

**School Personnel Perceptions of the Current Level of Interagency Collaboration  
Available for Students Identified as Seriously Emotionally Disturbed, Ages 5-18,  
Within the Commonwealth of Virginia**

by

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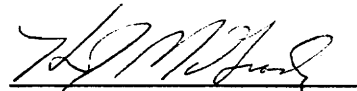
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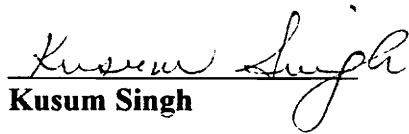
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by

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Special Education Administration

(ABSTRACT)

There is little agreement regarding the identification procedures, characteristics and the definition of emotional disturbances even though the child-serving agencies often share the same clients and the same mandates. Because of these commonalities, a broad range of services are duplicated, lack coordination, and are provided by scarce personnel. The net effect may be no one receives services (LaCour, 1982).

Interagency collaboration, touted as a management tool, is a vehicle by which lack of service delivery may be eliminated. According to state and federal mandates, interagency collaboration is to be used, whenever and wherever, services are needed to effectively serve students identified as seriously emotionally disturbed (SED).

The purpose of this study was to identify the current level of interagency collaboration available to students within the Commonwealth of Virginia for students labeled seriously emotionally disturbed, ages 5-18, as perceived by special education directors and teachers serving students labeled seriously emotionally disturbed.

A School Personnel Perceptions of Interagency Collaboration for Students Identified as Seriously Emotionally Disturbed survey was developed to measure the current level of interagency collaboration for this study. Items included were based on a

review of the literature; information generated from informal interviews with special education administrators, special education teachers, and professionals in related fields; and, comments from expert reviewers. Questionnaires were mailed to a sample of thirty-six school divisions, which translates into a total of 80 surveys sent to directors of special education and teachers of students identified as seriously emotionally disturbed. The sample was determined by: 1) designating school districts within the Commonwealth according to their Average Daily Membership into large-, medium-, and small- sized districts; and 2) selecting a sample from each size school district. Directors were then contacted and asked for the names of teachers within their school district currently teaching students identified as seriously emotionally disturbed.

Data were analyzed using descriptive statistics, t-tests and one way analyses of variance. Post hoc tests were used to determine which means were significantly different from each other.

Major findings include: 1) special education directors and teachers of students identified as SED agree that availability of a variety of services is very important to the success of their students. Few significant differences between directors and teachers were found; however, differences did occur with services that focus on the family rather than the child. Teachers found these services to be more important to the success of their students than did directors. 2) While directors and teachers across school district sizes indicated a variety of services were currently available to students identified as seriously emotionally disturbed, there was little agreement between directors and teachers within district sizes as to how much any one service was currently provided. 3) Teachers and directors indicated that, in many cases, they did not know whether or not a certain agency provided a specific service to students identified as in need of services.

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**For Anthony Charles Peale  
1983-1991**

**"And God is very close to the child who dances  
for reasons which he cannot explain."  
James Michener, 1965**

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## **CHAPTER 1**

### **INTRODUCTION**

Public Law (PL) 94-142, the Education for All Handicapped Children's Act, now known as PL 101-476, the Individuals with Disabilities Education Act (IDEA), was passed in 1975 to assure a free, appropriate public education to meet the unique needs of all children regardless of their disabling conditions. Passage of the Act was in response to litigation and to increased public concern that many disabled children were not receiving any education at all.

Special Education, defined in PL 94-142 and its subsequent amendments, is ". . . specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; . . ." (34 CFR Part 300.17)

Within this definition, IDEA recognizes that a continuum of services must be available if the unique needs of children are to be met. IDEA recognizes that in order to provide a continuum of services in a variety of settings, a single agency, in this case the educational agency, cannot provide these services alone. Therefore, IDEA provides a definition of interagency agreements between the State Education Agency (SEA) and all other local agencies that provide or pay for services required under Part B of IDEA for children with disabilities. As defined in IDEA, "(a) Each State must set forth policies and procedures for developing and implementing interagency agreements-

- (1) The State Education Agency; and
  - (2) All other State and local agencies that provide or pay for services required under this part for children with disabilities.
- (b) The policies and procedures referred to in paragraph (a) of this section must-

- (1) Describe the role that each of those agencies plays in providing or paying for services required under this part for children with disabilities; and,
- (2) Provide for the development and implementation of interagency agreements that-
  - (i) Define the financial responsibility of each agency for providing children with Free Appropriate Public Education;
  - (ii) Establish procedures for resolving interagency disputes among agencies that are parties to the agreements; and
  - (iii) Establish procedures under which Local Education Agencies may initiate proceedings in order to secure reimbursement from agencies that are parties to the agreements or otherwise implement the provisions of the agreements" (34 CFR Part 330.152).

Interagency agreements and interagency collaboration are important ingredients to assure successful program planning and implementation for all children, particularly for children and adolescents who qualify for special education services under the label of serious emotional disturbance. Children with emotional disabilities are singled out for concern periodically because of the perception that they are either not recognized and served, or served inadequately by one or more of the four major child caring systems: education, child welfare, juvenile justice and mental health (Young, 1990).

Under IDEA, the term serious emotional disturbance is defined as follows:

- "(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance-
- (A) An inability to learn that cannot be explained by intellectual, sensory or health factors;
  - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
  - (C) Inappropriate types of behavior or feelings under normal circumstances;

(D) A general pervasive mood of unhappiness or depression; or

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined they have a serious emotional disturbance" (34 CFR Parts 300 and 301, Sect. 300.7 (9) (i)(ii)). This is the definition of SED that is used for this paper.

The education of students with behavioral or emotional problems is an area of considerable controversy. The definition, the characteristics, identification procedures and teaching approaches for this category of exceptional students are all sources of disagreement (Taylor & Sternberg, 1989; Brown, R., in Scholl, 1985, Hallahan & Kauffman, 1990).

Education, social services, and health service agencies share common mandates and common clients. Because of these commonalities, a broad range of services are duplicated, lack coordination, and are provided by scarce personnel in agencies which compete for their employment. Additionally, funds are allocated for the same need through different services, like those previously mentioned, and different agencies share mandates for the same services. The net effect may be no one receives services (LaCour, 1982).

### Rationale for Study

Lack of service delivery can result in unserved or inadequately served children. SRI International (1991) in The First Comprehensive Report from the National Longitudinal Transition Study of Special Education Students, sampled 8,000 youth ages 13-21 and secondary school students in special education in the 1985-86 school year. SRI

reports their sample is nationally representative to permit generalizations to youth as a whole, as well as to youth in special education. SRI International found almost one-third of school leavers (i.e. any students exiting from school) dropped out of school (32%). Dropout was highest for youth with emotional disturbance (50%). Dropping out was related to high absenteeism, failing courses, disciplinary problems and lack of social affiliation with school or community groups.

In Virginia, the 1992 General Assembly House Joint Resolution #4 directed the Board of Education to conduct a study of the demographics of special education students exiting public education. An interdisciplinary team consisting of five state agencies, local education agencies, parent, and researchers developed and carried out the study. (The Virginia Department of Education; 1993) The study, Demographics of Students Exiting Special Education, reported outcomes similar to those reported in the SRI study. Additionally, the study found that while Virginia youth with disabilities were accessing post-secondary education programs in community colleges and four year colleges, they were not consistently accessing support services offered through these institutions. It was not clear from the data whether this was due to personal choice or a lack of information about services available. Also, it was found that relatively few young adults with disabilities were using adult services to assist them in obtaining employment, increasing independent living options or succeeding in post-secondary education, and even fewer numbers of young adults identified as seriously emotionally disturbed were accessing these services.

In January 1993, the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse issued a task force report addressing interagency collaboration, Realizing the Vision: Barriers to an Integrated System. In their report, they define an integrated system of quality care as ". . . an array of services -- supported by a shared

philosophy, values, resources, and standards -- that helps to improve the quality of life for individuals who have or are at risk of severe mental disabilities or substance abuse. Services are evaluated by the extent to which they help improve the quality of life of individuals who receive them." The Task Force Report recognized the need for effective integrated service delivery with the statement, "Consumers with multiple needs have a high probability of receiving inadequate or incomplete care because of the existing complexity and fragmentation among service providers." (p.1)

Interagency collaboration is to be used, according to federal and state mandates, to effectively serve students identified as emotionally disturbed, whenever and wherever, services are needed. Interagency collaboration should continue at least as long as mandates exist to assure its continuance; ideally, interagency collaboration should continue as long as there are citizens who can benefit from its existence. Attention [must be paid] to the development of appropriate services, again from a multi-agency perspective, for children who are at risk for serious emotional disturbances. The problems of substance abuse, cocaine babies, homeless children and families, and HIV-infected children obviously require considerable attention. In addition, other problems such as the effects of child abuse and neglect on children, the high number of children living in poverty, and the large number of children born to teen parents make it imperative that the broad issue of children at risk for serious emotional disturbance be addressed (Duchnowski & Friedman, 1990).

This information, coupled with the difficulties cited in identifying emotional disturbances, helps to demonstrate a need for effective service delivery for students classified as SED. Effective service delivery must go beyond the boundaries of the school system if statistics regarding dropout rates are to improve. Effective service delivery models need to take the form of interagency agreements and interagency collaboration.



'The quality of . . . life and the extent to which [youth with disabilities] achieve desired goals of employment, community living, social and leisure opportunities are dependent upon the effectiveness of cooperative services planning, and the availability of needed . . . services " (Johnson, et. al, 1987 p. 552).

### Purpose of the Study

The purpose of this study was to identify the current level of interagency collaboration available to students within the Commonwealth of Virginia for students labeled SED, ages 5-18, as perceived by special education directors and teachers serving students labeled seriously emotionally disturbed.

This age group was chosen for the following reasons: Part H of IDEA mandates interagency collaboration for children with disabilities birth through five, and the transition plan mandate in IDEA effectively requires interagency collaboration for students by age 16. Aside from the mandate regarding interagency agreements contained in IDEA, there is no specific mandate dictating interagency collaboration for the typical school age population, ages 5-18.

The following questions guided this study:

- 1. What are the current services provided for students with the label of seriously emotionally disturbed?**
- 2. Which agencies and what combination of agencies provide these services?**
- 3. To what extent are these services perceived as important by school personnel who typically care for this category of student?**
- 4. What are the differences, if any, in levels and types of services offered among large, medium, and small school districts?**
- 5. What are the perceived factors, if any, impeding service delivery?**

## Definition of Terms

To facilitate a better understanding of the text, some of the commonly used terms are identified.

Individuals with Disabilities Education Act (IDEA) PL 101-476 mandates a free, appropriate public education for all children ages 3-21.

Free Appropriate Public Education means special education and related services that-

(a) are provided at public expense, under public supervision and direction, and without charge . . . (34 CFR Section 300.8)

Special Education means specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability, . . . (34 CFR Section 300.17)

Part H of IDEA is the Early Intervention Program for Infants and Toddlers With Disabilities; requires all states to develop and implement a statewide, comprehensive, coordinated multidisciplinary, interagency program of early intervention services for infants and toddlers and their families.

Related Services means transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education, . . . (34 CFR Section 330.16)

Public Agency includes the State Education Agency, the Local Education Agency, and any other political subdivisions of the State that are responsible for providing education to children with disabilities (34 CFR Section 300.14)

Transition Services means a coordinated set of activities for a student, designed within an outcome-oriented process, that promotes movement from school to post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. (34 CFR Section 300.18)

## Outline of the Study

Chapter two provides a review of relevant literature and research on emotional disturbances and interagency agreements and collaboration.

Chapter three describes the method in this study. It includes the design, development and field testing procedures, respondent selections and questionnaire distribution.

Chapter four presents the statistical techniques and the results of the study.

Chapter five contains a discussion of findings of the study and implications for education and for local service agencies as well as suggestions for further research.

## CHAPTER TWO

### LITERATURE REVIEW

#### Emotional Disturbance

The education of students with behavioral or emotional problems is an area of considerable controversy. The definition, the characteristics, identification procedures and teaching approaches for this category of exceptional student are all sources of disagreement. In fact, there is even controversy over the term that should be used to describe these students. Emotionally disturbed, emotionally [disabled], behaviorally disordered, and socially/emotionally [disabled] are but a few terms that are used in educational settings. When one considers other settings (e.g. psychiatric) and the severity of certain types of problems, the number of terms increases (Taylor & Sternberg, 1989; Hallahan & Kauffman, 1991).

There are a number of classification systems used to group or to categorize students with behavioral/emotional problems on the basis of their characteristics. Classification systems have been developed in an attempt to overcome the major problems in establishing a broad definition of emotional impairment -- the wide variety of behaviors and the severity found among the affected children. However, most systems of classification developed for [children with emotional disturbance] are psychiatrically oriented and have little relevance to education (Brown, 1985). Some of the systems are meant to provide educationally relevant information whereas others are used more by non educators to provide communication among various professionals (Taylor & Sternberg, 1989). Scholl (1985) provides an overview of the literature regarding classification systems. For example, according to the psychodynamic orientation, emotional disturbance is the result of impairment in emotional growth during some state of development with the

resultant distrust toward self and others and hostility generated from anxiety (Moustakas, 1969). The behavioral perspective sees emotional disturbances as disorders that consist of inadequate or inappropriate behavior which is learned and can therefore be changed through application of learning procedures (Dupont, 1969). The ecological orientation views emotional disturbances as a variety of excessive chronic behaviors which violate the perceiver's expectations or appropriateness and which the perceiver wishes to see stopped (Graubard, 1973). Definitions of emotional impairment reflect the way in which the problem is conceptualized -- the orientation one has toward its nature and origin. This in turn influences what types of interventions will be considered. Definitions also specify the population to be served and influence the determination of who receives the interventions. Legislative, administrative and funding decisions and the training and employment of personnel are all guided by the definitions in use. Therefore, the issue of defining emotional disturbance is an important one (Kauffman, 1977).

Though important, emotional disturbance is one of the most difficult categories of disabilities identified in IDEA to define, as evidenced by the brief descriptions above. A reason for this difficulty is that there are numerous unresolved problem areas:

1. Lack of instruments that measure personality, adjustment, or other such constructs precisely or are sufficiently reliable to provide a valid basis for defining emotional disturbance.
2. The socialization agents responsible for children's well-being (e.g. school personnel, police officers, officials of the juvenile justice court, clinical psychologists, and other mental health experts) tend to view behavior according to the services they render to children and their parents.
3. Expectations of appropriate behavior vary among different social and cultural groups and from setting to setting, making it difficult to judge whether or not a child's behavior is disturbed.

