Handbook on *Developing and Evaluating Interagency Collaboration* in Early Childhood Special Education Programs

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A Message from the State Superintendent of Public Instruction

Early intervention programs and specialized preschool services are extraordinarily effective in helping young children with special needs acquire the skills and supports necessary to be successful in school and in later life. California has long recognized its responsibilities and other special needs as part of its comprehensive educational system for all students.

The *Handbook on Developing and Evaluating Interagency Collaboration in Early Childhood Special Education Programs* provides specific information and resources to assist early intervention professionals and agencies in creating and executing agreements between various agencies that will provide efficient and seamless delivery of services.

This handbook is one of a series of resources designed to provide information about services, programs, and strategies available to families and professionals supporting children with special needs. I hope that you will find it helpful.

JACK O'CONNELL
State Superintendent of Public Instruction

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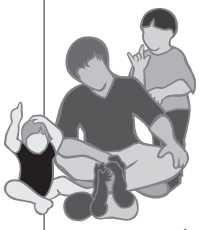
Introduction

As both Part C and CSHCN [Children with Special Health Care Needs] programs continue their systems-building efforts, the need for these activities to be coordinated is paramount in order for a more integrated system to emerge. (Roberts, Behl, and Akers 2004, 218)

Interagency collaboration among agencies serving young children with disabilities and their families is an outgrowth of the 1970s' legal mandates for providing services. Historically, the U.S. Department of Health and Human Services (USDHHS) and the U.S. Department of Education (USDE) created programs and provided services under separately funded mandates. For young children Head Start and maternal and child health programs under USDHHS were required to provide services to young children with disabilities. Special education programs were required to serve children as young as age three. The following summary provides a historical review of interagency collaboration and the accompanying legal mandates that fueled the formulation of interagency teams. It begins with a description of the evolution of interagency collaboration in the United States, presents the legal mandates for such collaboration, defines interagency collaboration, presents models of interagency collaboration, and offers examples of interagency collaboration in California.



Evolution of Interagency Collaboration

All families need support at some times—support that transcends any single agency's mission. . . . Collaboration among child and family-serving agencies offers an important mechanism to meet the multiple needs of parents and children. (Bruner 1991, 26)

Legal mandates provide the underpinning for interagency collaboration efforts among agencies serving young children with disabilities and their families. When considering the creation of an interagency group and accompanying interagency agreements, agency leaders benefit from a review of historical aspects of interagency collaboration. Programs such as Head Start, maternal and child health care, and special education were required to serve young children with disabilities as early as the 1970s when those agencies passed laws that included provisions of services for young children with disabilities.

The 1986 reauthorization of the Education of the Handicapped Act, Public Law 99-457, currently known as the Individuals with Disabilities Education Act (IDEA) of 2004, sparked the evolution of an interagency model requiring agencies to work together to develop comprehensive systems of care and services for individuals with disabilities. State incentives were offered under Public Law 99-457, which amended the original law to establish Part H, Early Childhood Programs, now known as Part C (NICHCY 1998). The legal requirements included the formulation of interagency coordinating councils composed of service providers, administrators, and parents charged with advising and assisting public agencies in developing integrated early childhood program initiatives (Baldwin and others 1995; Harbin 1996; Sadao, Robinson, and Magrab 1997; Swan and Morgan 1993).

The federal government formed an interagency group that brought together officials from the departments of education and health to forge a common working agreement to coordinate more effectively funding initiatives earmarked for programs serving individuals with disabilities. Although the national interagency council was omitted during the reauthorization of IDEA 2004, the state-level interagency coordinating councils continue. Before the interagency endeavor occurred, education and health programs had been receiving monies from different funding streams, creating a separation in service systems by agency. The interagency coordination model was an attempt to join forces at the federal and state levels to encourage a more collaborative, comprehensive approach to serving individuals with disabilities and their families at the local level.

Numerous efforts have been made to institutionalize the interagency team concept in health, social services, and special education during the past 20 years. The form of interagency collaboration has been discipline-specific. That is, it has been driven by the particular policies of each health, education, and social service agency attempting a reform initiative. In social work agencies the concept of teamwork evolved out of the idea of providing services to clients in the impoverished neighborhoods where they live (Smale 1995). In health agencies emphasis was placed on offering services in a comprehensive manner while capitalizing on the benefits of consolidating scarce resources (Usher 1995). And in special education agencies, the accountability requirements of the special education law were a major catalyst influencing the examination of interagency teamwork in the schools. In a review of the literature concerning the individualized education program (IEP) and the individualized family service plan (IFSP), Gallagher and Desimone (1995)

summarize the use of these educational contracts as tools for effecting a team-based model of service. Accountability and parent involvement were the driving forces behind the creation of educational planning documents, but the application of the process revealed many shortcomings.

From teamwork and partnerships came a need to define interagency collaboration. Magrab and Schmidt (1980) encourage the development of a service model focusing on cooperation and communication among team members to be achieved through the pursuit of a common goal. Bruner defines collaboration as a process. He highlights the process as follows: "Communication and coordination are essential to all collaboration. Mutual goals and shared missions should guide the behavior and priorities of collaborators" (cited in Hendrickson and Omer 1995, 154). The comprehensive service school (CSS) discussed in Hendrickson and Omer is similar to the lead agency approach to coordinating services for children with disabilities within the parameters specified under the Part C, Infant and Toddler Program, IDEA. The school is targeted as the lead agency for providing comprehensive services on the school site or in close proximity to those in need. This family-centered approach, although stemming from social work initiatives, adheres to the theme of special education endeavors under Part C and is described as follows:

> . . . Collaborative strategies first and foremost are aimed at accessing more appropriate assistance for families already being served by different systems. Collaboration may be viewed as a quality control mechanism—a process by which the type and quality of services can be assessed. Second, collaboration within the CSS aims at preventing students from falling through the cracks. Students and families, especially those ineligible for categorical programs (e.g., Medicaid, special education) are caught in the CSS safety net. Meeting student and family needs goes beyond traditionally funded programs. Third, CSS collaboration efforts should reduce environmental risks that affect all children in a given neighborhood or community. (Hendrickson and Omer 1995, 154)

Legal Mandates for Interagency Collaboration

IDEA 2004 governs interagency coordination for young children with disabilities from birth to five years of age and their families under Part C, the Infants and Toddlers with Disabilities Program, and Part B, Section 619, the Preschool Program. Under Part C states are required to develop "statewide, comprehensive, coordinated, multidisciplinary interagency systems" of services (20U.S.C., 1431(b)(1) (NECTAC 2005). In comparison, the maternal and child health services block grant (Title V) requires states to "facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs" (NECTAC 2005). Similarly, Head Start programs require that grantees collaborate with community partners in providing for children and families by creating a continuum of family-centered services (45CFR 1304.41). (See Appendix A.) Further information regarding IDEA 2004 and the requirements for interagency collaboration can be found at the following Web sites:

- The IDEA Partnership–NASDSE: National Association of State Directors of Special Education http://www.ideapartnership.org/report.cfm?reportid=183
- NECTAC: National Early Childhood Technical Assistance Center http://www.nectac.org/idea/idea2004.asp
- NICHCY: National Dissemination Center for Children with Disabilities http://www.nichcy.org/idealist.html

Definition of Interagency Collaboration

Interagency collaboration is a process by which representatives from various agencies come together to identify and work toward a common goal. Collaboration has been defined as:

> . . . a process to reach goals that cannot be achieved acting singly (or, at a minimum, cannot be reached as efficiently). As a process collaboration is a means to an end, not an end in itself. The desired end is more comprehensive and appropriate services for families that improve family outcomes. (Bruner 1991, 6)

The unique characteristic of interagency collaboration is that problems and solutions are shared across agencies. Consensus building among team members is the general method for accomplishing objectives set for by the group using an action-planning format. Another key feature for interagency collaboration is the blending of funding sources, training, personnel, and program philosophy. Group members agree to disagree and focus on the targeted group outcome as the primary vehicle for group process.

Through the interagency collaboration cycle, groups share leadership roles, generate multiple possibilities for initiating change, and strive toward a better-coordinated, high-quality system of care for young children and their families. The hallmark of interagency collaboration is the reality that agencies need to adjust the way they do business with one another to effect systems change:

> Systems change requires that the interdependence of key components of the systems be addressed simultaneously and impediments to change be understood. Systems change efforts can be designed to improve efficiency and effectiveness or to alter more deeply the fundamental ways in which the overall system and its components are conceived, organized, and delivered. (Sandall and others 2005, 168)

With this finding in mind, interagency groups can adopt one of many models for facilitating systems development and change. Key elements of interagency collaboration models are summarized as follows:

- Overlap in service-delivery systems
- Identification of common goals
- Agreement to disagree
- Commitment of collective staff time
- Increased knowledge about interdisciplinary roles and agency philosophies
- Joint problem solving through group consensus
- Shared responsibility for systems change
- Sharing of resources and training opportunities across programs
- Procedures delineated for group process and group action planning
- Interagency evaluation—feedback loop

Models of Interagency Collaboration

Bruner (1991) provides a formula for capturing the development of the interagency process by describing three levels of interagency collaboration. The first level, related to governance, involves a top-down approach allowing for the formation of councils and committees. The second level involves technical assistance and training provisions that enhance interagency team conception and development. And the third level involves the implementation of action plans that challenge the status quo of existing procedures and organizational practices. Leadership across all agencies and at all levels is influenced at this juncture.

Melaville and Blank (1991) developed guidelines for successful collaboration under the auspices of the Education and Human Services Consortium. Hendrickson and Omer (1995) adapted

the guidelines, providing action steps that include (1) involving key players at every level; (2) choosing realistic goals; (3) identifying priority goals; (4) establishing a shared vision; (5) setting attainable objectives; (6) staying focused on the objectives; (7) aiming for the stars; (8) avoiding red herrings; (9) institutionalizing change; and (10) publicizing success. Sadao and Robinson expanded on the models proposed by Bruner and Melaville and Blank and created the Pacific Basin Interagency Conference Evaluation as well as the country-specific Palau Interagency Model (Sadao 1997; Sadao and Robinson 2002; Sadao, Robinson, and Magrab 1997). Agency representatives providing early childhood education services for young children with disabilities were able to implement the systems change exemplified in Bruner's three levels by designing an interagency collaboration model describing measurable outcomes. Identifying interagency outcomes is complex because results from system-level change are not specific to a single agency.

Usher (1995, 3) points out that "accountability in comprehensive service systems also is more complicated because the 'bottom line' is different. Specifically, it involves outcomes that are not typically addressed by any single system." However, by employing a strategic model that allows for expected results to be documented and compares with what Melaville, Blank, and Asayesh (1993) term *milestones,* the Palau Interagency Project delineated categories of system-level outcomes that could be measured. Table 1 provides specific exemplars of the generic model components. Although used in a rural Pacific Island locale, the structure can be applied to any interagency group effort by considering the various interagency structures, supports, and action-planning methodology.

As an outgrowth of the Palau Interagency Model, Sadao and Robinson (2002) developed a themes, outcomes, indicators, and strategies (TOIIES) model for interagency collaboration. The model will be discussed more in depth in the following sections. The model is based on work by the authors in systems development of early childhood special education programs in the Pacific Basin in the 1990s. It consists of interagency models discussed previously but is unique in its inclusion of evaluation as an integral part of interagency systems development. Examples of the Palau model, with specific reference to the processes used for interagency development and evaluation, are described in more detail in the sections titled "Indicators of Success and Expected Outcomes" and "Strategies in Interagency Collaboration" in this publication.

More recently, Hayden, Frederick, and Smith (2003) created a model for facilitating collaborative teams based on a journey of self-discovery and change. The model is formulated from work conducted in multiple states on interagency teaming to improve service delivery systems for children from birth to five years of age who have disabilities and their families. The model reflects the *DEC*-recommended practices concerning policies, procedures, and systems change that emphasize the need for leadership in promoting interagency and interdisciplinary collaboration (Sandall and others 2005). The model employs a travel metaphor to help users understand the process of interagency collaboration. Teams move through the journey as though they were travelers planning and undertaking a very important trip. The critical components of the journey include leadership commitment, organization of a stakeholder team, creation of a shared vision, development and implementation of action plans, allocation of resources,

Table 1. Components of the Palau Interagency Program Model

Interagency structure	*Interagency support*	*Interagency action planning and implementation*
Commitment of a core group of dedicated people, including parents	Train local professionals in team-building skills, such as group facilitation.	Identify a common mission.
Documented support of government officials through legislative action and policy development	Ensure cross-fertilization between technical assistance providers and local agency representatives, preferably on a regular basis.	Define the goals, objectives, and expected outcomes.
Public awareness of the effort	Provide agency resource provisions to encourage participation, such as training and materials.	Design and implement an evaluation process.
Identification of potential funding options for systems change enhancements	Garner support of the parents and the community.	Redesign the interagency systems development plan as needed.
The hiring of an interagency coordinator to support the group in the design, implementation, and monitoring of the comprehensive system of care		Involve team members in all phases of the project.
The design of an interagency method for addressing the goals and objectives targeted (meetings/subcommittees)		
Identification of communication techniques within and across agencies		

evaluation of components, and provision of developmental facilitation.

Harbin and others (2004) discuss a framework for consideration when venturing into a collaborative approach to service integration. The model includes six components to address when establishing an interagency group: climate and history, people, process, resources, policies, and structure. Originally developed by Flynn and Harbin in 1987, the model has been field-tested in states to study the benefits and barriers to service integration. Harbin and others (2004) recommend using the framework to ensure that various levels of multiagency systems design are included in formulating interagency goals. In that way any potential pitfalls can be identified and resolved as part of the group process.

Although the literature provides a rich source of interagency approaches to examine and apply, an applicable methodology for evaluating the effectiveness of interagency models is limited to a few

documented procedures (Harbin 1996; Robertson 1998; Sadao, Robinson, and Magrab 1997; Sadao and Robinson 2002; Swan and Morgan 1993). Further discussion of how to evaluate interagency collaboration is addressed in the section titled "Evaluation of Interagency Collaboratives" in this publication.

Interagency Collaboration in California

Overall, the interagency collaboration activities are beneficial to all agencies involved and assist us in understanding each other. This helps us to better serve our families and the community. (Ballard-Rosa and Bernheimer 2000, 57)

Historically, California provided educational services to young children with disabilities and their families through state educational initiatives in the late 1960s and throughout the 1970s before the enactment of federal legislation covering these children (Public Law 94-142). Some school districts and county offices of education created evaluation programs and direct services for infants and toddlers with disabilities. At the district level those efforts to provide educational programs for young children with disabilities provided early innovations. Examples include provision of services for infants and toddlers supported by the Stockton Unified School District and an interagency-funded interdisciplinary evaluation program at the Manresa Diagnostic Clinic in Santa Cruz County.

The California Department of Education (CDE) sponsored programs throughout the state for infants with significant needs under the California Master Plan for Special Education (Ballard-Rosa and Bernheimer 2000). In 1986, with the passage of Public Law 99-457, federal incentive funding was used to expand infant and toddler programs in California. In 1993, when the California Early Intervention Services Act (Senate Bill 1085) was enacted, the regional centers began providing Early Start services. In 1986 a statewide survey conducted by Brekken, Ballard-Rosa, and Drouin, cited in Ballard-Rosa and Bernheimer (2000) found that 96 percent of the 500 respondents representing a variety of agencies, including education and health agencies, regional centers, and California Children Services, were participating in some kind of interagency work.

In 1986 Public Law 99-457 provided federal incentive grants to the states to create systems for children with disabilities from birth to three years of age. California used its grant to fund 26 local planning areas to facilitate interagency collaboration initiatives. A study conducted in 1993 initially reviewed the success of local planning agencies in urging interagency coordination among local programs over a four-year period. The study, which encompassed 582 respondents statewide across 26 local planning agencies, indicated that the local planning agencies:

> facilitated or promoted local planning and coordination and that this local interagency planning had improved service coordination. . . . Part H parents reported being referred to early intervention services earlier, higher satisfaction with a number of services received, more positive experiences with the service delivery system, receiving more support from professionals, and higher satisfaction levels with family support services. (Ballard-Rosa and Bernheimer 2000, 5)

In California the early intervention system provides services from many organizations, including the two primary agencies, the local educational agencies, and the regional centers. This duality in service has influenced the creation of interagency teams and agreements across agencies. In their study of interagency groups in California, Ballard-Rosa and

Bernheimer (2000) found that regional centers perceived their relationships with LEAs to have improved since the inception of Part C of IDEA in the late 1980s. Additionally, the study revealed growing relationships with new partners, such as child care planning councils. With the introduction of First Five of California funding to enhance services to young children with disabilities in child care settings, continued collaborative efforts are projected. The study identified common goals, such as coordinated child find and referral processes and joint service provisions as general interagency collaborative topics. Furthermore, it noted that subgroups of interagency teams were often created to examine specific program issues, such as autism and natural environments. In their publication the authors also recommend the following guidelines for future interagency collaborative initiatives in California:

- Build on relationships from the past.
- Develop a shared vision of the service systems across agencies.
- Establish clear lines of communication between agencies.
- Create a level playing field for participating agencies and programs.
- Be flexible in the choice of a leadership model.
- Maximize funding resources.
- Provide adequate personnel to support collaborative efforts. (Ballard-Rosa and Bernheimer 2000, xiii)

Benefits and Challenges of Interagency Collaboration

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.

—Margaret Mead

During the past 20 years interagency collaboration across states, territories, and Pacific Island nations has demonstrated positive outcomes in changing comprehensive systems of care for children with disabilities from birth to age five and their families (Ballard-Rosa and Bernheimer 2000; Bruner 1991; Harbin 1996; Magrab and Schmidt 1980; Melaville and Blank 1991; Sadao 1997; Sadao and Robinson 2002). Public Law 99-457, the special education law enacted in 1986, and Title V grants for building systems of care and Head Start performance standards to include children with disabilities, together with incentive funding to create interagency coordinating councils at the state level and interagency teams at the local level, have spawned the creation and continuation of interagency collaboration initiatives. Resources for organizing and sustaining interagency collaborative teams have increased during the past decade through the efforts of researchers to document the processes of successful interagency collaboration (Swan and Morgan 1993; Hayden, Frederick, and Smith 2003; Robinson and others 2003). Researchers have evaluated the benefits of working together across agencies at the state, regional, and local levels (Ballard-Rosa and Bernheimer 2000; Bruner 1991; Harbin 1996; Hayden and others 2003; Sadao 1997; Sadao and Robinson 1998; Sadao and Robinson 2002). Table 2 summarizes the benefits and challenges gleaned from the literature on interagency effectiveness in early intervention programs across the nation.

Hall and Hord (2006) provide a thorough review of systems-change efforts in educational organizations. In *Implementing Change: Patterns, Principles, and Potholes,* they discuss facilitators and barriers affecting systems reform efforts that mimic the literature available on interagency collaboration in programs serving young children with disabilities and their families. Although they focus

Table 2. Benefits and Challenges of Interagency Collaboration

Benefits	*Challenges*
Creates a coordinated system of care	Fragmented system of care
Improves relationships across agencies and staff	Relationships destroyed by "turf" issues
Maximizes resources	High cost of interagency work
Increases likelihood of optimal family and child outcomes	Outcomes not developed and evaluated
Increases cross-fertilization of ideas among interagency members	Members selected as agency representatives lacking decision-making power
Moves from single disciplinary thinking to transdisciplinary approaches	Inconsistent attendance and commitment to process
Increases staff team-building skills	Lack of time to undertake interagency effort
Increases staff development opportunities across agencies	Lack of clerical and administrative support for interagency function
Shares responsibility across agencies	Lack of accountability and oversight

on school change with the school staff as the change agents and the school environment as the change location, their review of factors and barriers that effect change in organizations parallels the benefits and challenges encountered in interagency collaboration. A study by Gonzalez and others, cited in Hall and Hord (2006), concerned a higher education change effort through the Instituto Tecnologico y de Estudios Superiores de Monterrey (ITESM), also known to as the Monterrey Institute of Technology, across 33 campuses in Mexico. The authors studied one campus and identified facilitators and barriers affecting change. Although the study concerned higher education, the findings support the literature on interagency collaboration and potential benefits and challenges when embarking on a systems change initiative. The six facilitators of change included the following:

- Acceptance of change by students
- Adoption or adaptation of courses available for faculty use
- Culture of institutional change that valued innovation and an entrepreneurial spirit
- Ongoing support and training
- Faculty's academic background
- Professional learning community and appropriate institutional structure that enable the change to take place

The barriers to change revealed in the study included the following:

- Lack of monitoring and evaluation of the project's implementation
- Top-down leadership that excludes bottom-up efforts
- Students' failure to adapt to change collaboratively and learn new ways of approaching tasks
- Infrastructure operational problems, including problems with computer technology
- Lack of time for interacting with students, learning about the change, and gathering feedback during the change process
- Problems with administrative alignment and support, including administrators' understanding the change
- Shortcomings in support, such as technical and advisory assistance

- Problems with members of the faculty, including their wariness of the effects of change and the necessity of committing time to making changes

In interagency teamwork it is important to be aware of problems that might arise in collaborating when addressing a common need and the supports that might be critical to success. During an interagency meeting on strategy formulation, the benefits and challenges listed can be used as a starting point for group discussion on how to identify facilitators and barriers that will inevitably affect group work.

The Team Members

Team composition depends on the level of collaboration being emphasized. Typically, agencies assign representatives from their management teams who often act in the dual roles of service providers and program coordinators. Determining the membership of the team is the responsibility of the agency initiating the formation of an interagency group. Once team representatives have been identified and approved by the program administrator of that agency, interagency work can begin. Usually, interagency groups are formed because of legislation requiring collaboration. In California Ballard-Rosa and Bernheimer (2000) found interagency collaboratives functioning at both administrative and case-specific levels. For example, some agency managers were involved in forming agreements; others were collaborating on providing services.

Administratively, groups such as local educational agencies (LEAs) and regional centers (RCs) that follow a specific mandate for service coordination tend to have formalized agreements and procedures to follow when working together. Areas of collaboration target procedural areas of overlap, such as child find and

staff development. Ballard-Rosa and Bernheimer (2000) note that referrals, individualized family service plans (IFSPs), individualized education programs (IEPs), assessment, and service coordination were the five procedural areas of focus when LEAs in California were collaborating. Correspondingly, collaboration between Head Start programs and LEAs and RCs emphasized child find, staff development, and resource sharing as well as specific components, such as screening, referral, and direct services.

Figure 1 depicts the major agencies in California that either require interagency collaboration as part of their legal mandate or support the best practices of coordinated service delivery through interagency collaboration. Communication is a key element of such collaboration. The creation of the team can begin as informally as a meeting of two service providers at a family residence to coordinate schedules or as formally as a meeting of an RC director and an LEA special education director to address coordinated child find efforts. However, as previous studies have indicated, representatives must be approved by the agency represented so that group decision making can occur (Ballard-Rosa and Bernheimer 2000; Harbin 1996; Sadao and Robinson 2002). Initially, interagency work may be served through informal relationships, such as in the previous example involving two service providers. However, at the service provider level, identification of service gaps or disconnects may

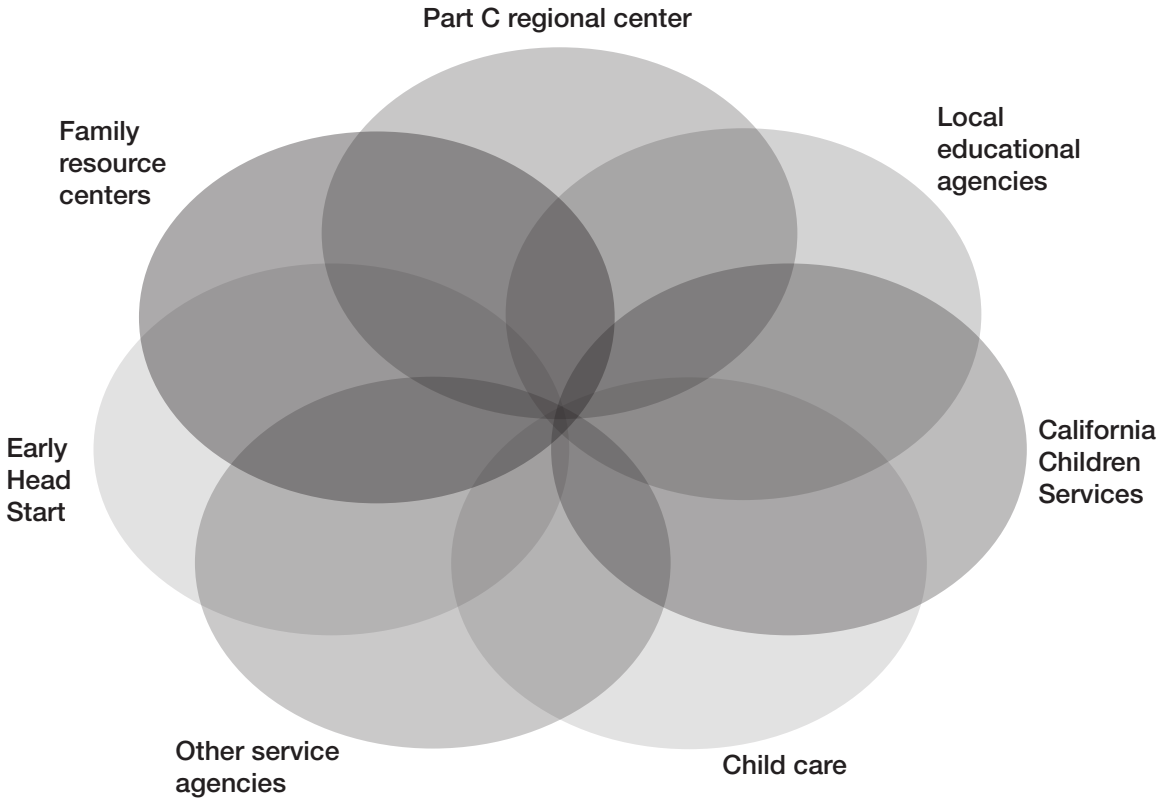


Fig. 1. Agencies supporting interagency collaboration

provide an impetus for establishing a group to improve coordination of services by solving any problems encountered. In the case of child find coordination, the LEA may take the lead in forming a group of interagency representatives. An LEA representative, such as a program specialist for early intervention, might be identified as the group facilitator, and another staff member can be assigned as the notetaker/secretary.

Although the role of the facilitator may change over the life of the group, that function remains critical to the overall success of the group. In previous studies of interagency coordination, the group facilitator or interagency coordinator was found to be essential in administering the group process (Ballard-Rosa and Bernheimer 2000; Sadao and Robinson 2002). The regional center program manager for the Early Start Program, together with representatives from the local educational agency, the Family Resource Network, California Children Services, the Child Care Division/Program, the Head Start Program, and other agencies would constitute a typical team organized to brainstorm ideas for collaborative ventures in child find.

For agencies supporting interagency collaboration, see Figure 1.

Initially, team members meet to confirm their participation in the group and develop bylaws for group functioning. Additional team members may be introduced later when the focus of the group changes or the legislation for one or more of the agencies requires new levels of interagency collaboration. For instance, the Individuals with Disabilities Education Act (IDEA) of 2004 and the Child Abuse Prevention and Treatment Act (CAPTA) call for screening infants and toddlers in the Child Abuse and Neglect System for possible assessment for eligibility for Part C services. Another new group is one providing services to the homeless. In California agencies emphasize early education and the integration of children with disabilities into child care and public and private preschool programs. This recent state initiative highlights the importance of regional and local efforts to coordinate service provision in natural environments, such as preschool settings. Local educational agency representatives may need to create collaboratives with child care programs to address new ways of service. Along with child care providers, interagency teams may wish to include First Five representatives in their area because of that organization's efforts on behalf of children. First Five grants may be available to interagency groups to further their collaboration with education and child care agencies. There are many other examples of potential agencies and team members representing them. *Note:* The interagency group characteristics will be described further in this publication in the section titled "Steps in Interagency Collaboration."

Points to remember about team members:

- Approved by the agency they are representing
- Familiar with their role in the group
- Aware of the roles of other agencies represented in the group
- Provided with information on group history through oral tradition or documented meeting minutes or events
- Selected by agency directors or administrators with authority for decision making at the agency level
- May change depending on the focus of group and legislative directives

The Purpose of the Interagency Collaborative

The next stage in creating an interagency team calls for determining the purpose of the collaborative. Initially, the team targets the areas specified by legal mandates. However, individual agencies may also be interested in other related areas. Typically, interagency collaboratives in early childhood special education have primarily targeted coordinated child find activities, referral processes, and transitions from early intervention to preschool programs and from those programs to kindergarten. These themes may be initially selected by the facilitating agency and then refined or changed as other representatives identify areas for clarification. For instance, the local educational agency (LEA) may be required by law to conduct child find activities annually, and Head Start programs may also need to consider child find. Coming together to discuss how each agency approaches child find and how to streamline the process can then be explored. Joining forces to examine the needs of similar programs may produce increased recruitment efforts and decreased costs.

For Part C, program themes have centered typically on child find; the refer-

ral and assessment process, including a central point of contact; individualized family service plans (IFSPs) and other joint agency forms; provision of services; transition; and training. Specific disabilities, such as autism or Down syndrome, may also be considered depending on the needs of the families being served in a particular region or locale. For example, the interagency coordinating council of the Republic of Palau in the Pacific Island jurisdictions selected four main themes for the focus of their interagency work: public awareness activities, data tracking across agencies, development of a system of care, and interagency teaming skills (Sadao 1997; Sadao 2002; Sadao and Robinson 2002). The themes were based on the suggestions of the group leaders representing special education, the Palau Parent Network, public health services, and Head Start. Once the themes had been identified, the group met monthly to formulate procedures and bylaws for their interagency work together. The team of approximately 25 participants created subcommittees to address each of the four themes. The outcomes, indicators, and strategies for addressing the areas selected were generated from those themes.

