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One of four volumes regarding the CARE (Children's Agencies, Resources, Etc.) Linkages Project in Tennessee, this document contains (1) a review of literature concerning collaboration among social agencies; (2) an annotated bibliography of publications gathered during the literature review; and (3) a summary of the results of telephone surveys made of other interagency collaborative efforts. Section 1, the literature review, covers the historical development of coordination among social agencies in the United States, theories of coordination, and various collaborative models. It also describes research concerning factors that encourage or discourage collaboration, the collaborative process, and the benefits resulting from collaboration. Section 2, the annotated bibliography, is organized according to the following subject areas: historical development of coordination, theory, models, process of collaboration, research, other collaborative projects, and related reading. Section 3, the summary of the telephone survey, describes the background, model, process, and assessment of eight collaborative projects. The goal of this survey was to gather information on projects similar to the CARE effort that had not been fully reported in the literature. A copy of the telephone questionnaire is included. (CB)
C A R E

A REVIEW OF LITERATURE ON COORDINATION

ANNOTATED BIBLIOGRAPHY

SURVEY OF OTHER COLLABORATIVE EFFORTS

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A REVIEW OF LITERATURE ON COORDINATION

AN ANNOTATED BIBLIOGRAPHY

AND

A SURVEY OF OTHER COLLABORATIVE EFFORTS

A Product of The CARE Linkages Project

Tennessee Children's Services Commission
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The CARE Linkages Project, a federally funded project of the Tennessee Children's Services Commission, is designed to increase the coordination of health, education, and social services for children in preschool programs across the state. The project had two components: a state level and a local level component. At the state level, the emphasis was on promoting coordination among statewide agencies serving preschool children. At the local level, the project staff assisted in the formation of eight local committees called CARE committees to help local preschool programs and service providers to work more closely together.

In preparation for the implementation project, staff decided that a clearer perspective on coordination, collaboration and linkages was necessary, particularly of factors which tend to enhance or obstruct the formation of such relationships between agencies. In addition, the specific research issues to be investigated in this project needed to be elaborated and translated into a meaningful research design. It was essential that information and results from previous collaborative efforts be analyzed so that the research component of this project would address important issues that complemented and did not duplicate other projects.

The first step toward gathering and interpreting existing information was to identify appropriate sources of information on collaboration theory, efforts and results. Two major sources, publications and directors of recent collaboration projects, were identified and utilized to develop the model. The following reports summarize existing information on collaboration gathered by staff through a review of the literature and telephone surveys of directors of related projects. The literature review covered the historical development of coordination, theories of coordination, descriptions of various collaborative models, factors which tend to encourage and discourage collaboration, and research findings. The surveys of related projects were conducted to gather similar and more in-depth information on projects which had not been fully reported in the literature.

Section I of this report is the review of the literature including the historical development of coordination, current efforts of coordination and collaboration and barriers to collaboration.

Section II is an annotated bibliography of the sources gathered from the review of the literature.

Section III provides a summary of the results of the telephone surveys of other interagency collaborative projects.
Section I

LITERATURE REVIEW

Prepared by
Beth G. Stafford, State Linkages Coordinator
Paul Vander Meer, Director of Information and Research
1. Review of Literature

A review of the literature relating to collaborating indicates that there has been an historical development of this concept. Human services organizations have been involved in interagency cooperation since the establishment of charity organizations in the early 1900’s (Brim, 1983; Kamerman and Kahn, 1976; O’Connor et al., 1984; Rogers and Mulford, 1982). The earliest forms of cooperation and coordination occurred in an effort to provide services only to the “deserving poor.” This involved primarily coordination of specific cases, but was also recognized as a way to avoid duplication in soliciting for funds (Rogers and Milford, 1982). During this period competition was valued and most organizations took an individualistic approach. The relatively few human service agencies basically looked out for themselves and cooperated when it was to their own advantage. This atmosphere continued until the early 1930’s when, as a result of the great depression, many more human services and agencies were created by government.

The New Deal Era was a time when the ideology of many managers changed from independence to a recognition of the important role of social cooperation. This was due in part to public attitudes. There was growing pressure from society that the coordination of the increasing number of public welfare agencies was necessary and should be the responsibility of the public sector to carry out. The federal government attempted to exert some control through financial and administrative strategies to integrate programs. However, the boundaries between public and private responsibilities were considerably blurred and fragmentation of services continued to be a problem due to the desire of many organizations, both public and private, to protect their own "turf" (Rogers and Milford, 1982).

Corporate management or bureaucracy was accepted as a viable organizational form during the 1940’s. The emphasis was on clear lines of authority, division of labor, establishment of rules and coordination of activities.

In the 1950’s, the orientation of human service organizations began to change from coordination to planning. Representatives from the community began to be included on planning councils (Rogers and Mulford, 1982).

The 1960’s were a time when the federal government began to show an interest in documented efforts at coordination. In 1960, a report was published by the federal government describing various methods of interagency coordination (O’Connor et al., 1984; Rogers and Mulford, 1982; Urban and Rural System Associates, 1977). The Federal Intergovernmental Cooperation Act of 1968 gave states a new, more active role in coordination. This act also gave further impetus to coordination of human service organizations through its emphasis on program budgeting and cost effectiveness. As a result, the late 1960’s was a period of increased attempts to coordinate efforts through centralized control and service integration.

Service Integration is a process which seeks to coordinate public and private agencies by creating a new administrative relationship (O’Connor et al., 1984; Rogers and Mulford, 1982). It was thought that service integration would eliminate fragmentation and gaps in services as well as unnecessary duplication while enhancing service delivery due to centralized funding and planning (Rogers and Mulford, 1982). However, there were a number of factors which worked against centralized planning during the late 60’s and
early 70's and still do so today. These factors are the importance of local control, concerns about unequal distribution of power and shortages of time and funds (Rogers and Mulford, 1982).

Even though there was a great deal of emphasis placed on coordination by governments during the 1960's and early 70's, this was also a period of tremendous growth of social programs, particularly in the mid 1960's under the banner of the "Great Society." The literature does not indicate widespread successes in coordination efforts during this period.