4. The various terms or categories used to define behavior can be used for children with problems of extreme differences or severity.
5. Lack of an adequate definition of mental health and normal behavior.
6. Lack of understanding of the relationships between emotional disturbances and other disabling conditions (Brown, 1985; Taylor & Sternberg, 1989; Hallahan & Kauffman, 1991; Hallahan, in Morris & Blatt, 1986).

A relatively small percentage of children and youth with emotional disturbances are officially identified and receive any special education or mental health services at all (Institute of Medicine, in Hallahan & Kauffman, 1991). Consequently, the children who do receive special education tend to be those with severe problems, although most (along with those who have mild mental retardation or learning disabilities) have typically been assumed to have only "mild" disabilities. That is, the problems of a typical student with a disturbance of emotions who is identified for special education may be more serious than many people have assumed. On the other hand, a higher percentage of students with emotional disturbances than of students with most other disabilities are educated outside regular classrooms and schools, probably in part because students with emotional disturbances tend to have more serious problems before they are identified (Hallahan & Kauffman, 1991). These programs may include individual or group counseling by district social workers, counselors, or psychologists; family support services through individual social work assistance or support groups; parent training sessions; and, inservice training for regular education personnel who participate in mainstreaming students with emotional disturbances.

Programs for these students are among the most costly in special education due to the large number of support personnel required to provide comprehensive services and the low pupil-teacher ratio necessary to work effectively with the behavioral and academic problems such students present. Consequently, many districts offer only one or two

service delivery models due to cost and personnel availability (Meyen, 1990). Interagency collaboration, touted as a management tool describing the operating relationship between two or more agencies or organizations, has become the answer to problems of maximizing services while minimizing costs (LaCour, 1982), with the primary goal of this effort. . . to reduce the incidence, relevance and severity of emotional disabilities in children (Peters, 1987).

### Interagency Collaboration

The concept of interagency collaboration recognizes the need for support from all disciplines, if resources are to be effectively utilized to provide equity of opportunity to all students (Hodge, 1985). Interagency agreements should reflect the constraints, requirements and discretionary authority of each participating agency (Costello, cited in Hodge, 1985; Stodden & Boone, 1987; Johnson, et. al, 1987). Mark Costello (1981) lists four reasons why interagency cooperation is crucial:

1. Interagency collaboration exemplifies the commitment of human services to meet the needs of the [disabled].
2. Interagency collaboration is the most effective method for demonstrating fiscal accountability.
3. Creative programming, a characteristic of interagency collaboration, attracts fiscal support from a wide variety of sources for many compelling reasons.
4. [The wide variety of needs facing individuals with serious emotional disturbance] dictates cooperation to best meet those needs (p.11).

Interagency agreements, the first step in developing interagency collaboration, are typically formal written agreements outlined and signed by all participating parties. Hodge (1985) provides a list of three major classes of interagency agreements. These classes are not mutually exclusive, rather they build on one another to help assure appropriate, effective and timely service delivery.

1. The first class centers on common or baseline standards for the conduct of programs which are similar by agencies which are different. This class is characterized by:

- \* commitments by public schools and other agencies to adopt common and specific criteria in the provision of services to [children with disabilities] and their families

- \* reflections of multiple agency adoptions of explicit program understanding regarding "who does what to whom, when, where, how often, under what supervision, and to whose advantage"

- \* a prerequisite to any and all other agreements regarding the provision of services to [children with disabilities] and their families

2. The second class is concerned with the allocation of public schools and other agency resources in the accomplishment of mutually agreed upon objectives. Allocation of resources can occur in several ways, for example, first dollar agreements or shared personnel agreements.

3. The third class of interagency agreements is in the form of commitment to uniform procedures, forms and activities by public schools and other agencies offering comparable services.

Taken as a whole, interagency agreements reflect cooperative planning and implementation activities among public and/or private agencies. A coordinated effort among state agencies, as has been demonstrated by statistics regarding the status of students labeled seriously emotionally disturbed, is often necessary to meet diverse needs (Swan, 1984).

Interagency agreements, the "hard copy" of interagency collaborative efforts, when written to address the areas listed above, can provide a major vehicle for overcoming some, if not all, of the cited barriers to effective interagency collaboration. These barriers include:

- \* conflicting agency classification, labeling and counting procedures;

- \* misunderstanding resulting from differing agency language systems that lead to gaps in service provision and overlap in service delivery;



\* differing agency philosophies that result in differing criteria for determining student/client success (Stodden & Boone, 1987; Department of Mental Health/Mental Illness/Substance Abuse Task Force Report, 1993; Johnson, 1987; LaCour, 1982; Horvath, in Lewis, et. al, 1988; Singer, 1988; the State Interagency Consortium on Child Mental Health, 1988).

The result of this fragmentation of services has been a blurred model of service delivery geared to classifications or to a progression of needs which fail to take into consideration the need to utilize all existing resources to provide a comprehensive and rational system of child-centered services, and to provide maximum benefits to overlapping clients (Hodge, 1985). " . . . no agency alone has sufficient resources to treat all the children who need mental health care. No single agency can offer a buffer against the extreme stresses that many of our children face. It is vitally important that children's mental health services be provided, not as a confusing patchwork of offices, but as a well-integrated, community-based continuum of care" (McElhaney, Russel & Barton, 1993). Coordination, continuity, and movement within the system are critical for youth [identified as SED] who have multiple needs that cut across agency boundaries. In order to best meet the needs of children and families, integrated, multi-agency networks are needed to blend services to allow professionals to . . . utilize their expertise to overcome the obstacles and to begin to meet the common goal for which that are committed: providing services to children and adolescents in need (Stroul & Friedman, 1988).

### Virginia's Attempts at Interagency Collaboration

Efforts to achieve greater coordination of services to address the . . . needs of individuals with disabilities have been a long-standing preoccupation of public policy. The initiative for increasing interagency collaboration has already been established at the federal level through written joint policy statements between the offices of special

education programs and community health services, and between vocational education and vocational rehabilitation (Schalock, in Johnson, 1987). Additionally, PL 94-142 (1975, effective date 1978) provided a full service mandate for students receiving special education services. This mandate left the state and local communities with the obligation of providing high cost programs for which additional monies and interagency cooperation were necessities (Hodge, 1985).

In 1981, Virginia established the Virginia Interagency Linkage Model, a system of interagency agreements between vocational education, special education and vocational rehabilitative services, with the ultimate objective of having each local education agency form their own local linkage team for the purpose of improving vocational education services to [students with disabilities]. Follow-up reports, nor indication that the program is still in operation have not been located by this writer.

Jane Knitzer, as detailed in her book Unclaimed Children (1982), found in an Analysis of Responses to the Children's' Defense Fund's Child and Adolescent Mental Health Survey, conducted in the spring of 1981, Virginia was one of the forty-four responding states that had a child and adolescent unit in the Department of Mental Health (established in 1975). However, Virginia had no identifiable children's mental health budget, and no existing child-and-adolescent specific mental health standards. Additionally, there were no identifiable special efforts to develop alternatives to residential placement for children and adolescents. These observations, according to Knitzer, reflected limited inpatient and outpatient responsibility for children and adolescent mental health care in the Commonwealth of Virginia.

Further, Knitzer (1982), estimated that, nationally, of the 3 million children identified as SED, two-thirds were receiving no treatment whatsoever and countless others were receiving inappropriately based alternatives (Katz-Leavey, et. al, 1992).

Knitzer (1982, p. 43), also asserted that state departments of mental health have four basic responsibilities to troubled children and adolescents: to ensure a range of specific services are available for children of different ages; to see services are integrated into "systems of care", enabling children and adolescents to move easily from one program to another as their needs change; to define and protect the rights of troubled children and adolescents; and, to create a policy framework that ensures children and adolescents receive a fair share of policy attention.

In 1984, the Interagency Funds Pool was established in Virginia. This program, according to Dr. Ed Schnittger, educational program director at DeJarnette Hospital in Staunton, then education director of Lutheran Children's Home in Salem, mandated that all child serving agencies contribute money to a general fund. This general fund, the Interagency Funds Pool, was designed to alleviate the burden of the receiving agency, most often a school division which received children that had been placed in their district for specialized foster care or for residential services, and needed special educational services delivered in a public school as written in their IEP. Before the Interagency Funds Pool, school divisions which had a group home within division boundaries were solely responsible for serving students placed in their district in a group home, even if placement had nothing to do with the child's educational program.

A 1985 survey of the Community Services Boards in Virginia revealed similar trends as those identified by Knitzer. Outpatient Services were commonly provided, but crisis intervention, day treatment respite care, therapeutic foster care and therapeutic group care existed only sparsely throughout the system (Stroul, 1988).

On the federal level, in 1985, PL 99-457 amended PL 94-142, to require state plans to include policies and procedures for developing and implementing interagency agreements between the State Education Agency (SEA), other appropriate state and local

agencies, and interagency coordinating committees. IDEA (1992) also provides a mandate regarding interagency agreements, as listed in Chapter 1.

In response to these problems, . . . the National Institute of Mental Health launched the Child and Adolescent Service System Program (CASSP) in 1984 to assist states and communities in developing community-based systems of care for this undeserved population. Through grants and technical assistance activities, CASSP has supported the development of the interagency efforts to improve services provided to the most troubled children and youth and their families. CASSP was created by Congress with the understanding that:

1. The [then] current service was fragmented;
2. Children who needed to be served were being cared for in all sectors of the service system including mental health, child welfare, special education, and juvenile justice; and,
3. The children with the most severe problems were being served under the aegis of a single public agency while the service needs actually spanned several systems (Lourie & Katz, 1992).

The CASSP program represents the first federal effort to confront the fragmentation with the children's mental health system. Importantly, it also requires the states to develop a cross agency approach and tackle the issues of coordination and continuity of care between the mental health and other service systems for children such as juvenile justice, education and child welfare and primary health care (Ooms & Herendeen, 1990; Katz-Leavey, et. al, 1992).

In 1986, Saxe conducted a study for the Office of Technology Assessment of the US Congress which confirmed Knitzer's findings and stated that "Mental health problems are a source of suffering for children, difficulties for their families and a great loss to society. Though such problems are sometimes tragic, an even greater tragedy may be that

we currently know more about how to prevent and treat children's mental health problems that are reflected in the care available" (Katz-Leavey, et. al, 1992 , p. i).

In the Commonwealth, the Consortium of Child Mental Health, whose impetus for creation began in the spring of 1987 with a committee of representatives from several State Departments and the United Way of Richmond brought together by Mrs. Baliles (then First Lady of Virginia) to discuss the need for joint ownership and planning for [children identified as severely emotionally disturbed] was established. This group prepared one of the discussion papers that was considered at the First Lady's Forum of Child Mental Health, held May 12, 1987. The Consortium of Child Mental Health was an attempt to break the cycle of [children falling through the gaps] in services. The Consortium consisted of representatives from each of the four child-serving agencies (Virginia Department of Corrections, Education, Mental Health/Mental Retardation/Substance Abuse Services, the Department of Children), the Interagency Coordinating Council, a parent of a [child identified as emotionally disturbed], the League of Social Service Executives, a representative from the private sector, and advisory members from local child serving agencies. The Consortium was developed as a funding of last resort whose purpose was to give rise to creative interagency planning for children at the local level. (Scott, ed.; Singer, 1988).

Following the completion of the First Lady's Forum, the secretaries and department heads involved developed a memorandum of agreement and an interagency budget initiative for the 1988-89 biennium. This agreement created an Interagency Funds Pool to help localities meet the needs of [children with severe emotional needs] and set criteria for eligibility of funding:

1. Defined mental health problems as those that can be diagnosed under DSM III-R;

2. Problems in personality development and social functioning which have been exhibited over at least one years' time;
3. Problems which are significantly disabling based upon the social functioning of most children their age;
4. Problems that have become more disabling over time;
5. Service needs that require significant intervention by more than one agency.

Additionally, in order to be considered for these funds, each child must have an educational/treatment plan developed by the four local child serving agencies which must include:

- \* goals,
- \* services needed to meet goals,
- \* funds available in the community,
- \* funds needed but not available in the community,
- \* a transition plan for returning funding and services to the local level.

Finally, a three part budget initiative was prepared by the four departments for FY 89 and 90, consisting of continuation of the Interagency Funds Pool, local service projects, and expansion of child development clinics, with the purpose of providing diagnosis and treatment to more high at-risk children. Only the Interagency Funds Pool was funded (Scott, ed.; Singer, 1988).

The State Interagency Consortium on Child Mental Health published a report detailing the progress from July 1, 1988 through July 20, 1989 of two initiatives of the State Interagency Consortium: the Funds Pool and the Local Interagency Service Projects. According to the Consortiums' Report, the Local Interagency Service Projects Initiative began in the fall of 1988 as a result of the agreement reached at the First Lady's Forum outlined above and from the success of the Interagency Funds Pool. This appears to be in conflict with the Singer (1988) report at the conference Investing in Virginia's

Future: A Continuum of Care of for Our Adolescents at Risk, that only the Interagency Funds Pool received funding. Six Virginia localities were funded to develop up to three new services, linked with existing community services through interagency management, on the basis of competitive proposals to meet the following goals of the Consortium:

1. Provide incentives for local agencies to do thorough planning to meet the complex service needs of children identified as having serious emotional disturbances, and;
2. Provide incentives for localities to "own" these children by doing creative programming to keep them in their home communities or to return them from residential placements as quickly as possible.

Listed representatives on the Consortium, had changed from the Singer report the previous year, with the addition of a chairperson of the Interagency Coordinating Council for the Delivery of Related Services to Handicapped Children, and the omissions of the League of Social Services Executives and a member of the private sector.

In one and a half years of operation the Consortium had, according to its own report:

- \* Developed and provided oversight to two initiatives with blended funding from State Departments;
- \* Evaluated and modified each initiative based on operational data;
- \* Raised policy issues that are of concern for the child-serving Departments; and,
- \* Developed an FY 90 Interagency Budget Initiative to expand the two current initiatives and to add a third initiative involving the Department of Health (initiative not named) (p.2).

The Consortium additionally found, that while the Funds Pool had resulted in better coordination among local agencies in planning for their most troubled children, several issues continued to emerge:

1. Localities still relied heavily on out-of-community residential care rather than other creative service options in their home communities;
2. Localities often did not appear aware of innovative services that might have been utilized to effectively manage and treat children in their home communities;
3. Funds Pool dollars could not be used to start new services, thus limiting the types of services that could be developed or purchased for and child and family; and,
4. Localities funded to place children in residential care often were not planning for their return to the community, thus limiting the effectiveness of the residential care service (p.3).