In California Ballard-Rosa and Bernheimer (2000) surveyed interagency participants from LEAs and regional centers about their interagency agreements and activities. The findings included themes such as child find, coordination of referrals for evaluation and assessment, interagency IFSP development, and transition planning. The survey revealed effectiveness in the coordination of referrals and moderate effectiveness in child find, interagency IFSP development, and transition planning.

A more recent study of successful interagency work focused specifically on creating a common service document for individualized family service plans and individualized education programs across agencies (Salisbury and others 2003). The Interagency Planning and Support Project incorporated a systems perspective to develop a process for creating and implementing a standardized document, to be made available via computer to agencies serving the same clientele. The central theme considered was the IFSP model. The educational agency, taking the lead, facilitated the cross-agency initiative to merge service plans to coordinate more effectively services for young children with disabilities. The mission of the project was directly linked to the central goal of increasing coordination by focusing on the development of an IFSP model as the main directive.

State and federal guidelines, such as those contained in IDEA 2004 and California's *Education Code,* provide potential themes for interagency collaboratives to begin early planning. The facilitating agency can share the themes required by law that undergird its work to encourage discussion among agency participants about how interagency coordination might benefit each agency. Themes can then be refined according to the laws guiding each participating agency and its mission and goals. Selecting themes allows for agency representatives to become stakeholders in the interagency effort. However, unless the representatives discuss carefully what the collaboration would entail, they may become mired in conflicts about agency differences and not move toward consensus.

Swan and Morgan (1993) targeted interagency activities that stemmed from federal law governing the provision of services for young children with disabilities. To evaluate the interagency system, they examined the multidisciplinary evaluation procedure, the IFSP implementation across service providers, the child find system, public awareness, the central directory of services, the system of

personnel development, and the data collection and child-tracking systems. The topics were linked directly to the legal mandates for developing interagency coordinating councils.

When themes for interagency collaboration are to be targeted, a process of agreed-upon group sharing and problem solving established in the initial meetings helps avoid stalemates. The themes provide the foundation for group process and the generation of action plans for group work. A round-robin meeting works best to allow each agency the time needed to present its approach. The facilitator helps to keep the meeting on task by setting ground rules for participation. (*Note:* Meeting procedures are outlined in depth in the section titled "Steps in Interagency Collaboration.") Once the themes have been selected by the group members, the first step to consensus—specific outcomes, indicators, and strategies—can be designed. Figure 2 depicts several themes reported in the literature that were selected by interagency teams.

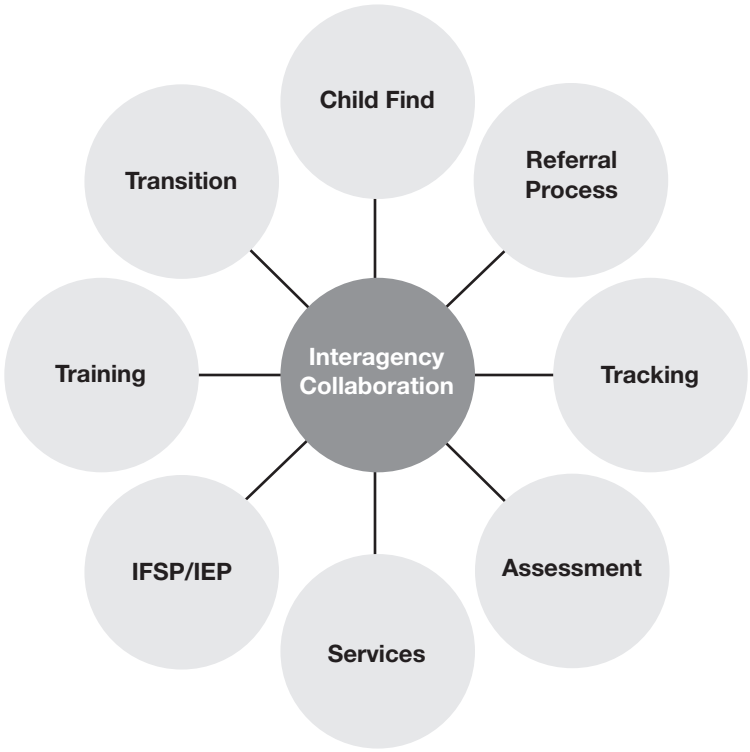


Fig. 2. Themes for interagency collaboration

Points to remember about theme selection:

- Legal mandates may require interagency collaboration.
- Laws provide potential themes to consider.
- The facilitating agency selects one or more themes to address in an interagency group.
- The team meets to concur on selected themes and explore other potential areas of collaboration.
- The team determines outcomes that are related to the themes selected and are based on research, best practices, and the needs of the agencies represented.

Indicators of Success and Expected Outcomes

With the advent of the Government Performance and Results Act (GPRA) in 1993 and the No Child Left Behind Act in 2001, a new era of accountability in education was spawned. Standards developed for student achievement at the kindergarten through high school levels influence the new focus on outcomes for young children. National organizations, such as the National Association for the Education of Young Children (NAEYC), have created standards for children and systems that early childhood programs can use as benchmarks for student performance and program effectiveness. Expected outcomes are now considered for children and their families when agencies measure success. Indicators from federal and state sources provide general guidelines for agencies to quantify program outcomes objectively.

Indicators for Part C and Preschool Programs

The GPRA identified four indicators for Part C programs and two indicators for preschool programs, requiring states to report annually on the results of program implementation efforts. The U.S. Office of Special Education Programs (OSEP) uses

the indicators to monitor state program performance for compliance with the Individuals with Disabilities Education Act. In a compilation of research projects analyzing outcomes for early childhood service delivery systems, the GPRA indicators are listed as follows:

Part C Programs

- The number of states that serve more than 2 percent of the general population in 0–3 and more than 1 percent of the general population in 0–1 range will increase.
- The percentage of children receiving services in programs designed for their typically developing peers will increase.
- The percentage of children participating in Part C demonstrating improved and sustained functional abilities will increase.
- The percentage of families reporting that early intervention services have increased their capacity to enhance their child's development will increase.

Preschool Programs

- The percentage of preschool children who receive special education in inclusive settings will increase.
- The percentage of preschool children with disabilities receiving special education and related services who improve their early language/communication, prereading, and social-emotional skills will increase. (Harbin, Rous, and McClean 2005, 4–5)

Outcomes for Children and Their Families

In special education child and family outcomes have been generated that look to ways of measuring child growth and family satisfaction with the system of services provided for children with disabilities. In that way programs can evaluate the success of their systems by measuring child progress. Outcomes become measurable targets that assess child progression and program success. In determining which programs to support, granting agencies and other funding bodies can study the results of systematic measurement, data collection, and analysis to identify those programs that generate effective outcomes for children and their families.

Early Childhood Intervention Programs

The results-driven nature of this approach has led to national endeavors to identify outcomes reflecting the purpose of early intervention programs. As indicated by Harbin, Rous, and McClean (2005), the federal Office of Management and Budget (OMB) created the Program Assessment Rating Tool (PART), which spurred the federal Office of Special Education Programs (OSEP) to generate results-oriented goals. The Early Childhood Outcomes (ECO) Center is funded through the Office of Special Education Programs and is devoted to identifying child and family outcomes and measurement tools that states can use to measure program effectiveness. Most recently, a set of child and family outcomes has been proposed after a yearlong process of nationwide consensus building among constituents serving very young children (Hebbeler 2005). For families the outcomes included the following:

1. Understanding their children's strength, abilities, and special needs

2. Knowing their rights and advocating effectively for their children
3. Helping their children develop and learn
4. Having support systems
5. Gaining access to desired services, programs, and activities in their communities

For children the outcomes centered on three principles:

1. Having positive social relationships
2. Acquiring and using knowledge and skills
3. Taking appropriate action to meet their needs

The next phase of the research includes developing and piloting outcome measures that states can employ to address requirements for program accountability.

Paralleling a nationwide momentum to create accountability measures for young children with disabilities and their families, the California Department of Education's Child Development Division and Special Education Division have created and piloted the Desired Results and Desired Results Access in preschool programs. Both measure age-level standards of child performance across developmental domains and family outcomes. Research is under way to create standards for children from birth to five years of age for both child development and special education programs (California Institute on Human Services 2006).

Interagency Themes

Depending on the themes targeted by interagency groups, tools measuring child and family outcomes now available offer several methods for the groups to examine the effectiveness of their systems on the family and on the growth of the child. Harbin, Rous, and McClean (2005) present questions that programs can use in developing an accountability system. Those questions provide guidance for groups in determining the type of measurement processes that a state or region might select to evaluate the effectiveness of service delivery. The authors also provide a companion questionnaire that helps program administrators identify the outcomes and standards used as criteria for program growth and effectiveness. And they list a series of outcomes under child, family, and systems headings that can be adopted by interagency groups to measure interagency accomplishments. For measuring family satisfaction, Harbin and Neal (2004) offer a "Family Benefits Inventory."

At the Beach Center on Disabilities at the University of Kansas, Summers and others (2005) and Hoffman and others (2006) have developed a family quality-of-life scale that not only assesses family satisfaction but also examines how program improvements may have affected the quality of life of family participants. However, regardless of the tool or tools the interagency group selects to measure outcomes, it needs to adopt a system of problem solving and process evaluation that specifically examines the system-level outcomes generated by the interagency team.

Hubbeler (2005, 2) defines *outcome* as "a benefit experienced as a result of services and supports received" and is the result of providing a service. Interagency outcomes encompass child and family outcomes but are more specific concerning the changes implemented in the system of care. The interagency team generates outcomes for each theme selected for group work. For example, in the area of child find, outcomes expected would relate to the creation of a coordinated child find system that includes procedures for identifying children in need of services. By acknowledging the expected outcomes of the group process, the interagency

collaborative moves from brainstorming topics to achieving group agreement on what is expected from team members. Outcome generation helps to solidify stakeholder commitment to interagency work and motivate participants toward positive group action.

Using the Palau interagency collaboration model, for example, the interagency team identifies the outcomes for each theme selected by brainstorming what each agency's accountability standards require the agency to produce. The Palau team selected four themes and many outcomes under each theme. The indicators of success were then included in a follow-up satisfaction survey allowing group members to evaluate the perceived effectiveness of the interagency activities under each theme. In addition to the four topical areas specified in Table 3, the interagency survey included indicators of satisfaction for each team member, agency satisfaction, and child and family outcomes. A sample of the team survey can be found in Appendix H.

Table 3. Palau Interagency Team Outcomes

Interagency team development	*System of care*	*Data system*	*Public awareness*
Memorandum of understanding is agreed on.	Quality of services to children with disabilities improves.	A computer data-tracking system is implemented across agencies.	Community members participate in an annual conference.
Mission statement is written.	An interagency system of care is established.	Appropriate staff are trained on system use.	Monthly newsletter is published and disseminated to at least 200 community members.
Common goals are established.	The number of children served across agencies increases.	Monthly consolidated reports are produced and shared across agencies.	Legislation related to disabilities is developed and implemented.
Monthly meetings are ongoing.	Families receive care through coordination services.	Data system helps track children across agencies.	Involvement of community members on the team is increasing.
Team members receive training.	Types of services available to children expand.	Data reporting improves within agencies.	TV programs and radio spots concerning team members are aired on a regular basis.
Team is endorsed by local officials and agency heads.	Ongoing evaluations occur for all children identified and in need of follow-up.	Data reporting improves across agencies.	A pool of employers of individuals with disabilities is increasing.

Table 3 (Continued)

Interagency team development	*System of care*	*Data system*	*Public awareness*
Team coordinates effort with other related community councils.	IFSPs and IEPs are provided to all children that qualify for services within the designated time frame.	Data reporting improves the timely submission of funding agency deliverables.	Public officials are becoming involved with interagency events and activities.
Bylaws are developed, and officers are elected.	Coordinated child-find efforts are planned and carried out.	General data collection improves.	The number of community members seeking assistance from the interagency team is increasing.
Team members increase.	Children's access to general health care has increased.	Agencies become skilled in maintaining the data system.	New partnerships between agencies and community programs are documented.

Source: Reprinted with changes from K. Sadao (2002). Used with permission.

Team Outcomes

Indicators for team outcomes can be found in the "Themes, Outcomes, and Indicators Interagency Evaluation Survey (TOIIES)" (Sadao and Robinson 2006) and in other surveys and scales discussed in the section on evaluation. The team can generate specific indicators by determining as a group what might be termed as success or progress in attaining specified outcomes. If a team selects IFSP/IEP forms and process as its theme, for example, an expected outcome might be a new form used by a local educational agency and regional center in a particular county. An indicator or gauge of whether the outcome (common IFSP forms across three agencies) is achieved would be that a common IFSP form is developed and agreed upon by all agencies in the county serving children with disabilities from birth through age three. Additional evidence of the success of the form might be the piloting and implementing of the form across agencies. For the interagency team survey, one of the indicators would be for team members to acknowledge that the form has been implemented across agencies and that the agencies and families are satisfied with it.

Table 4 depicts a sample of the interagency survey outcomes used by the Palau interagency team to assess team satisfaction with its endeavors. Other tools, such as family satisfaction surveys (Bailey and others 2005; Hoffman and others 2006), can also be used to measure interagency outcomes according to how well the expected results match the family outcomes. Team members select whether the various indicators have been achieved, using a Likert scaled format. The Likert scale in this case is based on 1= strongly disagree that the outcome is achieved and 5=strongly agree that the outcome has been achieved. The percentages of agreement demonstrate the extent of positive outcomes as perceived by family members, providers, and administrators.

Table 4. Palau Interagency Team Survey Themes, Outcomes, and Indicators

Themes	*Outcomes*	*Indicators*
Family involvement	Families have increased their knowledge base. Effective family partnerships have been developed.	Families act as partners in team and IEP decision making. Families have an increased number of service options through coordination. Families have a care coordinator. Adequate methods have been established for the resolution of family disputes. Families as natural supports have been included as part of the teams's efforts. Families request services. Families are well informed.
Child	Health and education status have improved.	Number of children served has increased. Children's access to follow-up care has improved. Frequency of screening and assessment has increased. Quality of services has improved because of the interagency team. Children's access to health care has increased. Services are provided within the required time frame. Children's opportunities for socialization have increased.
Interagency system of care	System has been developed and integrated. Child and family needs have been met.	Adequate representation from all agencies is provided on the CSN clinic team. The CSN clinic helps track children and ensure annual evaluations. Number of caseloads and information for IEP development have increased. Special needs clinic and subcommittee have increased the availability of services. CSN clinic has increased the number of referrals. CSN clinic improved quality of services training on system of care has improved clinical skills of participants.

Table 4 (Continued)

Themes	*Outcomes*	*Indicators*
Interagency data system	Coordinated data-tracking system has been developed and implemented.	New data management for CSN clinic is important. Interagency consolidated reports are useful for tracking. Agency data system and reporting have improved. Training on data reporting has been found useful. Whether data base has increased encounters per client is uncertain. Training on data management is adequate. Interagency coordinator troubleshooting and monthly reports are helpful.
Interagency team	Interagency team is effective in cross-agency problem solving and resolution.	Sharing of information and data has increased through interagency efforts. Interagency coordinator/office model for supporting and increasing team activities was successful. Cultural appropriateness of model was acceptable. Rotating chair approach to meetings was useful. Consensus method for decision making was successful. Coordinated child-find efforts have increased. Agency representation and team involvement have been satisfactory. State Systems Development Initiative program increased the number of activities for the team this year.
Agency	Funding and program implementation have been coordinated.	Agencies have benefited from an increase in available resources. Collaborative agreement is in place to share resources and services. Other agency services have increased. Frequency of agency services has increased. Communication between agencies has improved. Agency services have increased through interagency networking. Agencies have benefited from the interagency data system. Agencies have participated in cost-sharing arrangements. Agency disability policies have been developed.

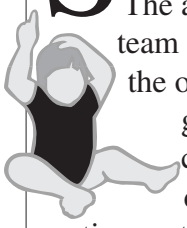
Table 4 (Continued)

Themes	*Outcomes*	*Indicators*
Community	Community awareness of services has increased.	Radio shows have increased community awareness. Disability Awareness Week activities have improved public awareness. Involvement of public officials in team efforts has increased. Coordination across councils has increased. Legislation has been introduced. Newsletter has improved community awareness. Community participation on the team has increased this year.
Member	Increase has occurred in team-building skills. Increase has occurred in number of networks established.	Team members want to continue as active participants. Team members have benefited from learning about activities of other agencies. Understanding of teamwork has increased. Understanding of the needs of individuals with disabilities has improved. At least one new colleague has been met. Job satisfaction has improved through team involvement. Communication with other team members has increased. Role on team is vital to team functioning. Communication with the immediate supervisor has improved. Professional skills have increased. Supervisors are provided released time for participating in team activities. Meeting facilitators have improved.

Suggestions for generating interagency outcomes and indicators:

- Ensure that outcomes are the result of providing effective services.
- Use family and child outcome measures as one method of assisting in the identification of interagency outcomes.
- Use the themes as the overarching guides to group process.
- Use group consensus to formulate specific interagency outcomes.
- Identify easily measured indicators matched to outcomes.

Strategies in Interagency Collaboration



Strategies are approaches to implementing change in organizations. The approach that the interagency team takes toward accomplishing the outcomes generated by the group process incorporates the consensus-building techniques described in the following section on the steps in interagency collaboration. Brainstorming allows for all ideas to be brought forth and considered, and consensus building allows the group to select strategies that have a high probability of success. Reflecting on the vision of the group and considering best practices, such as those available in the *DEC Recommended Practices* (Sandall and others 2005), provide a valid process for selection. The subcommittee process created by the Palau interagency team was an organizational strategy to group individuals from agencies that had an interest in one or more of the thematic areas (see Table 5). Because the team of 30 participants was too large for problem solving by the whole group, the subcommittee method allowed small working groups to address specific issues surrounding the theme identified.

The subcommittee on building a system of care formulated additional strategies for its members to use in refin-

ing the existing service system. One of the subcommittee's strategies was to initiate a biweekly meeting to share referrals across agencies, a strategy directly related to a systemic change in how referrals were processed. The subcommittee also decided to create a weekly clinic for children with special health care needs at which interdisciplinary team evaluations were conducted. Team training on assessment was another strategy used to support the development of a knowledge base and assessment skills for interagency teams. The subcommittee also included an evaluation loop encompassing parent interviews and the number of children attending the clinic. The strategies allowed the group to redesign a system of care that improved services to children with disabilities and their families. The evaluation provided a vehicle for monitoring system growth and provided indicators of the success of the initiative. The information gleaned from the evaluation component was shared with the larger interagency group for feedback and adjustment of the overall action plan. The generation of strategies by the group using the TOIIES framework provides teams a method for identifying ways to accomplish their objectives.

Table 5. System Components and Strategies of the Palau Interagency Model

Interagency team	*System of care*	*Data system*	*Public awareness*
Agency stakeholders meet to define system and needs.	Subcommittee is formed to review existing services and discuss options for coordinating and streamlining the effort.	Interagency coordinator evaluates reporting requirements for each agency and existing record system.	Team coordinates annual interagency community forums.
Lead agency is identified, and coordinator is selected to provide oversight function of the team.	Case management and tracking are defined by agency, and ways to consolidate effort are explored.	Interagency coordinator identifies specific data needs for each agency.	Interagency newsletter is produced and disseminated by the coordinator to agencies to increase official awareness.
Funding opportunities and technical assistance mechanisms are ascertained.	Interagency assessment team staffings are scheduled biweekly to review referrals, screening, and assessment process.	Interagency coordinator purchases computer hardware and software according to unique needs of each agency.	Interagency logo, T-shirts, and other items are developed and distributed during community activities.
Team members devise workable memo of understanding (MOU).	Assessment team members are identified, and the process for coordinating special needs clinic is determined.	Each agency site selects data-tracking manager who is trained in data system use and maintenance.	Team coordinator develops a team brochure, directory of services, poster, and so forth.

Table 5 (Continued)

Interagency team	*System of care*	*Data system*	*Public awareness*
Agency officials are notified, and group sanction is obtained.	Training is provided in interagency screening and assessment methods.	Interagency team creates criteria for integrated child count system.	Team hosts one regionwide interagency leadership conference and participates in annual planning activities.
MOU serves as a working document that is revised annually and signed by agency heads.	Team establishes a new process for referral and assessment and documents steps in an interagency procedures manual.	Computer specialist develops, implements, and troubleshoots computer system.	Newspaper articles and advertisements are submitted quarterly to the local paper.
Team mission and goals are created annually according to formative and summative evaluations.	Potential technical assistance is identified to develop and finalize manual.	Training in use of data-tracking system is provided to all interested service providers.	Radio programs are conducted monthly. Interagency videotape is produced and shown on the local TV station.

Suggestions for identifying effective strategies:

- Group agrees on strategies selected.
- Existing resources and personnel are used.
- All potential funding streams are identified.
- Strategies are based on best practices.
- Strategies are selected that have been successful in the past or in other locales.
- Team evaluates strategies used in attaining outcomes and modifies strategies if unsuccessful.

Steps in Interagency Collaboration

Figure 3 provides a model for creating, designing, and implementing an interagency collaborative. The cycle of interagency collaboration begins with a core group of dedicated professionals representing the various agencies involved in serving young children with disabilities and their families (Sadao 1997). One or more of the agencies represented typically have a mandate for collaboration. Other agencies may not be subject to the legal requirement of interagency collaboration but have a vested interest in working across agencies to prevent duplication of effort.

STEP 1

Forming a Group and Designating a Leader

The first step in the collaboration process is to organize a group and select a leader. The team leader, who initially coordinates the invitation, needs to know the community stakeholders providing services to the population targeted. At the first meeting the leader can organize the preliminary formation of the group and pass the responsibility of group functioning and facilitation to another agency. The decision regarding group leadership is best accomplished by group consen-

sus unless the particular legal guideline mandates a lead agency responsibility for the endeavor.

Typically, a meeting is scheduled, and an announcement of the meeting is disseminated to agency heads requesting them to identify agency representatives to be sent to the meeting. Several examples of such announcements are available (Swan and Morgan 1993; Hayden, Frederick, and Smith 2003). Swan and Morgan also offer a checklist for selecting council members that might be included with the meeting announcement for directors to consider when assigning a representative to participate. Providing a list of invited participants and their agencies helps the invitee understand the purpose of the meeting and learn which of the various agencies will be involved. Hayden, Frederick, and Smith provide a sample letter for inviting participants to interagency events. The letter is reproducible and provides an easy-to-follow format. A basic letter format may include the following components:

- Description of the purpose of the meeting
- Recognition of the participants' interest and commitment to work together
- Date, time, and location of meetings; directions; contact person
- Proposed agenda
- Suggestion to bring an agency brochure or description to share
- List of invited team members
- RSVP information

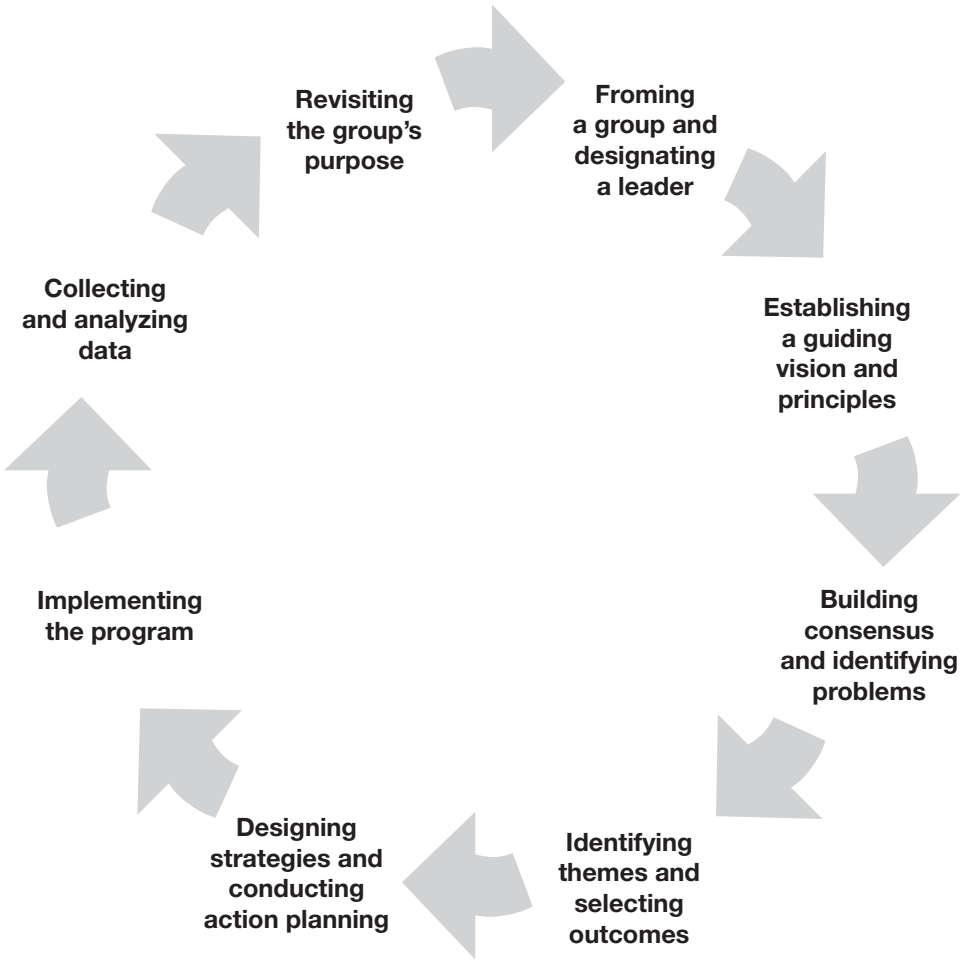


Fig. 3. The steps to interagency collaboration

Guiding Prompts for Step 1

- Has the group been approved by governing officials and directors?
- Have the invitations to the meeting been composed and disseminated?
- Has your group met to identify a team leader or facilitator, agree on common goals, and discuss available resources?
- What are your objectives?

STEP 2

Establishing a Guiding Vision and Principles

> *A shared vision (of all stakeholders), clear values/beliefs, and an understanding of the culture and context to be changed guide efforts to restructure and reform systems. Decisions about what to change result from regular analysis and evaluation of discrepancies among the vision, beliefs, knowledge, and current practices.* (Sandall and others 2005, 177)

The first meeting should be devoted to clarifying the following components:

- Rules for meetings
- Agency profiles and responsibilities
- Purpose of the collaborative
- Principles and bylaws guiding the collaboration

The first meeting may provide an appropriate occasion to identify an external facilitator to assist the group in defining its purpose and vision. Having an objective expert trained in group problem-solving methods often helps break the ice among participants and allows for open conversations. Because the first meeting sets the tone for future meetings, it provides an inclusive, positive environment encouraging participants to continue as group members throughout the duration of the collaborative. Brainstorming provides opportunities for multiple stakeholders to share ideas and expectations for group work. It allows for an organized approach to gathering information on the agency representatives' roles on the team and their individual and agency dreams and desires for working together to effect change.

The rules for the meeting guide group participation. All ideas are considered and charted on a board or chart paper posted around the room. Once all the participants have had an opportunity to share their thoughts about the vision and the guiding principles to be espoused by the group, the facilitator generates a vision statement that highlights the purpose of the group. The vision can be revisited whenever there is disagreement among participants and is reframed annually according to the findings of the interagency evaluation. It consists of one or two sentences about how the members of the group consider themselves as a team and why they are working together. Principles are similar to value statements concerning agency beliefs about serving children and their families. Although differences will occur among group members as to the importance of various principles, the consensus method supports an ultimate decision to be made for the benefit of the group. For the group process to continue, consensus is critical. Without adherence to a common goal, interagency work will be challenged by dissenters.

During the first meeting participants may want to craft bylaws once the vision and guiding principles have been determined. Bylaws, guides for group participation, include rules and formats for meetings. They preserve institutional memory by documenting the group process originally accepted by all stakeholders. They are agreed to by all group members and include a clause for revisions when necessary.

Interagency agreements, usually required by law, define the relationship of the group members. If the agencies involved require an interagency agreement, usually renewed annually, the lead

agency may attach a draft of the components to the agreement required by law. All stakeholders to the agreement need to be allowed to help shape the draft and revise the agreement. Interagency agreements, which may be brief, should include a statement of purpose and agreement to work together. They may also include more specific procedural information on how the agencies will commit resources and how disputes will be resolved. The law governing the agency required to develop interagency agreements, such as Part C of the Individuals with Disabilities Education Act (2004), provides specific parameters to be included in the interagency agreement, such as fiscal responsibility and child-find procedures. The agreements may also review specific content areas that the group wants to address in its interagency work. Interagency agreements are usually signed by the director or by the district superintendent or chief operating officer. Templates for an interagency agreement and interagency bylaws are available in the appendixes at the back of this publication.

Guiding Prompts for Step 2

- Does your group have an interagency agreement?
- How often are meetings scheduled?
- What type of bylaws has your team created?
- What is your interagency team vision?

