

issue brief

Does Service Collaboration Enhance Seamless Transition Outcomes?

The hallmark practices associated with effective school to work transition for students with disabilities include: 1) student centered planning; 2) youth empowerment; 3) individualized career/work experiences; 4) paid employment; 5) family support and participation; and 6) interagency collaboration and service coordination (National Collaborative on Workforce and Disability/Youth, 2005; National Council on Disability, 2008).

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Ellen Fabian Debra Martin Luecking

While the first five practices have received significant attention in the empirical literature and moderate support in outcome studies (Test et al., 2009), interagency collaboration and service coordination, while widely endorsed, have been neglected in the research literature (U.S. Government Accounting Office, 2008; National Council on Disability, 2008), even though collaboration is statutorily required in authorizing legislation (IDEIA, 2004; WIA, 1998) and is the first step in system reform. Collaboration in transition has been the focus of recent federal initiatives, but surprisingly little is known regarding its measurement and effect on student outcomes except through anecdotal reports (e.g., Luecking & Certo, 2003).

In 2007, the Maryland Division of Rehabilitation Services (DORS) received a transition model demonstration grant from the U.S. Department of Education, Rehabilitation Services Administration (RSA) to create, implement, and evaluate a statewide best practice transition model called the Maryland Seamless Transition Collaborative (MSTC). One of the innovative features of the MSTC model is its focus on interagency collaboration in school to work transition. The MSTC Project promotes functional collaborative linkages among schools, the vocational rehabilitation agency, and an array of community services to build more effective systems for serving youth as they make the transition from school to adult life. As part of this RSA model demonstration project, MSTC project staff seek to learn how the systematic delivery of the model and its collaborative teaming are implemented and sustained at the local level and how effective collaboration is in achieving desirable post-secondary outcomes for participating youth. This Brief will describe the collaborative approach in the MSTC model, how service collaboration is being defined and measured, and some of the outcomes we hope to achieve.

what we know

Service collaboration is an essential approach to addressing complex problems encountered by at-risk youth and their families, particularly children and youth with mental health (MH) disabilities (Vander Stoep et al., 2000; Armstrong et al., 2003) and other atrisk characteristics (e.g., juvenile offenders [Evens & Vander Stoep, 1997]). In the area of transition, the research focus on collaboration has been largely confined to programs serving youth with MH disabilities; perhaps drawing from the wealth of literature on developing community support systems for adults with psychiatric disabilities emerging in the 1970s (e.g., Morrissey et al., 1994). Even in this arena, however, empirical studies linking type or strength of collaborative services on youth outcomes are few (U.S. GAO, 2008).

It is often assumed that those youth who are most at risk of poor post-school employment outcomes typically require and benefit from the services of multiple organizations, especially during the transition process. Two types of system linkages are useful in transition interventions. The first is the linkage of academic coursework with workbased experiences. Such a linkage often makes coursework relevant to students, keeps them engaged in academic curricula so they are less likely to drop out of school, and/or creates an applied learning environment. The second type of linkage, particularly relevant to MSTC, is a network of ancillary and postsecondary services that are closely coordinated and focused on youth with disabilities. Many youth will require employment support before, during, and after school exit. Unfortunately, there is often a lack of coordination for the "hand-off" of service responsibility as youth leave secondary school (Johnson, Stodden, Emanuel, Luecking & Mack, 2002; U.S. GAO, 2006).

Collaboration has been defined as a mutually beneficial relationship between two or more parties who work toward common goals by sharing responsibility, authority, and accountability (Chrislip & Larson, 1994). This activity is essential for sustaining collaborative services and system reform -the goal of "seamless transition" for youth with disabilities, where youth proceed toward a career path without disruption of service as they exit publically mandated education (Certo, et al., 2009). There is a clear need to study the process and impact of service collaboration so that the field can refine policy and practice accordingly. The Center on Transition to Employment hopes to address this need through a study of the collaboration inherent in the MSTC model.

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advancing knowledge and practice

This study will measure service collaboration as the number and strength of interagency ties of the organizations and entities involved in the MSTC transition model demonstration project. The overall aim of the study is to evaluate the extent to which collaborative networks contribute to student transition outcomes and whether collaborative networks improve as a result of the MSTC project implementation. The following two research questions will guide this study:

- How does the strength of transition collaboration contribute to successful outcomes of students participating in a multi-site model transition demonstration project in Maryland?
- 2) What is the impact of the MSTC Project on transition collaboration?

The MSTC Project is a multi-site model project incorporating best practices in school to work transition designed to demonstrate the impact of effective practices on students transitioning to post-school environments of choice. Eleven local education agencies (LEAs) in Maryland, serving up to 400 students collectively, are implementing this seamless transition model which incorporates six widely accepted school to work transition practices including: individualized student planning; student empowerment; work-based experiences; family support and participation; early Vocational Rehabilitation (VR) agency engagement: individualized, paid, inclusive employment experience; and local partner collaboration for each student to achieve a seamless transition to integrated employment and/or postsecondary education at the point of high school exit.

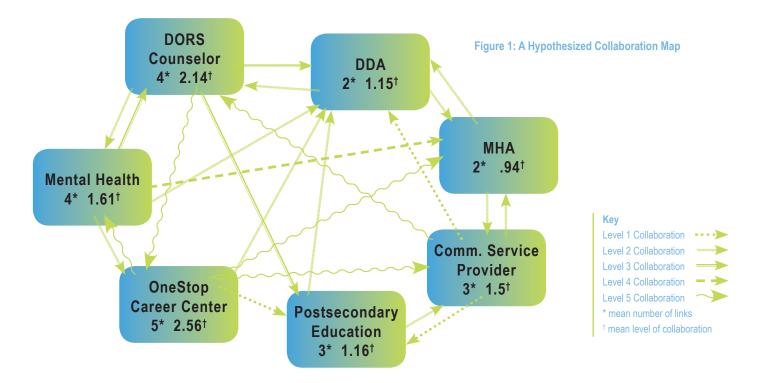
The LEAs participating in MSTC must include a local project management team (PMT) composed of: school district transition personnel; VR supervisors and counselors;

state Developmental Disabilities (DD) and Mental Health (MH) service representatives; community rehabilitation providers (CRPs); postsecondary education and one-stop career center representatives; parent and youth participants; and/or parent and youth association representatives. Each PMT is formed during the local sites' initial project planning and its purpose is to assist each student to seamlessly transition to the post-school environment of choice through the coordinated efforts of the PMT members.

Working with eight of the participating LEAs, the Center on Transition to Employment will administer two surveys capturing perspectives on collaboration from the local MSTC teams. The two instruments are described below.

The Questionnaire on Collaboration (CoQ) developed by the Center for Advancement of Collaborative Strategies in Health (n.d.), is a 20-item Likert-type survey. Specifically it examines perceptions of collaborative features, such as mutual goals, motivation, communication, organization, and respect. The CoQ provides a general depiction of the strength of agency collaboration from the perspective of individual partners. The instrument assesses each team member's (including youth and family members or their representatives) perceptions of the overall strength of collaborative processes at the site.

The second instrument, The Level of Collaboration Scale (Frey, Lohmeier, Lee, & Tollefson 2006) is based on Hogue's (1993) taxonomy of team interaction. The Level of Collaboration Scale (LoCs) asks respondents from different agencies about the extent to which they collaborate with each participant in an interagency team on several dimensions of collaboration, including communication, consensual decision-making, and respect. For example, a rehabilitation counselor would rate the level of collaboration for each of the other



partners involved in the MSTC team site (e.g., special education, MH, CRPs, DD services). The Level of Collaboration Scale, for the purposes of this study, will assess the team member's perceptions regarding the number and strength of linkages between each of the PMT partners.

In response to the first research question we will analyze the impact of MSTC program collaboration on individual student transition outcomes (i.e., obtained transition goal in employment and/or postsecondary education enrollment) while controlling for the effects of student demographic and background characteristics. The results of these analyses will provide the first exploration of a local-level interagency transition team's perceptions of its collaboration practices on student transition outcomes.

For the second research question we are interested in how interagency teams influenced perceptions of collaboration among participating members over time. We will measure changes in perceptions of collaboration by comparing results from baseline administration of the instruments described earlier to subsequent readministration.

Data from the Level of Collaboration Scale also can be used as a training tool to promote interagency collaboration. For example, results of administration of the Level of Collaboration Scale can be illustrated (Figure 1). In this approach, each agency is represented by a square, with the thickness of lines between each of the squares representing the strength of the tie between each partner (using average scores as an indicator of the strength). Mapping the links among partners provides a more concrete illustration of strong and weak ties. In turn, this analysis can stimulate discussion of strategies to strengthen weak ties through: a) better understanding of each system; b) improved communication; c) increased frequency of contact; and so on. Used in this way, the findings of the Level of Collaboration Scale enhance efforts toward service coordination and system reform.

As a result of this study, the field will know more about the extent to which collaborative networks contribute to student transition outcomes and specifically how the networks are defined. More importantly, the study hopes to contribute knowledge that will enhance systems improvement in transition services.

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references

Armstrong, K., Dedrick, R., & Greenbaum, P. (2003). Factors associated with community adjustment of young adults with serious emotional disturbance: A longitudinal analysis. *Journal of Emotional and Behavioral Disorders*, 11, 66-76.

Center for Advancement of Collaborative Strategies in Health (n.d). Sample questionnaire for the Partnership Self-Assessment tool. In Spath, R., Werrbach, G.B., & Pine, B.A. (2008). Sharing the baton, not passing it: Collaboration between public and private child welfare agencies to reunify families. *Journal of Community Practice*, 16(4), 481-507.

Certo, N., Luecking, R., Murphy, S., Brown, L., Courey, S., & Belanger, D. (2009). Seamless transition and long term support for individuals with severe intellectual disabilities. *Research and Practice for Persons with Severe Disabilities*, 33, 85-95.

Chrislip, D.D. & Larson, C.E. (1994). Collaborative leaderships: How citizens and civic leaders can make a difference. San Francisco: Jossey-Bass.

Evens, CC., & Vader Stoep, A., (1997). Risk factors for juvenile justice system referral among children in a public mental health system. *Journal of Mental Health Administration*, 24(4), 443-455.

Frey, B., Lohmeier, J., Lee, S., & Tollefson, N. (2006). Measuring collaboration among grant partners. *American Journal of Evaluation*, 27, 383-392.

Hogue, T., (1993). Community-based collaboration: Community wellness multiplied. Bend, OR: Chandler Center for Community Leadership. Retrieved April 21, 2004 from: http://crs.uvm.edu/nnco/collab/wellness.html.

Individuals with Disabilities Education Improvement Act of 2004, PL108-446, 20 U.S.C. §§ 1400 et seq.

Johnson, D., Stodden, R., Emanuel, E., Luecking, R., and Mack, M. (2002). Current challenges facing secondary education and transition services: What research tells us. *Exceptional Children*, 68, 519-531.

Luecking, R. & Certo, N. (2003) Service integration at the point of transition for youth with significant disabilities: A model that works. *American Rehabilitation*, 27, 2-9.

Morrissey, J.P., Ridgely, M.S., Goldman, H.H., & Bartko, W.T. (1994). Assessments of community mental health support systems: A key informant approach. *Community Mental Health Journal*, 30, 565-579.

National Collaborative on Workforce and Disability for Youth (NCWD/Y (2005). *Guideposts for Success*. Washington, DC: Institute on Educational Leadership.

National Council on Disability (2008). The Rehabilitation Act: Outcomes for transition-age youth. Washington, DC: NCD.

Test, D.W., Mazzotti, V.L., Mustian, A.L., Fowler, C.H., Kortering, L., & Kohler, P. (2009). Evidence-based transition predictors for improving post school outcomes for students with disabilities. *Career Development for Exceptional Individuals*, 32,180-181.

U.S. Government Accountability Office. Summary of a GAO Conference: Helping California youths with disabilities transition to work or postsecondary education. Publication no. GAO-06-759SP. Washington, DS: GAO, June 2006.

Vander Stoep, A. et al., (2000). Community-based study of the transition to adulthood for adolescents with psychiatric disorders. *American Journal of Epidemiology*, 152(4), 353-362.

Workforce Investment Act of 1998, PL 105-220, 29, U.S.C. SS2801 et seq.

authors

Ellen Fabian, Ph. D. University of Maryland Debra Martin Luecking, Ed. D., TransCen, Inc.

