

## State Infrastructures to Support Young Children with Disabilities: Technical Report #4

### Section A:

The Roles of State Interagency  
Coordinating Councils

### Section B:

The Roles of State Part C and  
Section 619 Preschool Special Education  
Coordinators

Gloria Harbin, Ph.D.

Beth Rous, Ed.D.

Caroline Gooden, M.S.

Jordan Shaw, M.S.

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For additional copies, contact:

University of Kentucky, Human Development Institute, Early Childhood

(859) 257-2081

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## Abstract

The complexities of transition require a multi-dimensional infrastructure which goes beyond the minimal legal requirements, if transitions are to be smooth for both children and families and result in positive outcomes. For effective transitions to occur, a sound and supportive state infrastructure must be created which is aligned across both state and local levels. Next, multiple complementary infrastructures are needed for state and local organizations. The final ingredients that provide the “glue” for the complementary infrastructures are relationships and communication. National Early Childhood Transition Center research of states’ policies and practices studied the role of State Interagency Coordinating Councils (SICCs), Part C agencies, and Part B Section 619 State Coordinators, with regard to state policies for the transitions of young children with disabilities and their families.

Findings for Section A: The Roles of SICCs included the identification of critical resources that are potential tools for the implementation of effective transition practices, including designated transition committees, participation in federal accountability requirements, involvement in transition policy development, development of special projects to improve the quality of transition, and development of training materials to improve transitions for families and for staff. The results indicated a greater percentage of involvement in transition by Part C than by 619 agencies, infrequent structures in place for transition, some transition activities, few training materials, and some participation in the development and refinement of federal accountability requirements.

Findings for Section B: The surveys of Part C and 619 agencies demonstrated that inconsistent policies exist across the nation for state-level infrastructures, including interagency service systems, Part C and 619 infrastructures, and collaborative relationships. Coordination and collaboration, when present, were most frequent between Part C and 619 agencies, with some interactions with other educational and social service agencies. State infrastructures were generally minimalist in nature, which may have impeded effective transitions in a complex and changing system. The strongest collaborative relationships existed between Part C and 619 programs, with some significant relationships between educational, intervention, and social service agencies.

## Introduction

Transition is a natural part of life for all young children and their families. Transition involves change, and changes (both positive and negative) are often accompanied by stress (Hanline 1988). Research indicates that early transitions often “set the stage” for future positive or negative transition experiences (Rosenkoetter, Hains, & Fowler, 1994). The most universal transition for all families is their child’s entry, or transition, to school. However, most families of children with disabilities have already experienced numerous transitions by the time their child has reached traditional school age. Although the number and types of transitions made by young children with disabilities and their families vary greatly, two common transitions occur – one at the age of three and the other at age five.

The need for transition at age three is the result of federal legislation which established two separate programs for young children with disabilities – one for infants and toddlers (originally Part H of Public Law 99-457, now Part C of Individuals with Disabilities Education Act, IDEA) and one for preschoolers (Part B, Section 619, IDEA) (IDEA, 2004). For both programs, states are required to complete a State Performance Plan (SPP), through which they establish targets and activities for 20 indicators for Section 619 programs and 14 indicators for Part C programs (IDEA, 2004). Each year, states are required to complete an Annual Performance Report (APR) which summarizes their progress on these indicators, based on their chosen targets and activities. For transition, states report on the timeliness of transitions at children’s third birthdays (Indicator C8 for Part C; Indicator B12 for 619 programs). Both transition indicators have strict requirements with mandated compliance set at 100%.

These two legislatively separate programs (Part C and 619) have different programmatic requirements. Consequently, infants and toddlers with disabilities and their families are likely to encounter changes in service delivery when they transition from the infant/toddler program to the preschool special education program. At this transition, children and families often experience changes in program models (e.g. home-based versus classroom, individual versus group), program philosophy, staffing patterns and roles, placement options, program rules, as well as the expectations related to the parent’s role in service provision (Fowler, Chandler, Johnson, & Stella, 1989; Harbin, Rous, Peeler, Schuster, & McCormick, 2007; Rous, Hallam, Harbin, McCormick, & Jung, 2007). In essence, children and families experience differences in “how things are done” in these two important programs, and must adapt to these required changes (Harbin, 1996; Harbin, Rous, et al., 2007). The lack of continuity or alignment between Part C and 619 programs has been cited as a major impediment to smooth transitions (Fowler, Chandler, Johnson, & Stella, 1998; Hanline, 1988).

Federal policy makers anticipated that transitioning from infant/toddler to preschool programs might be challenging. Thus, federal legislation included some required provisions which were intended to facilitate smooth transitions. As a result, state agencies and local programs have focused their efforts on complying with these federally required transition mandates and procedures. The elements of most state and local transition policies tend to mirror the contents of the federal policies, which outline minimal steps in the transition process (e.g. transition plans prior to age 3). The nature of these transition

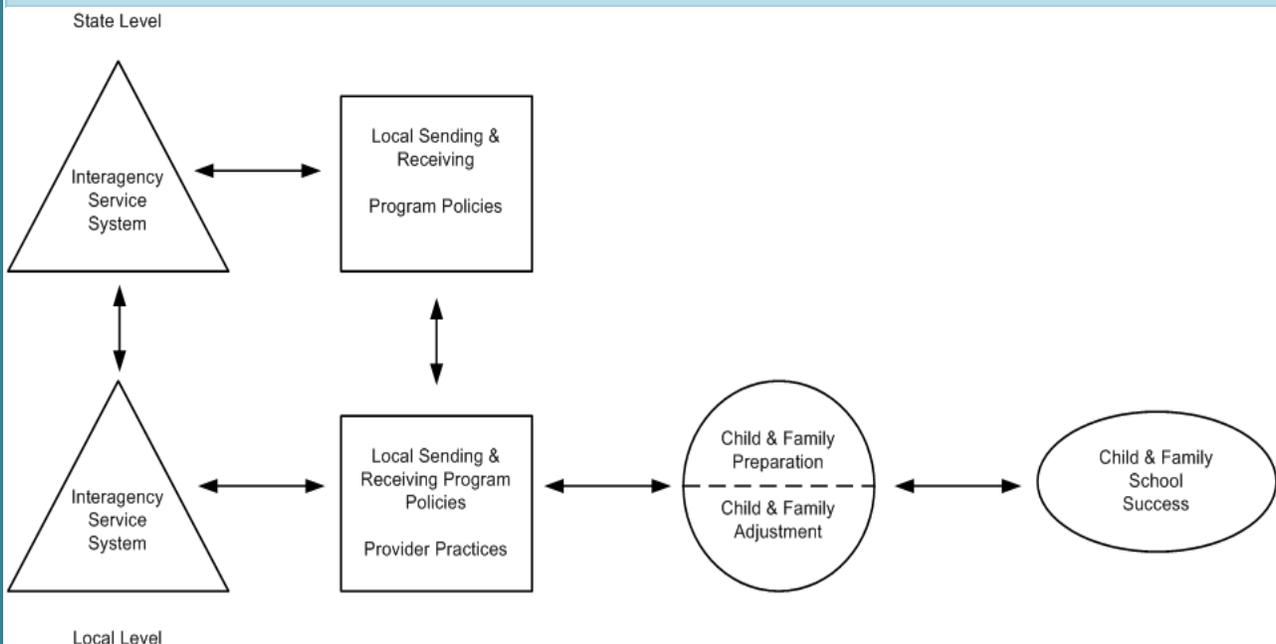
requirements has led to a somewhat “compliance-oriented” approach in addressing the process of transition, by both the sending and receiving agencies. However, there is little information about the level of policy specificity regarding how transition tasks should be implemented.

There also is a lack of information about whether states’ policies contain effective practices to functionally and emotionally support the preparation and adjustment of children and families. Finally, little is known about whether states’ policies include desired transition outcomes for children and families. There is some evidence to indicate that the complexities of transition are not addressed effectively by this minimalist transition policy approach. In fact, evidence indicates that some children are affected more negatively than others (Schulting, Malone, & Dodge, 2005). Both children and families need preparation and support in order to acquire the necessary information and skills to facilitate an effective transition (Harbin, Rous, et al., 2007; Rous, Harbin, & McCormick, 2006). The transition

process can proceed smoothly from a bureaucratic point of view (compliance with all required steps), but still can be traumatic from the families’ point of view (Harbin, Kochanek, et al., 1998), as families are being required to make major changes (often undesired) in a short period of time.

Clearly, the complexities of transition require a multi-dimensional infrastructure which goes beyond the minimal legal requirements, if transitions are to be smooth for both children and families and result in positive outcomes. First, for effective transitions to occur, a sound and supportive state infrastructure must be created which is aligned across both the state and local levels. Second, multiple complementary infrastructures are needed for state and local organizations. In addition to a sound infrastructure within the sending and receiving state agencies, effective transitions also require adequate and supportive local interagency infrastructures. Figure 1 depicts the multi-level (state, local) and multi-organizational (lead agencies, interagency system) dimensions needed to support the

Figure 1. Key Organizational Elements for Effective Transitions



adequate preparation and adjustment of children and their families.

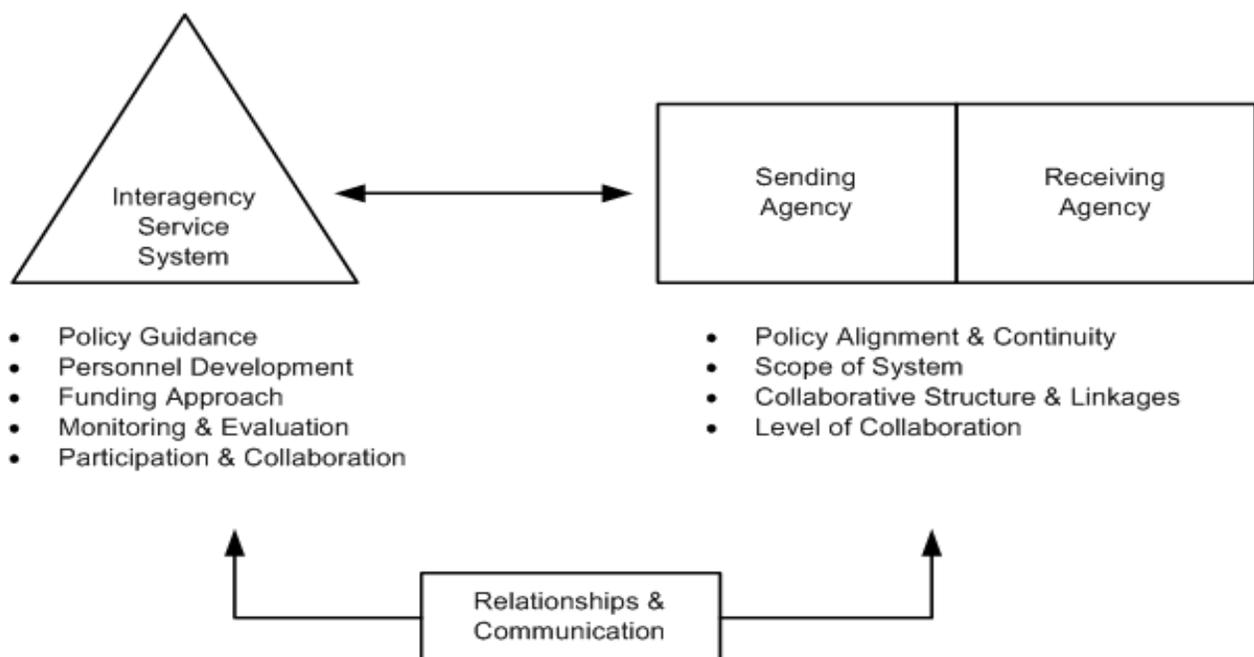
For more effective transitions to occur, policy makers and program administrators often need a better understanding of the specific policy and organizational components required for creating an effective infrastructure. As indicated in Figure 1, a set of complimentary infrastructures are needed. Although an adequate infrastructure created by the sending agency (e.g. Part C, Early Head Start) to support transitions is necessary, it alone is not sufficient to ensure effective transitions. The receiving agency (e.g., 619) must do its part to help children and families prepare for, and adjust to, their new program as well. Consequently, Figure 2 includes the key components of an adequate and supportive infrastructure needed by the sending and receiving agencies, as well as the interagency service system.