By the late 1970's and early 80's, this picture began to change. More localized efforts and emphasis on coordination began to appear. For example, the California legislation mandated a study of coordinated child care (Urban and Rural Systems Associates, 1977). Massachusetts regarded coordination favorably and began sponsoring a series of coordination efforts in 1977 (Massachusetts State Implementation Grant, 1981). These efforts by states were to some extent a bearing of fruit from the federal policies which had, since the late 1960's, encouraged coordination based on the assumption that coordination and planning will result in better utilization of resources and improve the quality of resources offered (Jones, 1975; Loadman et al., 1981; O'Connor et al., 1984; Rogers and Mulford, 1982; Schaffer et al., 1983; Trist, 1977; Urban and Rural Systems Associates, 1977). These efforts were also, no doubt, related to the slumping economy and the tightening of resources available to human service agencies. Efforts of coordination increase during periods of reduced government funding, increased accountability and increased demands for services (Brim, 1983; Clark, 1965; Galaskiewicz and Shaten, 1981; Jones, 1975; Loadman et al., 1981; Miller, 1984; Milliken, 1983; Rogers and Mulford, 1982; Schlesinger et al., 1981; Schmidt et al., 1977; Trist, 1977). Strategies and philosophies about coordination appear to be closely related to general environmental conditions of the time (Rogers and Mulford, 1982).

It was also during this period that the concept of collaboration began to emerge as a needed and more sophisticated level of coordination.

From an historical perspective, emphasis on agency interaction has shifted from cooperation to coordination to collaboration. In fact, evidence suggests that individual organizations attempting to work together tend to follow the same continua (Black and Kane, 1963; Schwartz, et. al., 1981). Unfortunately the three terms have often been used interchangeably which has contributed to much confusion about definitions (Hord, 1980).

Cooperation is the process of informal working together to meet the day to day goals of the organization (Black and Kase, 1963). Coordination is more a formalized process of adjustment or utilization of existing resources through integrated action of two or more organizations (Black and Kase, 1963; Hall et al., 1977; Halpert, 1982; Hüttinger, 1981; National Juvenile Justice Program Collaboration, 1981; Schaffer et al., 1983; Tade et al., 1982). Collaboration is viewed as a more intensive jointly planned effort by organizations over a mutual concern which results in a mutually desired result. (Black and Kase, 1982). Coordination and collaboration are not static processes but are continually changing to meet the changing needs and demands of society, and are rarely neutral (Davidson, 1976; Hüttinger, 1981; Trist, 1977). As a fairly new concept, less has been written about the theory and
practice of collaboration as compared to coordination. However, much of what has been written about coordination applies to collaboration as well.

Most efforts at coordination are based on organizational exchange theory which states that an exchange is any voluntary activity between two or more organizations which has consequences, actual or anticipated, for the realization of each organization's anticipated goals (Levin and White, 1961). Three main elements are necessary for exchange to occur: clients, labor services and resources. In periods of scarcity interorganizational exchange is essential for survival of organizations (Levin and White, 1961). For agencies to be interdependent each agency must be accessible to necessary elements from outside or clients, the objectives of each organization must be related and there must be consensus among the organizations about each organization's domain (Levin and White, 1961).

Coordination of human services organizations involves social control. The optimum is most likely to occur when bureaucratic organization and external primary groups develop coordinating mechanisms. These groups tend to "balance their relationships" at a central point of social distance, allowing some intimacy and some separation (Litwak and Meyer, 1966). This is important since most organizations express concern that coordination will result in loss of control (Fabrizio and Bartel, 1977; Hall, 1977; Reid, 1964; Rogers and Mulford, 1982; Schwartz et al., 1981).

Several different models have been described as effective in encouraging and stimulating coordination and collaboration (Black et al., 1980; Bowes-Kelley, 1983; Elder and Magrab, 1980; Fabrizio and Bartel, 1977; Galaskiewicz and Shatin, 1981; Rutinger, 1981; King, 1978; Magrab et al., 1981; McDonough, 1980; McPherson, 1981; National Juvenile Justice Program Collaboration, 1981; North Central Regional Center for Rural Development, 1979; O'Connor et al., 1984; Reid, 1964; Reid and Chandler, 1976; Rogers and Whitney, 1976; Tindall et al., 1982).

The interagency committee model is a group made up of representatives from community agencies and other groups from the related area. The purpose of this group is to improve interagency communications, to identify needs, locate gaps and advocate for changes. The interagency committee usually has no authority but depends on the involved agencies commitment and abilities (Pritchard, 1977).

Another model discussed in the literature is the single portal entry model which as the name indicates establishes a key person or agency to act as broker or to coordinate services. For this model to be successful there must be close and continuous communication between the key person or agency and other community agencies (Pritchard, 1977).

Several variations of the above models and other models have been described, such as the lead agency model, a variation of the single portal model, development of a written agreement between two agencies, and the services integration model (Pritchard, 1977; Reid, 1964; Reid and Chandler, 1976; Rogers and Whitney, 1982).

Many of the projects discussed in the literature had two components, a state level and a local level interagency council. State level committees usually are responsible for coordinating the collaborative effort, advising
local committees, evaluating the collaborative effort and funding projects if money is available. The local level committees are responsible for the planning, development and implementation of the collaborative effort, assessing local needs and recruiting and organizing volunteers. One of the problems reported with this bi-level model is local committees feeling that state level committees are dictating activities without any real knowledge of real local needs (King, 1978; Nelkin, 1983; Rogers and Whitney, 1978; Tendal et al., 1982).

All the models described involve linking of agencies or programs to another. There is some confusion about the use of the word linkages (Tindall et al., 1982). Linkages are the actual activities or arrangements that result from agencies collaborating that lead to the commonly desired outcome. (Galaskiewicz and Shatin, 1981; Tindall, 1982). Establishing interagency linkages is recognized as a difficult process which should be approached on an incremental basis (Elder and Magrab, 1980; O'Connor et al., 1984).

Many efforts of coordination and collaboration, incorporating each of these models, have been described in the literature. Regardless of the model utilized, certain factors have been identified which are conducive or disruptive to the collaboration process (Barbieri, 1982; Black et al., 1980; Bowes-Keiter, 1983; Caruso, 1981; Elder and Magrab, 1980; Fabrizio and Bartel, 1977; Huting, 1983; Justiz, 1983; King 1978; McDonough, 1980; McPherson 1981; National Association of Countee Research, Inc. 1983; National Juvenile Justice Program Collaboration, 1981; Nelkin, 1983; Provan et al., 1980; Reid and Chandler, 1976; Rogers and Whitney, 1976; Schaffer et al., 1983; Schlesinger et al., 1981; Schwartz et al., 1981; Whitted et al., 1983).

In order for successful collaboration to occur, all agencies involved should recognize that a problem exists and reach consensus on its nature and scope. A clear mutual purpose should be identified, agencies should have similar goals, and representatives to committees should have similar status (Caruso, 1981; Elder and Magrab, 1980; Reid, 1964; Reid and Chandler, 1976). Key organizations should be identified and commitment should be secured from each, consensus should be reached about objectives of the effort, and clear delineation of responsibility should be developed; evaluation and identification of benefits should be ongoing and some mechanisms for resolving disputes should be established which will encourage negotiations (Audette, 1980; Hord, 1980; Huting, 1981; Littck and Hylton, 1962; Magrab et al., 1981; Schwartz et al., 1981; Whitted et al., 1983).

