

# Evaluating interagency collaboration in disability programs in the Pacific Basin

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## Abstract

The purpose of the present study was to evaluate outcomes of technical assistance provided by federal agencies that included the Maternal and Child Health Bureau, the US Department of Education, and the Administration on Developmental Disabilities to improve collaborative activities of health and education agencies to serve persons with disabilities in the US Pacific. Beginning in 1990, a consortium of technical assistance providers directed their efforts to coordinate a series of annual conferences, the Pacific Basin Interagency Leadership Conferences (PBILC), in Pacific Basin sites for the purpose of assisting agency leaders in each jurisdiction to develop interagency teams to improve services for persons with disabilities and family members. The outcomes of the first four conferences from 1990–1993 were evaluated to determine the extent of interagency collaboration and systems development in services for persons with disabilities. An interview study was conducted in nine island states (six jurisdictions) with 27 key representatives of health and education agencies. Qualitative and quantitative analysis of the interviews in four domains included interagency out-

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comes, agency outcomes, member outcomes, and community outcomes. The results of the study in six US Pacific jurisdictions showed positive results for the establishment of interagency teams and infrastructure for collaboration. However, further needs for program development and resources to meet the needs of families and individuals with disabilities were reported by study participants. Next steps for interagency development and assistance are outlined, including a focus on a) the need to build local capacity; b) alternative service models; and c) staff training programs to meet the needs for health, education, and social services for families and individuals with disabilities in Pacific Basin nations.

## Introduction

The Pacific Basin is a vast archipelago of over 2,100 islands, some only tiny atolls, that stretches across the Pacific ocean from Hawaii to the Philippines. Six of these island entities are affiliated with the US and they were formerly referred to as the "Trust Territories". Changing political status in the region has resulted in use of the term "Jurisdictions" to include the different governmental entities across the region. While the geographic region of the Pacific Basin is larger than the contiguous U.S., the total population of approximately 500,000 people is relatively small.

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Of concern to this study is the development of supports and services for persons with disabilities within the Pacific jurisdictions with political ties to the US. The impacts of technical assistance provided by US government agencies were examined through an interview study, specifically the outcomes of four interagency leadership conferences that were sponsored annually between the years 1990–1993. The perceptions of health and education leaders in the Pacific regarding the improvements in services for persons with disabilities related to the leadership conferences were considered essential for further technical assistance and systems development efforts.

## Political status of the jurisdictions

The six Pacific jurisdictions with political association with the US include three 'territories': American Samoa, Guam,

Table 1. Selected health and demographic characteristics of the US Pacific

Characteristic	American Samoa	CNMI	FSM	Guam	Marshall Is.	Belau
US Political Status	Territory	Territory	Freely Associated States	Territory	Freely Associated States	Freely Associated States
Population (1990)	46,773	43,345	100,577	133,152	49,969	15,122
Land mass (sq miles)	77	182	272	212	70	188
Main language(s)	Samoan English	English Chamorro Carolinian	Pohnpeian Chuukese Yapese Kosraean	English Chamorro	Marshallese	Palauan
IMR (per 1,000)	10.3	9.3	52.2	10.2	63.0	28.0
Health & Education Funding	IDEA: Part H/Part B MCH Block Grant Head Start	IDEA: Part H/Part B MCH Block Grant Head Start	IDEA: Part B MCH Block Grant Head Start	IDEA: Part H/Part B MCH Block Grant Head Start	IDEA: Part B MCH Block Grant Head Start	IDEA: Part H/Part B MCH Block Grant Head Start
GNP/GDP per capita (\$)	3,039	9,170	1,464	10,152	1,539	1,845

and the Commonwealth of the Northern Mariana Islands (CNMI); and three 'freely associated states': the Republic of Belau (Palau), Republic of the Marshall Islands (RMI) and the Federated States of Micronesia (FSM) that includes Yap, Pohnpei, Kosrae and Chuuk. The changing political status of the Pacific Basin nations directly affects the types of assistance and funding provided by the US government. Those jurisdictions that are designated as 'territories' of the US are subject to US laws and subsequent funding related to those laws to a greater degree than jurisdictions with the status of 'freely associated states'. In the mid 1980s, the FSM and RMI signed Compacts of Free Association with the U.S. and the Republic of Palau recently finalized its agreements (1994). With new agreements and differing relationships with the US, differences are found in the funding and assistance levels provided. Related to changing political and economic agreements with the US, the Pacific Islands have entered a new phase in the development of governmental infrastructures and a funding base for employment and economic development.