An adequate state and local interagency infrastructure includes alignment of policies

and processes across agencies; a comprehensive interagency service system; collaborative structures with sufficient linkages between and among programs; and a collaborative approach to policy development and revision. An infrastructure for sending and receiving state agencies includes adequate policy guidance which goes beyond mere compliance with federal requirements; personnel development; appropriate funding mechanisms to encourage flexible service options; monitoring and evaluation of transition processes, practices and outcomes; and the participation of stakeholders.

The final ingredients that provide the “glue” for the complementary infrastructures are relationships and communication. These are key ingredients, because effective transitions require communication and trust between people (i.e. parents and providers, children and providers, providers from different disciplines and programs), and between organizations (e.g. Part C, 619, Early Head Start, Interagency Coordinating Councils [ICCs]).

Figure 2. Complementary Infrastructures Needed to Support Transition



One of the results of the Office of Special Education Program's (OSEP's) emphasis on effective transitions was the funding of a multi-state, multi-year study of transition practices. The National Early Childhood Transition Center (NECTC) conducted various studies of current activities and recommended practices for transition. NECTC reviewed the current literature on transitions for young children, collected and analyzed extensive data on a

group of young children with disabilities and their families, studied existing state policies and practices relative to transition, and explored social validation of practices. The results of research on existing state policies are shared in this report, and include three studies: the role of State Interagency Coordinating Councils (SICCs) in Section A, and the roles of Part C and 619 Coordinators in Section B.

## Section A: The Role of SICCs

### Purpose

The purpose of the first study of state infrastructures was to obtain a clearer picture of how SICCs carried out their mandated role to facilitate smooth transitions for young children with disabilities and their families. IDEA provides guidance on the role that the SICC plays in advising Part C programs on the coordination of services and supports (IDEA, 2004). IDEA gives the SICC the responsibility to assist in developing a comprehensive and coordinated service system and to help facilitate transitions from one program to another within the service system. The law requires that the SICC be composed of individuals representing different agencies and other relevant stakeholder groups (e.g. parents, higher education).

Developers of the legislation believed that such a diverse membership was needed in order to accomplish the interrelated goals of coordinated service delivery and smooth transitions, and that the SICC should "work with" all of the agencies, but "belong to" none of the agencies (by personal communication of

the lead author with G. Garwood and R. Silverstein, November 1986). Hence, the SICC reports to the governor, in an attempt to enable the SICC to have the necessary neutrality and influence on the policies developed by all relevant agencies. One very important role assigned to the SICC was to provide recommendations related to supporting a smooth transition for children moving from Part C services to Part B preschool special education services, as well as from Part C services to other relevant early childhood services. However, the law provides little guidance on how to carry out this task. As a result, the level of involvement and the activities of the SICCs with regard to addressing transition vary across states.

Despite the efforts of SICCs and lead agencies, transition continues to be cited as problematic in the literature and by federal monitoring reports (Harbin & Salisbury, 2000; Special Education Technical Assistance and Dissemination Network, 2006a; Special Education Technical Assistance and Dissemination Network, 2006b).

## Methods

### Study Design

As stated previously, this study of SICCs was one of three studies conducted to identify aspects of state policy infrastructure which potentially impact children's transition to school and their subsequent school readiness. The role of the SICC is a critical part of states' policy infrastructures. To investigate its role, three major research questions were posited.

#### Study 1 Research Questions:

- To what degree does the SICC **contribute** to state policy, training and improving practices in transition, and how do they contribute?
- Is there a **structure** in place to support the SICC's involvement in transition planning at the state level?
- What is the state's **approach to service delivery** in general (i.e. breadth of system and level of coordination), in which transitions are embedded?

### Participants

A purposive sample (Lincoln & Guba, 1985; Patton, 1997) of participants was selected, which included individuals who were SICC Chairs in all 50 states and the District of Columbia at the time of data collection in spring of 2006. The names and contact information of all SICC Chairpersons were obtained via the National Early Childhood Technical Assistance Center (NECTAC) website (N = 63). Twenty-two respondents completed the original survey, resulting in an overall response rate of 34%. Due to the low response rate, a second shorter survey was created and distributed online in December 2006 to the individuals who were then listed as the SICC Chairs on the NECTAC website (N = 51) for the 50 states and the District of Columbia. A total of 37 respondents (SICC Chairs in December 2006) completed the revised survey, increasing the response rate to 73%. Of these respondents, two sets of respondents completed the survey as representatives from the same state. In these cases, the more recent survey was used for analyses. An additional three respondents did

not indicate the state they represented, and therefore, were not used in the analyses. This resulted in a final sample of 32 respondents and states, with a final response rate of 63%.

Although a 63% rate is traditionally deemed as more than adequate, it was still below ideal. Therefore, the researchers used information obtained from the U.S. Census Bureau to determine the national representativeness of respondents based on region of the country, state wealth, size of state population, and percent of minority population living in the state. Lead agency status was also considered, using information gathered from NECTAC. Rankings of states by the U.S. Census Bureau were used to group all states into tertiles: high, medium, and low rankings, with regard to wealth and population issues.

The demographic characteristics of the states responding to the survey in this study are described below and in the first column of Appendix Table A-1. The characteristics of the

sample were then compared to the demographics of the total population of states using census percentages, in order to determine the representative nature of the states participating in this study (see second column of Appendix Table A-1).

With regard to lead agency, the sample included an over-representation of states in which Health was the lead and under-representation of states in which Developmental Disabilities was the lead agency. States in which Health was the lead agency represented 53% of the sample, with Education 22%; Developmental Disabilities 16%; Social Services 6%; and Early Care 3%. In comparing the composition of this sample with the composition of all states, Mid-western and Pacific states are underrepresented, while Southern states are over-represented. However, except for the Pacific region, all regions of the country were represented in the study.

The final sample for the abbreviated, online survey included 82% of all Western states, 76% of all Southern states, 66% of all Northeastern states and 33% of all Midwestern states. With regard to state wealth, there was a slightly higher proportion of middle wealth states (38%), with the upper tertial (i.e., wealthiest) and bottom tertial (i.e., poorest) being equally represented in the sample (31%). With regard to overall population, smaller states were less represented. States with high minority populations were slightly under-represented in the sample as well. The majority of survey respondents were female (90.6%) and had been involved in SICC activities for at least three years. Half of the respondents (50.1%) had been a member of the SICC for six years or more and over half (59.4%) indicated they had held the position of

SICC chair for one to two years or less.

### Instrumentation

The first SICC survey included items developed in response to the unique nature of the SICC in terms of its role, composition and membership turnover, as well as information gleaned from the literature on interagency groups and transition (Rous, Schuster, & Hemmeter, 1999; Rosenkoetter, Hains, & Fowler, 1994). The survey also was developed to take into consideration items included on the two other national policy surveys being conducted with Part C and 619 Coordinators (see Section B). The SICC survey was reviewed by the NECTC Research Team and National Advisory Council members, resulting in an 11-page, 26-item survey. The survey was designed to be completed online or via hard copy with return by mail or fax.

Based on the low response rate described earlier, a shortened online version of the survey was created. The revised version contained 10 questions about the SICC and its role in facilitating smooth transitions, with an additional five questions that sought descriptive characteristics of the respondents. It is entitled *State Interagency Coordinating Council Survey* and is available at <http://www.ihdi.uky.edu/nectc/Focus3.aspx>.

The abbreviated version included questions that focused on: a) the role of the SICC in facilitating transition; b) its participation in the preparation of the APR in conjunction with the 619 and Part C Coordinators; c) the use of data to examine the quality of transitions and to advise state agencies based on the data; and d) states' general approaches to coordinated service delivery.

The latter item has been used in four previous studies. Three of the studies used the item to

describe the nature and level of coordinated or collaborative service delivery for infants and toddlers in local communities (Harbin, McWilliam, & Gallagher, 2000; Harbin, Pelosi, Kameny, McWilliam, Kitsul, Fox & Rodriguez, 2004; Neal, 2007). The fourth study used the item to describe the Part C approach to coordinated service delivery across the 50 states and the District of Columbia (Harbin, Bruder, Adams, Mazzarella, Whitbread, Gabbard, & Staff, 2004).

Demographic questions included: a) how long the respondent had been on the SICC, b) how long the respondent had occupied the position of SICC Chair and c) which stakeholder group the respondent represented (e.g. parent, local provider, university, state agency). The shortened survey was reviewed by the NECTC Research Team and National Advisory Council members and revised accordingly. The final version of the survey was designed to be completed online, to facilitate ease of response and to enhance the response rate.

### Data Collection

For the first version of the survey, all potential respondents (N = 63) received a hard copy of the survey via mail, a cover letter explaining the study and information regarding how to

access and complete the survey online if preferred. Approximately three weeks after the initial mailing, a reminder email was sent to those who had not yet completed the survey. For the revised online survey, all potential respondents were contacted via email. The message contained information about the study and requested their participation. A link to the online survey was provided. The response rate was regularly monitored via an online survey management system, and follow-up emails were sent approximately four weeks after the initial request to those who had not completed the survey. A final follow-up email was sent an additional three weeks later (seven weeks after the initial request).

### Data Analyses

Data from the survey were imported from the online system into Excel and then into SPSS (SPSS, 2006) for analysis. Prior to analysis, the data were cleaned by examining distributions of the data using frequencies per individual item analysis. Frequency distributions were then used to examine the data. Researchers created a frequency and percentage table to qualitatively look for patterns among variables. The number of states in each cell was too small to use a statistical approach to examining relationships between variables.

## Results

### SICC Chair Representation

SICC chairs served a diverse number of programs, with some representing more than one agency. Consequently, several respondents (n=7 from the total N=32) indicated that they represented more than one sector; therefore, the percentages exceeded 100%. State or regional level chairs were represented by 619 programs (3%), state

preschool (3%), and governor's offices (3%). Higher education was represented by universities (11%), with none located at community colleges. Local level chairs included 619 teachers or providers (8%) and health, social service, Head Start, or child care staff (11%). Parents included advocacy group representatives (8%) and those with children

with disabilities (27%); with several from more than one stakeholder group. Part C providers at the local level (32%) and parents of children with disabilities (27%) were the most common response categories.

### SICC Role in Transition Policy

A question of interest was whether a structure was in place to support active participation of the SICC in state transition activities.

According to reports from NECTAC, SICCs usually focus on one of four age ranges: birth through a) 2 years, b) 5 years, c) 12 years, or d) 20 years (NECTAC, 2008). The greatest percentage of SICCs in this study focused on children birth through two years (57%). Less than half of the states (39%) focused on children birth through five years; 4% focused on birth to 12 years, and 0% focused through 20 years.

As it related to policy, the majority of SICCs reported that they played a role in assisting with transition policy for Part C, but did not report the same degree of involvement for 619. Generally, SICCs did not report having an active transition committee or work group; however, they were currently engaged in some transition-related activities. A large majority of SICCs participated in numerous activities related to the development of the SPP, including the selection of transition targets (94% for Part C; 44% for 619), developing strategies to help achieve the transition targets

(88% for Part C; 41% for 619) and reviewing data on whether the transition targets were met (91% for Part C; 44% for 619). Many SICCs reported participating in state transition policy development (82% for Part C; 44% for 619) and preparing transition information for the APR (66% for Part C; 32% for 619). The activity in which SICCs had the least involvement (57% for Part C; 28% for 619) was designing procedures to monitor transitions at the local level.