Factors that have been identified which will disrupt the collaborative process are competition for funds, turf protection, and vested interest, unclear roles and purpose, fear of loss of organization identity, domination by more powerful agencies, differing interpretation of laws, policies and regulations, differences in philosophical and theoretical perspectives, lack of time, and history of previous failed attempts (Black et al., 1980; Elder and Magrab, 1980; Huting, 1981; Lacour, 1982; National Juvenile Justice Program Collaboration, 1981; Rogers and Mulford, 1982; Schaffer, 1983; Schwartz, 1981; Wheeler Tall, 1980; Whetten, 1982).

An ideal approach to the collaborative process has been described by a number of authors and includes a number of specific steps. The first step is to assess interest in and readiness for a collaborative effort. Next, identify participants for the collaborative effort, agencies that will
benefit from the effort and have something to contribute to it. The third step is to clearly define the purpose of the effort and build it. Building the collaborative effort should include obtaining individual agency commitments to the collaborative effort, creating a clear statement of purpose and rules of procedure. The fourth step is to discuss and resolve issues relating to competition, vested interest and turf. Meetings should be held on neutral turf to encourage full involvement. The fifth step is to identify key actors and to get their support. The sixth step is to have agencies and persons involved share resource information, identify areas of need, and share ideas on collaboration. Step seven is to develop a plan for the collaborative effort taking into consideration the identified needs, resources and previous experiences. The eighth step is to get commitments from the agencies involved for time and staff support as appropriate (Elder and Magrab, 1980; Fabrizio and Bartal, 1977; Butinger, 1981; Magrab et al., 1981; National Juvenile Justice Program Collaboration, 1981).

Collaboration and coordination are assumed to have positive impact on service delivery (Gage, 1977; Jones 1977; Loedeman et al., 1981; O'Connor et al., 1984; Rogers and Mulford, 1982; Schaffer et al., 1983). Most of the literature indicates that collaboration will cause increased cooperation and more effective contacts between agencies, will bring about needed change, will help to stretch scarce resources, will enhance capacity of organizations involved to dominate the environment, and will help eliminate duplication of services as well as identify gaps and increase planning efforts (Barbieri, 1982; Black et al., 1980; Caruso, 1981; Elder and Magrab, 1980; Gabel, 1980; Butinger, 1981; LaCour, 1982; McPherson, 1981; Provan et al., 1980; Smith-Dickson and Butinger, 1962; Southern Regional Education Board, 1981). However, the expectations that many benefits result from collaboration have very limited documentation through research or in the literature (Elder and Magrab, 1980; Rogers and Mulford, 1982). The benefits which have been documented several times are increased cooperation and communication (Black et al., 1980). Further research is needed on the actual impact of cooperation on service delivery system, strategies used, models, the characteristics of interorganizational linkages and the actual network (O'Connor, 1984; Whetten, 1982). Most of the research that has been done is comparative. There is a need for some longitudinal studies. Further research needs to be done on the methods of evaluation, barriers to collaboration and factors which would encourage collaboration (Brim, 1983; Whetten, 1982). Research that has been completed on collaboration has indicated mixed results (Whetten, 1982). Some collaborative efforts have found that reduced funding does not necessarily increase collaboration, but has in some instances brought about the deterioration of such structures (Miller, 1984).
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Smith-Dickson, Bonnie and Hutinger, Patricia (Eds.), Making It Work in Rural Communities Effective Collaboration Among Health Care and Education Professionals: A Necessary Condition for Successful Early Intervention in Rural Areas, HCEEP Rural Network, Western Illinois University, November 1982.


Wheeler, Rena, Hoehle, Bill and Bartlett, Christina, "Interagency Troubleshooting", in Black, Talbot and Others, Serving Young Handicapped Children in rural America, proceedings of the HCSEP Rural Workshop, March 1980.


Woodard, M., Cooper, J.H. and Trohanis, P.L., (Eds.), Interagency Casebook, Chapel Hill, North Carolina, TADS, 1982, ED 222 009.
SECTION II

ANNOTATED BIBLIOGRAPHY

PREPARED BY BETH G. STAFFORD
I. Historical Development of Coordination


Presents an historical view of the development of coordination relating each period from 1900 to the 1970's to specific models of coordination.


Discusses collaboration in the past, present and future. Concludes that collaborative efforts have been rapidly increasing and require adaptive continuous planning to be successful.

II. Theory


Early article on interagency coordination and cooperation. The authors conclude that joint planning and interagency cooperation will make the best use of available methods, people, money and materials.


The author states that interagency collaboration indicates an intensive, long-term planned effort by organizations. While interagency cooperation and coordination are less intensive efforts, interagency collaboration is suggested as beneficial to community education.


The author states that in a time of overloaded services, scarce resources and multi-problem families, coordination of services requires a serious look. Coordination is presented as a promising form of organizational technology with the potential for improving service delivery.


Presents exchange theory which defines organizational exchange as any voluntary activity between organizations which has actual or anticipated consequences for achievement of goals.

Exchange theory has been used as the basis for most of the further theory and research on coordination.

Discusses the mechanisms and principles involved in coordination. Theory presented states that the optimum level of social control is likely to occur when coordinating mechanisms develop between organizations or groups where they are neither too close nor too isolated.


Authors discuss the development and continuation of interorganizational coordination. Interorganizational coordination is based on organizational interdependence, the level of organizations awareness, standardization of organizational activities and the number of organizations involved.

### Models


The author discusses the need for developing interagency agreements for programs serving persons with handicaps due to changes in laws and reduction of financial support. Three classes of interagency agreements are presented with descriptions and explanations. Conclusion is that organizations must cooperate or jeopardize their survival.


The author discusses mutual adjustment and presents a typology of interorganizational relationships and a three stage framework for the development of such relationships.


Discusses the community criteria for coordinating services and the properties of interagency behavior. Presents several models, but makes no judgement as to a best model. Benefits and barriers are discussed and a general process for implementing a coordinated effort is presented.

Cooperation, coordination and collaboration are defined and found to be related terms but not interchangeable. The author presents a model for explaining the processes of cooperation and collaboration.

Hutinger, Patricia (Eds.) Making It Work In Rural Communities. Interagency Coordination A Necessity In Rural Programs, ROSEP Rural Network, Western Illinois University Press, Macomb, Illinois, August 1981.

Monograph discusses interagency coordination: critical factors, general approaches and practical examples. Purpose is to illustrate ways early childhood personnel can work together to eliminate duplication of services, improve communication and provide appropriate and quality services.