STEP 3

Building Consensus and Identifying Problems

After the first meeting the next step is to solidify the decision-making model used to inform the group process. Another method for group problem solving is the round-robin method, which entails allowing each participant an opportunity to define the vision, principles, and goals of the group. The facilitator must be proficient in group facilitation methods for a consensus-building model to be effective. One way to ensure success is to have the group leader cofacilitate with an experienced trainer during the first meeting. Later, collaborative training on group facilitation skills, cosponsored by the agencies represented on the team, would be warranted for all participants. Magrab and others (1981) recommend a round-robin process for developing community teams.

Consensus Building for Teams

Part 1: Brainstorming Ideas

Provide a piece of chart paper for each group of four to five people. Have the participants brainstorm ideas based on such questions as the following: What do you think is the most important work we can do together as an interagency team this year? What is your philosophy about serving children with disabilities and their families? Once each person responds to the questions in writing on letter-size paper, a recorder is selected to list on chart paper all the participants' responses to the questions.

Part 2: Round-Robin

One item per participant is shared with the small group and listed on the chart paper. Each person has one turn to share an idea from his or her paper. The round-robin continues until everyone has had a chance to share his or her ideas. Other ideas may be added to the chart paper as they are generated from group sharing.

Part 3: Group Sharing

The recorder reviews the list and asks for clarification of ideas. Reorganization of ideas by theme may occur during this discussion time.

Part 4: Prioritizing

The participants vote on which items are most important to them and effectively

address the questions posed at the beginning of the activity in several ways. One approach is to use colorful 3 by 5 cards on which each participant lists one item on a card for a total of up to five priorities (or cards). The cards are then numbered from 1 to 5, with 1 being the most important and 5 being the least important. Sticky notes may also be used in the same way and then posted on the chart paper for tallying later. The recorder then tallies the votes by recording the rank order of each of the items. Each item rank is summed and then listed in order of priority.

Part 5: Discussion

Participants can then discuss items selected and make presentations to the larger group at this point if applicable. The purpose is to ensure that all group members have an equal voice in the selection of priorities and that the round-robin method allows for equitable participation.

The first meeting will probably take two hours to complete depending on the size of the group membership, the number of agencies represented, and the issues to be discussed. A typical agenda would include the components listed below.

If possible, provide snacks for the participants. A statement made in an interdisciplinary collaborative at the university level offers a reason for providing food: "Lunch with faculty from other disciplines—it is less 'easy' to fight with

Sample Agenda for First Interagency Meeting

Time:

Place:

Sponsors:

Purpose: To convene a group of representatives from several agencies to identify the need to work together to streamline a system of care for young children with disabilities and their families

Meeting Outcomes

Participants will:

- Identify a group vision for interagency collaboration.
- Share their agencies' directives and their role affecting the team.
- Learn about other agencies' directives and role affecting the team.
- Meet one new agency representative.
- Complete a list of next steps as part of a group process.

Agenda Items

Present introductions, review agenda, and state purpose of meeting: 5 minutes
Generate ground rules: 15 minutes
Share agency directives and role on the team. Provide information on past interagency efforts: 20 minutes
Break into small groups and complete visioning exercise: 30 minutes
Share with large group: 10 minutes
Design vision statement as a large group: 15 minutes
Identify next steps for interagency work: 15 minutes
Evaluate meeting: 10 minutes
Schedule next meeting: 5 minutes

people with whom you also 'break bread' " (Sadao, Gonsier-Gerdin, and Smith-Stubblefield 2004, 69). Information on other logistical items, such as location of restrooms and parking facilities, can be posted, handed out, or announced at the beginning of the meeting. The meeting facilitator may also want to set some meeting parameters as to what is expected from the participants, including respecting the opinions of others, taking turns, refraining from sidebar conversations, and silencing cell phones. These meeting rules can also be posted once agreed to by all participants.

Guiding Prompts for Step 3

- Is the group facilitator informed about the interagency group process?
- Has the group spent at least one meeting sharing ideas to identify a group vision?
- What did the group accomplish in the past?

STEP 4

Identifying Themes and Selecting Outcomes

At this stage of the interagency developmental process, team members have identified their program needs and possibilities for collaborative work. The next meeting agenda may be based on identifying themes for the group to undertake (see page 34). Before doing so, however, the group completes its vision statement and any guiding principles. In addition, if the group's bylaws for meetings were not completed at the previous meeting, they can be written while themes are being selected. Ground rules may be used as the outline for the complete bylaws. The facilitators or other team members draft the bylaws for the members to follow during collaboration meetings.

The agenda for the next meeting includes the adoption of bylaws. The interagency agreement may be introduced at this time or, if already in place, may be revised later if changes occur in the way the agencies work together. Usually, an agreement between two or more agencies is revisited annually and signed by the agency directors who are members of the team. An example of an interagency agreement is provided in Appendix B, of the components of an interagency agreement in Appendix C, and of bylaws in Appendix D.

With the bylaws in place, the team may begin selecting themes for the interagency collaborative. Some themes, such as child find and transition, come from the requirements under IDEA 2004. Others may be generated from community-based needs identified by agency representatives and community members on the team. The agenda for selecting themes occurs during a brainstorming session to tease out all potential areas for focus. The facilitator of the meeting follows the guidelines for round-robin meetings. The following meeting agenda for theme selection provides an example of how to frame the work of the group. (*Note:* The vision statement will now appear on every meeting agenda and meeting minutes provided at the start of each meeting for each member to review.) The posting of the vision statement helps frame the work of the group each time. Whenever disagreement occurs or incongruous ideas about the direction of the interagency efforts arise, reflection on the vision statement helps ground the participants in the agreed-on common mission of the group. See Appendix E for an example of a format for minutes of meetings.

Through brainstorming and consensus building, committee participants generate the themes most critical to address during the program year. One or two themes are usually feasible in a given year, although teams may want to outline all the themes resulting from

Sample Agenda for Interagency Meeting to Identify Themes and Select Outcomes

Time:

Place:

Sponsors:

Purpose: To address the next steps following the last interagency meeting to continue the work of improving services to young children with disabilities and their families in the county

Meeting Outcomes

Participants will:

- Review the drafted bylaws for the work of the interagency group.
- Identify and prioritize themes and outcomes for the work of the group.
- Begin the process of action planning.

Vision statement: The interagency team of this county commits to working together to build strong parental and professional partnerships to improve the quality of services available to young children with disabilities and their families. The team believes that a system of care and education for young children is best offered in natural environments that afford a more inclusive setting for families and children. It also promotes the concept of shared decision making, funding, and resources to design a truly integrated approach to service delivery.

Agenda Items

Present introductions and review agenda and vision statement: 5 minutes
Review ground rules. Present and finalize bylaws draft: 15 minutes
Provide brief updates from each representative: 15 minutes
Break into small groups and complete the theme and outcomes selection exercise: 30 minutes
Share with large group: 10 minutes
Finalize themes and outcomes as a large group: 15 minutes
Complete action-planning exercise: 15 minutes
Evaluate meeting: 10 minutes
Schedule next meeting: 5 minutes

the group process and decide which ones will be addressed immediately and which can be moved to the next program year. The group process allows for the most pertinent topics and expected results to be identified. In the Palau group, for instance, because interagency team development was a theme, outcomes focused on teamwork. The interagency agreement, bylaws, team skills, and so forth were outcomes for the theme of interagency team development. Once the theme and outcomes have been identified, the group may attach indicators of the outcomes they hope to see as a result of their collaboration. For instance, in the area of interagency development, the planning and implementation of an interagency conference and the number of participants from each agency attending were measurable indicators of the outcome. Under the theme of data tracking, the outcome of a cross-agency

system of care was evident when an integrated data sheet concerning the number of children served across agencies was shared at an interagency meeting.

Identifying themes and generating outcomes and indicators may be another occasion for the facilitator to hire a cofacilitator to assist in formulating specific outcomes and measurement indicators. The indicators may then be included in an interagency team-survey protocol that team members will complete at the third meeting and at the end of the year to analyze whether changes had occurred in the interagency outcomes. The number of children served across programs and family satisfaction may also be used to gauge progress toward the attainment of outcomes. For examples of the TOIIES evaluation model (Sadao and Robinson 2006), see the section titled "Evaluation of Interagency Collaboratives" in this publication.

Guiding Prompts for Step 4

- Has the team reviewed and determined locally appropriate themes and outcomes to address the interagency goals?
- What outcomes have been selected to be included in the evaluation scheme?
- Which indicators will you use to measure outcomes?

STEP 5

Designing Strategies and Conducting Action Planning

The next stage in interagency systems work involves designing an action plan for the year that includes strategies for accomplishing the outcomes specified. The action plan work sheet should be used to document the themes, outcomes, indicators, and strategies for accomplishing the work of the team. Action plans may be revisited whenever the team meets or when an action deadline occurs. Typically, these plans need to be reviewed and revised at least annually.

Agencies need to adopt strategies that are manageable as to funding and staffing. For example, as seen earlier under interagency team development, planning a regional conference may be too difficult a fiscal undertaking for the agencies on the team. However, as discovered by a five-county consortium, holding regional symposiums by funding the venture collaboratively proved to be successful. The number of participants has increased annually for a decade.

If an interagency conference is too difficult an undertaking for a newly formed group, a less costly strategy to meet the outcome of increased interagency team skill levels might be to hold at least one multiagency-sponsored training event. An example might be training offered by a collaboratively funded expert on systems change in early childhood special education. Identifying sponsors becomes a more reasonable task when more than one agency accepts responsibility for components of the training. One agency might offer space, another might provide refreshments, and a third might join with another agency to fund the cost of a presentation by a speaker.

A strategy for accomplishing better transition across agencies might be accomplished by establishing weekly or monthly meetings with concerned agency representatives, such as a program specialist from a local educational agency or service coordinators from a regional center. The indicator of success might then be increased family satisfaction, with the transition process measured by a family satisfaction scale.

Strategies are formulated after themes, outcomes, and indicators have been identified at the third or fourth interagency meeting depending on how fast or slow the group process continues. An example of an agenda to address strate-

Sample Agenda for Interagency Meeting to Design Strategies

Time:

Place:

Sponsors:

Purpose: To address the next steps following the last interagency meeting to continue the work of improving services to young children with disabilities and their families in the county

Meeting Outcomes

Participants will:

- Review the drafted bylaws for the work of the interagency group.
- Identify and prioritize themes and outcomes for the work of the group.
- Begin the process of identifying strategies through action planning.

Vision statement: The interagency team of this county commits to working together to build strong parental and professional partnerships to improve the quality of services available to young children with disabilities and their families. It believes that a system of care and education for young children is best offered in natural environments that afford a more inclusive setting for families and children. The team promotes the concept of shared decision making, funding, and resources to design a truly integrated approach to service delivery.

Agenda Items

Present introductions and review agenda and vision statement: 5 minutes
Review ground rules reviewed: 15 minutes
Provide ideas for potential resources from group members: 15 minutes
Break into small groups and complete strategy exercise: 30 minutes
Share with large group: 10 minutes
Finalize strategies as a large group: 15 minutes
Conduct action planning and schedule timelines: 15 minutes
Evaluate meeting: 10 minutes

gies would include another brainstorming process, including sharing of funds or resources that might be available to the interagency team is presented above.

Action planning is designed to document what will be accomplished, who will do what and when, and how the outcomes will be measured. The consensus-building process provides a vehicle for team members to work together to select which actions each agency representative can reasonably accomplish as part of the team. Once strategies have been decided, the team can go ahead to complete the work that needs to be done as part of the team process. A benefit of the interagency collaborative is that no single agency is held responsible for the results of the group's actions because the team and its vision guide the group. In the Palau theme of system of care, the major outcome was the creation of a functional, effective system. Once identified, the strategy steps were easily outlined by the subcommittee responsible for the most of the work in that area. The steps led to forming a committee and providing training in interdisciplinary assessment techniques

for agency specialists. The measurement of whether the team accomplished the action steps became clear once the outcome was specified and the strategies for achieving the outcomes were outlined in the action plans.

Guiding Prompts for Step 5

- What strategies have been selected by your group for achieving outcomes?
- What is included in your action plans that delineates the accomplishment of the strategies and outcomes?

STEP 6

Implementing the Program

Once action planning has been completed, the group embarks on its assigned tasks. If the group has more than six to eight participants, subcommittees may be formed to accomplish the work and report back to the main group at least monthly. Action plans, which specify target dates for the completion of the various activities, may be modified regularly by the group as it evaluates each step undertaken by the members. The work does need to be approved by individual agency directors.

Workload is often shifted or reprioritized to meet the goals of the interagency effort. Reporting back to the interagency group monthly forestalls the possibility that other work might take precedence over the work of the interagency group. Modifications in timelines or deadlines must be decided by group consensus, and adjustments in interagency assignments and time allocations toward task completion may be made as implementation evolves.

Guiding Prompts for Step 6

- What kind of accountability systems have you developed to ensure that goals and objectives are met by all agencies?
- Who are the stakeholders? What is their role in implementing your system?
- What is the timeline for accomplishing your goals?

STEP 7

Collecting and Analyzing Data

The interagency group facilitator takes responsibility for data collection and analysis or delineation (or both) of the group's activity to a subcommittee or to other group members. If the facilitator is unfamiliar with the evaluation process, team representatives, agency research specialists, program evaluators, and technical assistance experts may be asked to assist in the data collection and analysis phase of the interagency group design. Once the action plans have been developed, measurement tools for assessing the group process are selected. If the group plans to collect data on children's progress to demonstrate program gains across agencies, the methodology for accomplishing the data collection should be specified early. Surveys of satisfaction are used to assess the opinions of families as to whether the integrated services model has improved the provision of services to their young children with disabilities. The families' perceptions are surveyed before and after the interagency team collaborates on a specific set of outcomes.

An interagency team survey to measure a team's perceptions of growth in outcome acquisition may be used by the team as a single method to determine interagency team accountability in coordination with information on child and family outcomes. Whatever the process and the tools used to account for the group process, the team must decide how the data will be collected, with what tools, by whom, when, and for what purposes once the action plans and strategies have been determined. The section on interagency evaluation will help identify one or more

ways of assessing group work. An example of an interagency collaboration survey (TOIIES) is provided in Appendix H.

Guiding Prompts for Step 7

- Are the items on your tool consistent with the interagency outcomes identified?
- What are your evaluation methods? How will they be implemented?
- Are both qualitative and quantitative measures included in your evaluation? Describe.
- Is expertise available within the team to analyze the data? If not, have resources been identified to hire a consultant or coordinator to evaluate the data?
- Are provisions available for timely reporting?

STEP 8

Revisiting the Group's Purpose

The last phase of interagency collaboration is the revisiting of the group's purpose. As an integral component of interagency program evaluation, continuous improvement requires analysis of the results of the interagency effort and a synthesis of findings shared by group members. The data collected and analyzed inform the group as to their action steps and strategies and guide their revision of the action plans. At this time group members decide whether themes have been addressed in the evaluation process. If the indicators of progress as measured by the tools selected reveal high satisfaction and increases in positive outcomes, the team can agree that the themes have been addressed. New themes can then be added for the next program year. The team may determine that its vision needs redirection or that the theme's outcomes did not adequately delineate expected successes.

Again, consensus building is used as the preferred technique for identifying problems and proposing solutions. An agenda for the annual meeting on continuous improvement includes reviewing the findings, revisiting the vision statement, determining whether themes have been addressed or will be ongoing, changing outcomes, and devising new strategies to meet the outcomes (see page 39). The group may decide that the function of the current group has met the outcomes and may disband the group or reconstitute it depending on community needs. For example, the transition theme may have been addressed through biweekly meetings of representatives of local educational agencies (LEAs) and regional centers (RCs), including an LEA program specialist or teacher attending transition IFSP meetings. Although not conceived prior to the interagency work, the process has now been delineated in an interagency agreement and program policies.

A group may decide that meetings of the interagency group to discuss transition planning are no longer needed. Furthermore, an interagency team may decide to continue with the theme of interagency team skill development and agree to host an annual conference or symposium but shift the membership from LEA and RC representatives to staff from mental health, community child care, maternal and child health, and First Five agencies. Still another team may continue with the same interagency group composition but increase membership to include First Five and child care program representatives to address child find and referral for the next year's effort.

Guiding Prompts for Step 8

- What method is being used for reporting results back to the team to initiate revised action planning?

Sample Agenda for Interagency Meeting to Review Data Analysis

Time:

Place:

Sponsors:

Purpose: To review the data analysis from the data collection methodologies employed by the interagency team and modify action plans accordingly

Meeting Outcomes

Participants will:

- Review the evaluation findings.
- Revisit and revise if needed the vision statement.
- Revisit and revise the interagency agreement(s).
- Revisit and revise the action plans, including themes, outcomes, indicators, and strategies.
- Identify the next steps in interagency work.

Vision statement: The interagency team of this county commits to working together to build strong parental and professional partnerships to improve the quality of services available to young children with disabilities and their families. The team believes that a system of care and education for young children is best offered in natural environments that afford more inclusive settings for families and children. The team promotes the concept of shared decision making, funding, and resources to design a truly integrated approach to service delivery.

Agenda Items

Present introductions and review agenda and vision statement: 5 minutes
Review ground rules: 15 minutes
Use round-robin to identify three accomplishments of the interagency team: 15 minutes
Review (by facilitator or evaluator) the findings of the interagency evaluation: 20 minutes
Break into small groups and identify any revisions to themes, outcomes, indicators, strategies: 30 minutes
Share with large group: 10 minutes
Finalize changes as a large group: 15 minutes
Determine next steps for action planning: 15 minutes
Evaluate meeting: 10 minutes

- How has your evaluation of interagency efforts guided the redesign of the team's vision, outcomes, strategies, and action planning?

Table 6 lists each of the interagency steps and provides the complete list of pertinent questions group participants need to ask to ensure that the group process has been achieved. The interagency team can use the discussion guide as a way to proceed through each of the steps suggested. The questions are used to encourage team members to discuss the stage of their interagency group, usually in a smaller group format, and then report back to the large group.

Table 6. Interagency Process Discussion Guide

Steps	*Questions*	*Results and actions*
1. Forming a group and designating a leader	Has the group been approved by governing officials or directors? Have the meeting invitations been composed and disseminated? Has your team met to identify a team leader or facilitator, agree to common goals, and discuss available resources? What are the objectives?	
2. Establishing a guiding vision and principles	Does your group have an interagency agreement? How often are meetings scheduled? What type of bylaws has your team created? What is your interagency team vision?	
3. Building consensus and identifying problems	Is the group facilitator informed of the interagency group process? Has the group spent at least one meeting sharing ideas to identify a group vision? What have been the accomplishments of the group in the past?	
4. Identifying themes and selecting outcomes	Has the team reviewed and determined locally appropriate strategies and outcomes to address the interagency goals? What are the outcomes that have been selected that will be included in the evaluation scheme? What are the indicators you will use to measure the outcomes?	
5. Designing strategies and conducting action planning	What strategies has your group selected for achieving outcomes? What is included in your action plans that delineates accomplishment of the strategies and outcomes?	
6. Implementing the program	What kind of an accountability system have you developed to ensure that goals and objectives are met across agencies? Who are the stakeholders? What is their role in implementing your system? What is the timeline for accomplishing goals?	

Table 6 (Continued)

Steps	*Questions*	*Results and actions*
7. Collecting and analyzing data	Are the items on your tool consistent with the interagency outcomes identified? What are your evaluation methods? How will they be implemented? Are both qualitative and quantitative measures included in your evaluation approach? Is expertise available within the team to analyze the data? If not, have resources been identified to hire a consultant or coordinator to evaluate the data? Are provisions available for timely reporting?	
8. Revisiting the group's purpose	Describe the method for reporting results back to the team to initiate revised action planning. How has your evaluation of interagency efforts guided the redesign of the team's vision, outcomes, strategies, and action planning?	

Review of the Steps in Interagency Collaboration

1 **Decide to collaborate: group formation.**

- Selection of participants
- Invitation to meeting
- Meeting site
- Meeting materials
- Meeting agenda
- Facilitator, recorder, moderator

2 **Create a shared vision and principles: brainstorming.**

- Facilitator trained in brainstorming techniques
- Parking lot for questions
- Meeting rules
- Vision of purpose of interagency work
- Guiding principles
- Group procedures and bylaws

3 **Build consensus in decision making.**

- Accept and note all suggestions.
- Use round-robin style for gathering group information.
- Prioritize goals, using group process (sticky notes or stars on chart paper).
- Select goals and agree to accomplish them in one year.

4. **Identify themes, selecting outcomes and indicators.**
   - Select areas to focus on to meet goals.
   - Generate outcomes under each area selected.
   - Match outcomes with indicators of progress.
   - Identify measurement tools to be used to assess team success.

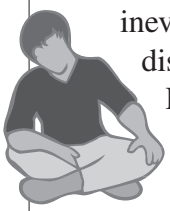
5. **Design strategies and conduct action planning.**
   - Select strategic activities to meet outcomes.
   - Complete action-planning sheets.
   - Include timelines for completing activities.
   - Identify persons responsible for activities.

6. **Begin program implementation.**
   - Plan and coordinate activities across agencies.
   - Ensure that interagency agreements, procedures and bylaws are in place.

7. **Undertake data collection and analysis.**
   - Collect outcome data on children and families.
   - Complete interagency team survey.

8. **Revisit group purpose.**
   - Analyze results of surveys and interviews.
   - Use data in revising action plans for the following year and determining need to continue meeting as a group.

Evaluation of Interagency Collaboratives



Participants in interagency groups often assume that working collaboratively across agencies will inevitably benefit children with disabilities and their families. However, for team efforts to result in coordinated service delivery for those children and families, the interagency process must include an evaluation loop. As indicated in Harbin (1996), interagency work is focused most commonly on coordinating interagency collaboration while neglecting service coordination, which is a primary measurable outcome of teamwork. Additionally, evaluation of interagency work is cumbersome because of many layers of agency guidelines and expected program outcomes. Swan (cited in Swan and Morgan 1993) suggests a three-tiered approach of information gathering to assess interagency coordination: documentation, satisfaction, and change.

As to documentation, minutes of meetings and records of procedures and interagency agreements must be kept to provide an ongoing history of the teamwork. To evaluate satisfaction, the second type of evaluation data to be collected, Summers and other (2005) have designed a measure titled the "Partnership and

Family Quality of Life Scale," which assesses both family satisfaction and an indicator capturing family values and positive life changes corresponding to those values. Examining family satisfaction across agencies by employing a tool that measures quality of life provides information on whether families have benefited from interagency efforts to streamline system effectiveness.

The third level, change, is more difficult to evaluate but can be demonstrated through the assessment of specified system outcomes. The literature is rich in resources on measuring child and family outcomes to demonstrate positive program change (California Institute on Human Services 2006; Hebbeler 2005; Hoffman and others 2006). Child and family outcomes and accompanying measurement tools provide a wealth of easily accessible surveys that an interagency team can include as part of the overall procedures documented in the interagency agreement and committee bylaws.

Outcomes for Children, Their Families, and Others

The work of interagency groups can be evaluated on several levels, including outcomes for children, their families, interagency teams, and agencies. Each level is discussed as follows:

Outcomes for Children

Interagency teams can use child outcome data from various programs to measure program effectiveness relating to quality of service, increase in the number of children served, and provision of services indicated on individualized family service plans (IFSPs) and individualized education programs (IEPs). Measuring child outcomes will provide the interagency group with information on systems change; that is, measuring whether change occurring in the system affected the outcomes for children. Maternal and child health programs have used child outcome data to analyze the success of children with special health care needs (CSHCN) for over two decades. An example of indicators that states can use to measure overall performance of systems based on CSHCN standards is provided as follows:

Performance Measure 2: All children with special health-care needs will receive coordinated, ongoing comprehensive care within a medical home:

1. Percentage of CSHCN with a regular source of primary medical care through a primary care provider
2. Percentage of CSHCN whose regular source of care communicates in a way that is clear and understandable to the family
3. Percentage of CSHCN whose regular source of primary medical care ensure age-appropriate well-child checks, including vision, hearing, developmental, behavioral or mental health, oral health, and newborn screening; immunizations
4. Percentage of parents of CSHCN who receive referrals and assistance from their regular source of primary medical care in accessing needed or desired services (Roberts, Behl, and Akers 2004, 219)

Although the indicators here relate only to health, identifying standards and linking indicators to those standards to measure progress in developing a system of care have become evident across agencies serving young children with special needs and their families.

Outcomes for Their Families

Family satisfaction is the next level of exploring the success of interagency work (see Table 7). Family satisfaction surveys can be used as pretest and posttest measurements of the success of a system change design across agencies.

For instance, the Early Childhood Research Institute on Measuring Growth and Development produced a technical report on family outcomes, using a developmental model. The report, adapted here, summarizes four family outcomes included in the assessment model:

1. Families will have a basic understanding of child development and will be able to identify needs for their child, including those related to cultural, linguistic, or disability-specific issues.
    a. Observation of family participation in meetings
    b. Family self-evaluations
    c. Family satisfaction surveys
2. Families will be able to assess how their child's development is progressing related to general outcomes identified on the IFSP/IEP.
    a. Family self-evaluation
    b. Family satisfaction measures
    c. Family active participation in intervention design
    d. Family completion of exploring solutions assessment

Table 7. Tools Incorporating Previous Outcomes

Authors	*Measurement tools*	*Descriptions*
Park and others (2003)	"Family Quality of Life Scale"	This scale provides information on family satisfaction and on the importance of particular indicators of family quality of life. The tool has been factor-analyzed and used to evaluate family satisfaction. It includes 25 items within five domains of family interaction: parenting, emotional well-being, physical and material well-being, and disability-related supports.
Blue-Manning and others (2004)	"Family–Professional Partnership Scale"	The purpose of this measurement is to offer a way to examine parental and professional partnerships by identifying professional behavior that facilitates reciprocal relationships. The team identified six themes important to parental and professional collaboratives: communication, commitment, equality, skills, trust, and respect. Suggestions are offered for employing the process for program evaluation.
Harbin, Rous, and McClean (2005)	A. Questions to Guide the Development of Accountability Systems B. Questions to Guide the Selection of Standards and Outcomes C. Questions to Guide the Development of Measurement Processes	The authors provide a series of brief questionnaires to assist in the development of state accountability systems. Their three questionnaires address the accountability system, the selection of outcomes for program measurement, and the measurement of the assessment process. The questionnaires provide guides for programs to use in designing their interagency evaluation system and link the evaluation process to specific child, family, and system outcomes.

Table 7 (Continued)

Authors	*Measurement tools*	*Descriptions*
Salisbury and others (2000)	"Service Coordination Scale"	This scale resulted from an interagency planning and support project funded by the Office of Special Education Programs. It was administered to service coordinators and included several family items, such as helping families discuss different ways to meet their goals, and is used by service coordinators to evaluate their work.
Sadao and Robinson (2006)	"Themes, Outcomes, and Indicators Interagency Collaboration Evaluation Survey (TOIIES)"	This survey was revised from a previous "Pacific Basin Interagency Leadership Outcomes Study" and the "Palau Interagency Evaluation," both measuring interagency team satisfaction with the interagency collaboration process. The survey was recently revised to include outcomes along with themes and indicators of success. A section of the scale includes family indicators of progress.
Bailey and others (1998)	"Family Outcomes in Early Intervention"	This framework for program evaluation and efficacy research provides a methodology for assessing family satisfaction.
Bruder and others (2005)	"Establishing Outcomes for Service Coordination"	The Early Intervention Research Institute at Utah State University and the Indiana Institute on Disability and Community have examined processes to measure service coordination at the family and systems levels.

3. Families will be confident in their abilities to make choices about interventions for their child and will be able to implement those interventions effectively.
    a. Observing family participation during intervention design
    b. Measuring fidelity of intervention implementation
    c. Family satisfaction measures
4. Families will feel that their beliefs and values are respected by other members of their child's team and will see themselves as equal and integral members.
    a. Family satisfaction surveys or interviews (McConnell and others 1998, 11–12)

Outcomes for Interagency Teams

The third level of assessing systems change includes measuring how satisfied interagency teams are with the work of the group. Very few attempts have been made to measure systematically interagency effectiveness at the group and service systems levels. One of the first attempts to examine interagency work, made by Bronheim, Cohen, and Magrab (1985), produced the "Inter-Unit Relationship Scale." The purpose of the scale is to evaluate the quality of the community linkages by identifying the relationships established by network participants. The scale covers such areas as agency similarities, leadership, communication, competition, and consensus. Harbin and others (1993) and

Harbin and Neal (2004) created several interagency council tools used to assess team functioning, including the *Interagency Relationship Rating Scale*, based on the instrument developed by Bronheim, Cohen, and Magrab (1985); the *Barriers and Facilitators to Interagency Coordination Scale*; and the "Local Interagency Coordinating Council Functioning Checklist." The *Barriers and Facilitators to Interagency Coordination Scale* contains various aspects of interagency coordination, including climate, resources, policies, people, processes, and structure.

Salisbury and others (2003) attempted to produce a multitiered evaluation process for the development and implementation of an interagency IFSP model. Surveys, observations, and interviews were conducted to capture the experiences of families and providers involved in the formulation of the IFSP model through a case-study approach to data gathering and reporting. A trained observer collected data on the process of planning monthly meetings. Project staff used activity logs to document various activities. The information was summarized and shared with agency administrators to address needed changes that were then discussed during task force meetings on problem solving. Family measures, including the *Family Empowerment Scale* (Koren, DeChillo, and Friesen 1992) and the *Family-centered Behavior Scale and User's Manual* (Allen, Petr, and Cay-Brown 1995) were employed to provide a pretest and posttest analysis of family empowerment and family-centered practices.