### Health and education infrastructures

While differences in culture, language, and funding exist across the six Pacific Basin nations, a critical area of development is the provision of health care for persons with disabilities. The availability of health care is limited for the general population and Pacific communities are designated as 'medically underserved areas' with finite and limited resources for the provision of health care to all resident families and children. The infrastructure for health, education, and social services is impacted by the limited number of trained professionals who are competent in local languages and cultural traditions and who reside permanently in the islands. Resources for professional training are limited to off-island education in Hawaii, Guam, and the US Mainland. While

community colleges in each island provide the potential for leadership and the development of human resources among indigenous peoples, the instructor pool and curricular resources are limited.

With the resulting shortages in professional personnel, dependence on expatriate professionals continues. Often short-term in nature, employment of foreign professionals contributes to a lack of program continuity and the development of local service options for families and children. Additional barriers to the provision of health care are posed by the remoteness of many islands and villages. Reported conditions among women include perinatal substance abuse (alcohol and drugs), anemia, malnutrition, and chronic hepatitis B. In children, conditions reported include viral meningitis, chronic otitis media, vitamin A deficiency, measles, diarrhea, malnutrition, and child abuse. Prevention and treatment of chronic and disabling health conditions in women and children are hampered by the limited number of adequately trained personnel and facilities<sup>1</sup>. In addition, traditional healing practices and belief in supernatural causes are commonly practiced, but not always integrated with juxtaposed western medical interventions.

Common developmental disabilities reported among children in the Pacific include cerebral palsy, achromotopsia, mental retardation, and visual and hearing impairments<sup>2</sup>. While health and education services are available for children with special health needs through US funded public health, maternal and child health, Head Start, Education and Special Education services, limited personnel and programs result in children who are underserved and unserved. Table 1 summarizes selected demographic and health characteristics of the US Pacific islands.

**Table 2. Topic cards generated from qualitative responses**

Interagency	Benefits to Agencies
Interagency Group Formation	Benefits to Members
Interagency Participation	Interagency Conference Benefits
Accomplishments in Community	Next Steps
Interagency Outcomes	Barriers
Interagency Impact on Services	Interagency Next Steps
	Questions/Comments

## Technical assistance in the Pacific Basin

The passage of PL. 99-457 in 1986, now known as Part H of the Individuals with Disabilities Act (IDEA), marked the beginning of services for children, ages 0-3 years, with special health needs, disabilities, and risk conditions for disabilities in many states. The establishment of Part H services and federal funding to assist in the implementation of legislation was extended to eligible states and territories of the US, including four of the US Pacific Basin Nations (Guam, American Samoa, Belau, and the CNMI). While FSM and the RMI are currently eligible for Head Start and USDOE Special Education funds under Part B of IDEA, eligibility for Part H funding is not established. Even with differences in eligibility for federal funding to establish services for young children with disabilities, technical assistance activities and supports remained available to all jurisdictions.

One of the essential components of Part H of IDEA was the requirement to establish an Interagency Coordinating Council (ICC) at the state level<sup>3</sup>. Beginning in 1990, several technical assistance groups providing support in the Pacific Basin collaborated to sponsor the Pacific Basin Interagency Leadership Conferences focused on developing systems and services to meet health, education, and human services needs for persons with disabilities and their family members. Although the focus of the Conferences was initially on young children, that emphasis expanded in 1993 to include all families and individuals with disabilities. Because some of the jurisdictional agencies did not have a legislative requirement to create an Interagency Coordinating Council, informal interagency teams were initiated at the conferences and continued to meet periodically to improve service coordination. This study was designed to address four key questions to assess the outcomes of the Conferences, as follows:

1. As a result of the interagency conferences, are improvements found in interagency relationships, systems development, and community outcomes?
2. As a result of the interagency group/team, are improvements found in interagency relationships, systems development, and community outcomes?
3. As a result of the interagency action plans, are improvements found in interagency relationships, systems development, and community outcomes?
4. What outcomes are found relative to the cultural 'fit' of the interagency concept?