Defines and discusses interagency agreements. Barriers to interagency agreements are discussed as well as methods for overcoming barriers. The components of a good interagency agreement are presented and the process for developing them is discussed.


The authors present definitions of coordination and linkages and discuss various models of interorganizational coordination.


Presents several models of interagency coordination including the Interagency Council Model, single portal model, and lead agency model. The author discusses each model with important factors to consider for each model. The author presents "a collaborative process" that includes six clear steps.


Discusses collaboration in juvenile justice field. Identifies potential benefits and barriers to collaboration. Presents ten steps necessary for a successful collaborative effort and identifies characteristics which contribute to successful collaboration.

Study examines agencies with a variety of models and varying degrees of coordination between Head Start Programs and Title XX Day Care. Information was gathered through an interview questionnaire in an effort to identify factors influencing successful resource sharing, barriers inhibiting coordination and to compare costs related to the program.


Interorganizational relationships occur more frequently during periods of scarcity. The authors discuss the elements needed for coordination and various models of coordination.

IV. Process of Collaboration


Proceedings of the first rural workshop for the Handicapped Children's Early Education Program (HCEEP).

Includes the general purposes of the workshop, the keynote address by Dr. Jerry Fletcher on "Special Education: The Broader Context of National Rural Policy", and synopses of the topical sessions. Topical sessions included: successful practices in securing funding, stress on rural providers, establishing community communication and awareness, inter-agency coordination, interagency troubleshooting, transportation problems and other topics.


The factors which enhance collaboration are identified and discussed. Four themes are needed for organizations to work together: belief that they can solve problems together, goals are similar, people involved are on the same level, and have a belief that change can be valuable.


Session of the HCEEP Rural Workshop which identifies most effective practices in facilitating interagency coordination. Techniques and basic principles necessary for successful interagency cooperation were discussed as well as some of the benefits.

The authors state that coordination occurs as organizations try to adapt to the environment or maximize their own goal attainment. Reasons for coordination and consequences of coordination are discussed.


Presents definition of coordination and goes on to identify variables that affect decision to coordinate, and conditions which stimulate or inhibit coordination.


Presents step by step process for developing a community team. Developing community understanding and planning for action are discussed. The importance of human factors in interagency teams are discussed and methods for role clarification and examining member contributions are presented.


Presents a concrete method for initiating a cooperative effort to collect and summarize information so that plans can be made based on accurate assessment of needs. The authors present six steps necessary for the process and discuss the activities in each. Written to be used n planning and beginning of community collaboration and coordination of services.


Presents four ways to achieve greater coordination. Principles of management were presented and discussed. The principles included ways to overcome potential barriers and encourage coordination.


Low level of coordination among social welfare agencies has long been considered a problem due to duplicating, overlapping and fragmentary services. The author discusses three levels of coordination: ad hoc case coordination, systematic case coordination, and program coordination. Three conditions were identified as necessary for coordination: shared goals, complementary resources and efficient mechanisms for controlling exchanges involved in the effort.

Emphasizes cooperative planning in rural development and identifies three elements of the process: integration of the units involved; decentralized planning of the effort and local initiative to implement the effort and need for balanced contributions from public and private agencies. Completed questionnaires and interviews of 160 sample organizations which revealed the need for assurances of interagency goals, costs and responsibilities not creating a conflict of interest.


Discusses the consequences of coordination, relating it to various types of groups likely to be involved such as: support groups, administrative groups, structural interest groups and demand groups. The authors conclude that more information on the impact of coordination is needed.


This twelve paper collection is the result of a Rural Development Conference. Papers review existing methods and procedures for rural planning, examine the consequences of such planning, and propose alternative implementation strategies.


Handbook designed to assist state and local level personnel to develop effective linking strategies which would help meet the needs of handicapped students. Guidelines for establishing and maintaining committees, cost considerations and needed inservice training are discussed. Three interagency linkage models are discussed.

Wheeler, Rena, Hoehle, Bill and Bartlett, Christina, "Interagency Troubleshooting" in Black, Talbot and Others, Serving Young Handicapped Children in Rural America, proceedings of the HCEEP Rural Workshop, March 1980.

Presentation at HCEEP Rural Workshop which discussed some of the problems that block interagency coordination and ways to avoid such problems.
This collection of articles identifies the key characteristics of interagency coordination, describes practices which can be replicated and may facilitate linkages. Section 1 presents an overview of interagency coordination, theory and framework. Section 2 describes eight programs focusing on interagency coordination.

V. Research


Authors discuss need for increased collaboration between foundations and public sector with reduced public expenditures for both research and services. Areas that need funding and could benefit from collaboration are discussed.


The authors discuss the increased need for networking during periods of uncertainty. The findings indicate that networking efforts are more likely to occur among leaders who personally know each other and have similar loyalties and personal values. Other variables related to cooperative relations are discussed.


The author states that there is need for educational improvements and cooperation between research and practice communities, between administrators and policymakers and federal, state and local governments are important for this to occur.


In looking for evidence of increased collaboration due to increased competition for paying patients, the author found that some previously established systems had deteriorated. The author states that there are trade-offs between individual freedom and societal responsibility when health is involved; limitations of individual freedoms are necessary.


As a result of literature review a large number of research needs in the area of interagency cooperation were identified and discussed.
Discussion of the development of coordination in human services with a focus on the juvenile justice field. Some areas covered in the report includes a literature review, discussion of a survey of state-level coordination efforts including survey results and conclusions and recommendations.


Authors discuss the need of community agencies to maintain important community links to increase own power. Variables that characterize community relationships are presented and discussed. The authors conclude that increased cooperation among organizations enhances their capacity to dominate the environment.


Study of interagency cooperative efforts identifies characteristics, factors, and components involved in such activities. Through the literature review defines terms, identifies incentives, benefits, facilitators and barriers. The authors then used the information obtained to study an interagency relationship in Danville, Virginia between the Department of Parks and Recreation and the Danville (VA) Public School System.


Research on the relationship of coordination of agencies to volunteer citizen participation in agencies. Findings indicated that as inter-agency coordination increased, citizen participation decreased.


The author indicates that little systematic research has been done on strategies and benefits of coordination. The levels of analysis were discussed with recommendations for areas of needed research.

VI. Other Collaborative Projects


Discusses an effort of public and private schools to work together to improve resources for courses and programs. The benefits of working together on this project are discussed.

Report on the Oregon Interagency Collaboration Project includes description of the project, models used and results to date.


Final report of the Service Integration Project, a demonstration project in North Carolina, that facilitated collaboration of local programs.

The chapters cover a variety of topics related to collaboration including: an overview of service integration, discussion of the development of the project, implementation of service integration, alternative models for interagency coordination, evaluation of the project, recommendations for replication and other topics.