Project staff also examined the perceptions of providers about the process through the use of three measures: the "Stages of Concern Questionnaire" (Hall and Hord 2006), assessing providers' concerns about the extent of systems change; the "Service Coordination Scale" (Salisbury and others 2000), measuring the collaborative behavior of providers; and telephone interviews with providers approximately six months after the process had begun to investigate any problems in adopting the IFSP model.

Lastly, the team may want to use the rating scales of team communication skills developed by Eitington (1996) and reprinted in the *Handbook on Administration of Early Childhood Special Education Programs* (2000, 35–37). The tools assess team communication, team problem solving and creativity, and teamness. Team members check various criteria about their team participation and agree or disagree with such statements as the following:

- Communication: Team members listen to each other.
- Team problem solving: Problems are met head on rather than swept under the rug.
- Teamness: Everyone is dedicated to furthering team goals.

Because rating scales are focused on team functioning rather than on team goals, participants may hesitate to reflect on personal observations when team building is in its infancy. The scales may more suitably be administered during a training session on team-building skills that is facilitated by an external consultant to avert any problems caused by differences in styles of communication.

Outcomes for Agencies

The multilevel evaluation approach used by Salisbury and others (2003) revealed some essential information about the success of the process. They recommend that other projects consider four key approaches when instituting cross-agency systems change. First, the building of relationships within the administrative task force and the provider planning body is critical to building alliances between agency representatives initiating the change. Second, using various capacity-

building strategies, such as cross-training activities, the use of a trained meeting facilitator, and technical assistance ensured the likelihood of the change occurring systematically. Salisbury and others (2003, 72) state that "while the paper CSP document and its supporting training materials can be easily disseminated, the value of this approach lies in the process used to merge local service plans and strengthen cross-agency relationships."

Third, focus on the IFSP document within a larger service system helped identify procedural issues and various agency differences that might have created barriers to full implementation of the IFSP document. Sharing across agencies about potential problems and focusing on group consensus and problem solving averted potential pitfalls in designing an interagency IFSP service document. Fourth, the project staff used feedback loops with state and regional administrators to identify policy issues that needed further examination and revision to align with the standardized IFSP format. The project staff used federal technical assistance to clarify the parameters of confidentiality across agencies. That effect helped in defining the issue across agencies and creating a procedure for release of information. However, although the evaluation effort was systematic, research-based, and thorough, the complexities of measuring interagency success became evident. Salisbury and others (2003, 73) recommend that interagency efforts include goal measuring attainment, evaluating changes in frequency of providing services, and reviewing the quality of the standardized service plans. "Well designed systems-change initiatives require longitudinal research designs, strong partnerships, and an array of different measurement strategies and approaches to inquiry."

Characteristics of Interagency Evaluation

Interagency evaluation approaches and practices are characterized by multiple perspectives, phases, and methods. A summary of multilevel evaluation approaches and tools is provided in Table 8. The complexity of the task confronting researchers is demonstrated by efforts to evaluate the process of interagency systems development and the outcomes of interagency initiatives for children, families, and agencies. The interagency evaluation approaches described previously demonstrate current best practice in determining the efficacy of interagency initiatives. Key components of the approaches include the following:

- Development of an ongoing evaluation process through interagency collaboration
- Implementation of an evaluation cycle with multiple tiers, including documentation, satisfaction, and change
- Multilevel approach to include the perspectives of children, families, and interagency teams
- Multiple methods of evaluation, including qualitative and quantitative measures
- Evaluation design based on desired child, family, and systems outcomes
- Evaluation measures to identify interagency effectiveness based on indicators matched to desired outcomes

The implementation of an interagency evaluation relying on current evidence-based practice requires the development of a process that integrates the elements of such an evaluation throughout the collaboration. One such approach is the "Themes, Outcomes, and Indicators Interagency Evaluation Survey (TOIIES)" model (Sadao and Robinson 2006). The TOIIES model provides a systems evaluation structure for interagency participants

Table 8. Interagency Evaluation Tools, by Outcomes

Outcomes	*Tools*
Child outcomes	"Building a System of Care for Children with Special Health Care Needs" (Roberts, Behl, and Akers 2004). *Desired Results Access* (California Institute on Human Services 2006). *Family and Child Outcomes for Early Intervention and Early Childhood Special Education* (Hebbeler 2005). *An Integrated Early Childhood System: A Guiding Rubric* (Harbin 2004).
Family outcomes	*Family Benefits Inventory* (Harbin and Neal 2004). *Family-centered Behavior Scale and User's Manual* (Allen, Petr, and Cay-Brown 1995). *Partnerships and Family Quality of Life Survey* (Beach Center on Disabilities 2003). "Family Empowerment Scale" (Koren, DeChillo, and Friesen 1992). "Thirty-Six-Month Outcomes for Families of Children with Disabilities Participating in Early Intervention" (Bailey and others 2005).
Agency outcomes	*Barriers and Facilitators to Interagency* Coordination Scale (Harbin and others 1993). *Collaborating for Comprehensive Services for Young Children and Their Families* (Swan and Morgan 1993). *DEC Recommended Practices Program Assessment* (Hemmeter and others 2001). "Stages of Concern Questionnaire" (Hall and Hord 2001). *Interagency Relationship Rating Scale* (Harbin, Ringwalt, and Gaskill 1994). "The Inter-Unit Relationships Scale" (Bronheim, Cohen, and Magrab 1985). "Issues in Designing State Accountability Systems" (Harbin, Rous, and McClean 2005). "Service Coordination Scale" (Salisbury and others 2000). "Themes, Outcomes, and Indicators Interagency Evaluation Survey (TOIIES)" (Sadao and Robinson 2006).

to apply when embarking on an interagency collaborative journey. The team selects the themes, identifies the outcomes and potential indicators of success matched with the outcomes, and documents and assigns strategies for change. The "Themes, Outcomes, and Indicators Interagency Evaluation Survey" presents a theme-based inventory of measuring interagency outcomes. It is designed so that teams can use one or more of the themes included in the survey and add their own theme according to the needs of the group. An example of an interagency evaluation tool based on the TOIIES model is included in Table 4. The survey is available in Appendix H. Team members can assess the group process, using the survey in a before-and-after format. The survey aids interagency participants in thinking about change with outcomes in mind.

Phases of Interagency Evaluation

The interagency evaluation process is presented in phases as illustrated in Figure 4 and listed in Table 9. The evaluation is designed to determine the effectiveness of the interagency system created and implemented by the local interagency team. Rather than serving as an evaluation at the end of the cycle of interagency systems development, the phase approach assumes that the evaluation of interagency effectiveness is both summative and formative. Typically, program evaluation entails a quantified data report at the end of the evaluation process that summarizes the results of the work undertaken. Formative evaluation includes the involvement of key stakeholders in assessing progress throughout the process.

The ongoing process of interagency evaluation is integral to the development of the interagency system. Although the phases are described as being distinct from the steps involved in developing interagency collaboration, they are integral to and embedded in that process. Table 9 shows the relationship of the steps in interagency development with the phases of evaluation. Interagency teams must decide on specific timing for integrating evaluation. The phases of evaluation presented are consistent with the TOIIES model (Sadao and Robinson 2006). The steps in interagency collaboration provide the gears to drive the development of the system, and the evaluation process keeps the gears moving smoothly. Attention to the evaluation process throughout the development of the system will lead the interagency team to make informed decisions that are data driven and based on the perspectives of stakeholders.

Phase 1: Agencies' Needs Are Identified and Summarzied

Interagency evaluation begins with the first step in the interagency collaboration process—at the earliest series of meetings. This phase corresponds with steps 1–3 in the interagency collaboration process described in the preceding section. As the interagency team is forming and establishing operational structure and goals, evaluation planning also needs to be considered. In Phase 1 the most important evaluation trigger is the identification of prioritized needs for systems development on behalf of children with disabilities and their families and the agencies that serve them. The identification is made through the coming together of agency representatives prepared to share the results of formal and informal needs assessments. Sources of needs assessment are often found in agency documents and can be accessed for the interagency team to review and disseminate during the initial steps of interagency collaboration.

Information on needs can be found in formalized reports and informal reviews. If formal reports are available, members of the team can review and summarize the recommendations and prioritize the needs reported. If informal reviews are used, members can anecdotally report their perspectives of the needs for the interagency system in a group discussion.

After information on needs and data has been determined, the needs identified by the team are discussed and collected. A simple way to begin is to ask each member to list the most urgent needs that face families with young children experiencing special needs in the local community. The designated facilitator or recorder can chart the needs identified by each member. The needs can be prioritized in a number of ways, as recommended by Hayden, Frederick, and Smith (2003). The following description of activities can help interagency teams identify community needs and prioritize the focus areas for the initial design of the interagency evaluation process. These activities may

be implemented in coordination with Step 2 in the interagency collaboration process discussed earlier.

Identification of Community Needs

Community Needs Discussion of Strengths, Weaknesses, Opportunities, Threats (SWOT)

Step 1. The facilitator sets up a chart with four columns:

Strengths **W**eaknesses **O**pportunities **T**hreats

Step 2. Each team member is asked to identify what he or she sees as the major strengths, weaknesses, opportunities, and threats (SWOTs) to services children with special needs and their families. The SWOTs are written on 3 × 5 cards or sticky notes, with one item per card or note, and are posted under appropriate columns on a storyboard.

Step 3. Starting with strengths, the facilitator assists the team in merging common ideas under the strengths column, writing key words that identify a common theme for the strengths posted. Continuing this process, the facilitator merges common items in each of the other columns until completed.

Step 4. The facilitator and team members select all the items on the chart that represent community needs to be addressed by the interagency team. The facilitator lists all selections on a new chart and then moves to prioritizing needs.

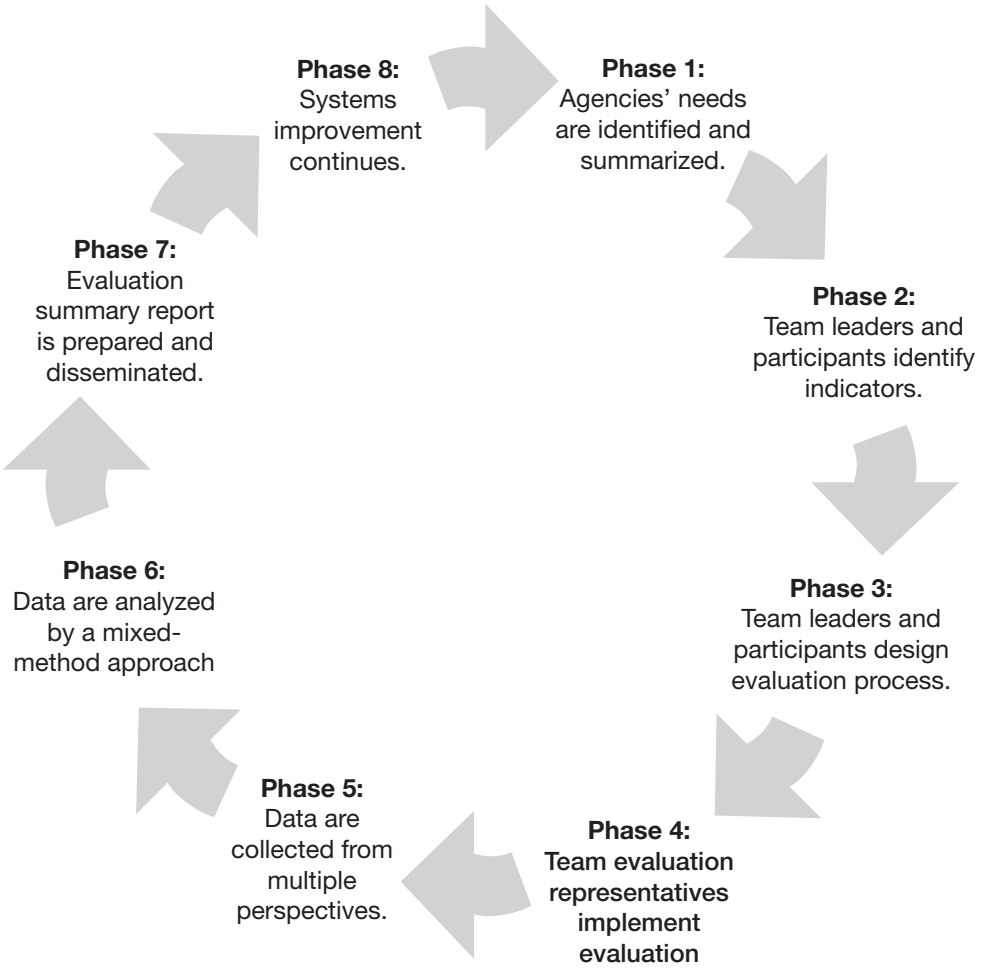


Fig. 4. The phases of interagency evaluation

Table 9. Relationship of Steps in Interagency Development with Phases of Interagency Evaluation

Steps	*Phases*
1. Forming a group and designating a leader	1. Agencies' needs are identified and summarized.
2. Establishing a guiding vision and principles	2. Team leaders and participants identify indicators.
3. Building consensus and identifying problems	3. Team leaders and participants design evaluation process.
4. Identifying themes and selecting outcomes	4. Team evaluation representatives implement process.
5. Designing strategies and conducting action planning	5. Data are collected from multiple perspectives.
6. Implementing the program	6. Data are analyzed by a mixed-method approach.
7. Collecting and analyzing data	7. Evaluation summary report is prepared and disseminated.
8. Revisiting the group's purpose	8. Systems improvement continues.

Note: This activity takes about 45 minutes to complete and could be a subject for discussion at the first or second meeting of the interagency team.

Prioritizing Community Needs

(Interagency teams may select one or more of the following techniques to prioritize needs.)

Multivoting (useful in narrowing the list of needs)

1. Allow each member to vote as many times as desired.
2. Circle the ideas with the most votes.
3. Consolidate remaining needs if commonality is found.
4. Vote again, but only for one-half of the needs listed.
5. Continue multivoting until the list is manageable.

Nominal Group Technique (used to equalize comments from all members)

1. Assign letters to each need listed on the chart (A, B, C, D, and so on)
2. Rank each need listed on the chart or do so privately.
3. Total the rankings for each need and organize for the top ten through fifteen.

Allow 30–45 minutes for each of the preceding methods for prioritizing needs.

Guiding Prompts for Phase 1

- Describe and summarize the various agency needs shared at the meeting.
- Tell what approaches agencies have used to identify needs.

Phase 2: Team Leaders and Participants Identify Indicators

After developing themes and outcomes (see Step 4 of the interagency collaboration process), the team can identify what the indicators of success will be for the interagency initiative and select appropriate tools. The indicators provide a measure of the degree to which interagency outcomes for children, families, and agencies are achieved. Several strategies to develop indicators were provided earlier in this handbook. In summary the strategies are to:

1. Review the themes and outcomes identified by the interagency team. They can provide a framework for further development of indicators related to each outcome area.
2. Refer to the TOIIES survey (in Appendix H) or other published family satisfaction scales listed in Table 8. Indicators listed on the tools available will provide ideas for group discussion, brainstorming, and customization for the specific outcomes for the interagency team.
3. Create a table similar to Table 4 in the section titled "Indicators of Success and Expected Outcomes." The table provides examples of themes, outcomes, and indicators for interagency evaluation. Use a brainstorming process to develop relevant indicators for the outcomes identified by the interagency team.
4. Use consensus building (discussed in Step 3 of the interagency collaboration process). Determine the indicators most relevant to the outcomes.
5. Prioritize and select the indicators that are appropriate to the local interagency process and will be included in evaluation tools.

After the indicators to measure planned interagency outcomes have been selected, the appropriate tools can be selected. (See Table 7 in this section for examples of existing tools related to child, family, and agency outcomes.) Hemmeter and others (2001) created a program assessment tool and accompanying protocol to rate to what degree program standards are achieved in six thematic areas:

1. Interdisciplinary models
2. Family-based practices
3. Assessment
4. Child-focused practices
5. Technology applications
6. Policies, procedures, and systems change

Those authors provide research-based standards for each of the six areas that teams can rate according to the goals of the local team to determine the extent to which the standards are achieved. Whatever tool or tools are selected to measure interagency collaboration, the outcomes of teamwork must be made explicit to all group members through consensus building. The chart on measuring child, family, and system outcomes can be used by the team to identify which tools will most likely yield results that reflect the themes selected by the group. If the group focuses on a particular area of development, such as a centralized IFSP form, measurement of the performance of the tool might be related to its efficacy in satisfying the service coordinator and the family. The formal measures for interagency work must be agreed to by all group members and be coordinated by the team's evaluation person, subcommittee, or unit.

Guiding Prompts for Phase 2

- How will your team demonstrate that the outcomes selected will be accomplished?
- What are the indicators that will measure progress towards desired outcomes?

Phase 3: Team Leaders and Participants Design Evaluation Process

Phase 3 of the interagency evaluation process corresponds to Step 5 of the interagency collaboration process—designing strategies and conducting action planning. It provides specific information on how the evaluation is to be designed to gather information on the success of the interagency team's action plan. The implementation of the evaluation plan has several components, including identification of the evaluators, methods, tools, timelines, participants, location, and resources to conduct the data

analysis. A sample evaluation design form is provided for the team to summarize the evaluation plan that has been developed. The steps required in Phase 3 are to:

1. Review the literature on best practice for interagency evaluation described in the introduction.
2. Use the TOIIES model or other comprehensive approach as a framework for the design process (see Table 10).
3. Select appropriate qualitative and quantitative evaluation methods, (such as surveys, interviews, focus groups) appropriate for the interagency team.
4. Select the tools for pretesting and posttesting at multiple levels of evaluation, including families and agency participants, as listed in Table 8.
5. Identify stakeholders to participate in evaluation. Refer to "Questions to Guide the Development of Measurement Processes" in Harbin, Rous, and McClean (2005, 28).
6. Determine timeline, locations, and resources to conduct evaluation.

Guiding Prompts for Phase 3

- Who are the stakeholders that need to be represented in the evaluation process?
- How will evaluation information be collected? What are the timeline and venue for data collection?
- From whom will you be collecting information (e.g., child, family, agency, interagency)?
- What kind of an evaluation approach will you take (qualitative/quantitative)?
- What resources are necessary for an analysis of the evaluation?

Phase 4: Team Evaluation Representatives Implement Evaluation Process

Phase 4 is linked to Step 6, program implementation, in the interagency collaboration process. In Step 6 action planning has been completed, and responsible individuals have begun to implement the planned initiatives of the group. The implementation of evaluation, Phase 4 of the evaluation process, must be coordinated with implementation of interagency actions. Links between the implementation of interagency actions and evaluation of effectiveness are particularly critical in Phase 4. For one interagency team a goal was set to establish an annual interagency conference to promote awareness of persons with disabilities within the community (Sadao, Robinson, and Magrab 1997). Evaluation was designed in coordination with the conference to determine quality and effectiveness from the perspectives of family members and providers who attended. Such linkage and coordination between planned interagency actions and evaluation of effectiveness can be imple-

Table 10. Evaluation Design Form

Phase 3. Evaluation Design for (Interagency Team Name)

Selected themes:

Outcomes	*Methods*	*Tools*	*Timelines*	*Participants*	*Evaluators*	*Resources*

mented nearly simultaneously. Accordingly, evaluation input from key stakeholders arrives closer to the actual time of the planned action or goals.

At this phase in the evaluation process, the designated evaluators are to begin implementing the evaluation plan, a process parallel to the implementation of the interagency collaboration action plan. As described in Step 6, the interagency team facilitator takes the lead in implementing or delegating the evaluation design plan. The specific responsibilities identified in the evaluation process are determined by the team and assigned in the evaluation design to a group or individuals. The designated leaders of the evaluation component are then responsible for implementing, analyzing, and reporting findings related to the evaluation design.

Guiding Prompts for Phase 4

- Have you determined leadership for the evaluation process?
- Who are the appropriate representatives (internal or external to the team)?
- How have you delegated various evaluation tasks?
- Can you complete an action plan for your evaluation process?

Phase 5: Data Are Collected from Multiple Perspectives

Phase 5 in the evaluation process is linked to Step 7, data collection and analysis. At this point in the interagency collaborative process, the interagency team has determined an evaluation design that includes methods, tools, participants, and responsibilities for the evaluation process. The data collection can now be implemented according to that design. As the data collection begins, there are several areas that the interagency team needs to consider and monitor. For success in beginning this phase of the evaluation process, the development of guidelines for data collection is essential.

In the previous phase evaluation resources were identified and decisions made regarding the availability of evaluation expertise within the membership of the interagency team or the need to obtain external evaluation expertise. The development of guidelines by all members of the interagency team can serve several purposes and provide a useful method to involve all members in the evaluation process, even those who may not perceive the importance or their own expertise as evaluators. The ownership of the evaluation design was established in earlier phases through the discussion of the needs, indicators, leadership, and design of the interagency evaluation process. However, once a smaller group within the interagency team or external evaluation expertise is identified, interagency team members who are not comfortable with evaluation processes may become disconnected from the evaluation process. The discussion and development of evaluation guidelines unique to the local interagency team can facilitate continued engagement and participation in the evaluation process by all members. An example of the development of guidelines follows:

Evaluation Guidelines for the Interagency Team

The evaluation guidelines for the interagency team area listed as follows:

1. The facilitator provides copies of the evaluation design for all members to review.
2. Team members responsible for the evaluation process or external evaluators or both provide an overview of selected evaluation tools and timelines for evaluation.
3. The facilitator leads a brainstorming exercise to identify important principles and guidelines for data collection and use of evaluation results, beginning with the following questions on five sheets of chart pa-

per (one sheet per question) or a large white board:

   a. Who will implement the evaluation?
   b. When will the evaluation be conducted?
   c. How will families be included in the evaluation?
   d. How will the data be analyzed and by whom?
   e. What results will be shared with the interagency team?
   f. How will the interagency team use the evaluation results?

4. Members are provided with 3 × 5 cards or sticky notes to provide as many answers to the preceding questions as desired. They should write one answer per card or sticky note.
5. The facilitator groups similar responses to the questions under the heading of each of the preceding questions.
6. Similar responses are summarized in single statements. The responses and a draft of the guidelines are then reviewed by the group.
7. The draft of the evaluation guidelines is provided to all members for review and comment at the next meeting.
8. Finalized evaluation guidelines are completed at the next meeting and are included in the evaluation design as a quality-monitoring tool for data collection, analysis, and reports of results to the group in later meetings.

The data collection phase may vary according to the structure and goals of the interagency team. For example, an interagency team that focuses on coordination of services as the primary interagency goal may find that annual evaluations are most appropriate. Adherence to the annual timeline and quality control of the data collection can be monitored by the interagency team through periodic reviews of the evaluation design and the guidelines developed by the team. Interagency teams may also wish to review "Questions to Guide the Measurement of Development Processes" in Harbin, Rous, and McClean (2005, 28) as another means to ensure that all relevant perspectives are included in the assessment of interagency team outcomes.

Interagency teams may also discover additional opportunities for data collection not considered in the original evaluation design developed in Phase 4. Through discussion of the need for multiple perspectives and methods of data collection that include family members, program administrators, and providers, further venues for capturing evaluation feedback may emerge. For example, the Pacific Basin Leadership Conference was held annually in the U.S. Pacific Island jurisdictions beginning in 1989 to enable freely associated states and territories to develop interagency initiatives. The conference provided a venue for collecting perceptions of interagency growth and effectiveness through the administration of the Pacific Basin Interagency Leadership Evaluation Survey. In the Central Valley of California, where a five-county collaborative hosts an interagency symposium annually, interagency team members review the symposium evaluations to gauge the appropriateness of the topic and speaker selected and use that information to create the agenda for the symposium in the next program year. Summative evaluations, such as conference evaluations, often result in multidisciplinary and multiagency representation in evaluating cross-agency initiatives.

Suggestions for Collecting Data

- Collect data from multilevel perspectives.
- Implement selected tools appropriate to each level of the system.
- Use qualitative and quantitative methods.

- Adhere to the established timeline for data collection.
- Review periodically to monitor data collection.

Guiding Prompts for Phase 5

- Who are the participants in the evaluation input phase?
- What qualitative or quantitative tools are used to collect evaluation data?

Phase 6: Data Are Analyzed by a Mixed-Method Approach

Phase 6 of the evaluation process is also part of Step 7, data collection and analysis, in the interagency development process. Phase 6 continues from data collection and moves the interagency team's evaluation process into the tasks required for data analysis. That analysis is critical to providing usable information on evaluation for the interagency team in determining the impact of intended outcomes on the development of the interagency system. The extent of data analysis conducted and completed in Phase 6 depends on the extent of the data collected in Phase 5. The sources of data and the types of data collected may vary in method and formality. Further, outside assistance may be needed at this point to complete data analysis by using computer-based tools, such as Excel or SPSS, if not available within the interagency team.

For example, if multiple perspectives are included in the evaluation plan, data may be collected in both qualitative and quantitative formats. In the Pacific Basin Interagency Leadership Conference (PBILC) venues, data were collected in formative and summative formats. Participants in annual PBILC events included interagency teams from U.S. Pacific Island jurisdictions, nations, and territories. Multiple perspectives were represented, including the comments of family, provider, and agency representatives. Quantitative surveys were collected from each type of participant in addition to qualitative interviews to assess the impact of interagency collaborative initiatives in local communities over the previous year. The resulting data yielded numeric values based on a Likert scale and qualitative input from participants that was analyzed thematically (Sadao and Robinson 2002). Through the example of the Central Valley Five County Collaborative, the quantitative conference evaluation provided team members with qualitative comments about the sessions and numerical values of satisfaction for each break out by agency type. The analysis was conducted by the conference organizer, who disseminated a final report to all interagency representatives.

Suggestions for Analyzing Data

- Review the data collected.
- Organize quantitative data for analysis, using a statistical program, such as Excel or SPSS, when appropriate and available.
- Obtain outside assistance to complete data analysis when needed.
- Review results of qualitative data for recurrent themes and patterns.
- Summarize numeric scores according to rating scales.
- Summarize recurrent themes or patterns reported by family, provider, and agency representatives in relation to interagency outcomes that were measured.

Guiding Prompts for Phase 6

- What methods are used for measuring outcome indicators (qualitative/quantitative)?
- How will data analysis be conducted?
- What internal or external assistance might be used in the analysis process?

Phase 7: Evaluation Summary Report Is Prepared and Disseminated

Phase 7 of the evaluation process is also part of Step 7, data collection and

analysis, in the interagency development process. Phase 7 continues from previous phases 5 and 6 to summarize the data collected in a report and analyzed that can be used by the interagency team for continuous improvement. Phase 7 in the evaluation process is important in developing an evaluation report that can be accessed and used by the interagency team for continuous program improvement. The format and organization of the summary report must be designed with members of the local community in mind. For example, quantitative and qualitative data results will require presentation in a format understandable to all members of the interagency team. A complete report may include detailed results related to all aspects of the interagency team's goals and actions. (*Note:* All members may need to be provided a brief executive summary to ensure maximum distribution and discussion.)

A summary of interagency evaluation results may take many forms according to the membership of the interagency team. A complete summary report may require outside resources or dedicated funds for producing and disseminating a printed report. Interagency teams may decide to evaluate and report specific components of interagency initiatives periodically rather than undertake a complete annual report. In addition, informal results of interagency initiatives may also be used as discussion items at interagency meetings. The formality and completeness of the interagency evaluation report are related to the structure, goals, and resources of the interagency team.

For summarized results of interagency work to be used most effectively, information on the success of the effort must be shared with interagency team members and key community stakeholders. After a formal or informal summary of interagency effectiveness data has been obtained, input from family members and providers is needed. Further, translation services are required for interagency team members who use languages other then English. The interagency team members or subcommittee devoted to the interagency evaluation process can also decide appropriate distribution methods. Opportunities for comment and review can be built into the process for disseminating the report for maximum community involvement. Community-based discussion of interagency evaluation results can provide a natural link to Phase 8, continuous program improvement.

An interagency team may focus on improving transportation and respite care services for children with medically fragile conditions. For example, as part of an annual interagency evaluation process, data were summarized regarding the number of children and families included in transportation and respite care services. Qualitative reports from families and providers were also included and analyzed for recurring themes that showed reported stress reduction among parents who participated. Summary reports were prepared and presented in a focus group format that invited continued discussion and planning for program improvement in the following year.

Outline for report: key elements

Suggestions for Reporting Data

- Provide input on draft reports for accessibility by family.
- Provide translation services as needed.
- Determine appropriate distribution methods.
- Provide opportunities for comments and reviews related to local needs.

Guiding Prompts for Phase 7

- Has the evaluator interpreted the evaluation data and summarized them in an accessible format for the interagency team?
- Is the format friendly to families?
- Are executive summaries available in multiple languages as needed?

- What dissemination process is used to ensure that participants have adequate information before the discussion of system improvement begins?

Phase 8: Systems Improvement Continues

Phase 8 of the evaluation process is linked to Step 8, revisiting the group's purpose, in the interagency development process. Phase 8 provides an opportunity for the interagency team to review and revise the evaluation report resulting from the previous phases of the evaluation process. At this point the summary report informs the interagency team regarding program improvements for the next cycle of interagency work. The team may also want to reflect on the steps of designing and implementing the specific measurement tasks. Table 11 may be used as an interagency team tool for that purpose.

As described in the previous phase of the evaluation process, discussion of the results of interagency evaluation leads naturally to planning and prioritizing for program improvement. This phase completes the cycle of evaluation by reexamining the original interagency goals according to the results achieved to date. The ongoing work of the interagency team takes root at this point, and the depth of the interagency work increases within the local community.