### SICC Special Transition Activities and Materials

A number of questions on the survey focused on the degree to which the SICC was undertaking special activities or projects designed to improve transitions. A slight majority of respondents reported that their SICC was engaged in some transition-focused activities or projects (56%). A majority indicated that their states had developed written materials (66%), such as brochures and handbooks, as well as training materials (56%) focused on transition. Written materials were most often developed to be used by both parents and/or professionals (41%). The participation of SICCs in developing transition materials in alternate formats (e.g., video, CD) was limited (22%), and 78% of respondents indicated they did not know whether the SICC had assisted in the development of these types of materials.

### General Approach to Service Delivery: Level of Coordination

Transitions from one program to another do not occur in a vacuum. They are influenced by:

- the **scope** of the service system (number and type of programs),
- the **organization** of the service delivery system, and
- the nature and strength of the **linkages** between and among programs.

Respondents were asked to identify their states' general approach to coordinated service delivery in which transitions took place. They were given six statements from which they could choose the one that best matched their state's approach. The descriptions ranged from a narrower program focus with little coordination (level 1), to a comprehensive service system designed for all young children (with and without disabilities) and their families, with a great deal of collaboration among all programs (level 6). Appendix Table A-2

presents the results of participants' descriptions of their state's approach on this continuum. The two most common approaches selected by respondents were: a) a *network* of agencies (31.3%) that were beginning to cooperate with one another by exchanging information about their agencies' activities (level 2), and b) a *strong collaborative approach* (31.3%) across a diverse group of programs that address a wide array of services (e.g. health, social welfare) in addition to the child's education (level 5).

## Study Findings

The findings from this study provide information on key aspects of the role played by the SICCs across states. The depth of information obtained was limited by the need to use an abbreviated survey in order to achieve a sufficient return rate. Fortunately, the individuals who completed the survey were

knowledgeable informants. Ninety percent (90%) of the respondents had been members of the SICC for more than three years and about half of the respondents had been a member for six years or more. The sample of states was diverse with regard to lead agency, region, state size, and population.

### **The SICC has a variety of "tools" it can use to help carry out its mandated responsibilities. These tools include but are not limited to:**

1. A designated transition committee or workgroup;
2. Meaningful and active participation in state agencies' development of plans for, and responses to, federal accountability requirements (SPP, APR);
3. Involvement in transition policy development and revision across all relevant agencies;
4. Development and use of special activities and initiatives designed to improve the quality of transitions; and
5. Development of adequate training and materials to increase the knowledge and understanding of families and program staff from multiple agencies.

The results provide a description of the extent to which SICCs are using these various policy tools to assist in the development of an adequate infrastructure for effective transitions. SICCs, like other organizations, often use committees, task forces, or work groups as a mechanism to organize the work of the SICC

on identified priority areas. Given the federal requirement for the SICC to play a role in transition policy, the historic difficulties with transition, and the current inclusion of transition as a monitoring target in SPPs and APRs, it would be helpful for SICCs to create a transition committee or work group. Slightly

more than half of the SICCs responding did not have a special committee to focus on transition activities. It might be difficult for the SICC to play a meaningful role in facilitating effective transitions without a designated group to address interagency policies and activities that are complementary, collaborative, and aligned across programs and providers. It is likely that the lack of systematic focus by a transition committee has contributed to the continued problems with transition.

As part of the increased accountability requirements, states must report their progress on the transition targets delineated by OSEP. Survey respondents reported a higher rate of involvement in aspects of developing the state's SPP for Part C programs (88% - 94%) than for 619 programs (41% - 44%). These findings indicate that there may be an *unequal focus* on the participation of the SICC in responding to the federal accountability requirements related to transition for the sending (Part C) and receiving (619) agencies. It would seem that for more successful transitions to occur, the SICC should play an active role in accountability procedures for both programs. Both of these agencies (and their policies) play an important role in helping children and their families adjust to transitions.

Another important factor influencing the process and nature of transition is the content and quality of the state's transition policies. Once again, SICC's are more involved in development and revision of state transition policies for Part C programs. Nearly 80% of the respondents reported SICC involvement in Part C transition policies, while 43.8% reported involvement in 619 transition policy development and revision. Transition requirements within IDEA focus primarily on the transition from Part C to 619 programs, as reflected by the SICC age focus of many states. However, almost two-thirds of the

children entering 619 programs are not served by Part C (Data Tables, 2006). Therefore, the SICC, with its interagency composition, could provide leadership in developing sufficient linkages among a broad array of programs in order to improve transitions for children and their families to and from all relevant programs.

Historically, state agencies, as well as SICCs, have used special activities or projects to improve some aspect of service delivery. Some examples of these activities include special training projects, demonstration programs, policy alignment initiatives, providers visiting one another's programs, and providing each family with a "support parent." Some (56%) of the respondents reported using special transition projects to improve transitions and to contribute to the development of training materials. Slightly more SICCs (63%) contributed to the development of written materials for families and/or staff. Most of the written materials were developed for a dual audience (i.e., both families and staff). The policy implementation literature would suggest that the needs of these two audiences are quite different (Berman & McLaughlin, 1980; Campbell & Mazzoni, 1976; Harbin, Gallagher, Eckland, & Lillie, 1991; Knapp, 1995; Marshall, Mitchell, & Wirt, 1986). Separate documents would more likely contain the type of content, wording, and format to meet the needs of these two different audiences.

Thirteen percent (13%) of the respondents reported having written transition materials designed specifically to meet the needs of families. This is an important finding, given the frequent complaints by families regarding the lack of sufficient information with regard to the transition process and options for service delivery. This finding may indicate that

additional states may have developed materials for families, but that the SICC did not contribute to designing these materials. Another explanation might be that there are some states in which the SICC assisted in materials development, but that SICC Chair did not participate in this study.

Finally, transitions take place in the context of the service system, including the breadth of the service system (i.e. the number and nature of the various programs), and the level of coordination of the system (i.e. the nature and strength of the linkages among programs). There is some evidence that positive outcomes (including smooth transitions) were more likely to occur in more comprehensive and collaborative service systems (Harbin, McWilliam, and Gallagher, 2000). In this study, 17 of the states categorized themselves as falling into the more collaborative approaches to service delivery. Thus, transitions in the less coordinated service systems in the other states are likely to be more challenging. In addition to requiring the SICC to play a role in facilitating transitions, IDEA requires the SICC to assist in the development of a comprehensive and coordinated service system.

In conclusion, the findings indicate that many SICC's are not fully utilizing all of the tools

available for improving transitions for young children with disabilities and their families. The policy implementation literature indicates that multiple policy tools are needed to address a complex problem that requires substantial changes in service delivery. There are several possible reasons why SICC's have not made full use of the policy tools available to them. First, it is possible that in some states the SICC is hampered by being listed as a requirement in the Part C legislation and not in Section 619 of Part B of IDEA. It is also possible that SICC's lack the necessary knowledge, leadership, or political will. Consequently, it appears that SICC's would benefit from information on effective transition models which result in positive child and family outcomes. In addition, high quality technical assistance is needed for SICC's to effectively carry out their mandated responsibilities for improving transitions for young children with disabilities and their families.

**The findings from this study indicate that SICC's would be wise to examine in what ways, and how well, they are addressing the three interrelated responsibilities of:**

- Transition,
- Development of a comprehensive service system, and
- Coordination of services.

## Section B: The Role of Part C and 619 Coordinators

### Purpose

An adequate set of complementary infrastructures at the state level helps ensure equitable and positive experiences and outcomes for children and their families. Without such an infrastructure, transition

activities vary at the local and community level. Prior to the current study, very little was known about the nature of states' infrastructures for transition. The recent NECTAC analysis of SPPs with regard to transition indicators is a

small portion of the multi-dimensional infrastructure needed for smooth transitions (NECTAC, 2008). Therefore, there is a need to have a better understanding of the nature and quality of the state interagency infrastructures, state level lead agencies, and the relationships which provide the foundation and guidance for

transitions from Part C to other service programs. The purpose of the studies of Part C and 619 Coordinators was to obtain a clearer picture of the role played by Part C and 619 agencies in facilitating smooth transitions for young children with disabilities and their families.

## Methods

### Study Design

Section B describes the second and third studies of existing state policies and practices relative to transition, conducted to obtain a national portrait of the state infrastructure which has been established to guide transition activities for infants, toddlers, and preschoolers with disabilities and their families. Since the methodology and procedures were similar for both Part C and 619 agencies, they are presented together in this section. Three

critical elements of Part C and 619 programs were examined, including state interagency infrastructures, lead agency transition infrastructures, and agency relationships. The primary focus for the Part C Survey was the transition *out of* Part C into other programs (e.g. 619, Head Start, Child Care, preschool), and for the 619 Survey, *out of* 619 and into kindergarten programs.

The studies sought to address four research questions.

1. What is the nature of the transition policy and organizational infrastructure developed by the Part C and 619 lead agencies?
2. What is the nature of the interagency infrastructure at the state level?
3. What is the breadth and strength of the relationships between the Part C and 619 lead agency and other agencies?
4. Are the complimentary policy and organizational infrastructures created at the state level sufficient to facilitate smooth transitions?

### Participants

The participants included the Part C and 619 Coordinators in all 50 states and the District of Columbia, as the Research Team believed that the Coordinators in each state were likely to be the most knowledgeable respondents about the state's organizational and policy infrastructure with regard to transition. However, some states had a person with designated responsibilities for transition. In those few instances, the Coordinator had the

state transition specialist complete the survey. The names and contact information for all Coordinators were obtained via the NECTAC website.

The Part C respondents were primarily female (92%), and many (62%) had from three to ten years of experience as a Part C Coordinator. They tended to be an educated group; seventy-five percent (75%) had graduate degrees (25 with a master's degree and two

with a doctorate). Twenty-two respondents (65%) had more than five years' experience working with infants, toddlers, and their families. The 619 respondents also were primarily female (89%), and many (53%) had from three to more than ten years of experience as Coordinator. Ninety-two percent (92%) of those responding to this question had graduate degrees (32 with a master's degree and three with a doctorate). Eleven (50%) respondents reported more than five years of professional experience working with infants and toddlers, and 28 respondents (85%) had more than 5 years of experience with preschoolers with disabilities.

### Instruments

The *State Transition Policies and Infrastructure Part C* and *State Transition Policies and Infrastructure Preschool Special Education (619) Surveys* (available at <http://www.ihdi.uky.edu/nectc/Focus3.aspx>) included items developed in response to the complex nature of the policy and organizational infrastructure at the state level. The items were based on factors identified from previous transition studies, policy studies, and program evaluations of transition initiatives, many of which had been conducted by the researchers for this study (Harbin, McWilliam, & Gallagher, 2000; Harbin, Pelosi, Kameny, McWilliam, Kitsul, Fox & Rodriguez, 2004; Neal, 2007; Rous, Hallam, et al., 2007). The Part C survey contained 49 items and the 619 survey included 54 items, designed to obtain descriptive information about the elements of the interagency infrastructure, the policy and organizational infrastructure created by the Part C and 619 lead agencies (LAs); and the nature of the relationships among agencies. The items were grouped into 8 major sections: foundation for transition, approach to transition, policies, structures to support transition, funding, training, monitoring and evaluation,

and barriers to transition. There were five survey questions that sought information on the characteristics of the respondents (described above).

Existing literature, the NECTC conceptual framework (Rous, Hallam, et al., 2007), and the participatory research model (Whyte, 1998) provided the foundation and approach used in developing survey content. A *Research Work Group* was assembled, composed of representatives of stakeholder groups including state program Coordinators (Part C, 619, Early Childhood), parents of children with disabilities, NECTAC staff, and transition researchers.

### Data Collection

Surveys were sent to all Part C Coordinators in the 50 states and the District of Columbia via email in December 2004. Respondents were given the opportunity to complete the survey either online, on paper, or over the telephone. In February 2005, an email reminder was sent to non-responders. Additional follow-up reminders included both periodic electronic reminders and reminders distributed through the U.S. mail (Dillman, 2000). In the fall of 2005, in order to increase response rate, the study researchers promised chocolate to respondents, as well as an advanced copy of the study findings, upon completion and return of the survey. Another strategy was to connect with non-responders who were at the OSEP National Early Childhood Conference in Washington, D.C. Prior to the conference, researchers emailed non-responders, inviting them to stop by the NECTC booth to complete their survey and receive their chocolate in person. The final Part C survey response rate was 86% (44 of 51 surveys completed).