In an attempt to address these issues, the Consortium modified its procedures for FY 90:

1. The Funds Pool would limit its funding of residential care applications to a maximum of 50% of total Funds Pools dollars;
2. The Funds Pool would broaden its initiative for localities to develop creative services for children by allowing funds to be used to start new community services (as long as the locality specified a date and funding source to take over service operation within twelve months);
3. The Consortium would expand its provision of technical assistance to localities on how to do comprehensive interagency planning for individuals children and families. A one year staff position in the Department of Criminal Justice Services was granted to address this need (p. 3).

In late 1988 (subsequent 1989 Appropriation Act, Chapter 668, Item 461), the Governor, Secretaries, Legislative Staff, and the Department of Planning and Budget agreed a study of residential services would provide an opportunity to set direction for improved service delivery to children with emotional disturbances and their families, spurred in part by issues raised at the First Lady's Forum on Children's Mental Health, by increases in rates charged for residential services and by the state child serving agencies inability to provide comparable data on the number of children served, state expenditures or outcomes of residential care. (p.2)



The objectives of the study were to:

1. Document and evaluate the current delivery of residential services;
2. Identify changes in funding, administration, and service delivery as well as in statutes, regulations, or policy to:
  - \* provide incentives for the development and use of alternatives to residential care;
  - \* improve interagency collaboration; and,
  - \* improve information on outcomes related to children placed in residential care or alternative programs (p.3).

The study focused on children with emotional and/or behavioral disorders placed by one of the four child serving agencies into a residential placement for more than a thirty day stay. The committee found, among other things, that the annual rate of increases in the state share of purchased service dollars was almost threefold the rate of increases for government programs, 22% compared to 8% from FY 88 to FY 89 (p. 15).

In terms of state expenditures for children's residential services, in large part, they appeared inconsistent with the philosophy and legal mandate of the Commonwealth to provide appropriate services in the least restrictive environment and to minimize, where possible, the separation of children from their families. Additionally, the Committee concluded the effectiveness of residential care or alternative services had not been definitively evaluated, nationally, or in Virginia.

Contrary to the Planning and Budgeting Report, Ooms & Herendeen, in 1990, reported that Virginia was, at that time, an especially good example of state interagency collaboration stimulated by the CASSP monies. While not named, it appears from their description that they are referring to the State Interagency Consortium with their joint request being supported by an eleven member coalition of organizations dedicated to improving services for [disabled] children and adults. As a result, mental health services in Virginia received a 50% increase in biennium funds amounting to a total of \$24.1 million

in new funds. Of this total, Ooms & Herendeen reported that \$4.8 million would be spent on new innovative programs for children and adolescents identified as SED, with \$2.6 million allocated to interagency collaborative programs.

In the Spring of 1990, driven by the Study of Children's Residential Services, and its conclusion that unless major changes in policy and programming occurred, state and local expenditures would continue to increase significantly, the Secretary of Health and Human Resources, Public Safety, and Education formed a cross-secretarial interagency council to recommend changes to the service delivery system for children and adolescents identified as seriously emotionally disturbed and/or behaviorally disordered.

Called the Council on Community Services for Youth and Families, it issued a final report Improving Care for Troubled and "At-Risk" Youth and Their Families in 1991 to the Governor and the General Assembly. The Council discussed preliminary findings from evaluation of demonstration projects, a long-range plan for phasing in community-based non residential services across the Commonwealth, and an interagency plan for redirecting current funds, identification of new revenue sources for funding community-based services and any proposed legislation necessary for implementation (Community Services Act, Implementation Manual, 1993; Singh, Nirbhay, 1992). The Council first awarded competitive grants so that the new service delivery system could be implemented and evaluated in five localities, called "Demonstration Projects." The Council then proposed, on the basis of evaluation data gathered from the demonstration projects to create a "stream-lined, state-wide use of the new service delivery system." (Singh, 1992; p. 5) The Council then used the \$2 million interagency appropriation from the General Assembly coupled with redirected and pooled funds already in existence to award \$3.4 million to the five demonstration projects. (Singh, 1992; Comprehensive Services Act Implementation Manual, 1993)

In Research Notes (May 1993), the results of a "semi-structured" interview conducted at each of the five selected demonstration sites included representatives from each of the key local agencies involved with the projects: health, community services boards, schools, social services, and court services units. A Family Satisfaction Survey was developed to assess the extent to which families involved with the demonstration projects were satisfied with the services they were receiving, and utilization and expenditure data were compiled by the state departments of Mental Health, Mental Retardation, and Substance Abuse Services; Education; Social Services; and Youth and Family Services. (p.2)

The data reviewed revealed that local respondents' perceptions of other agencies in their community were mixed, with some local agencies expressing concern about the commitment of interagency collaboration. However, interviews also indicated a heightened awareness of the benefits of improved interagency collaboration at the local level. Specific benefits included: greater staff awareness of what services were available, improved staff morale as the result of an increased sense of shared responsibility for the client, and improved cooperation between local child-serving agencies including better communication and fewer turf issues. (p.4)

Also examined was the extent to which the usage of residential services had changed as determined by the number of youth placed out of their homes and the expenditures for such placements. For educationally funded residential placements, the unduplicated number of students placed in private residential facilities by the local school divisions of the demonstration projects and the actual dollars expended to fund the placements remained relatively constant over the three years examined. Statewide (excluding the demonstration projects) the actual number of students placed had decreased, but the associated costs had risen. (p.6) Additionally, Department of

Education Special Education expenditures for students placed by the Department of Social Services into residential facilities from the demonstration project localities had increased over the three-year existence of the project; however, expenditures for students placed in residential facilities by the Department of Youth and Family Services had decreased. Explanations given for why these changes may have occurred were not readily available from the existing data, but it was speculated that "activities associated with the demonstration grants had little influence on school division placements in private residential settings, since the authority for such placements rests with the Individual Education Plan (IEP) committee within each school division." (p.7)

In conclusion, the interim evaluation report found that the results showed promise for improved interagency collaboration, and in turn, improved services to children and youth identified as seriously emotionally disturbed and their families. Further evaluation was suggested with particular attention to: the effectiveness of early identification programs; the identification of existing gaps in service delivery, and measures to eliminate those gaps; the establishment of mechanisms to assure staff involved can deliver necessary services to children and their families without becoming ensnared in a maze of agency-specific regulations and requirements; and, the identification of additional programmatic and system changes needed to enable the demonstration projects to achieve the goals of providing community-based services to lessen the need for out-of-home placements and reducing the costs for the state. (p.12)

In 1992, the proposed legislation was unanimously approved by the General Assembly as the Comprehensive Services Act for At-Risk Youth and Families. The act, the first of its kind in the nation, is designed to allow localities flexibility in serving children who are at-risk of removal from their home due to severe emotional or behavioral

problems. The legislation established the State Trust Fund to provide start-up money for localities to develop innovative programs in two major areas:

1. Early intervention services for young children at risk of developing emotional or behavioral problems; and,
2. Community services for troubled youth who can be appropriately and effectively served in the home or community (Virginia Social Services Monthly, 1992).

The next progress report on the demonstration projects for the Comprehensive Services Act was delivered to the Senate Finance Human Resources Subcommittee by Charles J. Kehoe in October of 1993. It was reported that all localities in the Commonwealth had Community Policy and Management Teams (CMPTs) and Family Assessment and Planning Teams (FAPTs) appointed and in operation, with 101 single-jurisdiction CPMTs, and 15 Multi-Jurisdiction CPMTs. All CPMTs had established written policies and procedures and had been certified to receive State Pool Funds, and all localities had FAPTs who were meeting with families and developing individualized plans. (p.2)

An evaluation process was implemented July 1, 1993 with the following agenda for the first and second years of operation:

First Year (emphasis on implementation process):

- \* Statewide collection of data on local systems impact;
- \* Continued evaluation of demonstration sites;
- \* Collection of statewide data on services and population served via Quarterly Utilization Reports; and,
- \* Evaluation of Trust Fund Early Intervention Projects for outcomes for children and families

Second Year:

- \* Evaluation, statewide, of the impact of the Comprehensive Services Act on children and families; and,

- \* Collection of data on each child served through the Funds Pool (p.7)

In personal interviews with Dr. Schnittger (1994) and in other informal interviews with special education administrators and with representatives from other child-serving agencies, there appears to be much confusion and an increasing sense of frustration with the operation of the CSA. Uncertainty prevails in areas such as where funding will come from and which agency's mandates take precedence in placement decisions. For example, in the case of a child with a current IEP calling for special education services to be delivered in a public school setting, but is placed by a FAPT into residential care, what happens to the IEP and the least restrictive environment clause that governs public school placement decisions? Also, the CSA, designed with the intent to "keep kids at home". FAPT decisions in some localities, according to informal interviews, are saying there is no funding available for the specialized foster care some children need to remain in their home community, and these children are being sent into less expensive, residential care, out of district. Because the CSA effectively eliminated the Interagency Funds Pool, Dr. Schnittger and others venture that the financial burden of educating children placed out of district by a FAPT will shift to the receiving agency with no chance for financial compensation. This practice may eventually pervert the new system, self-touted as "child-centered", into only serving "mandated children", i.e. those children that already have an identifying label from an agency, therefore providing a money trail.

Thus in Virginia, the passage of the Comprehensive Services Act appeared to resolve many of the problems previously identified in the literature and in practices within the Commonwealth. In fact, this legislation, coupled with its current level of funding, may

have added additional problems and further complicated the delivery of services to children and youth.

## CHAPTER THREE

### METHOD

#### Purpose and Research Questions

The purpose of this study was to identify the level of interagency collaboration available to students within the Commonwealth of Virginia identified as seriously emotionally disturbed as perceived by special education directors and teachers serving students labeled seriously emotionally disturbed.

#### Research Questions

The following questions guided the investigation of this study:

- 1. What are the current services provided for students with the label of seriously emotionally disturbed?**
- 2. Which agencies and what combination of agencies provide these services?**
- 3. To what extent are these services perceived as important by school personnel who typically care for this category of student?**
- 4. What are the differences, if any, in levels and types of services offered among large-, medium-, and small-sized school districts?**
- 5. What are the perceived factors, if any, impeding service delivery?**

#### Procedure

##### Questionnaire Method and Rationale

A self-administered mailed questionnaire was chosen as the method of data collection. Since special education directors and teachers of students with serious emotional



disturbance constituted the population to be surveyed, the mailed survey offers the following advantages. It avoids the complications of trying to conduct interviews, and is the least expensive method for obtaining information from this large a sample of special education directors and teachers. Filling out forms, responding to written requests, and writing memoranda constitute normal parts of administrators' work routine, and they can schedule answering a questionnaire at their own convenience to fit in with other tasks (O'Sullivan & Rassel, 1989). It allows ample time for needed data to be located or for respondents to give detailed answers.

### Population and Sample

The Virginia Department of Education's' Average Daily Membership for 1991-92 school year was used to draw the sample of school districts used for this study. The 133 operating school districts were ordered from large to small by the Average Daily Membership (ADM). A sample was drawn from this list to represent large, medium and small school districts. This division was done to allow comparisons in the level of interagency collaboration across school districts differing in size. A total of thirty-six districts were selected for survey from among the 133 operating school districts with twelve largest, middle twelve and twelve smallest districts used in the sample. Large-sized school districts had an ADM between 13,328 and 128,996. Medium-sized school districts had an ADM between 2,996-4,055. Small-sized school districts had an ADM between 387-1,154. It should be noted that some districts were eliminated if they shared a superintendent or if they transferred students across district lines. It was thought that these districts are not representative of most school districts within the Commonwealth.

Each person responsible for overseeing the delivery of special education programs within each sample district was surveyed. This person will be referred to as director for

the scope of this study. At least three teachers, when available, were also surveyed to validate the director's response. In eight districts, less than three teachers of students with serious emotional disturbance were employed.

### Description of the Instrument

Two questionnaires (see Appendix A) were developed for this study. With the exception of one section, the survey was the same for both directors and teachers.

The first thirty-two items were designed to ascertain the current level of services available for students labeled SED within each sample district. The second eighteen items were designed to determine the current providers of services for students identified as seriously emotionally disturbed. These items were selected from current literature and from informal interviews with those providers who typically offer a service. The category "other" was included to allow for identification of providers not included on the list. The third twenty-one items were designed to measure special education personnel perceptions regarding the importance of such services in assisting students' efforts to function as successful members of the school and of the community. The category "other" was included to allow for participant identification of services not included on the list.

On the directors' survey only, a fourth group of items was designed to measure their perceptions regarding impediments to effective service delivery. These items had been identified in the literature and in informal interviews with school and related service personnel as blocks to interagency collaboration. This section was not included on the teacher survey since it was thought teachers would not have access to this type of information.

Respondents were asked to either circle "yes" or "no" to items or to make a judgment about each item. Items requiring a judgment response were given a 5-point

scale format. Using a response scale from (1) "not very important" to (5) "very important", respondents were asked to describe the extent of services they perceived their students receive, or to describe the extent to which certain factors, in their opinion, impede interagency collaborative efforts.

#### Development, Field-testing and Distribution of Instrument

Descriptors of services were generated from (1) literature reviews on interagency collaboration and on serious emotional disturbance; (2) information generated from informal interviews with special education administrators, special education teachers, and professionals in related fields; and, (3) suggestions from expert reviewers.

#### Field Testing

The purpose of field testing is to locate inadequacies and defects in the instrument and to determine the time required to complete the questionnaire (Littrell, 1992). Three special education directors from school districts not in the sample were contacted by phone and asked to complete the survey. Three teachers of students identified as having a serious emotional disturbance from school divisions not in the sample were contacted in person or by phone and asked to complete the survey. Based on results, minor modifications were made to the survey.

#### Contacting the Sample

Each of the thirty-six divisions selected for study were initially contacted and asked if (1) they would be interested in participating in the study; and, (2) if they would be willing to send the names and school addresses of three teachers currently employed in their school division responsible for the education of students, ages 5-18, identified as

SED. (See Appendix B) Of that original thirty-six, one small division responded that there were currently no students identified as needing services for the seriously emotionally disturbed, and two large divisions responded that it was division policy not to participate in student-driven surveys. In each case, another district within the appropriate size range was selected and contacted. Approximately three weeks later, telephone calls were made to directors who had not responded. Six additional directors agreed to participate in the survey. Two directors, however, requested that teacher surveys be sent directly to them and each stated they would circulate the surveys, and one director requested the initial letter be re-mailed to her.

#### Mailing the Questionnaire

Each mailed packet contained a cover letter (See Appendix C), a survey and a self-addressed, stamped envelope, with the exception of the directors who requested the teachers' surveys also. Each mailed packet to teachers contained two cover letters (See Appendix C), a survey, and a self-addressed stamped envelope. The director surveys were color coded white (large), yellow (medium ) or gray (small), and the teacher surveys were colored coded purple (large), pink (medium) or blue (small) and were numbered to facilitate separation of questionnaires upon return for analysis, and to allow for follow-up on surveys not returned. Additionally, each packet contained a self-addressed stamped envelope.

Reminder letters were sent to non-respondents approximately three weeks after the initial mailing. Approximately two weeks after the first reminder letter, reminder letters, a survey and a self-addressed stamped envelope were sent to non-respondents. (See Appendix D)

### Data Analysis

As the surveys were returned, they were examined for completeness. One director survey was eliminated as it was returned with a note stating the director had no time to complete the survey.

Descriptive statistics (mean, standard deviation, and frequencies) were tabulated for each variable. Analysis of variance (ANOVA) was used to test for significance of mean differences across the three division size groups for both directors and teachers. Significant ANOVA's were followed up with Fisher's LSD post hoc test to determine which, of any pairs of means, were significant. Additionally, ANOVA's were done to allow for comparison for responses between special education directors and teachers of students identified as SED. Again, if any ANOVA's were significant, they were followed up with Fisher's LSD test to determine which, if any pairs of means, were significant.

### Limitations and Problems That Occurred

First, written comments on the questionnaire, particularly from the teachers, indicated they found the survey difficult to complete because they had no knowledge of what services are provided by any agency other than their own. Second, several teachers also commented that there was a "poverty of interagency collaboration" within their district, and that they did not know how to access other agencies. Third, another teacher responded that she could not answer some of the questions on the survey because she either did not know or that she felt that answering the questions was a breach of confidentiality. Fourth, another teacher responded that she was not teaching any students identified as SED. Fifth, several directors also commented that they did not know what services other agencies may or may not provide. Sixth, because of the two directors' requests that teacher surveys be sent to them, it was not possible to contact those teachers

directly with reminder letters. Seventh, when divisions contacted initially declined to participate in the study, other divisions were selected. As other divisions were selected, there became less difference in ADM numbers between district size because of the distribution of the general population within the Commonwealth. Finally, severe winter weather resulting in repeated school closings decreased the time directors and teachers could devote to non-school related items.

### Non-Respondents

After the survey collection period was completed, a telephone survey of non-respondents was conducted to assure that non-respondents did not differ in their answers from those who returned their surveys. One director and three teachers were contacted and asked selected questions from the survey. Non-respondent answers did not differ from those who responded.

### Summary

In this chapter, specific procedures used for developing this study were identified. First, the purpose and research questions were listed. Second, an explanation of questionnaire method and rationale, and the procedure for selecting participants for the study was described next. Third, the survey was described along with sources of information used to generate the questionnaire. Fourth, methods to contact the sample and procedures used for mailing and for follow-up were described. A summary of the methods of data analysis for answering the research questions was provided fifth, and finally, limitations and problems that occurred throughout the study were discussed.

## CHAPTER 4

### RESULTS

The primary purpose of this study was to identify the current level of interagency collaboration available to students within the Commonwealth of Virginia for students, ages 5-18, identified as seriously emotionally disturbed, as perceived by special education directors and by teachers responsible for the education of students identified as SED.

#### Summary of Distribution and Return Rate

The distribution of surveys and the subsequent returns took place from October 29, 1993 to January 20, 1994. The initial letter to directors of special education programs in large-, medium- and small-sized school districts was mailed on October 29. Phone calls were made on November 2nd and 3rd, to directors who had not yet responded. Verbal agreement to participate in the study was given over the phone by six directors.

A total of 80 surveys were sent to affirmatively responding directors and teachers on November 8th. By December 17, 49 out of 80 participants had responded for a 61% return rate overall. The breakdown of responses for the sub samples of directors from large-, medium-, and small-sized districts was: 4 out of 6 (66%); 1 out of 9 (11%), and 4 out of 8 (50%). The breakdown of responses for teachers from large-, medium- and small-sized districts was: 10 out of 19 (52%), 19 out of 22 (86%) and, 13 out of 16 (81%).

On January 11th, surveys were re-sent to all directors who had not yet responded. By January 20th, there were 54 usable surveys returned. The breakdown of responses for directors, according to district size were: 4 (66%) (large); 3 (33%) (medium), and 5

Table 1. Survey Distribution and Return Rate

Subjects	Number Mailed	Number Returned	Percent of Returns	Number Usable Returns	Number of Usable Returns
Directors, Large	6	4	66.6%	4	66.6%
Directors, Medium	9	4	44.4%	3	33.3%
Directors, Small	8	5	62.5%	5	62.5%
<b>Total Directors</b>	<b>23</b>	<b>13</b>	<b>56.5%</b>	<b>12</b>	<b>52.2%</b>
Teachers, Large	19	10	52.6%	10	52.6%
Teachers, Medium	22	19	86.36%	19	86.36%
Teachers, Small	16	13	81.25%	13	81.25%
<b>Total Teachers</b>	<b>57</b>	<b>42</b>	<b>72.37%</b>	<b>42</b>	<b>72.37%</b>
<b>Total</b>	<b>80</b>	<b>55</b>	<b>68.8%</b>	<b>54</b>	<b>67.5%</b>



(62%) (small). For teachers from large-, medium- and small-sized school districts the breakdown of responses was as follows: 10 (52%), 22 (86%) and, 13 (81%), for a total of 67 % usable surveys. Only 1 survey was not usable as it was returned with a note stating the director had no time to answer the survey. A summary of survey distribution and return rates is contained in Table 1.

### Demographic Information

Time in education (teaching and non-teaching experience), time in special education and grade range of teaching/supervisory responsibility were the only demographic variables sought. It was thought that years experience may reflect a difference in the extent of knowledge regarding services of other agencies. The range of total time in education for directors, by school district size, was: large, 12.5-22 years; medium, 14-26 years; and, small, 15-24 years. The range of total time in education for teachers by school district size, was: large, 3-22 years; medium, 1-30 years; and, small, 5-28 years.

The range of total time teaching for directors, by school district size: large, 6-17 years; medium, 6-10 years; and small, 5-17 years. The range of total time in special education for teachers, by school district size: large, 6-22 years; medium, 6-10 years; and small, 0-17 years.

The range total time of teaching experience in the area of serious emotional disturbance for directors, by school district size: large, 0-12 years; medium, 0-7 years; small, 0-14 years. The range of total time teaching experience in the area of serious emotional disturbance for teachers, by school district size: large, 3-16 years; medium, 1-16 years; and small, 2-24 years.

Table 2. Demographic Characteristics of the Sample-Years Experience

Variables	Total Directors n=12		Total Teachers n=42	
	Range Number of Years	Mean	Range Number of Years	Mean
<u>Large</u>				
Years in Education <sub>1</sub>	12.5-22	15.88	3-22	11.9
Years Teaching	6-17	10.88	3-22	11.0
Years in Special Education	6-22	6.63	3-16	9.9
Years in SED	0-12	6.63	3-16	9.9
<u>Medium</u>				
Years in Education	14-26	21.67	1-30	12.34
Years Teaching	6-10	7.67	1-19	10.17
Years in Special Education	6-10	7.67	1-19	9.43
Years in SED	0-7	4.00	1-16	7.37
<u>Small</u>				
Years in Education	15-24	19.0	5-28	13
Years Teaching	5-17	10.6	3-24	11.65
Years in Special Education	0-17	7.2	3-24	10.96
Years in SED	0-14	3.0	2-24	9.60

1 includes teaching and non-teaching experience

Table 3. Demographic Information- Primary Grade Responsibility

Grades	Directors n=10		Teachers n=42	
	Frequencies	Percent	Frequencies	Percent
Elementary	2	20%	16	38%
Middle/Jr. High	1	10%	10	24%
Secondary/High	0	0	12	29%
Elementary/Middle	0	0	1	2%
Middle/Secondary	0	0	1	2%
All	7	70%	0	0
No Response	0	0	2	5%

As a group, directors (n=12), 7 reported their primary responsibility for elementary through high school, 2 reported primary responsibility for elementary, 1 for middle school and high school, and 1 reported primary responsibility for middle school only. For teachers (n=42) as a whole, 16 respondents reported primary responsibility for elementary school students, 11 for middle school students, 12 for high school students, 1 for both elementary and middle school students, and 2 teachers gave no response.

Respondents had considerable years experience as directors and teachers in the area of educating children identified as SED, and in education as a whole. Additionally, respondents represented all of K-12 educational levels. Summaries of demographic information can be found in Tables 2 and 3.

### Research Questions and Results

#### **Research Question One: What are the current services provided for students identified as seriously emotionally disturbed?**

Services were divided into six broad areas: Education, Counseling, Medical, Financial Assistance, Early Intervention and Advocacy. Each broad category was then divided into subcategories to allow for more specific information to be gathered.

Based on directors and teachers responding, there was little agreement between levels of services available to students. (See Appendix E) The larger differences between directors and teachers occurred in large- and small-sized school districts; although smaller, substantial differences occurred between directors and teachers in medium-sized school districts as well.

## **Large- Sized School Districts**

### **Educational Services**

In breaking down responses according to district size, in large- sized school systems, under the broad category Education, all directors (n=4) and teachers (n=10) responding to the survey indicated that academic training and transportation were available for all students within their districts. For the remaining sub-categories, all participating directors responded that each service was available, while 30% of the teachers responded that vocational training was available, 40% responded that adaptive daily living skills training and career skills training were available and 90% of the teachers responded that social skills training and behavior management were available.

### **Counseling Services**

Three-fourths of directors answered that family counseling, identification of families at risk, and identification of children and youth at risk services were available, while 40% of teachers responded that family counseling services and identification of families at risk services were counseling services available. Sixty percent of teachers responded that identification of children and youth at risk services were available. In the sub category identification, 50% of directors and 37.5% of teachers responded that the service was available. About sixty-six percent of directors and thirty percent of teachers responded that parenting classes were available. slightly more than one-third of directors and twenty percent of teachers responded that legal counseling was available. Finally, two teachers listed crisis intervention and group counseling as services available under the sub category other.

### Medical Services

The category Medical was divided into four parts: physical examinations (including vision and hearing), medication, physical therapy/occupational therapy, and other. All responding directors indicated that all services were available to students identified SED; however teacher responses ranged from 50% (physical, and physical therapy/occupational therapy ) to 80% (medication). One director and one teacher listed speech therapy as a service also provided under Medical Services to students identified as seriously emotionally disturbed.

### Financial Assistance Services

The fourth category, Financial Assistance, showed all directors answering that tuition reimbursement and ADC/SSI were available in their districts, while none of teachers answered that tuition reimbursement was available and 62.5% of teachers responded that ADC/SSI was available. Half of the directors and 11.1% of teachers responded that therapy/treatment reimbursement was available.

### Early Intervention Services

Early Intervention services, the fifth category, was divided into four service categories: identification of families at risk, identification of children and youth at risk, physical therapy, and occupational therapy. Three-fourths of directors responded that each service was available in their district, while teachers responses varied from 33.3 % that physical therapy and occupational therapy services to 55.6% that identification of families and for identification of children and youth at risk services were available in their districts.

### Advocacy Services

The last broad category, Advocacy was divided into three service areas: support groups, information holiness/information centers, and legal assistance. Approximately two-thirds of directors and one-third of teachers responded that support groups were available. Exactly half of directors and slightly more than half of teachers responded that information centers/hotlines were available. Legal assistance services were not available in large districts according to directors responses, while about twelve percent of teachers responded legal assistance services were available.

### **Medium-Sized School Districts**

#### Educational Services

For the medium sized districts, under the broad category Education, all responding directors answered that each service was provided. Responding teachers, however, responded at a rate of 61.1% that vocational training was available, and 89.5% responded that education was available to students identified as SED within their districts. Other sub categories and response rate that the service was available were: career training, 68.8%, ADL training, 76.5%, transportation, 83.3%, social skills training, 84.2%, and behavior management, 89.5%. One teacher listed art, music and physical education as services available under Education.

#### Counseling Services

For every sub category with the exception of legal counseling, 66.7% of responding directors identified those services as being available. No director responded that legal counseling was available. For teachers, percentage of services available ranged

from 18.8% (parenting classes) to 71% (identification). Legal counseling was available, according to 23.5% of responding teachers, family counseling (50%), identification of children and youth at risk (52.9%), and identification of families at risk (56.3%). Other services listed by teachers were: inpatient psychiatric care, student counseling, guidance counseling in the school, and individual counseling.

### Medical Services

In this category, all responding directors said that physicals (including vision and hearing) and physical therapy/occupational therapy services were available, while teachers responded in the affirmative at a rate of 81.3% for the former and 37.5% for the latter. Under medication, 33.3% of directors and 66.7% of teachers responded that each was available. Speech was listed as an available service under Medical by two teachers.

### Financial Assistance Services

Under Financial Assistance, 33.3% of directors responded that therapy/treatment reimbursement and tuition reimbursement were available in their district, and 23.1% and 21.4% of teachers responded those services were available. No director responded that ADC/SSI was available, while 61.5% of the teachers said they were available. Breakfast/Lunch programs were listed by one director as additional services offered available under this category.

### Early Identification Services

Early Identification, the fifth broad category, was divided into four subcategories. All directors responded that identification of families at risk services were available, as compared with 46.2% of the teachers. Two-thirds of the directors responded that physical



therapy services and identification of children and youth at risk services were available. About thirty-eight percent responded that physical therapy services and about forty-six percent of teachers responded identification of children and youth services were available to students. No director responded that occupational therapy services were available, and approximately forty-one percent of the teachers replied that such services were available.

### Advocacy Services

The last category had no director indicating availability in any sub category. Teachers, on the other hand, responded that legal assistance services (15.4%), information centers/hotlines (40%) and support groups (42.8%) were available.

## **Small-Sized School Districts**

### Educational Services

Finally, for small sized school districts, under Education, all responding directors identified career training, vocational training, transportation, behavior management and academics as available in their district. Twenty-five percent of teachers identified career training as available in their district. Half identified vocational training, three-quarters identified transportation, 92% identified behavior management and all identified academics as available educational services within their districts. Eighty percent of responding directors identified ADL training and social skills training , and 25% and 50% of teachers identified, respectively, these services as available.

### Identification Services

In the second broad category, Identification, all responding directors noted identification of children and youth services were available, compared to 41.7% of

responding teachers. Three-fourths of directors answered that identification of families at risk services as well as identification services were available, while 16.7% and 66.7% of teachers within small-sized districts identified these services as available. Half of directors responded that family counseling services, parenting classes and legal counseling services were available, while none identified legal counseling as available services in their districts. One-quarter of teachers identified family counseling services, and 29% identified parenting classes as available services. One teacher added individual counseling in school as an available service, but did not specify if school personnel provided counseling or if a representative from an outside agency provided individual counseling in the school.

#### Medical Services

Medical services, the third category, reflected differences between responding directors' and responding teachers' as well. Eighty percent of directors responded affirmatively that medication and physical (including vision and hearing) services were available services, whereas 50% and 66.7% of teachers, respectively, responded that these services were available. Availability of physical therapy/occupational therapy produced closer percentages, with 20% of directors and 29% of teachers responding that these services were available.

#### Financial Assistance Services

Under the category of Financial Assistance, 40% of directors and 29% of teachers responded that tuition reimbursement was available in their systems. Twenty percent of directors and none of the teachers responded that treatment/therapy reimbursement was available. Eight percent of directors and 16.7% of teachers responded that ADC/SSI was

available. One director listed breakfast/lunch programs as a financial assistance service available.

### Early Intervention Services

Early Intervention, the fifth category, was divided into four subcategories: identification of families at risk, identification of children and youth at risk, physical therapy, and occupational therapy. Directors' responses for services available were 60% for all subcategories with the exception of identification of children and youth at risk services (80%). Teacher responses for services available ranged from 16.7% for physical therapy and occupational therapy to 41.7% (identification of children and youth at risk services). One-fourth of teachers responded that identification of families at risk services were available.

### Advocacy Services

In the last category, Advocacy, 40% of directors and 36% of teachers responded that support groups were available. No director and 30% of teachers responded that information centers/hotlines were available, and 20% of directors and 30% of teachers responded that legal aid was available. One teacher listed social service assistance as an available service under this category.

### **Research Question Two: Which agencies and what combination of agencies provide these services?**

In attempting to answer research question two, services were divided into the six broad categories used in research question 1: Education, Counseling, Medical, Financial Assistance, Early Intervention and Advocacy. Additionally 17 agencies, or service

providers, were listed. The category "other" was included to allow for respondents to list any additional agencies. Responses given were "yes", "no" or "I don't know". Means and standard deviations were produced for "yes" or "no" answers. All questions answered "I don't know" were coded as "no's" for analysis. Then all "I don't know's" were analyzed separately to look for commonalities within and across groups. See Appendix F for breakdown of "I don't know" responses for directors and teachers according to school district size.

All directors', regardless of school district size, responses clustered more closely together than did teacher responses. This is true for "yes" and "no" responses as well as for "I don't know" responses. This may be due in part to smaller sample sizes for directors. Further, 10% of teachers indicated that they did not know whether or not community services boards, community members, departments of health, day treatment programs, residential treatment programs, parent support groups or community services agencies provided any of the six service categories. Twenty percent of responding teachers indicated they did not know whether or not juvenile and domestic courts, probation officers, cooperating agency councils or human rights advocacy groups provided any of the six service categories. Additional "I don't know" responses are listed separately, according to service category.

## **Large Sized School Districts**

### **Educational Services**

In large-sized school districts, 75% of all responding directors indicated that Educational Services were available through: schools, state psychiatric hospitals, private psychiatric hospitals, day treatment programs, residential treatment programs, and cooperating agency councils. Teacher responses in terms of provision of educational

services for these categories ranged from 10% for cooperating agency councils, 20% for state psychiatric hospitals and private psychiatric hospitals, 50% for day treatment programs and residential treatment programs, and 90% for the school system. Half of responding directors and 40% of responding teachers answered that parents were providers of educational services. One quarter of all directors replied departments of health, human rights advocacy groups, community services boards, juvenile and domestic courts and community members provided educational services. Teachers, responding to these agencies and their provision of educational services, had a much wider span of percentages: 10% (departments of health and human rights advocacy groups), 20% (community services boards and juvenile and domestic courts), and, 40% (community members). Finally, under provision of educational services, none of responding directors indicated that probation officers, peers, therapists, community service agencies (Lion's Club, United Way, etc.), or parents support groups provided any educational services to students identified as SED. Teachers indicated that these groups did provide educational services, and the percentages ranged from 10% (probation officers) to 30% (therapists), with 20% and 30% of teachers indicating that peers and community services agencies and therapists, and parent support groups provided educational services. (See Appendix G)

#### "I don't know" Responses

One-fourth of directors responded "I don't know" to whether or not cooperating agency councils provided educational services. Teachers responded "I don't know" to considerably more agencies. One-tenth of teachers surveyed from large-sized school districts responded that they did not know or were not sure whether or not state psychiatric hospitals or community services agencies provided educational services.

### Counseling Services

All responding directors indicated that counseling services were provided by: community services boards, juvenile and domestic courts, probation officers, therapists, state psychiatric hospitals, private psychiatric hospitals, day treatment programs residential treatment programs, and cooperating agency councils. Teachers, on the other hand, did not respond with such agreement. Percentages of responding teachers indicating that these agencies provided counseling services ranged from 10% (cooperating agency councils) to 70% (therapists), with 20% responding that probation officers and juvenile and domestic courts, 30% responding that community services boards and private psychiatric hospitals, 40% day treatment programs and residential treatment programs provided counseling services, and half responding that state psychiatric hospitals provided counseling services. Three-fourths of directors responded that parents, peers, and parent support groups provided counseling services. Again, teacher responses were not as consistent as directors. Twenty percent of teachers indicated that community members and parent support groups provided counseling. Half of responding teachers indicated parents provided counseling services. Half of directors responded that community members and community services agencies, departments of health, and schools were providers of counseling services, and 10%, 20% and 80% of teachers indicated that these agencies, respectively, were counseling providers.

### I don't know Responses

One-fourth of directors indicated that they did not know whether or not cooperating agency councils provided counseling services.

## Medical Services

Director responses followed a similar pattern as under Educational and Counseling Services, with responses indicating provision of services ranged from none to all. Teacher responses showed lower percentages than in previous categories, indicating less provision of services from a particular agency, or from agencies in general. Director and teacher responses were also spread farther apart than in previous categories. All directors responded that community service boards, departments of health, private psychiatric hospitals and residential treatment facilities provided medical services, as compared with teachers who responded at a rate of 20% that community services boards, at a rate of 40% that residential treatment facilities, and at a rate of 50% that departments of health and private psychiatric hospitals provided medical services to those students identified as SED. Three-fourths of directors responded that day treatment facilities, parents and state psychiatric hospitals provided medical services. Thirty percent of teachers responded that day treatment facilities, 40% that parents and 60% that state psychiatric hospitals provided medical services. Half of directors and 20% of teachers responded that therapists provided medical treatment. One-fourth of directors indicated the school system, juvenile and domestic courts, cooperating agency councils and community services agencies provided medical services. One tenth of teachers completing the survey indicated the school system provided medical services. Forty percent of responding teachers indicated that community services boards provided medical services, and half responded that cooperating agency councils provided such services. Slightly less than one-third of participating teachers responded that medical services were provided by community service agencies. No directors indicated that peers, community members, parent support groups or human rights advocacy groups provided medical services. No participating teacher identified peers as medical service providers. Twenty percent of community

services members and therapists were recognized as providers of such services. Parent support groups were identified by 30% of teachers as providers of medical services. Finally, 40% of teachers identified probation officers and human rights advocacy groups as medical services providers.

### I don't know Responses

There were no directors indicating that they did not know whether or not any agency or individual provided medical services. As an exception to the breakdown of "I don't know" responses listed for teachers, there were no "I don't know" responses for departments of health or community services agencies under medical services.

### Financial Assistance

Again director responses ranged from none to 100%, however, in this category, there was only one agency, community service boards, that all directors indicated provided financial assistance. Forty percent of responding teachers indicated that financial assistance was provided by community services boards. Three fourths of directors responded that community members and cooperating agency councils provided this service, and half responded that departments of health, parents, therapists, cooperating agency councils and human rights advocacy groups provided financial assistance. One-fourth of directors indicated that juvenile and domestic courts and parent support groups provided financial assistance. No participating directors indicated school systems, probation officers, peer groups, therapists, state psychiatric hospitals, private psychiatric hospitals, day treatment facilities, or residential treatment programs provided financial assistance. As in previous service categories, teachers responded that financial assistance services were available at lower percentage rates than did directors, with a low of 0%



(school systems, probation officers, and peer groups), and a high of 40% (community services boards and community services agencies). No teacher responded probation officers and peer groups provided these services. One-tenth indicated juvenile and domestic courts, departments of health, parents, therapists, private psychiatric hospitals, day treatment programs, residential treatment programs human rights advocacy groups and parent support groups were providers of financial assistance. Twenty percent responded that state psychiatric hospitals and cooperating agency councils provided financial assistance. Slightly less than one-third of responding teachers indicated community members provided financial services.

#### I don't know Responses

No director indicated that they did not know whether or not any agency or individual provided financial assistance services. Again, 10% and 20% of teachers responded they did not know whether or not financial assistance was provided by particular agencies or individuals. Additionally, one-tenth of teachers responded they did not know if state psychiatric hospitals or private psychiatric hospitals provided financial assistance services.

#### Early Intervention

Director indications that any particular agency provided early intervention services ranged from none to three-fourths of respondents. Teacher percentages again were lower and ranged from one-tenth to one-half. Three-fourth of responding directors identified departments of health, parents, therapists and school systems as early intervention service providers. Teachers responded at rates of 10% (departments of health), 20% (parents),

40% (therapists), and at 50% (school systems) that these agencies or individuals provided early intervention services.

Half of directors indicated that day treatment programs, residential treatment facilities and parent support groups provided early intervention services while teachers responded that such services were provided at 0%, 10% and 20%, respectively.

One-fourth of directors responded that the following agencies were providers of early intervention services: juvenile and domestic courts, probation officers, peers, community members, state psychiatric hospitals, private psychiatric hospitals, cooperating agency councils, and community service agencies. No teacher identified juvenile and domestic courts, probation officers, community members, cooperating agency councils or community services agencies as early intervention providers. One-tenth identified community members and state psychiatric hospitals as providers of early intervention services.

For the remaining agency, human rights advocacy groups, none of the directors and one-tenth of teachers identified it as a provider of early intervention services.

### I don't know Responses

There were no director "I don't know" responses for this category. One tenth of teachers indicated they did not know whether or not state psychiatric or private psychiatric hospitals provided early intervention services.

### Advocacy

The category advocacy showed consistent trends in director and teacher responses, with higher percentages of directors identifying agencies as providers of advocacy services. Director responses ranged from 25% to 100 %, while teacher responses ranged

from none to 40%. All directors identified community members, community services boards and human rights advocacy groups as advocates for students identified as SED, as compared with 0%, 10% and 20% of participating teachers identifying these agencies respectively as advocates for students identified as SED. Seventy-five percent of directors identified school systems, probation officers, departments of health, parents, peers, therapists, private psychiatric hospitals, and day treatment programs, residential treatment facilities and parent support groups as providers of advocacy services. Ten percent of responding teachers identified departments of health, therapists, private psychiatric hospitals, day treatment programs and residential treatment facilities as advocates. Twenty percent of teachers identified probation officers, parents, peer groups, and state psychiatric hospitals as providers of advocacy services. Forty percent of teachers indicated that the school system provided advocacy services, and thirty percent indicated advocacy services were provided by therapists. Half of directors responded juvenile and domestic courts and cooperating agency councils provided advocacy services, while zero and 20% of teachers identified these agencies as advocates. One quarter of directors identified community service agencies and state psychiatric hospitals as advocates. Finally, 10% and 20% of teachers identified community services agencies and state psychiatric hospitals as advocates.

#### I don't know Responses

Similarly, no director indicated they did not know or were not sure whether or not any particular agency or individual provided advocacy services. One-tenth of responding teachers indicated they did not know if advocacy services were provided by state psychiatric hospitals or private psychiatric hospitals.

## **Medium Sized School Districts**

Medium-sized school district directors and teachers appeared to respond more closely in their indication of provision of services and which agencies provide those services than did the personnel in large-sized districts. (See Appendix H).

Directors and teachers consistently indicated they did not know whether or not the same agencies or individuals provided any particular service, regardless of the service, the only exception being under early intervention services. No director gave an "I don't know" response in this category. In all other categories, one-third of directors indicated that they did not know if parents, peer groups, or community members provided any of the six services. Under Educational, Counseling, and Medical Services, one-third of directors also responded they did not know whether state psychiatric or private psychiatric hospitals provided the aforementioned services.

Teacher "I don't know" responses showed much less consistency than the director responses and are listed separately under each service category.

### **Educational Services**

Director responses ranged from none to 100% that educational services were provided by any particular agency. Teacher responses ranged from none to 94.7%.

All directors responded that educational services were provided by day treatment programs and school systems. Teachers responded at rates of 31.5% (day treatment programs) and 94.7% (school systems), that educational services were provided by these agencies. One-third of directors indicated peer groups, community members, therapists, departments of health, parents, state psychiatric hospitals, private psychiatric hospitals and residential treatment programs provided educational services. Teacher responses were more varied: less than one percent indicated educational services were provided by peer

groups and community members; about ten percent identified therapists as educational services providers; about fifteen percent identified departments of health and parents; twenty-one percent of teachers identified state psychiatric and private psychiatric hospitals as providers of educational services; and, about twenty-six percent indicated that residential treatment programs provided educational services. No participating director from medium-sized school districts identified the following as educational services providers: community services boards, juvenile and domestic courts, probation officers, cooperating agency councils, community services agencies, human rights advocacy groups and parent support groups. Teacher responses ranged from none ( cooperating agency councils, and human rights advocacy groups ) to about fifteen percent (probation officers, community services agencies and parent support groups), with less than one percent identifying community services boards and about ten percent of participating teachers identifying juvenile and domestic courts as providers of educational services.

#### I don't know Responses

Five percent of participating teachers responded they did not know whether or not therapists provided educational services. Slightly more than ten percent of teacher indicated lack of knowledge regarding whether or not probation officers, parents, community members, state psychiatric hospitals, private psychiatric hospitals or community services agencies provided educational services. Sixteen percent responded they did not know whether or not juvenile and domestic courts, departments of health, peers, day treatment programs, cooperating agency councils or parent support groups provided educational services. Finally, slightly less than one-third of teachers responded they did not know whether or not community services boards or cooperating agency councils provided educational services.

