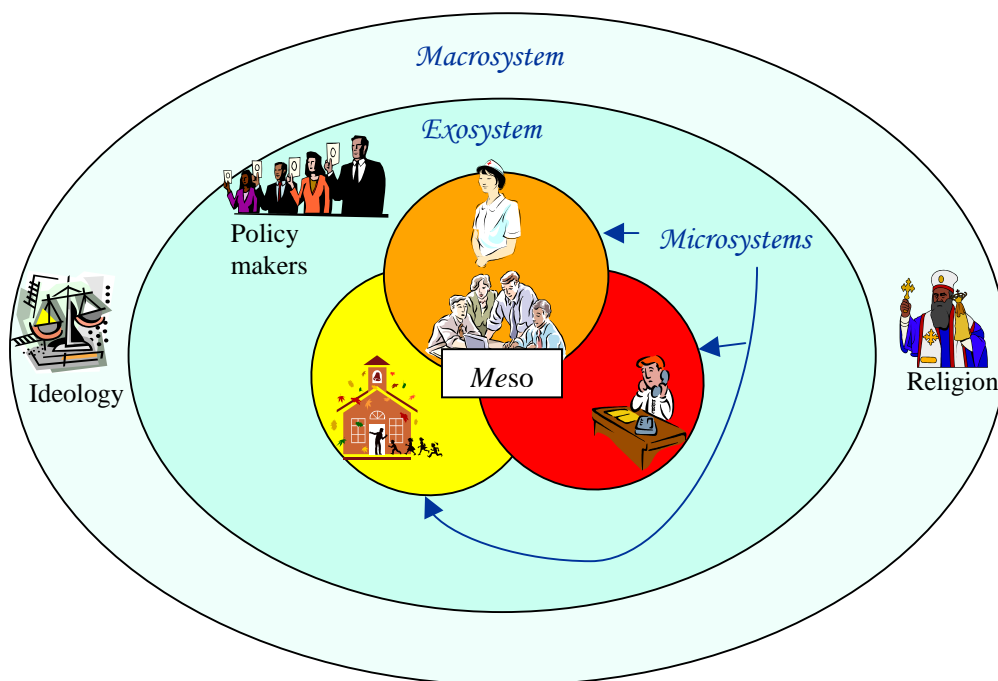
Figure 2-3, The ecological contexts for interagency collaboration.

Table 2-1
Examples of Components of the Bioecological Paradigm Applied to the Development of Interagency Collaboration.

Develop-ment	Processes	Character	Context	Time
Child	Interact with 1.Persons 2.Activities 3.Roles	Temperament, IQ, gender, etc.	Home/school Teacher-therapist collaborative relationship The school board Religion	1.Age 2.Significant events or milestones
Interagency collabora-tion	1.Persons 2.Activities 3.Roles	Temperament, IQ, gender, etc.	Agency Collaborative relationship Office of Education Religion, culture	1.Time length 2. Significant events
	1.Agencies 2.Activities 3.Expectation	Structure of collaborative groups, multi-disciplinary etc.		1.Time length 2. Significant events

Due to time and scope limits, this study focused on two specific components of the paradigm. Proximal processes that occurred during interagency collaboration were one component in focus since they were identified as the *engines* of development by Bronfenbrenner (1995, p.638). Elements of proximal processes including influential mechanisms or activities of interagency collaboration, interpersonal relationships, and role expectations were investigated. The component of time was also explored in a retrospective way to understand the developmental process of collaboration. However, although other components of the bioecological paradigm (agency/personal characteristics and context) were not the primary focus, they would also be discussed as they emerged through data analysis.

Review of the Literature

This section first reviews the literature on interagency collaboration in human service delivery systems. This is followed by a discussion of research on interagency collaboration conducted specifically in the field of early intervention.

Research on Interagency Collaboration

A number of studies have evaluated model projects of interagency collaboration in human service delivery systems. For example, Selsky (1991) conducted an action research study of a nonprofit organizational alliance that formed the Delaware Valley Council of Agencies in the Philadelphia area (DVCA). He viewed building the alliance's capacity to collaborate as a developmental process. The goal was to increase the alliance's capacity to identify shared problems, develop policies or programs accordingly, and mobilize resources effectively. He suggested three ways to facilitate such development: strengthening the relationships among participants, extending resource dependencies, and enlarging the basis for collaboration among the organizations. He also proposed the adoption of a "developmental catalyst" in a collaborative group. The role of the catalyst was to identify community leaders and work with them to promote collective decision-making and actions, similar to the role of a coordinator. This study used key persons such as directors and consultants of agencies as the developmental catalysts for interagency collaboration. The purpose of this study was to demonstrate how the implementation of these proposed concepts enhanced the collaborative capacity of DVCA.

Data were collected primarily through a survey of a stratified sample of 50 agency representatives of DVCA members. No detailed information about the survey was

provided in the study. Content analysis of board meeting minutes and participant observations was also conducted. The results indicated membership growth, program diversification, wider community decision-making activities, and a sense of collective power among the members. Based on the results of this study, Selsky (1991) argued that collaborative networks do not always occur automatically and need to be designed. He also suggested: (1) identifying the major types of resources needed in the community, (2) clearly defining development catalysts and garnering the participation of network leaders, (3) using various ways to attract members, (4) having a support base for collective decision-making capacity, (5) developing the network incrementally, and (6) distributing project outcomes.

Rivard and colleagues conducted a secondary analysis of the evaluation of a demonstration project to integrate services for children, youth and families in North Carolina (Rivard, Johnsen, Morrissey, & Starrett, 1998). They defined interagency collaboration as the extent to which organizations exchanged two primary resources, client referrals and information. They proposed that interdependencies between organizations form when there are exchanges of vital organizational resources such as funding, information, and client referrals. Van de Van and Ferry (1980, in Rivard et al., 1998) emphasized that these interdependencies grow incrementally over time.

The objective of the study was to find out if there was increased interagency collaboration as a result of the project and the nature of the interorganizational linkages that were formed. Interagency teams were formed to promote collaboration and collective problem solving at the state, regional, and county levels. One team at the state level oversaw state-level collaboration; one regional management team was in charge of

planning the development of collaboration across eleven counties; while the Interagency

Coordinating Council in each county responded to local needs. Representatives of both

child welfare and juvenile justice agencies were included on the teams at each level.

Sixty-three agencies participated in the study. One respondent was identified for

each agency, and those identified tended to be program supervisors or agency directors.

Data collection included in-depth interviews and self-report surveys. Participants rated

the extent to which their agencies sent and received resources from every other agency on

a 5-point scale (none to a lot). There were also six open-ended questions in the survey,

regarding such issues as changes in service delivery and impact of the demonstration

project. Information regarding the reliability and validity of the survey was not reported

in this study. Data were collected twice, once in 1991 and once in 1993.

The unit of analysis used to examine frequencies of interorganizational linkages

was three primary agency sets of urban child welfare, rural child welfare, and regional

juvenile justice. The results showed increasing linkages established over time, but the

degree was small, between 0 to 8%. Foster care in rural child welfare produced the most

significant gains in referral linkages. Although the increase in linkages was small,

responses to the open-ended questions were generally positive about the project. For

example, respondents noted that there had been an improvement in the service delivery

system and that the interagency teams had been helpful. In addition, agencies that

showed gains in resource exchanges reflected high levels of involvement in collaborative

activities. However, the causal relationship was not clear between changes in exchanges

and involvement, and there was no second data source to support this association in

addition to free responses to the open-ended questions. Some participants commented

that the effects of the interagency teams varied by factors such as personalities, leadership, and the best interests of agencies. A newly developed interagency teamwork protocol was indicated to be very useful in clarifying roles and distributing decision-making.

It is important to note that this project was implemented in counties with a history of positive attitudes toward innovations. It is unclear if those positive statements in the open-ended questions were the result of attitudinal bias or the actual effects of the project. It is also unclear what the authors meant by the small increase of linkages. They claimed to find that interagency linkages grew incrementally over time as a result of the project's continuing to promote interagency collaboration. The idea of developmental changes is consistent with the prevalent perspective that interagency collaboration is an ongoing, developmental process (Fields, 1992; Flynn & Harbin, 1987; Knapp, 1995). However, it depends on the developmental stage of the network of interagency collaboration as to whether the linkages increase and how much growth occurs. It is unclear whether the small increase of linkages should be attributed to the project or the developmental stage of the interagency collaboration group. It may be important to identify the developmental status of the collaboration group first before precisely assessing and interpreting the results.

Ridgely and colleagues (1998) evaluated a program in Maine designed to overcome the divisions between the mental health and substance abuse fields (Ridgely, Lambert, Goodman, Chichester, & Ralph, 1998). The historical barriers between the fields included lack of common administrative structures, categorical funding for services, differential licensing requirements, the lack of treatment resources, and different

treatment philosophies (turf issues). Therefore, the major foci of the program were to build provider relationships across the service-sector boundaries, to establish a common language, and to provide cross-training.

The program was started in 1993, and twenty-two agencies participated. Efforts to improve collaboration included keeping communication open among participating agencies, holding monthly meetings, nurturing one-to-one relationships among service providers, and sponsoring other activities such as joint treatment planning, co-location of staff, and training across agencies. A survey instrument was used to evaluate the effectiveness of the program. The survey included 18 five-point scale questions and one open-ended question. The content focused on the extent to which the agency's activities had been affected by its participation in the program, especially in two areas: care for people with dual diagnosis, and administrative and training activities. The survey was first sent in 1994 when twenty agencies responded and again in 1995 when nineteen agencies responded. The reliability and validity of the survey was not discussed.

The results showed that the survey scores increased in the year following intervention, indicating increasing collaboration. Agencies exchanged a lot of general information and referrals. This showed that the program improved communication, collective decision-making, and collective actions among the agencies. There were also several large-scale system changes such as the collaborative design of multiunit single-room-occupancy apartments to meet the issue in housing, assistance of "dual recovery anonymous" groups, and the establishment of a working group to improve emergency room care. However, joint services and training were minimal. Finally, the authors

concluded that the use of an intervention program was a cost-effective way to maximize interagency collaboration, but provided no evidence to support this point.

Malloy, Cheney, and Cormier (1998) reported the first year outcome of a demonstration project, RENEW. RENEW was a project in Manchester, New Hampshire, to improve transition outcomes for students with emotional disturbance or young adults with mental illness. Service delivery to this population had been disconnected, inefficient, and ineffective. Agencies and disciplines disagreed on issues such as criteria for eligibility, priorities for funding, and best practices. Malloy et al. (1998) emphasized three objectives for the project: gaining consensus on beliefs and goals among team members, developing positive relationships among team members and between members and clients, and working to provide flexible, individual services.

The Interagency Coordinating Council in the city oversaw and advocated the project. Representatives from related agencies such as school districts, mental health agencies, and vocational rehabilitation agencies agreed to support the project. The project provided comprehensive case coordination for seventeen youths from age sixteen to twenty-two (mean=18, 11 males and 6 females, all Caucasian) in the first year. They were assigned an individual service coordinator and were guided to pursue high school completion, postsecondary education programs, and regular employment with reasonable wages. Primary activities of interagency collaboration included interagency meetings and various ways of communication among participant agencies. For example, the service delivery team negotiated with the public schools, as one of the project participants, to provide flexibility of course requirements so students could receive credit in different ways.

The Interagency Collaboration Checklist developed by Froelish (1993, in Malloy et al., 1998) was used for pre-post measure of eight agency representatives' perceptions about interagency collaboration. The results showed increased scores on pre-post measures of most items in the Checklist. For example, one item was "extent to which interagency collaboration has improved services". However, the scale of each item was not identified in the study so the readers could not tell how significant the increases were (range of increases: 0.1 to 1.4). Reliability of the survey was not discussed in the study.

The project improved service delivery to clients and collaboration among participating agencies. There were improved high school completion rates, postsecondary education attendance, and regular employment with reasonable wages for those clients. By having small caseloads of 8-12 youths, staff members in the project were able to provide intensive case coordination for the clients. This may be difficult to implement in most programs because of the issue of caseload. However, there was no control group to confirm that these effects could be attributed to the intervention of the project or to other confounding factors, such as participant maturation or family support.

Foster-Fishman and colleagues identified two strategies embedded within many recent reforms in the human service delivery system -- an increased emphasis on interagency collaboration and a shift to strengths-based service delivery (Foster-Fishman, Salem, Allen, & Fahrbach, 1999). The goal of these strategies is to minimize organizational boundaries, create a functionally integrated system, and provide services built upon client competencies. These two strategies are challenging and require significant changes in the attitudes and behaviors of human service consumers, providers, and agencies. The relationship between attitude and behavior has been an on-going topic

of debate (Ajzen & Fishbein, 1977 in Foster-Fishman et al., 1999). Nevertheless, although a positive attitude towards these changes does not assure their success in adoption, success is not possible without positive provider attitudes. Therefore, the authors argued the importance of understanding providers' attitudes in the reform efforts.

They conducted a study designed to explore the relationship between support in the environment for human service reform and providers' attitudes towards those reforms (Foster-Fishman et al., 1999). They examined this issue from an ecological perspective and emphasized the influence of factors operating within contexts such as the demands, character, values, and norms in the working environment as well as in the larger context. These factors influence individuals' decisions about what attitudes and behaviors are acceptable within a given context. The authors predicted, "When contextual beliefs are consistent with reform efforts, they can facilitate the adoption of change" (p. 791). In this study, they intended to find out the following:

1. Is a supportive agency environment related to positive provider attitudes toward the reform of an emphasis on interagency collaboration and a shift to strengths-based service delivery?

2. Do provider perceptions of support in the external environment influence their perceptions of the reform?

3. Is involvement in an interagency team related to positive provider attitudes toward the reform?

4. What are the relative impacts these influences (a supportive agency, support in the external environment, and interagency involvement) have on provider attitudes?

The authors used a joint insider-outsider methodology that involved a committee of eight members of the Interagency Coordinating Council in a mid-size county in Michigan. They worked collaboratively with the research team to develop a survey. The survey was distributed to a purposely selected sample of 530 service providers in agencies that served children and families. The sampling process was not reported in the article. There were 328 surveys returned (62%). Only 186 surveys were included in the data analysis, but the reason for this was not clear. In total, there were 186 direct service providers from 32 agencies who responded to this study.

To take into account the multiple levels of data (e.g., staff members nested within organizations), the authors conducted the Hierarchical Linear Model Analysis (HLM) to simultaneously explore effects of individual level and organizational level on the dependent variables (attitudes toward the two strategies). Predictors were regressed onto outcomes of the dependent variables in three blocks: perceived organizational environment, involvement in initiatives, and perceived external environment. The results showed that, across all agencies, provider attitudes towards interagency collaboration were affected by leadership commitment, by high level involvement in interagency teams, and, most significantly, by factors in the external environment. External influences included key funders or other organizations in the region. Provider attitudes towards a strengths-based philosophy were similar to attitudes towards service coordination, except that employee autonomy and flexibility was influential instead of leadership commitment, and attitudes were affected by even a small amount of involvement in interagency teams.

In conclusion, the providers' perception of the external environment was the best predictor of their attitudes towards reform. When values and beliefs in the environments were consistent with reform efforts, they facilitated the adoption of changes promoted by the reform. This study highlighted the importance of the ecological context in which system reforms occurred. More extensive involvement in a setting of collaboration also influenced providers' attitudes. It is possible that in collaborative settings, staff members were immersed in beliefs, policies, and practices that were consistent with reforms, so their attitudes were more likely to become aligned with the reform. Although the results were based on a single method, the survey, they were confirmed by the authors' informal observations.

This study supplemented the understanding of collaborative reforms in the current literature by examining service providers' attitudes. Many studies in this area targeted coordinators or directors as participants since they play significant roles in the process of reforms. However, one cannot overlook providers' perspectives in order to have a comprehensive understanding of the process. In addition, to consider the multilevel of the data, the authors conducted the Hierarchical Linear Model Analysis to explore the differential contextual effects simultaneously. They demonstrated that though it is difficult to conduct research with experimental design in the context of interagency collaboration, some manipulations of variables could reveal important insights about the interested phenomenon.

Moreover, communication has been identified as an important variable in collaborative relationships (Malloy, Cheney, & Cormier, 1998; Miller et al. 1995; Wyly, Allen, Pfalzer, & Wilson, 1996). Miller, Scott, Stage, and Birkholt (1995) supported

Wigand's (1976) view that all interagency relationships are communicative in part and information exchange is critical to facilitate collaboration. They stressed the need to emphasize communication as a key aspect of collaborative relationships and conducted a grounded theory study to explore how social service agencies coordinated service delivery to the urban homeless, what motivated agencies to coordinate with other agencies, what communication strategies were used, and how agencies coordinated and communicated with entities in the larger social environment.

They selected participants from a list developed by a consortium of agencies that provided services to the homeless population in a southwest metropolitan area. Twenty-three agencies were selected and agreed to participate in the study. Directors of the agencies were interviewed (7 males and 16 females). The interviews were semi-structured and included several open-ended questions to prompt participants' free responses regarding issues such as organizational purpose, structure, strengths and weaknesses, and interagency relationship. All interviews and field notes were transcribed and analyzed through constant comparison.

Four major themes emerged from the data analysis. First, participating agencies engaged in a great amount of communication to coordinate services for client needs. Several participants suggested the importance of using communication technologies to facilitate service coordination, for example, a hotline or a central database of client information. Second, many interactions among agencies involved coordination of advocacy efforts. Some directors of agencies stated that advocacy for the homeless was one of their primary goals. One participant said, "If you band people together, you can do more." (Miller et al., 1995, p. 690). The third theme was funding and support.

Participants indicated a wide range of funding sources. Interestingly, some agencies purposefully avoided government funding sources for various reasons, such as the difficulty of dealing with bureaucracy. Finally, participants addressed the issue of public and neighborhood images. Many directors perceived a negative agency image and were conscious of "not in my backyard" attitudes. They pointed out that communities tended to be unaware of or to deny the issues facing the homeless population.

The results were informative and presented a picture of a complex, highly connected network of agencies with the shared goal of helping the homeless. Interagency relationships were not just simple resource exchanges but were based on various motivations and contingencies. For example, motives for agencies to collaborate included legitimacy (having other agencies and the public think well of them) and efficiency.

Gravois (1995) conducted another study focusing on communication within interagency teams. He investigated the communication skills used by members of school-based multidisciplinary teams. He also explored the relationship between communication skills and members' perceptions of overall team collaboration. Huebner and Hahn (1990 in Gravois, 1995) suggested that teams are not automatically more effective than individuals and that training in group communication is necessary. Previous research on school teams' communication suggested that team members tend to overuse information-giving skills but tend to underuse clarifying skills (Kuralt, Hanson, & Rosenfield, 1987 in Gravois, 1995). Clarifying is to restate or confirm what has been said, for example, "so you mean that (…paraphrasing a previous statement)". The ability

of team members to use clarifying and paraphrasing proved to facilitate effective communication and collaborative interactions.

In this study, collaborative teams received specific and systematic training in all communication skills, with particular emphasis on clarifying skills. Members of nine school-based teams, with a total of 79 persons, participated in the study. Team meetings were audio taped over a three-week period and coded into four categories: "gathering information", "providing information", "clarifying meaning", and other "uncodable statements". The Team Collaboration Scale was also administered to participants. The scale contained 25 five-point likert-scale items. Two factors were covered in the survey: overall team collaboration and active involvement of team members. The author reported its content validity and reliability (Cronback alpha=0.95, reliability coefficient=0.92).

The results showed slight differences in the use of communication skills across nine teams and among disciplines. The most frequently observed communication skill among the participants was providing information. School psychologists and special educators used more clarification, while general education teachers used more skills that provided information. The frequency of skills used also varied according to years of experience. Professionals with more than one-year experience used more clarification while less experienced ones tended to provide information in communication. Results of the survey showed that perceptions of collaboration were significantly higher when there was more team participation (percent attending scheduled meetings) and with larger team size (9 to12 members versus 5 to 8). Therefore, the larger sizes of the collaborative teams and the better the attendance of team members, the more effective the

collaboration. Additionally, clarifying is an important skill in collaboration and may be gained through experience or training.

Summary

Interagency collaboration is a process that occurs in complex multidimensional contexts (Fields, 1992; Flynn & Harbin, 1987). Therefore, for investigators studying this process, it is difficult to design experimental research. Most studies that have been conducted involve evaluations of intervention projects that aim at solving problems in practices, such as the lack of collaborative structure, categorical funding for services, and disagreement on best practices. Overall, results of the studies reviewed showed the effectiveness of those efforts. Positive results included growth of interagency linkages, more diverse interagency activities, increased sense of collective power among members, positive attitudes, and increased information and referral exchange.

In terms of research methodology, most of the studies provided appropriate descriptions of interventions applied, and many studies collected data from multiple sources, such as surveys and participant observations. However, among studies that utilized survey instruments, none reported the validity and reliability of the instrument, except for one dissertation conducted by Gravois (1995). Malloy et al. (1998) did not even indicate the number of points in the scale, which made it difficult for the reader to tell how significant the changes of scores were. In addition, many of the studies were conducted with groups that already held positive attitudes toward collaborative reforms. Therefore, the positive responses might be biased.

Implications from the studies included: (1) interagency collaboration does not occur automatically and needs to be designed, (2) needs assessment is necessary, (3) the

role of a coordinator or coordinating council is important, (4) more training in

collaboration is needed, (5) collective decision-making capacity needs to be supported,

(6) awareness of initiatives of collaboration should be promoted, (7) intensive case

coordination is effective, and (8) ecological contexts influence providers' attitudes

toward collaboration. However, to answer questions like how to design needs assessment

or a workable interagency collaboration system, further investigation is needed to explore

these aspects specifically.

Finally, communication was recognized as an important aspect of collaborative

relationships (Malloy, Cheney, & Cormier, 1998; Miller et al., 1995, Wyly et al., 1996).

Clarifying meaning was an important communication skill in collaborative interactions

and could be learned through experience or training (Gravois, 1995). Also, team size and

attendance affected participants' perceptions of collaboration. There is also the need for

communication technologies to facilitate service coordination (Miller et al., 1995).

Overall, this literature supports the theoretical framework of this study that

interagency collaboration is a developmental process and context is influential in the

process. Several factors identified in the literature such as communication and training

could be categorized as the activity element of the proximal processes of the development

of collaboration. These factors served as important reference to this investigation.

Research on Interagency Collaboration in Early Intervention

Interagency collaboration is a key component of the early intervention system as

outlined in Part C of the Individuals with Disabilities Education Act. The mandates of

Part C also created a formal mechanism to facilitate interagency collaboration--the

Interagency Coordinating Council (ICC). The following section reports the efforts to evaluate the impact of Part C and ICC on interagency collaboration.

Impact of Part C

Before Part C was mandated, Meisels, Harbin, Modigliani, and Olson (1988) conducted a survey to assess the status of the states' early childhood intervention policies prior to the implementation of P.L. 99-457. The surveys were distributed to fifty states and the District of Columbia. All were returned between December 1985 and May 1986 by state coordinators or directors of early intervention programs.

The results showed that all components of the early intervention systems were in need of extensive coordination. The greatest needs were case management (78.4%), and staff training (70.6%). Greater needs were presented for the population from birth to three than for the population from three to six. Service delivery was managed in a variety of ways. On average, every state identified three to four agencies with primary responsibility for managing service delivery to the birth to six population, but interagency collaboration was minimal. Obstacles to coordinate services among agencies included the lack of interagency collaboration, inconsistent eligibility criteria, low funding, and limitations on using funds. States with entitlements reported fewer obstacles than states without entitlements.

After Part C was mandated in 1986, Garrett and colleagues conducted a qualitative study to examine the impact of Part C on early intervention systems from the perspectives of coordinators of local interagency coordination councils (LICCs) (Garrett, Thorp, Behrmann, & Denham, 1998). The primary data source consisted of interviews with 26 coordinators in a single state (not identified). The most frequently reported

positive impact of Part C was the concept of "family-centeredness". One coordinator described "…everyone's been far more conscious of having families involved, making decisions, letting them take the lead, and supporting them…" Negative impacts included increased paperwork, meetings, and service coordination efforts without reimbursement. They also found discrepancies between the legislation visions and the implementation of Part C. For example, services tended to be traditional and were not comprehensive. There was a lack of commitment to interagency collaboration by professionals, turf issues, and power struggles. However, since the implementation of legislation is a process, discrepancies between the goals of Part C and current practices should be expected. The study would be more constructive if it examined stage appropriate tasks and direction for the implementation of Part C in the target state. In addition, there were variations among early intervention systems. Since the study was conducted in one single state and no background information was provided, generalization of the observations is limited.

Harbin and others also conducted a large-scale study to examine the impact of Part C in three states: North Carolina, Colorado, and Pennsylvania (Harbin, Kochaek, McWilliam, Gallagher, Shaw, Tocci, Buka, West, Sideris, & Clark, 1998). They used an ecological, multi-dimensional conceptual framework to guide the study and tried to address multiple areas that affected child development and family functioning. These included child care, child protection, medical and dental care, food and clothing, housing, adult education and information, cultural/social/religious development, transportation, economic security, legal services, and recreation. Three hundred children and their service providers were purposely sampled to recruit a diverse range of participants.

Among those, 75 children and 67 providers were selected for qualitative follow-up. Data were collected through multiple methods, including information forms, service protocols, questionnaires, focus groups, document analyses, interviews, case studies, and observations. The authors investigated specific issues and gave descriptions about the participant and program characteristics in the report.

There were many interesting findings about early intervention in this study. For example, communities with larger populations and higher density of resources tended to serve a smaller percentage of children. Curricula for young children with special needs were often diagnostic-driven and criterion-referenced rather than adapted to children's natural context. In terms of service coordination, families expressed dissatisfaction and asked for services that were more responsive and accessible, while program coordinators indicated the need for more personnel and resources to carry out the challenging task of service coordination.