Discussion of a coordination effort in Alberta, Canada. The article presents the models used and discusses the benefits and problems of each. Purposes of the effort and results are also presented.


Final report of the Evaluation/Technical Assistance Project discussed its development, progress and accomplishments. Project recognized benefit of cooperative efforts to confront evaluation issues and concerns for benefit of both individual agencies and development of measures of effectiveness across agency boundaries.

"Massachusetts State Implementation Grant", Department of Education, Boston, Massachusetts, 1981.

Report on the Massachusetts State Implementation Grant includes project description, and overview of the interagency coordination program. The planning and development of the process are discussed. Discussion of results included formal and informal agreements, positive and negative effects, evaluation strategies and expectations of the project versus reality.


Report on a study of services to young children with special needs in Massachusetts. The report includes evaluation of activities, review of the plan, discussion of public policies and issues and recommendations.
Discusses efforts of the Division of Maternal and Child Health and Special Education Program to initiate and maintain collaborative efforts. The model used is discussed and six examples of state collaborative projects are discussed.


Discusses project which is to promote the development of more effective linkages between county governments, local Head Start Programs and other agencies to improve coordinated delivery of services.


Presentation of studies of six collaborative efforts in Connecticut, Hawaii, Iowa, Oregon, Louisiana and Utah. Common factors and differences of the projects are discussed. The author concludes that the projects could be replicated.


Discussion of a collaborative project in Kannapolis, North Carolina. Includes discussion of incentives, characteristics and barriers. The project included a survey of the persons and programs involved and findings were consistent with information from the literature review.

Smith-Dickson, Bonnie and Hutinger, Patricia (Eds), Making It Work in Rural Communities. Effective Collaboration Among Health Care and Education Professionals: A Necessary Condition for Successful Early Intervention in Rural Areas, NCHER Rural Network, Western Illinois University, November, 1982.

Monograph discusses the need for cooperation of medical personnel for referrals to community agencies. Strategies to overcome the lack of communication and other barriers are presented. Four papers describing project for early childhood handicapped intervention program are included.


Report on cooperative efforts between schools and the community. Discusses benefits to both as well as potential barriers and ways to develop such efforts.
TADS, SEP, WESTAR, SIG. Developing Collaborative Relationships, Western States Technical Assistance Resource, Seattle, Washington, 1982

Presents ways to establish collaborative relationships including potential areas of collaboration benefits and areas of concern. Five collaborative projects are described and discussed.


A report on the development and testing of a Child Care Provider Service Network model in Santa Clara County, California. The report includes a project description, findings and recommendations of the project and a handbook to help other counties replicate the project.


Discusses efforts to monitor interagency coordination of education and related services in Indiana, Wisconsin and Louisiana. Each state education agency's effort is discussed. The authors make recommendations for improving cooperation on three levels: state, state and local, and the local levels. Seven elements necessary for effective interagency cooperation were identified.

VII. Related Reading


The author discusses the interorganizational patterns in education. Interagency cooperation and coordination are being pushed by the social forces of accountability and reduced funding.


Special issue on collaboration in Work Settings. Articles examine collaboration in the past, present and future; discuss the values, attitudes and skills needed in collaboration; presents case studies of collaboration in varied settings; discuss evolving practice and public policy and present an analysis of collaboration.


The authors discuss the policies and programs of social services as they relate to various fields such as child care, aging and families. Policies are presented in historical context.

The author looks at the policies of the Reagan Administration and how they affect the welfare of children. The author concludes that with the services to children being cut, the impact has been negative.


Discusses objectives and issues of interorganizational coordination, including the historical development, definitions and models, factors and conditions which affect coordination, consequences of coordination, and issues in conducting research. A framework for policy analysis and a discussion of new directions for coordination are presented.


Discusses various methods for linking primary medical care programs with mental health programs. Includes discussion of consequences.
Section III

A SURVEY OF INTERAGENCY COLLABORATIVE PROJECTS

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Survey of Related Projects

In conducting the review of the literature, a number of recent collaborative projects were cited but not specifically described. Some of the projects were currently in existence. Since many of these projects related to preschool programs and services, CARE Linkages staff felt it was important to obtain whatever additional information these projects could provide which would guide the development of the model and particularly the research design. In order to gather this information, staff conducted telephone surveys with eight of the most closely related projects.

In order to consistently gather the most pertinent information, a structured interview survey was developed and conducted with a director or other contact person from each of the identified projects. The interviews lasted approximately one hour. The interview questions were grouped according to five areas of interest and relevance to the CARE Linkages Project. These areas were: 1) project background—when and why the project was initiated, whether the project was still in operation, what was the funding source; 2) project description—major goals and objectives, the types of geographical regions in which the project was conducted; 3) collaboration description—types of collaboration strategies used, types of agreements drafted; 4) assessment—use of instruments to assess needs, attitudes, barriers and/or effectiveness of the project; and 5) additional considerations—problems encountered in conducting the project, other people to contact and/or literature to consult. Particular attention was placed on identifying any research findings or measurable results from these projects since so little of this type of information had been reported in the literature. Responses to the questions in each of these five areas are summarized below.

Project Background

Initiation

All but one of the projects involved in the telephone survey had been initiated in the late 1970's. Three had begun in 1977, two in 1978, and three in 1979 while one was initiated during 1974. Although all projects had experienced some changes, only one—State Implementation Grant (SIG)—Maine—has ended completely. This project was initiated in 1977 and was terminated in 1981 at the end of the grant period. Another project, the Regional Clinics Project in Iowa, has officially ended but the collaboration has been maintained. Thus, despite shifts in funding sources and reductions in funding levels, many of the projects surveyed continue to operate in some capacity. One program, the Grand Junction Collaborative Project was, surprisingly, initiated and continues to function without external funding support.

Funding

Two projects were supported by State Implementation Grants (SIG), two by the Office of Maternal and Child Health and Special Education (Crippled Children's Division), one by Developmental Disabilities (DD), one by an unidentified federal grant, and one by private foundation sources and in-kind contributions. As previously noted, one project operated without funding. Information on the funding source of one project could not be obtained.
Both SIG's ended after 5 years of funding; SIG-Kansas, however, was still in operation though with limited funds from other sources. The two projects funded by the Office of Maternal and Child Health ended in September, 1983; however, one of the projects—the Utah Project—continues as a regular state function. The Montana Project, initially federally funded, is also now under state funds. Project ECHO, initiated with DD funding, was switched to U.S. Department of Health, Education and Welfare funding and is presently funded by local sources. The Michigan Family Neighborhood Project, supported initially by the Kellogg Foundation, Merrill Palmer, and the local school system is now receiving funds from several different sources.