Using the same strategies, surveys were sent to the 619 Coordinators via email in April 2005, with email and hard copy reminders in June and November 2005. The final 619 survey response rate was 90% (46 of 51 surveys completed). For both surveys, the responding states represented all regions of the country, all types of lead agencies, and varied in size.

### Data Analysis

Data from the surveys were imported from the online system into Excel and then into SPSS for analyses (SPSS, 2006). Prior to analyses, the data were cleaned by examining distributions of the data, using frequencies per individual item analysis. Researchers created a frequency and percentage table to qualitatively look for patterns among variables.

## Results

The findings from the *State Transition Policies and Infrastructure Part C* and *State Transition Policies and Infrastructure Preschool Special Education (619) Surveys* were organized using the complementary sets of infrastructures depicted in the introduction in Figure 2. The results are described in relation to the following state-level infrastructures: interagency service systems, the Part C and 619 infrastructures which support transitions, and the collaborative relationships among agencies. It is important to note that although 44 and 46 respondents respectively returned surveys, there were instances in which respondents did not answer all questions. Therefore, the number (n) of respondents varied for each question.

### Interagency Service System

The nature and context of the interagency service system can enhance or inhibit the ability of agencies to work together and hence ease the transitions which children and families make from one program to another (Harbin, Rous, et al., 2007). Respondents provided descriptions of the scope of the service system, the specificity and content of the interagency agreements, and the structures and mechanisms which facilitate coordination.

**Scope of the service system.** There is a wide array of programs in every state and community which provide services to young children with disabilities. There are also programs providing services to children who are at risk for poor developmental outcomes (e.g. due to poverty, health conditions, or household violence), and that are available to all children regardless of whether they are at risk or have disabilities. Respondents were asked to indicate which programs actively participated in the coordination of transitions from one program to another. The question was designed to provide a measure of the *breadth* of the service system and the *scope* of collaboration with regard to transitions.

In general, Part C respondents (n=39) reported the highest level of active coordination by programs which provided *educational* interventions. The programs cited as most actively involved in coordinating transitions were the 619 Programs (100% of those responding to this item), and the Head Start and Early Head Start Programs (97%). The least frequently reported coordination with educational programs occurred for preschool programs within the public schools (54%). The providers of *therapies* who were cited as actively involved in coordinating transitions were Part C therapists (94%) and 619 therapists (79%). Active coordination with

private agency providers was reported by some respondents (55%). Many children with disabilities and their families often need services from *other human service agencies*. A number of states reported active coordination with these non-educational agencies including Health Departments and Developmental Disabilities (71% each), and social services (74%).

The 619 respondents (n=40) also indicated the highest level of active coordination by programs which provided *educational* interventions, including local or regional Part C Programs (98%), Head Start and Early Head Start Programs (90%), and public preschool programs (80%). The least reported coordination with educational programs occurred with child care programs (45%).

For respondents who indicated *therapists* as being actively involved in coordinating transitions, preschool special education (93%) and Part C therapists (74%) were most often involved. Active coordination with private therapists was also reported (44%).

Coordination with *other human service agencies* was reported by a number of states, most frequently including Health Departments (63%) and Developmental Disabilities (66%). Of the states responding to this portion, 50% reported active involvement by social services.

**Interagency agreements.** An interagency agreement (IA) is designed to articulate the agreements, roles, and responsibilities of those agencies or entities who are signatories of the interagency agreement. In most states, the contents of the interagency agreements are legally binding. For this study, interagency agreements were examined in terms of their specificity and content, as there is evidence that more *specificity* in these written agreements results in improved and more uniform implementation of agreed-upon

practices (e.g., Dunst, Trivette, Starnes, Hamby, & Gordon, 1993; Harbin, McWilliam, & Gallagher, 2000). Respondents were asked to describe the specificity of their states' interagency agreements. For Part C, over half of the 36 respondents (56%) described their IAs as general or containing few specifics concerning transition. Four states had no IA or the existing IA did not address transition. For 619 programs, half (50%) of the 40 respondents described their interagency agreements as general or containing few specifics about transition; five states reported no IA or no mention of transition.

The study sought to gain a better understanding of the *contents* of interagency agreements with regard to transition, as they provide information and guidance for providers implementing transitions from one program to another. For Part C (n=35), the most frequently addressed areas were the description of responsibilities for transition services (69%) and stated values guiding transition (51%). Transfer of data (49%), procedures for resolving conflicts (43%), and developing individualized plans (43%) were addressed by less than half the states. The areas least addressed were forms to guide the process (17%), a directory of services and resources (11.4%), and the use of evidence-based transition strategies (11.4%). For 619 programs (n=39), the most frequently addressed areas were responsibilities for transition services and transfer of information from Part C to 619 (both at 49%). Fewer states addressed procedures for resolving conflicts (44%), fiscal responsibilities (39%), child assessments (39%), desired outcomes of transition (36%), philosophies guiding transition and training (34% each). Least addressed were the use of evidence-based transition strategies (8%) and a directory of services and resources (10%).

**Structures for transition.** The survey included questions to gain a better understanding of the state structures that were in place to facilitate smooth transitions. For a clear majority (84%) of the Part C states (n=36), there was a single group whose charge was transition at age three. Eighteen of those states (49%) indicated that the transition group also was responsible for addressing other service delivery issues. In 10 states (27%), transition issues were addressed by more than one state group. For the responding 619 programs (n=40), 37 states (93%) had a single group that addressed transition, 24 (60%) of which addressed other service delivery issues as well. In six states (15%), transition issues were addressed by more than one state group. The most prevalent pattern was two groups – one that addressed only the topic of transition and one that addressed transition as one of many topics.

The 619 survey queried participants about the number of groups that addressed transition at age five into the public school's kindergarten program (n=40). Three states (8%) had a single group that addressed only transition at age five, and the same number (8%) had more than one group addressing only transition. In half of the responding states, transition at age five was addressed by a group which also addressed other issues.

Respondents were asked to indicate what type of group was charged with on-going coordination across agencies, providers, and stakeholders. Of those responding, 51% of the Part C states (n=35) and 77% of 619 states (n=39) identified a state level group (including ICCs, early childhood workgroups and state administrators) charged with coordination. It is interesting to note that although facilitating smooth transitions is a responsibility given to

the SICC, four (11%) Part C and eight (21%) 619 Coordinators reported having a SICC transition task force. Nine percent (9%) of Part C and 10% of 619 states had no group charged with coordination.

### **Lead Agency Infrastructures**

The nature and quality of Part C and 619 lead agency infrastructures significantly impact transition practices at the local level (Harbin & Salisbury, 2000). Participants were asked to respond to questions about the nature of that infrastructure, including policy guidance provided to local providers, participation of stakeholders in policy development, personnel development, funding, transition monitoring and evaluation, the biggest barriers to smooth transitions, strategies to improve transitions, and recent changes in transition policies.

**Policy Guidance.** Often the term “policy guidance” evokes the concept of a single document that is fairly straightforward. However, this term is composed of many facets which are important to consider for an understanding of transition policy and the nature of guidance provided. This section addresses a number of those important facets, including the types of policy documents, guiding values for transition, desired outcomes, planning process, target populations, transition procedures, transfer of child data, identification of services, resource guides, and the role of service coordinators.

Typically, there is no single document at the state level to which an individual can go to for guidance about transition. Respondents were asked to identify the types of policy documents in their state that provide guidance on transition processes, timelines, and practices. For Part C (n=40), the most frequently used

measures were transition handbooks (93%) and rules (90%). Some states used interagency agreements (65%), and policy (63%) and technical assistance memos (50%) to provide guidelines on a more on-going basis. Legislation was used least frequently (35%). For 619 programs (n=40), the most frequently cited documents were rules and transition handbooks (88% each) and interagency agreements (85%). Some states used guidelines (65%), policy (55%) or technical assistance memos (50% each). Legislation was again the least frequently used measure (38%).

While the delineation of transition timelines and procedures is important, there is evidence to indicate the importance of including a description of the philosophy and values that are intended to guide the procedures (Harbin, Bruder et al., 2004). For Part C respondents (n=32), 80% included a statement of philosophy in policy documents. The two most frequently addressed areas were the participation of the family and the collaborative nature of the transition process (97% each). Also addressed were the setting for services (84%), staff approach to helping (75%), facilitating child development (66%), and family comfort and staff support (56% each). Two areas least frequently included were supporting the child's comfort during transition and TA support (50% each).

For 619 respondents (n=41), most (96%) indicated that the philosophy focused on children transitioning out of Part C, while 64% included a philosophy for transitioning from other services as well (e.g., Head Start, Early Head Start). The two most frequently addressed areas were service settings (88%) and the collaborative nature of the transition process (80%). Other areas addressed were

family participation (76%), facilitating the child's development (68%), administrative support (64%), and staff approach for helping, family comfort, and child comfort (56%). Staff support was least frequently addressed (48%). Participants also were asked about transitions at ages five and six. Slightly less than half (48%) reported guidance for exiting 619 programs at age five, and 12% indicated procedures for transitions into first grade.

The literature also describes an array of *values* that have been linked to both positive transitions and service outcomes (Harbin, Bruder et al. 2004). Respondents indicated which values were included in their transition policies. Almost all (97%) of the Part C (n=32) and 58% of 619 states (n=24) reported that transition tasks should be done in a family-centered manner. For 619 programs, legal compliance was most frequently stated (92%), whereas 81% of Part C states valued it. Individualized services and staff collaboration were recognized by 78% of Part C and 83% of 619 programs. Forty-seven percent (47%) of Part C programs reported that their states' policies included the values of cultural sensitivity, linkages to services needed by families, and functional and emotional support of the child and their family. Fifty percent (50%) of 619 programs addressed cultural sensitivity and relevance, and 42% valued the provision of functional and emotional support for the child or family. Interestingly, these values are considered part of many definitions of family-centeredness in the literature. Least frequently included were an ecological perspective (16% for Part C and 17% for 619) and functional support for staff (13% and 25%, respectively).

Clearly articulated outcomes have long been linked to adequate implementation and enhanced child and family outcomes (Harbin,

Bruder et al., 2004). Knowledge of required transition processes is one component of implementation; articulating the desired results is quite another. Respondents indicated their policies with regard to child, family, and system outcomes (Part C n=40; 619 n=39). Twenty-seven (27) Part C and twenty (20) 619 respondents indicated that their states' transition policies recognized desired child outcomes. The outcomes most frequently included for both surveys were success in and adjustment to the child's new environment (63% and 59% respectively for Part C; 45% and 50% for 619). Less frequently included were improved developmental skills (33% for Part C; 20% for 619); ability to communicate in a new environment (30% and 15%), ability to interact appropriately with others (22% and 15%), and happy in the new environment (19% and 26%).

The *family outcomes* most often identified were also very similar for Part C (n=27) and for 619 (n=20). Both programs addressed the knowledge of the family about service options (89% for Part C; 70% for 619), navigation of the transition process (78% and 60%, respectively), and families' confidence in their ability to advocate for their child (59% and 25%). Less frequently, family outcomes included families seeing themselves as primary decision-makers (41% and 30%) and having less worry (26% and 30%).

Respondents indicated if their state transition policies identified *system outcomes* to judge the effectiveness of transition (Part C n=27; 619 n=21). The most frequent system outcomes were families felt supported (81% for Part C; 48% for 619); families experienced easy transitions (74% and 57%, respectively); families feel valued (63% and 38%); families were offered meaningful options (63% and

43%); and staff were knowledgeable about the programs *into* which children were transitioning (59% and 57%). Fewer states included family satisfaction (67% and 33%) and staff knowledge about the program *from which* children transition (31% for Part C). Clearly, family-related system outcomes were more valued by Part C than by 619 programs.