A more recent evaluation of the impact of Part C on the early intervention system was conducted by Spiker, Hebbeler, Wagner, Cameto, and McKenna (2000). They first identified some key dimensions of the early intervention system and then assessed the status of local early intervention systems according to those dimensions. Those key dimensions included the composition of local early intervention systems, the nature of the eligible population, interagency issues, models of intake and service coordination, and the extent of within-state variation. This study was a part of the National Early Intervention Longitudinal Study conducted between September 1997 and November 1998. There were 93 counties from 20 states participating in the study and 220 state Part C coordinators and directors interviewed by telephone in a semi-structured manner.

The results showed a large variation in system dimensions of all early intervention systems across states, though similarities in some dimensions were found. Characteristics of those system dimensions were assembled in so many different ways that the early intervention systems became very different. For example, in some states like Ohio, New York and Maryland, the local jurisdictions were counties, while in others the jurisdictions covered overlapping boundaries of counties. In some states, such as Maryland, the local governing authority had substantial responsibility for the structure of the local system, while in others it did not. Therefore, the structure and lead agencies varied significantly from one local jurisdiction to another in Maryland. Moreover, in some states such as Hawaii, Idaho, Maryland, Ohio, and South Dakota, private programs were incorporated into the service delivery system, while in others they were not.

Three major types of interagency configurations were found: one program provided all services as in Texas; a single public agency that contracted for services with private programs as in Florida and New York; and two or more public agencies and private agencies involved, for example, in California, Kansas, and Maryland.

However, although the information in this study was rich and reflected the variations of early intervention system across states, the information was descriptive rather than analytical. A stronger conceptual framework is needed to provide an effective analysis of the data and to give insights into the accumulated information. For example, besides knowing the types of interagency configuration, it is also important to explore whether the difference in the configurations across states was because of the difference in organizational design, developmental stages of collaboration, or other aspects.

Impact of Interagency Coordinating Councils

Historically, efforts at interagency collaboration in early intervention had been largely informal. However, because of the increasing scope and complexity of the task of coordinating services among agencies, interagency collaboration became important, and a formal mechanism to facilitate interagency collaboration was needed. As a result, the creation of the Interagency Coordinating Council (ICC) was mandated in Part C. Part C requires the establishment of ICCs at both State and local levels. Every ICC is composed of fifteen to twenty-five members, including representatives from related agencies, parents, legislators and others, and meets regularly. This group is expected to have impact on service delivery in early intervention, such as the number and types of service options, the ease of access to the system, and the coordination of services across public and private providers.

Harbin, Ringwalt, and Batista (1998) reported an in-depth analysis of the purpose, characteristics, and level of functioning of Local Interagency Coordinating Councils (LICCs). They used the Coordination of the Infant-Toddler–Preschool Services Questionnaire modified from Fields (1990). Members of LICC were nominated by key personnel in lead agencies to participate in the study, and a total of 57 members were sampled from the nine communities in three states: North Carolina, Colorado, and Pennsylvania. Forty-three of them (75%) returned the survey. The survey was reported to have a high reliability (Cronback alpha=0.92).

The results showed that the LICC played an important role in interagency collaboration for a comprehensive service delivery system. It was found to be a stable group with low turnover. The size of LICC ranged from eight to twenty-five, and was

proportionate to the size of the community to which it belonged. Frequent members were the Health Department, Public Schools, Developmental Disabilities agencies, Social Services, Head Starts, and child care providers. Private service providers and physicians were listed only by some LICCs. This study found that members from schools and programs for developmental disabilities were represented more than other agencies, and therapists usually were not members of the LICC.

The authors also used the framework of developmental stages of interagency process developed by Flynn and Harbin (1987) to assess the developmental status of LICCs (this framework is described on page 9 in the previous section of Theory Development). There are four stages identified in the framework: formation, conceptualization, development, and implementation. Examples of tasks of each stage are recruitment/selection of appropriate members and leaders and delineation of roles and responsibility for stage one (formation); a written mission statement and development of a communication system for stage two (conceptualization); work groups productively working and examination of relevant policies for stage three (development); and policy changes to eliminate barriers to service coordination and improved services for stage four (implementation).

The results showed that 77% of the tasks in stage one, formation of the group, were completed in the LICCs; 71% of the tasks in stage two, conceptualization, were completed; 60% of the tasks in stage three, development, were completed; and 72% of the tasks in stage four, implementation, were completed. Based on these data, LICCs had not completed all the tasks in stage one but had already continued on to the tasks in the next stages. Examining the tasks skipped by LICCs, the authors identified one important

issue: the LICCs were avoiding more difficult tasks, such as performing needs assessments and analyzing agencies' policies. They referred to Piaget's theory of child development, noting that the quality of the child's development in one stage influences the quality of his/her future development. They applied this theory of child development to the development of a LICC and suggested that the development of many of the LICCs in this study might have been thwarted in the early stages. They noted that even though an LICC ages, it doesn't necessarily mean that the group will pick up the difficult tasks to reach optimal development. The authors suggested that federal and state assistance was needed to help LICCs perform these difficult tasks.

The results of this study also showed more trust among members of LICCs over time, more efficient service delivery, and increased referrals and services provided. The author also found that collaboration improved at the system level when there was continuity in leadership, since it took time for LICC members to develop a shared vision and trust. Factors facilitating collaboration included a positive climate that encouraged active participation and attendance, member commitment, and a participatory planning process. Conversely, limited resources, conflicting or rigid policies, and a lack of adequate structural mechanisms appeared to be barriers to collaboration. Data indicated that most agencies were minimally to moderately knowledgeable about the various programs within other agencies. There were also discrepancies in their descriptions of LICC, and various perceptions existed.

In 1992, Fields developed a questionnaire about interagency collaboration based on the four developmental stages and five dimensions proposed by Flynn and Harbin (1987). The questionnaire was administered to interagency groups in 23 counties in

Maryland. The data was triangulated by a second method of unstructured interviews with four representatives. The content validity was checked by a panel of experts, but reliability was not discussed.

The results showed that the 23 groups were in various developmental stages: two in formation, five in conceptualization, five in development, and eleven in implementation. However, when grouped by the stages, these interagency groups differed significantly in only two dimensions - - process and climate. When the stages of formation, conceptualization, and development were combined into one stage, statistically significant differences were found in four dimensions between interagency groups of this combined stage and groups of the implementation stage. Therefore, Fields (1992) suggested that the four stages could be combined into two stages of pre-implementation and implementation. In addition, she proposed adding an additional stage of evaluation. Fields also found that four of the five dimensions influenced the developmental stages, but that there was only a weak influence from the resource dimension (correlation =0.158). The process dimension was the most influential. It included the components of formal planning, formal communication, informal communication networks, dispute resolution mechanisms, and participatory planning. Based on the interviews, there was little agreement between program implementers and policy developers. Finally, Fields suggested the importance of creating more resources, reducing paper work and bureaucracy, and developing clearer regulations.

Summary

Before Part C was mandated, efforts at interagency collaboration were largely informal and limited. Early intervention services were also limited. For example, only

six states guaranteed services to all children with disabilities from birth onwards (Meisels, et al., 1988). All components of the early intervention system were in need of extensive coordination, and the components with the greatest needs were case management and staff training. However, states with entitlements reported fewer obstacles to coordinate services than did states without entitlements (Meisels et al.).

With the mandates of Part C, there is increasing involvement of agencies in interagency collaboration to coordinate services (Harbin et al, 1993). However, a large variation in early intervention systems was found across the country (Spiker et al., 2000). Characteristics of system dimensions, such as boundaries of local jurisdictions and local leadership, were assembled in various ways so that early intervention systems across states became very different. Factors facilitating interagency collaboration included a positive collaborative climate, member commitment, and participatory planning processes (Harbin et al, 1998). Conversely, increased paperwork, increased demands with limited resources, conflicting or rigid policies, and the lack of adequate structural mechanisms appeared to be barriers to collaboration. Also, there were discrepancies between the legislation visions and implementation of Part C as well as discrepancies between policy makers and practitioners' perceptions of interagency collaboration (Fields, 1992; Garrett et al., 1998; Harbin et al., 1998). There was still a lack of commitment by professionals, turf issues, and power struggles in interagency collaboration (Garrett et al., 1998).

The Local Interagency Coordinating Council (LICC) played an important role in interagency collaboration and was a stable group with low turnover. However, Harbin and colleagues (1998) expressed the concern that many LICCs have avoided the more

difficult developmental tasks such as performing needs assessments and analyzing

agencies' policies. They suggest that federal and state assistance is needed to help LICCs

perform those difficult tasks and reach optimal development.

In terms of research methodology, among those studies that utilized survey

instruments, most of them reported the validity or reliability. However, although some

studies gathered rich information, the information was descriptive rather than analytical.

Stronger conceptualization is needed to assist more effective analysis of the data and

provide insights into the accumulated information. For example, influential factors on

collaboration identified in this literature include legislation, members' commitment, and

role of the ICC.   These factors could be conceptualized as context (macrosystem) and

proximal processes (the element of role expectations) based on the bioecological

paradigm. The conceptualization would facilitate further exploration of the impact of

factors and the process of collaboration.

Conclusion

The studies reviewed above expand our knowledge base about interagency

collaboration in human service systems in terms of influential factors, methodological

designs, and conceptual grounds. However, most studies that have been conducted are

problem-solving oriented, such as evaluations of intervention projects. Although some

studies gathered rich information, the information was descriptive rather than analytical.

Generally, there was a lack of in-depth and strongly conceptualized studies of

interagency collaboration in the literature, especially in the field of early intervention. A

stronger theoretical base is needed to facilitate explicit and comprehensive analysis rather

than reporting lists of information (Knapp, 1995). Moreover, although the most

commonly accepted perspective in the literature is that interagency collaboration is multidimensional and developmental, only few studies examine the nature of the developmental process of interagency collaboration.

To fill the void, the proposed study was an exploratory effort to examine the nature of the developmental process of interagency collaboration in early intervention using a framework of development. Specifically, this study used Bronfenbrenner's (1995) bioecological paradigm to examine the phenomenon of interagency collaboration in early intervention and to draw pertinent theoretical and pragmatic implications from this process. This paradigm was adopted not only because it is a theory about development but also because it views development as a result of interactions between an individual and the environment. This idea is also applicable to the diverse and dynamic interactions among agencies, individual participants, and settings of interagency collaboration (Fields, 1992; Flynn & Harbin, 1987; Foster-Fishman et al., 1999). Moreover, it is effective in linking macrochanges of the context and individual behaviors.

Due to time and scope limits, this study focused on two specific components of the paradigm. Proximal processes that occurred during interagency collaboration were one component in focus since they were identified as the *engines* of development by Bronfenbrenner (1995, p.638). Elements of proximal processes included influential mechanisms or activities of interagency collaboration, interpersonal relationships, and role expectations. Factors that facilitated the processes and factors that interfered with them were examined. The component of time was also explored in a retrospective way to understand the developmental process of collaboration. However, although other components of the bioecological paradigm (agency/personal characteristics and context)

were not the primary focus, they would also be discussed as they emerged through data analysis. The factors identified in the literature review, such as member commitment, communication, funding issues, and turf issues, served as the reference of possible factors for this study. They assisted but did not limit the investigation.

Finally, researchers have recognized the importance of the role of a convener to facilitate collaboration (Blatz and Smith, 1998; Grey and Wood, 1991, Peterson, 1991). It is also recognized that the Interagency Coordinating Council (ICC) played an important convening role in the early intervention system (Harbin and colleagues, 1998). Therefore, this study examined the members' perspectives about interagency collaboration of a local ICC in a northeastern state. The purpose was to identify what factors facilitated interagency collaboration in early intervention and what factors interfered with it.

CHAPTER III

Methodology

The purpose of this study was to examine what factors facilitated and what factors interfered with interagency collaboration in the field of early intervention in early childhood special education. Knapp (1995) suggests the importance of conceptually informed research on interagency collaboration. Since the most commonly accepted approach in the literature is to view interagency collaboration as a developmental rather than static process (Fields, 1992; Flynn and Harbin, 1987; Knapp, 1995; Selsky, 1991; Wyly, Allen, Pfalzer, & Wilson, 1996), I used Bronfenbrenner's (1995) bioecological paradigm of human development to guide this investigation. The paradigm is based on an ecological view of interactions between an individual and the environment. It provides a framework that can be used to examine the diverse and dynamic interactions among individuals, agencies, and the contexts in which interagency collaboration takes place. Since those interactions can be best understood in natural settings where control of the environment is neither appropriate nor possible, this study utilized qualitative methods to study the phenomenon.

Qualitative research is conducted in a natural setting where the investigator serves as the instrument of data collection. The researcher attempts to make sense of the phenomenon under study through interpreting the insights people bring to it (Creswell, 1998; Denzin & Lincoln, 1998). To qualitative researchers, meaning is the essential concern (Bogdan, & Biklen, 1982). They are interested in how different people make sense out of their experiences and try to capture those perspectives accurately. A qualitative approach will produce rich descriptive data which should allow the

investigator to build an in-depth understanding of the process of interagency collaboration (Bogdan, & Biklen, 1982). Specifically, this study followed the methodological tradition of case studies (Bogdan, & Biklen, 1982; Creswell, 1998; Merriam, 1998; Stake, 1998). This chapter reviews the research questions and describes participants in this study. Then it presents the procedures that I used to collect and analyze data.

Research Questions

The purpose of this study was to examine what factors facilitate interagency collaboration in early intervention and what factors interfere with collaboration from the perspectives of agency representatives in a local Interagency Coordinating Council. This study applied Bronfenbrenner's (1995) bioecological paradigm of development. The formulation of research questions was guided by the concepts of the paradigm, but due to time and scope limits, this study only focused on two specific components of the paradigm -- proximal processes and time. Elements of proximal processes included influential mechanisms or activities of interagency collaboration, role expectations, and relationships. Five research questions were proposed in this study:

1. How do members in the interagency network collaborate to provide early intervention services (i.e., what activities do they perform, and what are the mechanisms for performing these activities)?

2. How do members' personal expectations (i.e., legal responsibilities, outcome expectations, and role expectations) influence the process of interagency collaboration?

3. How do relationships among members influence interagency collaboration?

4. How has the process of interagency collaboration evolved? How have members' perspectives evolved?

5. How does collaboration among the Interagency Coordinating Council members affect delivery of services?

However, although other components of the paradigm (agency/personal characteristics and context) were not the primary focus, they would also be discussed as they emerged through data analysis.

Description of the Case and Participants

This study adopted the methodological tradition of a case study in the qualitative research tradition. Creswell (1998) defined a case study as "an exploration of a 'bounded system' or a case over time through detailed, in-depth data collection involving multiple sources of information rich in context" (p. 61). A case can be bounded by time, space, events, or people. The boundedness and the behavioral patterns of the system are critical in understanding the case (Stake, 1998; Merriam, 1998).

In this study, the case was bounded by the jurisdiction being studied which was located in a metropolitan region in a northeastern state. The case referred to collaborative interactions between individual participants, as well as among agencies in the field of early intervention in the jurisdiction. Wherever there were collaborative interactions, whether formal or informal, at the individual or agency level, the interagency collaboration network existed and the boundary of the case extended. Generally, there are three major systems of human services that provide early intervention services: educational, medical, and social work. Many agencies are involved in this process. For

example, in the target jurisdiction, agencies involved in intervention included the Health

Department, Public Schools, the Department of Social Services, and private providers.

The scope of the interviews was focused on a local Interagency Coordinating

Council (ICC) in a northeastern state. As mentioned in Chapter II, the ICC is an

important convening structure of interagency collaboration. Establishment of ICCs at

State and local levels is one of the requirements in Part C of IDEA. The council meets

regularly to lead and facilitate interagency collaboration in each jurisdiction. Every ICC

is composed of fifteen to twenty-five members appointed directly by the Governor. Since

the ICC attempts to give a voice to all who participate in interagency collaboration, it

includes representatives from related agencies, parents, legislators and others. Because of

the important function of the ICC in interagency collaboration and its comprehensive

recruitment, the members of ICC represent a pertinent population who provide important

insights into interagency collaboration.

The target jurisdiction in this study had the largest population of students

receiving special education among the more than twenty jurisdictions in the state (1999-

2000). The Infants and Toddlers Program in the jurisdiction was an interagency early

intervention program for young children who were experiencing developmental delays,

had atypical development, or had a diagnosed condition that had a high probability of

causing delays. It provided services to 1,250 young children with special needs and their

families from March 30, 2000 to March 30, 2001, placing it second only to another

jurisdiction in the state, which served 1292 children. The mission of the ICC in the

jurisdiction was to assist the development, implementation, and evaluation of the Infants

and Toddlers Program; provided a forum for agencies, parents, and interested individuals

to exchange ideas and address issues; promoted interagency planning and collaboration; and submitted an annual report to the State ICC.

The researcher first sent the outlines of the proposed study to the ICC and was invited to attend their annual retreat in November 13th, 2001. The Chair of the ICC, the director of the Infants and Toddlers Program, and several members of the ICC expressed great interest in participating in this study. Formal recruitment of participants was conducted after the proposal of this study was approved. During the period of this study, there were twenty-eight members and six committees within the ICC that facilitated specific tasks of the Council: the Funding Committee, the Nominating Committee, the Procedural Safeguards Committee, the Public Awareness Committee, the Service Delivery Committee, and the Training Committee. Members who were willing and available to participate in the study were interviewed. Two former members who were identified as important informants by at least two participant members were also interviewed.

In total, twenty-two current and former members of the ICC were interviewed, including the former and current Chairs, the Director of the Infants and Toddlers Program, Chairs of subcommittees, fourteen members, and two former members (one was also a chair of a special committee, the Private Providers' Group). A list of participants with pseudonyms and their roles is provided in Table 3-1. Seven key informants who emerged from the first interviews were interviewed again. Twenty of the participants were female and two were male. Six participants identified themselves as African-Americans and sixteen as Caucasians. Participants held various positions in their own agencies such as program directors, administrators, program coordinators,

supervisors of services, and specialists. The age of the participants ranged from 30 to 68.

The length they were involved in the ICC at the time of the study ranged from six months

to eleven years.

Table 3-1

List of participants in pseudonyms.

Participant	Agency type	Position	Role in the ICC (2001-2002)
Anne*	Public	ITP director	Chair of both Funding and Nomination Committees
Betty	Public	Administrator	Former member
Claire	Public	Supervisor	Member
Doris	Family support	Specialist	Member
Jane*	Private	Specialist	Former ICC chair, Current Chair of Training Committee
Irene	Public	Administrator	member
Gina*	Private	Specialist	ICC chair
Helen	Private	Specialist	Member
Judy*	Private	Administrator	Chair of Service Delivery Committee
Lisa	Private	Administrator	Former member, Current chair of the Private Providers' Group
Karen	Public	Supervisor	Member
Lim	Public	Program coordinator	Member
Melissa	Public	Administrator	Member
Gloria	Private	Program director	Member
Sharon	Private	Program director	Member
Pat*	Private	Program director	Former chair, Chair of Procedural Safeguard Committee
Mona	Private	Program director	Member
Rachael	Public	Program coordinator	Member
Sara	Public	Program coordinator	Chair of Public Awareness Committee
Cindy*	Private	Program director	Member
Vicky	Private	Program director	Member
Lora*	Public	Supervisor	Member

Note. " * " indicates key informants.

Methods of Data Collection

The design of a qualitative study is emerging and evolves with the process of data collection (Merriam, 1998). Data could be defined as materials that a researcher collects regarding the subject of interest and that may form the basis of analysis (Bogdan and Biklen, 1982). In a case study, data collection is conducted in a detailed and in-depth manner and from multiple sources (Creswell, 1998). Use of multiple data sources will triangulate the findings in such a way as to establish credibility. In this study, data sources included interviews, participant observations and document analysis. The fieldwork took place from March to October 2002. This section described the procedures of data collection, including interview, observation, and document analysis.

Interview

Since the major focus of this study was participants' perceptions of interagency collaboration and their experience in the collaboration network, interviews with participants were the primary data source. Dexter (1970) describes an interview as "a conversation with a purpose" (in Merriam, 1998, p. 71). The purpose is to find out what is "in and on someone else's mind" which is not observable (Patton, 1990, in Merriam, 1998, p. 71). Therefore, interviews allow the researcher to learn about the participants' perspectives. Merriam (1998) suggests that a good interviewer asks one question at a time and avoids leading questions or yes-or-no questions. In-depth interviews are as open-ended as possible and allow relevant questions to emerge through the process. Appropriate feedback to the interviewees will facilitate their sharing and the evolvement of relevant questions.

At the beginning of each initial interview, I shared with the participants the outline of the study, described the intent and nature of this study and the interview, and collected the consent forms (see Appendix A & B). I also asked their permission to audiotape the interviews. Although a protocol of guiding questions was developed to facilitate the interviews (see Appendix C), the interviews were as open-ended as possible to allow questions to evolve. For follow-up interviews, different protocols for the six key informants were developed individually based on the initial interviews. All interviews were tape-recorded and transcribed verbatim. I also maintained fieldnotes on all interviews and developed an interview summary form to record aspects such as the participants' characteristics (i.e., position, age, gender, ethnicity, and educational attainment), general impressions, key themes, follow-up questions, and my own reflections (see Appendix D). The interview transcriptions and fieldnotes were coded for analysis.

Participant Observation

Another source of data for this study was participant observations of the ICC regular meetings and committee meetings. Fieldnotes were taken during each meeting. Bogdan and Biklen (1982) described fieldnotes as descriptive word-pictures of the observed situation and suggested the researcher be as specific as possible. Scholars using qualitative approaches list several important points to record in fieldnotes: (1) the physical setting, (2) the participant characteristics, (3) the activities, (4) the conversation, (5) the subtle factors, such as symbolic and connotative meanings of word or nonverbal communication, and (6) the observer's own reaction (Bogdan & Biklen, 1982; Merriam, 1998). Since an observer is not able to write pure notes that do not reflect his or her

influence, recording the observer's thoughts takes into account who the investigator is and how he or she thinks in order to accomplish a better understanding of the reality of the subject under study. Therefore, the self-reflective part of fieldnotes is an attempt to acknowledge and control the observer's effect (Bogdan & Biklen 1982).

I observed five ICC meetings and three committee meetings during March to October 2002 (the ICC did not meet during the summer). I maintained a running record of important conversations and activities, as well as my own reactions and reflections. An observation form was developed and filled out during and after the observation to record aspects such as setting, attendants, duration of activities, and salient themes (see Appendix E). Findings of influential factors on collaboration from the literature (as reviewed in Chapter Two) such as member's commitment, communication, resources, etc., assisted, but did not limit the identification of themes.

Document Analysis

The third source of data in this study came from analysis of available official documents. Bogdan and Biklen (1982) identified three types of documents suitable for research. First, internal documents that circulate inside an organization provide clues to the understanding of leadership style and members' values. Second, external documents produced by the system are good indicators of the system's strategies to maintain operations or promote changes. The last document to use for analysis is personnel files, which were not as important in this study since the focus of this study was at the agency level and some related personal information was collected through interviews. I collected relevant internal and external documents; such as the Bylaws of the Interagency Coordinating Council, meeting minutes, annual reports of agencies and the ICC, and

action plans. Documents were copied and stored in files. I reviewed these documents and marked those related to interagency collaboration for further analysis. Results of the document analysis not only contributed to an understanding of the phenomenon of interest but also helped to validate the information gathered through interviews and observations.

<div align="center">Data Analysis</div>

In qualitative research, data analysis occurs simultaneously with data collection (Merriam, 1998). Data analysis begins with the first interview, the first observation, and the first document review, and continues throughout the study. Then, insights from the analysis will, in turn, lead to modification of the research questions for the subsequent interviews. In this study, I started data analysis from the beginning of the data collection and continued as the interview and data collection proceeded.

According to Bogdan and Biklen (1982), data analysis is "the process of systematically searching and arranging the interview transcripts, fieldnotes, and other materials that you accumulate to increase your own understanding of them and to enable you to present what you have discovered to others" (p. 145). The process is inductive and the steps include organizing data, coding categories, comparing and contrasting categories, searching for constructs, and, finally, conceptualizing the findings. Categories of data should reflect the purpose of the research and include all relevant data. They also need to be mutually exclusive, understandable, and conceptually congruent. There are two levels of coding: identifying information and interpretive constructs related to the research. Examples of the content of coding include the setting, definitions, perspectives, processes, behaviors, strategies and social structures.

Moreover, a process of constant comparison among categories is necessary to seek a holistic understanding of what is unique and what is common, since every particular case, though unique, carries some properties of the general phenomena it belongs to (Denzin & Lincoln, 1998). For example, any given classroom is like all classrooms, but no two classrooms are the same. The constant comparative method was first developed by Glaser and Strauss (1967) as the means of developing grounded theory. A grounded theory is built through searching and conceptualizing links among the categories and properties of data. Because of the inductive, concept-building orientation, this useful strategy of the constant comparison method has been adopted by all qualitative approaches, including those that do not seek to build substantive theory (Merriam, 1998).

In this study, following the data collection, transcripts, documents, and field notes were labeled and filed. Interviews with participants were first treated individually and key themes were identified for different participants. Then, cross-case coding and analysis were conducted. The following described the specific procedures of data analysis.

First, I reviewed the data line by line, and sorted and categorized units of information using the Excel computer program. I looked for key issues, recurrent events, or unique themes in the data that became categories of focus. Every possible coding category was recorded and a list of codes emerged (Appendix G). Subcodes were generated as needed. My comments were entered separately through the dialogue window in the program. I also condensed and refined coded to eliminate redundancies.

If units of data fitted into more than one category, links between different categories were created.

One method suggested by Miles and Huberman (1994) to create codes is through a provisional start list of codes prior to fieldwork. The list may come from various sources such as the conceptual framework, research questions, or key variables that the researcher brings to the study. Since I applied Bronfenbrenner's bioecological paradigm to examine the development of interagency collaboration, the elements of proximal processes (activities, role expectations, and interpersonal relationships), time, and other components (agency/ personal characteristics and context) of the paradigm formed a provisional start list of codes. Then, the original emerging codes were categorized by this start list of codes if applicable (Appendix H). All emerging codes were found to fit this generic list.