## Methods

In order to address the study questions, an interview study was designed to gather reported outcomes of interagency development in six US Pacific Basin nations. The participants in the study were selected by purposeful sampling of conference attendees, with program directors of maternal and child health, special education, and early childhood intervention on Interagency Teams in each of six nations with a total of nine island communities. In jurisdictions without Part H funding under IDEA (the FSM and the RMI), a Head Start administrator represented early intervention services. A total of three representatives were interviewed from each island with the exception of an additional health representative of the FSM National Government and a missing health representative in Chuuk. The total number of informants was 27, including 22 Pacific people and 5 Caucasians. Sixteen informants were female and 11 were male. The majority of the participants had some post-secondary education with educational levels ranging from no post-secondary education to completion of doctoral and medical degrees. The majority of participants had a minimum of 10 years of professional experience in their present positions and each participant attended at least one of the Pacific Basin Interagency Leadership Conferences between the years 1990-1993.

The study was designed in a structured interview format with open-ended questions. In addition, scaled responses were elicited and rated with a 5-point Likert scale that specified degrees of agreement and disagreement from 'no agreement' to 'strong agreement' with a series of statements. The length of each interview was approximately 1 hour. Each open-ended question and scaled statement were presented orally and rephrased, as needed. Interview responses were recorded manually by the interviewer.

Analysis of interview responses was conducted in a three-part process. First, responses to all of the 15 open-ended questions were placed on topic cards and compared for similarities and differences. Second, descriptive data from the scaled responses were computed in means for each of 38 responses from 27 respondents. Third, a separate description of the composition of each interagency group was compiled. Technical support included the use of the Data Collector Macintosh Program to organize responses to open-ended questions in qualitative statements into topic cards<sup>9</sup>. Topics generated from the qualitative responses are listed in Table 2.

**Table 3. Mean scores of interagency outcome ratings**

Statement Number and Type	MCH Coord.	SPED. Coord.	ECE Coord.	Means
4 Written Team Mission and Goals	3.44	3.44	4.77	3.88
5 Regular Meetings Held	3.55	3.11	3.77	3.48
6 Team Bylaws Established	2.66	2.77	3.55	2.99
7 Govt. Approval of Bylaws	2.44	2.66	3.33	2.81
8 Designated Chairpersons/Leader	4.11	4.33	4.22	4.22
9 Elected Officers	3.0	2.77	3.11	2.96
10 Satisfied with Agency Participation	3.11	3.44	3.55	3.36
11 Increased Agency Involvement	3.33	3.66	4.55	3.85
20 Improved Interagency Coord.	4.33	4.0	4.44	4.26
21 Increase in Agency Services	3.66	3.55	4.33	3.85

The organization of responses to 38 quantitative, or scaled statements, were also categorized into outcome topics identified above. Rated scores were computed into means for each category of responses by jurisdictions and agencies represented. A mean of three or less was interpreted to mean that agreement did not exist with the statement presented. Qualitative data was then related to mean scores in each of the above categories. Further analysis was conducted through more general groupings of related outcome topics including: interagency, community, agency, member, interagency and interagency conference outcomes, and barriers.

## Results

The results of descriptive and qualitative data analysis showed areas of concurrence and difference in the reports of participants concerning interagency networking efforts. To determine the perceived outcomes of four annual Interagency Conferences and related technical assistance, quantitative and qualitative data were examined in relation to the type of outcome and level of impact. Each of these areas are further discussed below.