Respondents indicated for which children their states' transition policies applied, whether for children with disabilities only or for a broader population (Part C n=40; 619 n=39). More states' transition policies applied only to children with disabilities (63% for Part C and 54% for 619). Some states (28% and 23% respectively) targeted children with disabilities and risks, and the fewest states policies' addressed all young children (10% and 23%).

A number of survey questions were designed to provide information about multiple aspects of the transition planning process, including timing for planning, summer birthdays, team members, support of staff to participate in various activities to facilitate transitions, and scheduling meetings. State policies and responses varied with regard to the timing for transition planning to begin (Part C n=40; 619 n=39): *three months prior* to the child's third birthday, which was the federal requirement at the time data were collected (10 states for Part C and 16 states for 619); *six months prior* to the third birthday (15 states for Part C and 13 states for 619); *eight to nine months prior* to the third birthday, which was in line with proposed regulations (five states for Part C and three states for 619); *one year prior* to the third birthday (six states for Part C and two states for 619); or *at intake* (two Part C states). Three 619 states' policies specified a time range for transition planning: a) between the time of intake and at least six months prior to

the third birthday; b) between nine months and no later than 90 days prior to the third birthday; and c) between one year and 90 days prior to the third birthday.

State 619 programs also serve as the sending agencies for children who are entering kindergarten or first grade. Researchers were interested in what type of transition planning was required for children who were exiting the 619 program (619 n=40). Twenty-nine (29, 73%) respondents reported that their state policies required transition planning for exiting children. Of these, six respondents (15%) indicated that a transition team was required to facilitate this important transition.

The survey also sought information about when transition planning was required to occur for children entering kindergarten (619 n=40). The majority of 619 respondents (73%) reported that there were no requirements regarding when transition planning should occur for children transitioning into kindergarten. A few states (8%) indicated that it should occur three months prior, with 5% indicating it should occur six to seven months prior to kindergarten.

The timing of transition planning for children with summer birthdays has always been a challenge for parents and providers. Respondents were asked about their states' policies regarding the timing of transition planning when the child's third birthday occurred in the summer (Part C n=40; 619 n=38). Transition planning was reported to begin early for 55% and 61% of the states respectively, occurred during the summer for 18% and 26% of the states, and varied across the state for 28% and 13% of the respondents.

Another important issue is the required composition of the transition team. Respondents were asked to indicate their state's policies regarding membership of the transition team. Appendix Table B-1 reports whether states' policies required, recommended, or did not mention various types of professionals. The most frequently required team members were a family member (93% for Part C; 85% for 619), the service coordinator (90% and 62%, respectively), and anyone requested by the family (68% and 26%). Slightly more than one third (35% and 39%) of the states required the child's primary service provider from the sending agency to be a member of the transition team. Very few states' required the child's teacher or providers from the *current* natural setting (8% and 18%) or the *new* natural setting (0% and 8%) to be a member of the transition team. However, nearly half of the states' policies for both programs recommended the inclusion of these important direct service providers.

Recommended practice suggests that direct service providers be an integral part of the transition planning team, because of their knowledge of the child and their role in helping to prepare the child for the next setting (Harbin, 2000). The survey asked about the types of support provided to agency staff to facilitate their participation in transition planning (Part C and 619 n=40). In most states (85% and 75%, respectively), transition planning time was included in the normal work schedule. Infrequently (5% and 13%), staff received release time for transition planning.

Transition research also suggests that conducting the transition meeting should be done at the convenience of the family, given the complexities of families' schedules (Rous, 2008; Rous, Myers & Stricklin, 2007). Therefore, the survey asked respondents if their states' policies indicated at whose

convenience the meeting should be scheduled (Part C n=40; 619 n=36). Many states responded that it should be scheduled at families' convenience, though during program hours of operation (43% and 44%, respectively). Other states (45% and 36%) allowed meetings to be scheduled at families' convenience, even if outside of typical operating hours. Scheduling at the convenience of both sending and receiving agencies was reported by 10% of Part C and by 17% of 619 respondents.

The receiving program, particularly 619 agencies, needs information about entering children in order to facilitate planning at the program and individual child level. The timing of information transfer from Part C to the 619 program historically has been identified as a barrier to effective transitions (Rous, Schuster, & Hemmeter, 1999; Rosenkoetter, Hains & Fowler, 1994). Survey participants were asked to describe their agency policy regarding the timing of sharing *unidentifiable information* (e.g., demographic and descriptive) for children transitioning to 619 or other programs (Part C n=36; 619 n=40). This type of information often includes the number of children transitioning, dates of third birthdays (i.e., when they are transitioning), and general service needs, and allows 619 programs to plan for staffing, facility needs, and time management of transition tasks. The approach selected by the largest number of states (37% for Part C and 38% for 619) was the provision of unidentifiable data at a designated time during the school year of transition. Less frequently, Part C agencies had variable policies or provided information a year or more in advance (14% and 22% respectively). Occasionally, Part C agencies did not provide such information at all (6% each), agencies already had such information (6% each), or local Part C agencies provided this information monthly (3% and 6%).

The 619 survey participants also were asked to describe their state's policies for sharing unidentifiable information for children exiting 619 and entering kindergarten (n=39). Two primary approaches were used by most states. The first approach (36%) was that policies for sharing unidentifiable information varied locally. The second most common response (23%) was that the information was already located in the school's data system, because both programs (619 and kindergarten) were part of the same agency (i.e. LEA) and shared a data system.

Respondents also indicated their policy for providing *identifiable information* about children transitioning to the 619 program (Part C n=35; 619 n=39). The majority of states reported that records and identifiable information were transferred once the family gave permission (74% and 59%). In some instances, the policy was locally determined (14% and 26%); records were sent three months prior (6% and 3%) or six months prior (3% each) to transition; or were sent after the child entered 619 (3% and 10%).

Part C and 619 Coordinators were asked three questions related to the identification of services for children, including who, how, and when services were delivered. First, they were asked about their state's policy directives regarding who provided information to families about the educational and therapeutic options available from the receiving agencies (Part C n=40; 619 n=38). The most frequently selected responses were the provision of information by both the sending and receiving agencies (43% for Part C; 32% for 619), and by representatives of the 619 program (40% for 619) and the receiving agency (20% for Part C). Less frequently, service coordinators (20%

and 11% respectively) or family support programs (8% and 5%) provided information.

Second, participants were asked whether their agency's transition policy instructed programs to facilitate the continuity of services and therapies by using the same settings and providers when possible (Part C and 619 n=40). Many (68%) states' Part C policies did not require continuity of services, although some (18%) recommended it. Twenty-five percent (25%) of 619 states required continuity of services when possible, while 20% recommended it. The majority of 619 states (53%) neither required nor recommended continuity of services and providers.

Third, respondents were asked to describe their states' general approach to transition and service delivery, for children who turn three during the spring or summer months (Part C n=39; 619 n=40). The approach selected by the highest number of Part C states was for the Part C program to continue to serve the child through the spring and summer using Part C funds (21% for Part C; 3% for 619). The most frequent option for 619 respondents was serving children as soon as they turned three (18% and 25%, respectively). A few states provided families with suggestions for child development (18% and 5%), determined extended school year need based on Individual Education Plans (IEPs) (13% and 26%); or started services when school resumed in the fall (5% and 10%).

The types of resources that helped guide staff in any phase of the transition process (Part C and 619 n=40) were also examined. Respondents, on average, selected three or more resources that supported the ability of providers to comply with the law, as well as

strategies that supported the use of effective practices. The most resources were checklists of required transition tasks (68% for Part C and 50% for 619), separate Individual Family Service Plan (IFSP)/IEP page (60% and 5%, respectively), section of IFSP/IEP with transition elements (59% and 20%), lists of recommended strategies or tips to facilitate smooth transitions (53% and 45%), or manuals (43% and 30%). Infrequently, 619 states used transition pamphlets, websites, data fields, and memos (5%, 5%, 3%, and 3% respectively). Videotaped practices were rarely used (8% for Part C and 619).

Legally, the service coordinator is required to play a major role in ensuring smooth transitions for children and their families (IDEA, 2004). Therefore, researchers asked which types of policies addressed the role of service coordinator (Part C n=37; 619 n=40). The most frequently cited policies pertained to rules and regulations (78% for Part C; 53% for 619) and program guidelines (70% and 50%, respectively). Policy (54% and 38%) and TA (51% and 33%) memos and handbooks (35% and 40%) were used by some states. Legislation (27% and 13%) and executive order (3% each) were the least frequently cited types of policies addressing the role of service coordinator.

**Participation and Collaboration of Stakeholders.** Transition policies and procedures affect a wide array of individuals. Consequently, the survey researchers were eager to gain a better understanding of the participation of stakeholders in the development of transition policies and implementation. Participants indicated whether their state used primarily a "lead agency" or a "collaborative interagency" approach (Part C and 619 n=40). Not

surprisingly, most states described the use of a collaborative approach to ensure compliance (73% for Part C; 90% for 619). Contributing funds to training occurred more often for 619 agencies (45% and 78%, respectively), although designing training to facilitate collaboration occurred fairly evenly (83% and 85%), as did conducting discussions with sending and receiving agency staff to improve transitions (82% and 78%). Lead agency oriented approaches to transition were in the minority, as evidenced by the frequency of the development of regulations (28% and 10% respectively), design of training to meet regulations (18% and 15%), and discussions with service providers to improve transitions (18% and 23%). The exception to this trend was the funding of training for lead agency staff, at 55% for Part C and 23% for 619.

NECTC researchers also were interested in gaining more information about which stakeholder groups contributed to the development of the lead agency's transition policy. Participants indicated those stakeholders who were actively and meaningfully involved (Part C and 619 n=40). The directions for the question indicated that "meaningful and active involvement" went beyond sharing information and requesting input after major policy development had been completed. For Part C, the most involved stakeholders were the 619 program (93%), families (73%), SICC (70%), and local providers (55%). Other groups included state technical assistance (TA) agencies (45%); health departments and Head Start (43%); university faculty, child care, and social services (30%); public preschools and kindergarten (K)-12 schools (25%); and private preschool and nursery schools (13%). Given that a number of Part C programs use a vendor-based model of service delivery, it is interesting to note the low percentage of states

including the participation of specialized intervention programs (23%) and private providers (20%). For 619 programs, the most frequently involved stakeholders included Part C programs (100%), SICC (80%), Head Start (60%), and families and K-12 schools (50%). Also involved were public preschools (46%), health departments (43%), state TA (38%), university faculty and social services (23%), and therapeutic clinics and agencies (8%).

Families and parent organizations can contribute in numerous ways to facilitating and improving transitions. Sometimes these contributions are made by *individual* family members (Part C n=37; 619 n=39) and sometimes they are made by representatives of parent or family *organizations* (Part C n=32; 619 n=38). In general, respondents reported that contributions were made more often by representatives from parent organizations for: helping conduct trainings, serving as resources, linking families, and providing input (responses ranged from 63% to 88% for Part C and from 61% to 79% for 619). Interestingly, not all states reported the involvement of parent organizations in tasks which these organizations typically were funded to conduct (i.e., informing families of their rights, 84% for Part C and 619; linking families to other families, 75% and 79% respectively; and serving as information resources, 88% and 79%). Contributions from individual family members were lower, and ranged from 27% to 76% for Part C and from 28% to 90% for 619. One notable exception was the participation of families on an SICC task force or transition work group (53% for Part C and 55% for 619 for parent organizations; 76% and 90% for individuals).

**Personnel Development.** Training is often cited as one of the most important ingredients

for successful transitions, and as one of the biggest challenges (Rous, Hallam, McCormick & Cox, in press; Pianta, Cox, Taylor, and Early, 1999). This survey sought to gain a better understanding of several facets related to training: how training was provided, to whom, by whom, and whether training in transition (policies, processes and strategies) was included in the core competencies of the states' personnel standards.

Respondents were asked which mechanisms were used by their state to conduct training on a regular basis (Part C n=35; 619 n=37). Four of the possible training options were selected by four or fewer states. The option selected by the highest number of states (17 for Part C and for 619) was conducting workshops on transition for staff from sending and receiving agencies. Options rarely selected by states included: a) conferences for lead agency staff, in which transition was one of the topics (four and three states, respectively); b) conferences for both sending and receiving agencies, in which transition was one of the topics (two and eight states); c) specific training on transition for Part C (three and two states); and d) training for local interagency council members (three and two states respectively).

The breadth of the group included in the training activities (Part C n=37; 619 n=39) was also examined. The largest group of states (68% for Part C; 59% for 619) targeted the broadest group, which included multiple sending and receiving agencies and programs (not just Part C and 619). Also addressed were staff from lead sending and receiving agencies (24% and 31%, respectively), staff from multiple sending agencies (5% and 3%), and lead staff (3% and 8%).

**Who Provides Training.** When asked about the providers of training (Part C n=37; 619 n=38), respondents indicated that one option for trainers was a multi-agency team or project (35% for Part C; 21% for 619), funded by both the sending and receiving agencies. For 16% and 37% of states, respectively, training was provided by state agency staff. Less frequently, training was provided by consultants or a technical assistance project (Sequenced Transition to Education in the Public Schools, Kansas Inservice Training System) (16% for Part C; 8% for 619), or in a specific model (5% and 11%).

Study researchers were interested in determining if state administrators had included transition knowledge and skills in their states' personnel policies (i.e., core competencies or personnel standards). This policy might serve as one indication of the importance of these skills as viewed by policy makers. Fifty-four (54) percent of Part C (n=37) and 26% of 619 respondents (n=39) indicated transition competencies were included in their state policies.

**Funding Approach for Transition Activities.** Funding of transition activities varied according to the sources and types of events planned. The survey asked participants to identify the primary funding sources used for transition planning activities, as well as for other transition activities conducted by staff (Part C n=37; 619 n=41). Most Part C (95%) and some 619 states (66%) indicated that the *lead agency* was the primary funding source for transition activities. Fewer respondents identified the *receiving agency* (49% and 12% respectively) and the Medicaid program (27% for Part C) as other primary sources of funding.

States reported using a variety of sources to support the broad array of transition activities (Part C n=37; 619 n=39). The most frequent sources supported staff time as program funds (89% for Part C; 82% for 619), billable hours (60% and 10%, respectively), and state TA (46% and 67%). Other sources included after-hour contributions of staff time (0% and 8%), special projects (16% and 23%), participation in model demonstration projects (11% and 10%), and volunteers (8% and 10%). The amount of voluntary or special project funding support is noteworthy, for a process as important as transition.

### Transition Monitoring and Evaluation.

There is an adage, “People do the things for which they are evaluated.” In other words, if you want people to do certain tasks or do them in a specified way, evaluate their performance. Consequently, the survey sought to gain a better understanding of the relationship between transition and monitoring (Part C n=37; 619 n=39). For Part C respondents, 60% indicated that transition was a major focus of local monitoring. Another 35% monitored transition, but indicated it was not a major emphasis. Of the 619 respondents, 39% reported transition was a major focus locally; for 54%, it was not a major emphasis. Eight percent indicated that their state did not monitor transitions at the local level. It should be noted that this survey was conducted prior to the identification of transition as a monitoring target for the APR.

Respondents identified a variety of approaches to participation in monitoring (Part C n=35; 619 n=36). The single approach selected by the largest number of states (23% for Part C; 28% for 619) was transition monitoring by the *lead agency*. Some (33% and 21%, respectively) respondents identified approaches that

included *families* in the monitoring activities. More often, both *state and local representatives* were included (36% and 43%). *Multiple agencies* were at times involved (36% and 21%), with the receiving agency involved (24% and 20%) least frequently.

The survey asked about the gathering of effectiveness data, and if so, from whom it was requested. Twenty-five (25) Part C and twenty (20) 619 states reported gathering Part C effectiveness data. Families were the primary source, including families in the process of experiencing transition (60% and 58%, respectively) as well as families who had completed transition (60% and 47%). Service coordinators also contributed to effectiveness data (56% and 37%), as well as service providers (52% and 21%) and administrators (40% and 32%). Other agencies (20% and 5%) and community programs (16% and 5%) also provided data. Consistent with the findings thus far, SICCs (11% and 11%) and LICCs (28% and 21%) were less frequently used sources.

Respondents also were asked whether their state collected data on the outcomes, effects, or results of transition on children and families. Thirty-two (32) Part C and twelve (12) 619 participants answered affirmatively to this question. It should be noted that the survey did not provide definitions for the terms “outcomes”, “results”, or “effects”. It is possible that respondents have a more flexible definition of those terms than the definition held by study researchers. In the experience of the researchers, few (if any) states collect child performance data as a consequence of the preparation activities for, and the adjustment to, transition from the Part C program to another program.

Respondents were asked to describe the various ways their state used transition data (Part C n=37; 619 n=39). Nearly all of the states (92% and 90%, respectively) used state transition data to report progress to OSEP, and the state lead agency was the primary user of these data to identify problems (62% and 64%) and to assess progress (68% and 62%). Although the SICC is charged with the responsibility of facilitating and improving transitions, less than half (43% and 46%) of the states identified the SICC as a user of the state data related to transition. Other uses included by local LAs to identify problems (32% and 28%) and to assess progress (30% and 18%); and by other agencies participating in transition (27% and 15%).

**Barriers to Smooth Transitions.** The literature, which describes a variety of barriers to smooth and effective transition, has evolved over time. Most barriers have been identified through interviews, focus groups, and the observations of various stakeholders (Rous et al., 2007; Pianta et al., 1999; Rous, Schuster & Hemmeter, 1999; Rosenkoetter, Hains & Fowler, 1994). At this critical juncture of implementation within the context of accountability, the researchers were interested in the perceptions of state Coordinators with regard to current transition barriers. Participants were asked to indicate *how much* each of 11 items served as barriers in each of their states. They rated each barrier from “none” (1) to “a great deal” (4). Appendix Table B-2 displays their responses. For all of the barriers surveyed, states indicated “*some*” difficulty. Several states reported a *great deal* of difficulty due to the differences in the array of service options, service delivery models, and differing eligibility criteria. A few barriers were not perceived as impediments by many states, including the inability of LICCs to address policy differences, differences in

Medicaid use, and differences in ability to pay for private therapists. Lastly, some barriers were more troublesome for some states than others, including the differences in the array of service options and different eligibility criteria.

As mentioned above, there are two service delivery issues cited in the literature as barriers to smooth transitions (Rosenkoetter, Whaley, Hains, & Pierce, 2001). The first issue related to assessment policies and the determination of eligibility for 619 services. Many families described their frustration with the differences between Part C and 619 assessment policies. Respondents were asked to compare the assessment policies of the two programs (Part C and 618 n=40). Most often, assessment requirements were similar, with only partial re-assessment needed (58% for Part C; 43% for 619). Assessment requirements differed completely for some states (15% and 20%, respectively). The least frequently reported practice was that the same assessment was used for both programs (10% and 13%).

The second issue that historically has been a service delivery barrier is the development of the IEP and the differences in content between IFSPs and IEPs. Many individuals have suggested that transitions would be smoother if the child could use the IFSP instead of developing a new document (Harbin, McWilliam, & Gallagher, 2000). Participants indicated which option best described their development of the IEP (Part C n=40; 619 n=39). More 619 states reported collaborative IEP development with LEA, families, and Part C representatives (51%); whereas, more Part C states reported LEA-developed IEPs (35% each). Some states reported development by LEAs and families (20% for Part C; 8% for 619). The majority of states prohibited the use of the IFSP in 619 programs (Part C and 619

n=40). Respondents from 619 were almost equally split between prohibiting (48%) or allowing (45%) the IFSP, whereas Part C respondents reported greater percentages for prohibiting (53%) as opposed to allowing (35%) the IFSP. A slight number (3%) of each group required the continuation of the IFSP.

**Transition Strategies and Practices to Promote Effective Transitions.** There are a variety of strategies cited in the literature which are recommended to improve and enhance transitions for children and their families. Some of these strategies are based upon research (e.g., Rous et al., 2007; Pianta et al., 1999), while others have been identified as part of program evaluations, focus groups, or expert opinion (e.g., Rous et al., 1999; Rosenkoetter et al., 1994). The researchers for this study were interested in discovering if states had included any of these recommended strategies in their policies in order to improve transition practices. Consequently, study participants were presented with 18 strategies and practices, and were asked whether each strategy was *required* or *encouraged* (Part C n=37; 619 n=40). The analysis of results (presented in Appendix Table B-3) indicates that both Part C and 619 programs primarily encouraged the use of these strategies rather than requiring them.

The most frequently recommended strategies included providing opportunities for staff to discuss improvements for transition (63% for Part C; 73% for 619), developing collaborative working relationships with staff of other agencies (68% each), staff visiting receiving programs (60% and 53%), and making provisions for children to visit potential programs (49% and 53%). The primary exception was the provision of meaningful information to families so they can be informed

consumers, which was required most often (63% and 50%). Of the 18 strategies listed, this one aligns with federal legal requirements. All other strategies were recommended significantly less than half of the time by both programs.

Staff ability to effectively use the strategies and practices requires the provision of a variety of supports (Part C n=37; 619 n=40). Three strategies that support staff were identified by over half of the responding states, including cross agency training (78% for Part C; 63% for 619), opportunities to dialogue with staff in the same and other programs (68% and 50%, respectively), and opportunities to attend conferences and workshops (68% and 60%). Less frequent strategies included staff visits to other programs (46% and 38%), access to a directory of services (41% and 15%), up-to-date information about effective transition practices (35% and 28%), a community of practice for transition (22% and 13%), and mentors (19% and 0%).

Respondents identified a variety of strategies that *resulted in improvements* in transition (see Appendix B-4; Part C n=36; 619 n=38). Many states reported using four or more strategies that improved transitions, including training projects focusing on knowledge, skills, and collaboration (61% for both); service providers from sending and receiving agencies visiting one another's programs (36% and 18%); increased similarities in assessment policies (14% and 24%), and in-depth training for families about the process, their rights, and options (22% and 37%).

States reported a combination of strategies that led to improvements as a result of personal interactions including trainings,

forums, and resource materials. With regard to training, sessions for Part C staff were reported (33% by Part C; 29% by 619), for family leaders (31% and 37%, respectively), and for leadership staff (25% and 37%). Forums were conducted by staff to address family concerns (39% for Part C; 16% for 619); and by families (25% and 18%). The use of resource materials included informational websites (31% for Part C; 34% for 619 respondents), Frequently Asked Questions documents (14% and 26%), websites for individual programs (3% each), informational videos (19% and 13%, respectively), videos of successful planning meetings (8% for 619), and videos of various programs (3% each). Some respondents voluntarily listed *other strategies* that had been useful in their states. These are contained at the bottom of Appendix Table B-4, and include mentors, resource packets, regional forums, TA, training and policy guidelines.

**Recent Changes or Improvements Made By States.** States have used a variety of strategies which were intended to reduce barriers to transition. Researchers asked study participants to identify changes that had been made in their states' policies, training, or support structures within the last two to three years (Part C n=37; 619 n=38). Seventy-three percent (73%) of Part C and 66% of 619 respondents reported changes. Changes made by at least one third of the states included required content of the transition plan (70% for Part C; 33% for 619); collaborative planning (59% and 41% respectively); IAs (41% and 37%); and content of assessment policies (42% and 33%). Less frequent changes included the preparation and support of families (44% and 26%), role of families (41% and 11%); composition of transition teams (30% and 22%); child preparation (22% and 11%); more compatible eligibility criteria (7% and 15%), IEP development (7% and 22%),

and the attitudes of local lead agencies (26% and 15%).

### Collaborative Relationships

Previous studies have demonstrated that the working relationships between and among agencies, and the people within them, can have an impact on the transition experiences of children and their families (Hanline and Knowlton 1988; Wischnowski and McCollum, 1995). Logic and this evidence indicate that in communities where there are strong linkages among many agencies and programs, transitions are smoother. For children with disabilities who are transitioning from Part C to 619, the nature of the communication between these two programs is extremely influential. In addition, 619 programs also serve as the sending program when children transition into other programs. Survey participants rated their working relationship with the next placement with regard to transition (Part C and 619 n=37). They used a 6-point scale, with "1" indicating "very poor" and "6" indicating a "fantastic" relationship. Appendix Table B-5 displays the results. Relationships with 619 programs received the highest rating for specialized intervention programs (52% for Part C; 76% for 619); none reported having very poor or poor relationships. Programs for children who were hearing impaired (46% and 35%, respectively) and who were visually impaired (40% and 41%) were rated as very good or fantastic. The strongest working relationships with other educational programs included public preschool (19% and 52%), Early Head Start (39% and 32%), and Head Start (36% and 51%). Within the category of other service agencies, Health (41% and 15%), Developmental Disabilities (30% and 34%) and Social Services (30% and 14%) received the highest ratings. Fewer relationships were reported with child care (11% and 17%).

## Study Findings

The findings for this study highlight practice relative to each of the research questions guiding the study. The first question pertained to the nature of the transition policy and organizational infrastructure developed by Part C and 619 lead agencies. As the results illustrated, state policy statements and procedures were often minimal, and could be characterized as mostly permissive rather than regulatory. Typically, there was not a single guidance document at the state level for transition. Policies were often given in handbooks, checklists, or rules.

Allowances for cultural variability and family support were absent for many states, even though highly recommended in family-centeredness literature (McLean, Snyder et al., 2002). For states which provided guidance on outcomes for children and families, policies were general in nature. Procedures pertaining to summer birthdays, transition team members, staff support, and effectiveness data were variable and usually permissive. Procedures related to the transfer of identifiable and unidentifiable student data were variable, although required. Services for children with summer birthdays also varied, ranging from services provided by Part C agencies over the summer to services from 619 programs in the fall when school resumed. Reported barriers to smooth transitions included differences between assessment policies between Part C and 619, and the content between IFSPs and IEPs.

Effective strategies to facilitate the transition process mostly focused on family education in the transition process (as required by federal legislation). More often, helpful strategies were recommended, rather than required, by states.

Training provisions also reflected the varied nature of policies. Funding for training was primarily provided by lead agencies and was limited to participation by lead agency staff for a sizeable number of states. For others, training efforts included staff from sending and receiving agencies and was often sponsored by multiple agencies. Competencies for transition practice were irregularly stated in states' policies. Monitoring practices were variable, with some states reporting transition not to be an area of emphasis. Most Part C agencies overwhelmingly recognized the important role of families, the role of the service coordinator, and the need for collaboration in the transition process.

As demonstrated repeatedly in the literature (Harbin, Rous, et al., 2007; Rosenkoetter, Hains, & Pierce, 2001; Rous, Hallam et al., 2007; Rous, 2008), transitions are complex, multi-dimensional, and varied. Policies need to be clear and mandatory for all components of this process to result in effective transitions for young children. The recent status of states' SPP compliance indicators for transition (NECTAC, 2008) illustrates the need for improved specificity for transition and monitoring policies.

The second research question examined the nature of interagency infrastructures at the state level, identified as one of the critical components of the NECTC model (see Figure 2). Interagency infrastructures were defined by the scope of services provided, the interagency agreements, and the current interagency structures. Not surprisingly, there was a wide array of service systems in every state. The greatest number of agencies involved in the coordination of transition was educational in

nature; therapeutic and other health agencies also were involved, though to a lesser degree. Interagency agreements were mostly general or non-existent. When present, their content primarily included responsibilities for transition activities and values. For the majority of states, the interagency structure for transition was most often a single group whose charge was transition. As noted previously, increased specificity of interagency agreements results in improved and uniform implementation of transition practices (e.g., Dunst, Harbin, McWilliam, & Gallagher, 2000). Without clear and supported agreements, transition policies are difficult to implement.

The third research question investigated the breadth and strength of relationships between Part C and 619 lead agencies and other agencies. Literature suggests that strong linkages among agencies results in smoother transitions for young children (Harbin et al., 2004). The current study found that the strongest agency relationships were among educational agencies, and were somewhat strong with Head Start agencies. For non-school agencies, relationships between LAs

and specialized intervention programs and with other service agencies (health and social services) were not as strong. These results indicate a minimalist system of practice in the field, as the strongest relationships occurred where mandated by law.

Lastly, the fourth research question considered whether the complimentary policy and organizational infrastructures at the state level were sufficient to facilitate smooth transitions. The results indicated that state infrastructures did not appear to adequately facilitate such complex processes. Policy guidance documents and transition procedures were often recommended rather than required. Stakeholders were variably included in development and implementation across agencies. Funding for training was geared primarily to lead agency staff. Desired outcomes were often not specified; and as a result, resultant monitoring was inconclusive. Meaningful and effective transition practice at all levels reflects desired outcomes for children, families, and systems (Harbin, Rous, et al., 2007).

## Discussion

Based on this study of SICC, Part C, and 619 programs, numerous policy and practice changes have been highlighted which would facilitate more effective transitions for young children with disabilities and their families. Considering the NECTC conceptual model for effective transitions as outlined in Figures 1 and 2, interagency service systems set the stage for effective transitions, with policies developed by stakeholders from all related programs. Families' needs and preferences need to be recognized in flexible policies that encourage their participation in all phases of the transition process. Recognition of the importance of families was one of the most

consistent findings across all programs; further participation in improved policy development is the next step. Alignment and continuity of policies across service systems will ensure practices that facilitate positive outcomes for children and families. Study results indicated that a few practices are in use, and that their use had increased recently. Implementation of a consistent body of research-based practices across local and state systems is needed.

Lead agencies for both sending and receiving programs need to take the initiative for setting policies for best practice across each state.

Policies to promote collaboration, training, alignment, funding, and service delivery can be expanded. Coordinated training efforts across programs allow for the best use of limited resources and foster interagency relationships. Mandated policy-setting groups, such as SICC's and LICCs, are significantly under-utilized. Full use of existing infrastructures is another way to promote effective practice. In addition, as LAs develop policies which extend beyond a minimalist approach to meet the individual needs of families and programs, transition outcomes will improve at all levels.

Interagency relationships need formalized structures within which they can develop. Release time, joint trainings, staff support, resource assistance, interagency agreements, and technical assistance are some of the ways to formalize procedures for building infrastructures within which relationships can grow. Established relationships at all levels

have been documented as an effective way to meet the needs of children and families in transition (Rous, Teeters, & Stricklin, 2007).

With the recent legislative emphasis on accountability, outcome measures for children, families, and systems are now being addressed for transition as well. It is no surprise that states' transition indicators were low, since a minority of states addressed child outcomes in their state policies. Significantly, two of the important child outcomes identified in the NECTC conceptual model (Rous, Hallam, et al, 2007), success in and adjustment to new environments, were measured by some states. With increased awareness in the field of the complexity of transition processes, states can expand their policies and procedures to more accurately measure the effectiveness of transitions for children and families.

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## Appendix

Table A-1. SICC Characteristics of State Sample (n=32) Compared to All States (N=51)

Final Sample	Sample N(%)	All States N(%)
Western	82%	
Southern	76%	
Northeastern	66%	
Midwestern	33%	
<b>Region</b>		
South	13 (41%)	17 (33%)
West	9 (28%)	11 (22%)
Northeast	6 (19%)	9 (18%)
Midwest	4 (13%)	12 (24%)
Pacific	0 (0%)	2 (4%)
<b>Lead Agency</b>		
Health	17 (53%)	21 (41%)
Education	7(22%)	11 (22%)
Developmental Disabilities	5 (16%)	14 (27%)
Social Services	2 (6%)	4 (8%)
Early Care & Education	1 (3%)	1 (2%)
<b>Wealth</b>		
Tertial 1 - High	10 (31%)	17 (33%)
Tertial 2 – Medium	12 (38%)	17 (33%)
Tertial 3 - Low	10 (31%)	17 (33%)
<b>Population</b>		
Tertial 1 - High	11 (37%)	17 (33%)
Tertial 2 – Medium	12 (38%)	17 (33%)
Tertial 3 - Low	8 (25%)	17 (33%)
<b>Minority Population</b>		
Tertial 1 - High	9 (28%)	17 (33%)
Tertial 2 – Medium	12 (38%)	17 (33%)
Tertial 3 - Low	11 (34%)	17 (33%)

Table A-2. SICC Approach To Coordinated Service Delivery n=32

Scope of System and Level of Coordination	Statement	N(%)
1	The early intervention lead agency provides the bulk of the developmental/educational intervention services (Part C Infants and Toddler Program); thus, there is little coordination needed with other agencies.	2 (6.3%)
2	Although the early intervention lead agency (Part C) makes most of the decisions about the design and functioning of the state system, several agencies exchange information about each agency's efforts and initiatives; the agencies have begun to coordinate some of their activities, such as child find.	10 (31.3%)
3	There is a core group of agencies and/or programs providing developmental or educational services (Part C Infant and Toddler Program); thus, there is little coordination needed with other agencies.	2 (6.3%)
4	The early intervention lead agency (Part C) provides leadership to a variety of health, social, and education agencies that contribute fairly equally to decisions regarding the design and implementation of the service system that meets an array of child needs (e.g., health, recreation, mental health) and potentially some family needs as well.	6 (18.8%)
5	A strong cooperative interagency group provides the leadership and the vehicle for a wide variety of health, social welfare, mental health, job training and education representatives to collectively contribute equally to decisions about the needs of children with risks and disabilities and their families. Public and private providers and agencies work closely as if they were part of a single program. Many or most intervention activities are cooperative endeavors.	10 (31.3%)
6	Our state ICC is prominent in the design of a comprehensive system to meet the needs of all young children with and without disabilities and their families within the community. The individual agencies are seen as secondary, and the interagency group is viewed as primary in importance in decision-making.	1 (3.1%)

Table B-1: Part C and 619 Required or Recommended Transition Team Members (Part C n=40; 619 n=39)\*\*

Person	Required		Recommended		Not Mentioned	
	Part C	619	Part C	619	Part C	619
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
<b>Sending Agency</b>						
Administrator	5 (13%)	11 (28%)	4 (10%)	6 (15%)	30 (77%)	20 (51%)
Service Provider	14 (35%)	15 (39%)	20 (50%)	13 (33%)	6 (15%)	9 (23%)
Agency Therapist	4 (10%)	3 (8%)	25 (64%)	20 (51%)	10 (26%)	14 (36%)
Contracted Therapist	4 (10%)	1 (3%)	21 (54%)	20 (51%)	14 (36%)	16 (41%)
Service Coordinator	36 (90%)	24 (62%)	2 (5%)	7 (18%)	2 (5%)	6 (15%)
<b>Current Natural Setting</b>						
Teacher	3 (8%)	7 (18%)	21 (54%)	17 (44%)	15 (39%)	13 (33%)
Child Care Giver	1 (3%)	3 (8%)	25 (64%)	16 (41%)	13 (34%)	19 (49%)
<b>Receiving Agency</b>						
Administrator	12 (31%)	14 (36%)	11 (28%)	8 (21%)	16 (41%)	14 (36%)
New Teacher	4 (11%)	8 (21%)	18 (47%)	14 (36%)	16 (42%)	15 (39%)
Any Teacher	6 (15%)	9 (23%)	12 (31%)	9 (23%)	21 (54%)	19 (49%)
Agency Therapist	1 (3%)	1 (3%)	18 (47%)	14 (36%)	19 (50%)	22 (56%)
Contracted Therapist		1 (3%)	13 (34%)	10 (26%)	25 (66%)	26 (67%)
School Psychologist		1 (3%)	6 (15%)	8 (21%)	33 (85%)	28 (72%)
School Social Worker		1 (3%)	6 (15%)	7 (18%)	33 (85%)	29 (74%)
School Counselor			6 (15%)	6 (15%)	33(85%)	31 (80%)
<b>New Natural Setting</b>						
Teacher or Care Giver		3 (8%)	18 (46%)	19 (49%)	21 (54%)	15 (39%)
Other Human Services (e.g. health)	3 (8%)	1 (3%)	21 (53%)	16 (41%)	16 (40%)	20 (51%)
Family Member	37 (93%)	33 (85%)		3 (8%)	3 (8%)	3 (8%)
Anyone requested by family	27 (68%)	10 (26%)	9 (23%)	18 (46%)	4 (10%)	10 (26%)

\*\*Percentages vary based on sample size (n) for sub-items

Table B-2: Part C and 619 Barriers to Smooth and Effective Transitions (Part C n=37; 619 n=38)

Type of Barrier	None		A Little		Some*		A Great Deal	
	Part C	619	Part C	619	Part C	619	Part C	619
	n(%)	n(%)						
Differences in array of service options between sending and receiving agencies	3 (8%)	1 (3%)	7 (19%)	7 (18%)	9 (24%)	28 (74%)	18 (49%)	0 (0%)
Differences in service delivery model of sending and receiving agencies	3 (8%)	3 (8%)	7 (19%)	6 (16%)	11(30%)	28(74%)	16 (43%)	1(3%)
Attitudes of service providers in receiving agencies	2 (6%)	2 (5%)	12 (33%)	7 (18%)	18 (50%)	28 (74%)	4 (11%)	1 (3%)
Differing eligibility criteria between sending and receiving agencies	7 (19%)	7 (18%)	4 (11%)	6 (16%)	18 (50%)	24 (63%)	7 (19%)	0 (0%)
Inadequate pre-service training	8 (22%)	5 (13%)	7 (19%)	8 (21%)	17 (46%)	24 (63%)	5 (14%)	0 (0%)
Insufficient in-service training	5 (14%)	7 (18%)	11 (30%)	7 (18%)	19 (51%)	23 (61%)	2 (5%)	1 (3%)
Attitudes of service providers in sending agencies	4 (11%)	2 (5%)	13 (36%)	10 (26%)	18 (50%)	25 (66%)	1 (3%)	1 (3%)
Differences between sending and receiving agencies level of coordination with non-educational services (e.g. health, social services)	8 (22%)	13 (34%)	9 (25%)	9 (24%)	15 (42%)	15 (40%)	4 (11%)	0 (0%)
Differences between sending and receiving agencies' ability to pay for private therapists	11 (30%)	16 (42%)	7 (19%)	6 (16%)	13 (35%)	14 (37%)	6 (16%)	1 (3%)
Differences between sending and receiving agencies in use of Medicaid	18 (50%)	17 (45%)	9 (25%)	6 (16%)	9 (25%)	13 (34%)	0 (0%)	0 (0%)
Inability of LICC to address policy differences	20 (56%)	16 (42%)	8 (22%)	9 (24%)	8 (22%)	10 (26%)	0 (0%)	0 (0%)

\*Reporting categories for 619 data were collapsed from a range of 1-5 to a range of 1-4 in order to create similar categories of analysis to Part C. Anchor terms are reported in the table above.

Table B-3: Part C and 619 Use of Recommended Transition Strategies and Practices (Part C n=37; 619 n=40)

Strategies and Practices	Required		Recommended	
	Part C # of States	619 # of States	Part C # of States	619 # of States
	n(%)	n(%)	n(%)	n(%)
Provide meaningful info to families	23 (62%)	20 (50%)	12 (32%)	14 (35%)
Provide opportunities for staff from sending and receiving agencies to discuss improvements to transition	11 (30%)	3 (8%)	23 (62%)	29 (73%)
Develop collaborative working relationships with staff of other agencies	10 (27%)	6 (15%)	25 (68%)	27 (68%)
State developed visual depiction of steps in the transition process	10 (28%)	7 (18%)	13 (36%)	16 (41%)
Develops a Directory of Service Options	6 (16%)	6 (15%)	8 (22%)	11 (28%)
Make provisions for children to make visits to service/program options	3 (8%)	0 (0%)	18 (49%)	21 (53%)
Provide families with evaluations of services and programs	3 (8%)	4 (10%)	2 (5%)	5 (13%)
Staff visit and become familiar with programs children transition into	1 (3%)	2 (5%)	22 (60%)	21 (53%)
Accompany families to new setting	1 (3%)	6 (15%)	18 (49%)	20 (50%)
Locally developed visual depiction of step in transition process	1 (3%)	4 (10%)	16 (43%)	20 (50%)
Link family to other families who have experienced transition and have capacity to support family	1 (3%)	0 (0%)	14 (38%)	15 (38%)
Family Support Program consults with family	1 (3%)	1 (3%)	9 (24%)	10 (25%)
Hold yearly transition forums	1 (3%)	1 (3%)	5 (14%)	9 (23%)
Hold multiple transition forums	0 (0%)	1 (3%)	5 (14%)	6 (15%)
Create a map of a diverse array of community resources to meet the needs of children and families	0 (0%)	0 (0%)	4 (11%)	6 (15%)
Develop and have staff and parents view video tapes of different types of programs, settings and services	0 (0%)	0 (0%)	3 (8%)	4 (10%)
Ask families to write the descriptions of the their transition services	1 (3%)	0 (0%)	1 (3%)	2 (5%)

Table B-4: Part C and 619 Strategies Resulting In Transition Improvements (Part C n=36; 619 n=40)

Type of Strategy	Part C States	619 States
	n(%)	n(%)
<b>Strategies</b>		
Training project for Part C and 619 providers focusing on knowledge, skills, and collaboration	22 (61%)	24 (61%)
Written materials, video's, or forums to address families' fears, frustrations, and anxiety about transition	14 (39%)	6 (16%)
Service providers from Part C (sending) and 619 (receiving) visit one another's programs	13 (36%)	7 (18%)
Training project that focuses on knowledge and skills of Part C staff only	12 (33%)	11 (29%)
Training for family leaders and staff of parent organizations	11 (31%)	14 (37%)
Informational website	11 (31%)	13 (34%)
Leadership training for administrators	9 (25%)	14 (37%)
Family forums conducted by families	9 (25%)	7 (18%)
In-depth training for families about the process, their rights, and options	8 (22%)	14 (37%)
Informational videos about the transition process	7 (19%)	5 (13%)
Provide each family with a "support parent"	6 (17%)	5 (13%)
Website with answers to frequently asked questions	5 (14%)	10 (26%)
Increased similarities in assessment policies for Part C and 619	5 (14%)	9 (24%)
Use of video of various programs so families better understand their options	1 (3%)	1 (3%)
Website with individual program or provider descriptions, pictures, and comments from families	1 (3%)	1 (3%)
Use of demonstration site	1 (3%)	3 (8%)
Video of successful planning meetings, including families, sending and receiving agency staff	3 (8%)	3 (8%)
<b>Other Part C</b>		
Transition mentor or coach for each community or for LICC	2 (6%)	--
Regional or Community forums on transition	2 (6%)	--
Resource packets for local teams to use with families	1 (3%)	--
GSEG on transition	1 (3%)	--
Requiring local continuous improvement plan with transition section	1 (3%)	--
Monitoring, using transition data	1 (3%)	--
Technical Assistance for local interagency teams or LICCs	2 (6%)	--
Developed template for local interagency agreement	1 (3%)	--
Require local MOH and IAA to have transition policies and procedures delineated	1 (3%)	--
<b>Other 619</b>		
County-wide transition council	--	1 (3%)
Directed dissemination of transition guidelines	--	1 (3%)
Funded project forward on transition	--	1 (3%)
State EC Center is a vehicle to provide multiple training activities	--	1 (3%)
Training module	--	1 (3%)
Developed state policy on transition and local interagency agreements	--	1 (3%)
Developed Transition Handbook	--	1 (3%)

Table B-5: Part C and 619 Level of Working Relationships with Other Agencies (Part C and 619 n=37)<sup>i</sup>

	Very Poor		Poor		OK		Good		Very Good		Fantastic	
	Part C	619	Part C	619	Part C	619	Part C	619	Part C	619	Part C	619
Specialized Intervention Programs												
Preschool special education (619)	--	--	--	--	6 (11%)	--	8 (22%)	6 (16%)	12 (32%)	15 (41%)	11 (30%)	16 (43%)
Programs for hearing impaired	--	--	2 (5%)	--	5 (14%)	9 (25%)	10 (27%)	9 (25%)	14 (38%)	16 (44%)	6 (16%)	2 (6%)
Programs for visually impaired	0	--	2 (5%)	1 (3%)	8 (22%)	9 (26%)	10 (27%)	8 (23%)	13 (35%)	16 (46%)	4 (11%)	1 (3%)
Programs for deaf-blind	1 (3%)	--	2 (5%)	1 (3%)	8 (27%)	7 (19%)	10 (27%)	9 (25%)	13 (35%)	17 (47%)	3 (8%)	2 (6%)
Disability intervention programs (e.g. autism, cerebral palsy, Down Syndrome)	1 (3%)	--	1 (3%)	3 (11%)	9 (26%)	11 (39%)	9 (26%)	9 (32%)	13 (32%)	4 (14%)	2 (6%)	1 (4%)
Private providers	1 (3%)	2 (6%)	4 (11%)	5 (11%)	8 (22%)	13 (41%)	11 (30%)	10 (31%)	13 (35%)	2 (6%)	--	--
Education Programs												
Early Head Start	1 (3%)	--	2 (5%)	3 (4%)	6 (16%)	3 (9%)	11 (30%)	13 (41%)	15 (41%)	12 (38%)	2 (5%)	1 (3%)
Head Start	1 (3%)	--	2 (5%)	1 (3%)	9 (24%)	1 (3%)	9 (24%)	13 (36%)	15 (41%)	20 (56%)	1 (3%)	1 (3%)
Public Preschool	2 (6%)	--	3 (9%)	--	11 (31%)	6 (17%)	11 (31%)	9 (25%)	6 (17%)	15 (42%)	2 (6%)	6 (17%)
Public school (K-12, not special education)	3 (8%)	--	2 (6%)	--	16 (44%)	3 (9%)	11 (31%)	11 (32%)	3 (8%)	20 (59%)	1 (3%)	--
Even Start	3 (8%)	--	7 (19%)	--	16 (44%)	6 (18%)	8 (22%)	14 (41%)	2 (5%)	10 (29%)	--	4 (12%)
Private Preschools	3 (8%)	--	7 (19%)	5 (16%)	18 (50%)	13 (41%)	6 (17%)	9 (28%)	1 (3%)	5 (16%)	1 (3%)	--
Other Service Agencies												
Health	--	--	1 (3%)	2 (6%)	4 (11%)	8 (25%)	14 (38%)	16 (50%)	12 (32%)	6 (19%)	6 (16%)	--
Social Services	--	--	1 (3%)	2 (7%)	9 (25%)	10 (33%)	13 (36%)	12 (40%)	10 (28%)	5 (17%)	3 (8%)	1 (3%)
Developmental Disabilities	2 (5%)	--	2 (5%)	2 (7%)	8 (22%)	9 (29%)	12 (32%)	6 (19%)	10 (27%)	14 (45%)	3 (8%)	--
Mental Health	1 (3%)	--	4 (11%)	6 (19%)	9 (25%)	10 (31%)	17 (47%)	7 (22%)	5 (14%)	8 (25%)	--	1 (3%)
Child Care	1 (3%)	--	3 (9%)	5 (15%)	12 (34%)	14 (41%)	14 (40%)	8 (24%)	4 (11%)	7 (21%)	1 (3%)	--
Other Important Entities												
Military Bases	3 (9%)	2 (11%)	3 (9%)	3 (16%)	14 (41%)	7 (37%)	11 (32%)	5 (26%)	3 (9%)	2 (12%)	--	--
Tribal Councils	5 (15%)	--	6 (18%)	3 (16%)	12 (35%)	7 (37%)	9 (27%)	6 (32%)	1 (3%)	3 (16%)	1 (3%)	--

The n of individuals who provided ratings varied by program