Project Description

Purpose

Although all the projects surveyed were designed to coordinate services for preschool children, the goals and objectives of the projects were quite diverse. For some, interagency collaboration was the primary purpose of the project. Two projects, for example, were developed in response to a Request for Proposal (RFP) to establish interagency collaborative efforts. The Grand Junction Collaborative Project was also designed specifically to coordinate the delivery of services to young children for screening purposes. In other projects, collaboration was apparently chosen as the method having the best potential for dealing with specific problems. Among the problems tackled by these projects were:

- developing assessments of cognitive development;
- provision of evaluation and diagnostic services to preschool children;
- increasing school academic achievement;
- provision of early education to the handicapped; and
- refinement and testing of various developmental scales.

Agencies Involved

Most of the interagency projects involved several agencies in the areas of health, education, and social services. Among the agencies often involved in the collaborative efforts were the Department of Social Services, the Department of Public Health, Head Start, the Department of Mental Health and Mental Retardation, and the Department of Education. Hospitals and public school systems were also major participants in most interagency efforts.

Target Population

The majority of projects were aimed at coordinating and improving services for young children (age unspecified); only two projects apparently covered a 0-21 age range.

Geographical/Demographic Regions

Three projects—Project ECHO, Utah, and the Grand Junction Project—were single county projects. Although both SIGs were statewide projects, the SIG-Kansas project was designed to include all of the state's school systems while the Maine project focused on a restricted number of sites chosen through grant competition.
The Iowa Regional Clinics project was conducted in 18 of 99 counties that were selected because of their interest in and cooperation with the project. The Montana project was of similar proportion, involving 17 counties from the state's eastern regions.

The Michigan Family Neighborhood project was the most unique of those surveyed. This project was conducted in a neighborhood that had developed in an old army camp. In this project, the coordination of early intervention services was viewed as the most efficient approach to counteract extremely low academic levels.

**Collaboration Description**

**Models**

The interagency committee model was the most common model of collaboration used by the projects surveyed. Five of the 8 projects employed this model, although for some, the model was used only in the initial stages of the project. The remaining projects used a variety of models. In the Iowa Project, only one preschool program and the Department of Social Services were targeted for collaboration. A third party consultant was employed to initiate the collaborative efforts in the Michigan Family Neighborhood project; when the funding ended, however, the consultant was replaced with a lead agency. In Kansas, the decisions were made by local committees although often one person ended up in charge or a lead agency surfaced.

**Aspects Involved in Collaboration**

A number of different aspects were involved in the projects' collaborative efforts. Even with projects that focused on one activity or service there were a number of aspects of the activity or service that were included in the collaboration. In the Iowa project, for example, the intent was to develop procedures to use in place of the Denver Developmental Scale to assess cognitive development. Although the focus of the project appeared to be quite narrow, a number of aspects were involved in the working relationship between the public schools and the Department of Social Services. Among these aspects were screening and evaluation, Child Find services, staff, equipment, materials, and facilities.

Decisions regarding what to include in the collaborative efforts were most often guided by perceived need and resource availability. When need was the basis of a decision, it was typically identified in an informal manner rather than through any formal or standardized needs assessment. Although staff in the Utah project performed a phone survey to assess needs, the survey was recognized as an informal attempt to justify a decision that had already been made rather than to guide a future decision.

**Collaborative Agreements**

Eight of the projects surveyed accomplished primarily informal, verbal agreements. Only in the Utah Project were formal written agreements developed between the Departments of Health and Education. In addition, although most of the collaborative agreements were informal in the Michigan Family Neighborhood project, written letters of agreement were drafted to bind the school system's agreements with the local hospital and with the city.
government. Similarly, the majority of the agreements in the SIG-Kansas project were informal; written agreements were only necessary to establish and maintain collaboration between Head Start and the local education agencies.

Most of the agreements that were formed by the projects surveyed involved two parties although two projects reported having agreements that involved as many as ten parties.

The individuals interviewed had difficulty responding to questions concerning how agreements were reached and the factors that determined the type of agreement that was reached. There did not appear to be any single, clearly delineated process for reaching agreements. A few projects reportedly relied on the interagency committees to develop the agreements while in other projects, agreements were reached after the parties involved became aware of each other’s needs and resources. Among the factors that reportedly affected the types of agreements that were drafted were the amount of time and red tape involved in reaching an effective agreement, prior specifications (i.e., as stipulated in an RFP), and the types of rules or by-laws formulated by the interagency committee.

Common agency needs and interests, similar philosophies, and effective working relationships were seen as the essential components to binding cooperative agreements. Optimistically, even in projects that have been terminated (e.g., SIG-Maine) or that have had drastic funding cutbacks (e.g., Michigan Family Neighborhood Project), most of the collaborative agreements continue to operate.

Assessment

A major section of the interview concerned the types of assessments that were employed to assess agency needs and to measure the effectiveness of project efforts. Since the literature search did not reveal any research studies focused on collaboration, it was hoped that the telephone survey would uncover as yet unpublished research and evaluation efforts. It was discovered, however, that none of these interagency projects included any systematic evaluation or research component. Thus, the guidelines offered by these projects for developing assessments of needs, attitudes, barriers, and project effectiveness were based on opinion and anecdotal evidence rather than on empirical research findings. The information obtained for each of these assessment areas is presented below.

Needs

None of the projects incorporated an assessment of agency or community needs. One project included a cursory phone survey to assess needs but, as mentioned earlier, conducted the survey to justify past actions rather than to guide future decisions.

Attitudes

Respondents were asked if they had made any attempts to discover the types of collaborative efforts that would be acceptable to the agencies involved in their projects. Two projects—SIG-Kansas and the Utah project—reportedly made no attempt to assess attitudes toward collaboration in
general nor to assess attitudes toward specific types of collaboration. The ramifications of this oversight were particularly meaningful for the Kansas project; in one instance, the unwillingness of one agency's staff to take the necessary steps to become certified thwarted attempts to link the agency with local education agencies.

In two other projects, although attitudes were not assessed, it was recognized by the interagency committees that monetary collaborative agreements would not be acceptable to the agencies involved. Thus, in the Michigan project, methods were chosen that utilized available resources while in the Grand Junction Collaboration project, all developmental screenings were accomplished without money exchange.

Respondents were also asked to state the most acceptable and least acceptable types of strategies they attempted to implement. Among the most acceptable efforts were reportedly those that reflected the interests of the people involved and those that involved all agencies as equal partners. Among the least acceptable efforts were those involving turf issues, those requiring an additional outlay of staff time, and those involving attempts to include physicians in the collaboration.

Personality, interest, and commitment were perceived as the key ingredients to successful collaboration. In the Kansas project, for example, the most successful efforts were believed to be those that centered around a group of people who were very interested in what they were doing and who displayed a great deal of enthusiasm in their work.