Suggestions for Continuous Improvement

- Review original interagency outcomes.
- Revise outcomes according to evaluation recommendations.
- Restart the cycle of evaluation.

Guiding Prompts for Phase 8

- What changes have you made to your system that are based on the information on evaluation you have collected?
- How will the changes affect the next cycle of evaluation? (See steps 1–7.)

Table 11. Interagency Evaluation Discussion Guide

Phases	*Questions*	*Results and actions*
1. Agencies' needs are identified and summarized.	What are the various agencies' needs that were shared at the meeting? What approaches have agencies used to identify needs?	
2. Team leaders and participants identify indicators.	How will your team demonstrate that the outcomes selected will be accomplished? What are the indicators that will measure progress towards desired outcomes?	
3. Team leaders and participants design evaluation process.	Which stakeholders need to be represented in the evaluation process? How will evaluation information be collected? Have currently available tools been reviewed? Which tools were selected? Why? What are the timeline and venue for data collection? What levels of information (e.g., child, family, agency, interagency) will you be collecting? What evaluation approach will you take (qualitative/quantitative)? What resources are necessary for evaluation analysis?	
4. Team evaluation representatives implement process.	Have you determined leadership for the evaluation process? Who are the appropriate representatives (internal or external to the team)? How have you delegated various evaluation tasks? Have you completed an action plan for your evaluation process?	

Table 11 (Continued)

Phases	*Questions*	*Results and actions*
5. Data are collected from multiple perspectives.	Who will be the participants in the evaluation input phase? What tools will be used to collect evaluation data (qualitative/quantitative)?	
6. Data are analyzed by a mixed-method approach.	What methods are to be used to measure outcome indicators (qualitative/quantitative)? How will data analysis be conducted? What internal and external assistance will be provided to the analysis process?	
7. Evaluation summary report is prepared and disseminated.	Has the evaluator interpreted and summarized the evaluation data in an accessible format for the interagency team? Is the format family friendly? Are executive summaries available in multiple languages as needed? What dissemination process will be used to ensure that participants have adequate information prior to the discussion of system improvement?	
8. Systems improvement continues.	What changes have you made to your system on the basis the evaluation information you have collected? How will the next cycle of evaluation be affected? (See steps 1–7.)	

Review of the Phases of Interagency Evaluation

Phase 1: Agencies' Needs Are Identified and Summarized

Evaluation begins with the first step in the interagency collaboration process—at the earliest series of meetings. This phase corresponds to steps 1–3 in the interagency collaboration process. The agency representatives are to:

- Prepare a needs summary based on a current needs assessment.
- Share information on needs at the first meeting.
- Chart the needs data.
- Prioritize the needs data.

Phase 2: Team Leaders and Participants Identify Indicators

- Refer to Step 4 of the interagency collaboration.
- Review themes.
- Identify outcomes and indicators.
- Review the summary of best practices for interagency systems development and outcomes (Harbin and others 2004; Bailey and others 1998).
- Identify key stakeholders related to outcomes.
- Brainstorm indicators related to the outcomes identified.
- Prioritize and select indicators appropriate to the local interagency process.

Phase 3: Team Leaders and Participants Design Evaluation Process

- Refer to Step 5 of the interagency collaboration process.
- Review the literature on best practices for interagency evaluation.
- Note that the TOIIES model provides a framework for the design process.

- Select appropriate methods for local interagency collaboration.
- Select tools for the pretest and posttest for multiple levels of evaluation, including evaluation of families and agency participants.
- Determine the methods related to outcomes.
- Determine the measures to identify progress toward indicators of outcomes.
- Identify stakeholders to participate in the evaluation.
- Determine the timeline and venue.

Phase 4: Team Evaluation Representatives Implement Evaluation Process

- Refer to Step 6.
- Develop an evaluation team within the interagency team to conduct the evaluation or contact outside evaluators for that purpose.
- Determine the resources within the interagency team to conduct evaluations internally and externally.
- Develop an action plan for evaluations (separate from the process action plan). Provide examples.

Phase 5: Data Are Collected from Multiple Perspectives

- Refer to Step 7.
- Collect data from multilevel perspectives.
- Implement selected tools appropriate to each level of the system.
- Conduct qualitative and quantitative methods and provide examples.
- Adhere the to established timeline for data collection.
- Review periodically to monitor data collection.

Phase 6: Data Are Analyzed by a Mixed-Method Approach

- Refer to Step 7.
- Review the data collected.
- Organize the quantitative data for analysis.
- Review the qualitative data collected.
- Conduct an analysis.

Phase 7: Evaluation Summary Report Is Prepared and Disseminated

- Refer to Step 7.
- Complete a summary report.
- Provide input on draft reports for family accessibility.
- Provide translation services as needed.
- Determine appropriate distribution methods.
- Provide comment and review opportunities related to local needs.

Phase 8: Systems Improvement Continues

- Refer to Step 8.
- Review the original interagency outcomes.
- Revise the outcomes according to the evaluation recommendations.
- Restart the cycle of evaluation.
- Review the original interagency outcomes.
- Revise the outcomes according to the evaluation recommendations.
- Restart the cycle of evaluation.

Exemplary Practices in Interagency Collaboration

This section covers the stories and experiences of interagency teams in four select communities: rural, higher education, suburban, and urban. The stories were generated from team interviews, observations of team meetings, documents, and artifacts. Common themes were identified and included in the summary section on interagency collaboration. The teams are connected with the Supporting Early Education Delivery Systems (SEEDS) Project, Sacramento County Office of Education. The teams' work in interagency collaboration has been recognized as representative of a well-functioning interagency collaborative in an evaluation of visitation sites conducted by SEEDS. (For more information about SEEDS and the visitation sites, visit http://www.scoe.net/seeds.)

Questions asked in interviews of interagency collaboratives are as follows:

- Who are the members of the group? Why were they selected?
- In what types of collaboratives has your agency participated? Which have you undertaken?
- On what types of goals have you focused?
- How do you know whether your efforts are successful? What kinds of evaluation measures are used in the process?

- Why is interagency work important?
- What are the benefits of working together across agencies?
- What makes the cross-agency efforts effective (from your perspective)?
- What do you get out of the efforts?
- What are the long-range effects on children and families?
- What are the challenges and barriers in working across agencies toward a common goal?
- How have you overcome any obstacles to the success of your interagency efforts?
- Is there anything else you would like to add to our discussion?

The questions were used to stimulate discussion about the teams' composition, the process of interagency collaboration, and the goals of the initiatives undertaken. Each story is told under the following headings:

- Types of interagency collaboration
- History of interagency collaboration
- Focus on collaborative goals
- Procedures in collaboration
- Evaluation of interagency collaboration
- Benefits of interagency collaboration
- Obstacles to interagency collaboration

Interagency Collaboration in a Rural Community

It's about whatever it takes to build that trusting relationship. We don't always agree, and it's not always perfect; but when there's a problem, people from both agencies are comfortable enough to be able to call one another to discuss it. The conversation isn't always easy, but people know each other well enough to work through it and get to a solution. I think that's one of the keys to why our interagency relationship with the regional center works as well as it does.

—Team member

Types of Interagency Collaboration

Team members from the Shasta County Office of Education were interviewed concerning their work in coordinating services for children from birth to age three. The team is referred to as the Early Intervention Program (EIP). Members include Jan Kearns, Special Education Director; Donna Patterson, Coordinator; Wendy Sanders, Psychologist; and Cheryl Gulden, School Nurse. Also included are teachers, interpreters, an occupational therapist, a speech and language pathologist, an orientation and mobility specialist, and a teacher of the deaf and hard of hearing. The team collaborates with various agencies, including the Far Northern Regional Center (FNRC), a partner for 20 years. Other agencies involved in collaborative work include California Children Services (CCS), the Shriner's Hospital (in Sacramento), the MIND Institute, the UC Davis Medical Center, the Shasta Head Start and Early Head Start programs, the Parent Infant Program (PIP), the Perinatal Substance Council, the local Child Care Planning Council, Mercy Hospital, the Shasta Regional Medical Center, St. Elizabeth's Hospital, the Shasta Community Health Center, the Rowell Family Empowerment Center, SCOE Early Childhood Services, Northern Valley Catholic Social Service, First 5 Shasta, First 5 Tehama, and the Shasta and Tehama county health departments.

The county office of education (COE) is involved in four types of interagency collaboratives characterized by fluidity in the working relationships with various agencies. A formal interagency meeting occurs once or twice a year, with issues placed on the agenda for discussion. When a need arises to address gaps in services, two teams meet to discuss solutions. For example, an early hearing-screening issue was addressed in this

manner. The needs were posted for the group, and members discussed the roles of each agency and the method of coordinating services. Once a month the COE invites various personnel to meet individual children. Regional center or school district representatives may be involved if the issue centers on transition at age three. Other smaller interagency meetings may occur depending on the needs identified by staff and families, and one-on-one phone contacts and joint intakes across agencies are also employed as part of informal interagency teaming.

In addition to the interagency teams, the COE has a formal agreement with the regional center as a vendor for transdisciplinary assessment services for children from birth to eight years of age and for developmental services for children up to three years of age. Also established are a formal interagency agreement with SELPA and Head Start as well as other memos of understanding with agencies that are developed as needed.

History of Interagency Collaboration

In the early 1990s both the COE and the FNRC staff attended the Governor's Conference on Early Start, which provided opportunities to network outside the formal workplace. The relationship between the COE and the regional center staff grew out of shared experiences and opportunities to exchange ideas and be trained together. When new staff members join either of the agencies, a process exists for communicating effectively and including the new staff in the process. Interagency teamwork on four levels established the working system and institutionalized it for staff and families entering the system for the first time. At the beginning staff from the COE and the FNRC scheduled luncheon meetings to get to know one another and establish ways to communicate. These meetings occur when a need exists for staff to reconnect.

Focus on Collaborative Goals

Collaborative goals that receive attention are the following:

- Agency issues that become problematic over time
- Transition
- Ensuring continuity in the system
- Understanding the culture of each agency
- Individualized family service plan document
- Play-based assessment versus standardized assessment
- Newborn hearing screening

Procedures in Collaboration

Although formal interagency agreements exist, such as the agreement between the COE and the FNRC, the process is typically less formal in nature. For instance, when working on the individualized family service plan (IFSP), everyone collaborated in brainstorming sessions in which the responses were outlined graphically. From this effort came a new form. Although the semiannual meetings include an agenda, each topic is open for dialogue and consensus building. Depending on the issue, a written document might result. At the interagency meetings opportunities are provided to talk about how things are done within each agency. Brochures are shared and used as references for understanding the mission and specific goals of each agency represented.

Sometimes the procedure is informal. For example, an administrator from one agency may contact an administrator from another agency to schedule lunch and work out a problem. However, the team recognizes the importance of meeting at least every six months for face-to-face contact to discuss issues that might have arisen within each agency. The group recognizes that informal communication

channels can become dysfunctional if open communication forums are not occurring regularly.

The annual interagency agreement between the COE and the FNRC includes specific program implementation policies for the integrated system of care. It specifies policies in child find, referral, intake, evaluation and assessment, year-round provision of services, the individualized family service plan, transition, service coordination, transfers, and timely exchange of information. The agreement includes procedures for maintenance of effort, resolution of disputes, payer of last resort, surrogate parents, training, and the specific terms of the agreement. A philosophical statement about the Early Intervention Project in California that parties agree to promote can be found in Appendix C.

Evaluation of Interagency Collaboration

No formal evaluation tool is used to measure the effectiveness of interagency collaboration. However, the team does discuss outcomes during the semiannual interagency meeting. Family and staff comments are gathered from many sources, including the EIP, the regional center, and Early Start monitoring. Families tend to view the services from the COE and the FNRC as from a single source. The Early Start monitoring evaluation that occurred recently identified interagency work as exemplary. The team recognizes that interagency work is continual and ever changing, requiring it to be open to new ways of measuring group dynamics and effectiveness.

> *Families are dealing with so much with understanding and acceptance of their child, and trying to figure out whom to trust is very difficult as well. When people are working together, that doesn't mean that all the agencies have to agree; it's just that agencies have to be working together and have some sort of collective way that it can be simpler for families to have positive experiences.*
>
> *—Team member*

Benefits of Interagency Collaboration

Interagency collaboration makes the work of individual agencies easier. Families have a multitude of issues to deal with, and the COE staff prides itself in collaborating to help families feel supported and gain control of their lives. Resources and personnel are shared across agencies, ensuring that no duplication of services occurs. Secondary to the family benefits through interagency team work is the partnership with the Rowell Family Resource Center. Parents in that group have assumed leadership in facilitating the activities of other parent groups that were previously handled by the staff.

Another benefit in interagency teaming is the provision of opportunities for cross-training. Participation in training events is broader because of the support of the interagency collaboratives in bringing both families and staff to attend regional events, such as transition training and specific-content training on Brazelton Touch Points.

The collaboratives have spawned many communication networks among staff that encourage shared training and family support. When families of medically fragile young children eligible for MediCal were having difficulties accessing services from physicians, service providers addressed the problem by working directly with community health centers. Two slots in a regular hearing clinic were reserved for Early Start families to get hearing evaluations for the families. Another example of coordination across medical and developmental services is the "medical passport." Partners in developing the medical passport were hospitals, the FNRC, the Rowell Center, the SCOE, and

the CCS. Originally funded by a grant, the Rowell Center continues its services for families by developing a medical passport that includes information about accessing health services.

Obstacles to Interagency Collaboration

Problems with finding time to hold meetings can hinder progress. Sometimes the meetings are scheduled after regular work hours, and team members who are committed to the process attend. Sorting out the multiple languages of families and professional language and culture also challenges the Shasta team. Additionally, different policies and forms from various agencies compromise the streamlining of the system of service, requiring coordination of multiple procedures, timelines, and forms.

> *A result of interagency work is the development of a shared philosophy about how to work with families. It's like varnishing wood. You don't know what the grain looks like until you varnish. You don't know what agencies can do until you start working together.*
>
> *—Team member*

Building good relationships with agencies increases access to programs and services for agencies and the families they serve. Meeting and talking about what is available for families within each agency clarify misunderstandings about what services are available and potentially feasible. The newborn hearing screening process is a case in point. When the COE team member met with other health and hospital staff, they realized that equipment was available to conduct such screenings as long as qualified staff members were hired. This example demonstrates the importance of sharing information across agencies to solve problems that one agency might not be able to do alone because of a lack of information regarding resources available from other agencies. Communicating information on issues to be resolved is the first step in the Shasta interagency process. When informal approaches yield less than satisfactory results, the Shasta team addresses its concerns at the more formal interagency meeting held semiannually.

Another strategy employed by the interagency team is to hire an outside consultant to facilitate the larger group when issues may be complex and guidance is needed from a neutral outside party. This approach also provides a training-of-trainer approach to meeting facilitation in which the outside consultant is paired with one or more agency staff members to cofacilitate the meeting. The credibility of the local staff is enhanced through the support of the external facilitator. The team acknowledges that working collaboratively is more effective in serving families and comfortable and pleasant for staff. Collaboration is conducive to creating a manageable, less frustrating work environment.

Interagency Collaboration with Higher Education

> *To hear our teachers say how proud they were to see how the families were able to handle this meeting of 20 individuals, sitting at this desk was rewarding. They were able to do that because we have made a strong commitment, be it written on paper or not, that we're going to work with these agencies to help our families be able to go on to the next step.*
>
> *—Team member*

Types of Interagency Collaboration

Centro de Ninos y Padres, an early intervention program, is a vendored regional center program housed at the California State University, Los Angeles

(CSULA), College of Education, Division of Special Education and Counseling, and is one of SEEDS' 21 visitation sites. Diane Klein, Executive Director and University Liaison, and Maria Molberg, Centro Program Director, were interviewed about their interagency work. The collaboratives, informal in nature, support services to families and children. The audiology clinic provides quarterly audiological screenings for children referred for assessment. Another collaborative fostered by the program exists between the regional center and the school districts during transition time. The Centro offers Saturday workshops on transition to families and professionals. It also hosts the IFSP transition meetings to ensure that all parties, including early intervention teachers, are informed of the process. Medical students from the University of Southern California visit the program twice a year as part of an introduction to clinical medicine for first-year students. The Centro also coordinates the hiring of assistants through the East Los Angeles Occupational Center, where individuals are trained to be paraprofessionals. Occasionally, other departments on campus use the centro for projects involving, for example child development and engineering.

History of Interagency Collaboration

The program began more than 25 years ago through the support of a federal grant previously titled the Handicapped Children's Early Education Program (HCEEP). Annette Tessier, professor emeritus, CSULA, and other special education faculty were instrumental in designing and implementing an early intervention program providing (1) a training facility for students completing teaching credentials and special education degrees; and (2) services for families of children with disabilities. When the funding ended, the regional center contracted with the program directly to provide early intervention services to eligible families and children.

CSULA provides space, which in turn offers training opportunities for several departments, including special education, counseling, psychology, and speech and language pathology. It also provides direct connections to community services. The facility provides a site for Early Childhood Special Education Credential candidates and other participants in master's-level programs to complete fieldwork and student-teaching requirements. The Centro has received a proclamation from the county commending it for its exemplary work in the community. And until recently SHARE, a philanthropic organization of women affiliated with the film industry, funneled proceeds from its fund-raising projects into Centro activities, including funding for an outdoor play area for infants and toddlers.

Focus on Collaborative Goals

Collaborative goals that receive attention are the following:

- Transition
- Transportation
- Assessments
- Transdisciplinary teaming
- Assistive and augmentative communication (AAC)

Procedures in Collaboration

The Centro staff maintains strong relationships with the regional center, the school districts, and the CSULA departments it works closely with. Informal, interpersonal relationships, highly valued by the program staff, are used to solve problems through communication before the problems become barriers to providing services. The staff prides itself on the commitment made to working collaboratively with the Los Angeles Unified

School District. The Centro staff presents its program offerings to other departments and agencies to improve communication. For instance, the Centro staff invites the transportation company vendored directly by the regional center to attend the annual graduation and Christmas programs.

Evaluation of Interagency Collaboration

One of the things that truly helped us with the district as well as with the regional center in terms of cementing the relationship specifically with the service coordinators is that we recognized that we had to try to walk in everybody else's shoes.

—Team member

The director gauges the success of the interagency transition effort through the reports of her employees. When teachers return from transition training or a meeting on an individualized education program (IEP) and report a positive outcome for the event, their perspective reflects the interagency approach. When families are happy with the IEP process, the Centro staff knows it has done its job well in preparing the families to undertake educational planning for their children. Occasionally, meetings are held involving early-intervention teachers, district staff, and regional center service coordinators to discuss the roles and responsibilities of each agency. Parents are asked to complete surveys on program satisfaction after each quarter and at exit. At those times they may list concerns and training needs.

Benefits of Interagency Collaboration

In the process of working together, it is truly transdisciplinary that we support each other in the work that we do on behalf of families; an understanding of the complexity of the system, a true appreciation for the work of each individual. If I can learn from or assist a service coordinator with her responsibility, then maybe they can assist us a little bit with our responsibility.

—Team member

The true benefit of working across agencies is that derived for children with special needs and their families. The Centro program staff members support each other and members of other agencies in the work they conduct collaboratively for families. When working together, the Centro staff feels that reciprocity exists in relationships because each agency member is strengthened by the cross-agency work. Everyone involved has access to the broader picture of what is required to provide adequate services for a family.

Another benefit of the program is the many training opportunities made available to Centro staff through the various networks and connections that the coordinator maintains. The amount of training provided by faculty and other agency representatives at no cost to the program reflects the success of the informal working relationships fostered by the Centro.

The hiring of parents to work in the program and regular attendance at the alumni picnic held annually reflect the long-range impact of the program. Some families continue to support the program by donating time and energy to help new parents navigate the complex early intervention process.

Obstacles to Interagency Collaboration

If you're going to try and do problem solving, you need to have the courage to say this is not working. Let me tell you what it's like from our perspective but then, at the same time, be able to hear what the other side is talking about. It's very important: conflict resolution, negotiation, collaboration skills.

—Team member

Because of its central location on campus, the Centro receives attention from many on-campus and off-campus groups. That visibility helps maintain its status on campus but at the same time challenges it to remain as an exemplary program for serving families. The Centro staff members, aware that they are often viewed through multiple lenses, maintain their credibility for providing timely and appropriate services for children with special needs and their families. Doing so is vital to receiving continued support.

The interactions among program staff, regional center contacts, and school district personnel are based on informal working relationships. Although the program lacks formalized agreements documenting its commitment to interagency work, the staff views the omission as a challenge, not a barrier. It has been successful in nurturing a network of agency contacts that has influenced the longevity of the program.

The Centro staff prides itself on its commitment to families and children. Its dedication to clients is at the heart of what it does. It recognizes the importance of interfacing with other agencies providing services to children with special needs and their families. Equal to its commitment is the support of students in the programs at CSULA. The Centro staff promotes best practices as it serves children and their families from various backgrounds and economic levels.

The Centro staff believes in the informal relationships and networks established over the years to ensure program success. Its program achievements are a result of the strong interagency relationships formed and fostered within the university community and with the regional center, other vendored programs and therapists, and many school districts that receive their children and families at transition time.

Interagency Collaboration in a Suburban Community

I think that families have more resources to pull upon. It makes families' lives easier when groups work together. Families don't care what agency you're from. They just want the service. I think we've been able to do that.

—Team member

Types of Interagency Collaboration

The Napa County Office of Education provides services to young children with disabilities from birth to age five and their families in a coordinated, seamless fashion. The Napa County Interagency Group's Birth to Five Year Committee is the overarching advisory group for the effort. The director of the Early Childhood Program spearheads the group, which meets quarterly to discuss cross-agency issues focused on young children with special needs and their families. The group is composed of a program manager from the North Bay Regional Center (NBRC); a representative from the California Children Services (CCS), Medical Therapy Unit; a staff member from Maternal and Child Health; a member of the local CRC; a parent representative from Matrix, a local parent organization; the Napa County Office of Education's Parents CAN representative; an Early Head Start staff member; and a representative from the local Child Start organization that operates all of the Head Start and Early Start programs. Other groups participate on an as-needed basis when issues concerning their organizations need to be addressed, such as COPE, a family resource service supporting families and their needs within Napa County.

History of Interagency Collaboration

Interagency collaboratives resulted from the requirements of the Individuals

with Disabilities Education Act (Public Law 99-457), which provided incentive funds for developing programs for children from birth to three years of age and for creating coordinating councils in the late 1980s and early 1990s. At that time a tricounty group (Napa, Sonoma, and Solano counties) addressed issues relating to the IFSP. Because of the differences among the counties, the issues for Napa as a small rural county in which the Napa County Office of Education was the sole provider of early intervention services warranted a smaller group to focus on Napa's unique needs. Therefore, Napa stopped participating in the tricounty initiative and for a while did not meet with the interagency group.

About five years ago the interagency group was restructured by the Napa COE, and many organizations were invited to join. Eventually, only the Napa COE and the RC representative met to discuss the needs of children from birth to age three. Still, the needs of children from birth to age five were also evident. About three years ago the Napa COE invited CCS to participate because it was an agency both the COE and the RC had in common. Because the Napa COE had a very strong working relationship with Child Start, Inc., that agency was also encouraged to participate. Additionally, Parents CAN, the parent support group, joined. The group was reborn. This group includes director-level employees who can make decisions during the meetings.

In addition to the main interagency group, a Friday intake group includes many agency representatives, such as public health nurses and early intervention staff. A monthly interagency case management discussion involves another group that meets to explore complex cases involving multiple agencies. The process includes questions about family strengths, child strengths, concerns for the family, concerns for the child, and resolution. This newer group has met several times and rotates the facilitator and recorder. Minutes are typed and disseminated to staff participants. Transition planning is discussed at these monthly meetings. Another interagency group was formed recently to discuss coordination and services for the Therapeutic Child Care Center.

Focus on Collaborative Goals

The comprehensive interagency initiative is designed to:

1. Change the interagency group's emphasis on children from birth to age three to children from birth to age five.
2. Improve public awareness through public relations and information sharing concerning provision of services, including presentations to physicians through Parents CAN.
3. Improve coordination of services by promoting partnerships among service providers.
4. Identify gaps in services and (a) apply for grants that may address those needs; or (b) approach other agencies, such as the local mental health agency providing mental health services for infants.

Procedures in Collaboration

The large interagency directors' group meets four times a year. The facilitation and location of the meeting are rotated, and refreshments are provided. The Napa COE records the minutes and disseminates them to the group after the meeting. Any conflicts within an agency that may stem from cross-agency work are addressed at the large meeting. Opportunities are provided to discuss

what individual agencies do and manage where expectations can be shared that open up a way for better communication. Problem solving takes place within the agencies and at the interagency level. Decision making is delegated to subgroups of interagency participants, such as service providers. The interagency group does not make the major decisions but provides guidelines on how various service-level staff can make the decisions. The template for taking minutes includes the building of an agenda across agencies, standing items on what is occurring at each agency represented, discussion items, information items, meeting evaluation, date and time for the next meeting, and next steps. (See Appendix E.)

The Napa COE has written agreements required by law, such as the Head Start agreement, which are revised annually and approved by the director of each agency. The process is now institutionalized between agencies. The Napa COE also has an agreement with the NBRC for serving children under age three and provides administrative support for completing the document annually.

Along with interagency procedural elements, the Napa interagency group uses some shared processes and forms, including the Early Start Interagency Referral for Screening for Birth to Five Years that is also used by the regional center and CCS. The Napa COE Program (often referred to as NIPP, the Napa Infant Preschool Program) acts as the central point of referral for Napa County. Procedurally, the programs follow a well-documented intake process depicted in a flowchart for all agencies to follow (see Appendix G). Additionally, NIPP uses a referral and assessment tracking form to manage the flow of referrals received from various agencies represented in the interagency group. The intake process was an outcome of the work of the interagency group several years ago.

It's that predicting of community trends, you know, when you're working together across agencies. Sometimes it's really enlightening when you didn't even think of that. Thank you for addressing that. It's great to have an opportunity to hear from other programs because it helps you know what's coming up.

—Team member

Evaluation of Interagency Collaboration

Informal evaluation of interagency collaboration occurs when the work is observed to determine whether the process is moving along smoothly. The decision-making process in the Napa COE is clear. The four meetings that are held act as a formative approach to address whether the system has been working and whether issues have arisen that need to be examined to improve the system. The Napa COE director has vast knowledge and experience in facilitation skills that she uses to support the functioning of the group.

More formal evaluations are used in some agencies that affirm the interagency accomplishments. For example, a review of the NBRC revealed that the collaborative approach undertaken by Napa County resulted in fewer out-of-compliance referral responses within the 45-day timeline set by federal law for Part C. Correspondingly, parents interviewed for the monitoring review expressed satisfaction with the services they had received in Napa County. The monitoring review includes a focus group on interagency efforts that, while focused on the lead agency of the regional center, still provides a structured qualitative format for measuring group success.

Benefits of Interagency Collaboration

The Napa COE has found that members who are familiar with one another

can begin to discuss priority issues immediately and respond to interagency differences before conflicts arise. Because of that relationship, which engenders camaraderie and an agreeable level of comfort, the members can discuss problems before they occur in the field. Frequently, community trends can be more accurately identified through collaboration; that is, by listening to what others have to say about similar needs, such as complex family concerns.

According to the Director of Early Childhood Programs for the Napa COE, a benefit of collaboration is the sustainability of programs designed and developed through an interagency group. Granted, community leaders are committed to serving families and supporting individual agency missions. The Napa interagency group believes that shared leadership and ownership of the interagency group allow participants to accomplish more than if they alone were to address concerns. Willingness to discuss and resolve conflicts brought to the table is an asset of the group process.

Obstacles to Interagency Collaboration

An initial challenge to Napa's interagency group was the large number of missions subscribed to by the agencies participating. The critical component of the initial interagency meetings in Napa was learning about one another's work and commitments and developing positive working relationships among members. Agency representatives were required to be flexible and often had to relinquish their own agency goals in committing to the interagency effort. Similarly, barriers appeared because of differences in providing services between educational agencies and other agencies that subscribe to a more clinical approach to service. Understanding the differences and using research as a support to moving forward with what works were tactics employed by the Napa interagency group.

> *Just be at peace with it. Don't argue the point all the time because the relationship is more important than how they provide the services sometimes.*
>
> *—Staff member*

Another barrier occurs when the participants are not directors and cannot, therefore, decide immediately on identifying problems and solutions at the interagency level. In these cases changes can be difficult to make. With the Napa group, however, because the COE representative is a director, contacts with directors at other agencies to resolve conflicts can be made immediately. Often, only a single issue can be addressed at a time. For the Napa interagency team, decision making at the director's level is a critical component.

For the Napa COE, addressing issues that are the most difficult to solve first and then moving on to less pressing ones later help to keep the group out of quagmires. Respecting the approaches of others to facilitating and problem solving is also an important aspect of interagency behavior. Leaders must be clear about what is important to their agency but must also recognize the needs of group members in other agencies and avoid being overwhelmed by various staff issues. Participants in the group process must not be offended personally when working with others from different agencies because the building of relationships is the most important element in interagency work. Similarly, agency programs must be built up and based on research and best practice. In that way other agencies will recognize the agency's credibility and suitability for negotiation. Quality assurance within agencies sets the stage for positive interagency networks to be established.

Interagency Collaboration in an Urban Community

It's got to be a collaborative process because if you work alone, you're just out there screaming in the dark. Working together, we can move forward. There are too many players to do it by yourself. Nobody can know everything; so there are so many people at this table and at the other groups we meet with who know pieces of information that I certainly don't know, and I'm depending on them to fill in the gaps in my own knowledge.

—Team member

Types of Interagency Collaboration

The San Joaquin County Interagency Group for Early Start (ES) Services is led collaboratively by the five points of contact established by the core group many years ago. The regional center (RC) manages the master client list and interagency agreements with the three special education local planning areas (SELPAs) represented on the team. The five points of contact are the RC, the ES Program, the Family Resource Network (FRN), the Stockton Unified School District (SUSD), the Lodi Unified School District (LUSD), and the San Joaquin County Office of Education (SJCOE). Representatives from each agency participated in the interview. Additionally, a meeting occurred with the five-county consortium that the San Joaquin County (SJC) team participates in.

Several interagency collaboratives function as part of the SJC effort: the Infant Services Coordinating Committee (ISCC), the Early Intervention Services Committee (EISC), the RISC-9 (Regional Infant Services Committee) Symposium Committee, and smaller joint intake and service collaboratives between the RC and each respective LEA point of contact and between the RC and the FRN. The ISCC that includes the five points of contact meets weekly to receive and process referrals and plan coordinated intake.

The EISC meets monthly and includes the five points of contact and other agencies serving children from birth through age five, including First 5 representatives; the United Cerebral Palsy (UCP), representative, also a vendor of the RC; Early Head Start staff; district school readiness program representatives; the California Preschool Instructional Network Special Education Lead for SJC; the Lincoln Unified School District representative; the Manteca Unified School District representative; the Easter Seals/Special Families representative; the CCS manager; the Family Resource and Referral Center (FRRC) Special Needs Coordinator; and others as needed.

The purpose of the monthly group is to share information on current events and issues affecting young children with disabilities and their families. The RISC-9 Symposium Committee includes the five points of contact as well as UCP representatives, First 5, CPIN, FRRC, and representatives from Stanislaus County Office of Education and contact with Calaveras and Amador counties. The committee meets once a month to plan and hold the Annual Early Start Symposium. The RC and LEAs also participate in smaller informal teams depending on the district-funded capacity and specific program resources and needs. For instance, the RC meets with the Stockton Unified School District's Preschool Program Manager to manage transition from Part C programs to preschool opportunities.

History of Interagency Collaboration

After the enactment in 1986 of Public Law 99-457, which provided incentive funding for states to provide services to infants and toddlers, California formed

local interagency coordinating areas (LICAs) throughout the state in the early 1990s to promote interagency discussion about how to work together to provide services for young children. The RC, the FRN, and the three SELPAs were invited to meet regularly and discuss how the program would work within the county. The meetings began as brainstorming sessions during which various ideas and issues were aired. This initial effort was the precursor to the San Joaquin County Early Start Procedures. At the early meetings the participants were hesitant to agree on anything. Later, the relationship evolved into a solid, coordinated, respectful partnership that continues to this day. When the LICA ended a few years later, the group had already established a monthly group and had decided on how it would proceed in implementing the requirements of the law and various programs. If procedures needed drafting or amending, the group would discuss it at the monthly meeting.

As part of the earlier brainstorming process, the group discussed how referrals would be addressed in a timely manner and referred to the appropriate agencies. A direct result of that discussion was the establishment of weekly meetings to share referrals. The consenus of the group was that the meetings would deal with referrals effectively and meet the timelines required by law. At those meetings the group also determines the assessment process. The group is committed to a joint assessment process. Because the Stockton Unified School District (SUSD) had been operating an infant program for several years, the group decided to build on the existing service model by coordinating services between the regional center and the district.

Focus on Collaborative Goals

Collaborative goals that receive attention are the following:

- Transition procedures
- Computerized IFSPs
- One IFSP form
- Hospital intake procedures
- Child find through the ISCC
- Procedural issues
- Shared forms

Procedures in Collaboration

The SJC collaborative has developed several methods for documenting meetings and resulting activities. For the weekly ISCC meeting, the five points of contact met for a year to draft ES procedures agreed to by all agencies represented on the ISCC. The procedures cover various requirements of the laws, including child find, identification and referral, assessment, solely low-incidence children, IFSP, surrogate parents for children in ES, periodic reviews, transition from ES, procedural reviews and dispute resolution, and the collaboration developed between RC managers and LEAs. Although the RC has an interagency agreement with each of the three SELPAs that is renewed annually and signed at the director level, the ES procedures are more specific about how things are done across agencies. In addition to the procedures, the RC develops and distributes monthly a master client list to the five points of contact that includes dates, referral information, service coordination and provision, and any follow-up dates to be considered.

For the monthly EISC meeting, the group rotates the responsibilities of developing an agenda and recording minutes and disseminating them to all participants bimonthly to each of the five points of contact. The site for the meetings remains

at the RC, as do the weekly meetings. In addition to the EISC minutes, the group has a set of bylaws formulated several years ago. The bylaws serve as a historical document enabling new members to become familiar with the process. They are not, however, always explicitly followed by the members. The document is available for new participants to review (see Appendix D). The minutes always reflect the mission of the EISC at the top of the page and include all members who attend the meeting for that month. The template includes standing items, such as reviewing the meeting minutes, RISC-9 updates, and agency updates. Other topics regarding interagency agreements, new initiatives, and training opportunities are included as needed. The RC maintains an updated list of members that is shared with the five points of contact when minutes and other information are disseminated.

For the RISC-9 Symposium Committee, the Director of the Family Resource Network acts as the symposium administrator, whose role encompasses recordkeeping and finance. Each year the group submits a collaborative grant to WestEd to support its training initiative. A small portion of the grant pays for the administration of the annual event. Several documents hold the institutional memory for the symposium. "A History of the Early Start Symposiums" is an outlined review of each of the 11 symposiums held, including the names of keynote speakers and meeting locations. New members of the symposium group have access to this overview, which helps explain the purpose and the procedures of the group, including rotation of symposium chair responsibilities annually by county. A second document developed by the FRN provides a detailed review of the steps needed to plan and convene the annual symposium (see Appendix F).

Such information as handling registrations and financing and reserving the facility and identifying keynote speakers helps the group understand the complexity of the planning and identify components that might warrant the selection of different representatives to handle. Responsibility for creating the table decorations is rotated annually. Door prizes are donated by each participating agency to increase the participation of attendees in the evaluation process. Additionally, each agency commits to sponsoring several parents to attend the event, thereby ensuring that slots will be reserved for parent representatives. Some agencies commit to paying for a certain number of slots for their infant and preschool staff as well.

The RISC-9 group meets monthly to discuss the components of the symposium checklist. An agenda is developed by the chairperson, who is a member of one of the three areas served: Stockton, Modesto, and the mountain counties. Notes are taken by the representative from United Cerebral Palsy (UCP). The meeting minutes, which provide an account of the planning process, help keep members who do not attend every meeting up-to-date on the next steps to be taken. The FRN compiles evaluation information from each symposium and provides a summary of results to the committee to assist in action planning for the next year. Together with the meeting minutes, the FRN provides a one-page account of budget items and expenditures to date for symposium activities. Besides the scholarships offered by various agencies and the WestEd grant, the RISC-9 committee solicits support from vendors and other technical-assistance agencies, such as SEEDS. The multiple levels of funding provide a base for the next year's event. Staff from various agencies donate their time for planning, organizing, and holding the event.

The ES Symposium is an example of a cross-agency training initiative that five counties, the RC, and many vendors and other agencies participate in.

Evaluation of Interagency Collaboration

Individual programs use parent surveys to measure program satisfaction. The RC calls the parents of children from birth through age three to gauge satisfaction with the services. Because the group meets weekly, the members can discuss informally what is working well and what changes might need to be made to streamline the process. In addition, the group uses the master client list to measure, for example, whether referrals have been processed in a timely manner and service coordinators have been assigned. The master client list allows the five points of contact to track the outcomes for children and their families. An additional proof of success is that very little turnover occurs among the representatives of the five points of contact. The group revises the ES procedures when it finds problems with the system.

> *I enjoy the camaraderie. None of us have a counterpart within our agencies. There is no one else who does my job in my agency. This is the only group of people who know what I'm doing, who can answer questions, or can toss things around. That kind of support and camaraderie I don't have anywhere else.*
>
> *—Team member*

Benefits of Interagency Collaboration

Interagency collaboration provides access to quality services that are less confusing and more efficient and forestalls duplication of services. The interagency group is committed to providing quality services. The participants benefit from the support they provide to one another as members of interagency committees. Brainstorming and collaboration allow the SJC collaborative to have an open-thought process. Because the system is in place, new staff can work within the system more easily and become readily acquainted with the overall process. The professional support provided by colleagues through the five points of contact helps guarantee attendance at the weekly meetings.

Obstacles to Interagency Collaboration

ISCC members are required to be very flexible when trying to meet the internal requirements of each agency while addressing system issues. The larger EISC group provides information sharing because of the large number of its participants. ISCC members prefer that the smaller county group decide problems because decisions can be made relatively quickly and easily once the group members consult with their directors when necessary. Because group participants represent the program coordination level, problems are often solved through a few additional meetings of the ISCC to update the procedures or explore other solutions to a problem.

Another challenge of the SJC group is that ISCC members are spread very thin and wear many hats. It becomes a challenge to accept the demands of the weekly meetings. As more responsibilities are added to jobs, a commitment to the group is sometimes compromised.

> *We used to talk about it as an arranged marriage where the parties involved really were not committed to it until we were actually living together and we had to work things out. Anytime you bring different agencies together that wasn't of their own choosing, there is some of*

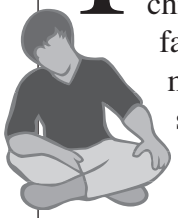
that "us and them" sort of thing. I don't have a sense of that anymore. We're all part of us.

—Team Member

The SJC group respects its individual members, who reap so many benefits by working together that they continue to meet weekly. The group has established a 9 a.m. start for sharing referrals. The meeting always begins promptly to respect the schedules of the participants. The problems that arise in the system are addressed by having a weekly meeting. The once-a-week time allotment helps manage the large numbers of referrals received within the week. In addition to the weekly meetings, the SJC team has instituted a check-and-balance system for referrals whereby a referral list is sent to each agency for review. The weekly meetings also allow for the sharing of community information so that agencies are apprised of new programs serving children and are able to stay connected with what might be most appropriate for families. Without the weekly event some of the community information might not be shared until after a family has already experienced a problem with the system. The weekly meeting is a stopgap measure to ensure that information about families and programs is collected ahead of program planning.

The SJC interagency collaborative provides an excellent model of effective brainstorming and problem solving. The commitment to maintaining positive working relationships among members strengthens the cohesiveness of the team. Besides dedicating weekly time slots for interagency work, the SJC group documents its efforts through annual agreements, procedures, bylaws, master client lists, and minutes. The documents provide a reference for new members and a framework for group problem solving, especially when differences in personalities and agency expectations threaten the balance of the interagency work.

Summary and Recommendations



The effectiveness of collaboration between agencies serving young children with disabilities and their families is well established from many perspectives. Outcomes of successful interagency collaboration are identified in research that demonstrates benefits for children, their families, and agencies. As shown earlier in this publication, increased services for children and families, together with improved connections and coordination for children with complex needs, are also well documented. Further, the successful efforts of interagency collaboratives to address improved coordination of services and the sharing of resources to overcome gaps in programs and services for families and young children are reported throughout California. This handbook has provided a comprehensive discussion to assist interagency teams in developing effective programs and services that reach beyond the scope of a single agency or specialization. It also provides extensive resources, considers challenges to be overcome, and identifies designed tools to make the process more accessible. Each of these key areas is highlighted as follows:

Resources for Interagency Collaboratives

Resources for interagency collaboratives are found within the service systems,

policies, and programs of local communities. The key resources are personnel and family members. Although public and private agencies exist in virtually every urban and rural community, resources may be distributed unevenly across the state. The major federal and state requirements for services to young children with disabilities are included in programs mandated under IDEA 2004, including Part B, ages three to twenty-one, and Part C, early intervention for the special education system. Key agencies in California providing services to these children and their families include school districts, regional centers, parent information networks, Early Start, California Children Services, Early Head Start, Head Start, Public Health, and First Five more recently. Other public and private agencies might include Easter Seals, United Cerebral Palsy, Catholic Social Services, and others. Each agency has committed professionals and administrative leaders who can be approached and engaged in the interagency collaborative process.

Challenges for Interagency Collaboratives

Challenges for interagency collaboratives are discussed throughout this publication and include issues of time, frequent communication, planning, evaluation resources, facilitation leadership, and funding for interagency initiatives. Awareness of the challenges that face interagency collaborative initiatives can help to identify methods to overcome barriers within and outside of the team.

Tools for Interagency Collaboratives

Extensive tools are available for interagency team development and collaborative actions to benefit children, families, and agencies to become more effective. Tools for interagency collaboration include those used for training and awareness of interagency collaboration, evaluation, and decision making within the team. (Several tools are listed in Table 8.) The tools available to interagency teams can be used to help move teams toward the next steps in the process of interagency development.

Recommendations from the Field

In summary the following recommendations are offered to those agencies and personnel that plan to create or improve their interagency work. The common elements have been derived from interagency stories collected in interviews about interagency teams that took place at four SEEDS visitation sites. It is recommended that agencies and personnel consider:

1. Maintaining an interagency culture by emphasizing consistency of team players or documented procedures and bylaws
2. Fostering effective communication among members
3. Promoting open dialogue concerning agency roles and expectations related to common goals
4. Holding regular meetings or events
5. Using brainstorming techniques to solve problems
6. Encouraging rotating responsibilities among agency representatives
7. Using existing models for program development and modification
8. Developing collegial relationships by agreeing to disagree and promoting mutual trust, and respect, and camaraderie.

With these themes in mind, interagency teams throughout California will continue to grow successfully and improve their cross-agency efforts on behalf of young children with special needs and their families.

Appendix A
Legal Citations

Government Code, Division 14, California Early Intervention Services Act, Chapter 3, State Interagency Coordination

95012. (a) The following departments shall cooperate and coordinate their early intervention services for eligible infants and their families under this title, and need to collaborate with families and communities, to provide a family-centered, comprehensive, multidisciplinary, interagency, community-based early intervention system:

(1) State Department of Developmental Services
(2) State Department of Education
(3) State Department of Health Services
(4) State Department of Social Services
(5) State Department of Mental Health
(6) State Department of Alcohol and Drug Programs

(b) Each participating department shall enter into an interagency agreement with the State Department of Developmental Services. Each interagency agreement shall specify, at a minimum, the agency's current and continuing level of financial participation in providing services to infants and toddlers with disabilities and their families. Each interagency agreement shall also contain provisions for ensuring effective cooperation and coordination among agencies concerning policymaking activities associated with the implementation of this title, including legislative proposals, regulation development and fiscal planning. All interagency agreements shall be reviewed annually and revised as necessary.

California Code of Regulations, Title 17, Division 2, Chapter 2, Early Intervention Services. Subchapter 4, Service Coordination and Interagency Agreements. Article 2, Interagency Agreements

52140. Local Interagency Agreements

(a) Regional centers and LEAs shall develop and maintain local interagency agreements.

(b) Local interagency agreements shall include but not be limited to the following:

(1) The responsibilities of each LEA and regional center for meeting the terms of the agreement;
(2) Procedures for coordination of child find activities with local public agencies and regional centers to identify infants and toddlers who may be eligible for early intervention services;
(3) Specific procedures for coordination of referrals for evaluation and assessment;
(4) Procedures for the assignment of a service coordinator;
(5) Interagency procedures for identifying the responsibilities of the regional center and LEA for completing evaluation and assessment and determining eligibility within the time requirements contained in Section 52086 of these regulations, when an infant or toddler may receive services from both the regional center and the LEA;
(6) Procedures for the timely exchange of information between regional centers and LEAs;
(7) Mechanisms for ensuring the availability of contacts at regional centers and LEAs at all times during the year;
(8) Procedures for interagency IFSP development when infants and toddlers may be eligible for early intervention services from the regional center and the

LEA or other state or local programs or services;

(9) Procedures to ensure provision of services during periods of school vacations when services are required on the IFSP;

(10) Transition planning procedures, which begin at least six months prior to a toddler's third birthday pursuant to Section 52112 of these regulations;

(11) Procedures for resolving disputes between regional centers and LEAs;

(12) Procedures for the training and assignment of surrogate parents; and,

(13) Procedures for accepting transfers of infants or toddlers with existing IFSPs.

(c) Local interagency agreements shall be dated and signed by representatives of the regional center and LEA.

(d) Interagency agreements shall be reviewed by both parties annually, revised as necessary, dated, and signed by both parties.

Authority cited: Government Code sections 95009 and 95028. *Reference: United States Code,* Title 20, Section 1435(a)(10); *Code of Federal Regulations* sections 303.1, 303.174, 303.523, and 303.524.

Part C, Individuals with Disabilities Education Act of 2004

The Individuals with Disabilities Education Act (IDEA) and its regulations provide guidance for the coordination of services for young children, birth through five, with disabilities and their families.

The Infants and Toddlers with Disabilities Program (Part C of the Act) requires the following:

- Development of a "statewide, comprehensive, coordinated, multidisciplinary, interagency system" of services (20U.S.C.§ 631(b)).
- Coordination of child find activities with all other agencies engaged in child find for young children with disabilities, including Part B of IDEA (34CFR§ 303.321 and 34CFR§ 300.125(c)(1-3).
- Development of interagency agreements with other agencies that provide services to young children with disabilities (34CFR§ 303.523).
- Appointment of interagency coordinating councils by the governor of the state for the purpose of advising and assisting the state agency responsible for Part C, the lead agency, in implementation of that program (34CFR§§ 303.600–303.654). Contact information for state ICC chairs is maintained on the NECTAC Web site.
- An assigned service coordinator for each family to assist them in accessing services from multiple agencies and to assist agencies in communicating about and providing services to children and families (34CFR§ 303.23).
- A coordinated transition of the child at age three from the Part C Program to the Part B, Section 619, Preschool Program or to other appropriate community services (34CFR§ 303.148 and 34CFR§ 300.132).

The Part B, Section 619, Preschool Program, contains these requirements for coordination:

- Child find (CFR§ 300.125).
- Transition at age 3 (CFR§ 300.132).

Although not explicit in the regulations, there is a need for the Preschool Program to coordinate with other programs, especially at the local educational agency level, as three- and four-year-old children often receive special education and related services from the school in programs outside the local school system, such as Head Start, Child Care, and other inclusive preschool settings.

Part B regulations require local educational agencies to:

- "Develop and implement a coordinated services system designed to improve results for children and families, including children with disabilities and their families." Activities to implement this system may include (1) improving the effectiveness and efficiency of service delivery; (2) service coordination and case management; (3) developing and implementing interagency financing strategies; and (4) interagency personnel development. (34CFR§ 300.244)
- "Ensure that an interagency agreement or other mechanism for interagency coordination is in effect between each noneduca-

tional public agency . . . and the SEA." The agreement mechanism must include agency financial responsibility, conditions and terms of reimbursement, procedures for resolving interagency disputes, and policies and procedures for agencies to determine and identify the interagency coordination responsibilities of each agency. (34CFR§ 300.142)

Title V, Maternal and Child Health Block Grant

States and jurisdictions use Title V funds to design and implement a wide range of maternal and child health programs that meet national and state needs. Although specific initiatives may vary among the 59 states and jurisdictions utilizing Title V funds, all programs work to facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs.

Head Start Performance Standards

Code of Federal Regulations Section 1304. Program Performance Standards for the Operation of Head Start Programs by Grantee and Delegate Agencies.

1304.41. Community Partnerships

Head Start serves families within the context of the community and recognizes that many other agencies and groups work with the same families. The objective of 45CFR 1304.41 is to ensure that grantee and delegate agencies collaborate with partners in their communities in order to provide the highest level of services to children and families, to foster the development of a continuum of family-centered services, and to advocate for a community that shares responsibility for the healthy development of children and families of all cultures.

The standards in this section cover three major areas: (a) partnerships with other community agencies; (b) the formation of advisory committees; and (c) the development of transition services.

Rationale:

Community planning fosters the development of a comprehensive system of family-centered services attuned to the complex and diverse needs of children and families. This rationale serves 45 CFR 1304.41(a)(1)–(2).

Guidance:

Grantee and delegate agencies enhance program services by playing an active role in facilitating community partnerships. The following are suggestions for encouraging communication, cooperation, and possible linkages with community partners:

- Develop formal and informal networks of contacts with the representatives from a wide range of community organizations;
- Involve families as active partners in the community planning process;
- Become knowledgeable of how policy changes at the national, state, tribal, and local levels affect services and resources for children and families;
- Ensure that privileged information is shared in a manner that improves service delivery while respecting the family's right to privacy and complying with the agency's confidentiality policies;
- Initiate or join in communitywide interagency councils, service integration efforts, and other planning initiatives to ensure that Head Start principles and programs are well represented in planning activities; and
- Consult with Head Start State collaboration offices and build on existing national and state agreements when pursuing local partnerships.

When establishing and maintaining collaborative relationships, the following approaches are helpful:

- Draw upon the agency's data sources, including its community assessment and discussions with staff and parents regarding family partnership agreements, to identify organizations that provide services responsive to children and families;
- Engage with parents and staff, and with potential partners, in discussions about the purposes and goals of all proposed collaborative relationships;
- Commit to identify specific areas for working together to achieve shared goals for children and families;

- Nurture a mutually respectful environment in which everyone's contributions to the partnership are acknowledged;
- Develop forums or other mechanisms, such as team meetings and working agreements, for working together on an ongoing basis;
- Consider the staff resources needed to maintain collaborative relationships; and
- Recognize that collaborative relationships are strengthened through formal, written agreements which help to ensure that relationships among agencies endure after the initiators of the agreements are no longer involved.

Related Information:

See 45 CFR 1304.20(f)(2) concerning program individualization for children with disabilities:

Guidance:

Grantee and delegate agencies are aware that under the Individuals with Disabilities Education Act (IDEA), the state educational agency has the responsibility to ensure the availability of a "free and appropriate public education" for all children with disabilities within the legally required age range in the state. As described in 45 CFR 1308.4, grantee and delegate agencies collaborate, in partnership with parents, with the state educational agency, local educational agencies (LEAs), tribal agencies, and other agencies to ensure that all children with disabilities are provided with a comprehensive assessment and a free, appropriate education.

When grantee or delegate agencies arrange for services through the local educational agency or another agency, a written agreement specifies the services to be provided directly by Head Start, as well as those services to be provided by other agencies. Grantee and delegate agencies serving children during summer months engage in additional negotiations with LEAs in order to secure services during months when most schools are not in session. www.acf.hhs.gov/programs/hsb/performance/1304c2.htm

Appendix B

Sample Interagency Agreement

1. PURPOSE

The purpose of this agreement is to describe selected policies and procedures of the Far Northern Regional Center (FNRC) and the Shasta County Special Education Local Plan Area (SELPA) relating to the implementation of the California Early Intervention Services Act, hereinafter referred to as "Early Start," and its implementing regulations. Specifically, this agreement will define the financial responsibilities of each agency, procedures for resolving disputes, and other components necessary to ensure effective cooperation and coordination between the two agencies.

2. PARTIES

The parties to this agreement are the Far Northern Regional Center and the Shasta County Special Education Local Plan Area.

3. TERMS OF THE AGREEMENT AND THE REVIEW SCHEDULE

This agreement shall be in effect from January 1, 2006, to December 31, 2006. The agreement shall be reviewed and extended on an annual basis by the signing of a notification of extension by both parties. Termination of this agreement may be initiated by either agency provided that a written notice of any practice inconsistent with this agreement is given 30 days in advance.

4. UNDERLYING PHILOSOPHY

Both the FNRC and the Shasta County SELPA endorse the philosophy statement that is attached to and made part of this agreement.

5. TARGET POPULATION

This agreement applies to activities and services performed on behalf of infants and toddlers, birth through two years of age, and their families who are eligible for early intervention services under Early Start, as defined in California statutes, regulations, and policies.

6. PAYER OF LAST RESORT

A. Financial Responsibility

The FNRC and the Shasta County SELPA will operate within the provision of the State Interagency Agreement executed between the Department of Developmental Services and the California Department of Education on September 9, 1993. Because the importance of the provisions entitled "Payer of Last Resort," those pertinent sections of the state interagency agreement are presented as follows:

1. Definition – "Payer of last resort" means the regional center or local educational agency (LEA) that is ultimately responsible to arrange, provide, or pay for appropriate early intervention services, as defined in 34 CFR, Section 303.12, as listed on an Individualized Family Service Plan (IFSP) as a required service, after all other providers or payers have been considered and eliminated because their legal responsibilities have been fulfilled under state or federal law.

Prepared through the collaboration of the Far NorthernRegional Center and the Shasta County Office of Education. Reprinted by permission of the Shasta County Office of Education, Redding, California.

2. The FNRC will be the payer of last resort for all Early Start eligible infants who are regional center clients as defined by state law and regulations. This includes infants who may be eligible for both regional center and special education services. It will not include infants with solely visual, hearing, or severe orthopedic impairments, or any combination thereof, who meet the criteria in sections 56026 and 56026.5 of the *Education Code* and in subdivisions (a), (b), (d), or (e) or Section 3030 and Section 3031 of Title 5 of the *California Code of Regulations.*
3. The LEAs that constitute the SELPA will be the payers of last resort for those infants with solely visual, hearing, or severe orthopedic impairment, or any combination thereof, who meet the criteria in sections 56026 and 56026.5 of the *Education Code* and in subdivisions (a), (b), (d), or (e) of Section 3030 and Section 3031 of Title 5 of the *California Code of Regulations.*

B. Maintenance of Effort

Although the FNRC is the designated payer of last resort for infants and toddlers jointly served by the FNRC and the Shasta County Local Education Area, the LEA shall provide special education and related services to infants and toddlers who meet both agencies' eligibility criteria provided the LEA does not exceed its 1980-81 mandate or its 1992-93 level of state funding, whichever is greater. When the LEA reaches its mandated service capacity of 41, it shall refer dually eligible infants and toddlers to the FNRC, which shall then assume the responsibility of providing Early Intervention services to all dually eligible infants and toddlers. If the LEA falls below its funded capacity, the FNRC may then refer dually eligible children to the LEA. The LEA shall notify the FNRC when it reaches its funded capacity and when the next opening for services occurs.

Note: See Referral Procedures, 7B.

7. PROGRAM IMPLEMENTATION POLICIES

A. Child Find

Both agencies agree to coordinate local child find activities including, but not limited to, outreach efforts to hospitals, physicians, child care programs, public health facilities, other social service agencies and other health care providers. The FNRC will assume responsibility for contacting hospitals with neonatal intensive care units (through participation in discharge planning rounds when available) to ensure that referral linkages with those facilities are maintained. The Shasta County SELPA agrees to include information about Early Start in its annual child find public notices.

B. Referral Procedures

The Request for Early Intervention Services form (EI 01) will be used as the interagency referral form. Whichever agency receives the referral will, with verbal consent of the parent, notify the other agency of the referral in a timely manner, not to exceed five days, if it appears that the child will be eligible for services from both agencies. The only exception to this policy will be when the LEA is at its funded capacity and, therefore, the FNRC, as payer of last resort, would be responsible for providing all Early Start services to the referred child. Then a referral from FNRC to the LEA will not be required. *The 45-calendar-day intake time period begins on the day the parent request for services is received by either the FNRC or the Shasta County SELPA. If a referral is received by the SELPA during a break in service, the 45-day intake timeline still begins on the day that the referral is received. Whoever takes the call at the LEA should immediately pass the referral on to the FNRC. The FNRC will take responsibility for initiating the intake process.*

If a child is referred for Early Start services with the primary concern being speech/language delay with no indication of a possible hearing loss and the LEA is at its funded capacity, it will be the responsibility of the FNRC to determine if a hearing loss does exist. If an evaluation

does verify a hearing loss, the child will then be referred to the LEA as a child with a solely low-incidence disability, and the FNRC will not be responsible for providing services to that child.

If a child is referred for Early Start services with the primary concern being a possible hearing loss, even if that loss is not yet diagnosed, it will be the responsibility of the LEA to determine if a hearing loss does exist. If an evaluation does not verify a hearing loss and the child is exhibiting speech delays, the child will be referred to the FNRC, which will assume responsibility as payer of last resort. If the LEA is not at its funded capacity and the child's speech delay is significant enough to qualify for school services, the LEA may provide services to the child; but a referral shall still be made to FNRC if other service needs are identified.

Any evaluations done by one agency shall be given to the other agency once it is determined which agency is the appropriate payer of last resort. The receiving agency should consider using existing evaluation data for determining eligibility.

Note: For purposes of this agreement, the term "hearing loss" shall be as defined in *Education Code* Article 3.1, 3030 (a), which is consistent with the definition used in the Early Intervention Services Act regulations, Article 1, Section 52000 (b) (20).

C. Intake Procedures

When the FNRC notifies the LEA of a referral (or vice versa) for a child who is likely to be found eligible for services by both agencies, a decision shall be made regarding which agency shall conduct the intake meeting. Whenever possible, the intake shall be done jointly by both agencies. Factors to consider in determining which agency should conduct the intake are:

(1) Child and family-centered concerns (e.g., medical, social, financial).

(2) Which agency is more likely to play a prominent role with the child and family on the basis of identified concerns at referral.

(3) Capability to schedule the intake quickly. Both agencies agree to use the Interagency EI Intake form (EI 03) to record intake information. The agency completing the intake packet shall send a copy of the completed intake material to the other agency within ten working days. Both agencies agree to notify one another of the staff responsible for intake and evaluations/assessments at all times during the year.

It is agreed that the individual who conducts the intake interview with the family assumes the role of Interim Service Coordinator until the IFSP Service Coordinator is identified at the IFSP meeting.

D. Evaluation and Assessment Procedures

If a child is referred to the LEA and it is not at its funded capacity, the LEA will be responsible for conducting an evaluation in all five developmental areas, including hearing and vision, within the 45-day intake period. The results of the evaluation will be shared with the FNRC if the child has also been referred to the FNRC not later than the end of the 45-day intake time period.

If a child is referred to the FNRC and the LEA is at its funded capacity, the FNRC will be responsible for conducting an evaluation in all five developmental areas, including hearing and vision within the 45-day intake period. The FNRC will not share the results of the evaluations with the LEA unless an opening occurs in the LEA program.

Evaluation and assessment data obtained by one agency will be made available to the other agency for its use in determining eligibility and service needs provided that appropriate releases are obtained from the parent or legal representative. The receiving agency should consider using all available data when determining eligibility.

On an annual basis appropriate assessments will be performed by both agencies and shared with one another. Detailed information on assessment results put into the IFSP will substitute for a formal written evaluation report.

E. Year-round Provision of Services

Throughout the year the IFSP service coordinator will contact the appropriate Early Start staff person at the other agency to discuss the child's progress and service needs. These contacts will take place at least semiannually to coincide with the annual and semiannual IFSP meetings. It is understood that staff from the agency that is not responsible for the IFSP service coordination can initiate contact with the IFSP service coordinator whenever a need arises. Both agencies agree that a contact person familiar with Early Start services will be available to receive calls from the other agency throughout the year.

Both agencies also agree to work together to ensure the provision of services during periods of school vacations when services are required on the IFSP. The multidisciplinary IFSP team will determine the need for continued services during short or extended school breaks. In instances where it is felt appropriate to introduce a new service provider to a child during a school break, FNRC will assume the cost for providing the interim service only until the school program reconvenes.

F. Individualized Family Service Plan (IFSP)

Both parties to this agreement will participate in the multiagency IFSP meeting for any child commonly served by the two agencies. The initial IFSP meeting will be held within 45 calendar days of the receipt of the referral unless the parent signs a request for a timeline extension. In the event that either agency cannot fulfill its obligation to obtain evaluation data to determine eligibility within the 45-day timeline, it will notify the other agency of the delay, and it will be determined if enough data have been collected to proceed with an interim IFSP. It is understood that a parent cannot be asked to sign a timeline extension unless the delay is caused by an "exceptional circumstance" as outlined in item 52000 (b)(14) of the Early Intervention Services Title 17 regulations.

The FNRC will assume responsibility for timely notification of the parties of an IFSP multiagency team meeting for dually shared clients.

The six-month IFSP review, as well as any periodic reviews, shall be conducted at a minimum by the identified IFSP service coordinator and the parent(s) either in person or by phone. Any changes made to the plan at or before the six-month review shall be documented on the IFSP periodic/semiannual review form. A copy shall be sent to the other agency for its record. If a change is requested that will result in new or additional services, the agency that will provide or pay for those services shall be notified and approve of the additional services prior to the revision to the IFSP. In no instance shall a change be made to the IFSP without the knowledge and consent of the IFSP service coordinator. Both agencies shall participate in the annual IFSP review meeting for dually served clients. In exceptional circumstances it is acceptable for the IFSP service coordinator to participate in the IFSP meeting by phone and that should be so noted on the IFSP. It is also acceptable for the designated IFSP service coordinator to change from one agency to the other with the consent of the parent.

It is understood that each agency can only commit to providing services funded by that agency; (i.e., the FNRC can authorize payment only for FNRC services, and the LEA only for LEA-funded services). All services purchased by either agency must have prior authorization.

The Northeast Region Individualized Family Service Plan form (EI 04) will be used as the common IFSP form. The form must adhere to the requirements for an IFSP as outlined in federal and state statutes.

The agency's representative attending the IFSP meetings will have the authority to sign the IFSP document for the agency. Both agencies agree to make appropriate staffing arrangements to ensure, to the maximum degree possible, meeting the 45-day intake timeline.

If English is not the primary language of the family, it is agreed that the agency that conducts the initial intake meeting with the family will ensure that an interpreter will be present for the initial multiagency IFSP meeting. The agency responsible for providing an interpreter/translator for future IFSP meetings will be determined by the IFSP multiagency team.

G. Transition Procedures

For purposes of transition at age three, the IFSP Transition Plan will be implemented as follows:

Age of child	*Activity*
At or before:	
2 years, 6 months	Service coordinator notifies parent(s) that transition planning will begin within the next 3 months. At the discretion of the family, the LEA, and the FNRC, transition planning may begin no earlier than 9 months before the toddler's third birthday (age 2 years, 3 months). Service coordinator notifies the LEA that there will be a transition IFSP meeting requiring the attendance of an LEA preschool representative before the toddler is 2 years, 9 months.
2 years, 7 months	The family, the service coordinator, and the LEA agree on a date for the transition IFSP meeting.
2 years, 9 months	A transition IFSP meeting is held with the service coordinator, the parent(s), and the preschool representative of LEA. A projected date for conducting the final review of the IFSP and the initial IEP is set, including identification of the persons responsible for convening the IEP/final IFSP review meeting. The date for the meeting is set collaboratively between the LEA staff and the FNRC service coordinator. Assessments needed to determine eligibility for LEA and continued FNRC services are determined. The service coordinator reviews transition material with the family, including information about community resources for those children who may not qualify for LEA Part B services. Formal referral made to LEA if appropriate, including sending all pertinent medical and Early Start records.
2 years, 10 months	The designated service coordinator, in coordination with the LEA, arranges parental observation of preschool services. Evaluation for school placement and continued FNRC eligibility begins.
2 years, 11 months	Prepare for the IEP meeting. The LEA sends evaluation results to the FNRC. The eligibility review for continued FNRC services takes place, if appropriate. At least 10 days prior to the IEP, the LEA notifies the FNRC of the IEP/IFSP review meeting date.
By the child's third birthday	The IEP/IFSP review meeting is held.

Note: The initial IEP meeting is also the final IFSP meeting. Adequate time must be given at the IEP meeting to review progress in achieving IFSP outcomes before initiating discussion of the IEP.

H. Service Coordination

A staff member from either agency may assume the role of IFSP service coordinator. If the LEA staff assumes the role of the IFSP service coordinator, the role of the FNRC service coordinator is modified to allow the IFSP service coordinator to take a more direct lead role in interactions with the family. The FNRC service coordinator would still be responsible for arranging all needed purchases of service and for ensuring that all generic services are pursued prior to the purchase of any service with FNRC funds. The FNRC service coordinator shall be notified of all IFSP meetings including the semiannual review.

It is agreed that the individual who conducts the intake interview with the family assumes the role of interim service coordinator until the IFSP service coordinator is identified at the IFSP meeting.

Note: See Section F, IFSP, for additional details on the role of the service coordinator.

I. Transfers

When a child who has an existing IFSP transfers into the area served by the FNRC, one of these procedures will be followed:

1. If the child had been served by the LEA in the area she or he was moving from and the LEA in the receiving area has an opening (i.e., is under its funded capacity), then the child will enter the LEA infant program under a 30-day administrative placement. An IFSP periodic review meeting will be held at the end of the initial 30-day placement to identify the services to be provided to the child by the receiving LEA. If the child had not been receiving regional center services before moving to this area and the LEA determines the need for FNRC services, the LEA will immediately initiate a referral to the FNRC.

   If the child had been served by another regional center before moving to the FNRC region, the FNRC will immediately implement the existing IFSP to the best of its ability while determining the need for any new assessments or services. By the end of a 30-day initial service period, an IFSP periodic review meeting will be held to identify the new services to be provided for the child and family.
2. If the child had been served by the LEA in the area she/he was moving from and the LEA in the receiving area does not have an opening (i.e., is at its funded capacity), then the FNRC will be responsible for providing all services identified on the existing IFSP in as close an approximation as possible until any new assessments indicate a need for a change in services. The child will not have any priority status for placement in an LEA program based solely on the fact that the child had received LEA services prior to moving to the FNRC region.

J. Timely Exchange of Information

Both parties agree that the following timelines will be adhered to:

1. Referrals are to be sent to the other agency within five (5) days of receipt of the referral.
2. Evaluation results for intake purposes are to be sent to the other agency prior to the end of the 45-day intake timeline.
3. Contact is to be made with the other agency at least two (2) weeks prior to a proposed meeting date when an IFSP meeting, or, in the case of children who are turning three (3), IEP meeting, is being planned to coordinate meeting schedules.
4. Copies of IFSP periodic reviews are to be sent to the other agency within five (5) days of the periodic review meeting if the other agency did not attend the meeting.
5. Telephone or written contact with the other agency is to be made as soon as possible after receipt of information pertinent to the continued provision of Early Start services to the child and family.

6. The FNRC is to refer to the LEA preschool assessment team three (3) months before the child's third birthday.
7. Preschool assessment results from the LEA are to be sent to the FNRC one (1) month before the child's third birthday if the FNRC sends a referral in the timeline.

8. PROCEDURAL SAFEGUARDS

Both parties shall abide by the procedural safeguards as outlined in federal and state law, local policies, and accompanying regulations.

9. SURROGATE PARENTS

The LEA agrees to share its listing of surrogate parents with the FNRC. These surrogate parents may be called upon to provide surrogate parenting functions for an FNRC 0–36-month-old client who is not served by the Shasta County LEA. The LEA agrees to conduct training for surrogate parents in accordance with *Education Code* requirements. The FNRC will be informed when those trainings will take place.

If the LEA does not have any surrogate parents available, the FNRC will initiate the surrogate parent appointment process. The FNRC service coordinator will provide a one-to-one training with the potential surrogate parent. The FNRC Early Start administrator will assume responsibility for the actual appointment of the surrogate parent. The FNRC agrees to share its listing of surrogate parents with the LEA when permission is granted by the surrogate parent.

10. DISPUTE RESOLUTION

The following steps will be followed if a dispute arises between Shasta County SELPA and FNRC as to:

a. The eligibility of an infant
b. Which agency is responsible for the infant and family evaluation and assessment, service coordination, and development and implementation of the IFSP
c. Which agency is responsible for the provision/purchase of appropriate early intervention services

Step 1: Every attempt shall be made to resolve the dispute at the lowest possible administrative level starting with the supervisory level up to the Executive Director of the FNRC and the SELPA Director.

Step 2: If a resolution of the dispute is not achieved, the two parties may request assistance from any of the following:

a. Department of Developmental Services (DDS)
b. California Department of Education (CDE)
c. Another SELPA or Regional Center

Step 3: If a resolution cannot be reached within 60 calendar days, the issue shall be referred to the DDS and the CDE for a state-level review and resolution.

Step 4: The state-level review shall be conducted jointly by the DDS and the CDE and a decision rendered within 60 calendar days of receipt of the dispute.

11. STATUS OF SERVICES DURING A DISPUTE

While a dispute is pending, an infant/toddler must continue to receive the appropriate early intervention services currently being provided. If the dispute involves initial early intervention services, the infant/toddler shall receive all of those early intervention services identified and agreed to in the IFSP.

12. ADDITIONAL COMPONENTS

A. Interagency Meetings

Both agencies agree to send representatives to periodic interagency meetings where issues pertinent to Early Start will be discussed.

B. Joint Training

Both agencies agree to participate in the joint training of staff regarding the ongoing implementation of Early Start within the county. Staff will be informed of the contents of this agreement. Future joint trainings may be held if new procedures are developed or this agreement is substantially modified. Both agencies agree to notify one another of any conferences or workshops pertinent to the implementation of Early Start.

Approval

I am authorized to sign this Interagency Agreement between the Far Northern Regional Center and the Shasta County Special Education Local Plan Area and, by doing so, give my approval of the provisions contained herein.

_____ _____

Laura Larson, Executive Director *Date*
Far Northern Regional Center

_____ _____

Tom Scovill, SELPA Director *Date*
Shasta County Office of Education

Appendix C

Sample Components of an Interagency Agreement

An interagency agreement needs to reflect the legal requirements for providing services to children with disabilities and their families. Each agency may be subject to different legal parameters, a matter to be considered when a document is being written. The agreement may specify the relationship between the agencies and include sections of elements the agencies agree to accomplish together. It may be a one-page version that includes only the essential elements of the relationship or may further delineate specific responsibilities and procedural guidelines for the agencies. The agency that initiates the agreement usually has specific requirements to enter into such agreements. For example, Part C lead agencies are directed to formulate agreements with local educational agencies. Head Start programs' disability services plans usually include a section on developing interagency agreements with Part C and special education programs in the delivery of services.

Definitions of interagency terminology are often included to guide the reader to understanding cross-agency goals that might differ from individual agency directions and agency language. For example, one agency may use the term *special needs* to define the population; another agency may use the term *individuals with disabilities.* The interagency agreement should employ the term that is suited for the population being served.

The following components provide a template for agencies to consider when developing an interagency agreement. Depending on the purpose of the agreement and the legal requirements, agencies may include one or more of the components in their agreement.

Title: Interagency agreement between _____ and _____

Purpose and intent of the Agreement: The purpose of the agreement is to implement Part C of the Individuals with Disabilities Education Act and/or the California Early Intervention Services Act. The purpose should be introduced at the beginning of the agreement. It may be as simple as agreeing to work and meet together to conduct child find or as specific as delineating procedures for providing interagency services. The intent of the agreement lists the goals the agencies have agreed upon, such as coordinated service delivery, child find, resource sharing, and collaborative problem solving.

Parties: List the agencies that are included in the agreement and have authority over implementation of the components.

Philosophy: A statement is included here of a set of guiding principles reflecting the common beliefs held by both agencies. The interagency group may want to use the DEC recommended practices as a reference point for developing its philosophical statement.

Target Populations: Infants/toddlers birth through three years of age; children in preschool ages three through five or birth through five; children with disabilities and their families eligible for services under the law.

Definition of Terms: The parties may want to include terminology used by both agencies, such as *infants/toddlers with special needs* or *service coordinator.*

Goals and Objectives: The agreement reflects the collaborative purpose of working together. The goals of the interagency collaboration may be listed in this section.

Content of the Agreement: In this section the parties describe the resources and procedures they agree to undertake to provide services to the target population. Each content area is described in detail to reflect what each agency agrees to do together, such as coordinated child find. If the parties prefer to describe an individual agency's responsibilities separately, each content item includes subsections referring to agency-specific activities to be accomplished. Under Part C typical categories include public awareness, child-find activities, screening, intake and referral, assessment, service coordination, IFSP, respite services, transportation, service provision, personnel qualifications, transition, release of information, confidentiality, surrogate parents, and procedural safeguards.

Staff Responsibilities: List various staff members' responsibilities for implementing the agreement, such as individual agency contacts, central points of contact for referrals, service coordination procedures, and service provision duties.

Training: Include any training activities that will be attended by interagency representatives.

Interagency Meetings: This section includes a statement about the interagency meetings and identifies who will attend as representatives of the agencies.

Contracts for Services: If the agreement specifies one agency contracting with another agency for services, acknowledgment of this contract and reference to the specific details of the agreement should be mentioned here.

Data Collection and Analysis: The parties discuss how they plan to collect data, either by each agency alone or in collaboration according to state and national accountability standards, and how to evaluate the effectiveness of their interagency efforts.

Maintenance of Effort: The parties may want to include a description of how each agency will provide services and what procedure will be followed when the local educational agency reaches its funded capacity.

Fiscal Responsibility: This section includes a description of the payer of last resort. The agreement includes excerpts from the law that reflect the requirements for fiscal responsibility.

Dispute Resolution: The legal requirements for dispute resolution are included here with specific procedures about how the parties intend to resolve disputes. Each agency may have a legal department that would need to review the document and include agency-specific information about dispute resolution. The parties should begin with IDEA and the Early Start Act for general dispute-resolution procedures and then include the agreed-upon procedure suggested by each agency's legal counsel.

Terms of Agreement: The period of time during which the agreement will be in effect will be determined. The agreement will be reviewed annually to determine how it will be revised and how it will be terminated.

Authority: A statement above the signatures that specifies the authority of the directors for agreeing to comply with the provisions contained in the agreement.

Signatures of Agency Directors: Spaces are provided, together with datelines, for the signatures of agency representatives authorized to implement the agreement for their respective agencies.

For more information the National Early Childhood Technical Assistance Center (NEC*TAC) Web site includes a section on interagency coordination and a subsection on guidelines for and examples of interagency agreements: "Framework for Local Agreements," Attachment A. Available from http://www.nectac.org.

Other sources of information are the following:

Harbin, G., and J. Van Horn. 1990. *Elements for Inclusion in Interagency Agreements.* Carolina Policy Studies Program. Chapel Hill: University of North Carolina, Frank Porter Graham Child Development Center. http://www.nectac.org

"Interagency Agreement Checklist." Migrant Head Start, Quality Improvement Centers on Disability Services. http://www.nectac.org

"QUILT (Quality Linking Together Early Education Partnerships): A Checklist for Developing a Partnership Agreement/Contract." 2002. http://www.nectac.org

Appendix D

Sample Bylaws for the Early Intervention Services Committee

Article I. Name of Organization

I.1 Early Intervention Services Committee

Article II. Organization Structure

II.1 This is a nonprofit voluntary organization.

Article III. Purposes

III.1 To establish a community-based collaborative service delivery system for young children with special needs and their families or care providers.

III.2 To create an awareness and understanding of programs and agencies public or private within this community that provide services to young special needs children and their families or care providers.

III.3 To enhance the availability of services and service options within the community to young children with special needs and their families or care providers.

III.4 To maintain a mailing list to provide information to those agencies that are actively involved and to those to whom the information is of value, thereby demonstrating a desire for information sharing.

III.5 To eliminate whenever possible any duplication of services to infants and their families.

III.6 To develop a system in which collaborative goal setting between agencies can occur to meet clients' needs.

Article IV. Meetings

IV.1 To meet on a regular basis with all key agencies or programs within the community that provide services to young children with special needs and their families or care providers.

Article V. Eligibility

V.1 Membership

Any person, institution, or organization interested in the purposes and goals of the Early Intervention Services Committee is eligible for membership upon regular attendance at the meetings.

V.2 Membership Participation

The duties of the general membership shall include, but not be limited to, the following:

- V.2.1 Appoint a chairperson on a bimonthly basis.
- V.2.2 Choose to serve on one or more subcommittees as a member or appointed chairperson or member of the Steering Committee.
- V.2.3 Provide input regarding goals, operations, and bylaws.
- V.2.4 Act responsibly as a representative to serve as a liaison or to communicate information between the parent agency and the Infant Services Committee.

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Article VI. Meeting

VI.3.1 Regular Meetings

The Early Intervention Services Committee shall meet on a prescheduled monthly basis. The schedule will be posted approximately one year in advance or as soon as possible, with the time, date, and place given for each meeting.

VI.3.2 Additional Meetings

Additional meetings of the Early Intervention Services Committee will be scheduled as needed. An attempt will be made to provide at least a 15-day notice.

VI.3.3 Annual Meeting

An annual meeting shall be held to appoint chairpersons and amend bylaws. The annual meeting will be held in March.

Quorum. At a properly noticed meeting, those present shall constitute a quorum. Each member present shall have one vote.

Article VII. Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order* shall govern the Early Intervention Services Committee in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules that the Early Intervention Services Committee may adopt. The chairperson shall serve as parliamentarian at all meetings.

Article VIII. Adoption and Amendment of Bylaws

VIII.1 Adoption

These bylaws become effective on their adoption by a vote of the membership in attendance constituting a quorum of a regularly scheduled meeting.

VIII.2 Amendment of Bylaws

These bylaws may be amended at the annual meeting by a two-thirds majority of those present provided that the amendment was submitted in writing at the previous regular meeting.

Article IX. Steering Committee

IX.1 Representation

The Steering Committee will be made up of the representatives from the following categories:

IX.1.1 Agencies with state mandates—at least three county representatives total from all mandated agencies: Department of Drug and Alcohol, Department of Education, Department of Social Services, Department of Public Health, Department of Developmental Services, and Department of Mental Health.

IX.1.2 Three additional Steering Committee representatives from the community at large who hold active membership on the Infant Services Committee.

IX.1.3 These representatives may be enlisted from parents, consumer groups, and service or nonservice regional or noncounty agencies. It is recommended that at least one member of the Steering Committee be a parent when possible.

IX.1.4 Election of the Steering Committee will occur at the annual meeting by a vote of the membership at large according to the stated guidelines. (See Article IX.1 and Article IX.2.)

IX.2 Duties

IX.2.1 To develop goals and objectives for the Infant Services Committee, with input and approval from the membership at large.

IX.2.2 To propose amendments to bylaws, with input and approval from the membership at large.

IX.2.3 To determine the need for standing committees and develop them when necessary.

IX.2.4 To address community, agency, or Legislature and make recommendations, with input from the membership at large.

IX.2.5 To authorize expenditures of financial operations when necessary.

IX.3 Term of Office

The term of office for representatives of the Steering Committee will be two years. If a Steering Committee member is unable to complete the term, then a new representative will be elected from the same category to complete the term by the members of the committee at large at the next regularly scheduled meeting.

Article X. Leadership

X.1 Nominations

A subcommittee of four general membership persons will be formed by January of each year for the purpose of presenting nominees to the committee for election to leadership positions. These names will be presented at the February meeting of the general membership. Nominations may also be made by the membership at large during the February meeting.

X.2 Voting will take place in March of each year.

X.3 Vacancies. Vacancies will be filled by the general membership at a regular meeting.

X.4 Duties of the chairperson. The duties of the chairperson shall be, but are not limited to:

X.4.1 Presiding over the meetings of both the Steering Committee and the regular monthly meetings.

X.4.2 Preparing the monthly agenda.

X.4.3 Signing all letters and other communications of the Early Intervention Services Committee.

X.4.4 Forming subcommittees to complete committee tasks or study pertinent issues needing to be presented to the general membership.

X.4.5 Maintaining a permanent record of the Early Intervention Services Committee, including, but not limited to, original agendas, minutes, and bylaws.

X.5 Treasurer. The duties of the treasurer shall be, but are not limited to:

X.5.1 Maintaining an accurate accounting of grant funds. Present funds totals and expenditures to the general membership at regular scheduled meetings.

X.5.2 Maintain an accurate accounting of all other committee monies.

X.6 Duties of the secretary. The duties of the secretary shall be, but are not limited to:

X.6.1 Taking, editing, typing and dispersing minutes of regular and special meetings.

X.6.2 Typing meeting agendas and mailing agendas, minutes, and attachments for timely notifications of meetings.

X.6.3 Maintaining an accurate mailing list and roster of committee members.

X.6.4 The secretary may receive clerical help from clerical staff and from their supporting agency.

Article XI. Areas and Persons to Be Served

XI.1 Areas

The geographic area to be served by the San Joaquin County Early Intervention Services Committee shall include San Joaquin County.

XI.2 Persons to Be Served

Young children with special needs shall be defined as children from birth to three or five years of age exhibiting developmental delays and children at risk for developmental delays. Special needs include physical, cognitive, emotional, or developmental delay or conditions placing the child at risk for those disabilities.

Appendix E

Sample Meeting Minute Template for the Early Intervention Services Committee

The Early Intervention Services Committee was established to help provide a collaborative service delivery system for children with special needs and their families. We aim to create an awareness and understanding of programs and agencies, public or private, and enhance the availability of services within the community to young special needs children and their families.

Purpose:

Present:

Absent:

Review of minutes:

RISC-9 update:

Interagency agreements

Agency updates

- Family Resource Network
- Family Resource and Referral Center
- San Joaquin County Office of Education
- Stockton Unified School District
- Lodi Unified School District
- Valley Mountain Regional Center
- First 5 of San Joaquin County
- United Cerebral Palsy
- Early Head Start
- District School Readiness Program
- California Preschool Instructional Network
- Lincoln Unified School District
- Manteca Unified School District
- Easter Seals/Special Families
- California Children Services

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Appendix F

Sample Checklist for the RISC-9 Early Start Symposium

Responsibilities of RISC-9 Members

- Select the chair of the committee. Chair responsibility rotates annually among committee members from the San Joaquin, Stanislaus, and mountain counties.
- Secure speakers. The committee member who secures a speaker is responsible for ensuring that the speaker's needs and responsibilities are met.
- Committee members take on responsibilities for decorating, working with vendors, securing the site and working with site personnel, designing printed materials, and performing other symposium duties.
- The Family Resource Network (FRN) is responsible for the fiscal administration, including registrations. The FRN is also responsible for writing the WestEd grant and final report, which is due two weeks after the completion of the symposium.
- The FRN's administrative duties include the following:
  - Handling all registrations and related contacts
  - Purchasing symposium supplies, such as labels, folders, paper, speaker/staff ribbons.
  - Printing all handouts and related materials
  - Printing packet labels with session choices
  - Printing name badges
  - Reimbursing committee members for any approved symposium expenses incurred. There must be receipts for all expenses.

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Registrations

- The FRN handles registrations, including payments, and verifies that all registrations have identified choices for breakout sessions.
- The FRN writes receipt for anyone who paid by personal check.

Keynote Speaker

- The date on which the symposium will be held must be determined.
- The speaker's fee must also be determined. *Note:* The WestEd grant may cover up to $1,500 of a $5,000 award for an individual's fee.
- The speaker must provide a curriculum vitae/résumé in accordance with WestEd grant requirements.
- The speaker must provide proof of travel arrangements 45 days prior to the event.
- The speaker is responsible for securing his or her own travel arrangements. The RISC-9 and the speaker will determine the maximum amount of travel expenses that the RISC-9 will pay for.
- The RISC-9 is responsible for reimbursing the speaker for cost of travel (airfare, rental car/mileage, meals) related to symposium. Receipts are required for all reimbursements.
- The speaker must provide one copy of handouts for duplicating at least 30 days prior to the event. If handouts are not provided by the agreed-upon date, the cost of reproducing the handouts will be deducted from the speaker's fee.
- The speaker must notify the RISC-9 of equipment needs at least 30 days prior to the event.

- The written agreement with the speaker is done through a letter of intent, which is signed by the speaker and the symposium administrator.

Breakout Speakers

- The speakers must provide a curriculum vitae/resume in accordance with WestEd grant requirements.
- The speakers must provide one copy of handouts for duplicating at least 30 days prior to the event.
- The speakers must notify the RISC-9 of equipment needs at least 30 days prior to the event. LCD projectors will not be provided for the breakout speakers. The speakers may provide their own LCD projectors.
- The RISC-9 typically provides a small honorarium (typically $50).
- The RISC-9 does not reimburse for travel costs.
- The RISC-9 pays the registration cost for speakers, including the cost of lunch.
- The speakers should be at the event at least one hour prior to their presentation.

Facility

- A large meeting room for keynote address(es) must be provided. A fee for the room may be charged.
- Breakout rooms must also be provided. A fee may be charged for the rooms.
- A deposit to guarantee use of the facility is required. Be sure to deduct the amount from the final bill.
- Hotel lodging must be provided
  - Reserve a room for the keynote speaker.
  - Reserve rooms for RISC-9 staff (usually three rooms).
  - Reserve a block of rooms for attendees (usually five rooms). Attendees make arrangements with the hotel. Establish a release date with the hotel (usually a week prior to event). Put instructions for hotel accommodations on the registration form. *Note:* Some hotels require payment up front to hold a block of rooms. In that case the symposium does not secure a block of rooms.

Food

- Continental breakfasts and lunches are catered, typically by hotel staff.
- Food choices should contain vegetarian options.
- The RISC-9 sometimes provides candy on tables in main room and for an afternoon snack.

Printed Materials

- A save-the-date flyer is sent before school ends in June.
- A registration form is sent during the first week in September.
- Symposium tote bags are ordered during the summer. Check to see how many tote bags are left from previous symposiums.
- Printed materials need to be sent to printer a few weeks prior to event. The symposium folder for attendees should contain the following:
  - A schedule of the day's events
  - Acknowledgments to vendors
  - Handouts from all speakers
  - An evaluation form
  - A certificate of attendance (Valley Mountain Regional Center [VMRC] to provide master)

Door Prizes

- Each RISC-9 member agency is expected to provide one door prize at a minimum value of $25. Door prizes will be given out at the end of the day when the attendees hand in the evaluation forms.

Vendors

- The RISC-9 is to contact vendors when the date and location have been established.
- Vendor products should be geared to families and professionals involved with Early Start.
- Each vendor will notify the RISC-9 at least 30 days prior as to the number of display tables and chairs required. The maximum number of tables per vendor is two. The site may require a fee for use of tables/skirting.
- Each vendor will provide at least one door prize at a minimum value of $25.

- The vendors will set up prior to registration and remain in place until the end of the event.

Continuing Education Units

- For nursing units contact Mary Sheehan at the VMRC.
- Other disciplines usually require a minimum of six hours of seat time.

Table Decorations

- Decorations are for the attendees' tables. Extras may be used for registration and for the speakers' tables.
- Decorations may be sold after the symposium or given to parent attendees.
- The FRN has 12 × 12 mirrored tiles in storage.

Prior to the Event

- RISC-9 members collate and label symposium packets.

The Night Prior to the Event

- If the RISC-9 has access to the facility the night prior to the event, that time may be used, for example, to set up the room and put out table decorations and signage.

The Day of the Event

- RISC-9 members
  - Assist with the setup.
  - Put out signage.
  - Coordinate their needs with the facility staff.
  - Register attendees.
  - Assist speakers with room setups, equipment, and so forth.
  - Introduce speakers and moderate sessions.
  - Assist with the distribution of door prizes.
  - Assist with cleanup.

Sponsors

- Each sponsoring agency may:
  - Provide agency information for the symposium folders. Contact the FRN at least two weeks prior to the event to get the count for the number of attendees.
  - Have a display table. The table does not need to be manned during the event but should be set up prior to the beginning of registration and remain up until the symposium is over.

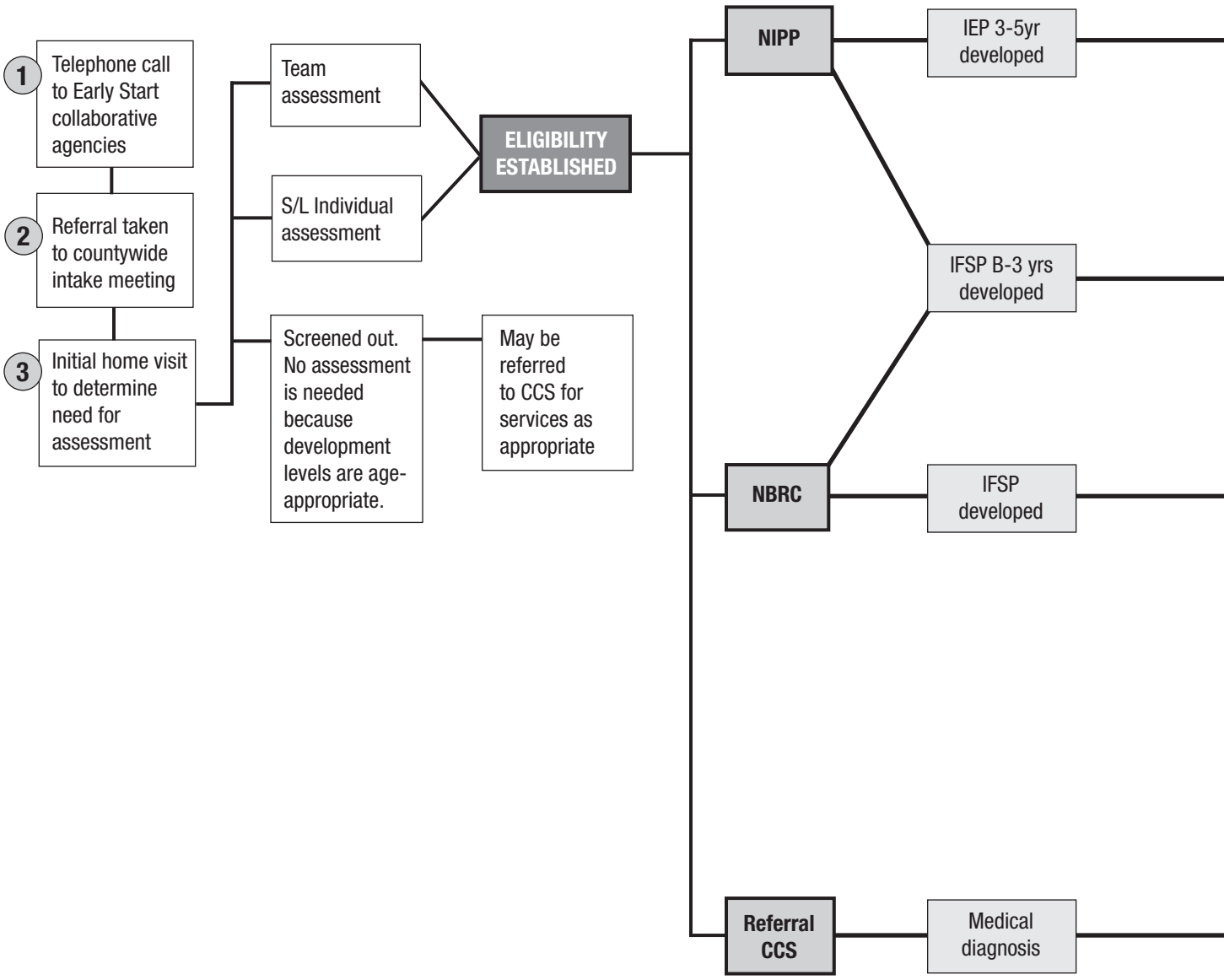
Symposium Materials

- Each attendee receives:
  - A tote bag
  - A packet with all handouts and materials (The label with the attendee's name and session choices is placed on the packet.)
  - Goodie bags (if available)
  - A name badge
  - A receipt if registration is paid by personal check

Appendix G

Sample Flowchart for the Napa Infant Program Intake Process

Napa County Birth-to-Five-Year Intake Process



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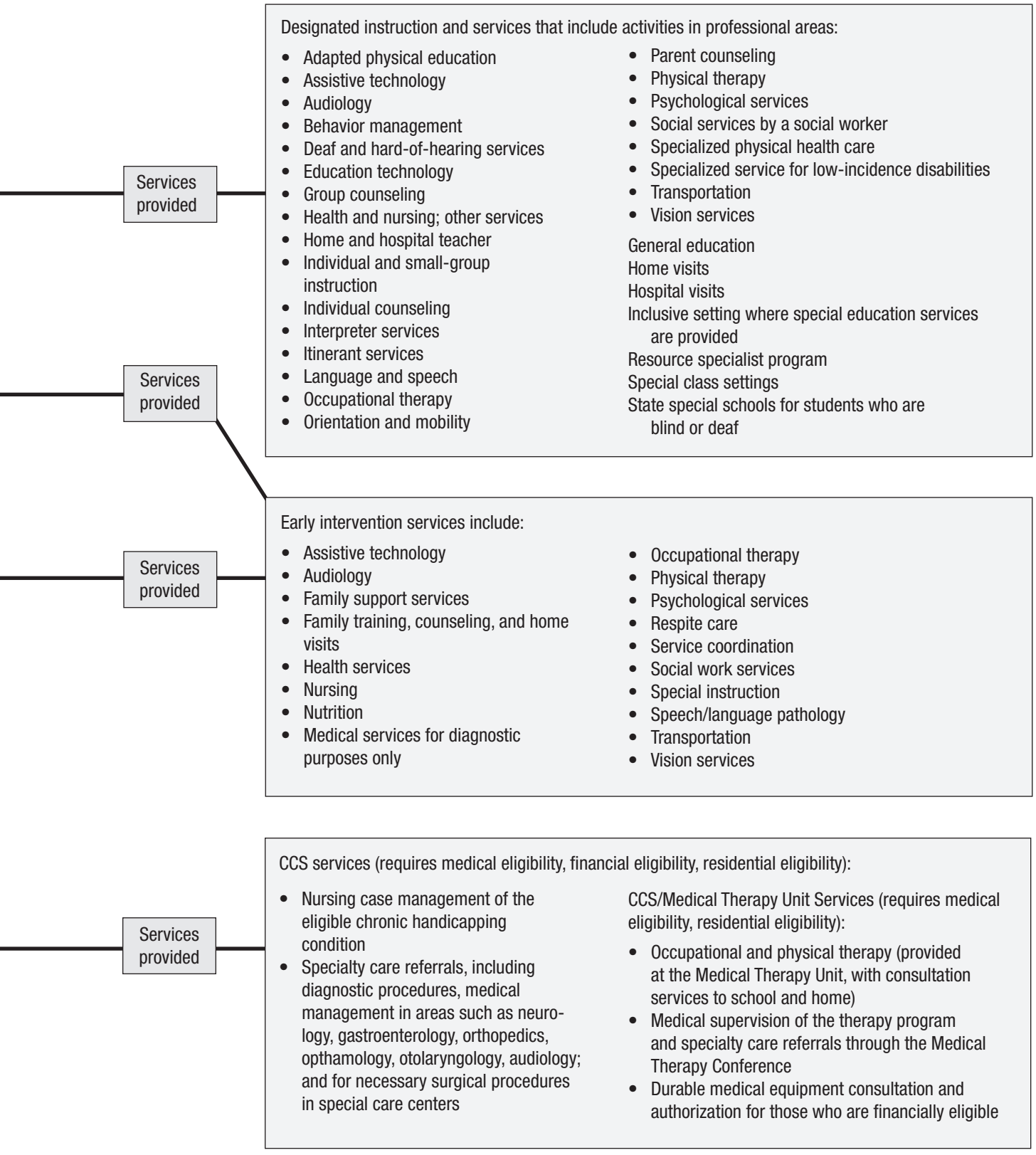
Services provided
Designated instruction and services that include activities in professional areas:
• Adapted physical education
• Assistive technology
• Audiology
• Behavior management
• Deaf and hard-of-hearing services
• Education technology
• Group counseling
• Health and nursing; other services
• Home and hospital teacher
• Individual and small-group instruction
• Individual counseling
• Interpreter services
• Itinerant services
• Language and speech
• Occupational therapy
• Orientation and mobility
• Parent counseling
• Physical therapy
• Psychological services
• Social services by a social worker
• Specialized physical health care
• Specialized service for low-incidence disabilities
• Transportation
• Vision services
General education
Home visits
Hospital visits
Inclusive setting where special education services are provided
Resource specialist program
Special class settings
State special schools for students who are blind or deaf
Services provided
Early intervention services include:
• Assistive technology
• Audiology
• Family support services
• Family training, counseling, and home visits
• Health services
• Nursing
• Nutrition
• Medical services for diagnostic purposes only
• Occupational therapy
• Physical therapy
• Psychological services
• Respite care
• Service coordination
• Social work services
• Special instruction
• Speech/language pathology
• Transportation
• Vision services
Services provided
CCS services (requires medical eligibility, financial eligibility, residential eligibility):
• Nursing case management of the eligible chronic handicapping condition
• Specialty care referrals, including diagnostic procedures, medical management in areas such as neurology, gastroenterology, orthopedics, opthamology, otolaryngology, audiology; and for necessary surgical procedures in special care centers
CCS/Medical Therapy Unit Services (requires medical eligibility, residential eligibility):
• Occupational and physical therapy (provided at the Medical Therapy Unit, with consultation services to school and home)
• Medical supervision of the therapy program and specialty care referrals through the Medical Therapy Conference
• Durable medical equipment consultation and authorization for those who are financially eligible

Appendix H

Themes, Outcomes, and Indicators Interagency Evaluation Survey (TOIIES)

The purpose of the following evaluation survey is to measure the progress of Early Intervention interagency teams in their efforts to improve services for individuals with disabilities and their families. This evaluation is patterned after the evaluation tools used in two studies to analyze the impact of the interagency systems approach to services. The first study, the Pacific Basin Interagency Leadership Outcomes Study, was conducted by Sadao, Robinson, and Magrab (1997) throughout the Pacific Basin. The second study, the Palau Interagency Evaluation, was conducted by Sadao (1997). The tools were employed to measure perceptions of interagency team members concerning the functioning of the interagency group.

As an interagency team member, you may find this tool useful for adapting to your own interagency evaluation process. Annual administration of the survey is advised, as each member's perceptions of the process will assist the interagency team to identify successes and to revise action plans for the next program year. Responses of each member are to remain anonymous, and input is valued to guide the future development and implementation of the interagency effort.

Following the administration of the survey tool, a designated committee or outside evaluator will need to summarize results. A computer-based data summary program, such as Excel or another tool, will be useful to summarize Likert scale results numerically and convert to percentages for use in reporting results to the interagency team. For example, items on the survey can be listed numerically, and the numbers of respondents who rated each item as 1, 2, 3, 4, or 5 can be tallied. Numbers of respondents who responded as "4" or "5" (agree or strongly agree) can be grouped together to determine the percentage of respondents of the total number who indicated agreement with survey items. Likewise, the numbers of respondents who responded "1" or "2" (strongly disagree or disagree) can be grouped to identify the percentages of respondents of the total number who indicated disagreement with individual items. Overall percentages can be calculated in each theme area (Family, Child, Interagency System of Care, Interagency Data System, Interagency Team, Agency, Team Member, and Community) to report the grouped percentages of respondents who showed agreement, disagreement, or neutral responses in each theme area. These results can provide the basis for discussion for strengths and improvements of specific areas of interagency development.

Appendix H was written by Kathleen Sadao and Nancy Robinson, 2006. It may be reprinted for educational purposes.

Demographics

Survey #: _____ Date of Completion: _____

The purpose of this section is to gather information about you and your role on the interagency team. Confidentiality and privacy will be protected, and your name will not be used in connection with any responses you provide. Please complete the following information and check the items that apply to you:

Ethnicity:

- ☐ Caucasian
- ☐ AA
- ☐ Hispanic
- ☐ Asian/Other Pacific Islander
- ☐ Other

Specific Ethnic Background:

_____

Gender:

- ☐ Male
- ☐ Female

Role on Team:

- ☐ Council Member
- ☐ Administrator
- ☐ Service Provider
- ☐ Family Member
- ☐ Private Sector
- ☐ Other Government Representative
- ☐ Consumer

Job Role:

- ☐ Administrator
- ☐ Service Provider
- ☐ Family Member
- ☐ Physician
- ☐ Nurse
- ☐ Teacher
- ☐ Student
- ☐ Private Sector

Other: _____

Agency:

- ☐ RC
- ☐ MH
- ☐ PH
- ☐ CCS
- ☐ Education
- ☐ Special Education
- ☐ HED
- ☐ Child Care
- ☐ Head Start
- ☐ Vocational Rehabilitation
- ☐ Justice
- ☐ Labor
- ☐ FRN

Other: _____

Education:

- ☐ High School
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate
- ☐ M.D.

Other: _____

Number of Years in Current Position:

- ☐ 1–5
- ☐ 6–10
- ☐ 11–15
- ☐ 16–20
- ☐ 21–25

Number of Years in Past Position:

- ☐ 1–5
- ☐ 6–10
- ☐ 11–15
- ☐ 16–20
- ☐ 21–25

Number of Years on Interagency Team:

- ☐ <1
- ☐ 1–2
- ☐ 2–4
- ☐ 4–5
- ☐ >5

Service Region:

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Urban and Rural

SELPA District:

- ☐ Single
- ☐ Small (5 or less)
- ☐ Medium (6–10)
- ☐ Large

Interagency Team Topics Addressed:

- ☐ Child Find
- ☐ Referral
- ☐ Eligibility
- ☐ Assessment
- ☐ Evaluation
- ☐ Transition
- ☐ Training
- ☐ Transportation
- ☐ IFSP
- ☐ IEP
- ☐ Joint funding
- ☐ Services
- ☐ Personnel
- ☐ Public Awareness
- ☐ Data Systems
- ☐ Service Coordination
- ☐ Respite
- ☐ Parent Support
- ☐ Interagency Agreements

Other _____

Interagency Team Trainings Addressed:

- ☐ Child Find
- ☐ Referral
- ☐ Eligibility
- ☐ Assessment
- ☐ Evaluation
- ☐ Transition
- ☐ Training
- ☐ Transportation
- ☐ IFSP
- ☐ IEP
- ☐ Joint funding
- ☐ Services
- ☐ Personnel
- ☐ Public Awareness
- ☐ Data Systems
- ☐ Service Coordination
- ☐ Respite
- ☐ Parent Support
- ☐ Interagency Agreements

Other _____

Interagency Team Evaluation

This section of the evaluation addresses your views of interagency team work and recommendations for improvement.

Family Involvement Theme

Outcomes: Families have increased their knowledge base concerning advocacy and child development. Families are able to access services. Families have positive partnerships with professionals.

Indicators: Please circle the number that best corresponds to each of the following statements:

	Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1. Family members are included as partners in interagency team activities.	1	2	3	4	5
2. Family members make decisions about the goals for their son or daughter in the IEP or IFSP.	1	2	3	4	5
3. Families have at least one "care coordinator" who works with each family to find appropriate services.	1	2	3	4	5
4. The interagency assessment team has representatives from various health, special education, Part C, Head Start, and related agencies.	1	2	3	4	5
5. Methods are established for family members to resolve problems that may arise between providers in different agencies.	1	2	3	4	5
6. Providers from different agencies join together in services provided in school-based, center-based, and home-based settings.	1	2	3	4	5
7. Families have increased options available to them for services.	1	2	3	4	5
8. Families have the right to refuse services or to request alternatives (as a result of the interagency team policies and programs).	1	2	3	4	5
9. Increased numbers of families are contacted and services provided as a result of interagency child find activities.	1	2	3	4	5
10. Families are more informed and request services more often as a result of interagency public awareness activities.	1	2	3	4	5
11. Increased numbers of children are identified between birth and age three because of the interagency coordination efforts.	1	2	3	4	5
12. Increased numbers of family members are actively participating in interagency public awareness activities as a result of inclusion of family members on the interagency team.	1	2	3	4	5
13. Families as natural support systems have increased their involvement in their child's health care and educational plan because of the information and training provided to them by the interagency team activities.	1	2	3	4	5
14. Families can better access available services through interagency coordination activities.	1	2	3	4	5

Child Theme

Outcomes: Children's health, educational, and social status has improved.
Indicators: Please circle the number that best corresponds to each of the following statements:

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1.	I am not involved in the interagency assessment team/system of care.	1	2	3	4	5
2.	There has been an increase in the number of children identified by agencies because of interagency team activities.	1	2	3	4	5
3.	The quality of services has improved because of the interagency team activities and training.	1	2	3	4	5
4.	Children's access to services has improved as a result of the interagency team effort.	1	2	3	4	5
5.	The frequency of services provided to children has increased as a result of the interagency team activities.	1	2	3	4	5
6.	The type of services available to children has increased because of the interagency team training activities.	1	2	3	4	5
7.	Ongoing evaluations occur for all children in need of follow-up assessment.	1	2	3	4	5
8.	There has been an increase in the number of children identified during the early years prior to school enrollment.	1	2	3	4	5
9.	Coordinated child find efforts have increased as a direct result of interagency activities.	1	2	3	4	5
10.	The quality of screening and assessment services has improved as a result of the interagency team effort.	1	2	3	4	5
11.	The types of screening and assessment services have increased as a result of the interagency team effort.	1	2	3	4	5
12.	The frequency of screening and assessment services has increased as a result of the interagency team effort.	1	2	3	4	5
13.	Children are identified and IEPs/IFSPs developed within the required time frame because of the efforts of PIT.	1	2	3	4	5
14.	My caseload has increased this year as a result of my involvement in the interagency team effort.	1	2	3	4	5
15.	An increase in the number of referrals to my agency has occurred as a result of the interagency public awareness effort.	1	2	3	4	5
16.	Children's access to general health care has increased as a result of the interagency team effort.	1	2	3	4	5
17.	Children's opportunities for social integration have increased as a result of the interagency team effort.	1	2	3	4	5
18.	Children's access to follow-up health care has increased.	1	2	3	4	5

Interagency System of Care Theme

Outcomes: Interagency system of care is developed and integrated. Child and family needs are met.

Indicators: Please circle the number that best corresponds to each of the following statements:

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1.	I have increased my skill levels in assessment and case management as a result of participating on a clinical system of care subcommittee.	1	2	3	4	5
2.	I have increased my skill levels in assessment and case management as a result of my involvement on an interagency team weekly clinic.	1	2	3	4	5
3.	My caseload has increased because of my involvement with the interagency team.	1	2	3	4	5
4.	The interagency team has increased the amount of information available for IFSP/IEP development on children with disabilities.	1	2	3	4	5
5.	I have referred children to the assessment team for further assessment and diagnosis.	1	2	3	4	5
6.	The interagency assessment team has helped me to provide better services to the children I serve.	1	2	3	4	5
7.	I participate as a clinical team member on the team regularly.	1	2	3	4	5
8.	The policies and procedures for the assessment team provide appropriate information on referral, screening, and assessment for children with special needs.	1	2	3	4	5
9.	IFSPs/IEPs developed for children that have been seen by the interagency assessment team are more comprehensive than previous IFSPs/IEPs completed by my agency.	1	2	3	4	5
10.	The interagency assessment team is an effective way to track complex children and ensure that evaluations are provided to them on at least an annual basis.	1	2	3	4	5
11.	The location of the assessment team is appropriate.	1	2	3	4	5
12.	IFSPs/IEPs are monitored regularly as a result of the interagency assessment team effort.	1	2	3	4	5

Interagency Data System Theme

Outcomes: A coordinated data tracking system is developed and implemented.
Indicators: Please circle the number that best corresponds to each of the following statements:

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1.	The monthly interagency consolidated reports/database are useful in identifying and tracking children with disabilities across agencies.	1	2	3	4	5
2.	With the introduction of a computer system and individualized agency database, there has been an improvement in data collection evidenced in my agency.	1	2	3	4	5
3.	With the introduction of a computer system and individualized agency database, there has been an improvement in data reporting evidenced in my agency.	1	2	3	4	5
4.	The individualized monthly data reports are helpful in tracking children with disabilities in our program.	1	2	3	4	5
5.	My agency is now able to print out monthly data reports and annual reports by computer as a result of the interagency data system.	1	2	3	4	5
6.	My agency is interested in transmitting data via the Internet to the interagency team/lead agency for data consolidation purposes.	1	2	3	4	5
7.	The implementation of the interagency data management system has increased the amount of encounters with clients served.	1	2	3	4	5
8.	The interagency data management system has helped to track children already enrolled in the program.	1	2	3	4	5
9.	Training for the interagency team concerning the interagency data management system has been adequate.	1	2	3	4	5
10.	My training concerning the interagency data management system has been adequate.	1	2	3	4	5
11.	The computer system provided to my agency/program has met my agency's individuals with disabilities data management needs.	1	2	3	4	5
12.	The computer system provided to my agency/program has met my agency's general data management needs.	1	2	3	4	5
13.	My agency did not receive a computer system from the interagency office.	1	2	3	4	5
14.	A clinic data system is needed to improve the tracking of individuals with disabilities.	1	2	3	4	5
15.	The current interagency data reporting system is adequate to inform other agencies of the status of individual clients.	1	2	3	4	5
16.	The monthly agency reports are useful in identifying and tracking children with disabilities across agencies.	1	2	3	4	5

Interagency Data System Theme (Continued)

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
17.	Interagency systems for sharing information and data regarding individual children and families are established as a result of the interagency team agreements.	1	2	3	4	5
18.	Interagency systems for sharing information and data regarding individual children and families are established as a result of the interagency team activities.	1	2	3	4	5

Interagency Team Theme

Outcomes: The interagency team is effective in cross-agency problem solving and resolution.
Indicators: Please circle the number that best corresponds to each of the following statements:

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1.	The identification of a lead agency has increased the activities of the interagency team.	1	2	3	4	5
2.	The interagency team approach to working together is an acceptable model in the local culture and community.	1	2	3	4	5
3.	The interagency team has developed a written statement of goals/philosophy/mission about services for families and individuals with disabilities.	1	2	3	4	5
4.	The interagency group meets regularly, at least once per month.	1	2	3	4	5
5.	The interagency group has established bylaws for the meetings.	1	2	3	4	5
6.	The bylaws have been approved by the government officials who are responsible for health, education, social services, and related services for persons with disabilities and their families.	1	2	3	4	5
7.	The interagency team has a designated person who provides support for meeting activities, such as agenda development and dissemination of meeting minutes.	1	2	3	4	5
8.	The rotating agency chair approach to moderating and sponsoring monthly meetings has increased agency representatives skills in meeting facilitation.	1	2	3	4	5
9.	The interagency team has elected officers according to the bylaws.	1	2	3	4	5
10.	I am satisfied with the amount of participation of other agencies in our interagency team meetings.	1	2	3	4	5
11.	I have observed an increase in the involvement of additional agencies in the local interagency team this year.	1	2	3	4	5
12.	New team members are selected each year to be supported for participation in the annual interagency leadership conference.	1	2	3	4	5

Interagency Team Theme (Continued)

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
13.	Coordination of services between my agency and other agencies represented on the team has increased this year.	1	2	3	4	5
14.	The grant programs have increased the activities of the interagency team.	1	2	3	4	5
15.	The interagency team has been recognized by other government officials as a means of improving services for individuals with disabilities and their families.	1	2	3	4	5
16.	Our interagency team produces bimonthly bulletins on planned activities related to individuals with disabilities that are shared across agencies.	1	2	3	4	5
17.	Training programs for personnel to serve individuals with disabilities and their families have increased as a result of interagency team initiatives.	1	2	3	4	5
18.	Training programs have been initiated at the community college through the interagency team initiatives.	1	2	3	4	5

Agency Theme

Outcomes: Agencies coordinate funding, training, and provision of services.
Indicators: Please circle the number that best corresponds to each of the following statements:

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1.	My agency is included in a formal, written agreement to participate on the interagency team.	1	2	3	4	5
2.	The director of the agency that I work with has approved the agreement for our agency to participate on the interagency team.	1	2	3	4	5
3.	The number of services that my agency provides for individuals with disabilities and their families has increased.	1	2	3	4	5
4.	The number of services provided by other agencies represented on the interagency team has increased.	1	2	3	4	5
5.	Communication between my program and other agency program staff on the team has increased.	1	2	3	4	5
6.	My agency has at least one collaborative agreement with another agency that promotes sharing of resources across agencies to provide services to individuals with disabilities.	1	2	3	4	5
7.	Because of my agency's participation on the interagency team, more community members are aware of services available to individuals with disabilities.	1	2	3	4	5

Agency Theme (Continued)

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
8.	My agency has benefited from increased resources provided by other agencies as a result of the inter-agency effort.	1	2	3	4	5
9.	My agency has benefited from the individualized interagency data system developed specifically for our data collection reporting needs.	1	2	3	4	5
10.	My agency has participated in cost sharing for services provided as a result of the interagency effort.					
11.	My agency has financially supported selected interagency activities.	1	2	3	4	5
12.	As a result of the interagency effort, my agency has developed new policies to enhance services for individuals with disabilities.	1	2	3	4	5

Team Member Theme

Outcomes: Members have improved their team building and facilitation skills and increased the number of contacts and networks with other agencies.

Indicators: Please circle the number that best corresponds to each of the following statements:

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1.	I have become an active member of the interagency team (IT).	1	2	3	4	5
2.	I have increased my understanding of the meaning of interagency teamwork as a result of my involvement with the IT.	1	2	3	4	5
3.	My involvement with the IT has given me a better understanding of the needs of individuals with disabilities and their families.	1	2	3	4	5
4.	The interagency team activities have helped me to develop skills in working together as a team.					
5.	I would like to continue as a member of the IT.	1	2	3	4	5
6.	As a result of the interagency work, I have increased communication with my direct supervisor concerning individuals with disabilities.	1	2	3	4	5
7.	As a result of my interagency work, my verbal communication with other agency personnel has increased.	1	2	3	4	5
8.	My involvement with the IT has resulted in contact with at least one new colleague in a different agency.	1	2	3	4	5
9.	My supervisor has released me from some other duties to allow me to participate in the IT meetings and activities.	1	2	3	4	5

Team Member Theme (Continued)

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
10.	My involvement with the IT has improved my job satisfaction in supporting individuals with disabilities and their family members.	1	2	3	4	5
11.	As a result of my participation in IT meetings, I have become a better meeting facilitator.	1	2	3	4	5
12.	As a result of my participation in IT trainings, I have increased my skills as a professional in working with individuals with disabilities and their families.	1	2	3	4	5
13.	My contributions to the IT and my role on it are important to the overall functioning of the team.	1	2	3	4	5
14.	I feel personally satisfied with my participation on the IT.	1	2	3	4	5
15.	I have benefited from learning about other agency activities through my involvement with the IT.	1	2	3	4	5

Community Theme

Outcomes: Community awareness of services has increased.
Indicators: Please circle the number that best corresponds to each of the following statements:

		Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
1.	Legislation has been developed to improve services to persons with disabilities because of the efforts of the interagency team.	1	2	3	4	5
2.	Because of the outreach of the interagency team, there has been an increase in the number of community members participating on the interagency team this year.	1	2	3	4	5
3.	The dissemination of the interagency newsletter has increased the number of community members aware of the interagency effort.	1	2	3	4	5
4.	The radio talk shows have increased the level of community awareness concerning the interagency team effort.	1	2	3	4	5
5.	IT-sponsored TV programs have increased the awareness of the community about individuals with disabilities.	1	2	3	4	5
6.	Bimonthly interagency articles have increased the awareness of the community about interagency team activities.	1	2	3	4	5
7.	Bimonthly interagency articles have increased awareness in the community about programs serving individuals with disabilities.	1	2	3	4	5
8.	There has been an increase in the number of community members seeking out assistance from the interagency team and other service programs.	1	2	3	4	5

Community Theme (Continued)

	Strongly Disagree	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
9. The annual disability awareness week activities increased public awareness about individuals with disabilities and the services available.	1	2	3	4	5
10. The addition of other community members to the IT has increased public awareness levels concerning individuals with disabilities.	1	2	3	4	5
11. The cooperation among councils and committees focused on individuals with disabilities has increased because of representation on the IT.	1	2	3	4	5
12. Involving public officials in the interagency activities has increased the visibility of IT efforts.	1	2	3	4	5
13. The IT directory of services has increased the interest of community members in seeking out services for individuals with disabilities.	1	2	3	4	5
14. New policies have been enacted concerning the needs of persons with disabilities in our local community.	1	2	3	4	5

Comments About Interagency Team Development

1. What are three of the most effective ways that the interagency team has found to improve collaboration across agencies?
2. What do you recommend to improve the participation of other agencies at team meetings?
3. What strategies has the interagency team used effectively to involve family members with the team?
4. What strategies do you recommend for increasing representation of family members' needs and consumer concerns?
5. How can communication be improved between team members, advisory committees, and agencies that participate on the team?
6. What has been the most useful training event or program the interagency program has offered this year?
7. What other comments do you wish to provide regarding the interagency team?

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