**Interagency outcomes.** A positive change in interagency coordination resulting from the Interagency Leadership Conferences was found as the highest rated impact in this outcome category. Differences in ratings were found when responses were compared across agency representatives. For example, specific positive interagency outcomes reported by Early Childhood Intervention professionals included interagency involvement, regular meetings, team bylaws, and increased services for children by agencies who were represented on the local interagency team. Participants in all professions reported the need for more and consistent participation from other agency representatives in the interagency team activities. Reports also showed that most jurisdictions have not obtained government sanction for the interagency group and approval of bylaws. Table 3 shows mean scores related to interagency outcomes reported by agency representatives.

Qualitative data was examined in the response to the initial interview question, "What does interagency mean to you?" Common responses across informants were "agencies working together" for "a common goal.... to avoid duplication of

**Table 4. Agency representatives' mean scores by community outcomes**

Statement Number and Type	MCH Coord.	SPED. Coord.	ECE Coord.	Mean of Totals
13 Public Awareness	3.66	4.22	3.88	3.92
14 Coordinated Child Find Activities	3.55	3.55	3.33	3.48
15 Increase in Early Identification	4.11	3.88	3.88	3.96
16 Method to Share Data	3.22	2.66	3.66	3.18
17 Families Have More Options	2.44	3.11	3.44	3.0
18 Families Can Refuse Services	3.88	4.0	3.88	3.92
19 Increase in # of Families Served	4.0	4.22	4.11	4.11

**Table 5. Agency representative mean scores by agency outcomes**

Statement Number and Type	MCH Coord.	SPED. Coord.	ECE Coord.	Mean of Totals
3 Agency Formal Agreement	3.88	3.88	4.0	3.92
22 Increase in Agency's Services	4.22	3.77	3.77	3.92
23 Agency Communication Inc.	4.22	4.55	4.44	4.4
24 Agency Collaborative Agrmt.	4.0	3.88	4.22	4.03

services." The word, "together" was used frequently across respondents in the contexts of working, collaborating, meeting, sharing, planning, networking and joining together. Other respondents extended the concept of "working together" to include the focus on a singular goal or purpose.

The formation of interagency groups was reported to have occurred in direct relationship to the annual Interagency Conferences, as most were formed directly following the first annual Conference in 1990. Two became active after the second Conference in 1991. A few were formed prior to the conferences, related to PL. 99-457 and the requirements for an Interagency Coordinating Council to be formed for Part H programs. Membership of the groups was also described as changing and expanding over the four year period of 1990-1993 as additional members joined beyond the core membership of Part H/Head Start, Special Education, MCH Coordinator, and parents. Additional members were added at the jurisdiction level to include other community representatives including physicians, directors, vocational rehabilitation coordinators, and village chiefs. Some groups also invited representatives focused on prevention including nutrition programs, agricultural and local gardening programs, and local radio personnel. Other programs represented in some jurisdictions, included a day care program director, mental health coordinator, social worker, parent involvement coordinator, children with special health needs coordinator, pediatric case manager, child abuse and neglect coordinator, and a women's group representative.

The structure and organization of interagency groups varied across jurisdictions, as two jurisdictions created more

than one group. For example, in one of these island nations, two linked Interagency groups were formed, an Interagency Council to address policy decisions and an Interagency Team to address service coordination. In two other jurisdictions, the Interagency Coordinating Council (ICC) required by Part H regulations functioned specifically to coordinate programs for infants and toddlers. In this case, the Part H ICC maintained representation on the Interagency Council which provided a comprehensive coordinating group to encompass all services across the lifespan, inclusive of Part H.

Positive outcomes identified across the teams in each jurisdiction emerged as three major themes, including:

- a) improved working relationships across agencies;
- b) increased recognition for the need for services to this population; and
- c) increased collaboration between agencies in the provision of services.

Improved working relationships were documented through reports of improved service coordination, understanding of the need to collaborate, and increased numbers of agencies involved in the interagency team. An informant commented: "Excellent working relationships; dependable team mates; leadership in individual agencies; team members getting things done."

Increased recognition of the need for services for persons with disabilities and their family members was reported by respondents. The third major outcome area encompassed the collaboration among agencies represented on the interagency teams. Interagency collaboration, while similar

**Table 6. Agency representatives' mean scores by member outcomes**

Statement Number and Type	MCH Coord.	SPED. Coord.	ECE Coord.	Mean of Totals
1 Broader Understanding of CSHN	3.88	4.44	4.22	4.18
2 Interagency Team Skills	4.33	4.22	4.44	4.33
12 Continue as Member	4.33	4.77	4.88	4.66
25 Member Communication	4.55	4.77	4.66	4.66
26 Supervisor Communication	4.33	4.22	4.44	4.33
27 New Community Contacts	4.66	4.55	4.44	4.55

to improved working relationships, is more concerned with the actual processes of systems development than individual relationships. Examples of interagency collaboration included the development of interagency agreements, team by-laws and mission statements, writing grants together, holding interagency conferences for the community, coordination of referral processes, and developing bylaws.

When asked to identify areas for improved interagency coordination, participants identified the need to strengthen the team efforts at the systems level. Specific steps identified included the development of a care coordination system, effective data tracking systems, coordinated child find, public awareness, involvement of administrators in interagency team work, more regular meetings, formalized agreements and bylaws, and implementation of the action plan created during annual Interagency Leadership Conferences.

**Community outcomes.** The most frequently reported community outcomes included an increase in the numbers of families served, increased public awareness, and early intervention. Areas reported in need of further development included coordinated child care, effective methods to share data across agencies, and expansion of services. Table 4 shows mean scores related to community outcomes reported by agency representatives in all jurisdictions.

island jurisdictions. Table 5 lists the ratings reported by agency representatives regarding agency outcomes.

The majority of respondents in the interview study mentioned one or more of the following positive outcomes within individual agencies: sharing information, reduction of duplicated services, and shared responsibilities. Through the interagency team, agency representatives reported improved linkages that improved coordinated services for families and individuals with disabilities.

**Member outcomes.** Positive outcomes for individual members of interagency teams were rated higher than other outcome areas, across all groups and jurisdictions. Reported increases in understanding of children with special health care needs were documented in all groups, with less increase reported by MCH Coordinators. Other positive outcomes reported included improved interagency team skills, communication with team members, communication regarding children and families with supervisors, and new community contacts with team members. Table 6 lists mean scores of reported member outcomes across agency representatives.

When asked to comment further regarding personal benefits derived from the interagency experience, many expressed their preferences to respond as an agency repre-

**Table 7. Agency representative mean scores by interagency conference outcomes**

Statement Number and Type	MCH Coord.	SPED. Coord.	ECE Coord.	Totals
28 Implement Action Plan	4.44	3.55	4.11	4.03
29 Used as Main Planning Document	4.22	3.33	3.88	3.81
30 Plan Increased Team Activities	3.33	3.66	3.88	3.62
31 Increased Conf.. Attend. by Team	4.0	4.33	4.33	4.22
38 Action Plan to be Implemented	4.66	4.44	4.22	4.44

Reported outcomes of the interagency groups in relationship to their local communities differed widely related to the mission and goals of each team. The major outcomes reported in qualitative responses included increase public awareness efforts, increase in availability of services, information sharing, and parent support. One group obtained the commitment of the state governor to acknowledge the interagency team efforts and other groups reported regular community outreach and public awareness activities.

**Agency outcomes.** Positive agency outcomes were reported including increased communication between agencies and formal agreements with at least one other agency. Increased services by individual agencies were reported more frequently by Special Education Coordinators, possibly related to increases in special education funding in many

representative rather than sharing individual benefits. However, most respondents indicated improved understanding of the interagency concept, appreciation of the function and roles of other agencies, and improved linkages through interagency communication.

**Interagency Conference outcomes.** Specific items of the interview were designed to assess reported outcomes of the four annual Interagency Conferences. As shown in Table 7, mean scores of rated responses indicated that team attendance at the conferences was an asset to the interagency team. Action plans were developed and at least partially implemented in most jurisdictions, while differences were found across jurisdictions and agency representatives regarding implementation of action plans.

The majority of the respondents felt that the Conferences were beneficial to interagency functioning. Four areas were

highlighted:

- a) learning from other jurisdictions;
- b) developing the action plan;
- c) setting aside time to work together; and
- d) receiving assistance from consultants.

**Challenges and feedback.** Respondents were asked to identify existing barriers to further development of interagency teams in each jurisdictions and to provide feedback for outside consultants regarding future technical assistance, conferences, and other support activities. The major barrier identified was a lack of funding for the efforts of the interagency team. Other barriers identified were consistent with those found in other rural US communities, including lack of

## Discussion

The efforts of interagency teams in the Pacific Basin were fostered as a result of the Interagency Leadership Conferences that began in 1990 in conjunction with the Part H requirements to establish an Interagency Coordinating Council. The teams have continued to develop in varied forms including informal interagency groups who meet periodically and formalized Interagency Councils with written bylaws and interagency agreements. High ratings were reported across jurisdictions related to indicators of interagency processes including regular meetings, goals, designated leaders, and increased interagency services reflect the leadership and structure provided by Part H and/or Early Childhood Pro-

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**Table 8. Participants' suggestions for improving interagency conferences**

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- \* Establish a quarterly reporting process for Interagency Teams for more frequent accountability
  - \* Change action plan to fit actual needs and current local activities
  - \* Allow local Interagency Teams to define membership to attend Conferences
  - \* Allow jurisdictions to invite policy makers and legislators who will benefit the team
  - \* Continue to build awareness of external funding sources
  - \* Involve interagency representatives in planning Conference
  - \* Location of Conferences should be distant from home obligations and customs
  - \* Evaluate action plans and set new goals prior to Conference attendance
  - \* Provide TA support in planning Conference and implementing follow-up support
- 

resources, lack of general staff, lack of related services personnel, limited service provisions, lack of facilities, transportation, and inadequate data collection systems. Other barriers identified were more specific to the Pacific Basin, including complex and inconsistent internal mechanisms for budget allocation and processing, gaps in the transition of clients between programs, local traditions, lack of awareness and support of directors, apathy from some staff, and lack of trained personnel. In response to queries regarding future supports and conferences, respondents identified several areas for improvement and further assistance to the interagency teams, as shown in Table 8.

In summary, the Conference participants have revealed benefits in many aspects of their interagency group formation and development. The Interagency Leadership Conference has been a major vehicle for promoting the concept of interagency coordination locally. However, many participants reported a need to change the Conference format in order to better assist interagency teams to work together and to achieve improved services and coordination for individuals with disabilities and family members.

The importance of consistently high ratings regarding the "infrastructure" of Interagency Teams reported by representatives of Part H/Early Childhood agencies is related to the legislative requirements for these agencies.

With the locus of activity based in service agencies for young children with disabilities, Maternal and Child Health and Special Education agencies have found benefits in working together. A consistent finding across jurisdictions was that relationships between team members and agencies were developed through interagency activities. Agency representatives reported increased understanding of other agency services and better utilization of local resources for children and families. With improved relationships between agency directors, improved communication between providers was also reported. The linkages established between agency directors, such as Special Education, Part H, and Maternal and Child Health, have enabled providers within these agencies to have the sanction of their supervisors to work across agencies with increasing frequency. The importance of the formal approval from the "top down" is critical for continued service coordination between providers, as health and education services in the Pacific Basin are based on a hierarchical structure.

In addition to improved working relationships, there were reported increases in actual services provided to children and families. Differences in reports of services that were increased through "interagency" efforts and "within agency" are important to understand. Special Education representatives reported greater success in the provision of interagency services, while Maternal and Child Health representatives reported increased "within agency" services. Together, both outcomes are important and may be explained by the inherent roles of special education, generalized and coordinated services, and health services, specific health interventions. The long-term commitment of special education services for families and students with disabilities, from early school through secondary school, also increases the comprehensive nature of involvement with families and students in Pacific Basin sites.

Other important findings include the increase in early identification reported most often by Maternal and Child Health representatives and improved understanding of special health needs reported most frequently by Special Education representatives. These findings highlight the individual strengths and roles of each agency regarding specific responsibilities and contributions to interagency systems development.

The annual conferences were found to be beneficial for the formation of interagency teams and working relationships. Respondents who were key representatives of each team reported that the Conferences provided opportunities to share information as a team and as a region. As a result of consistent participation at the Conferences, teams have benefitted from public awareness efforts promoted and application of coordinated public activities in home islands. However, in order to be truly responsive to local needs, membership of interagency groups needs to be selected and driven by stakeholders in each island community. The major benefits of the Conferences were found to be the regional resource sharing of ideas, information, and feedback on the progress of interagency team efforts.

Barriers and next steps identified by respondents are consistent across jurisdictions. Specific recommendations were identified and referred to earlier, including the need for:

- a) regular reporting
- b) membership determined by local stakeholders
- c) awareness of funding sources
- d) involvement of stakeholders in planning conferences, and
- e) follow-up training to implement action plans.

Lack of funding for interagency team efforts, lack of locally-

trained professional staff, limited services, limited resources, transportation needs, lack of coordinated data collection methods, and others are continuing challenges faced in each jurisdiction. In addition to limited resources that are similar to barriers in many rural areas of the US there are unique barriers found in the Pacific Basin jurisdictions. The challenges and needs to serve children with special health care

needs, disabilities, or significant risk conditions and families are further complicated by multiple languages, rapidly changing lifestyles, and resulting tensions between *traditional cultural* practices that promote group cohesion and *westernized approaches* to health and education services that reflect more institutional systems of care to meet the needs of individuals. Traditional leaders, such as the *matai* (chief) system in Samoa and the *Nahnmwarki* and *Nahnken* (traditional chiefs)

in Pohnpei, remain important in family decisions and community development. A combination of cultural practices and resource limitations pose continuing challenges for interagency development. However, the results of the present study indicate that the interagency approach can and should be integrated with existing community networks in order to assure the success of collaboration across agencies, families, and communities.

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## Summary and implications

At this point in time, the interagency teams in the US Pacific jurisdictions require continued on-site support and regional assistance to move from their initial structural development to implementation of collaborative and coordinated services for persons with disabilities. At the time of the completion of this study, a new initiative, the "State Systems Development Initiative" (SSDI) was launched through grants by the Maternal and Child Health Bureau to each US Pacific jurisdictions. The SSDI projects are funded in direct response to the needs expressed by interagency teams for resources at the local level to build systems for identification, referral, and services for children with special health care needs and family members. In addition, Pacific Basin Interagency Leadership Conferences were held in 1995, 1996 and planned for 1997. Continued technical assistance and additional local resources have responded to some of the needs identified by respondents in this study, while many continued challenges remain. The need for local capacity development and sharing across agencies and jurisdictions were reported. One major response to development of local capacity has been the "Related Services Assistant Training Program" at the College of Micronesia-FSM. Nineteen personnel from special educa-



tion were trained over a one-year period to assist interagency teams in assessment of and services for children in Special Education. These individuals have now returned to their home islands to assist in meeting the related services needs of student in special education in addition to assisting the interagency team to fulfill coordinated identification, referral and services activities.

The interagency teams are at a critical juncture in moving beyond interagency relationships and communication to building local capacity to include individuals with disabilities and family members in health, education, and social services in a manner that is consistent with local cultures and transitional cultures. As described by one respondent, the interagency teams hold great promise to build and maximize local community resources. The challenges that face each interagency group are a) to work as a team; b) to involve family members at each step of the process; and c) to work within the context of the local community. Team-based skills require application and practice with families and children<sup>10</sup>. The challenges posed to technical assistance providers and funding agencies is to direct efforts toward local capacity development that enhances and supports island residents to sustain interagency collaboration in identification, referral, and services for families and persons with disabilities that fit within the unique cultures and communities of the Pacific.

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**“Lack of funding for interagency team efforts, lack of locally-trained professional staff, limited services, limited resources, transportation needs, lack of coordinated data collection methods, and others are continuing challenges faced in each jurisdiction.”**