Barriers

In three projects there had reportedly been some attempt to anticipate the types of obstacles that could block or decrease the efficacy of their interagency collaborative efforts. In the Iowa project, for example, it was recognized that collaboration could not be implemented in urban areas where staff were already overworked and understaffed.

Although there had been attempts to identify barriers prior to project implementation in only 3 of the projects, six respondents were able to report barriers they had confronted after the projects had been in operation. Among the barriers cited were funding problems, territorial protection by individual groups, time and red tape, staff cutbacks, personality conflicts, agency unawareness of the benefits of collaboration, and providers who agreed to collaborate with the hope of having their own problems solved rather than with the expectation of working with others to solve mutual problems.

Success of Collaboration

All but one of the respondents considered their projects' efforts to be very successful. None of the projects, however, conducted a formal evaluation of their collaborative efforts. Although a few projects did include evaluation efforts, they were focused on the primary issue (e.g., provision of developmental screenings) rather than on the collaborative efforts. Thus, the only assessments of collaboration that appear to have been conducted were indirect and correlational.
Changes in Collaboration

It was also of interest to learn if there had been any changes in the original collaborative agreements or in the relationships between and among agencies. Most projects experienced periodic changes in funding and in the availability of resources that affected the types of collaborative arrangements that could be made. In one project, personality conflicts created a dynamic interagency situation that, at times, thwarted the interagency council efforts; this situation, however, appears to be an exception to the experiences of the majority of interagency collaborative projects.

Additional Considerations

Problems Confronted

Those interviewed were asked to share accounts of any problems they may have encountered in implementing their projects. Four were able to recount at least one specific problem they had encountered in trying to get their projects off the ground. A major problem, as noted throughout this report, was funding, both with respect to changes in sources and to changes in funding levels. Other problems cited were:

- difficulties in effectively linking service providers in urban areas;
- difficulties in establishing interagency agreements at the state level; and
- difficulties in involving physicians in collaborative arrangements.

Experts in Interagency Collaboration

One finding of this telephone survey was that there appears to be a fairly well defined network of individuals who are experts in interagency and service delivery collaboration. Drs. Phyllis Magrab and Jerry Elder were the two persons most often recommended to contact for additional information. Both have written a considerable number of articles and handbooks on collaboration, many of which have been reviewed for this project.

B. fleshing in the Model

The review of the literature and the survey of related projects indicated that there are a number of models which have been developed with the purpose of increasing the coordination and collaboration process among and between agencies and service providers. The interagency committee model has been the most frequently used model. In fact, many projects have used models with state and local committees similar to those proposed in the CARE Linkages Project. While research findings were not available to indicate the degree of success of this model versus any of the others, opinion, anecdote experiences, as well as what limited evidence of results exist suggest that the interagency committee model has at least as much potential to bring about collaboration as any other model. Thus, the decision to develop this model was confirmed.

In addition to confirming the interagency committee a viable model in general, the literature review and the survey of related projects raised
issues and provided directions which were used by project staff to flesh in the CARE Linkages model.

1. Factors such as having mutual interest, having similar status and philosophies, and getting all potentially affected parties involved indicated the importance of getting the right people involved on these committees. Staff determined that key types of people to be involved in both the state and local CARE Committees should be thought through and identified prior to implementing the model. Based on concern that all parties who were essential to a collaboration agreement be involved, a decision was made that all of these committees would be broad-based and thus fairly large in size. Having many people involved potentially would have led to greater disagreement and difficulty in reaching consensus. However, the sense from previous collaborative efforts that having everyone participate who needs to be involved overruled this concern.

2. The length of time other projects have been in operation and some of their achievements suggest that collaboration can be successfully promoted. Although shifts in funding sources and cutbacks in support has created problems in the past, funding does not appear to be the critical determinant of collaboration success and survival. Rather, it appears that there must be a core unit of enthusiastic and committed individuals if collaborative arrangements are to be maintained. Thus, for the CARE Linkages model, these findings suggest that one key role of the district coordinators may be to maintain committee morale and enthusiasm.

3. Previous collaborative projects which experienced the highest degree of success tended to focus on a single or very few specific objectives; even in those projects which had been in operation for several years. Both the literature and previous project directors strongly suggested that it would be unmanageable for the committees at either the state or local level to focus on more than one or two activities over the limited period of this project. Thus a key role for the state linkages coordinator and particularly the district coordinators would be to help the committees to focus their energy on a few important needs rather than to fragment their efforts.

4. The literature strongly suggests that committee members need a clear sense of their purpose from the very beginning. Thus it was determined that staff needed to spend considerable portions of the first meeting or more, if necessary, of each committee so that all committee members would clearly understand and accept their role and objectives.

5. Since common agency needs and interests were believed to be critical ingredients to binding agreements, it appears essential that the programs and agencies involved have an opportunity to communicate and share information concerning the services they offer and those which they would like to offer or improve. Furthermore, the information gathered indicated that collaboration was much more likely to occur when committee members attempted to address a common need which was perceived by all as being important to address. Thus, staff felt that a local needs assessment should be conducted as part of the model.
6. Several of the related projects that were surveyed indicated that the degree to which they were able to get committee members to collaborate varied somewhat according to population of the area. (In several instances it appeared more difficult to get agency personnel in urban areas to fully participate in collaborative efforts.) CMS Linkages Project staff felt this would be an interesting area to explore since Tennessee has many population and geographic differences. Four population/geographic areas were selected for study as part of implementing the model at the local level. They were urban areas, rural areas, Appalachian areas, and rapidly growing, so called, new urban areas.

7. Recognizing the fact that many barriers to providing preschool children with the services they need will require long-term solutions and that more than one problem was likely to exist that committees would like to address, project staff felt that part of the measure of success of this model would be whether the committees continued beyond the funding period for this project. In order to increase this probability, project staff felt that district coordinators should not serve as committee chairmen. Instead, the intent would be for the committees to quickly elect their own chairperson, make as many decisions as they could on their own, and then carry out their own projects in order to reduce dependence on the district coordinators.

8. Due to the lack of existing research findings relating to the impact of collaboration efforts, special emphasis needed to be placed on the process the local committees went through as they attempted to collaborate and also on measuring the results. (See next subsection on developing the research design.)

In essence then, based upon the literature review and survey of related projects, the two level interagency committee model proposed by the Tennessee Children's Services Commission was fleshed in so that committee membership would include fairly large numbers and variety of persons who would affect or be affected by collaborative efforts; that the committee would identify common needs; that they would function as independently as possible from the project staff in selecting and addressing a manageable number of issues; that the local committees would be established in four different population/geographic areas in order to explore how this might affect the impact of the model; and that as much of the process and outcome of the committees would be documented and measured.
The survey questionnaire used to gather information on other collaborative projects follows:

**INTERVIEW WITH COLLABORATION PROJECTS**

<table>
<thead>
<tr>
<th>Project title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact person</td>
<td>Time started</td>
</tr>
<tr>
<td>Phone #</td>
<td>Time Ended</td>
</tr>
<tr>
<td>Interviewer</td>
<td></td>
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</tbody>
</table>

**Introduction**

[READ]: Hello, may I please speak with __________________________ (contact person)?

[If he or she is no longer there, ask to speak with someone else who may have been or is affiliated with __________________________ (project name). If there is no one who knows about the project, ask for the telephone number and current address of the original contact person.]

[ONCE YOU HAVE REACHED THE CURRENT PERSON:]

Hello, (Ms./Mr.) (contact person)? My name is ___________. I'm calling from the Tennessee Children's Services Commission. Our agency is presently working on a project to improve the coordination of services for children in preschool programs. I believe you were involved in a similar project, ______________ (project name).

We learned of your project from a report on the Child Health Conference proceedings held at the University of Colorado in 1980 and felt it would be helpful to get additional information about your efforts and experiences. You were suggested as someone who would be able to provide this type of information.

Is this a good time to ask you several questions about the project?

[IF NO]: Would it be possible to schedule a time to talk within the next few days?

[RECORD DAY AND TIME]

A. PROJECT BACKGROUND [READ]: I first would like to learn a little bit more about the project's background.

1.) When was the project initiated? That is, in what year was it begun?

2.) Why was the project begun?
3.) What was the original funding source for the project?

4.) Is the project still in operation?
   [If YES—GO ON TO SECTION B]

5.) When did the program end?

6.) Why was it terminated? (for example, funding problems; no longer needed by agencies; problems with acceptance; etc.)

B. Project Description

[READ]: Although I know a little about your project from the Child Health Conference abstract, I wonder if you could provide me with a bit more description. In particular, I am interested in learning about several specific aspects of your project.

1.) What were the project's major goals and objectives?

2.) What types of agencies were involved? (For example, preschool programs, handicapped programs, etc.)

3.) What populations were served by these agencies? (For example, handicapped youth between the ages of 0 and 5; etc.)

4.) In what types of geographic/demographic areas did the project operate?

5.) What were the reasons why these areas were selected? (For example, we are planning to implement the project in four different geographic areas and believe there will be differences concerning the types of collaboration that are possible in each of these areas).

6.) On what level did the project operate? That is, was it a statewide, regional, county, or community level project?

7.) [IF THE PROJECT IS STILL IN OPERATION] Is the project operating in the same format and what changes, if any, have had to be made to maintain the project? (For example, implement the strategies in fewer areas)

C. Collaboration Description [READ]: My next questions focus on the type of collaboration strategies that were used in your project.

1.) Did you use a particular type of collaboration model; that is, a particular method of initiating collaboration? (For example, committee, lead agency model, third party consultant, etc.) [We are using an inter-agency committee model or what is sometimes called an interagency council model—it involves forming a committee of agency representatives and having them decide on appropriate collaboration strategies]

2.) Why did you choose this model?
3.) What aspects of the program were involved in the collaboration efforts? That is, did the agencies coordinate or collaborate on:

a - services (if so, what types?)

b - skills (if so, what types?)

c - staff (if so, what types?)

d - resources (if so, what types?)

e - facilities (if so, what types?)

f - any other specific aspects (briefly describe)

4.) What helped you to decide which of these aspects we just discussed should be included in the collaboration efforts?

5.) How were the agreements to collaborate reached?

6.) Were the agreements formal and written, informal, or a combination of formal and informal agreements?

7.) What factors determined the type of agreement that was used?

8.) What binds (or did bind) the agreements among agencies?

9.) Was it your feeling that all parties involved were benefiting in some way by collaborating?

10.) How many agencies or parties were involved in each of the different collaborative agreements?

11.) [IF THE PROJECT HAS BEEN TERMINATED]: Do the agreements continue to exist even though the project is no longer in operation?

D. Assessment [READ]: Since our project has been funded as a research and demonstration project, we are very interested in developing assessment instruments to measure various aspects of the collaboration process. So we are anxious to learn the assessment efforts of the projects like ______________ (project name).

1.) How did you know what collaborative efforts were needed for your project — that is, did you conduct any type of needs assessment?

2.) What were the needs that you identified?

3.) How did you know what types of collaborative efforts would be acceptable? That is, did you attempt to assess agency attitudes toward collaboration or attitudes toward each other?

4.) What were the most acceptable types of efforts or strategies? (that is, the types of collaboration that agencies found most beneficial?)

5.) What were the least acceptable?
6.) Were there any particular reasons for some collaborative efforts being more successful than others?

7.) Did you attempt to identify barriers to forming collaborative agreements? By barriers, I am referring to physical as well as psychological and political aspects of the environment that may prevent agencies or parties from effectively linking together.

8.) What were the major barriers?

9.) Overall, how successful were the project's efforts?

10.) How did you measure success - that is, did you evaluate the effectiveness of your project?

11.) [IF AN EVALUATION WAS USED]: What type of evaluative procedures did you use?

12.) Over time, were there changes in the original agreements of collaborative relationships between and among agencies? (For example, did informal agreements become formal?)

[IF ANY INSTRUMENTS WERE USED, ASK IF THEY ARE AVAILABLE. IF YES, REQUEST THAT THEY BE SENT AND DOCUMENT WHICH ARE TO BE RECEIVED].

E. Additional Considerations [READ]: My last few questions are an attempt to obtain additional information that may aid us in anticipating problems in implementing and conducting our project.

1.) What problems, if any, did you confront in implementing your project? (For example, budget and policy restrictions; negative attitudes or misperceptions concerning collaboration; lack of feasibility; lack of "real need"; regional issues peculiar to that area or to the types of agencies involved; [ask for explanation or elaboration if necessary]).

2.) Were there any collaboration strategies that were tried but were dropped or replaced?

3.) [IF YES TO #2]: What were they?

4.) Is there any written information available about the findings of ________ (project name) that I could receive? [IF YES, REQUEST AND DOCUMENT].

5.) Is there anyone else I should contact for additional information on this project or other projects?

6.) [IF YES TO #5]: Would you know how to contact these individuals?

7.) Could you suggest any other sources I should look at? (That is, any books, articles, project reports).
F. Closing Remarks I certainly appreciate the time and information you have shared with me regarding the (project name). Are there any questions you would like to ask me about our agency’s project? [NOTE IF WRITTEN INFORMATION IS REQUESTED].

Once again, thank you for your assistance.