The codes were checked and revised through constant comparison method of data analysis. I compared and contrasted all incidents of the categories to examine the diversity of the dimensions under the categories. For example, communication influenced interagency collaboration, so "communication" became a category. Also, because communication fitted into the category of proximal processes (activities) in the start list, it became a subcode of "activities". I then compared and contrasted units of information in which participants shared about communication. The dimensions of this category included formality, information sharing, negotiation and conflict resolution.

Through comparing and contrasting, patterns of relationships or interactions among categories were observed. These observations formed the basis for the final conceptualizing and concluding findings.

Credibility

Instead of using controlled factors to ensure validity and reliability in experimental research, the qualitative approach establishes credibility through the researcher's presence, the nature of the interaction between researcher and participants, the triangulation of data, the interpretation of perceptions, and rich description (Merriam, 1998).

In this study, there were four ways to increase the credibility of findings. First, data triangulation was used. Triangulation involves collecting data from multiple sources. When a finding is confirmed by two or more independent data sources, the uncertainty of interpretation is reduced (Isaac & Michael, 1995). In this study, triangulation was accomplished by obtaining data from three sources: interview, observation and document analysis. Each of these sources provided opportunities to double-check findings for consistency. Another method that I used to establish credibility was peer debriefing. I discussed this study with a fellow doctoral student with interests in qualitative research and early childhood special education. Questions and comments from the peer were encouraged and seriously considered. I also discussed emerging issues and research design with my dissertation committee members. The third method was member checks. That was, I checked back with participants about the accuracy of transcription and interpretation of data. Feedback from participants corrected only a few errors on the transcripts. No change was made in terms of my interpretations. Finally, prolonged engagement facilitated the acquisition of trustworthy data. I spent seven months in fieldwork including interviewing, observing, and collecting documents, so I could better understand the context and build rapport with the participants.

Summary

In summary, this study used a case study approach to examine interagency collaboration in early intervention. The case was bounded by the jurisdiction, and specifically, the primary participants were the members on a local Interagency Coordinating Council. The major procedures of data collection included interview, observation, and document analysis. Data were analyzed by the method of constant comparison. Finally, this study established credibility through data triangulation, peer debriefing, member checks, and prolonged engagement.

Chapter IV

Findings

The purpose of this study was to identify factors that facilitated interagency

collaboration in early intervention and those that interfered with it. There were five

research questions proposed in this study:

1. How do members in the interagency network collaborate to provide early

   intervention services (i.e., what activities do they perform, and what are the

   mechanisms for performing these activities)?

2. How do members' personal expectations (i.e., legal responsibilities, outcome

   expectations, and role expectations) influence the process of interagency

   collaboration?

3. How do relationships among members influence interagency collaboration?

4. How has the process of interagency collaboration evolved? How have

   members' perspectives evolved?

5. How does collaboration among the Interagency Coordinating Council

   members affect delivery of services?

This chapter begins with a general description of interagency collaboration that

took place at one local early intervention system, including the setting, service

coordination, and significant accomplishments. Research question 5 is addressed in this

part of the chapter as it is related. Next, this chapter provides an analytical account of

findings of the factors that influenced collaboration and addresses questions 1 to 4.

For confidentiality, the target jurisdiction in this study is referred to by the code

name, *T District*. Since most of the participants were females, male participants would

be easily identified. To assure confidentiality, the gender of participants is avoided in the description and all participants are referred to as "she" or "her" regardless of their gender. Participants' pseudonyms (as listed in Table 3-1) for quotes are indicated in parentheses.

Description of Interagency Collaboration in the Target Jurisdiction

The first part of this chapter is a general description of interagency collaboration in the early intervention system of T District. The following sections describe the setting in which collaboration developed, collaborative service provision and structures (the lead agency and the Interagency Coordinating Council), and several significant accomplishments of collaboration in the system.

Setting

The local Infants and Toddlers Program of T District opened officially in 1990. As a result of the requirement for an interagency service system under Part C of the Education of the Handicapped Act (now the Individuals with Disabilities Education Act - IDEA), early intervention services are provided through a collaborative agreement between the departments of health, education, social services, and other public and private agencies.

T District was located in a metropolitan area and was one of the larger districts in a northeastern state. Because of its geographical location, the district had access to many medical, educational, and social resources. One participant (Helen) used *"the cream of the crop"* to describe the rich resources in the jurisdiction, while another participant (Jane) stated, *"[T District] is very unique in how much collaboration exists between public and private agencies. In all my experiences in early childhood prior to that, there was*

interagency collaboration, but not as extensive. ... I didn't have this concept of private

agencies and the hospital all being part of this big system."

The interagency service system in T District was described as an umbrella: three

public agencies formed the main structure, and under the umbrella were other public and

private agencies in various disciplines. More than ten public and private agencies

participated in the early intervention system, including Early Headstart, the local

educational system, medical institutions, and therapeutic agencies. One participant (Judy)

said, the participating agencies "*have expanded over time. ... It started bringing new*

members because people were hearing about it more and more wanted to get involved

with serving infants."

<div align="center">

Collaboration in T District

</div>

Although early intervention services are provided by several agencies, federal law

requires a local lead agency to be designated to assume overall responsibility for the

coordination and provision of services in each jurisdiction. In addition, a convening

structure, *the Interagency Coordinating Council (ICC),* is established to assist and advise

the lead agency in developing and implementing the early intervention system. This

section describes how the interagency early intervention system was carried out and

promoted through these two important structures in T District.

The Lead Agency and Service Provision

In T District, the designated lead agency, *the Infants and Toddlers Program (ITP),*

was under a health agency and had collaborative agreements with education, social

service, and other public and private agencies. When any concerned person referred a

child with a possible need for early intervention services, the referral was made to the ITP,

which was the *single point of entry*. Then, the ITP would process the referral by assigning a service coordinator to the child and setting up the evaluation to determine eligibility. The evaluation was conducted by a multidisciplinary team composed of qualified professionals with expertise in the developmental areas relevant to the child's needs. These professionals might come from different agencies and were organized through the ITP. The team assessed a child's developmental status as well as the child's and family's strengths and needs. The evaluation team would also identify the early intervention services appropriate to meet those needs.

If the child was eligible for services, an *Individualized Family Service Plan* (IFSP) was then developed jointly by the family and qualified personnel involved in service provision. Then, appropriate services were requested. Responsibilities for service provision were coordinated and shared among agencies primarily according to the service type and billing source of different agencies. For example, one program provided services specifically for medically fragile children, while another agency primarily provided speech therapy. The ITP director (Anne) gave an example of billing sources, *"If a child does not have medical assistance, he can't go to [a private agency]. …, so he would have to go to [a public agency]."*

The coordination among agencies took place at different levels as described by a program director in a private agency (Pat) who was also a former chair of the ICC:

"Well, it takes place at couple of different levels. Sometimes it's just early intervention service coordinators or planning coordinators working with these other agencies around the individual families that they were deciding services, deciding referral, … that kind of thing. At a different level of collaboration is

working with different agencies around different projects … and being part of the advisory committees or having people from other agencies to be part of the advisory committee that we have."

The Interagency Coordinating Council

The Interagency Coordinating Council (ICC) was established to support the lead agency in developing and implementing the early intervention system. The ICC is composed of representatives from related agencies, parents, legislators and others. Every ICC includes 15 to 25 members appointed directly by the local governor of the jurisdiction. There were 28 members in the ICC of T District when this study was conducted. The council met once a month, with some exceptions during the summer, to share information and discuss any issue and concern affecting the early intervention system. The council had been recognized in the program evaluations conducted by the State Department of Education in 1994 and 2000. The evaluation reports stated the council "expressed a great deal of enthusiasm" and established a strong interagency relationship through "extensive, active community representation in the membership".

The following statements reflect how the members as well as the director of the ITP, Anne, viewed the mission of the ICC:

One member (Jane): *"Anne can't do it all, so it actually becomes part of our job … to help close the gap, or take a look at things and make a difference in the program."*

The ITP director (Anne): *"The ICC is our overseeing, I guess you will say they are board of directors, more or less, a lot of them really don't see it that way, but*

they are, in the sense of making sure procedures are current.... provide the

needs.... That's their role: make sure we comply with laws."

Besides monthly meetings, each member had to participate on committees within

the ICC. Jane who was also a committee chair continued:

"Ye, when you agree and you are accepted to be, it's part of your responsibility.

You need to be on a committee, and you can pick which committee you want....

Some of that have involved more working, some of that involved less work."

There were six official committees that facilitated specific tasks of the ICC in T

District:

1. The Nominating Committee recommended candidates for membership on the

council.

2. The Funding Committee helped the ITP assign financial responsibility and the

identification of funding sources. For example, the committee had conducted electronic

funding searches and presented funding opportunities to the council. Several grant

proposals were submitted to organizations such as the Casey foundation.

3. The mission of the Public Awareness Committee was to increase awareness of

early intervention services among families, local communities, and relevant groups such

as medical professionals. The committee used various means to achieve its goal, such as

presentations, literature, and broadcasting.

4. The Training Committee assessed personnel development needs and developed

training programs to promote suitable qualifications of service coordinators and providers.

Each year, several trainings on topics of various aspects of early intervention were

provided.

5. The Procedural Safeguard Committee identified concerns in the early intervention system and developed strategies to resolve these concerns. One example was an incident in which a few parents felt a specific agency made some changes in a service program which were not in the best interests of infants and toddlers. The concern was brought to the committee. The committee explored the issue by surveying parents who attended the program. The case was resolved as described below by one former ICC chair (Jane) during the event:

> *"…the families overall were ok with the services that they were getting, and what became more of a strong outcome … was sort of an understanding and agreement between [the agency] and [the ITP]. Changes were not being made to their system without informing [the ITP]…. They just made a change, and yes, as an agency, they have a right to make changes. But the ITP needs to know about it; the families need to know about it, the IFSP needs to be changed."*

6. The Service Delivery Committee facilitated the development, planning, and monitoring of the service delivery system including child find, multidisciplinary evaluation, service coordination, and issues regarding the Individualized Family Service Plan. The following was an example of the goals for the committee in year 2002 shared by the committee chair at that time (Judy):

> *"We also start or want to look at whether or not we are truly providing the services that were suggested and agreed to on the IFSP…. What we projected as our task is that we will go to the various service providers as well as [the ITP] and get the original IFSP and match it up with the services that are currently being provided. And take a look at have they gone up, have they gone down,*

where are they, when did that occur, did they get implemented the way they were

supposed to and then altered ..."

In addition to the above official committees, another less formal group within the ICC in T District was called *the Private Providers Group (the Providers Group)* because the members were primarily representatives of the private agencies. The ITP director (Anne) said:

> *"They really work a lot on funding issues, health issues, legislative issues that*
>
> *affect the ITP."*
>
> *"It is pretty much like a legislative advocate. We cannot advocate through the*
>
> *public system, so they [members in the Providers' Group] will go to legislation*
>
> *and give us updates of different laws so forth.... What it is that our private*
>
> *providers meet as a group. We discuss facts of the legislature, federally, locally,*
>
> *and state. How we can implement that and work with some of the agencies who*
>
> *can advocate to implement different changes we need?"*

Although this group was initiated within the ICC, many participating agencies provided services to older children or to adjacent districts as well. Also, several participants from other jurisdictions had joined the group, and the group discussed issues affecting both young and older children with special needs in several adjacent jurisdictions. Therefore, the chair of the committee (Lisa) said, *"we expand the area but we are still interested in early intervention issues."*

Accomplishments and Impact of Collaboration

On Service Delivery in T District

Since the Infants and Toddlers Program in T District was established, related

agencies had collaborated to promote a coordinated service delivery system. There were

many accomplishments as a result of these collaborative efforts. This section introduces

some significant accomplishments and their impact on the service delivery system.

A Learning Process

Many participants indicated that it had been a learning process for them to

participate in interagency collaboration and to work together with each other, especially

in light of their experience with the ICC. One member (Sara) described, *"It's a formal*

atmosphere but it's also a learning atmosphere. We all sit around the table, just focusing

on how to resolve this. We have the health piece of it and then you have the education

piece. Just fascinating, you can get into a dialogue about what you just heard."

One committee chair (Jane) shared what she had learned. She noted that before

she started attending the ICC,

> *"I didn't understand how a system worked. I thought 'why I am writing the*
>
> *referral?' I found them; I got them. I give them the services they need, but … you*
>
> *have to be collaborative and you have to work together, and I didn't get it. …*
>
> *That was very naïve back then. But once you are on the ICC, you see, because*
>
> *there's representatives from the public agencies as well as the private agencies,*
>
> *and you learn what they offer and what they do and you see them on a monthly*
>
> *basis, …, so you sort of going to the top when you make phone calls. But you*
>
> *have a relationship with them and they can help you. They can point you to the*

right direction and they have access to information you need. So for me, being a

part of the ICC, helps me see how the system worked together, see that there were

many many players in the system. … I didn't have this concept of private agencies

and hospital all being part of this big system known as the Infants and Toddlers

Program. But I learned in the ICC ..."

The experience helped them in various aspects of service provision, such as being

aware of other agencies and resources in the system, making connections with people,

and exchanging information such as funding and training. Sara said, "*The information*

they share is ordinarily valuable. That may not be so specific to our agency ….but it

does make you aware of ... [for example] the cultural differences [referred to a

presentation about services for Jewish population]."

Family Folders

One significant accomplishment was the implementation of the *family folder.* In

1997, the Service Delivery Committee identified the need for more *transdisciplinary*

provision of services in the system. According to the practices recommended by the

Division for Early Childhood of the Council for Exceptional Children (2000), a

transdisciplinary practice refers to the provision of consultative support to a child's

primary caregiver by a collaborative team of specialists. The supports are meaningful

and practical in that the child is able to receive an appropriate amount and quality of

services in his/her areas of developmental needs. This practice underlines the importance

of the collaboration between specialists (therapists, special educators) and generalists

(classroom teachers, family members).

After considerable discussion, the Service Delivery Committee and the ICC agreed that transdisciplinary practice was not feasible for the situation in their jurisdiction. However, better communication among providers and families was needed to improve service coordination. The committee chair at that time (Jane) described, *"At one point there was … talk about whether or not we can do more transdisciplinary work. Well, we set the committee to look at it, and no, we really can't…. That it's not something that's really feasible for us as a system."* Yet, the ITP director (Anne) recounted, *"… because we will have to wait for the therapists to communicate…., so what the ICC did couple of years ago was called 'family folder', so the communication, a lot of this gone through the family folder. Therapists leave notes there; the doctors, pediatricians, leave notes there, so everyone can review it."*

This family folder was then introduced to the early intervention system in T District in 1998. Each family received a folder on the first contact with the service coordinator, and coordinators and providers would write progress notes in the folder during each visit. Caregivers and service providers could look at the folder and know what other providers were working on and what was to be followed through. The folder also included a list of all service providers for the child and a monthly calendar on the front for the convenience of the families to track the visits. The implementation of the folder had been successful. Participants reported that families, physicians, and service providers found the folder helpful and communication among players was improved.

Outreach Projects

Through interagency collaboration, the early intervention system in T District not only continued to develop, but also reached out to distant regions and underserved

populations in the jurisdiction. For example, besides the main office of the Infants and

Toddlers Program, several satellite evaluation sites were established around the

jurisdiction, so people in different regions of the district could have easier access to the

services. This outreach had been helpful and continues to expand. One health specialist

from a public program (Doris) on the ICC was inspired by the idea and spread it to the

other jurisdictions that she had contacts with:

> *"… because it works so well with [the ITP in T District], I was able to move our*
> *site down in [another jurisdiction] to do the same thing with their early*
> *intervention program, so now, they come to that site to do assessments. And now*
> *in [the other jurisdiction], we are working on getting them to come …"*

In addition, several collaborative projects in T District served a few unique

populations, such as infants who were born prematurely in hospital systems and

subsequent follow-ups, as well as some underserved ethnic groups around the jurisdiction.

More efforts were under way. Recently, a new Autism Waiver Taskforce was formed in

the ICC. The mission of the taskforce was to identify the potential gaps in service

provision for children with autism as well as to develop improvement plans. One

committee chair from a private agency (Jane) pointed out,

> *"… so I think [the ITP] is really good at outreaching into the communities, and*
> *setting up little programs within [the jurisdiction]. So it's not all happening in one*
> *place, which just makes it a more complex system to understand, but it really*
> *allows for development of some unique things."*

Advocacy

The other collaborative effort among the early intervention agencies in T District was to advocate for better services and more funding for infants and toddlers with special needs and their families. One new participant (Sara) to the ICC was impressed with the members' passion that they *"look out the best for children"* and *"really care about children with special needs"*. Other participants also said,

> *"You know they need to be getting services. We fight for that. The ICC does well with that."*(The ITP director, Anne)

> *"Oh, yeh, they [the ICC members] have a voice, sure. I mean it's a voice you need of..., like it was very influential in helping the law."* (A member from a public agency, Lora)

At the same time, advocacy was also a learning experience for the participants. The ICC chair (Gina) shared her experience:

> *"The American system is you can actually talk to people who make decisions about this. You can have direct conversation with these people. It's kind of a powerful thing to learn. If you just are stepping up to the plate, you probably can make a difference. I think it's a good experience."*

Although not all advocacy efforts had been successful, one major accomplishment was attained in the spring of 2002. The early intervention agencies in T District and other jurisdictions across the state worked together to advocate for the Infants and Toddlers Act of 2002 of the state. This Act required the Governor to include $5.2 million for the State Infants and Toddlers Program in the fiscal year 2003 state budget. Collaboratively, the ICC members assisted in collecting testimonies from programs and

families, distributed the testimonies and talking points to legislators, as well as participated in the rallies. The Act was passed and for the first time since the programs started, extra funding was received from the state. The funding would be distributed among jurisdictions by the State Department of Education. This funding would allow the ITP in the T District to hire more service coordinators to relieve the overloads, and would also support more collaborative initiatives such as the new Autism Taskforce.

Summary

With its geographical advantage, T District had access to a rich spectrum of medical, educational, and social resources and had established extensive interagency collaboration. In addition, there was a positive and supportive relationship between the two major structures in facilitating collaboration: the lead agency, that is, the Infants and Toddlers Program, and the Interagency Coordinating Council. One research question (question 5) in this study was focused on how collaboration among the ICC members affected service delivery. The findings indicated under the guidance of the two convening structures, agencies in the jurisdiction were able to work collaboratively to coordinate responsibilities of service provision, address issues in the system, outreach to distant regions and underserved populations, and advocate a better service delivery system for the children and their families. As a result of these collaborative efforts, the early intervention system in the district appeared to influence several keys aspects of service delivery including:

- the effectiveness and comprehensiveness of service provision,

- improved communication among players,

- increased awareness of the system in different communities,

- suitable qualification of personnel,

- increased interagency connections,

- outreach to underserved populations,

- advocacy for more funding and better services.

The next section will describe how different factors facilitated or interfered with the collaborative efforts descried above.

Factors That Influenced Interagency Collaboration

The second part of this chapter describes factors that influenced interagency collaboration in this study in terms of whether they facilitated interagency collaboration or interfered with it and what their impact was. Findings are presented as they relate to the research questions. This study applied Bronfenbrenner's (1995) bioecological paradigm of development. The formulation of research questions was guided by the concepts of the paradigm, but due to the time and scope limits, this study primarily focused on two specific components of the paradigm -- proximal processes and time. According to Bronfenbrenner (1979; 1995), there are three elements of proximal processes: influential activities or mechanisms, role expectations, and relationships. The first three research questions in this study addressed the elements of proximal processes and question 4 addresses time. Although other components of the bioecological paradigm (agency/personal characteristics and context) were not the primary foci of this study, some also emerged through data analysis and are included in this part.

Activities

The first research question in this study focused asked how members in the interagency network collaborated to provide early intervention services. For example, what activities and mechanisms did they use to collaborate? Most activities were initiated and carried out by the ICC because it was composed of representatives from various agencies in the early intervention system and served as an important convening structure for collaboration. Activities found to influence interagency collaboration included the format of the ICC meetings, the annual retreat of the ICC, the adoption of a problem-solving approach, and communication.

Format of the ICC Meeting

Over the years, there had been some changes in the format of the regular ICC meetings. For example, over time, more presentations on various relevant topics had been included, such as community resources, new programs, or research findings. As a result, there was an increased awareness of available resources and more interactions among participants. One program director from a private agency (Pat) described:

> *"We have more people come and do presentations, so we are more aware of services that are out there. Just we are more aware of each other. I think it's become a more open ... probably a more working council than it used to be."*

The meetings were also shorter than they had been previously. This change encouraged participation. Pat continued:

> *"They used to be extremely long and boring meetings. Not many have much to say, just people would come, they would listen to the reports, and go, and that's still somewhat true but I think more interactive now."*

The ITP director (Anne) said, *"... we used to do all [general, executive, and committee meetings] in the ICC meeting, so ICC meetings would go for two to three hours, so we try to turn down ICC to hour or hour and half, which works well for everyone. So that increased the attendance and participation in ICC."*

Thus the format of the ICC meeting influenced the attendance as well as interactions among members. Changes in the format of the ICC meeting affected interagency collaboration structurally because they changed the organization of the meeting. Those changes were sustained and facilitated participation in collaboration in the case of the ICC in T District.

Annual Retreat of the ICC

In addition to monthly ICC meetings, members initiated an annual retreat. The retreat was longer than the regular meetings and usually lasted from half day to one full day, allowing for more in-depth discussion and planning. The retreat agenda was similar to the regular meetings and included announcements, reports from the ICC chair and the ITP director, and presentations on relevant topics. A block of time was specifically set aside for the committees within the ICC to work together on their annual goals as well as their plans on how to implement these goals. This retreat had become a tradition and was held every year.

In 1995, an outside facilitator was hired to facilitate the process of setting specific goals and objectives for the coming year. According to the records, the session was very successful and a comprehensive workplan was developed. The researcher attended part of the annual retreat in 2001 before this study was formally proposed to the council. Participation was high and almost all members attended. The atmosphere was relaxing and interactive, and there was a lot of brainstorming. In interviews, participants acknowledged that the retreats had been productive and facilitated the collaborative spirit among them. Several of them said that the collective discussion and formulation of upcoming goals in committees was the most exciting part because the participants were focused. Participants shared the following,

> *"A few years ago, we decided to have annual meetings where goals were set, committees met, and that kind of thing…. I think that helps people have more of a say in what was going on than just attending the meeting every month to be told what was going on."* (The ICC chair at that time, Pat)

"I think these [the annual retreats] are all very helpful, because it brings

everybody together in less formal situation….so it's actually a good opportunity

working together." (A director from another private agency, Vicky)

However, there was some concern that the goals and plans might not be followed

after the retreat. The current ICC chair (Gina) commented, *"It's just a start, and then the*

follow through I think is the hard part….it would be ideal if you have some other times

[to work together]." During the period of this study, only the Training Committee was

observed to meet consistently to follow through on their annual goals. The successful

follow-through was attributed to strong leadership to since the current chair of the

Training Committee was described as very focused and committed. Although, in

interviews, several members of other committees expressed an interest in meeting and

described their concerns about following up with the committee goals, their meetings

were frequently postponed or canceled for various reasons such as difficulty in

scheduling. Therefore, although the implementation of an annual retreat added a new

structure to the ICC, the impact was limited.

Problem-solving Based on Data and Facts

The ICC also adopted a problem-solving approach based on data and facts rather

than personal views or emotions. It was initiated by the Service Delivery Committee

several years ago. At that time, one of the annual goals of the Committee was to evaluate

the early intervention services provided. They decided to adopt a research approach in

attempt to assess the system objectively. Since then, through members who had access to

graduate students, the ICC involved student interns to carry out a few studies to examine

the needs and concerns in the service delivery system. The chair of the committee (Jane)

at that time described the process in the following paragraphs:

> *"We were supposed to figure out how you improved services. That's our job.*
>
> *How do you know what to do until you have some data that say what's good,*
>
> *what's bad?"*
>
> *"It's evolved over the past five years. Um, when an issue comes up, not just*
>
> *reacting, but saying 'How do we know this is the way it is? What data do we have?*
>
> *What evidence do we have? Does it already exist or do we need to gather some?'*
>
> *A lot of people might have a gut feeling that they don't like how something is*
>
> *happening, but we now… you have to get some data."*
>
> *" We try to utilize students a lot, because they were quite unbiased. … If you*
>
> *think you know where it is, you are going to find it there, because you are going*
>
> *to look at the data that way. But if you have somebody else come out and you are*
>
> *very good about not communicating about your concerns, they can find out if it's*
>
> *really there or it's not there."*

Since then, committees of the ICC conducted several studies to investigate needs

or issues in the service delivery system of early intervention in the jurisdiction. For

example, a survey was administered to agencies, parents, and service coordinators to

evaluate service delivery in the system. The primary strength of this problem-solving

approach was to allow the council to look at the issues based on data and facts. This

allowed personal and agency biases to be avoided. One good example was an incident in

which there was a complaint from some parents about a program provided by a specific

agency. The council examined the issue through surveying the parents who had attended

the program. Although the representatives of this agency had a different viewpoint about the issue and were displeased with the idea of a survey, they found it difficult to oppose such an objective investigation. Some representatives of the agency were even involved in developing the survey together with other members because of their obligation to the committee they participated in.

Participants believe that this approach had a positive influence as described by the ITP director, Anne:

> *"We have several studies looking at our system …, and that's important. Sometimes, it was like 'Oh, God, they must have known about that' but that's good. That's good because it makes us do our job better. Make us more accountable. Without accountability, then we become content and people suffer from that - is us, professionals, and the families ..."*

One former chair of the Service Delivery Committee (Jane) expressed, *"… and once you get data, you need to find out the problem doesn't really exist and people felt it did but it didn't, or you find out there's a problem, and then you try to reach the resolution on how you can accomplish that."* She continued, *"We learned so much about ourselves, and we were able to make some nice changes based on data, not feelings."*

By adopting the research approach to problem-solving and program evaluation, members felt they had brought the Infants and Toddlers Program in T District to a higher level. First, this activity was acknowledged by the State. The ICC in T District was invited to present one study at the State ICC, and other Infants and Toddlers Programs around the State showed interest in modeling the activity. Moreover, a few participants

were able to present the results of one survey study at an international conference of professionals.

Overall, adoption of the research approach for problem-solving facilitated interagency collaboration. However, as players continued to change in the council and brought in different perspectives, it was uncertain whether this approach would be sustained. One committee chair (Judy) said, *"You just do what you can do, and expect someone will continue to carry it out."* Thus, this change was not instituted structurally in the ICC and could only influence collaboration when the members involved bought into the idea.

Communication

As one participant commented, *"Communication is the biggest thing"*. Communication was another activity that influenced collaboration significantly in this study. Three aspects of communication were found to influence collaboration: formality of communication, information sharing, as well as negotiation and conflict resolution.

Formality of communication. Participants indicated that in practice, most collaboration started from informal communication, such as phone calls or personal conversations. For example, one program director from a private therapeutic agency (Cindy) collaborated with another participant from a public agency (Claire) to make changes in team evaluation procedures through informal communication: *"I come up the procedures for that. Talk to [another participant]. It's working out fine. We just started that."* In general, participants showed the preference for informal communication and found it is more effective than formal communication. Cindy also shared, *"If I have a*

problem, I will either call Jane first or Anne [the ITP director]. Anne will bring

problems to the ICC that we encountered. That ends up going to the committee."

Formal communications like meeting or documenting legal responsibilities were

still inevitable for the implementation of ideas or the institution of concrete structures of

collaboration. They were also effective in terms of information exchange or collective

pursuits for policy changes. One program director from a private agency (Lisa) said,

"Formally, there are committee meetings, that type of thing. I think it's a good way to

keep tabs on what's going on in early intervention field. I think it's good for advocating,

because I mean I think one agency just doesn't have enough power as a lot of agencies

get together..."

However, participants tended to associate formal communications with

bureaucracy. The ITP director (Anne) explained:

> *"We try to keep it as informal as possible, because that keeps a lot of red tape*
>
> *out of it, unless we start to talk about[whether] they are providing services,*
>
> *therapy here versus service coordination. Then we would develop actual*
>
> *agreement, because we are talking about transferring money."*
>
> Another participant (Doris) echoed,*"... it [a formal agreement]was difficult, and*
>
> *once[the director]signed it, has to go to the Health Department. Legal people*
>
> *have to take a look at it."*

Information sharing. Information sharing was an important aspect of

communication. It flowed in two directions: vertically from a higher hierarchical level to

a lower one or horizontally among participants on the same level. There was much one-

way vertical information flow observed in the ICC meetings in T District. During the

meetings, information was released primarily from the chair of the ICC and the director of the ITP to the ICC members. One member said, *"The focus is a lot more on information, information sharing, and what [the director] knows."* Most of the information was from State level meetings or announcements. First, every member received a "thick and fat" package prepared by the director with various kinds of information, including announcements, statistics of services, new programs, conferences, etc. Second, the chair of the council and the director of the ITP verbally reported news in the early intervention system, updates about the Program, issues, events, legislative updates, etc. One participant (Jane) described the director, Anne, as *"going through every imaginable detail about what is happening in the system: from data counts to conferences that are coming up to problems that are happening to new opportunities."*

Participants responded differently to the top-down information sharing at ICC meetings. A few participants found that the information was useful to "broaden your scope". One participant (Sharon) said, *"There is a lot of really good information and presentations ... that I won't be getting if I didn't go."* They also thought the director did "*a very important job in sharing what's happening*" and "*make sure everybody knows.*" Some participants followed this vertical direction of communication and continued to pass the information to their lower level workers. For example, Jane shared the information with the service coordinators in her agency after each meeting:

> "*I let them know about everything that's happening about the system, so that they are empowered and can really understand the collaboration...*"

One health specialist in another agency (Doris) also found the information valuable:

"Very often, I see something and copy it and distribute it to our programs,

because that's something I think they should know about."

Jane also suggested that more vertical communication to the lower level workers

was needed in the system:

"... but it [collaboration] doesn't always happen at the lower levels.... Sometimes

service coordinators ... don't feel empowered enough to know how to go about

getting it [information]."

The ITP director, Anne, thought there was a need for even more information

sharing among agencies. She proposed the need to set up a website for the ITP so that

data and information could be posted and exchanged more timely and efficiently:

"It's important to exchange data because agencies' information, they change so

quickly. The decisions have to be made so fast. If you don't have the information;

don't have the correct information, you can't make the right decision. In the heart,

you know it's right, but if you can't show someone on paper, it's no good."

However, other participants felt differently: *" It's very overwhelming." "There is*

a lot of redundancy among the papers you are getting.... Then it gets lost on the shelf."

(Gina) A few participants felt that too much information sharing in the meetings

distanced them from each other and detached members from involvement in the functions

of the council:

 "It's listening. You have been there. You just listen." (A participant from a public

agency, Lora)

"You know from the meetings that you have been to. They simply tend to be

informational needs, rather than discussions of issues.... ,but I think it's just

gotten to be a habit that people go, they hear what's been presented, and they

leave." (A program director from a private agency, Pat)

Interestingly, on at least one occasion, vertical communication turned into horizontal communication in an ICC meeting.   During the routine reports by committee chairs, two committees accidentally found that they would be working on the same issue right after the meeting. Therefore, they combined the two committee meetings and discussed the issue together. They also shared responsibilities for follow-up work. One of the two committee chairs (Jane) shared,

"... I think communication is so important, because if I didn't share that my

committee was doing this, we will be doing it; [another committee] will be doing

it. We won't even know we were both working on it. … So yes, we are both

working on it, but we can sort of divide up those responsibilities."

In the meetings of one subcommittee, there was also a lot of sharing of information, but more in the horizontal direction. In a less formal atmosphere, not only the chair, but also the members would bring information from various sources to the group, which resulted in more interactions among members. A few participants felt that they *"enjoy this group more"* because they could be more involved and worked together as a group. They suggested the reason for the difference between a committee and the ICC was because a committee was a smaller group with more homogeneous interests and concerns.

Negotiation and conflict resolution. The other critical aspect of communication was as a way to negotiate differences and resolve conflicts. This was done in formal and informal ways. Formally, people could report the conflict to the Procedural Safeguard

Committee and the committee would examine the case and judge it. Informally, people

approached each other individually to try to solve the issue: "*Instead of complaining and*

whining about, you just pick up the phone", and sometimes, just some clarification or

flexibility could solve the problem easily. For example, one committee chair from a

private agency (Jane) described a positive experience on the resolution of a problem in

writing reports to request services from another public agency:

> "*Instead of getting all mad, 'They don't like our reports. What's up with them?' I*
>
> *just go with these people. … 'What does this need to look like? Can you give me*
>
> *an example of one?' and be a little more flexible on saying 'It's ok if we change*
>
> *the way we write our reports, so that they can be accepted here.' … So I think it*
>
> *is a matter of as much as possible to saying this is the situation 'what do you*
>
> *need from us?' and make sure that happens.*"

In the above case, it only took flexibility on the part of one party to resolve the

issue. However, there were situations when cooperation or compromise from both sides

was needed. In those situations, negotiation was more complicated and required some

strategies such as testing the other party's attitude ("*just sort of sticking your toe in the*

water") or warning ("s*o you are alerting them... to let them know that this is probably*

coming.") A program director from a private agency (Judy) gave an example of this kind

of communication:

> "*Look, you know, there is this child x, who, I am really concerned about him. He*
>
> *is down to get monthly services, I think he needs to get more than that. Can we*
>
> *talk again and see if there's some better way of working it out?*"

Generally, participants agreed that informal ways of negotiation were more effective than formal procedures. They usually tried to avoid "*meeting around procedural safeguard's table…., because as soon as you make it up a formal process, it becomes a charge, it becomes a big deal…., and it becomes a more public kind of issue, …. it's just bad all the way around*" (Judy). In either case, negotiation was not always easy. One program director from another private agency (Pat) shared,

> "*I mean I am just surprised sometimes … and this is true in all areas in our lives I guess is how we misinterpret what other people, how we don't understand, and how other people misinterpret what we say and how careful you have to be to express yourself in the way that is understandable and …. negotiation is really hard. Some people are better at it than others. Some people tend to get angry or very emotional about things, and all of us do from time to time, of course, but I think it's hard.*"

Therefore*,* another participant, Jane, suggested, "*how you communicate, how you share your thoughts, your findings, and your beliefs are really important. … You just have to make sure you are sharing them in a sensitive way, in the way that motivates them.*"

Summary

Collaborative activities found to influence interagency collaboration in this study include the format of the ICC meetings, annual retreat of the ICC, problem-solving approach, and communication.

The format of the ICC meetings such as length of meetings or inclusion of presentations influenced attendance and interaction among members. Interestingly,

although shorter meetings were attractive to participants, they were also excited by meetings like annual retreats that took a relatively long period of time. According to the participants, the retreat allowed them the time for in-depth discussion and active involvement in their committees. The use of a fact-based problem-solving approach also facilitated collaboration. Nevertheless, there were concerns regarding the actual follow-up or maintenance of these activities. Bronfenbrenner (1979) suggested that an activity needs to be produced intentionally by a person and persists through time to have the momentum to bring an impact. Since the annual retreat and the fact-based problem-solving approach did not occur regularly or frequently over time, their impact was limited. Although changes in the format of the ICC monthly meeting were lasting and regular over time, their impact still depended on participants' intent. As one program director in a private agency (Pat) observed, some members did not really involve themselves in this activity: *"just gotten to be a habit that people go, they hear what's been presented, and they leave."*

In addition, communication was found to be critical in collaboration. In general, participants suggested that it was important to communicate sensitively, openly, and with flexibility. Three specific aspects of communication were found to be influential: formality of communication, information sharing, as well as negotiation and conflict resolution. Findings indicated formality as an important aspect of communication. Most collaboration started from informal communication, such as phone calls or personal conversations. Generally, participants preferred informal communication while they found that formal communication often associated with bureaucracy. However, formal communication was still fundamental to the implementation of collaborative ideas or

institution of concrete structures or interagency agreements. Also, in negotiation of differences and resolution of conflicts, participants agreed that informal ways of negotiating were more effective than formal procedures, so they tended to seek resolution individually.

Besides, top-down information sharing was observed to be the primary activity in the ICC meetings in T District. Some participants thought it was helpful and continued to pass the information to their lower level workers. However, other participants felt it was overwhelming and interfered with the interaction and collaboration among members. Compared with vertical information sharing, horizontal communication was found to encourage members' involvement and teamwork. It occurred more easily for small groups like the committees with homogeneous interests and concerns.

Role Expectations

The second research question focused on the influence of members' role expectations on the process of interagency collaboration. According to Bronfenbrenner (1979), "a role is a set of activities and relations expected of a person occupying a particular position in society, and of others in relation to that person" (p.85). With respect to interagency collaboration, the expectations found in this study included an active involvement of participants in service delivery, their authority to make decisions, assigned responsibilities, leadership, role of parents, and personnel change.

Active Involvement of Participants in Service Delivery

When the early intervention system in T District was initially established, many higher level personnel from different agencies were involved. Most were administrators and had limited first-hand experience or knowledge about service provision. Within their

agencies, they often had administrative responsibilities in addition to early intervention.

Therefore, it was difficult for them to commit the time and effort required to design the

early intervention system and to collaborate in developing the detailed procedures and

policies of the service delivery system. One of the former ICC chair, Pat, who has been

involved in the task since the early stage observed, "o*ver the years, it's been delegated*

down to the people who actually do it.…, so it came to somebody who is really working

and involved in the infants and toddlers services. I think that helps [when] people who

are actually involved in services as members of the ICC." As a result, participants were

able to engage in collaboration more.   Therefore, participants' active involvement in

service delivery facilitated the operation of interagency collaboration in T District, and

this change lasted.

Authority to Make Decisions

Although participation in interagency collaboration was eventually delegated to

people who worked directly with service provision over the years, it was also important

for these participants to be given authority to make decisions. Collaboration was often

obstructed or delayed when participants were not able to do anything without going back

to a higher authority for approval. Pat who was from a private agency shared her

experience, *"… sometimes you are trying to collaborate with Person 1, but Person 1*

couldn't do anything without going back to Person 2 to get permission. … It is a long

process sometimes." She expressed, *"As much as possible, the people who are making*

the decision should be the people who are trying to collaborate." In this way,

discussions or plans made through collaboration could be carried out by communicating

directly among participants and sharing responsibilities reliably. As a result, participants'

authority to make decisions facilitated the operation of interagency collaboration. However, not all of the participants were given the authority.

Assigned Responsibilities

One requirement of Part C is that each jurisdiction designates a lead agency to be responsible for service coordination and administration of the early intervention system. The intent is to ensure accountability and appropriate use of Part C funds for services. However, some agencies were not ready to commit themselves to this new service system. Then, it became the lead agency's responsibility to make sure appropriate services were available and provided. Therefore, when an agency was not designated as the lead agency, it was sometimes taken as an excuse for not being collaborative in service delivery since the agency did not have the ultimate responsibility for service provision. The lead agency had limited authority to exercise control over this agency unless specific complaints are filed against the agency to the Procedural Safeguard Committee of the ICC.

For example, in this study, one agency held a different view of early intervention and was reluctant to coordinate with other agencies. This agency insisted on providing services based on its own criteria rather than those based on recommendations by the evaluation teams. Usually the services provided by the agency were in fewer developmental areas and less intensive than what was recommended. During the interviews, the representative of this specific agency (Lora) attributed the ultimate responsibility for service provision to the lead agency. Lora also frequently referred to the Infants and Toddlers Program as "*the ITP director's program*". During the initial

interview, She was asked whether there was room for negotiation about the services the agency would provide:

Lora: *"I will listen. If it's been a round …a reasonable round. So be it. If it's something really ridiculous,-- I shouldn't say ridiculous but out of [the agency]'s parameters-- then Anne [the ITP director] as the lead agency needs to handle it. That's her responsibility because she is the director of the ITP."*

Interviewer: *"But even the parents say that was based on the evaluation?"*

Lora: *"You really have to listen to parent, but a lot of parents still feel more is better, and that in some cases, it's not true."*

Another example was from the follow-up interview:

Lora: *"Many of our parents agree with us. We do have a few who said, 'Well, I still want X, Y, and Z.' Then we will leave it to Anne, because it's her program."*

This attitude apparently annoyed other agencies and created tensions between this agency and others. Jane from a private agency described:

"…, they [the above agency] also may have structure criteria, their own criteria for looking at how much service they are willing to give a child. But one of the things I have to learn, that was very hard for me to learn, is it's not any one agency's responsibility, whether they are public or private, to do it all.… it's the ITP's responsibility to make sure that happens, but not any one agency. And I used to think, if I went to [this specific agency], they have to give it to me. They don't, just like nobody can tell a hospital what they have to do either.… but that was a really mental block for me."

The ITP was prepared to assume full responsibility and the director, Anne, responded to the conflict calmly: *"That's the law. [The specific agency] is probably an agency, but really not their responsibility. If they don't have the resources, I still have to provide the services."* This attitude was important for the system to move forward rather than to be entangled in the power struggle.

On the other hand, when roles and responsibilities were not delineated clearly, confusion occurred and interfered with collaboration. Some participants felt that even though they were willing to involve themselves more in the ICC, they needed clear guidance in their roles and responsibilities. There had been many good ideas proposed and discussed in the Council. However, after the discussion, they usually did not know how to follow through, nor were they aware of actions taken toward implementing them. A program director from a private agency (Cindy) commented, *"Sometimes when I leave there (the ICC), I don't know what I am supposed to be doing. Am I supposed to do something? Maybe more clearly … I want to say like a clear vision. … Everybody has very good ideas but how do you actually do them?"* Cindy gave an example:

> *"Like last year there was a big monitoring report that came out…. I don't know whatever happened with that…. I know they had meetings with the State. They were working on things, but I can't say that, even though I go to all the meetings, I know what's happening with that. I think that's important because that tells how the State perceives us…."*

Overall, assigned responsibility could bring sustained changes in the way interagency collaboration was organized. However, it could either facilitate collaboration

or interfere with it depending on how the participants responded to the responsibility distributed.

Leadership

Leadership also had a strong influence on interagency collaboration. Successive leaders of the ITP or the ICC had contributed their different personalities, perspectives, interests, and expertise to shape the development and direction of interagency collaboration. For example, one of the ICC chairs' strengths was in policy; another chair was more concerned about family-centered practices; while yet another was research-oriented: *"So I also think that the chair brings their own training and their own expertise and what they can tackle, and what they can contribute to, and what they can get ICC excited about may vary from chair person to chair person"* (one former ICC chair, Jane). These influences were observed in many ways, for example, the focus of discussion in meetings, committee plans, or participants' levels of involvement. Sometime they interfered with interagency collaboration while at other times they facilitated it.

Leadership interfering with collaboration. There was one former leader of the ITP (not a participant of this study) who was described as controlling. Participants who worked with her *"were uncomfortable about the fact we had an interagency coordinating council, and yet we were not allowed to really do that much. ..., and we felt like the reason you have an ICC was to advise. We felt sometimes we weren't listened to"* (One former ICC chair, Pat). There was a lot of tension between the leader and other participants, although some participants were able to sympathize with this leader later on and understood that the leader was *"under other constraints"*. As the succeeding leaders

had more open attitudes, participants felt the ICC became a "*more open and working*" council than it used to be.

The current chair of the ICC (Gina) struggled with and was frustrated by her own leadership. She commented, *"This whole thing is just not working"*. Several factors might account for her negative experience. First, she took the leadership role soon after her initial involvement in the ICC. In addition, this leader came from a professional field that was not as intensively involved in the early intervention system, so she did not have sufficient personal connections. A former ICC chair (Pat) said, "*Nothing against her, but I think people just didn't know her.*" Second, although this leader was enthusiastic in getting involved in collaboration and was supported by her agency, her own work was demanding and did not allow her enough time to perform her leadership responsibilities. Another former ICC chair (Jane) stated, *" I think that is due to the fact that she is needed in so many places. And that I believe that they support her being here and I know for a fact, her boss wanted her to become chair. I think it's just hard to free up time."* Although Gina had some ideas that she thought might facilitate the ICC, she found it was difficult to set aside some time for further developing or planning these ideas, except *"just attending the meeting, leading the meeting, trying to help with …you know things the director bring to my attention… so that's basically it"* (Gina).

Third, some participants felt that Gina was not well-organized:

> *"It's personality. She is more casual, more laid-back. In [one] meeting, we still*
>
> *don't have this, don't have that. We still haven't decided whether we will have*
>
> *[an activity]. I thought it was decided that will be in November, the meeting*

before, then we were still discussing whether we should have it..." (A program

director from a private agency, Cindy)

However, Gina perceived the cause for her experience differently. Based on her

previous experience in collaboration, she thought that "*unless you have very specific*

project that you collaborate on, sometimes this collaboration is really hard on your own

system, your own regular job". Thus she pursued the idea of creating an innovative

project to promote involvement and collaboration. A special taskforce for a project was

formed during her term. In terms of collaboration within the ICC, some participants

indicated that it was not their area of expertise or interest and less than five members

participated. During a follow-up visit, Gina said there was little progress of the project.

She sounded frustrated and used "*confusing"* to describe it. Therefore, in this case, an

innovative project was not effective in promoting collaboration. One reason was because

it did not match the interest of the majority of members.

Leadership facilitating collaboration. Two leaders (the current ITP director,

Anne, and a former ICC chair, Jane) were particularly acknowledged by participants.

Participants thought that these two leaders had "*together moved the system forward".*

The ITP director, Anne, especially received much praise for her personal character: *"easy*

to talk to, open and honest" . " To me she is the one in charge of interagency.... I find

she is very easy to work with.... She is very open.... very accommodating" (Cindy).

Although Anne was not familiar with the early intervention system in the beginning,

participants found that she "*is so willing to learn from everybody else. She is so willing*

to ask; she is so willing to accept the system; she is so willing to try new things" (Jane).

Anne was also able to assume full responsibility of her position when facing problems

and "*see how we can make it better."*   Meanwhile, she was also willing to step back in some situations and showed respect for others' responsibilities. Participants thought that because of her open attitude, the ICC became a more working and functioning council. When asked about the reasons for her successful leadership, Anne attributed the success to her religious belief.

Another leader, Jane, who received much recognition was described as very focused. Based on observations, Jane, a former ICC chair for two consecutive terms and the current Chair of the Training Committee, appeared to be supportive and always ready to step out to help others. She was also energetic and well-organized. For example, her job involved several different roles including teaching, training, overseeing a program, and consultation, and she was able to manage them efficiently. Moreover, she acted proactively. One example was the change she brought to her agency. When she first started working in her agency, there were many different perspectives and people "*remembered it being a horrible place to be. That's very much us versus them."*
However, she was able to change the situation: "*It's been a matter of proving myself, ... that I have something valuable to offer." "They have such passion for early intervention now. Before they didn't care. ... and it's a matter of teaching it to them, and showing it to them, so that they can embrace it, too."*

She was also passionate about services for children with needs and their families and was motivated by the collaboration taking place in the ICC. Being one of the chairs of the ICC, she shared " *I just believe it's a really important role. On that, you can make some substantial changes. They are going to help parents and children."* Although she took on the leadership role in a committee shortly after her initial involvement in the ICC

and then as the chair of the council, she was successful. She attributed her success to several factors: support from her supervisor and agency, a good relationship with the director of the ITP, and her training in early childhood special education. First, because of the support from her supervisor and agency, she could have the time to be involved in the ICC. Another former chair of the ICC (Pat) observed "… *she was more involved day-to- day than most of us have been."* Jane shared, *"I mean I am volunteering but I am not volunteering. They are my work hours. …, so [my agency] is donating my services in kind to the ICC, …, because it's set up a nice collaborative relationship between [my agency]and [the ITP]. They value what it does, and they believe it facilitates the collaboration between two agencies."* In addition, the support from her agency provided her the job security so *"I don't have to worry about any repercussions…. I am not worried that if I said we need to change this, it gonna to come back at me, and I do know that there have been people that had to step down committees, particularly … because it was seen as a conflict of interest to be presenting a problem that their agency may or may not think they can do."*

Next, a good collaborative relationship and communication with the director of the ITP, Anne, also helped her leadership of the ICC, because the ICC is to *"provide advice and guidance to the ITP"*. Jane stated her own expectations of her leadership, *" … if I were to chair a committee that was going to do that, I really need to understand what was happening at the ITP, what issues were and to try to make a difference."* She continued, *"With the time that I spent here, it was a great relationship back developed, both personally between Anne [the ITP director] and I . … Anne communicated with me on a very on-going basis."*

Fourth, *"… and then the fourth thing that I think really helped me is having the degrees that I have. Having a background in early childhood special education when you understand the law and you meet your suitable qualifications and you know things, I think you can contribute a lot. … I always felt that I knew what I was talking about versus sort of getting in the wrong way. I think that allowed me, once I became comfortable, to feel more confident …"*

Additionally, Jane recognized that the members of the ICC were dedicated and concerned about interagency collaboration, but she also understood that they were often constrained by their time to commit in the council. Therefore, she believes that it is difficult yet important for the chair to have high expectations of the members, and to be persistent in pursuing those expectations:

> *"One of the things and it was the hardest for me is just being confident in the role as the chair and placing high expectations out there for others. …, and I know how busy they are, so if you want to get something from them, you sort have to go after a little bit…. becoming comfortable asking people to do things, or making them accountable with their subcommittees…. I felt very uncomfortable doing that in the beginning…."*

To encourage participants' involvement and to pursuit the expectations, Jane used several strategies:

> *" when … nobody was signing up for any of the committees. I thought 'Oh, God, what a failure!' ,and that's when …. I remember on the ICC putting the chart up…. and I went around the table: 'Which committee are you on? And you? You want to decide? I will go around the table and come back to you.' It probably*

put people on the spot, but when you were just asking, sometimes it didn't

happen."

"*… during committee reports … In the beginning, I would just say who wants to*

report. Couple people may say something and then nobody else would.… and I

have it on the agenda: Procedural Safeguard Committee, the chair person's name,

Funding Committee, and the chair person …, just try to encourage the

accountability, because if you try to do around and around, it carries away."

"*I found there were times that committees weren't meeting, and the ICC was*

finishing in an hour when it wasn't an executive. And most people blocked two

hours, so I would just say, 'Ok, this is the executive committee, everybody

presents their reports, and then we are going to break into groups to actually do

work.' And I think that was helpful for some of the committees to be able to do

that."

Jane's high expectations of her leadership as well as other members' roles

promoted involvement in collaboration and increased collaborative efforts. Her personal

characteristics such as proactive attitudes and disciplinary background also interacted

with her role expectations to facilitate interagency collaboration.

Needs to support leaders. Participants who had been the leaders expressed that it

had been a learning process for them. For some, this experience brought them to a

broader perspective or even to an unfamiliar field, they feel "*very fortunate in that*

sense." The experience also helped them gain confidence in their interactions with other

agency representatives and build their connections:

" … because I remember when I was there just as a member of the ICC, I had no

clue. I think I learned a lot, just being the chair, you know what different

agencies actually do… I gain a lot of more confidence in myself in doing that role,

and I am very comfortable calling anybody, you know, just picking up the phone."

(Jane)

However, they suggested that there were some needs of support for good

leadership. First, the leader should be given separate time to learn more about what was

happening in the Infants and Toddlers Program, *"and being more linked day-to-day for*

what's going on"(Pat)*:*

"You have to have time to do it. And I think that there's probably a lot passion,

but a lot of people they may not have the time and support to do it properly. And I

just think that's really critical. If anything could change in the system at all, the

big system, it would be to pull out some kind of funding stream so that the ICC

chair maybe has four hours a month, one hour a week, somehow that their time

would be covered and they could be committed to help change, …" (Jane)

In addition, mentorship was mentioned as another support needed for the leaders,

so the experience could be passed on to help the new leader become familiar with their

roles and responsibilities. Jane said,

"I think if the system were set up such that … I remember way back when I was in

high school, when you are running for student government president, …, where

you spent a year sort of training so you knew what to do when you became it."

Since there was no formal system of mentorship for leaders in the system currently, some former leaders, though willing to help, were concerned about overstepping boundaries:

> *"I think it becomes tough because as the old chair, I don't want to overstep my boundary.... because when the new persons are trying to, they might want to do something in a complete different way than they have been done before."* (Jane)

Overall, leadership was found to have a structural impact on interagency collaboration especially on such issues as the focus of collaboration and activities. However, the impact was often temporary since the direction of the impact changed as the leaders changed. Some of the influences interfered with collaboration, while others facilitated it. Moreover, role expectations of leaders were found to interact with other factors such as leaders' characteristics, personality, and religious belief.

Role of Parents

> *"My experience is if you have parents who are ... part of that or advocates for their kids, that's probably when the system works the best..."* (the current ICC chair who was from a private agency, Gina). Participants found that parents who were actively involved in and were knowledgeable about early intervention could play a significant role, especially when they were also members of the ICC. One former chair of the ICC, Jane, shared the experience of working with some parent members:

> **"They [parents] are very willing to say 'Wait a minute, as a family, I don't know if I am ok with that change.' ... So the dynamics of the ICC can very in some ways, depending on how active your parents are."**

However, it had been difficult to involve parent members in the ICC because many parents did not have flexible work schedules that allowed them to attend the meetings regularly. Besides, by the time most parents became familiar with the system and felt confident about interacting with professionals, their children would have turned three and were ready to enter the preschool system. Then, the parents' foci usually moved along with their children. For example, during the half-year this study was conducted, the position of the parent co-chair had been vacant even though the ICC had put forth efforts to search for a new parent. The chair asked members to assist in finding parent members, and there were follow-up discussions about it. Several parents had been invited to the meetings, but the position was still vacant at the end of this study. Two members of the council who also worked for the ITP were parents and attended the council meetings regularly. However, participants felt they were *"slightly different parents",* because their outlook of the early intervention system had been transformed by their professional roles. From my observations, these two parents did tend to perceive their participation in the ICC as agency representatives rather than just parents. For example, when these two parents shared, they spoke primarily from their professional roles rather than as parents, such as providing information or updating progress of their work. Nevertheless, they provided great help to the ICC in the search for other parent members.

On the other hand, some participants had experienced situations in which parents did not have the correct knowledge of early intervention or might not acknowledge its importance for their children with special needs. One program director in a therapeutic agency (Cindy) shared the following:

"I understand the importance of home visits. In theory, it sounds lovely. You go to the child's home. You meet with the parents, the siblings…. Sometimes the parents leave the house, even though that's not supposed to happen. Sometimes we go and no one is there because then they haven't really bought into the fact; the parents haven't bought into the fact that therapy truly is important. And that's a problem."

In addition, some participants felt that parents were easily influenced by opinions from various sources that may be biased. One participant from a public agency (Lora) expressed, *"… you have to really listen to parents, but a lot of parents still feel that more is better, and that in some cases, it's not true. Or they've talked to somebody who has talked to somebody, and who's talked to somebody who says 'Don't settle for anything less than…'"*

Thus, the role of parents could impact the functioning of interagency collaboration but the impact varied by how involved and knowledgeable parents were about the system.

Personnel Change

Personnel change also influenced interagency collaboration. Sometimes, the existing collaborative relationship might be interrupted or a new relationship established because of change of staff in agencies. For example, in one case,

"… we already have the structure in place before Mona [a participant from a private agency] came…. so that was really effective…. When that happened, the person we had on the ICC was gone, so we had no representation from them for a

while. When Mona came, we pretty much did a lot more again." (The ITP

director, Anne)

In the above situation, because a collaborative structure had already been installed,

collaboration could be resumed as a new representative took up the position. However,

in many circumstances, when players changed and brought different perspectives, it

became uncertain whether the previous effort would be sustained. Thus, to structurally

institute a collaborative effort could limit the interfering impact of personnel change.

Summary

In this study, role expectations influenced collaboration in the ICC through

several mechanisms, including active involvement of participants in service delivery,

authority to make decisions, assigned responsibilities, leadership, the role of parents, and

personnel change.

Active involvement of participants in service delivery promoted their

participation in interagency collaboration by increased commitment and involvement.

Moreover, when the participants were given authority to make decisions, discussions or

plans made through collaboration could be carried out by direct communication among

participants. Thus, collaboration was facilitated. However, not all of the participants

were given the authority, thus undermining the process of collaboration.

Next, assigned responsibilities changed the organization of collaborative

relationships. When roles and responsibilities were not delineated clearly, group

members sometimes became confused about their roles and responsibilities. On the other

hand, when roles and responsibilities were assigned explicitly, agencies or individuals

could be held accountable. Nevertheless, the assigned roles sometimes became an excuse

for those who were not assigned to avoid unwanted collaboration. Thus assigned

responsibilities could either facilitate collaboration or interfere with it, depending on how

the participants and agencies responded to the responsibilities to which they were

assigned.

In addition, role expectations of leaders interacted with other factors such as

leaders' characteristics, personality, and religious belief to influence the focus of group

concerns, collaborative activities, or participants' levels of involvement. Often the focus

of collaboration changed as leaders changed. Overall, findings indicated that good

leaders were supportive, passionate, proactive, persistent, easy to talk to and well-

organized. Two successful leaders identified by participants attributed their success to

several factors: religious belief, support from direct supervisor and agency of the leader, a

good relationship between the ICC chair and the director of the ITP , and knowledge in

early intervention. Participants who had been leaders felt that leadership had been a

learning process for them and had also helped them gain confidence in their interactions

with other agency representatives. However, they identified a number of prerequisites for

good leadership. First, the leader should be given separate time to work on the

responsibilities and *"being more linked day-to-day for what's going on"* in the ITP.

Second, mentorship is needed.

The role of parents could also impact the functioning of interagency collaboration

but the impact varied by how involved and knowledgeable about the system the parents

were. Finally, changes in the previous collaborative effort or new initiatives was often a

result of personnel change. To limit the interfering impact of personnel change, it is

important to structurally institute a collaborative effort.

Interpersonal/Interagency Relationships

Another research question of this study (question 3) focused on the element of relationships of proximal processes and asked how relationships among members influenced interagency collaboration. Two aspects of relationships among the individuals and agencies seemed to particularly influence interagency collaboration in this study: personal connections and mutual interests.

Personal Connections

Personal connections had a great influence on interagency collaboration. One program director in a private agency (Judy) stated, *"You have to understand sort of how it works and who works what part to be able to really get it to work for you...."* When the relationships developed positively, they became smooth pathways for the participants to the resources they need: *"It's wonderful to have a direct line to the director, ...and ... about eighty percent of the time, I get to the person I need."*. The ICC served as a structure to establish these connections. Jane said,

> *"... because there're representatives from public agencies as well as private agencies, and you learn what they offer and what they do and you see them on a monthly basis. ..., so you're sort of going to the top when you make your phone calls. But you have a relationship with them and they can help you. They can point you to the right direction and they have access to the information you need...."*

In general, participants thought that agencies worked well together, especially in some core groups that had been formed through committees. In the smaller committee settings, they had more interactions with other members, more involvement, and more

opportunities to work together as a team. One participant (Sara) explained, *"...because you get to know people better in a smaller group, kind of working together for some goals. It takes different perspectives."* Committee members often had more common interests and concerns with one another, whereas interests on the ICC were more diverse. Since there was more interaction and communication among members, it was easier to follow up with ideas or plans developed. For example, Pat from a private agency described one successful committee in which she was involved: *"It's more a working committee. It's people who sort of come together with purposes in mind and do something."*

In addition to group size, other factors that contributed to positive personal connections were mutual interest and continuity of membership with time. Eleven out of the twenty current members interviewed had participated in the ICC for more than four years. A former ICC chair, Jane, said, *"I think that the collaboration is there because there's so much continuity in sort of the head figures."* One of the current committee chairs who was a program director from a private agency (Judy) described, *"it's the same people sitting around the table every month.... So if we move, we might move from [one agency] to [another], but I am still sitting at the table.... Those contacts still remain viable."* Good leadership also promoted personal connections by keeping people on target. Moreover, the merging of participants' perspectives by facing issues together facilitated connections as well. For example, through working together, participants changed their territorialism and realized that *"... there's so much work to go around that I don't feel like it is a cut- throat kind of orientation-- 'These are my kids, and I am going to keep them.' It truly is much more flexible than that, and responds to the family need."* (Judy).

However, maintaining personal relationships sometimes came at a cost. Participants sometimes felt awkward about confronting each other even when it was necessary. For example, a former chair of the ICC, Jane, indicated that one member in a critical position during her term was not very active and was often unable to attend meetings. She found it difficult to ask the member to step down explicitly so the member remained in the position until her term ended. The chair (Jane) said, *"I believe that she didn't want to step down because she didn't want to let us down. But she didn't see that in some way maybe it would be better to get somebody else who could help us more."*

Personal relationships could also develop negatively. Participants generally avoided such relationships, but there were situations when it was inevitable. Judy said, *"If you don't get along with the person that you have to see, often times, that weighs down the process. And people are not going to try to help you out, or they are not going to offer to assist, or support you in your effort. But if you have worked collaboratively with them, and helped them in the past, then there's much more… I mean you can get much more done, much more quickly."* In general, personal connections affected the operation of interagency collaboration such as getting services or exchanging client information. The duration of the impact depended on how long an interpersonal relationship lasted.

Although representatives from agencies generally worked well together in the ICC, some participants identified the need for better connections among their lower level workers such as therapists or service coordinators. Those workers usually had a less stable employment with higher turnover rate, and were less secure in their positions. Additionally, they did not have as much access to updates about information in the

system as their higher level supervisors. Therefore, Jane expressed, "*I think at the level of the actual therapists and service coordinators, if somebody makes a mistake, they might try to cover it up. …, and I think it may be an issue because … they don't see each other ever. It is a big system, … If you never see a person that you are working with and you never meet them, how can you feel secure enough to say 'I made a mistake …'*".

However, when staff were on the frontline of service provision, good interpersonal connections could aid them greatly in coordinating various resources for children with special needs and their families. Some members in the ICC wanted to create more opportunities for agencies and those workers to build connections through trainings and social activities,*" but what you hear is how can I bill for the person's time, I can't bill for them to be at a meeting"* (Jane who was also the current chair of the Training Committee). Jane suggested that to improve the situation, agencies needed to recognize the importance of building connections among workers:

> *"One thing I would like to see is that [opportunity for connections among service providers] just being valued, and every agency saying or the ITP saying 'We are going to shut down on this one day…. There won't be services on this one day. If you want that service made up, please contact us and we will make arrangements. We believe it's really important.' … Probably you aren't going to have too many parents that complain about it, if they really understand what the benefit is gonna be out of that."*

Mutual Interests

In this study, some participants also suggested that interagency collaboration was the means to mutual personal or agency interests. The ITP director, Anne, said, *"…,*

because it's a give and take actually. Everyone in the ICC is there because they need something. No one is there just to give." She continued, *"Collaboration actually is what I can give you to do what I need you to do. It is a buddy system. I give you this, you give me that."*

On the personal level, one of the interests that promoted collaboration was the attempt to succeed at work. One program director from a private therapeutic agency (Cindy) described a collaborative relationship with another participant from a public agency: "*I mean I want to be successful and I am sure she does, too. So, therefore, make it work."* At the same time, some participants hesitated to be fully involved in some collaborative efforts because their personal areas of expertise or interests differed from those of the group. For example, Jane described her concern about involving herself in one group:

> *"I also don't feel like I contribute as much to the group...., not that I don't think it's an important group. I am just not sure that I will be a great person to be on it.... I am not on the same field as they are, but I really appreciate being invited."*

Similar reservations occurred at the agency level. Some participants thought that as agency representatives, they could not be as involved as others because early intervention was *"just one segment"* of the services their agencies provided.

Rivard and colleagues (1998) propose that agencies exchange two primary resources: client referrals and information. However, in this study, some participants suggested that among the interests being exchanged, funding was the most important and significantly influenced agencies' decisions to participate in collaboration. One program director in a private agency (Pat) said, "*I think we all want more money, we all want the*

funding sources to open up." Some agencies decided not to participate in certain groups

because of funding:

> *"They don't do a lot of medical assistant care. We also ... look at the issue that a*
>
> *lot of insurance companies don't cover any children either.... for some of the*
>
> *agencies ..., private insurance is a big funder."* (the chair of a committee, who
>
> was a program director from a private agency, Lisa)

Some participants suggested that mutual interests could be fostered by a tangible

focus or visible outcomes, in which *"... you have a very specific project that you*

collaborate on". The focus could appear naturally within the collaborative group or the

group could create an innovative project. For example, one committee chair (Judy)

described the following:

> **"***If somebody feels strongly about it, then they raise the issue.... so we are having*
>
> *a chance to work on something that you hope is important to the people, because*
>
> *they signed up for that committee.... it may start out as being somebody's*
>
> *particular issue or desire .... Often it grows and it becomes a much bigger kind*
>
> *of thing than just one thing that person said before. That way other people are*
>
> *enlisted and they buy into it."*

Another example was a successful collaboration to solve a common issue which

emerged naturally within a committee of the ICC, the Private Providers' Group. The

chair of the committee (Lisa) described the process:

> *"About five years ago, the State decided to change the medical system.... we were*
>
> *noticing that a lot of people were not getting approved.... so what we did was we*
>
> *lobbied ... and we were able to let them carve out therapy services.... And about*

a year ago. ... they did a survey just to look at how many children were getting

services. It came out with a sort of negative outcome.... And so this group ... has

been meeting together to try to look into the figure .... and sort to help them

identify where the gaps were.... and then our plan is either write a letter or just

do something that makes the State aware that our experience is different from

what their surveys were showing, and that we would like to work with them ...."

Those mutual interests among individuals or agencies were an important factor in determining participation in collaboration and the structure of interagency relationships. Those interests were usually stable and sustained, as were the relationships.

Summary

Two aspects of interpersonal/interagency relationships had important influences on collaboration: personal connections and mutual interests of agencies. The direction of influence depended on the circumstances. When personal relationships developed positively, they became smooth pathways for participants to get the resources they need. Participants who did not have sufficient personal connections struggled with collaboration. On the other hand, personal relationships could develop negatively and people tended to avoid these interactions.

The ICC provided a good structure to establish personal connections. Agencies generally worked well together, and there were some cohesive groups that had been formed in the smaller committees within the ICC. In addition to smaller group size, variables that primarily contributed to positive personal connections included mutual interest and continuity of membership with time. Moreover, good leadership and the merging of participants' perspectives as they faced issues together also fostered group

cohesiveness and promoted personal connections. However, to maintain good personal

connections, people sometimes hesitated to confront each other even when the

confrontation was necessary for the ICC to collaborate more effectively. Finally, one

important need identified by participants was building stronger connections among the

lower level staff in the system such as therapists or service coordinators.

Although personal connections influenced interagency collaboration, the impact

was small compared to agency interests. Among the interests being exchanged, funding

played the most significant role in influencing agencies' decisions to collaborate.

Participants suggested that mutual interests could be fostered by a tangible focus or some

visible outcomes such as a collaborative project.

The preceding sections presented themes related to the proximal processes

described in the bioecological paradigm and directly addressed research questions 1 to 3

(activities, role expectations, and relationships). Many of these factors evolved or

changed over time -- a component of the bioecological paradigm that is addressed in

research question 4 and will be discussed as part of the following section.

Time

Two aspects of time influenced collaboration in this study: time constraints and

length of time (which addresses research question 4). This section describes their

influences.

Time Constraints

Time constraints were identified by the participants as one major factor

interfering with interagency collaboration. Although many members of the ICC were

passionate about the importance of collaboration for early intervention, their participation

was sometimes limited as a result of time constraints. The chair of the ICC (Gina) expressed her struggle to participate in the ICC actively:

> *"I think the experience has been difficult. ... if you are going to a meeting to make sure you have an active role, which is not a paid position, you don't get separate time to do any of this. ..., it's kind of hard to keep focused ...you are not focusing except for the meetings themselves...."*

Although most agencies encouraged their staff to participate in interagency collaboration, many of these agencies could not support the extra time of this task fiscally:

> One former ICC chair (Jane) said, *"It's hard. ..., and I don't believe it's because they are not dedicated, or they don't want to. I think they are just such incredibly busy busy people and so many people have to be accountable for every hour they spent.."*

> One committee chair who was also a program director in a private agency (Lisa) said, *"There is funding.... to get that money, there are requirements, ... so people are busy, really, almost from morning till night to do that. So there isn't sort of money that is out there that gives you much time to do collaboration and planning. ..., usually most interests are around something that's going really affect your agency and funds for services".*

Therefore, participants often had to *"pick and choose"* what they could handle, rather than commit to all areas of needs or every issue they were interested in or cared about. Lisa continued, *"I think everybody is very protective of their time, too. You really have to do that, so you got to have some focus that you feel you are getting something from the meeting that makes it worth that amount of time."*

Because of time constraints, many collaborative goals or ideas might not be followed up or implemented. Another program director in a private agency (Cindy) expressed, *"We made these lovely goals that look wonderful on paper, but it's having the time to research them and to really make them happen."* As the ICC chair (Gina) pointed out that the problem was "*who is actually going to do it?"* As a result, the workplan sometimes, as she continued, was "*just a start, and then the follow up through I think is the hard part."* One committee chair (Judy) stated, "*So that you get as much done as you can and then you hope somebody carry it on if you are not on the committee anymore."*

Many participants suggested that one way to solve the problem of time constraint was to allocate funding for interagency collaboration. A separate time or specific personnel would then be assigned to work on collaborative projects. Lisa expressed, *"All these people who meet, who run agencies, they are so busy, they just don't often probably have the time to do it much more preventionally orientated collaboration, looking at the big picture, huge picture, … It will take a huge amount of time and effort, and I don't think everybody can do it, unless there's some funding for it, or need to find somebody to do it."* Moreover, as discussed previously in this chapter, participants indicated leaders of the ICC and ITP should be given separate time to work on their responsibilities (p. 44).

Length of Time

One research question (question 4) in this study asked how the process of interagency collaboration had evolved. Development of interagency collaboration was obvious in T District. With time, there were not only fundamental changes in collaborative structures at the system level, but also a merging of perspectives. For

example, one program director in a private agency (Judy) described, *"It's much more fluid now than it was in the beginning. In the beginning, there were far more turf battles: 'These are my kids, and … I am supposed to do this, and you are getting in the way.', and not so much anymore…. Everybody is advocating for them. You may be on different sides of what you are advocating for specifically..."* Another program director from a different private agency (Cindy) shared, "*At first I was not sure what is going on [in the ICC]…. Now I see that I really need to be there. I think it makes me more aware of … the collaboration, makes me more aware of communication…."*

Previous discussions in this chapter also showed that time was an important factor to give collaborative activities or mechanisms enough momentum to bring impact (p. 31). In addition, continuity of membership with time were critical to foster personal connections and the merging of perspectives among participants (p.51). One interesting phenomenon of development was found when member checks were conducted one year after the initial interviews and half year apart from the follow-up interviews. Participants often could not recognize or were surprised by their own responses in the transcripts even though they thought the transcripts and interpretations were accurate. For example, one participant said that she now "*thinks differently"* since she had been involved in more collaborative activities, understood the system better, and established more personal connections.

In addition, participants adapted to the collaborative environment through time. Gina said, *"I think it's true for all of us who haven't been in the system for that long is kind of figure out the network, and who is actually doing what…. I guess some of these just your experiences being in different organizations and … involved in the process [of]*

the interagency collaboration." Yet, *"I think I am a little more comfortable with that now, also because I have been around longer and learned more."*

Summary

Two aspects of time influenced interagency collaboration: time constraints and length of time. Time constraints interfered with collaboration and inhibited participants' involvement or commitment in collaborative efforts. Participants suggested that it was important to allocate funding for a separate time or personnel to work specifically on collaborative projects. The length of time that participants were involved in interagency collaboration fostered a merging of perspectives among participants as well as their adaptation to the collaborative environment. Continuity of membership with time was also identified in previous discussion in this chapter as a variable that was important to personal connections.

Although other components of the bioecological paradigm were not the primary foci of this study (which were proximal processes and time), some also emerged in this study which appeared to influence collaboration. These included individual characteristics of the agencies or participants as well as contextual issues. These findings are presented in the following sections.

<div align="center">*Agency/ Personal Characteristics*</div>

Different characteristics of agencies or participants influenced interagency collaboration differently in various situations. At the agency level, characteristics such as type of service, funding source, and organizational structure affected collaborative relationships between agencies. For example, in the Private Providers Group, agencies that used medical assistance as a funding source collaborated on changing and monitoring

related policies. Moreover, agencies that served children with more intensive medical needs tended to connect with each other and exchange referrals more than with other agencies. In other situations, however, similar characteristics led to competition for the same clients or resources among agencies.

At the personal level, characteristics of gender and disciplinary backgrounds did not show a remarkable influence on collaborative relationships. However, personality was found to affect collaboration. One program coordinator (Lim) commented on her experience in attempting to collaborate with other participants with different personalities: *"Well, it's a personality thing.… I think there are some professionals who are very child-focused and family-focused and will work well as a team. And I think there are some that… (interview interrupted)."* For example, some participants found their first entry to the ICC group difficult, while others had more a positive experience even though they did not know many of the members previously:

> Difficult experience: "*I wasn't really as familiar with different people at that time, that I wasn't quite sure what they were doing, and where they were coming from."* (Gina)

> Positive experience: "*I felt they welcomed me right away. I didn't feel like I couldn't say anything.… It's an easy group. It's a nice group."* (Cindy)

Some characteristics seemed to be particularly conductive to collaboration. First, they were willing to support each other and tried to be flexible. A program director from a private agency, Cindy, said, "*I really try to accommodate everybody's needs. I don't tell them 'We just can't do it.' I really try, and ... if for some reason, we can't do it, I will call and explain."* They also made efforts to become part of the group. Cindy continued,

"Becoming an insider, I guess just by participating in everything. Whenever they have a fair, I always have a booth at the fair -- make myself go to those things." In addition, they were able to adapt to changes such as new members joining the ICC, as a program director in another private agency, Judy, shared, **"***Sometimes it's very good to have new people come in, because they make you question why you do it like that.***"**

However, other personal characteristics made collaboration difficult. For example, when participants were resistant to changing their pre-existing protocols, and *"said 'We've never done it this way before. So why should we do that? Why should we change? We've always done it this way. That always works.'"* Judy described an incident in which collaboration was impeded when others insisted on their own way: *"At one point, there was ... the idea to have a liaison between [an agency] and the ITP, ... What could have been I think a very positive experience ended up being a very negative one, because of the personalities involved. Both have very strong personalities, and both want things their own way."*

Thus agency and personal characteristics affected the operation of service delivery as well as the structure of collaborative relationships among agencies. The impact was usually sustained, especially when the same persons stayed in their positions. The previous findings also showed that personal characteristics interacted with role expectations of leadership to influence interagency collaboration. However, the impact was often temporary as leaders changed in term.

Context

Another component of the bioecological paradigm is the context. Contextual factors influenced interagency collaboration, both in terms of the immediate environment

(e.g. the agency for a representative), and also the more distant environments that are indirectly influential (Bronfenbrenner, 1979). Several themes emerged in this study which fell into this category: legislation, politics and bureaucracy, funding and the perspectives of service provision.

Legislation

One contextual factor that had a strong influence on collaboration was legislation. To maximize service resources and operation, the interagency emphasis in Part C required early intervention services to be provided through collaborative agreements by agencies from the health, education, and social service systems, as well as other related public and private agencies. As Johnson and his colleagues described, collaboration is the "cornerstone" of early intervention services (Johnson, Zorn, Tam, LaMontagne, & Johnson, 2003). One program director in a private agency (Lisa) stated, *"I think the biggest event is … that the law [Part C] passed. I think these local Infants and Toddlers Programs have encouraged interagency collaboration."* The impact of the legislation was fundamental. It set sustained structures of interagency collaboration for the early intervention service system. The ITP director (Anne) said, "*because it is mandated by law. That's why it survives. If it's just like other programs, that's put up for like five year project, it will be gone."*

Politics and Bureaucracy

A few participants mentioned that internal politics among agencies and bureaucratic structures in the system also interfered with collaboration. One program director in a private agency (Pat) described, *"It's [collaboration] hard also because of a lot of the politics involved. [In one case] … there are some real political issues going on*

that we never knew about until we went the middle of it. And they got worked down ok.

but it was very difficult for about two or three weeks.... but political issues sometimes you

are aware of, sometimes you are not." Bureaucratic structures interfered with the

collaborative efforts as well. For instance, the ITP director, Anne, gave an example of

the bureaucracy: *"... to create a position in [one public agency] could take up to a year,*

just to get one more position created. Meanwhile, you have children that are waiting and

then be closed out." Those influences were often structural and lasting. For example, a

collaborative project or a position might be initiated or ceased.

Funding

Although early intervention services are federally mandated by Part C, the federal

government assists states financially but does not provide the entire funding for service

delivery. In fact, federal funds only cover a small portion of the cost (Brown, 1990; Yell,

1998). Brown (1990) states, "The lead agency will be in the unenviable position of being

accountable where financial accord will be difficult to develop or determine" (p. 158).

The ITP confronted the issue of insufficient funding since the beginning of the program.

The director of the ITP, Anne, described the struggle: *"We have to provide services to*

every child who fits our law. You can't do it with the amount of funding we have.... We

live by our funding. We are not allowed to charge anything." One program director in a

private agency (Judy) commented that the ITP was in a situation that one *"can't win"*

since *"Anne got the press of the requirements of what she does, and then she has the*

press to stay within budget..."

Funding constraints resulted in high caseloads for service coordinators, which led

to high turn-over rates. Anne said, "W*e are not affording to pay them what they should*

be paid, so you have people come and go constantly." During the worst funding situation, all the staff in the program from the administrators to service coordinators, including Anne, the director, had to carry cases to share the work load in the agency. Not only the ITP but also other programs in related fields shared the same struggle for funding, and some programs might not even survive. Anne continued, *"This [failure to survive] happens to tons of good projects and I am not saying that … anybody did anything wrong, but it just comes to[the fact that] there's not enough money … to get services implemented."* She believes the ITP survived *"because it is mandated by law."*

However, to survive the funding constraints and at the same time ensure quality services, the ITP had to continue to secure existing funding sources by proving its effectiveness, as well as searching for new funding opportunities. Members of the ICC advocated for the program collaboratively. As a result of the advocacy efforts around the State, the local ITPs received additional funding from the State this year. Anne said *"This is our best situation this year."* This extra funding allowed the program to hire more service coordinators to relieve the high caseloads, and some new innovative and outreach projects could now be supported.

Thus, although limited funding constricted the service delivery system and interfered with some collaborative works in the jurisdiction, it also encouraged interagency collaboration. The agencies had to work together to advocate for the program, and the successful advocacy and extra funding, in turn, encouraged more advocacy and collaboration.

Agencies' and Individual Perspectives

Perspectives of the agencies and participants as a factor of the exosystem of context also influenced interagency collaboration. Exosystem is defined by Bronfenbrenner (1979) as the settings that a person "may never enter but in which events occur that affect what happens in the person's immediate environment" (p.7). Agency policies or perspectives of practices along with individual background might shape individual perspectives, while individual perspectives might influence agency climate. As human perceptions are shaped by various factors, differences of perspectives are inevitable. Variations in perspective among individuals or agencies regarding early intervention led to different practices of service provision, even conflicting practices and thus influenced collaborative relationships. For example, one participant from a public agency (Karen) stated, "*Certain agencies have the same philosophies as what we have and it makes them easier to work with and then, other agencies, not they have different philosophies, just their provision of services might be different. For instance, for some of the agencies service provision works from medical philosophy versus educational model, so we run into a problem where you have [some] agencies who think their child should get services more often, but [other agencies] who feel …*" The following paragraphs describe the influences of common and conflicting perspectives, as well as a control case in a conflict situation.

Common perspectives. One program director in a private agency (Pat) described the way some collaborative relationships between her agency and others were established: "*we found some like-minded people and actually they found us, too.*" She continued to point out the importance of common perspectives for successful collaboration: "*… people*

at least share that vision of making the services available to families.... I think it is ideal

that everybody believes in early intervention and wants it to happen."

When asked about how to merge different people's perspectives, one participant

replied, *"you just have to be willing to meet and talk about those different goals."*

Participants also found that common perspectives were fostered by time. One program

director in a private therapeutic agency (Judy) shared,*" ... we all got more sensitive to the*

fact that this really is a family-driven provision and law.... As you get into it, things that

were initially issues aren't anymore ...."

Conflicting perspectives. Differences in perspectives about early intervention

among agencies were found primarily in the area of the efficacy of early intervention,

family-centered perspective, and service delivery models. For example, some

participants questioned the need for intensive intervention for young children, while

others believed that "*if you give it to them [children with special needs] when they are*

little ..., and you do more intense therapy one on one, they may not need it when they are

in kindergarten. But if you just either skirt around the issue and don't give them the

services or put them in the huge group of kids, they are going to always need some kind

of service." Moreover, a few participants thought *"..., that amount of time that you*

provide services to a child is a drop in the bucket. For example, if you see a child once a

week, that's probably forty-eight hours of treatment for the whole year. That's two days.

That is nothing in the life of the child. So at least you enlist the family and have them

involved...." For example, some participants believed that*" it's critical that when you*

are making decisions about how you are going to change the program, there is some

parental input..." However, some other participants felt that " *you have to really listen*

to parents, but a lot of parents still feel that more is better, and that in some cases, it's not true." and *"… home is not always the best place. The child needs possibly socialization or whatever."*

Pearson and Nelson (1997) identify two kinds of conflicts: *substantive conflict*, that is, disagreement over ideas and issues pertinent to the group's task, and *affective conflict*, that is, personal dislikes not directly related to the task. Affective conflict is harmful to a group but is usually "better left unexpressed" (p.194), whereas substantive conflict may benefit the group when it is brought into the open and managed appropriately. For example, one participant (Pat) described her agency as "*extreme believers in parental choice"* and felt *" the system is not as family-centered as it should be".* She tried "*whenever we can to promote our thoughts about that …, but I understand that because of some restrictions, everybody can't function the same way."* Based on her understanding of different perspectives, Pat and her agency were able to tackle the differences in a non-confrontational manner, and in the meantime continue to collaborate with other agencies.

A case of control in conflict situations. In contrast, in another case, conflicting perspectives regarding service delivery between agency X (which was a public educational agency and was not the lead agency) and other agencies did not come out into the open. The conflict was also complicated by other issues like funding and resources. Instead of collaborating, X agency intended to control the service delivery system through their control of resources. Pearson and Nelson (1997) point out that control is a highly aggressive style of conflict management and can injure collaborative relationships. Since X agency had the majority of the service resources of early

intervention in the jurisdiction, the control greatly impacted the service delivery system and created tensions between the agencies. During the interviews, almost every participant mentioned the conflict or the tensions and many had strong opinions about them. One participant said the conflict "*seems to continue to be a big sticking point for lots of people."* The following is a detailed description of the case.

Pact C requires the ITPs to ensure the development of a written plan of service provision, the Individualized Family Service Plan (IFSP), for every eligible child. The plan needs to specify early intervention services that are necessary to meet the unique needs of the child. Also, it must be based on an evaluation by a multidisciplinary team and developed jointly by the family and appropriate qualified personnel. However, in practice, specific recommendations of service components such as the strategies, location, frequency, and intensity may vary among professionals with different perspectives or in different settings. For example, one participant who was also a therapist (Cindy), indicated that "*I will definitely pick up a child [meaning identifying a child for services] much more radically in a clinical setting than I would in a school setting."* She felt that the perspective of the educational system was group-oriented, and "*I just felt I wasn't helping the kids, because it's group therapy and a lot of them needed one-on-one."*

X agency believed that in terms of service delivery, it was best to decide on the most appropriate provider of services for one child, rather than involving several professionals. The representative from X agency (Lora) stated, *"… let's face [the fact] that in this age everything overlaps,…, we wouldn't provide speech and language services, because there is no language to remediate, if anything we would provide an educational component, for a special educator to develop language…. We have speech*

therapists, too, but … our program is who is the best provider, ok? Not necessarily because she has a speech problem that she gets speech pathologist. …" On the other hand, some other agencies believed *"you have to have some kind of minimal qualifications to know what you are doing. It's not just going in there to play with the kids. You have to really know the hierarchy of what you need to teach that child, so there is a lot more involved."* There was a similar conflict regarding the appropriate frequency of services between X agency and other agencies, which will be discussed in detail later in this section. However, X agency refused to give any room for negotiation and insisted that they "*have their philosophies already etched, what we are going to do …, basically what we will provide."*

The conflict was further complicated by limited funding. The intent of Part C is to have an interagency early intervention system in which public and private agencies provide services collaboratively. However, because of funding constraints, the service delivery system relied on the public agencies more than the private services. Therefore, the primary responsibility of service delivery fell on X agency which as a public educational agency managed most of the service resources. It provided more than eighty percent of early intervention services in the jurisdiction. As the director of the ITP (which is the lead agency), Anne, said, *"Our first stop is X agency…. It is free to me. There is no other agency around that table that they give me and it's free."* One participant from a private agency (Lisa) stated, "*…, that's a lot of services that they need to provide, so it's a difficult relationship, a gatekeeper relationship trying to do what they can financially handle, and not always what other professional think the child should be getting."* This heavy responsibility brought out many negative responses from X agency

and its staff. The representative of X agency (Lora) stated, *"I still have problem with the concept that you [the private agencies] are in collaboration with this, but you can't provide the services. That you say you are over here available to provide the services, but then you say 'I don't have manpower to provide the services.' ..., that they can say 'no' and X agency cannot say 'No, we can't provide services.'"*

Lora also expressed the need for better communication in the ICC. Yet upon further probing, she said communication in the council was open and effective enough. Lora was expressing unspoken bitterness and had difficulty communicating these feelings explicitly. She said, *" when I say communication, Anne [the ITP director] just has to be aware what each agency is able to do, what are backup plans, and not so much as that always falls on one agency that's serving."*

Participants from other agencies also agonized over X agency's attitudes. On the one hand, they understood the stressful responsibility that X agency faced:

> *"There just are not the people to provide the services that everybody wants to provide.... We are not the end agency; we don't have to end up holding the mess. And frankly, this is [X agency] that the buck does stop right there.... By law, they must provide the services. All of the rest of us can say 'I am sorry. We don't have anybody.' ... So there is the appreciation of the bind they are in, but there is also some anger and upset that you cannot do things like just change the IFSP. ... If you do it, then you are not really showing that there is an existing need to get more people ..."* (Judy)

 They hoped to be able to communicate about the conflict openly with the agency and *" maybe there is something that collaboratively we could do to make it better, but ...*

they are not gonna to put it publicly, which means we don't really have a forum to resolve it..." On the other hand, they did not want to bring up the issue explicitly. There was a cost of doing so perceived by both sides:

> The representative from X agency (Lora) said, "*in our meeting, you don't want to bring up questions that would just cause too much [trouble?]."*
>
> Judy said, *"I think it does surface in the one to one discussion .… But it's not brought up as part of the group process at all. I don't think people are comfortable with that, ... I think they are concerned that it looks like an attack against an agency, ... It does create problems, however...., there is a lot of underlying tensions that is just under the surface. ..., there is that not wanting to publicly assail somebody ..."*

As a result of the bitterness generated by the situation, X agency set a boundary between itself and other agencies. For example, Lora referred to the ICC or other agencies as "they" during the interviews, while other participants used "we" most of the time. She stated, *" ... what they are talking about impacts greatly on [X agency]. Because again the majority of the services are provided by [X agency], and the contractors that you see sitting at the table are contracted by [X agency]. So even though they are sitting there representing their agencies, many of them have a contract with [X agency]. So it's like a catch 22 role, and some of the things they set up under the ICC, or attempt to set up on the ICC impacts greatly on [X agency], so a lot of my questions are clarifying type questions. 'What did this person say?' When in doubt, clear up. Because I am not going to commit us in ... make sure that I can interpret information to my supervisor ..."*

The boundary was also evident in the sense of isolation expressed by Lora: *"I think on the ICC they [the ICC members] work in isolation."* and she thought *"that's [collaboration] in ideal world."* This sense of isolation appeared to be generated by X agency. For example, the representative mentioned the sense of isolation regarding the multidisciplinary evaluation for children: *"Remember everybody is writing reports in isolation, ... because all of them are all independent on their own.... everybody writes individual reports."* However, Cindy from another agency shared differently, *"with the ITP, I said there is no conflict at all, because it's a team decision [during the evaluation], and everyone is there at the same time. ... If you are running [meaning requesting services] from [X agency], there are a lot of conflicts."*

Although X agency was not the lead agency, several participants felt that the agency had intended to control the early intervention system. This attempt was evident in the following ways. First, X agency perceived other agencies as their employees, as the representative (Lora) stated, *"Well, most of the people that we collaborate with are within contracts with [X agency]... we see them as [X agency]'s representatives. ... so I don't see them as a private agency.... If they buy into the contract, they are buying into [X agency]'s philosophies."* However, other agencies perceived the relationship differently: *"We then became almost a support arm of [X agency], because they don't have enough staff to provide these services. We take that on."*

Moreover, although X agency was required by law to provide services to every child who was eligible, it found its own ways to say "no." Lora expressed: *"We don't like adversarial types, but nor are we going to ... provide every service, because we just can't."* X agency set some guidelines for the amount of services children would receive

based on the age of the child. For instance, the agency established that children twelve months or younger would get services once a month, regardless of their individual developmental needs. Children between thirteen and eighteen months would receive services twice a month, and so forth. Other agencies protested against these guidelines and the State also intervened in these illegal practices. However, although this agency no longer circulated these guidelines openly, one program director in a private agency (Judy) said, *"often implementation of those guidelines are underground. Nobody says we are using the guidelines, but if you look at the determination of services that come out of [X agency], they often, more typically or not, they match those guidelines."* Several participants from other agencies shared examples of this process. For example, Judy described the situation of one typical case: *"The team has recommended the child gets speech and language services on a weekly basis. The person signing for [X agency] may change that and say 'Oh, they are going to get it once a month.… That situation has just occurred very recently for a child ..."*

The underground operation of guidelines worsened the conflict. Judy continued, *"I would be far more comfortable if the people at the team level own the fact that they were using the guidelines.… It isn't out in front. And I know they can get in trouble for it. But we all know it happens."* When I inquired about the issue of changing frequencies of services, Lora responded that since the multidisciplinary evaluation teams were staffed with professionals from other agencies, they could not speak for X agency to the families. She brought up again that members of the evaluation team were *"writing their own reports in isolation of each other."* Even though some providers from X agency also participated in the evaluation teams, *"they cannot speak for the agency"* to determine

which services at what frequency they should be provided, either. Lora continued, *"Well, we are part of the evaluation team, ok? I am part of the evaluation teams; several of us are part of the evaluation, so there is communication as far as recommendation in that respect, but things change."*

Services were strictly controlled in X agency. When a service coordinator brought the evaluation reports to the agency to request services, specific staff would review all the reports and then decide what services would be provided based on their criteria. Reports of one child were reviewed by one person only: *"We have two signature people…. We look at all the reports, and then … we put it all together, whereas the service coordinator…. they don't put it together…. Then you figure out who is the best provider of services…. That's more of a control. Used to be more people, but people are just signing off crazy stuff, so it's narrowed down to two people, more for control."*

When asked if there was any way to negotiate their decision of services for a child, Lora replied,

> *"If it's been around …a reasonable around [meaning reasonable negotiation], so be it. If it's something really ridiculous -- I shouldn't say ridiculous but out of [X agency]'s parameters -- then … [the ITP] needs to handle it."*
>
> *"It really depends on the service coordinator and the parent where they choose to go to. Then also medical assistance, if it's a private insurance, they always come to [X agency], because they don't have to pay for it. … We as an agency say this is what we will provide, now it's up to the parent to say ye or nay. … If the parent decided not to take it with [X agency], then the ITP has to pay to make the parent happy."*

Although the Part C and the State required that the professionals involved in evaluation to be included in the development of the IFSP, they also encouraged flexibility to allow modification of the plan to meet the changing needs of the child and family. However, decisions about appropriate changes of the plan depended on who was making the judgment. X agency believed that the changes they made were appropriate and met children and families' needs. A few participants thought control of services by X agency was because of limited availability of services, but Lora stated, "*We don't have limited services. We have the appropriate services, ok?*"

Participants from other agencies were frustrated by "*that [X agency] does try to run things, and to some extent they pretty much do, even though they are not the lead agency. … So they wield a lot of power, and so I think it is a sense that maybe nothing can be done*" . Some agencies "*end up doing what they say, because they have the contract. They are in charge."* Some agencies just gave up collaboration with X agency when they could. For example, one participant (Vicky) shared her agency's frustrating experience in trying to collaborate with X agency:

> "*a couple of years ago. … We finally got them to provide us with special educators to be here for some of our kids, and were working really nice. Then it started to get more difficult to get them to approve kids getting special instruction here, because they felt we already provided all these services. They didn't need special instruction. So they were refusing us…. Even though they never formally said we are gonna do that, but they just never approve kids or never send us kids here, so … Anne [the ITP director] and I tried to talk to them. … They weren't willing to change or even to admit that you know we are not sending them over*

there, because we think you provide too many services. I kind of heard that from

other people, … the teacher has her stuff here, because they never formally said

she is not going to be here anymore, but we just kind of gave up on that."

Nevertheless, participants noted that there has been improvement of the conflict

between X agency and other agencies over the years: *" That is much better now, because*

some of the players have changed." The agency also set specific days of the week for

service coordinators to file requests for different services. Jane stated, "… *it's an*

improvement from what I heard was happening before, when individually you have to set

up appointment with them. So at least you know every [the specific day], they are here.

You are not trying to track them down." However, a few participants still found it

inconvenient: *"There is a real requesting process that is very specialized as to when that*

can happen, who you need to go to, how the documentation needs to presented, and it

could take couple of weeks.... You don't have everything you need one day, and then you

have to come back … the following week, during two hour take-off time period.... A child

is really at a developmental stage and you think you really need to increase this therapy

right now, because he is right about ready to do something. You really don't have

freedom to do that" (Helen).

Other agencies also *"have figured out ways to get services when the standard*

ways don't work" or they tried to look at the conflicts from different perspectives:

The ICC chair who was from a private agency (Gina) described, *"We are not the*

ultimate providers. We are advising, not providing.... which can be frustrating

when you feel that services are not being provided that you think that are

needed.... I have heard people make an analogy that 'You cannot always have a

Cadillac.' … We all know there is an optimum but with the resources that are

available, we need to make sure do we make ends meet for whoever needs the

system. So if we were to go for the Cadillac, we might run out of opportunities

to … There are different philosophies out there at the current time -- how many

services, what intensity, and how it should be done. I think that's a good example

of where … what's optimum and feasible sometimes clash."

Ultimately, the responsibility for providing appropriate services rested on the ITP

(the lead agency) as described by Jane, *"I mean we have one issue at one point about*

needing to justify why they want home services, and we just thought it's natural

environment. … Now [X agency] has the right to say 'we are not going to the home to do

this.' If they don't, [the ITP] has to find somebody to go out to the home." The ITP

understood its full responsibility to ensure appropriate service provision and had

managed to face the difficult situation. The director of the ITP, Anne, expressed, *"when*

you do work with an agency as large as [X agency].… then you probably … are really a

small piece in their budget and services. We have to find a way to work with them, as to

work with all of our agencies. So we have to look at ourselves, look at the whole system.

I can't just look at [X agency] and say this is the blame." Also, *"There is a lot of*

improvement that can be done but I understand the protocol a lot better, and I

understand the system a lot better, so I work at their system to the best I can. Sometimes

I go around, or sometimes I go straight through the door, but I work the best way I can to

get what my families need."

The way the ITP coped with the conflict was to ask the evaluation teams only to

make decisions on children's eligibility but not specific services, especially the frequency

of services. Anne stated, *"… the teams that made up now eligibility determination are not the ones to provide the services. So they can't speak for those agencies…. You can recommend…. because the agency or the family may not even want it. … so all of that has to be looked at, and then look at as far as what services can we get. Can we get this frequency? … How can we pay for it?"* As a result, families were encouraged to accept what would be provided by X agency first, and then providers could request increases if they found the children still needed more services. *"Our recommendation is always 'Ok, they [X agency] say they will try one time a week. The therapists go and find out there is a need. They can always ask for the increases, even redo the IFSPs."* (Anne)

Although Anne claimed that "*we haven't had cases that [X agency] does not [approve] the increase based on the recognition of the therapist that actually knew the services",* the experiences of some participants contradict this claim:

> One program director in a private agency (Judy) shared, "*it depends on who you are, … I think people who have been around a little longer and they know… confident in their position and they can write a letter and it goes way through. Someone new to the process that they don't really know, it may take a little longer to get things to happen or they may be told 'no', and they have to sort of appeal that decision. So there is some of that pecking order I think."*

For example, a program director from a private agency (Cindy) who had been on the ICC less than three years said "…, yes*, we will go and try negotiating. We never get it",* whereas the Jane who had been on the ICC much longer described "*… as far as just things needed for [my agency], it's working out…. I've seen on individual case by case basis when the circumstances that are unique, they are willing to be flexible with us."*

After all, what was most important was that in general "*the families are happy, so they are not making a ruckus and saying I am going to take you to court or on the hearing...*" (Judy). The representative of X agency, Lora, said, "*... quite frankly once we talk to the parents, and explain what we are doing, they have no problems with it. There are some parents still insist to have the speech and language services, but then [the director] has to take care of them back solely in the ITP.*" However, the Chair of the Procedural Safeguard Committee, Pat, raised the concern that the problems or complaints by parents were solved on an individual basis by the ITP, so the real issue of the system was not reflected on the ICC. Pat said "*I have suggested this, and it hasn't happened that we keep a list of any concerns that parents have, whether or not they are taking care of. ..., so if there are fifty complaints, and thirty of them are about the same issue, then something needs to be done about that, or if something just come up once or twice ... so we need to see if there is a pattern to things, so that maybe procedures or polices should be changed to be more family-centered or meeting the needs for the children*"

Summary

Several contextual factors emerged in this study that influenced interagency collaboration including the legislation, politics and bureaucracy, funding, and the perspectives of individuals and agencies. Among these factors, politics among agencies and bureaucracy in the system were found to interfere with interagency collaboration. Other factors facilitated collaboration in some situations while interfered with it in others.

Some contextual factors (legislation, funding, and perspectives of individuals and agencies) influenced interagency collaboration indirectly, however, their impact was often large. For example, the impact of the legislation on interagency collaboration was

fundamental. It established sustained structures of interagency collaboration for the early

intervention service system. Similarly, the impact of funding on collaboration was also

significant. This ITP had struggled with insufficient funding since the beginning of the

program. The funding constraints resulted in a high caseload for workers in the program

which in turn led to high turn-over rate, making collaboration difficult. On the other

hand, while limited funding constricted service delivery and obstructed some

collaborative initiatives in the jurisdiction, it sometimes encouraged interagency

collaboration because the agencies had to work together to advocate for the program.

The successful result of this effort, in turn, encouraged more advocacy and collaborative

projects.

One factor in the exosystem that influenced collaboration indirectly but

significantly was the perspectives of individual participants and agencies. Variations of

perspectives led to different, even conflicting service delivery practices, and thus

influenced collaborative relationships. They impacted interagency collaboration not only

operationally for service delivery, but also structurally for collaborative relationships.

Common perspectives facilitated interagency collaboration and were found to be fostered

by time and communication. Agencies or individuals with common vision tended to

collaborate with each other and work well together.

Conflicting perspectives affected interagency collaboration in this district

profoundly. Theoretically, when managed appropriately, conflicting perspectives can

facilitate collaboration by encouraging group creativity and critical thinking (Pearson and

Nelson, 1997). However, substantive differences in perspectives regarding early

intervention services were not brought out into the open in T District. Thus the conflict

could not be resolved collaboratively and became harmful to interagency relationships. The conflicts were further exacerbated by other issues such as funding and availability of resources. Moreover, although while some conflicts began as "substantive conflicts" over perspectives and ideas, "affective conflicts" were generated in the process. Many negative emotions on both sides were not communicated explicitly. Some agencies even gave up collaborating with the other party. Nevertheless, over the years, there was an improvement of the situation on both sides as participants continued to seek ways to make things work, and overall, families seemed to be satisfied with the services. However, there were concerns that the substantive conflicts still persisted. The conflicts were only solved on an individual basis and the outcomes were usually according to some "*pecking order*".

Chapter V

Discussion

The purpose of this study was to examine factors that would facilitate and those that would interfere with the processes of interagency collaboration from the perspectives of the participants working in a local early intervention system in a large metropolitan area. Conceptually, this study was guided by Bronfenbrenner's (1995) bioecological paradigm. There are four components of the bioecological paradigm: proximal processes, personal characteristics, context, and time. Due to the time and scope limits, this study focused primarily on two components of the paradigm -- proximal processes and time. Proximal processes were grouped into three aspects including influential mechanisms or activities of interagency collaboration, role expectations, and relationships among members. Five research questions were proposed in this study:

1. How do members in the interagency network collaborate to provide early intervention services (i.e., activities and mechanisms)?

2. How do personal expectations of the members (e.g. legal responsibilities, outcome expectations, and role expectations) influence the process of interagency collaboration?

3. How do relationships among members influence interagency collaboration?

4. How has the process of interagency collaboration evolved? How have the perspectives of members evolved?

5. How does collaboration among the Interagency Coordinating Council members affect delivery of services?

The literature indicated that interagency collaboration is a complex issue (Knapp, 1995; Peterson, 1991; Smrekar & Mawhinney, 1996). This study also found many overlapping and interrelated factors. This chapter first briefly summarizes the findings of individual factors and their impact and then describes interactions among these factors. Finally, the implications for future research and practices are discussed.

Conclusions

Summary of Findings

This section summarizes findings as they related to the research questions based on two components of the bioecological paradigm (proximal processes and time). Since other components of the paradigm (personal characteristics and context) also emerged through data analysis, they are included in the summary. The influences of the identified factors on interagency collaboration are discussed in this section as well.

Question 1: How Do Members Collaborate to Provide Early Intervention Services?

Collaborative activities that influenced interagency collaboration in this study included communication, the format of the ICC meetings, the ICC's annual retreat, and the adoption of a fact-based problem-solving approach. Communication is generally identified in the literature as an influential factor on interagency collaboration (Fields, 1992, Friend & Cook, 2000; Malloy, Cheney, & Cormier, 1998; Miller, Scott, Stage, & Birkholt, 1995; Wyly, Allen, Pfalzer, & Wilson, 1996). Three specific aspects of communication were found to be influential in this study: formality, information sharing, as well as negotiation and conflict resolution. Little research discussed the influence of other activities such as the ICC meetings or the problem-solving approach.

In general, these collaborative activities facilitated interagency collaboration, although in some situations the format of the ICC and communication could interfere with it. For example, lengthy meetings or misinterpretation between participants interfered with collaboration. There were also concerns regarding the actual follow-up or maintenance of these activities. For instance, the major outcome of the ICC retreat was the development of annual goals by the committees to improve collaboration and service delivery. Implementation of these goals could bring about positive influences. However, the goals were not always followed through because of issues such as time constraints. Thus the overall impact of the retreat was limited. According to Bronfenbrenner (1979), an activity needs to persist through time to have enough momentum to bring an impact. In comparison, changes in the format of the ICC monthly meeting were structural and lasting such as the inclusion of presentations of community resources. However, their impact still depended on participants' intent. Some members did not really involve themselves in this activity because of factors such as personal or agency interests.

Question 2: How Do Role Expectations Influence Interagency Collaboration?

Several themes emerged which were related to the role expectations of participants and agencies. These included active involvement in service delivery, authority to make decisions, assigned responsibility, leadership, role of parents, and personnel change. By promoting commitment and direct communication, participants' active involvement in service delivery and the authority to make decisions facilitated collaboration. Johnson and colleagues also found that involving decision makers was important for a collaborative group to overcome barriers for collaboration (Johnson, Zorn, Tam, LaMontagne, & Johnson, 2003). Other factors facilitated collaboration in some

situations, while interfering with it in other situations. For example, when roles and responsibilities were not clearly delineated, group members became confused about their responsibilities. When roles and responsibilities were assigned explicitly, agencies or individuals could be held accountable, thereby facilitating collaboration. This is consistent with Smialek (2001) who also found that goal clarity and accountability kept members focused and guided team efforts. Unfortunately, however, the assigned roles sometimes became an excuse to avoid unwanted collaboration. Thus, although assigned responsibility brought about sustained changes in the structure of interagency collaboration, the impact depended on how participants responded to the responsibilities to which they were assigned.

Consistent with the literature (Johnson et al., 2003; Harbin et al., 1998; Smialek, 2001), leadership was identified as an important factor and influenced interagency collaboration structurally, such as the collaborative focus and activities. However, the impact was often temporary since it changed as the leaders changed. Moreover, role expectations of leaders were found to interact with personal characteristics such as disciplinary backgrounds, personalities, or religious beliefs. To foster better leadership, participants suggested that the leader should be given separate time to work on the responsibilities. Furthermore, mentorship is needed from the former leaders.

Personnel change including turnover of leaders, parent members, or agency staff also influenced the operation of interagency collaboration. The literature also identified the influence of personnel change (Johnson et al., 2003; Adkins, Awsumb, Noblit, & Richards, 2003). For example, Adkins and colleagues (1999) found that "newer employees may lack access to the informal norms or practices that determine how things

get done in the county and may be shut out of opportunities to collaborate" (p. 21). To limit the disruptive impact of turnover of personnel, it is important to structurally institute a collaborative effort.

Question 3: How Do Relationships Influence Interagency Collaboration?

In this study, two aspects of relationships among agencies and participants emerged as having an influence on collaboration: personal connections and mutual interests. Personal relationships that developed positively facilitated collaboration because they became important connections and provided pathways for participants to obtain needed resources. However, when personal relationships developed negatively, they limited collaboration because people often refused to collaborate in a negative relationship. The ICC provided a structure for establishing personal connections, and especially in smaller committees stronger connections developed because of more homogeneous interests. The literature suggested that groups with stronger connections shared a better sense of belonging, had more interactions and more open disagreements, coped more effectively with problems, and were more productive (Pearson & Nelson, 1997). Thus, as verified in this study, these cohesive groups facilitated collaboration. However, even though connections among ICC members were generally strong, connections among the direct service providers in the system such as therapists or service coordinators were often weak and needed to be improved. This is consistent with findings by Adkins et al. (1999) in which client-contact workers often did not have time to be involved in most interagency efforts even though their success depended greatly on their abilities to establish strong and broad interpersonal networks.

Although personal connections influenced interagency collaboration, a few participants suggested that the impact was small compared to agency interests. They proposed that interagency collaboration was primarily the means to achieve mutual personal or agency interests. This finding is consistent with the suggestion in some literature that interagency collaboration is a function of resource dependency. For example, Miller and colleagues (1995) suggest that the relatively enduring linkages among multiple organizations are typically seen as a means by which organizations manage their dependencies on resources necessary for organizational survival. Rivard and colleagues (1998) proposed that agencies exchange two primary resources: client referrals and information. In this study, a few participants suggested that funding was the most important interest being exchanged and that it influenced agencies' decisions to participate in collaboration.

Overall, mutual interests among individuals or agencies were the primary factor in determining participation in collaboration and the structure of interagency relationships. Those interests were usually stable and sustained, as were the relationships. Nevertheless, participants suggested that mutual interests could be fostered by a tangible focus or visible outcome.

Question 4: How Has the Process of Interagency Collaboration Evolved?

Interagency collaboration evolved over time in T District. There were fundamental changes in collaborative structures at the system level, as well as a merging of perspectives and developmental adaptations to the collaborative environment at the agency or individual level. One participant who had been a member of the ICC for almost ten years recalled, "*In the beginning, there were far more turf battles…. and not*

so much anymore…. Everybody is advocating for them [the children with special

needs]." The changes sometimes occurred rapidly. For instance, during the member

check that was conducted one year after the initial interviews and half year apart from the

follow-up interviews, participants often could not recognize or were surprised by their

own responses in the transcripts even though they thought the transcripts and

interpretations were accurate. One participant said that she now *"thinks differently"* since

she had been involved in more collaborative activities, understood the system better, and

established more personal connections.

This study confirmed the view of collaboration as an ongoing developmental

process, rather than a static one in the literature (Fields, 1992; Flynn & Harbin, 1987;

Knapp, 1995; Selsky, 1991; Wyly, Allen, Pfalzer, & Wilson, 1996). Figure 5-1

exemplifies the developmental process of interagency collaboration observed in this

study. First, interagency collaboration developed structurally and operationally under the

impact of different factors such as funding, communication, personal connections, and

leadership. Those factors were found to fit into the categories based on the components

of the bioecological paradigm, including the proximal processes (activities, role

expectations, and relationships), personal characteristics, and context. Next, as a result of

these changes that took place over time, the collaborative group as well as individual

participants made some changes such as gaining extra funding through advocacy, and, in

the meantime, adapted to the collaborative environment such as compromising the

differences between conflicting perspectives. These changes and adaptations then

became new factors to feed structural and operational impact back to the development of

interagency collaboration. For example, extra funding as the result of collaboration

relieved high caseloads of service delivery and allowed more collaborative initiatives to

take place.
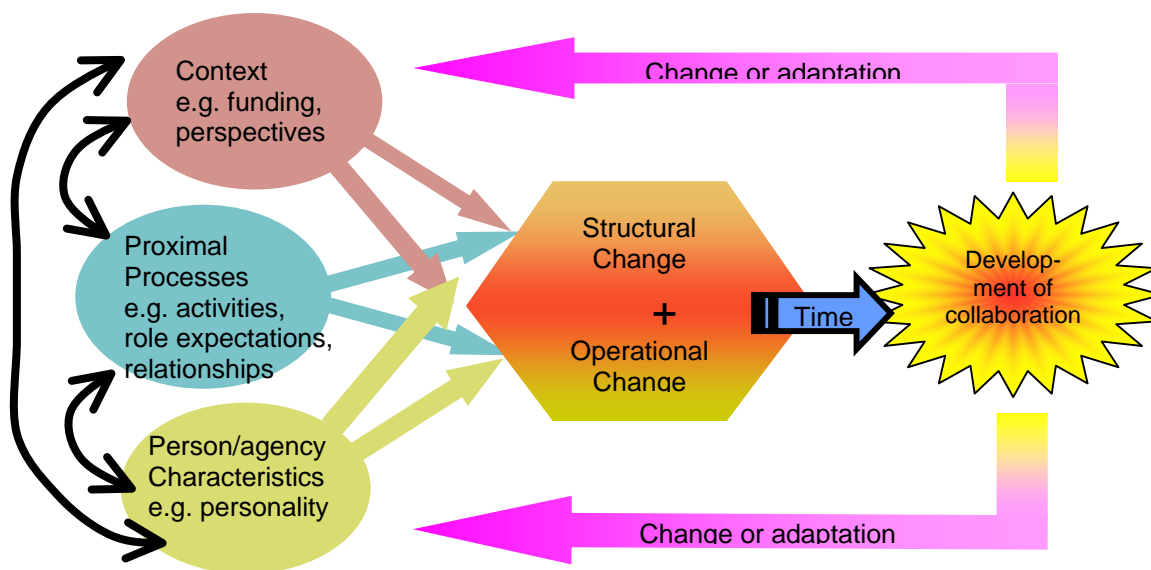
Figure 5-1. Developmental Process of Collaboration

Besides, the ability to promote effective impact is essential to development

(Bronfenbrenner, 1979; Foster-Fisherman et al. 2001; Fullan, 1999). The following

section describes the impact on service delivery as a result of the development of

interagency collaboration in this study.

Question 5: How Does Collaboration Among the ICC Members Affect Delivery of

Services?

Successful interagency collaboration is powerful in mobilizing three important

change forces to move toward a better system for the children and families: moral

purpose to encourage commitment, politics to maximize pressure and support for action,

and the intellectual achievement to carry out best practices (Fullan, 1999). Those

changes were observed in T District in several ways. Findings indicated that as a result

of the collaboration among the ICC members as well as the positive relationship between

the ITP and the ICC, agencies and participants in the jurisdiction became more aware of

the family-centered concept in early intervention services and the need to collaborate

with each other. One program director from a private agency shared, "*At first I was not*

sure what is going on [in the ICC]…. Now I see that I really need to be there."

Collaboratively, they also advocated for a better service delivery system for the children

and their families. For example, one participant commented "*(the ICC members) have a*

voice, sure. I mean it's a voice you need of…, like it was very influential in helping the

law." This is consistent with Miller and colleagues (1995) who found that many

interactions among agencies involved coordination of advocacy efforts. Moreover, the

ICC members coordinated responsibilities of service provision, addressed issues in the

system, and provided outreach to distant regions and underserved populations.

Other Components of the Bioecological Paradigm

Due to time and scope limit, this study primarily focused on two components of

the bioecological paradigm, proximal processes (including the elements of activities, role

expectations, and relationships) and time. However, although other components of the

bioecological paradigm (personal/agency characteristics and context) were not the

primary focus, some also emerged as influential during data analysis and are summarized

in this section.

Personal and agency characteristics. At the personal level, characteristics of

gender and disciplinary background did not show a remarkable influence on collaborative

relationships. However, individual characteristics such as personality were found to

affect collaboration. A majority of the participants in this study made an effort to become

part of the group, to support each other, and tried to be flexible. However, a few

individuals were resistant to changing their pre-existing protocols. These characteristics

affected the operation of service delivery, as well the structure of collaborative

relationships. For example, a few participants found collaboration difficult when an

agency insisted on *" a real requesting process that is very specialized as to when that can*

happen, who you need to go to, how the documentation needs to presented…. ". Johnson

and colleagues (2003) also found that resistance to change contributed to unsuccessful

collaboration.

At the agency level, characteristics such as type of services provided, funding

source and organizational structure affected collaborative relationships between agencies.

For example, in the Private Providers Group, agencies that used medical assistance as a

funding source collaborated on changing and monitoring related policies. Since agencies

were the microsystem of context for their staff, agency characteristics directly influenced

individuals' participation in collaboration. In the meantime, the underlying beliefs of

agencies also indirectly influenced their staff's perspectives which is a factor of the

context. Contextual factors will be discussed in the following section.

Context. In this study, contextual factors that influenced collaboration included

legislation, politics among agencies and bureaucracy, funding, and individual or agency

perspectives. The impact of the legislation was fundamental. By providing incentives,

standards, and technical assistance for early intervention services (Bailey, 2000),

essential mechanisms were established (e.g. Infants and Toddler Programs and the

Interagency Coordinating Councils) that provided the basis for interagency collaboration.

The impact of funding was also important. The limited funding of the ITP in T

District had constricted the service delivery of the early intervention system and hindered

some collaborative initiatives. However, it encouraged interagency collaboration in that the agencies had worked together to advocate for the program. The successful result of the effort, in turn, encouraged more advocacy and collaborative projects. Therefore, funding influenced the operation of service delivery as well as the structure of interagency relationships.

Perspectives of the agencies and participants as a factor of the context also influenced interagency collaboration. Agency policies or perspectives of practices along with individual background might shape individual perspectives, while individual perspectives might influence agency climate. The literature also recognized the importance of the context in which collaboration was promoted (Flynn & Harbin 1987; Foster-Fishman et al., 1999). Foster-Fishman and colleagues (1999) found that when values and climate in the context were consistent with reform efforts, they facilitated service coordinators' adoption of changes promoted by the reform.

Common perspectives among participants facilitated interagency collaboration and were found to be fostered by time and communication. However, since one's perspectives are shaped by various variables, differences of perspectives are inevitable (Hess, Markson, & Stein, 1992; Pearson & Nelson, 1997). Variations of perspectives among participants or agencies regarding early intervention led to different service delivery practices, even conflicting practices, and thus influenced collaborative relationships. As this variation was identified by Friend and Cook (2000) as a major issue of interagency collaboration, conflicting perspectives negatively affected interagency collaboration in this district profoundly. One of the agencies responded to the conflict by aggressively controlling the resources they had and created tension among

agencies. Although there had been either adaptation from other agencies to the situation or some improvement from both sides observed over the years, they were primarily non-confrontational, passive, or dealt with on an individual case-by-case basis. Overall, the substantial conflicts still persisted.

Overall, the context influenced collaboration significantly in this study. The impact of contextual factors on collaboration was structural and lasting. These factors not only acted from the microsystem like the agency for a representative, but also from the more distant environments that were indirectly influential such as the legislation and perspectives.

Scope and Duration of Impact

Although many factors were identified to influence interagency collaboration, the extent of their impact varied greatly. Based on the findings of this study, the impact of influential factors could be understood by examining their scope and duration. Thus the importance of factors could be weighed. On the scope dimension, the impact of these factors was observed when there were structural or operational changes in interagency collaboration. According to the *American Heritage Dictionary of the English Language* (2000), *structure* is "the way in which parts are arranged or put together to form a whole", and *operation* means "the act or process of functioning." In this study, a structural change referred to a change in the arrangement of interagency collaboration in the early intervention system, while an operational change was defined as the change of daily functioning of collaboration for service delivery. On the duration dimension, the impact was observed whether it lasted or occurred temporarily. According to Bronfenbrenner

(1979), an activity needs to persist through time to have enough *momentum* to bring an impact.

A detailed list of the scope and duration of the impact of each factor identified in this study is presented in Table 5-1. Among the factors identified, legislation, assigned responsibilities, mutual interests, format of the ICC meeting, politics among agencies and bureaucracy in the system had structural and lasting impact on collaboration. Leadership and the ICC annual retreat had structural but temporary impact. Participants' active involvement in service delivery exerted an operational yet sustained impact on collaboration, while the research approach of problem solving had operational but temporary impact. In addition, depending on circumstances, personnel change, personal connections, and time constraints could have operational impact with either sustained or temporary duration. Other factors including participants' authority to make decisions, communication, personality, funding and individual perspectives could have both structural and operational impact either long or short term depending on circumstances.

Overall, findings indicated that structural impact was more fundamental than operational impact because it changed the arrangement of interagency collaboration or the early intervention system. These changes were difficult to reverse. For example, the structural changes in the arrangement of funding, services, and collaboration among agencies as a result of the legislative requirements of Part C were irreversible.

Whether structural or operational, lasting impact was more important than short-term impact. For instance, although the ICC retreats and the problem-solving approach through research provided tangible foci for members to work together and encouraged the collaborative spirit, these activities sometimes were not followed through or sustained

Table 5.1

Scope and Duration of Impact of Influential Factors on Interagency Collaboration

	Structural impact	Operational impact
Lasting	1. Legislation 2. Assigned responsibilities 3. Mutual interests 4. Format of meeting 5. Politics and bureaucracy	1. Members' active involvement in service delivery
Temporary	1. Leadership 2. ICC annual retreat	1. Problem-solving approach 2. Role of parents

Factors with varied impact in different situations

Scope and duration varied by situations:
1. Communication: formality, information sharing, conflict resolution
2. Personality
3. Perspectives: common or conflict perspectives
4. Funding
5. Participant authority to make decisions

Operational impact but duration varied:
1. Personnel change
2. Personal connections
3. Time constraints

due to time constraints or change of players. Since these activities did not occur

frequently enough or failed to persist over a long period of time to have what is referred

to as the *momentum* (Bronfenbrenner, 1979) to bring about a lasting effect, the impact

was limited. On the other hand, the monthly meetings required by legislative regulations

had a greater impact on collaboration because the meeting was instituted structurally and

provided a regular basis over the years for members to build connections and to work

together.

Besides, lasting impact of factors affected the slope of the development of

collaboration, while temporary impact of factors created only fluctuations (peaks and

valleys) of development. For instance, during a few years beginning from about the seventh year, strong leadership *"moved the system forward"* as described by one participant and collaboration increased considerably. However, collaboration dropped off again as leaders changed.

Interactions among Influential Factors

The literature suggested that interagency collaboration is multidimensional with many different dimensions interacting to influence the development of collaboration (Fields, 1992; Flynn & Harbin, 1987; Foster-Fishman et al., 2001; Fullan, 1999; Johnson, et al., 2003). Bronfenbrenner (1995) also suggested that development is the result of proximal processes, and the form, power, content, and direction of the proximal processes vary systematically as a joint function of personal characteristics, context, and time. Similarly, this study found that interactions among individual factors frequently influenced interagency collaboration and led to the complexity of investigating collaboration. This section describes main interactions among influential factors observed in the study.

First, interactions among funding, mutual interests of agencies and participants, time constraints, and activities reoccurred frequently in the data. For instance, availability, type of funding sources, and allocation of funding played significant roles in directing mutual interests as well as allowing time for involvement in collaborative efforts and activities, and hence encouraged the collaborative relationships. As positive relationships developed through collaboration, stable membership and shared concerns, in turn, fostered the merging of perspectives and further facilitated communication and collaborative activities among members.

Second, when the role expectations of the leadership were similar, various personal characteristics of leaders interacted with the role expectations and led to different influences on collaboration. For example, two leaders with different disciplinary backgrounds -- neither in early intervention -- had different experiences as leaders because of their personal strengths and constraints. One was successful because she was open, willing to learn, and was allowed the time to learn. The other struggled with her leadership because she was constrained by time as well as lack of connections. Thus interactions among role expectations of leadership and personal characteristics such as personalities, perspectives, resources, and disciplinary backgrounds influenced interagency collaboration. Often the direction of collaboration changed as leaders changed.

Third, the impact of legislation interacted with agency interests and perspectives. The legislative mandate such as Part C pushed the local changes in programs and provided legitimacy to the lead agency. At the same time, each agency's commitment, interest, perspectives and capacity to collaborate had an important impact. This is consistent with the work of Johnson and colleagues who identified that the willingness of agencies to work together was a major factor to successful collaboration (Johnson et al., 2003). However, the commitment of local agencies to collaboration did not necessarily spontaneously come with legislation. Fullan (1999) observed that although "mandates do matter," "you can't mandate what matters" (p.19). Although the lead agency was held accountable for coordinating services, it was not given assistance in managing uncooperative agencies that had contradicting perspectives of early intervention. This situation created tension among agencies in T District and was harmful to interagency

relationships. Thus interaction between legislation and agency interests and perspectives influenced interagency collaboration.

Next, an interaction was found between agency or individual perspectives and their characteristics. In one situation, differences on perspectives of family-centered practices were tackled non-confrontationally by a participant, while in another situation conflict perspectives regarding service delivery evoked a controlling response from an agency. Moreover, depending on personalities, different people responded to the controlling situation differently, some feeling more strongly than others. Some gave up collaborating with the other party, while others tried to look at the conflict from different perspectives, and compromised to "*work at their system to the best.*"

In conclusion, those interactions indicated that factors that influenced collaboration were interrelated and overlapping. As a result of these interactions, factors facilitated interagency collaboration in some situations but interfered with it in other circumstances. Therefore, it is important to examine those interactions rather than individual factors only when investigating interagency collaboration.

<div align="center">Implications</div>

Several implications were derived from this study for future research and practices.

<div align="center">*Implications for Future Research*</div>

This study was an exploratory effort to examine the developmental process of interagency collaboration in early intervention. Since the literature indicated the need of strongly conceptualized studies about collaboration (Knapp, 1995; Peterson, 1991), a conceptual framework of development, Bronfenbrenner's (1995) bioecological paradigm,

was used to guide this study. Several outcomes of applying the conceptual framework in this study were observed. First, the conceptual framework assisted the process of data analysis in this study. A provisional list of coding was formed in the study based on the components of the bioecological paradigm. The original emerging codes were categorized by this list if applicable. The provisional list assisted the coding process effectively and all emerging codes were found to fit the list. Moreover, the bioecological paradigm facilitated better understanding of the complexity of interagency collaboration and linked macrochange of the context and individual behaviors. For instance, the paradigm views development as a result of interactions between an individual and the environment. This idea was reflected in the diverse and dynamic interactions observed among agencies, individual participants, and settings of interagency collaboration and was an important theme emerged from the data. Thus the paradigm greatly assisted but did not limit data analysis and conceptualization of the findings in this study. More studies with stronger conceptual framework should be encouraged.

Influential factors on interagency collaboration that emerged in this study are generally consistent with the literature. However, because of a large variation in early intervention systems (Bailey, 2000; Spikes et al., 2000), the impact of these factors also varies from system to system. It is important for future research to observe factors that influenced collaboration in specific systems. Therefore, more understanding of the relationship between the characteristics of systems and impact of factors can be yielded.

Although some studies in the literature gathered rich information, the information is generally descriptive rather than analytical (Knapp, 1995; Peterson, 1991). Based on the information, all factors seemed to be equally important. However, this study found

that the importance of different factors could be weighed based on their scope and duration of impact, rather than merely listing the factors or weighing the importance of factors based on frequency of recurrence alone. Understanding the scope and duration of impact of factors could assist researchers in identifying key issues more effectively. For example, although the context was not the primary focus of this study, several contextual factors emerged through data analysis and showed significant structural and lasting impact. Thus further research should focus on the influence of the context on collaboration.

Finally, this study was an exploratory effort and only targeted the ICC members because they played important roles in interagency collaboration. Those members were usually in higher levels of positions in their agencies. However, direct service providers' and families' perspectives should not be overlooked in order to have a comprehensive understanding of the process of collaboration (Foster-Fishman, 1999). Further research is needed that includes service providers' and families' perspectives of the developmental process of interagency collaboration.

Implications for Practices

There are several implications for practices derived from the study. First, findings suggested that many different factors interacted with each other to influence the development of collaboration. As a result of these interactions, factors facilitated interagency collaboration in some situations but interfered with it in other circumstances. Thus there was no single explanation that could account for the dynamics of interactions among factors that only "can be designed and stimulated in the right direction, but can never be controlled" (Fullan, 1999; Gray & Wood, 1991). Besides, it was also found that

some factors are likely to be easier to change, while others are more difficult to change. For example, legislation exerted a significant influence on interagency collaboration but was difficult to change. Leadership was sometimes difficult to change due to issues such as availability of suitable candidates in time and the legitimacy of changing the leadership during a term. Therefore, to formulate an efficient improvement plan of interagency collaboration, both observing the interactions among factors and considering the feasibility of change are important. Positive or negative influences on collaboration can then be identified, and the most urgent and effective changes can be explored.

Second, conflicting perspectives greatly interfered with interagency collaboration in this study. Several scholars acknowledge the value of conflicting perspectives in collaboration and suggest that when conflicts are managed appropriately, a group can benefit from creativity and critical thinking as a result of diverse perspectives (Fullan, 1999; Pearson & Nelson, 1997). However, in this study, the group avoided confronting the substantive conflicts among agencies, and hence struggled with the issue of control rather than taking advantage of the benefits of diverse perspectives. One important way to resolve conflicting perspectives that has been suggested in the literature is training (Fullan, 1999; Kagan & Neville, 1993; Smialek, 2001). In the literature, training is also identified as a critical factor in successful collaboration. For example, Smaliek (2001) stated, "Team success is never an accident." Not only is training for currently involved professionals crucial as discussed in the previous section, but Kagan and Neville (1993) also pointed out the importance of pre-professional training. Personnel preparation programs should be more sensitive to service integration needs and incorporate training

of collaboration into the curriculum, rather than locking into disciplinary categories which might lead to conflict of perspectives among disciplines.

According to Fullan (1999), there are two considerations in training for collaboration. The first consideration includes tacit knowledge, that is, underlying beliefs, and moral purpose, which is, commitment to the common good and welfare of others. Fullan (1999) suggested that commitment to the common good is a virtuous value in itself, but it can sometimes be motivated by self-interest. The second consideration in training focuses on explicit knowledge, of which there are two types: interpersonal skills and technical knowledge. Interpersonal skills include areas such as communication, group dynamics, and conflict resolution. Training of technical knowledge should tackle two parts: task-specific knowledge, and public or scientific knowledge. Task-specific knowledge fosters members' operational capabilities, while public or scientific knowledge draws on outside ideas and expertise to create new knowledge and keeps the collaborative group up with the field. The process of creating knowledge also serves a meaning-making function for the group members to be clear about their values, goals, and what should be done. In practice, the use of technical advisors from the State or outside consultants to design and provide the training is a good option to consider. At the same time, it is also important to assist some members of the collaborative group in developing the skills to plan and provide training for the group to promote regular team development. The Training Committee of the ICC in T District was responsible and had arranged several helpful training sessions for the staff in the early intervention system. However, most training focused on task-specific knowledge only. Guidance through well-planned training to build tacit and explicit knowledge helps a group establish

communication, stimulate broader understanding of concerns and responsibilities, foster collaborative attitudes and ownership, and develop creativity and innovation.

Third, as service delivery in early intervention continues to move toward a family-centered approach, there is an increasing need for professionals and parents or caregivers to work collaboratively. However, some professionals in this study raised concerns about considering parental concerns. They worried that some parents might not appreciate the importance of early intervention, might not have knowledge about appropriate services for their children, or might be easily driven by opinions from sources that might be biased. These concerns are consistent with the literature also suggesting that some parents had little understanding of early intervention, or had difficulty accepting their new role as collaborators with professionals (Lea, 2001). On the other hand, some professionals showed little respect for parents and made little effort to understand their needs (Lea, 2001). Thus more education for both professionals and parents and more communication between them are needed. Professionals need to respect parental concerns and develop the sensitivity to parents' needs for assistance in understanding the system or cultural adjustment. Parents need to understand the philosophies, purposes, and practices of early intervention and need to learn to become a comfortable partner in collaboration.

Next, according to the requirements in Part C, when a child is referred to the early intervention system, an evaluation should be conducted by a multidisciplinary team that is composed of qualified professionals with expertise in the developmental areas relevant to the child's needs. These professionals may come from different agencies and are usually organized through the local ITP. The team will assess a child's developmental

status and the child's as well as the family's strengths and needs. The evaluation team

will also identify the early intervention services appropriate to meet those needs. After a

child is determined eligible for services by the team, an Individualized Family Service

Plan (IFSP) should be developed jointly by the family and qualified personnel involved

in the service provision based on the evaluation outcomes. Then, appropriate services are

requested based on the IFSP. Responsibilities of the service provision are coordinated

and shared among agencies primarily according to the service types and billing sources of

different agencies. However, in this study, several issues emerged during this process: (a)

the agency providing services sometimes had different opinions from the

multidisciplinary evaluation team regarding appropriate services for a child, (b) service

resources were limited so "*You cannot always have the optimum. We all know there is an*

optimum but with the resources that are available, we need to make sure do we make

ends meet for whoever needs the system" (comment from a participant), and (c) there was

a lack of communication among the ITP, evaluation teams, and the agencies that

provided the services. One participant shared, *"it's the service coordinator who sort of*

did all that managing and finding the resources."

To address these issues and make the most appropriate recommendations, the

evaluation teams, the service providing agencies, and the ITP need to communicate

openly and frequently to update service availabilities or voice other concerns to each

other. Therefore, a child's needs, the availability of services, and other relevant variables

are considered collectively while recommendations of services are made so that the

optimum and feasible can be best coordinated.

Moreover, findings indicated that time constraints interfered with collaboration and inhibited participants' involvement or commitment in collaborative efforts. Participants suggested that it was important to allocate funding for a separate time and specific personnel to work on collaborative projects.

Leadership was also identified as an important factor to collaboration, and there were some needs of support for good leadership. First, the leader should be given separate time to learn more about what was happening in the Infants and Toddlers Program. In addition, mentorship was mentioned as another support needed for the leaders, so the experience could be passed on to help the new leaders become familiar with their roles and responsibilities.

Personnel change or turnover of players was another factor that influenced collaborative activities. For example, the problem-solving approach based on facts facilitated collaboration. However, as membership on the ICC changed, it was uncertain whether the problem-solving strategy would be sustained. Thus personnel change could initiate new collaboration or interfere with previous collaborative efforts. However, if a collaborative effort had been structurally installed, interfering impact of personnel change could be prevented and previous collaboration could be resumed easily. Harbin and colleagues (1998) also found that lack of adequate structural mechanisms appeared to hinder interagency collaboration.

Finally, there is a need for stronger connections among the lower level staff in the system, such as therapists or service coordinators. This study showed that generally there were good connections among agency representatives who were in higher positions at agencies. However, the lower level staff had neither as many chances to build their

personal connections nor as much access to updates of information in the system because of time constraints and the nature of their responsibilities. In addition, they usually had less stable employment with a higher turnover rate and were less secure in their positions. Nevertheless, these staff members were in the frontline of service provision, and good interpersonal connections could aid them greatly in coordinating various resources for children with special needs and their families. Therefore, it is important for agencies to recognize the importance of the need to provide regular opportunities for their staff to build the interpersonal connections through training or social events.

Chapter Summary

This study used Bronfenbrenner's (1995) bioecological paradigm of development to examine factors that facilitated interagency collaboration and factors that interfered with it from the perspective of agency representatives of a local Interagency Coordinating Council. In general, the factors that emerged in this study are consistent with those identified in the literature, such as legislation, role of the ICC, communication, leadership, mutual interests, personal connections, funding, time constraints, and perspectives (Johnson, Zorn, Tam, LaMontagne, & Johnson, 2003; Malloy, Cheney, & Cormier, 1998; Miller et al., 1995; Smialek, 2001; Wyly et al., 1996). However, because of the differences across early intervention systems, the extent of the impact of factors varied greatly. For example, in Johnson and colleagues' (2003) study, communication was one of the most influential factors, while in this study; communication played a less significant role than some contextual factors such as conflicting perspectives.

Findings indicated that few factors exclusively facilitated interagency collaboration or interfered with it. Most influential factors interacted with each other to jointly influence collaboration. This is consistent with findings of other studies that also found interactions among key factors (Fields, 1992; Flynn & Harbin, 1987; Foster-Fishman et al., 2001; Fullan, 1999; Johnson, et al., 2003). As a result of this joint impact, factors facilitated interagency collaboration in some situations, while interfering with it in other circumstances. Moreover, depending on the nature of the influential factors, some are more feasible to change and some are less, while the others are difficult to change. Therefore, improving collaboration requires the key players in the early intervention systems being aware of the way in which factors interact, observing the scope and

duration of their impact, and considering the feasibility of change. Critical and

changeable factors that influence collaboration can then be identified, and effective and

feasible improvement plans can be developed.

Overall, the findings of this study supported previous research: (a) interagency

collaboration does not occur automatically and training in collaboration is necessary, (b)

assessment of needs and influences of factors is needed, (c) the role of the coordinating

council is important, (d) awareness of initiatives of collaboration should be promoted,

and (e) ecological contexts influence providers' attitudes toward collaboration and need

to be further explored (Foster-Fishman et al, 1999; Malloy et al., 1998; Miller et al., 1995;

Ridgely et al., 1998; Rivard et al., 1998; Selsky, 1991). Moreover, this study suggested

that the conceptual framework of a study facilitates in-depth analysis of data and

conceptualization. Other implications of this study included the importance of allocation

of specific funding to work on collaboration, funding and mentorship support for leaders,

installation of structural mechanism for collaborative efforts, education for professionals

and parents to work together, communication among evaluation teams, service agencies

and the lead agency, and opportunities for first-line workers to establish personal

connections.

APPEDNDIX A:

The Letter and Outline of the Study for Participants

Dear _____,

Thank you for your interest in my dissertation study. Interagency collaboration has been an important and challenging task in the field of early intervention. It is recognized in the literature that more research with strong conceptualization is necessary to expand our knowledge base and to guide decision-making and practices. To respond to this need, my dissertation intends to examine what factors facilitate interagency collaboration in early intervention and what factors interfere with collaboration through a qualitative approach.

Your participation is critical to this study and will ultimately contribute to the field of interagency collaboration in early intervention. Participation in this study involves interviews. Participation is voluntary and you may discontinue participation at any time. However, continuing participation is appreciated.

Enclosed please find the outline of my study. Should you have any questions, please feel free to contact me. Thank you again for your kind interest.

Sincerely,

Shu-hsien Tseng
442 Ridge Rd., #10
Greenbelt, MD 20770
(301) 477-1468
halimeda@wam.umd.edu

[Outline of the Study]

TITLE: Interagency Collaboration in Early Intervention

PURPOSE OF STUDY
        The purpose of this study is to examine what factors facilitate interagency collaboration in early intervention and what factors interfere with collaboration from the perspectives of agency representatives.

CONCEPTUAL FRAMEWORK
        This study adopts a developmental perspective to investigate the phenomenon of interagency collaboration. The process of interagency collaboration is viewed as an ongoing, developmental process rather than a static process, so are the participants' perception and involvement in it. Several research questions are proposed based on the constructs of Bronfenbrenner's (1995) bioecological paradigm of development.

RESEARCH QUESTIONS
    Five research questions are proposed in this study:

    1. How do members in the interagency network collaborate to provide early intervention services (i.e. activities, and mechanisms)?
    2. How do interpersonal relationships among members influence interagency collaboration?
    3. How do members' personal expectations (i.e. legal responsibilities, outcome expectations, and role expectations) influence the process of interagency collaboration?
    4. How has the process of interagency collaboration evolved? How have member's perspectives evolved?
    5. How does collaboration among the Interagency Coordinating Council members affect delivery of services?

DESIGN OF THHE STUDY
        Since interactions of interagency collaboration can be best understood in natural settings where control of the environment is neither appropriate nor possible, this study utilizes a qualitative case study approach. In a case study, data collection is conducted in a detailed and in-depth manner and from multiple sources to triangulate the findings (Creswell, 1998). In this study, I plan to collect data through interviews, participant observations and document analysis.

        I hope to interview members of ICC who are available. If there are individuals who do not attend ICC but are identified by several ICC members as important informants to contribute to this inquiry, I will try to arrange interviews with those individuals as well. I also hope to be able to sit in the ICC regular meetings and committee meetings during my data collection period (expected 3-4 months) if it is possible. During the meetings, I will plan to take observation notes and collect minutes and other relevant documents in a non-intrusive manner.

APPEDNDIX B: Participant Consent Form

PROJECT: Interagency collaboration in early intervention.

PURPOSE: The purpose of the study is to examine what factors facilitate interagency collaboration in early intervention and what factors interfere with collaboration.

CONSENT: I state that I am over 18 years of age, in good health, and wish to participate in a program of research being conducted by *Shu-hsien Tseng* under the guidance of *Dr. Paula Beckman*, at the Graduate School, University of Maryland, College Park, Department of Special Education.

PROCEDURES: I understand that I will be interviewed individually at least once. I know that all interviews will be tape recorded, and the researcher will take fieldnotes during the interview. The investigator will also observe the regular meetings and committee meetings of [the ICC in T District] that I may attend. The investigator may collect documents such as meeting minutes and annual reports of the ICC, and the mission statement and annual reports of the agency I represent.

CONFIDENTIALITY: All information collected in this study is confidential, and my name and the name of my agency will not be identified at any time. All first-hand data will be read only by the researcher. The data I provide will be grouped with data others provide for reporting and presentation.

My participation is voluntary. I understand that I am free to ask questions or to withdraw from participation at any time and without penalty.

BENEFITS: The research is not designed to help me personally. However, by participating in this study, members of the ICC will have opportunities to express their perspectives regarding interagency collaboration. We will also contribute to the understanding of factors that influence interagency collaboration.

MEDICAL CARE: The University of Maryland does not provide any medical or hospitalization insurance for participants in this research study nor will the University of Maryland provide any compensation for any injury sustained as a result of participation in this research study, except as required by law.

Contact information of investigators:

Dr. Paula Beckman   *Shu-hsien Tseng*

Department of Special Education,   *442 Ridge Rd., #10*

University of Maryland,   *Greenbelt, MD 20770*

College Park, MD 20740   *301-477-1468*

301-405-6492   *halimeda@wam.umd.edu*

NAME OF PARTICIPANT: _____

SIGNATURE AND DATE: _____

APPEDNDIX C: Interview Guiding Questions

1. How did you get involved in interagency collaboration? How long have you been involved?

2. What are your roles and responsibilities in your agency? What are your roles on the the ICC?

3. Which agencies do you collaborate with most frequently? Why?

4. What are the primary ways that you collaborate with people in other agencies? (structures for you to work together, ways of communication…)

5. Which ways of collaborating do you prefer? Why? (also negative)

6. Please tell me how the ICC works.

7. Do you think that the ICC impacts on service delivery? If so, how? If not, why not?

8. What do you think are the most important elements in interagency collaboration?

9. How have your perceptions about interagency collaboration changed over time?

10. What changes do you think will make interagency collaboration better?

11. Who do you think is the most important figure in interagency collaboration in your district?

12. What else do you think is important about interagency collaboration?

APPEDNDIX D: Interview Summary Form

Date: Location:

Name:_____   Age:_____   Gender:
_____

Ethnicity: ____ a. Caucasian b. African American c. Hispanic d. Asian e. other____

Disciplinary background: _____

Agency:_____ Position:_____

1. General impressions of the interview:

2. Key Domains:

3. Follow-up questions or To-Do list:

APPEDNDIX E: Observation Form

Date:
Note:

Setting:

TIME RECORDER (per 5minutes):

Code						
Time						

Examples of domain keys (Flynn and Harbin, 1987) 1. Climate: attitudes, priorities, support
2. [Resources: money, people (available professionals)]
3. Policies: laws, regulations, standards, guidelines, licensing, certification, and interagency agreement
4. People: leader/facilitator, members, key decision makers
5. Process: serious actions and operations such as communication/ planning, conflict resolution

Domain:	Domain:
Domain:	Domain:

APPEDNDIX F: The coding process of applying the provisional list of codes

Step 1: The data were reviewed line by line. Units of information of key issues, recurrent events, or unique themes in the data became categories of focus and were sorted and categorized. Every possible coding category was recorded and a list of codes emerged (Appendix F). The codes were revised several times as data continued to be compared and contrasted.

Step 2: A provisional start list of codes was formed based on the theoretical framework of this study, the bioecological paradigm, that included the elements of proximal processes (activities, role expectations, and interpersonal relationships), time, and other components (agency/ personal characteristics and context)

Step3: The original emerging codes in step 1 were categorized by the provisional list of codes if applicable (Appendix G).   All emerging codes originally were found to fit the provisional list in this study.

Step 4: Through comparing and contrasting, patterns of relationships or interactions among categories were observed. These observations formed the basis for the final conceptualizing and concluding findings.

APPEDNDIX G: List of codes [original]

I. Settings
    A. X agency
        a. Relationship with the ITP
        b. Issue of control
    B. The ITP
        a. Satellite sites
        b. Other
    C. Other agency
    D. Exosystem
        a. Personal preparation issues
        b. Other

II. Collaboration
    A. Providers' group
    B. The ICC meeting
        a. Basics
        b. Retreat
        c. Committees
    C. Elements
        a. Communication
        b. Interpersonal
        c. Other
    D. Means
        a. Interagency
        b. Within the ICC
        c. Other
    E. Barriers
    F. Conflict
        a. Resolution
        b. Event
    G. Conflict: The ITP director's view
       of different sides of the tension
        a. X agency's situation
        b. The director's
          responsibility
        c. Other agency's stand
        d. Issue of Frequency

H. Responsibility
        a. Job responsibility
        b. Boundary
I. Interagency network
J. Interpersonal
K. Leadership
        a. Individuals
        b. Leadership in general
L. Attitude

III. Change
    A. Impact on service delivery
        a. Advocacy
        b. Family folder
        c. A program survey
        d. Agency autonomy
        e. Other
    B. System
        a. The ICC
        b. Other change
        c. Autism Waiver
    C. Perception
        a. Personal level
        b. System level
        c. Other
    D. Self-assessment
    E. Needed
    F. Barriers

IV. Other
    A. Philosophy (motivation)
        a. Family-centered
        b. Pro research
        c. Collaboration
        d. Other
    B. Character
        a. Agency
        b. Personal
    C. Experience

APPEDNDIX H: List of final codes

I. Proximal processes
    A. Activities
        a. Format of meeting
        b. The ICC annual retreat
        c. Problem solving based on fact on the ICC
        d. Communication
                1. formality
                2. information sharing
                3. negotiation and conflict resolution

    B. Interpersonal relationships
        a. Mutual interests
        b. Personal connections

    C. Role expectations
        a. Members active in early intervention services
        b. Authority to make decision
        c. Assigned responsibilities
        d. Leadership
        e. Role of parents
        f. Personnel change

II. Time
        A. Length of time
        B. Time constraints

III. Personal/ agency characteristics
        A. Personality

IV. Context
        A. legislation
        B. politics & bureaucracy
        C. funding
        D. individual perspectives
            a. common perspectives
            b. conflicting perspectives

REFERENCES

Adkins, A., Awsumb, C., Noblit, G., & Richards, P. (Eds.). (1999). <u>Working together: Grounded perspectives on interagency collaboration.</u> Cresskill, NJ: Hampton Press.

<u>The American Heritage Dictionary of the English Language</u> (Forth ed.). (2000). Houghton Mifflin Company.

Baldwin, D., Jeffries, G., Jones, V., Thorp, E., Walsh, S. (1992). Collaborative systems design for Part H of IDEA. <u>Infants and Young Children, 5</u>(1), 12-20.

Blatz, S., & Smith, S. (1998). Using a liaison to increase interagency collaboration in correctional special education. <u>Intervention in School and Clinic, 34</u>(2), 126-127.

Bogdan, R. & Biklen, S. (1982). <u>Qualitative research for education: an introduction to theory and methods.</u> Boston, MA: Allyn and Bacon.

Bronfenbrenner, U. (1975). Is early intervention effective? In M. Guttentag, & E. Struening (Eds.), <u>Handbook of evaluation research</u> (Vol. 2, pp.519-603). Newbury Park, CA: Sage.

Bronfenbrenner, U. (1979). <u>The ecology of human development</u>. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1995). Developmental ecology trough space and time: a future perspective. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Ed.s), <u>Examining lives in context: perspectives on the ecology of human development</u> (pp. 619-647). DC: American Psychological Association.

Brown, W. (1990). <u>Early intervention regulation: annotation and analysis of Part H</u>. Horsham, PA: LRP Publications.

Caplow, T. (1964). <u>Principles of organization</u> (pp. 239-240). New York: Harcourt, Brace & World, Inc.

Crowson, R., & Boyd, W. (1993). Coordinated services for children: designing arks for storms and seas unknown. <u>American Journal of Education, 101</u>, 140-179.

Crowson, R., & Boyd, W. (1995). The politics of education, the new institutionalism, and reinvented schooling: some concluding observations. <u>Politics of Education Association Yearbook</u>, 203-214. Taylor & Francis Ltd.

Crowson, R. & Boyd, W. (1996). Structure and strategies: Toward an understanding of alternative models for coordinated children's services. In J. Cibulka & W. Kritek (Eds.), <u>Coordination among schools, families, and communities: perspectives for educational reform.</u> Albany: State University of New York Press.

Creswell, John (1998). <u>Qualitative Inquiry and Research Design.</u> Thousand Oaks, CA: SAGE.

Denzin, Norman & Lincoln, Yvonna (Ed.s) (1998). <u>Strategies of Qualitative Inquiry</u>. Thousand Oaks, CA: SAGE.

The Division for Early Childhood of the Council for Exceptional Children. (2000). <u>DEC recommended practices</u>. Longmont, CO: Sopris West.

Elder, G. (1995). The life course paradigm. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Ed.s), <u>Examining lives in context: perspectives on the ecology of human development</u> (pp. 101-139). DC: American Psychological Association.

Fields, M. J. (1992). The implementation of the federally prescribed system of interagency coordination in the Maryland Infants and Toddlers Program. Dissertation: UMD, College Park.

Flynn, C., & Harbin, G. (1987). Evaluating interagency coordination efforts using a multidimensional, interactional, developmental paradigm. Remedial and Special Education, 8(3), 35-44.

Foster-Fishman, P., Salem, D., Allen, N., & Fahrbach, K. (1999). Ecological factors impacting provider attitudes towards human service delivery reform. American Journal of Community Psychology, 27(6), 785-816

Foster-Fishman, P., Berkowitz, S., Lounsbury, D., Jacobson, S., & Allen, N. (2001). Building collaborative capacity in community coalitions: a review and integrative framework. American Journal of Community Psychology, 29(2), 241-261.

Friend, M. & Cook, L. (2000). Interactions: Collaboration skills for school professionals. NY: Addison Wesley Longman.

Fullan, M. (1999) Changing Forces: the Sequel. Philadelphia, PA: Falmer Press.

Garrett, J., Thorp, E., Behrmann, M., & Denham, S. (1998). The impact of early intervention. Topics in Early Childhood Special Education, 18(3), 183-190.

Gravois, T. A. (1995). The relationship between communication use and collaboration of school-based problem-solving teams. Dissertation: UMD, College Park.

Gray, B. & Wood, D. (1991). Collaborative alliances: moving from practices to theory. Journal of Applied Behavioral Science, 27(1), 3-22.

Harbin, G., Kochaek, T., McWilliam, R., Gallagher, J., Shaw, D., Tocci, L., Buka, S., West, T., Sideris, J., & Clark, K. (1998). Implementing federal policy for young

children with disabilities: How are we doing? Chapel Hill, NC: Early Childhood

Research Institute on Service Utilization, Frank Porter Graham Child Development

Center, University of North Carolina at Chapel Hill.

Harbin, G., Ringwalt, S., & Batista, L. (1998). Local interagency coordinating

councils: Purpose, characteristics, and level of functioning. Chapel Hill, NC: Early

Childhood Research Institute on Service Utilization, Frank Porter Graham Child

Development Center, University of North Carolina at Chapel Hill.

Hess, B., Markson, E., & Stein, P. (1992) Culture. Sociology. New York:

Macmillan Publishing.

Individuals with Disabilities Education Act of 1997, Pub. L. 99-457, Part C

Regulations, 303.1 (2002).

Isaac, S., & Michael, W. (1995). Handbook in research and evaluation. San Diego,

CA: Educational and Industrial Testing Services.

Johnson, L., Zorn, D., Tam, B., LaMontagne, M., & Johnson, S. (2003).

Stakeholders' views of factors that impact successful interagency collaboration.

Exceptional Children, 69 (2), 195-209.

Knapp, M. (1995). How shall we study comprehensive, collaborative services for

children and families? Educational Researcher 24(4), 5-16.

Lea, D. (2001). An ethnographic study concerning the nature of participation of

adolescent mothers of children with disabilities on their child's early intervention.

Dissertation: UMD, College Park.

Lindzey, G. & Aronson E. (Eds.). (1968). The handbook of social psychology.

Magnusson, D. (1995) Individual development. In P. Moen, G. H. Elder, Jr., & K. Lüscher (Ed.s), <u>Examining lives in context: perspectives on the ecology of human development</u> (pp. 101-139). DC: American Psychological Association.

Malloy, J., Cheney, D. & Cormier, G. (1998). Interagency collaboration and the transition to adulthood for students with emotional or behavioral disabilities. <u>Education and Treatment of Children, 21</u>(3).

Marrow, Alfred (1969). <u>The practical theorist: The life and work of Kurt Lewin.</u> New York: Basic Books.

Maryland Infants and Toddlers Program. (1998). <u>MITP overview</u>. Baltimore, MD: Author.

Mawhinney, H. & Smrekar, C. (1996). Institutional constraints to advocacy in collaborative services. <u>Educational Policy, 10</u>(4), 480-501.

Meisels, S. (1985). The efficacy of early intervention: Why we are still asking the same question? <u>Topics in Early Childhood Special Education, 5</u>(2), 1-11.

Meisels, S., Harbin, G., Modigliani, K., & Olson, K. (1988). Formulating optimal state early childhood intervention policies. <u>Exceptional Children, 55</u>(2), 159-165.

Merriam, S. (1982). <u>Qualitative research and case study applications in education.</u> San Francisco, CA: Jossey-Bass.

Miller, K., Scott, C., Stage, C. & Birkholt, M. (1995). Communication and coordination in an interorganizational systems: service provision for the urban homeless. *Communication Research, 22*(6), 679-699.

Pearson, J. & Nelson, P. (1997). Perception: the process of understanding. <u>An Introduction to Human Communication.</u> Madison, WI: Brown & Benchmark Publishers.

Peterson, N. (1993). Interagency collaboration under Part H: the key to comprehensive, multidisciplinary, coordinated infant/toddler intervention. Journal of Early Intervention, 15(1), 89-105.

Ridgely, M., Lambert, D., Goodman, A., Chichester, C. & Ralph, R. (1998). Interagency collaboration in services for people with co-occurring mental illness and substance use disorder. Psychiatric Services, 49(2), 236-238.

Rivard, J., Johnson, M., Morrissey, J., & Starrett, B. (1998). The Dynamics of interagency collaboration: how linkages develop for child welfare and juvenile justice sectors in a system of care demonstration. Journal of Social Services Research, 25(3), 61-82.

Selsky, J. (1991). Lessons in community development: an activist approach to stimulating interorganizational collaboration. Journal of Applied Behavioral Science, 27(1), 91-115.

Shonkoff, J., & Meisels, S. (1990). Early childhood intervention: the evolution of a concept. In S. Meisels & J. Shonkoff (Eds.), Handbook of early childhood intervention (pp. 3-31). Cambridge University Press.

Smialek,M. (2001). Team strategies for success. Lanham, MD: Scarecrow Press.

Smrekar, C., & Mawhinney, H. (1999). Integrated services: challenges in linking schools, families, and communities. In J. Murphy, & L. K. Seashore (Eds.), Handbook of Research on Educational Administration.

Spiker, D., Hebbeler, K., Wagner, M., Cameto, R., & McKenna, P. (2000). A frame work for describing variations in state early intervention systems. Topics in Early Childhood Special Education 20(4), 195-207.

Stake, R. (1998). Case studies. In N. Denzin, & Y. Lincoln (Eds.), <u>Strategies of qualitative inquiry.</u> Thousand Oaks, CA: Sage.

Weiss, J. (1981). Substance vs. symbol in administrative reform: the case of human services coordination. <u>Policy Analysis, 7</u>(1), 21-45.

Wood, D. & Gray, B. (1991). Toward a comprehensive theory of collaboration. <u>Journal of Applied Behavioral Science, 27</u>(2), 139-162.

Wyly, V., Allen, J., Pfalzer, S. & Wilson, J. (1996). Providing a seamless service system from hospital to home: The NICU training project. <u>Infants and Young Children, 8</u>(3), 77-84.

Yell, M. (1998). The Individuals with Disabilities Education Act. <u>The Law and Special Education.</u> Upper Saddle River, NJ: Merrill.