## Counseling Services

Director responses ranged from none to 100%. All directors indicated that school systems, community services boards, and day treatment programs provided counseling services. Twenty-one percent identified community services boards and about thirty-six percent identified day treatment programs as counseling services providers. Sixty-eight percent of teachers responded that school systems provided counseling services.

About sixty-six percent of directors identified the following as counseling service providers: departments of health, parents, probation officers, peer groups, and therapists. Teachers responses were more varied: 21% (departments of health); 26.3% (parents); 31.5% (peer groups); 42.1% (probation officers); and, 52.6% indicated therapists provided counseling services.

One-third of directors responded community members, parent support groups, juvenile and domestic courts, state psychiatric hospitals, residential treatment programs and private psychiatric hospitals provided counseling services. No teacher responded that community members provided counseling services. About fifteen percent of teachers responded that parent support groups provided counseling services. Thirty-one percent of teachers identified juvenile and domestic courts, state psychiatric hospitals, and residential treatment programs as counseling service providers. About thirty-six percent of teachers indicated private psychiatric hospitals as providers of such services.

No director identified human rights advocacy groups, cooperating agency councils, or community services agencies as counseling services providers. No teacher identified human rights advocacy groups as provider of counseling services. About ten percent of teachers identified cooperating agency councils and about fifteen percent identified community services agencies as such providers.

### I don't know Responses

Eleven percent ( departments of health, peers, community members and therapists) of teachers indicated that they did not know whether or not the above agencies provided counseling services. Sixteen percent (juvenile and domestic courts, probation officers, parents, state psychiatric hospitals, day treatment programs, residential treatment programs, community services agencies and parent support groups), twenty-one percent (day treatment programs), twenty-six percent (community services boards and human rights groups), and thirty-two percent of teachers responded that they did not know whether or not cooperating agency councils provided counseling services.

### Medical Services

Director responses again ranged from none to 100%. Teacher responses ranged from none to 42%, however percentages between directors and teachers appear to more closely match than in the previous two categories, with more director responses clustering around 33% rather than at a higher percentage as in the Educational and Counseling Services sections. All directors indicated school systems, and departments of health provided medical services. About twenty-six of teachers indicated that school systems and forty-two percent indicated that departments of health provided medical services to students identified as SED.

About sixty-six percent of directors and less than one percent of teachers identified community services boards as providers of medical services. This is the biggest difference between directors and teachers under this category.

One-third of directors responded juvenile and domestic courts, parent support groups, community members, probation officers, therapists, state and private psychiatric hospitals and day treatment programs provided medical services to students identified as

SED. No teacher indicated parents support groups provided such services. Less than one percent identified probation officers as providers of medical services. About ten percent of teachers identified community members and probation officers as providers of such services. Twenty-one percent of teachers responded that therapists, state psychiatric hospitals and day treatment programs provided medical services, and about twenty-six percent of teachers identified parents and private psychiatric hospitals as providers of medical services. No director identified peer groups, residential treatment programs, cooperating agency councils, community services agencies, or human rights advocacy groups as medical service providers. No teacher identified peer groups, cooperating agency councils and human rights advocacy groups as providers of medical services. About fifteen percent identified community services agencies as providers. Twenty-one percent of teachers, however, identified residential treatment programs as providers of medical services.

#### I don't know Responses

Percentages of teachers responding they did not know whether or not particular agencies or individuals provided medical services were again more varied and, teachers responded they did not know to a larger number of agencies or individuals than did the directors. Slightly more than ten percent of teachers responded they did not know whether departments of health, peers, community members and therapists were providers of medical services. Twenty-one percent (day treatment programs), sixteen percent (juvenile and domestic courts, probation officers, parents, state psychiatric hospitals, private psychiatric hospitals, residential treatment programs, community services agencies and parent support groups), and, twenty-six percent of teachers responded that they did not know if human rights advocacy groups provided medical services. Slightly less than



one-third of teachers indicated they did not know if medical services were provided by community services boards or cooperating agency councils.

### Financial Assistance Services

Director responses ranged from none to 100%; however, there are more instances of no director indicating an agency or individual providing financial assistance services than in any other service category. Teachers, also, indicated at lower percentages than in previous categories that financial assistance services were available through particular agencies or individuals.

All directors and about fifteen percent of teachers identified community services boards as sources for financial assistance. About sixty-six percent of directors responded that juvenile and domestic courts and departments of health provided financial assistance services while less than one percent and twenty-one percent of responding teachers identified these agencies, respectively, as financial assistance services providers.

One-third of directors indicated probation officers, day treatment programs, state psychiatric hospitals, school systems, or parents provided financial assistance. Less than one percent identified probation officers and day treatment programs as financial assistance providers. About fifteen percent identified state psychiatric hospitals and about twenty-six percent of teachers identified school systems and parents as financial assistance services providers.

No director indicated the following agencies provided financial assistance services: peer groups, cooperating agency councils, human rights advocacy groups, therapists, parent support groups, private psychiatric hospitals, residential treatment programs, community services agencies, or community members. Teacher percentages were more varied, but still quite low. Less than one percent indicated therapists and parent support

groups provided financial assistance. No teacher indicated peer groups, cooperating agency councils and human rights advocacy groups provided financial assistance services. About ten percent of teachers responded private psychiatric hospitals and residential treatment facilities provided financial assistance. Twenty-six percent identified community services agencies as financial assistance providers. Finally, about thirty-six percent of participating teachers indicated community members provided financial assistance

#### I don't know Responses

Slightly more than ten percent of teachers responded they did not know if therapists provided financial assistance services. Sixteen percent of responding teachers indicated they did not know if probation officers, departments of health, peer groups, community members, state psychiatric hospitals or day treatment programs provided financial assistance. Slightly more than twenty percent indicated unawareness that juvenile and domestic courts, parents, day treatment programs, residential treatment programs, or parent support groups providing financial assistance services. Twenty-six percent indicated they did not know whether or not community services boards or human rights advocacy groups provided financial assistance services. Finally, thirty-two percent of teacher indicated they did not know if community services boards or cooperating agency councils provided financial assistance services to students identified as SED.

#### Early Intervention Services

Again director responses ranged from none to 100%, with most percentages lower than in previous categories. All directors identified school systems and community services boards as providers of early intervention services. Twenty-one percent of teachers

identified community services boards and about forty-seven percent of teachers identified school systems as early intervention service providers.

One-third of participating directors responded that parents, community services agencies, parent support groups, juvenile and domestic courts, probation officers, departments of health and therapists provided early intervention services. Less than one percent (parents, community services agencies and parent support groups) indicated that these agencies or individuals were providers of early intervention services. Twenty-one percent (probation officers), about fifteen percent (juvenile and domestic courts) and about twenty-six percent of teachers indicated departments of health and therapists provided such services.

No director responded peer groups, community members, state psychiatric and private psychiatric hospitals, day treatment programs, residential treatment programs, cooperating agency councils or human rights advocacy groups provided early intervention services. No teachers, likewise, indicated community members, and human rights advocacy groups provided such services. Less than one percent responded peer groups and day treatment programs were early intervention services providers. About ten percent indicated state psychiatric hospitals provided early intervention services and about fifteen percent of teachers indicated private psychiatric hospitals and residential treatment facilities.

#### I don't know Responses

Percentages of teachers indicating whether or not an agency or individual provides a early intervention services breaks down similarly, but not precisely as in previous categories: 11% (therapists); 16% (probation officers, departments of health, peers, community members, state psychiatric and private psychiatric hospitals, day

treatment programs, and residential treatment programs); 21% ( juvenile and domestic courts, parents and community services agencies); 26% (human rights advocacy groups and parent support groups); and, 32% (community services boards and community services agencies).

### Advocacy Services

Director percentages indicating an agency or individual provided advocacy services ranged from none to 66.6%; however, percentages were either 0, 33.3 or 66.6. About sixty-six percent of participating directors indicated the following provided advocacy services: departments of health, state psychiatric hospitals, community services boards, juvenile and domestic courts, parent support groups and probation officers. About forty-two percent of participating teachers indicated school systems provided advocacy services. Teacher percentages were lower, and more widely spread than the directors, ranging from 5.2 to 41.2. About ten percent of teachers identified departments of health and state psychiatric hospitals as advocacy services providers. Twenty-one percent of teachers identified community services boards and about thirty-one percent of teachers indicated juvenile and domestic courts and parent support groups provided advocacy services. Finally, about thirty-six percent indicated probation officers functioned as advocates.

One-third of directors responded that peer groups, community members, private psychiatric hospitals, day treatment programs, residential treatment programs, therapists, community services agencies, human rights advocacy groups or provided advocacy services. Again, teacher percentages were more varied: from 15.7 to 42.1. About fifteen percent of teachers responded that peer groups, community members, private psychiatric hospitals, day treatment programs and residential treatment programs provided advocacy

services. Twenty-one percent of teachers identified therapists and community services agencies, and human rights advocacy groups as advocates. About forty-two percent of participating teachers identified parents as advocates. For the remaining agency, cooperating agency councils, no director and five percent of teachers responded that such councils provided advocacy services.

### I don't know Responses

Eleven percent of teachers indicated they did not know whether or not therapists provided advocacy services. For juvenile and domestic courts , departments of health, parents, state psychiatric hospitals, day treatment programs, community services agencies, parent support groups, twenty-one percent of teachers indicated they did not know whether or not these agencies or individuals provided advocacy services. Twenty-six percent identified that they did not know whether or nor human rights advocacy groups provided such services. About thirty percent of responding teachers indicated they did not know if community services boards or cooperating agency councils provided advocacy services.

### **Small Sized School Districts**

Twenty percent of directors indicated they did not know whether or not juvenile and domestic courts, probation officers, parents and peer groups provided services under all six service categories. Forty percent of directors indicated they did not know whether state pscyhiatric hospitals, private psychiatric hospitals or cooperating agency councils provided services under all six service categories. Additional responses are listed under each service category. (See Appendix I)

Unless otherwise noted, for all categories, 7% of teachers responded they did not know whether all listed agencies or individuals, with the exception of schools, provided any of the six services.

### Educational Services

Director responses ranged from none to 80%. Teacher responses were more varied, ranging from none to 100%. Eighty percent of responding directors indicated community services boards provided educational services. Less than ten percent of responding teachers indicated community services boards provided educational services.

Sixty percent of directors indicated day treatment programs, residential treatment programs and school systems provided educational services. No teacher responded day treatment programs provided educational services. About sixteen percent responded residential treatment programs provided educational services. All teachers indicated school systems provided educational services.

Forty percent of directors from small-sized school districts indicated peer groups and community members provided educational services. About sixteen percent of teachers responded peer groups provided educational services, and none indicated community members provided such services.

Twenty percent of directors responded parents, private psychiatric hospitals and therapists were educational services providers, while sixteen percent of teachers indicated parents and private psychiatric hospitals provided educational services. Finally, one-fourth responded therapists were such providers.

No director indicated juvenile and domestic courts, cooperating agency councils, community services boards, probation officers, human rights advocacy groups, departments of health, parent support groups or state psychiatric hospitals provided

educational services. Teacher percentages ranged from none to 25 when addressing these individuals or agencies. No responding teacher indicated juvenile and domestic courts, cooperating agency councils or community services agencies were educational services providers. Probation officers and human rights advocacy groups were identified by less than ten percent of teachers as educational services providers. About sixteen percent indicated educational services were provided by departments of health and parent support groups. Finally, one-fourth of teachers indicated that psychiatric hospitals provided educational services.

#### I don't know Responses

Twenty percent of responding directors indicated they did not know whether or not departments of health, parents, community members or therapists provided educational services. Twice that amount of directors responded they did not know if community services agencies, human rights advocacy groups or parent support groups provided educational services.

#### Counseling Services

Director responses ranged from none to 80%, with 40% being the most frequently occurring percentage. Teacher responses were far wider spread, with percentages ranging from none to 75% , with 25% being the most frequently occurring percentage.

Eighty percent of directors responded the following were providers of counseling services: community services boards, therapists and schools. Less than ten percent of teachers responded community services boards provided counseling. About sixteen percent of teachers indicated therapists provided counseling services. Three-fourths of teachers indicated school systems provided counseling services. Sixty percent of directors

and about sixteen percent of teachers indicated residential treatment programs were counseling services providers.

Day treatment programs, departments of health, parents, private psychiatric hospitals and probation officers were identified by 40% of directors as counseling service providers. Less than ten percent of teachers responded day treatment programs provided counseling services. One-fourth identified departments of health, parents and private psychiatric hospitals as providers of counseling services. Almost forty-two percent of teachers indicated probation officers provided counseling services.

Twenty percent of directors indicated cooperating agency councils, parent support groups peer groups provided counseling services. No teacher identified cooperating agency councils as counseling service providers. About sixteen percent of teachers identified peer groups and parent support groups as counseling service providers, and one-third of teachers identified state psychiatric hospitals as counseling service providers.

Neither community members, community service agencies nor human rights advocacy groups were identified as counseling service providers by directors. Similarly, no teacher identified community members of community services agencies as providers of counseling services, and less than ten percent of teachers indicated human rights advocacy groups provided such services.

### I don't know Responses

Twenty percent of directors indicated they did not know if parent support groups provided counseling services. Forty percent of directors responded they did not know if community members, community services agencies, or human rights advocacy groups provided such services.



## Medical Services

All directors indicated departments of health and parents provided medical services. One-third of teachers parents provided such services and about fifty-eight percent of teachers identified departments of health as medical service providers.

Sixty percent of directors responded school systems and residential treatment programs were medical service providers. About sixteen percent of teachers indicated residential treatment programs provided medical services and twenty-five percent of teachers indicated schools were such providers.

Forty percent of directors indicated community services boards and private psychiatric hospitals provided medical services. Less than ten percent of teachers indicated community services boards and one-fourth indicated private psychiatric hospitals provided such services.

Probation officers, peer groups, state psychiatric hospitals, cooperating agency councils and community services agencies were identified by 20% of directors as providers of medical services. No teacher identified probation officers or peer groups as medical services providers. Less than ten percent of teachers identified cooperating agency councils and about sixteen percent identified community services agencies as providers of medical services.

Neither directors nor teachers identified juvenile and domestic courts, day treatment programs, human rights advocacy groups, or parent support groups as medical services providers. No directors identified community members or therapists as medical services providers, and less than ten percent of teachers identified these agencies as providers of such services.

### I don't know Responses

Twenty percent of directors indicated they did not know if parent support groups provided medical services. Forty percent of directors responded they did not know whether or not community members, community services agencies or human rights advocacy groups provided such services to students identified as SED.

### Financial Assistance Services

Director responses ranged from none to 60%, with the most frequently occurring percentage being zero. Teacher percentages, also, were much lower than in previous categories, with percentages ranging from 0 to 16.6. For teachers, the two most frequently occurring percentages were 0 and 8.3.

Sixty percent of directors and less than ten percent of teachers responded community services boards provided financial assistance. Forty percent of directors and less than ten percent of teachers indicated financial assistance services were provided by community services boards.

Financial assistance services, according to 20% of responding directors were provided by therapists, cooperating agency councils, parent support groups, schools, and departments of health. No teacher indicated therapists, cooperating agency councils or parent support groups provided financial assistance. Less than ten percent of teachers indicated school systems and departments of health. Parents were identified by 16.6% of teachers as financial assistance providers.

No responding directors identified the following agencies as providers of financial assistance to students identified as SED: probation officers, peer groups, private psychiatric hospitals, day treatment programs, human rights advocacy groups, juvenile and domestic courts, community members, state psychiatric or private psychiatric hospitals.

No teacher identified probation officers, peer groups, private psychiatric hospitals, day treatment programs and human rights advocacy groups as providers of such services.

Less than ten percent of teachers identified juvenile and domestic courts, community members, state psychiatric hospitals and residential treatment programs as financial assistance providers.

### I don't know Responses

Twenty percent of directors responded they did not know whether cooperating agency councils, community services agencies or human rights advocacy groups provided financial services. Forty percent of directors responded they did not know if community members provided financial services.

No teacher indicated they did not know if the school system provided financial assistance services. Fifteen percent of teachers indicated they did not know if state psychiatric or private psychiatric hospitals provided financial assistance services.

### Early Intervention Services

Director responses again ranged from none to 60%, with the most frequently occurring percentage being 0. Teacher responses range from none to half, with the most frequently occurring score also being zero.

Sixty percent of directors and half of teachers indicated school systems provided early intervention services. Forty percent of directors responded community services boards, departments of health, and therapists provided early intervention services. Less than ten percent indicated community services boards provided such services. About sixteen percent indicated departments of health, and one-third of teachers responded therapists provided early intervention services. Twenty percent of the directors and none

of the teachers indicated residential treatment programs provided early intervention services.

No director identified the following as early intervention service providers: juvenile and domestic courts, probation officers, parents, peer groups, state psychiatric and private psychiatric hospitals, day treatment programs, cooperating agency councils, community services agencies, human rights advocacy groups or parent support groups. No teacher identified the above individuals or agencies as early intervention service providers with the exceptions of less than ten percent identifying community services boards, probation officers and day treatment programs and about sixteen percent identifying departments of health, parents, state psychiatric and private psychiatric hospitals as such providers.

#### I don't know Responses

Twenty percent of directors indicated they did not know if community services agencies, human rights advocacy groups or parent support groups provided early intervention services. Forty percent of directors indicated they did not know if community members provided such services.

As in financial assistance services, no teachers indicated they did not know if school systems were early intervention service providers, and fifteen percent of teachers indicated they did not know if community services boards provided such services.

#### Advocacy Services

Percentages for this category were higher for both directors and teachers, indicating more individuals and agencies provided advocacy services and/or more directors

and teachers were aware of advocacy services being provided by other agencies. However, zero was still the most frequently occurring percentage for directors.

Director responses ranged from none to 80%. Eighty percent identified community services board as advocates, while slightly over thirty-three percent of teachers identified them as such. Sixty percent of directors identified human rights advocacy groups as providers of advocacy services while about sixteen percent of teachers indicated such groups provided advocacy services.

Forty percent of directors responded parents and therapists provided advocacy services, while about forty-five percent and about forty-nine percent of teachers responded such individuals, respectively were advocates.

Day treatment programs, residential treatment programs, parent support groups, schools and departments of health were identified by twenty percent of responding directors as advocates. Teacher responses were more varied: none identified day treatment programs as providers of advocacy services. Less than ten percent identified residential treatment programs, and about sixteen percent identified parent support groups as advocates. One-third indicated probation officers provided advocacy services, and one-fourth indicated school systems and departments of health provided such services.

Neither directors nor teachers identified community members, cooperating agency councils or community services agencies as advocates. No director and one-fourth of teachers identified juvenile and domestic courts as advocates. None of the directors and less than ten percent of the teachers identified the following as advocacy services providers: peer groups, state psychiatric and private psychiatric hospitals.

### I don't know Responses

Twenty percent of directors indicated they did not know whether or not parents, community members, therapists, private psychiatric hospitals, residential treatment programs, community services agencies or parent support groups provided advocacy services. No teacher indicated unawareness of the availability of advocacy services through school systems.

### **Research Question Three: To what extent are these services perceived as important by school personnel who typically care for this category of student?**

Means and standard deviations for the extent of perceived importance across the twenty services for directors and teachers are displayed in Appendix J. The means shown in these tables were tested for significance by 1) t-tests comparing the means of directors to the means of teachers by school district size; and, 2) an ANOVA across all district sizes comparing directors and teachers. Tests of significance are shown in Appendix K. Summaries of significant means are found in Tables 34 and 35. As suggested by the Number Cruncher Statistical System Version 5.03 (1992), unequal variance tests were used in testing the means (t- tests) for type of services where the significant level of the F-test is less than .1. When less than .1, the hypothesis that the two variances were equal was rejected, and an unequal variance test was conducted. The type of services for which the unequal variance tests were applied are indicated by footnote 3 in Tables 36, 37 and 38, Appendix K.

In large sized school districts, the only two significant results were associated with academic training and parenting classes ( $t=-2.714$ ,  $p=.024$ ). Inspection of the means shows that in both cases the teachers reported higher mean ratings (4.6 and 4.4) than the directors (4 and 2.75), indicating a gap in directors' and teachers' perceptions regarding

Table 34. Perceived Importance of Service Delivery: Significant Means Between Directors and Teachers, 1933-94 School Year, Virginia

Type of Service	Directors	Teachers	t	prob. level
	Mean	Mean		
<u>Large</u>				
Academic Training	4	4.6	2.714	0.24
Parenting Classes	2.75	4.4	2.893	0.74
<u>Medium</u>				
Support Groups	2.6	4	-2.282	0.34

Table 35. Perceived Importance of Service Delivery: Significant Means of Directors and Teachers Across District Size, 1993-94 School Year, Virginia

Type of Service	Size of School District			F ratio	Prob. level
	Large	Medium	Small		
<u>Directors</u>					
Academic Training	4	4.67	5	15.19	.0013
Parenting Classes	2.75	4.33	4.2	15.19	.0013
<u>Teachers</u>					
ADL Training	2.8	4.11	4.33	7.73	.0016
Career Training	3.8	4.44	4.67	3.58	.0381



the importance of academic training and parenting classes to the success of students labeled SED. In medium sized school districts, the only significant result was associated with support groups, ( $t=-2.282$ ,  $p=.034$ ) with teachers reporting a mean of 4 and directors reporting a mean of 2.67, indicating that there is a gap in directors' and teachers' perception regarding the importance of support groups to the success of these students. There were no significant differences found in the small sized school districts.

Across district size, significant mean differences were observed, indicating a difference in responses across district size for directors. Fisher's LSD test was then applied to both questions to determine where the differences lay. The first mean difference was ( $F 15.19$ ,  $p=.0013$ ), the perceived importance of academic training for the success of students labeled SED. Fisher's LSD Test indicated that the director's in the large sized school districts accounted for the  $F$ -value being significant at .05 level. This test indicated that the directors in medium and small-sized districts were not significantly different from each other at the .05 level, while the directors' in the large-sized districts were significantly different from the directors in the medium- and the small-sized districts.

The other significant mean difference occurred in item 10, the perceived importance of parenting classes for determining the success of students identified as SED ( $F 15.19$ ,  $p=.0013$ ). Fisher's LSD test, here again, indicated the directors in large-sized school districts were responsible for the significant  $F$ - value. The means of the medium- and small- sized school districts were not significantly different from each other, but the mean for the large- sized school districts was significantly different from the mean of both the medium- and the small- sized school district directors.

For comparisons of teachers across district size, data were analyzed using ANOVA's. Again, two mean differences occurred. The first one, item 6, perceived importance of ADL training, resulted in an  $F$  ratio of 7.73 and a  $p$ -value of .0016. Fisher's

LSD test indicated that teachers from large-sized school districts were responsible for the significant  $F$ -ratio. The means of the medium- and small-sized school districts (4.11 and 4.33) were not significantly different from each other. The mean for the large-sized school district (2.8) was significantly different from both the means of the teachers from medium- and from small-sized school districts. These means indicate that teachers from medium- and small- sized school districts place more importance to the value of ADL training in assisting their students to be successful than do teachers in large-sized school districts.

Item 7, perceived importance of career training, produced an  $F$ -ratio of 3.58 and a  $p$ -value of .0381. Again, teachers from large-sized school districts were responsible for the significant mean difference. As before, the means of teachers from medium- and small- sized school districts (4.44 and 4.67) were not significantly different from each other, while the mean of teachers from large-sized school districts (3.8) was significantly different from both districts. These means indicate that teachers from medium- and small-sized districts perceive parenting classes more important than do teachers from large-sized school districts in aiding their students identified as SED.

**Research Question Four: What are the differences, if any, in levels and types of services offered among large, medium and small school districts?**

Survey Part I (Appendix E) was re-examined to attempt to answer this question. ANOVA's were run on director and teacher responses across district sizes and on teachers across district sizes to compare the means of each group to determine if any differences existed in type and level of services offered among large, medium and small sized school districts. In addition to a higher number of significant means found among the teachers' responses (4) than the director responses (2), the probability levels on ANOVA's computed were consistently lower for teacher responses than for director responses.

Among directors, two significant mean differences were found. The first mean difference occurred in question 18, availability of physical therapy/occupational therapy. Large sized school districts and medium sized school districts had means of 1, while the small-sized school districts had a mean of .2. Fisher's LSD test indicated the directors from small -sized school districts differed significantly in their responses from the directors in large-and medium-sized school districts.

The second significant mean occurred in question 22, the availability ADC/Medicaid/SSI. The mean of directors from medium-sized districts (0) differed significantly from the means of directors in large-sized (1) and in small-sized (.8) districts. This difference is particularly striking as the mean of directors from large-sized districts indicates an universal "yes" response to this question, while the mean of responses from the medium-sized directors indicates a universal "no" response.

Also interesting to note, there were five instances where there was perfect agreement among directors from all three districts sizes, all of which would have been predicted due to laws and regulations. Availability of academic training, vocational skills training, behavior management and career training were indicated by all respondents to be provided, indicating that educational services, at least, are all available to students identified as SED, regardless of district size.

Responses from teachers were then examined. ANOVA's were again executed to determine any differences among the means of responses of teachers from the three district sizes. Significant mean differences were observed for four questions. The first, availability of social skills training,(F-ratio 1.23, p=.0455), found the mean of teacher responses from small-sized school districts (.5) to be significantly different from the means of teacher responses in medium-sized (.842) and teacher responses from large-sized

school districts (.9). Interestingly, this is one of the questions to which all directors, regardless of district size answered as currently available.

The next significant mean difference occurred in question 6, availability of ADL Skills Training, ( $F$ -ratio 725,  $p=.0023$ ). Teacher responses from medium-sized school districts accounted for the difference in means observed in this analysis. The mean of teacher responses from medium-sized school districts was .765, while the mean of teacher responses from large- and small-sized school districts were much closer (.2 and .25, respectively).

The third significant mean difference occurred in question 12, availability of legal counseling. The mean of teacher responses from small-sized school districts accounted for the difference ( $F$ -ratio 3.16,  $p=.05$ ). The mean for responses from small-sized teachers was 0, indicating that no teacher identified legal counseling as an available service. The mean for responses of teachers from large- and medium-sized school districts was (.4 and .188). While not statistically significant from one another, the means from both indicate a low number of teachers identified legal counseling services as available to students identified as SED and their families.

The final significant mean difference was found in question 22, availability of ADC/Medicaid/SSI financial assistance services. An ANOVA produced an  $F$ -ratio of 3.54 and a  $p$ -level of .0416. This question, when answered by directors, also produced a significant mean difference, with director responses from medium-sized districts differing significantly from director responses in large- and small-sized districts. For teachers, however, the mean of teacher responses from small-sized districts (.167) differed significantly from the mean of teacher responses in medium-sized districts (.615) and in large-sized districts (.625).

**Research Question Five: What are the perceived factors, if any, impeding service delivery?**

Only directors were asked to answer questions involving possible impediments to service delivery. It was thought that teachers typically do not have access to this type of information. Directors from the three district sizes were given a list of nine possible impediments to delivery of services and asked indicate the extent these factors limit service delivery, by circling a number from 1-5. 1 as "not very important" and 5 as "very important". Means and standard deviations for range of scores are listed in Table 39. The category "other" was included to allow directors to list other factors not included on the list. One director from a large-sized school districts included "Lack of knowledge base of organizational representatives" and "Lack of knowledge" of the interagency team (i.e. their existence) by teachers, administrators, etc. Both were considered very important as factors that impede service delivery.

ANOVA's were used to determine the difference, if any, in means across district size. One mean difference was found. For Item 4, failure to coordinate budgets with service mandated, the means of directors from large-and small-sized school districts were significantly different from one another (4 and 2.6) while the mean of directors from medium-sized school districts (3.67) was not significantly different from either large-or small-sized school districts. Failure to coordinate budgets with services mandated, as indicated from the means obtained, appeared to be a more significant impediment to service delivery in large-size than in medium- and small-sized districts.

Summary

The findings of this study are a representation of special education directors and teachers of students identified as seriously emotionally disturbed within the

Table 39. Range<sub>1</sub> of Perceived Impediments of Directors to Effective Service Delivery for Students Identified as SED, 1993-94 School Year, Virginia

Impediments	Large n=4		Medium n=3		Small n=5	
	Mean	SD	Mean	SD	Mean	SD
Lack of Clarity Regarding "First Dollar " Responsibility	4	.8165	3.667	.5774	3	1.414
Lack of Coordination of Agencies' Priorities	4	0	3	0	3	1
Lack of Coordination Between State and Local Agencies	4.25	.5	3.333	.5774	3	1.225
Failure to Coordinate Budgets with Service Mandates	4	0	3.333	.5774	3	1.225
Inconsistent Service Standards	4	0	3.667	.5774	2.6	.8944
Conflicting Constraints on Information Confidentiality	3.75	.9574	3	0	3.6	1.342
Conflicting Mandates Regarding Service Delivery	3.25	.9574	4	1	3.8	1.304
Conflicting Philosophies Regarding Service Delivery	3.75	.9574	3	1	3.8	1.304
Lack of Interagency Cooperation/Coordination	2.75	1.708	3	0	2.2	1.304
Other	5	.	.	.	5	.

1 Range = 1 not very important  
5 very important

Commonwealth of Virginia. The typical director has 7.2 years experience in special education and 4.5 years experience with students identified as SED. The typical teacher of students identified as SED has 10.1 years experience in special education and 8.95 years experience with populations identified as SED.

Most director respondents reported primary responsibility for elementary school-aged children, while teacher respondents' primary responsibility was evenly spread K-12.

From the responses of this study, special education directors and teachers of students identified as SED agree that availability of a variety of services is very important to the success of their students. Few significant differences were found between directors and teachers within school districts regarding the importance of delivery of a particular service, and within in small sized school districts, no significant differences between directors and teachers were identified. Significant differences found, for the most part, were services involving parenting classes and support groups, i.e. services that may not directly focus on the child in need of services, but rather the whole family. In all cases of significant mean differences, the teachers reported higher degree of importances than did the directors. This may be explained, in part, by the difference between being daily involved in the life of the child, as teachers are, and being in a position where less direct involvement with a child and his family occurs, as directors typically are.

Responses of directors across school district sized and across teacher sizes indicated a variety of services were currently available to students identified as SED; however, there was little agreement between directors and teachers within district sizes as to how much any one service was currently provided. Services typically provided by the educational agency produced the closest percentages between directors and teachers, although differences did occur in this category as well.

Directors across school district sizes in the Commonwealth indicate the same factors impede successful interagency collaboration with the exception of failure to coordinate budgets with services mandated, which was indicated to be a bigger obstacle to service delivery in large-sized school districts than in medium- or small-sized school districts.



## **CHAPTER 5**

### **DISCUSSION OF FINDINGS, CONCLUSIONS AND IMPLICATIONS**

The purpose of this study was to identify the current level of interagency collaboration for students, ages 5-18, as perceived by directors of special education and teachers of students labeled seriously emotionally disturbed. A discussion of these findings as well as implications for educational and other child serving agencies are addressed in this chapter.

#### Extent of Interagency Collaboration

From the results of this study, the extent of interagency collaboration across the Commonwealth of Virginia for students identified as SED, varies widely depending on the type of service. Furthermore, there appears to be a discrepancy between directors and teachers as to what services are currently available. There are even differences in types of services available that are typically offered through school systems. Based on these responses it is not clear that there is good communication between directors and teachers regarding the types of services currently available to their students. Additionally, some teachers indicated that some services, such as counseling, were available, but either parents refused to access such services, or the services were not currently used. There were also several notations that the respondents were not aware of what services other agencies provided, but that the service was desperately needed.

### Importance of Interagency Collaboration

Interagency collaboration, as defined by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, is ". . . an array of services -- supported by a shared philosophy, values, resources, and standards -- that helps to improve the quality of life of individuals who have or are at risk of severe mental disabilities or substance abuse. (p.1, 1993)

It is clearly evident from the results of this study, that directors of special education and teachers of students identified as seriously emotionally disturbed think that a wide array of services are important to the success of students identified as SED. Responses from directors of medium-sized school districts in particular, regarding availability of services indicate, that while services may be available, there is little financial assistance services available. Therefore few may be able to access available services. This, may, in part, explain the lower percentage responses from teachers regarding service availability, even though teacher responses indicate higher percentages than directors that financial services are available.

With regard to early intervention service availability, directors and teachers responded at different percentage rates in all samples. This difference may be in part reflect occupational perceptions of what "early intervention services" are. Teachers and other professionals at the building level may have included informal assessments done at the building level while directors may have answered this question solely in terms of formal early intervention services.

Percentages regarding the availability of advocacy services were also different in all samples. This difference may also in part reflect differences in occupational perceptions

of what "advocacy services" are. Again, teachers and other professionals at the building level may have included informal advocacy efforts done at the building level, while directors may have answered this question solely in terms of formal advocacy efforts.

### Differences in Levels and Types of Services Available Among Large-, Medium- and Small-Sized School Districts

Among directors across district sizes, two significant differences were found: (1) the availability of PT/OT services; and, (2), the availability of ADC/Medicaid/SSI. In the first, availability of PT/OT services, the small-sized school districts differed significantly from the large-and medium-sized school districts. Directors from large-and medium-sized districts indicated such services were available one hundred percent of the time, while directors from small-sized school districts indicated such services were not so readily available. In the second, availability of ADC/Medicaid/SSI, directors from medium-sized school districts differed significantly from large-and small-sized school districts. Particularly striking was directors from medium-sized school districts universally answered "no" and directors from large-sized school districts universally answered "yes" with regard to service availability under this category.

Additionally, under Education, there were five cases of perfect agreement regarding service availability, all which would have been predicted due to laws and regulations, indicating educational services, at least, are available to students identified as SED throughout the Commonwealth.

Among teachers across district size, four significant mean differences were found with regard to service availability: social skills training, ADL training, legal counseling, and ADC/Medicaid/SSI. With the exception of availability of social skills training, small-sized school districts accounted for the significant mean differences. Perhaps the

difference in ADL training and social skills training could be the reflection of differing philosophies in teaching. With the other two, perhaps teachers are simply not aware of legal services beyond providing parents with their rights as guaranteed under IDEA and perhaps teachers do not have access to which of their students received financial assistance.

### Comparison Between Directors and Teachers: Extent/Importance of Interagency Collaboration

Reporting only the mean of the responses indicating current availability of services masks the variability in director and teacher responses across service availability items. As previously stated, there are differences between directors as a group and teachers as a group regarding perceptions about the types of services currently available to students identified as SED. While some of these differences were to be expected, as in the case of tuition reimbursement or other financial assistance services whose arrangements more often occur outside the building level, than for example, provision of social skills training, other differences were not expected. However, teachers may not know that any given service is available unless they have had a student access that service, and directors should have knowledge of the complete range of services available in their district. On the other hand, directors may have responded that services were available because they may have thought indicating a wide array of available services was the politically correct thing to do.

For example, while teachers from medium-sized school districts answered "I don't know" to whether or not a service was provided more often than teachers from both large- and small- sized school districts, many teachers from both large- and small- sized districts also indicated they did not know whether or not many of the listed agencies provided services. For teachers overall, juvenile and domestic courts, probation officers,

community services boards, cooperating agency councils and human rights advocacy groups consistently received "I don't know" responses from teachers regarding service provision, regardless of service type. While teachers generally may not be asked to participate in cooperating agency councils, or FAPTs, it is of some concern that teachers indicated they were not aware of the services that juvenile and domestic courts, probation officers, human rights advocacy boards, and particularly community services boards offered. With the possible exception of human rights advocacy boards, which may not be active in a particular area, all other agencies should be clearly established in every community within the Commonwealth.

Directors from small-sized school districts answered "I don't know" to whether or not a service was provided more often than directors from both large-and small-sized school districts. However, overall, there was no individual or agency that consistently received an "I don't know" response from directors. It is, or should be, of some concern, that significant numbers of teachers and directors consistently answered that they were not aware of what services agencies provide. Is this because other agencies are not providing services, or is it because school personnel do not know, or are unable to access the services these agencies offer? It may be due to lack of effective communication between child-serving agencies and the school system.

Percentages of "I don't know" responses were higher for teachers than for directors. Percentages of teachers indicating any given service was available was lower than the percentages of affirmatively responding directors. Regardless of the differences in percentages, however, directors and teachers rated availability of most of the services from "important" to "very important". Therefore, while directors and teachers indicate that a variety of services is important or very important to the success of their students,

they also indicate that with low percentages that services or available, or with fairly high percentages that they are not aware of the services other human agencies offer.

### Impediments to Effective Service Delivery, Director Perceptions

One significant mean difference was found under item "Failure to Coordinate Budgets with Services Mandated". This appeared to be a more significant impediment to service delivery in large-sized districts than in medium-and small-sized districts. Interestingly, across district sizes, "Lack of interagency cooperation/coordination" received the lowest ranking, (2.2 to 3) indicating directors perceived it to be the least of the impediments to effective service delivery. This is interesting because all other categories are pieces interagency collaboration and received consistently higher rankings (3 to 4.25). Based on results from extent of services available, directors may be involved with one agency at a time and may only negotiate specific items to ensure service delivery, but not reach an interagency agreement regarding consistent service delivery. Therefore, directors may only be focused on part, i.e., getting the service a student needs now, rather than on the whole of establishing and maintaining effective service delivery for all students identified as SED within their school districts.

### Conclusions

Based on the results of this study, it is concluded that the availability of interagency services for students identified as SED varies between perceptions of special education teachers and special education directors. The availability of services also varies based on the size of the local education agency, with a higher percentage directors and teachers from large-sized districts indicating services are available.

Additionally, school systems, according to director perceptions, regardless of school system size, face similar impediments to effective interagency collaboration within in their district.

### Implications for Educational Agencies

The literature review as well as the informal interviews and comments from directors and teachers written on their survey indicate the need for a broad variety of services for students identified as SED. These items along with results of this study offer several implications for educational agencies within the Commonwealth. The first implication, based on the consistent number of "I don't know" responses as well as individual comments from directors and particularly teachers regarding lack of information and lack of services or knowledge of services other than those provided by educational agencies, directors and teachers need training as to what other agencies offer and how to access other agencies programs. Additionally, directors responded affirmatively to a higher number of services than did teachers indicating a discrepancy in knowledge of other agencies as well as other services between directors and their teachers. Perhaps teachers should receive the same information that directors do regarding other agencies and their services, even though the teacher may not be the "contact" person for the educational agency. Knowledge of what an agency does leads to more appropriate consumption of its service, and in this case, perhaps wider, and as indicated from responses, needed, consumption of its service.

More in depth case studies of students and of classes could be done to see exactly what services are available and used. Using case studies could help shed some light on why there was a consistent discrepancy between director and teacher responses. Finally,

case studies could provide insight into what services are consistently used, and what services it would be beneficial to access.

### Implications for Other Child-Serving Agencies

Child-serving agencies need to advertise their services more with school system. This advertising could possibly take the form of: (1) speakers at inservices; (2) flyers describing their services and how to access them in offices at the building level, rather than at the school board/central offices; (3) soliciting education personnel input regarding the services they provide, and, (4) how their services may be accessed or how to hook families up with their services. As evidenced by the consistent numbers of "I don't know" responses, other agencies need to be knowledgeable about the services the educational agency offers to encourage better networking for clients.

### Suggestions for Future Research

The present study should be viewed as a starting point for examining school personnel perceptions regarding interagency collaboration within Virginia for students, ages 5-18, identified as seriously emotionally disturbed. Additional research should be expanded to include a wider sample of directors of special education and teachers of students identified as SED within the Commonwealth of Virginia.

An examination of how the lack of interagency collaboration (or offer of support from other disciplines) may affect SED teachers by using in-depth interviews, and case studies would allow for more personal information and for more in-depth explanation to surface. Allowing for more explanation may prove insightful as many of the comments written, some lengthy, expressed feelings of insecurity, puzzlement, and frustration about not knowing what other agencies offered. Additionally, expressions of major concern



regarding the lack of interagency collaboration in their division were also included in written comments from teachers. One respondent described his situation as "a poverty of interagency collaboration." Many respondents wrote that they "had no idea" what services were available, and yet another wrote that to identify service providers was a breach of confidentiality. This comment may be particularly telling of the perceptions that exist regarding collaboration among agencies. Perhaps as a reflection of the low percentages reporting service availability, many may feel that such services are, as a matter of speaking, confidential. If one does not either know the service exists, or how to access the service, it may as well be confidential. In my experience as teacher of students identified as seriously emotionally disturbed in both hospitals and public school settings, I, too, have sometimes regarded some agencies as "confidential". Differing definitions and differing criteria for service eligibility often create the sensation of speaking different languages, resulting in frustration and in no services for students.

Research of other child-serving agencies should be conducted to examine if such agencies are aware of services the educational agency as well as other agencies provides. Perceptions of services provided by the school system by other child-serving agencies may also prove useful in the educational agencies attempts to provide services to this population of student. Along the same vein, perceptions of other child-serving agencies regarding the special education directors' role in promoting interagency collaboration may prove useful in helping to identify some of the roadblocks to successful interagency collaboration.

However, we, as service providers to children and families in need, must go beyond the identification of barriers to interagency collaboration to actively eliminating barriers, more than just financially, if we are to effectively serve our students and their families. As previously indicated, students with emotional disturbances, more than any

other disabling condition, are educated outside regular classrooms and schools in programs such as individual and group counseling by social workers, psychologists and psychiatrists, family support services, state and private psychiatric hospitals, private psychiatric hospitals, day and residential treatment programs. While most likely this is in part due to these students tendencies to exhibit more serious problems (as the identifying label "serious emotional disturbance" indicates), this fact implies that child-serving agencies already "share" these students, whether or not each service agency is aware of the other agency's efforts. Conversely, many of the "I don't know" responses were directed at agencies that typically serve whole families, not just an individual child in need, perhaps indicating a need to move beyond the notion "child-serving" to "family-serving" in order for agencies to best join together to identify and serve students in need of services.

With the Comprehensive Services Act currently in operation in Virginia, it would be interesting to examine the effects of interagency collaboration in existence on students, families and professionals using case studies, on-site interviews and observations. Effective interagency collaboration could be determined by using on-site interviews with all child-serving agencies, students and families. As was seen in Chapter Two, there exist differences in the literature for what constitutes "effective" or "a good example" of interagency collaboration. Therefore, using on-site interviews and case studies of all responsible parties would allow for more in-depth information to be gathered, and for an opportunity for respondents to elaborate on questions and for the examiner to ask for qualifications of responses (O'Sullivan & Rassel, 1989). The many, sometimes lengthy notations from both directors and teachers, as mentioned previously, indicate that directors and teachers have much more to say regarding services currently available to their students and feel the need to qualify their responses. Additionally, the Comprehensive Services Act was heralded as the ultimate design for effective interagency

collaboration. Although in place in all localities according to its own report, there still exists, as seen by the results of this study, a substantial amount of ignorance regarding service availability among school personnel. While not all teachers may have had a child involved with a FAPT, it would seem at least that directors would have knowledge of services other agencies offer since the CSA was designed to pool all resources together in an effort to keep children within their home community. Personal experience tells me that these efforts are not working.

Inclusive education of all students regardless of their disabling condition has become a trend in many school systems today. