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A PLANNING FRAMEWORK FOR INTERAGENCY COOPERATION
FOR THE HEARING IMPAIRED

By

Debra J. Haider

B.S., Moorhead State University, 1983

Presented in partial fulfillment of the
requirements for the degree of

Master of Arts


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1985

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To my family for their love and support
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Chapter 1
INTRODUCTION

Interagency cooperation, multi-agency collaboration, networking interdisciplinary teams, and interprogram coordination are among familiar descriptors found in a growing body of literature and experience base on the issue of coordinating services for handicapped children. Specifically, interdisciplinary management of auditorily handicapped children has gained popularity since the advent of mainstreaming. Profoundly hearing-impaired children, once taught almost exclusively in self-contained classrooms, are now educated in regular classrooms (Greenwood, 1985). Recent surveys indicate that approximately 50% of all hearing-impaired children are enrolled in regular public school programs (Craig & Craig, 1983). Providing quality services for these hearing-impaired students and their families requires comprehensive planning and a broad range of knowledge -- including the hearing sciences (i.e., acoustics, auditory technology, audiology, and amplification systems), phonology, linguistics, psychology, sociology, medicine, and education (Dunn, 1985). Recently, information in each of these areas has grown substantially, and research efforts

project continual growth in the knowledge base. Expecting one professional to be competent in these areas as they relate to the diverse needs of hearing-impaired children appears unrealistic. At the same time, professionals working with hearing-impaired children cannot be content with restrictive models of intervention that often result in isolated, uncoordinated diagnostic, and intervention efforts. "The special deaf educator in the self-contained classroom; the audiologist isolated in a clinic testing the child once a year but having no impact upon auditory development or classroom acoustics; and the speech-language pathologist taking children out of classrooms for a biweekly, 20 minute session" (Dunn, 1985) are no longer permissible, if optimal educational opportunities are sought for hearing-impaired individuals.

During the past five years, several experts have advocated collaborative service delivery to meet the educational challenge hearing-impaired children present (Bishop, 1979; Hasenstab & Horner, 1982; Mencher & Gerber, 1983; Northcott, 1980; and Powell, 1985). Despite an abundance of current information to assist the professional in meeting the comprehensive needs of hearing-impaired children, limited service delivery continues to be a problem. Matkin (1981)

expressed an urgency "for university training programs in speech/language pathology, audiology, and deaf education to develop interdisciplinary academic and clinical training opportunities in the management of young hearing-impaired children." Through these experiences, students could develop interaction skills within an interdisciplinary framework that could transfer to successful interagency cooperation in their career endeavors. The University of Texas at Austin is currently implementing an Aural Habilitation Project which emphasizes an interdisciplinary approach in working with hearing-impaired children.

While there has been a recent emphasis on interagency cooperation in serving hearing-impaired children, the concept is not a novel one. In 1978 at a Dallas workshop Audette stated, "The cooperative approach to serving persons with handicaps has been tried many times and in many ways. Unfortunately, the success stories are too few and the instances of 'paper cooperation' too many." (Woodard, et al., 1982). Reasons explaining why these intentions for cooperation never materialize into reality generally fall into two categories: inadequate planning and lack of substantial commitment by the agencies involved (Brooke, et al., 1983). Recently, considerable attention has been given

to solving the problems of interagency collaboration (Olsen, 1983; Whitted, 1983; and Woodard, 1982). Individuals and organizations addressing these problems have identified key dimensions for planning and implementing successful inter-agency coordination.

The purpose of this paper is to discuss and incorporate the key dimensions in designing a framework for planning successful interagency cooperation for hearing-impaired children. Development of the framework is based on the premise that planned interagency collaboration will better serve hearing-impaired children. If that interagency collaboration facilitates a multidisciplinary approach, then interagency collaboration provides the merging of expertise which is needed in providing quality services to auditorily handicapped children and their families. This proposed framework will attempt to accommodate the diverse needs and interests of local planning efforts. In using such a framework, unique problems are certain to arise in both the metropolitan setting and the rural setting. These problems as well as potential solutions will be presented in an urban/rural dichotomy. In addition, a "real-world" example of Austin's cooperative program for hearing-impaired children will be provided to illustrate how components of the proposed

framework were or were not implemented in the development of interagency cooperation. Finally, the proposed planning framework will be applied in developing a hypothetical model for a small urban area--using Missoula, Montana as an example.

Before outlining the components of the proposed framework, advantages and disadvantages of service coordination will be presented. The many advantages cited include the following:

- Provides high quality, more comprehensive services (Olsen, 1983)
- Reduces duplicated efforts among agencies (Olsen, 1983; Woodard, 1982)
- Enhances effective use of existing services and staff (Elder, 1982)
- Broadens and improves communication (Woodard, 1982)
- Encourages the client to dictate to the agencies rather than using an agency's perspective (Elder, 1982)
- Allows for a better tracking system and heightens accountability (Olsen, 1983)
- Fosters appropriate placement (Whitted, 1983)
- Encourages peer monitoring (Woodard, 1982)
- Provides organizational support benefits (i.e., agency members may use the group to field test ideas and to obtain

input on handling situations (Olsen, 1983)

-Is cost effective (Although no empirical data validates cost effectiveness, this general feeling prevails throughout the literature) (Elder, 1982).

Although all of these advantages make coordination increasingly attractive, effective collaboration is not without disadvantages. The major disadvantage discussed in the literature and reported in personal accounts is the difficulty encountered in attempting to initially coordinate efforts (Newton, 1985; Olsen, 1983; Woodard, 1982). The difficulty generally arises from the following two road-blocks: resistance to change in existing service delivery systems and reluctance to relinquish individual agency control. Although agencies involved can bypass these road-blocks through careful planning and substantial commitment, the following barriers can exist as disadvantages in cooperative arrangements:

-Personality conflicts can disrupt the effectiveness of the cooperative (Whitted, 1983)

-Decision-making can be time-consuming within the democratic process (Woodard, 1982)

-Personnel turnover can make follow through inconsistent (Woodard, 1982)

- Opportunities for miscommunication increase (Woodard, 1982)
- Agency limitations become visible (Woodard, 1982)
- Bureaucratic hassles and political problems can be created (Newton, 1985; Woodard, 1985)
- Differences in educational philosophies for the hearing impaired may result in polarization (Eccarius, 1985; & Rollins, 1982).

Newton (1985), an individual who was instrumental in planning and implementing a cooperative agency for hearing-impaired children in Austin, Texas, epitomized these advantages and disadvantages. She described interagency coordination as being "more trouble and more time consuming," but "rich in its delivery of services."

Chapter 2

PLANNING FRAMEWORK FOR INTERAGENCY COOPERATION

Three phase components comprise the proposed planning framework: Preplanning, Planning, and Implementation. A hierarchy of these three phases and their respective sub-components is schematized in Table 1. This particular framework was molded in part from existing models that have been employed to develop interagency cooperation for handicapped children. (Edgar & Maddox, 1983; McNulty & Soper, 1983; Olsen, 1983; Whitted, 1983; and Woodard, Cooper, Trohanis, 1982).

Preplanning Phase

Preplanning is the initial phase in developing interagency cooperation, laying the foundation for intensive planning efforts. Although much of this stage is often conducted informally, four major components have been identified in the Preplanning Phase.

Assess the existing status of services

First, the agency or individual investigating the possibility of interagency cooperation needs to assess the existing status of the services for hearing-impaired

children. Since this planning framework will be governed by the needs of the community and will expand on prior service activities, this phase component is critical.

Status assessment of the community's existing services for hearing-impaired children may reveal one of the following situations:

- 1) A local policy for serving hearing-impaired children exists but is not implemented.
- 2) A community need persists for providing services for hearing-impaired children, but no agency recognizes it.
- 3) There is no mechanism for consistently and adequately addressing the needs of hearing-impaired children.
- 4) An administration has addressed an issue in providing services for the hearing impaired, but their action was unsuccessful.

The individual assuming the role of the initiator should energize the effort, initiate the structure, and coordinate activities (Elder, 1982). An ideal initiator has been described as one who "will behave as an idea broker and consultant rather than a source of firm and final decisions" (Louis & Sieber, 1979).

Explore problems

Secondly, the initiator should explore possible problems or

weaknesses in the current delivery system if one is in existence. For example, a community may lack a hearing aid maintenance program. The need for hearing aid maintenance has been well documented in several studies over the past twenty years. These studies conclude that "30 to 50% of the aids in the classroom are not performing satisfactorily on any given day" (Musket, 1981). In addition to identifying these problems, the initiator must go one step further to inquire about the following:

- 1) What is the estimated prevalence of concern on any particular problem regarding the service of hearing-impaired children?
- 2) Who "owns" the problem requiring attention? If the problem clearly belongs to one agency, it may be inappropriate for an individual from another agency to address it. Woodard (1982) recommends leaving the planning to the initial agency. However, if the problem is affecting a special population served by other external agencies, the outside agencies may choose to intervene. Agencies may intervene indirectly by addressing issues that are common to several agencies and relate to the problem owned solely by the one agency. In this situation, the sole owner of the particular

problem could be invited to participate in the meeting to address the shared issues. Directly, the various agencies could inquire to the sole problem owner if they could offer any assistance in solving the problem to improve services for the special population.

- 3) Do mechanisms for resolution of the problem currently exist?

Identify constraints and resources

The third component of the Preplanning Phase is the identification of constraints and resources that could accommodate a cooperative program for hearing-impaired children within various agencies. Resources could include an abundance of money, time, energy, clout, political support, or information; while constraints could be represented by a scarcity in any one of the same characteristics listed above as a resource. Planners should address this component in order to make realistic budget projections to their supervisors and potential funders, as well as to help fellow planners know about the program. If severe constraints exist, Woodard (1982) recommends postponing plans and waiting "until a better time." The designer of the framework presented in this paper agrees with Woodard.

Secure administrative commitment

The next component of the Preplanning Phase is to secure administrative commitment. Essentially, planning efforts depend on administrative support (i.e., to apply for money, to mobilize colleagues from other agencies, to approve planning activities/meetings and surveys, to protect the planner from accusations, and to reduce political hassles).

Identify potential participants

Lastly, in Preplanning, the initiator needs to identify potential participants or recruit prospective agencies. The agencies that will act as a liaison to each other are dependent on the selected site (i.e., larger local communities may have more flexibility in terms of the number of professionals and agencies that are available). In a cooperative for hearing-impaired children, members or individuals from various agencies could include the following: audiologist, speech/language pathologist, teacher for the hearing impaired, resource room teacher, child psychologist, social worker, school counselor, pediatrician, otologist, teaching aide, attorney, ophthalmologist, public representative (e.g., a parent of a hearing-impaired child), and consulting physical and occupational therapists. Literature on interagency committees and planning groups suggests that 8-12 participants is the optimal number for a

group to ensure effective interaction (Olsen, 1983 and Woodard, 1982). Criteria for screening candidates for interagency cooperation is summarized below:

- The relevance of the identified problems to the agency
- The agency's authority to assess the service problem (i.e., An audiological clinic should be able to assess the functioning of a child's auditory trainer.)
- The individual's interpersonal and communication skills for interdisciplinary interactions are highly important (Olsen, 1983; Whitted, 1983; Woodard, 1982)

In recruiting agencies, it is critical to emphasize the benefits of participation (Whitted, 1983). For example, if a University Speech & Hearing Center was a candidate, student training therein would be emphasized.

Planning Phase

The next step in the framework will be termed the Planning Phase. The components of this phase are also displayed in Table 1.

Assemble as an interagency committee

At this time, members of the recruited agencies will formally assemble as an interagency committee. Committee members should consist of at least one individual from each agency.

Agree on a purpose statement

After the agencies consolidate, they will agree on a purpose statement (Gentry as cited in Woodard, 1982). Typically this statement is a general, overall statement of intent that serves to guide the committee (e.g., The inter-agency cooperative's purpose is to provide comprehensive services to hearing-impaired children age 0-18 years old in "Local Community, U.S.A."). This initial agreement is considered valuable, because it mobilizes both individual energy and agency energy toward group ends. The purpose statement should put all agencies on an equal footing, permitting a fresh start.

Research the problems

The task of the committee is to research the needs or problems originally proposed in the Preplanning Phase. Information on the current status of the committee should be gathered periodically and compared to the initially desired standards. Data collection may involve reviewing agency records, interviewing parents of hearing-impaired children, and making projections about future service requirements. This task should be divided between the committee members of the various agencies.

Agree on what problems need intervention

Once the data are gathered, the committee must agree on what problems need intervention. In addition to the consensus, the selected needs must be prioritized. Prioritization enables the committee to initiate a plan of action, in which they know what merits attention first, second, and so forth.

Formulate goals

At this point, the committee is ready to formulate goals (e.g., develop an early identification program, emphasize the provision of optimal amplification, offer emotional and financial support to hearing-impaired children and their parents, and provide vocational/career counseling for older hearing impaired students [14-18].)

Clarify roles and delineate responsibilities

After goals have been established, role clarification and clear-cut delineation of responsibilities should be made. Although roles for the various agencies should be clearly defined, a handicapped child may present distinct needs. In such a case, no agency may have been formally assigned to address the particular needs; therefore, the interagency cooperative needs to be flexible enough to provide maximum services to every hearing-impaired child who is uniquely different. Written contracts can serve to document decision.

For example, the hospital audiologist may be responsible for implementing the high risk register, conducting auditory brainstem and behavioral testing, and educating the medical staff about hearing loss and early detection. The committee members should be responsible for composing the contract. Secretarial services available in one of the agencies could type and make copies of the contract for the various inter-agency members.

Decide on fiscal management

Often related to role-clarification are decisions about fiscal matters. According to Olsen (1983) interagency cooperatives have generally employed joint funding or resource pooling for fiscal management. Joint funding refers to agencies that cooperate to obtain external funding; whereas, resource pooling refers to the fiscal practice of re-allocating internal resources toward cooperative, mutually beneficial efforts. Historically, agencies who "cooperate to more effectively compete with other groups for programs and resources" have sought joint funding (Olsen, 1983). Cooperating to compete for funding often results in better understanding between cooperating agencies and eventually to improved services for handicapped individuals. Typically, local agencies have obtained joint funding from state and

federal resources in a written proposal that demonstrates how the networking relationship would be effective for children, how this relationship would maximize resources, and how this system would serve as a model for other agencies. In these instances, the various agencies agreed to contribute unique skills, facilities, and materials while recognizing those same attributes in collaborating agencies. Olsen (1983) cited the Interagency Preschool Collaboration Program in Salina, Kansas as an example of an interagency cooperative that operates on joint funding. In this program, participating agencies include hospitals, a mental health center, the crippled children's program, social and rehabilitative services, an occupational center, preschools, day-care programs, pediatricians, the public health department, the state education agency, and the Department of Health and Environment. Over twenty agencies cooperate on areas such as public awareness, a high-risk registry, screening evaluation, follow-up medical evaluation, and direct services. This program receives funding from a state grant to fill a full-time coordinator's position. The coordinator provides a common referral point and case management for the preschool children. Local university students conduct the program's evaluations at no cost. The end result

of this interagency involvement has been positive. The number of handicapped children served in the preschool educational program has doubled, and the quality and range of services available has also increased significantly. The success of this program has been attributed largely to the administrative coordinator. Although Olsen (1983) did not identify the administrative coordinator's professional or personality characteristics, Elder (1982) indicated that the individual assuming the leadership role in interagency cooperation should be nonpartisan, respond to the needs of individual units or action sets, and consistently act for the best interests of the collaborative as a whole.

Olsen (1983) also cited several programs that operate on resource pooling. Resource pooling generally involves a strategy selected by cooperating agencies who have shared mandates and needs to serve specific populations, such as children with severe and profound handicaps. In resource pooling, agencies agree to merge resources, increase the range of services, and increase interagency communication. As a result, there is frequently a decrease in duplication. Pooling may involve contributing staff time for an interagency function, merging efforts to establish a needed program, sharing expertise of the professionals and

developing rate schedules and contracts with related service agencies. Resource pooling's impact can be both direct and indirect. Direct benefits include reduction in duplication, increases in communication, and the establishment of a common information base for agencies dealing with particular problems. Increased political power and improved social relationships often emerge as indirect results of resource pooling. For example, a school district may not be able to demand parental development, but a private agency has a much more flexible mandate and can place a parental involvement requirement into their program. Fiscal freedom is an important consideration in the development of resource pooling strategy. Two conditions must be met to achieve this freedom (Olsen, 1983). The first condition deals with an agency's ability to function independently from state and federal fiscal structures, such as grants. Individual agencies may receive federal or state money, but the cooperative effort is not funded through external sources. Such freedom provides the interagency cooperative with the flexibility to make program and fiscal decisions. Secondly, private agencies involved in the team effort should be assured that they will not suffer a financial loss through their participation in the cooperative agreement. For

example, an audiologist's participation in a free screening clinic will very likely lead to increased referrals for direct service; therefore, revenues will increase. In general, agencies should strive to insure that there is no competition for direct service funds.

For purposes of the planning framework discussed in this paper, resource pooling will be the preferred source of fiscal management for interagency cooperatives serving hearing-impaired children. Resource pooling was selected, because it is the preferred strategy of cooperating agencies serving handicapped populations, such as the hearing impaired. However, joint funding will not be banned, but will remain an option to the interagency committee who can project benefits from it.

In general, the interagency committee described in this framework will merge a direct service model with a policy one. A direct service model takes a child-centered approach, whereas a policy type focuses on administrative issues. The literature and personal accounts indicate that successful interagency committees employ both types of service models (Newton, 1985; Olsen, 1983). This planning framework, which incorporates both a direct service and a policy model, is designed for service collaboration at the local level. For

this reason, lateral coordination has been selected. Lateral coordination works within a horizontal structure of equal partnership between the agencies. In contrast, vertical coordination functions within a hierarchical, subordinate structure. Vertical coordination may be appropriate when state and federal agencies are members of a cooperation, and authority among the agencies and partnership is asymmetrical. The type of service model and the type of coordination structure has been specified to provide the interagency committee with a reference during the Preplanning and Planning Phases.

Implementation Phase

After extensive planning discussed above in the Preplanning and Planning Phases has been carried out, the interagency cooperation should be ready for implementation. During the Implementation Phase two components are especially important, dissemination of information about interagency services and evaluation and revision. Please see Table 1.

Disseminate information

The dissemination component refers to developing public awareness of the interagency cooperation and informing individuals, agencies, and organizations of the approved plan and their roles in its implementation (Woodard, Cooper, &

Trohanis, 1982). In a recent survey of cooperative agencies conducted to investigate differences regarding resource concerns and service methodologies in urban and rural areas, all agencies surveyed indicated a need to disseminate more information about their services (Waldman, Brown, & Durkin, 1983). This survey reinforced the need to develop public awareness in order to make interagency programs more visible to individuals who need services, yet who are unaware of their availability.

Evaluate the plan's effectiveness

Evaluation involves the collection and analysis of data to determine the plan's effectiveness and aid in future planning activities (Woodard, Cooper, & Trohanis, 1982). Prior to evaluation, the following questions must be addressed: Why evaluate? What is to be evaluated? How will the evaluation be used? Who will use it? What resources are available to conduct the evaluation? After these questions have been answered evaluation can be conducted in four steps. 1) First, criteria should be established to indicate if the goals of the interagency effort have been achieved. 2) Next, a design for evaluation must be developed to specify who, when, and how the data will be collected. 3) Third, evaluation should be readied for activation. 4) Lastly, data

should be analyzed and a report should be prepared. This final report should be shared with all of the interagency members and feedback should be requested. Constructive feedback is a critical element in the planning framework, because it identifies successes and failures in planning and implementation so that modifications can be made. At this point, interagency members must demonstrate flexibility for the revision of interagency endeavors.

Chapter 3

URBAN/RURAL DICHOTOMY

The framework discussed above was designed to be flexible, in order that it could be used to develop a local cooperative model for hearing-impaired children with a variety of demographic characteristics. Although rural and urban interagency cooperatives share common interests, such as need for increased dissemination, issues exist which are unique to each setting. The intent of this section is to dichotomize problems that may arise in the planning efforts of both settings and provide potential solutions for these difficulties. Examples will be provided to illustrate the distinctions between the local rural community and the local urban community.

In the survey conducted by Waldman et al., (1983) rural interagency cooperatives serving handicapped children were usually smaller than urban cooperatives, often with the involvement of only two agencies. The difference is attributed to a higher number of agencies in urban areas as well as a greater population density in urban areas. Historically, the parents of rural children with low incident

handicaps, such as hearing impairments, often sought urban resources, since the local, small communities did not have the resources to hire specialists to serve the handicapped. (Shrag, Farago, & Walker as cited in Woodard, 1982). Yet, recently there has been a trend towards less dependence upon the urban areas for services (Kilber, 1982). This trend may be a result of the significant resurgence in rural America's population base since 1970 (Holden, 1983). Rural areas have increased in population at a rate of 40 percent higher than metropolitan areas. Although the farm population has declined, rural areas continue to attract a growing number of residents. The farm population represents less than 20 percent of the total rural population (Holden, 1983). Since the total population in rural areas has increased recently, one could deduce that the prevalence of hearing impairment in rural areas is greater than in past years.

While some rural areas have developed interagency cooperation in order to optimize the available services for handicapped individuals in their community, urban areas have been challenged with systematically networking large numbers of independent agencies. Frequently, the end result is improved services for handicapped individuals, but the type of collaboration among agencies is often distinctly different

(Woodard, 1982).

The Family, Infant and Toddler (FIT) Project illustrates how four rural communities in Central Tennessee creatively maximized their resources to serve a handicapped population. The FIT Project dealt with rural communities where no coordinated programs existed to establish community-supported and -administered intervention programs for mentally retarded preschoolers and their families (Kilber, 1982). The FIT Project enabled children and their families to receive services in their own area rather than forcing them to travel to urban areas for such services. The FIT Project was adapted from an "ecological orientation" (Gabel, 1979). An ecological model views the rural community as a unified system comprised of subsystems including families, neighborhoods, churches, service delivery agencies, and networks of friends. The underlying assumption of this orientation is that rural communities have available the resources needed to service handicapped children. The FIT Project operated through George Peabody College for Teachers of Vanderbilt University in Nashville. This college served as the project coordinator for the four rural communities and fulfilled its commitment to the project by increasing the pool of trained rural area professionals. Specifically, the college provided

the following: 1) a nine-month, weekly training program for community professionals, 2) a lending library, and 3) comprehensive evaluations for the children receiving services in the four rural communities.

Each of the communities in liaison with the college provided the following: 1) at least one professional to participate in the nine-month training program, 2) a facility and materials for project events, and 3) transportation when needed by families traveling to Nashville for comprehensive evaluations.

In each of the communities, the service agencies absorbed the major cost of the project, which approximated \$20,000 per site. The four communities provided 21 professionals representing eight service delivery systems (e.g., public schools, Headstart, private medical clinics, and rural health services) release time to participate in the weekly sessions of the nine-month training program. All the agencies paid staff salaries for the three hours spent each week during the training program. In addition to the fiscal resources that the various agencies supplied, churches provided excellent facilities; senior citizens and adult activity centers offered transportation to Nashville for comprehensive evaluations; and teen organizations and school systems

donated materials.

Initially, cooperation was established between the college and each of the four communities. However, interactions during the training sessions resulted in additional collaboration between the various agencies within each of the communities. Reportedly, the college's "commitment to openness and honesty, and attitudes of joint ownership and responsibility with the community fostered a climate of cooperation, within which interagency coordination naturally emerged" (Kilber, 1982).

In summary, the FIT Project innovatively conquered three major obstacles frequently encountered with interagency coordination in rural areas: lack of trained specialists, long geographic distances between the family's home and place of service delivery, and lack of community resources. The success of this project has been attributed largely to the initial planning and commitment to the project.

Williamsburg Area Child Development Resources, Inc. (WARCD) is another program that represents successful interagency cooperation in a rural area (Kniest, 1982). An agency called Child Development Resources (CDR) formally merged with the local public school in Williamsburg, Virginia to form WARCD, which sought to offer interdisciplinary programming for

handicapped and developmentally delayed infants aged from birth to two years and their families through a home-based setting. The goals of the interagency agreement were to increase awareness/support for early intervention and to facilitate a smooth transition for those two-year-old children entering the public school. The state of Virginia is mandated to serve handicapped students aged 2 to 21 years. Therefore, this interagency cooperation focused on the population that is not guaranteed services by law. This particular rural site viewed the limited number of agencies (CDR and the public school) as a strength in initiating interagency cooperation, because professionals from both agencies were easily accessible and could be contacted personally. Kniest (1982) reported that the personal contacts among the participating professionals facilitated open conversation in the early stages of conversation which was instrumental in the development of successful interagency cooperation. The positive effects of WARCD included the following: 1) comprehensive child find program in locality, 2) streamlined referral system, 3) smooth transition from CDR to public school, 4) sharing of materials and expertise, and 5) greater creativity and flexibility in solving problems.

While WARCD capitalized on the limited number of agencies

in planning effective interagency coordination in rural settings, urban communities have successfully maximized interagency planning efforts when several agencies were providing a variety of services. For example, the Infant Stimulation/Mother Training Program (IS/MT) in Cincinnati succeeded in networking 33 programs (Badger & Burns, 1982).

The IS/MT Program sought to rectify a recurrent problem in Cincinnati: the proliferation of services for infants and their parents within the city lead to fragmented, duplicated, and uncoordinated services for at-risk infants. The goal of the program was to provide the continuing education and training necessary for hospital-based maternity and nursery personnel to implement infant stimulation/parent education programs in hospital nurseries. An important component of the parent education program was to inform parents of the various services in Cincinnati and how to obtain them.

The problem of uncoordinated service delivery is not unique to Cincinnati, but is common in urban areas where a large number of diverse services are available for specific populations (i.e., hearing-impaired children). Badger and Burns (1982) indicate that this lack of cooperation "can confuse parents who might now know where to turn or whom to call first."

In attempting to educate parents better, the following steps were undertaken in linking the 33 agencies together: 1) group leaders from the agencies were identified and contracted; 2) professionals from the various agencies were brought together on a regular basis; and 3) tangible services were offered. The most profitable technique for involving the 33 agencies was to offer tangible benefits which the programs would perceive immediately. The tangible benefits included the following: educational materials (books, films, and toys), planned staff development programs, a local directory of birth-to-three services, and a central referral service (CRS). The CRS was particularly instrumental in facilitating cooperation rather than competition. The CRS compiled and catalogued information on all community infant services and exchanged the information with the agencies: i.e., numbers and areas served by the infant services, knowledge of the organizational structures of the service providers, and a description of agency personnel, policies, and abilities.

Differences in the levels of participation and commitment of the 33 different agencies involved in the interagency cooperation proved to be the most inhibiting factor in the initial growth of IS/MT. Reportedly, the agencies overcame

this roadblock when they recognized that different levels of participation are acceptable. Therefore, a core of "active" agencies evolved, and the remaining agencies became "associate" members. Associate members participated at a less active level, but these agencies were still a part of the organization and were apprised of its activities.

IS/MT was also challenged to establish effective communication lines between the 33 agencies. IS/MT found that scheduling regular meetings, sending newsletters, taking monthly minutes, and publishing announcements of meetings were effective vehicles for facilitating interagency communication.

As aforementioned, many of the obstacles encountered by rural and urban agencies in collaborating are different and require creative management and original solutions. Despite the disparities between rural and urban interagency coordination, Woodard (1983) found the following commonality in twenty successful coordination projects: "interagency cooperation took much more time than nearly all thought it would."

Although the programs discussed here were not designed specifically for the hearing-impaired population, they provide models that could be adapted readily in developing

interagency cooperation to serve a variety of handicaps. Project SCOOTER for Hearing Impaired Children is one specific example of formal collaboration to improve the services for auditorily handicapped children (Rollins, 1982). Project SCOOTER is a model program for the early identification of and the educational intervention for hearing-impaired children aged birth to four years and their parents. Seven agencies in South Carolina, including a state school for the deaf, two private schools, a local education agency, and a speech and hearing center cooperated to develop a criterion-referenced assessment instrument to document entry level skills, record progress, and aid educators to plan instructional objectives and activities for preschool hearing-impaired children. Project SCOOTER utilized the interagency approach for product development; a test instrument called The Assessment Battery of Communication Skills (ABCS) for Hearing Impaired Children was the end result. Project SCOOTER identified five specific skill areas requiring assessment and each agency agreed to develop one section for its area of expertise. Besides developing a high quality assessment for young deaf and hard-of-hearing children, the participants worked with national consultants, researched and developed their assigned sections, and shared knowledge;

therefore, the participants greatly increased their own knowledge and skills.

Chapter 4

AUSTIN REGIONAL COOPERATIVE FOR THE HEARING-IMPAIRED

While Project SCOOTER was formed for the sole purpose of developing an assessment instrument, the planners of Austin Cooperative For The Hearing-Impaired (ARC*HI) proposed more comprehensive, continuous goals. ARC*HI is comprised of the following four agencies: Austin Independent School District Regional Day School Program for the Deaf, Education Service Center-Region XIII, Infant Parent Training Program, and the University of Texas Speech and Hearing Clinic.

Newton (1985), a leader in the planning and implementation of ARC*HI discussed the development process. Although much of the initial planning was conducted informally, rather than adhering to a "planning framework," several elements of the framework outlined in this paper were used. The section below will discuss the implementation of this framework.

Preplanning Phase and ARC*HI

In general, all components of the framework phase were carried out. Approximately three years ago, Newton consulted for a speech/language class at the Infant Parent Training Program in Austin. At that time a few hearing-impaired

preschoolers attended the class. With a multidisciplinary background in audiology, deaf education, and speech pathology, Newton was well aware of the comprehensiveness of providing quality services for hearing-impaired children. After assessing the status of the services for preschool hearing-impaired children in the Austin area, she recognized problems common to urban areas. These children and their families were not receiving consistent, adequate services. Often, services were duplicated and management of the hearing-impaired children was scattered and unsystematic. In addition, no standard referral procedure existed; hearing-impaired children and their parents were often provided with inconsistent information as they were shuffled around between professionals.

At this point Newton conferred with a teacher at the Austin Independent School District (A.I.S.D.) Regional Day School Program for the Deaf who had made similar observations. Since Newton and the teacher could not identify any existing mechanisms for resolution, they continued their planning endeavors.

Committed to improving the services existing for the hearing-impaired children age 0 to 3 years, they decided that interagency collaboration could solve the existing problems

and inadequacies. Hence, the recruitment of prospective agencies was initiated. Agencies were sought that could contribute improvement on service delivery and that could benefit from interagency collaboration. Securing administrative commitment was the only component from the Preplanning Phase that was not implemented in the formation of ARC*HI. Newton mentioned some difficulty with particular individuals from various agencies who were resistant "to give up power" in the planning stages. Some of the difficulty may have been alleviated if administrative commitment had been obtained early in the planning procedure. Conversely, if the resistant individuals were in administrative positions, they may have deferred any commitment to the collaboration efforts. Elder (1982) agrees that securing administrative commitment is often difficult, but contends it is "absolutely critical to obtain and hold administrative commitment." Laurie Newton and her colleagues may have been more successful in persuading administrators that interagency cooperation is advantageous, if they had stressed the many benefits of collaboration during their initial planning efforts. To encourage commitment, Elder (1982) advises initiators to organize "advocacy campaigns" and to work at achieving a positive image of the proposed interagency model.

Planning Phase and ARC*HI

The next steps undertaken by Newton fell into the Planning Phase. After the four agencies had been recruited, individuals from each agency met as an interagency committee to agree on a purpose statement. At this time a purpose statement was generated and the responsibilities of the various agencies were delineated. This information was written in a contractual agreement. The purpose statement indicated the four agencies would do the following: cooperate to provide appropriate educational services to hearing-impaired children ages 0-3 who resided within one of the 15 specified counties surrounding Austin, establish a referral screening committee, establish an ARC*HI Cooperative Advisory Council, and determine eligibility and type of service for each referral. In the development of ARC*HI the purpose was not distinguished from the individual goals as it is in the proposed framework, but the purpose consisted of four objectives, rather than a general, overall statement.

During the planning stages of ARC*HI, researching and gathering information on the potential problem areas was not a focus in developing the purpose statement and/or goals. Instead, Newton indicated that the purpose statement evolved from the underlying philosophies of ARC*HI. Newton and other

developers believed the following: A home-to-school based program is critical for the hearing-impaired child; the hearing-impaired child can benefit from group interactions with other children; the best resources should be used to serve the hearing-impaired children, options should be available to the hearing-impaired child (e.g., total communication as well as aural communication should remain options); and parents should be provided with support.

The ARC*HI divided the responsibilities of the four agencies in the following manner: A.I.S.D. Regional Day School Program For The Deaf was primarily responsible for providing a certified teacher of the hearing impaired, aides as needed, transportation for children to program site, and participation in research or grant projects sponsored by the University of Texas. Education Service Center-Region XIII's responsibilities included serving as a liaison for identification between school districts in the fifteen surrounding counties, referral, consultation, and assisting in procuring hearing aids for ARC*HI Cooperative hearing aid loaner bank. The Infant Parent Training Program was responsible for providing one classroom for instruction of the hearing-impaired preschoolers, lunches for the students, and occupational and physical therapy services. Finally, the

University of Texas Speech and Hearing Clinic agreed to provide equipment, student trainees, and supervision to assist the cooperative audiologist in testing ARC*HI children, as well as provide supplementary psychological services to children attending the cooperative classroom, and provide opportunity for the classroom teacher to audit courses within the department at no cost. Each year, these responsibilities are reaffirmed along with any revisions in a written agreement that must be reviewed and signed by administrators in the four agencies.

During the initial planning stages of ARC*HI, fiscal matters were also addressed. Resource pooling was selected, because it allowed the agencies to re-allocate internal resources toward cooperative efforts. This type of funding allows the four agencies to obtain individual funding from external resources (e.g., state and federal government); however, ARC*HI is not directly accountable to any external agency. Newton (1985) did not report any major difficulties with the fiscal management of ARC*HI.

Implementation Phase and ARC*HI

During the implementation of ARC*HI, Newton (1985) described vehicles that were used to disperse information about the interagency cooperation. These vehicles of

communication included contacting physicians, preschools, and community organizations with letters, brochures, and personal visits. In general, ARC*HI members informed the community that ARC*HI was a comprehensive service delivery system for hard-of-hearing and deaf children aged 0 to 3. Services included the following: identifying infants with hearing losses, providing education and support for the family, fitting the children with loaner hearing aids, and providing classroom instruction for the children in speech/language development, auditory perception training and cognitive stimulation. Newton (1985) viewed dissemination of information as critical to the growth of ARC*HI, since initially other professionals in the Austin area, particularly audiologists, were apprehensive about making referrals. These professionals feared a loss in clientele.

Evaluation and revision, also a component of the Implementation Phase in the proposed framework, was not systematically incorporated into ARC*HI's implementation period. However, during interagency committee meetings, members discussed weaknesses and strengths of ARC*HI and made suggestions for modification. Although this method of evaluation is often successful in instituting change, a planned evaluation tool provides the committee with data to

substantiate the need for modification and document change after the revision. Therefore, programmed evaluation frequently results in quicker change than random evaluation. To ensure that planned evaluation occurred, ARC*HI could have consulted with an external agency. Consultation with such an individual experienced in reviewing programs, reporting accurate unbiased information, and making recommendations for improvements may serve as a valuable resource to a cooperative.

One of ARC*HI's modifications, stemming from a committee discussion, pertained to interactions at the early inter-agency committee meetings. Initially, there was a tendency for supervisors to dominate the communicative interactions during meetings, limiting important contributions from individuals such as the teacher for hearing impaired. To prevent this from happening, ARC*HI members agreed to develop an agenda for each meeting. Therefore, any professional involved with ARC*HI could contact the individual responsible for the agenda prior to meeting and submit an item of discussion. In general, the ARC*HI interagency committee merged a direct service model with a policy model (Newton, 1985). Hence, agenda items could range from discussion of an administrative issue to discussion of how a particular child

is performing in the total communication classroom.

ARC*HI has prospered during its three years of existence. In addition to significantly improving services for hearing-impaired children, ARC*HI has provided graduate students at the University of Texas at Austin Speech and Hearing Center with a wealth of clinical experience involving hearing-impaired children and their parents. Feedback about ARC*HI services from the parents of hearing-impaired children has been encouraging. ARC*HI was also influential in demonstrating a need for a speech/language pathologist for hearing-impaired in A.I.S.D. Regional Day School for the Deaf. For the first time in history, A.I.S.D. hired this specialist last year.

Overall, ARC*HI employed several components of the proposed framework, but did so in a less systematic, more informal manner. Although ARC*HI is now a successful interagency cooperative, a more structured framework may have increased the efficacy and efficiency of ARC*HI's early ventures. Conversely, the loose planning structure may have provided the flexibility necessary for ARC*HI to develop and prosper. However, due to the informal nature of ARC*HI's development, replicating its planning efforts to develop interagency cooperation would be more difficult than using the proposed framework discussed in this paper.

Chapter 5

HYPOTHETICAL MODEL FOR THE MISSOULA AREA

Introduction

The proposed framework will be applied in developing a hypothetical interagency cooperation model which would serve hearing-impaired children age 0 to 5 years in the Missoula, Montana area. Due to the logistics of such a task only the Preplanning Phase of the framework will be focused on. However, even within the Preplanning Phase, some of the components could not be implemented feasibly. For example, one cannot secure actual administration commitment in simulated application. The components of the Preplanning Phase addressed while investigating the possibility of interagency cooperation in the Missoula area are discussed below.

Assess the Existing Status of Services

Beschoff (1985), a resource consultant for the State School for the Deaf and Blind in Great Falls, Montana, described service delivery for hearing-impaired children in Montana as being, "not well defined." This description is consistent with the writer's attempts to obtain information about

Montana's, particularly Missoula's current service delivery system for hearing-impaired children age 0 to 5 years. Several Montana individuals interacting with the hearing-impaired population alluded to this lack of definition (Beschoff, 1985; Gray, 1985; and Miller, 1985).

Currently, the state of Montana is mandated to serve auditorily handicapped children age 5 to 18 years. Either the public school districts or the State School for the Deaf and Blind provide services for this mandated group of students. The State Board of Public Education has allocated \$640.00 per year for each of these children (Gray, 1985). In general, the State School for the Deaf and Blind and the Montana Public School System function as separate entities in serving the 5 to 18 year old population. Reportedly, a distinction between the two institutions became apparent approximately ten years ago when differences in education philosophies existed (Beschoff, 1985). At that time the public schools adopted a total communication philosophy, while the State School for the Deaf and Blind continued to focus on sign language for the primary communication modality of instruction. Adoption of total communication in the public schools may have been related to implementation of Public Law 94-142--The Education For All Handicapped Children

Act of 1975. Enactment of this law required public schools to educate handicapped children in least restrictive environments. Hearing-impaired children were often mainstreamed into regular classrooms and provided with a sign interpreter to obtain total communication.

Since Montana state law does not mandate services for the 0 to 5 year old handicapped child, intervention with the hearing-impaired preschoolers varies considerably. According to Beschoff (1985), "Different school districts interpret their responsibility differently." While some school districts offer programming for the hearing-impaired preschooler, others do not, frequently because of personnel and budget constraints. Miller (1985) indicated that preschoolers not served by the public school districts often receive services from private nonprofit agencies such as the Child Development Center (CDC) in Missoula. In addition, the State School for the Deaf and Blind has four itinerant teachers located throughout the state who provide services to blind and hearing-impaired children and their families. Fred Beschoff is the itinerant person serving Missoula and the surrounding areas. According to Beschoff (1985), he acts in the capacity of a resource consultant for parents of visually- and auditorily-impaired children. His interaction

with hearing-impaired children is limited to those who also exhibit visual deficits.

June Miller, Deaf/Blind Specialist for the state of Montana, commended the four itinerant personnel for their service to the deaf/blind children and their families. However, Miller (1985) contends that large caseloads and large geographical areas hinder service delivery to the preschool population. Miller (1985) believes that agency collaboration could definitely improve the service delivery to hearing-impaired children age 0 to 5 in Montana.

In addition to services provided by the itinerant personnel, some public school districts, and private nonprofit agencies, Beschoff (1985) spoke of the SKI*HI Program that is being implemented in Montana by Ernie Bateman at the State School for the Deaf/Blind. Unfortunately, Bateman could not be contacted due to summer vacation at the State School for the Deaf/Blind. Beschoff was not aware of how the SKI*HI Program was being implemented in the Missoula area.

Attempts were made to obtain an accurate count of the number of hearing-impaired children age 0 to 5 in the Missoula area. However, since no one agency is mandated to serve this population, none of the individuals contacted had

access to this data. In reality, if this model was implemented further investigation would be necessary to identify the number of children that should be served by the interagency cooperation.

Gail Gray, Director of Special Education in Montana, reported that 28 children in the entire state of Montana age 0 to 5 are currently receiving services in the public schools. The children were categorized as hard-of-hearing, deaf, or deaf/blind. Below is a list of the various impairments at the various ages:

<u>AGE</u>	<u>HARD-OF-HEARING</u>	<u>DEAF</u>	<u>DEAF/BLIND</u>	<u>TOTAL</u>
1 yr.	1	1	0	2
2 yrs.	0	0	0	0
3 yrs.	7	0	0	7
4 yrs.	9	2	3	14
5 yrs.	5	0	0	<u>5</u>
				28

To reiterate, these numbers do not include those children who are receiving services from the State School for the Deaf and Blind or from private agencies. In addition, the data do not include the multi-handicapped children who also exhibit

hearing losses.

Based on the limited information gathered from this preliminary investigation there appears to be no mechanism for consistently addressing the needs of hearing-impaired children in the Missoula area. Additional data are necessary in order to substantiate whether the services delivered are adequate.

Undertaking the task of assessing Missoula's current service delivery for hearing-impaired children has clearly revealed the need for extensive planning for interagency cooperation. This exercise has also highlighted the importance of the planning initiator. The writer of this paper, who was externing in Austin, Texas while developing this paper, found gathering information from Montana time-consuming and expensive. Since the writer was not directly involved in any of the agencies serving the hearing-impaired children in Montana, individuals contacted were often hesitant in disclosing information. The writer suspects that the various agencies would have been more willing to volunteer information had she been actively working with one of the Montana agencies.

Due to the limited information obtained about Missoula's service delivery for hearing-impaired children age 0 to 5

years, the second component of the Preplanning Phase, Explore Problems, was not addressed. However, the writer proceeded to address the last component of the Preplanning Phase, to identify potential participants for interagency cooperation in the Missoula area.

Identify Potential Participants

Although investigate efforts on Missoula's current service delivery system did not reveal all the information necessary in the Preplanning Phase, several agencies appeared to be candidates for interagency cooperation. The prospective agencies include the following: the State School for the Deaf and Blind, the public school districts in Missoula and the surrounding areas, the Child Development Center in Missoula, and the University of Montana Speech, Hearing, and Language Clinic. These four agencies were selected with the intent of providing comprehensive diagnostic and intervention services to hearing-impaired children age 0 to 5 and their families. The hearing-impaired population older than age 5 will not be served directly by the hypothetical interagency cooperation, since the state is mandated to provide services for them.

Although delineation of responsibilities between the agencies does not occur until the Planning Phase, potential

responsibilities were thought of when assessing the resources of each of the agencies. For example, the itinerant consultation offered by the State School for the Deaf and Blind could be expanded to provide parents of hearing-impaired children with the necessary support and education. This type of consultation appears to be crucial when a hearing-impaired child is initially identified; and parents are often burdened with adjusting to a hearing aid, facilitating speech, language, and auditory development, considering educational alternatives for their child, etc . . . It may well be that the itinerant consultation should merge with the SKI*HI programming that is being implemented. Identifying resources of the various school districts is difficult without a knowledge of how they interpret their responsibilities to the handicapped child. However, if the school districts could be convinced of the "wealth" in interagency cooperation, they may be able to offer resources such as a teacher for hearing-impaired for a preschool classroom, classroom aides, and transportation for the hearing-impaired preschoolers to and from the classroom setting. If the State School for the Deaf and Blind and the school districts had this early impact on the lives of hearing-impaired children and their families transitions to either one of these institutions would be

facilitated when the child is school-age. Ultimately, the children should prosper from smooth transitions into their new academic setting.

Differences in the educational philosophies of the public school system and the State School for the Deaf and Blind could serve as obstacles as well as strengths in interagency cooperation. While the differences may foster isolation between agencies rather than collaboration, a commitment to interagency coordination by both institutions would provide parents of hearing-impaired children with two viewpoints in educating their children. To obtain maximum benefits from differences in educational philosophies, individuals from the various agencies must focus on educating the parents about the various educational approaches. Hence, the professionals act as facilitators to the parents who ultimately make educational choices for their hearing-impaired children.

The Child Development Center (CDC) was also included as a candidate for interagency cooperation, because of the resources that it has to offer the hearing-impaired preschooler. In addition to trained personnel, such as speech/language pathologists, CDC has classroom facilities for preschoolers. Since CDC provides services for children with handicaps other than hearing impairments, and the number

of hearing-impaired preschoolers in the Missoula area may not mandate a classroom exclusively for hearing impaired, children could be mainstreamed into existing CDC classrooms. In this case provisions for the hearing-impaired child would need to be incorporated into the classroom such as an acoustically treated sound environment, hearing aid management, and a teacher proficient in Signed English. However, before decisions could be made about the classroom setting, an accurate count of the number of hearing-impaired children in the Missoula area is needed.

The fourth candidate for interagency cooperation, the University of Montana Speech, Hearing, & Language Clinic also would have valuable resources to offer the hearing-impaired child. The various resources include the following: staff, graduate students, and facilities to conduct audiological and hearing aid evaluations; diagnostic and appraisal evaluations to assess a child's communicative functioning; individual and group speech, language, and auditory training therapy; academic course work and seminars dealing with hearing impairment and all the aspects that it encompasses; and an abundance of literature pertinent to the hearing-impaired individual. This clinic could also be instrumental in providing services to those hearing-impaired children who

live in rural communities and would not be able to commute easily to daily classes at CDC. For these children the clinic could act in the same capacity as the George Peabody College for Teachers of Vanderbilt University in Nashville. The University of Montana could conduct a training program for community professionals serving the hearing-impaired child in the rural community. The community professional could be a preschool teacher, a Headstart employee, or even a parent. The obvious benefit in the university's participation in the interagency cooperation would be the experiences that would be made available to the graduate students.

Summary of Interagency Cooperation Planning in Missoula Area

In summary, it appears that the Missoula area could well be a prospective site for interagency cooperation to serve hearing-impaired children age 0 to 5 years. However, transforming this hypothetical application into reality would require extensive planning and a great deal of devotion for the individuals initiating the collaboration of agencies. The fact that both Fred Beschoff and June Miller, two individuals actively involved in service delivery to deaf/blind children in Montana, thought interagency coordination could improve services for hearing-impaired

children was encouraging. After assessing this example of hypothetical application and projecting what would need to occur if actual planning was implemented, the writer contends that the proposed framework would be an asset in planning interagency cooperation.

Chapter 6

CONCLUSION

The intent of this paper was to design a framework that could be used to plan successful interagency cooperation for hearing-impaired children in a variety of settings. The wide benefits offered by interagency relationships to hearing-impaired children and participating agencies motivated the development of this framework. The literature, personal accounts, as well as the hypothetical application in the Missoula area indicate that collaboration is hardwork, "such relationships just don't happen." (Olsen, 1983). The goal of the proposed framework was to provide a three phase planning mechanism that would facilitate collaboration.

The writer agrees with those who maintain that careful planning and substantial commitment by the agencies involved are crucial to the success of interagency cooperation. Whitted (1983) captured the importance of planning and commitment by stating, "without it, interagency cooperation is little more than a mirage, which changes form to fit perceived needs but never materializes in reality."

Actual implementation of the proposed framework would

determine its success in facilitating interagency cooperation for hearing-impaired individuals and provide the writer with feedback to refine the framework. This writer's desire is that the proposed framework may someday aid multi-agency collaboration and improve the quality of services to hearing-impaired children.

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Table 1

OUTLINE OF PLANNING FRAMEWORK

Preplanning Phase

1. Assess the existing status of service
2. Explore problems
3. Identify constraints and resources
4. Secure administrative commitment
5. Identify potential participants

Planning Phase

1. Assemble as an interagency committee
2. Agree on a purpose statement
3. Research the problems
4. Agree on what problems need intervention
5. Formulate goals
6. Clarify roles and delineate responsibilities
7. Decide on fiscal management

Implementation Phase

1. Disseminate information
2. Evaluate the plan's effectiveness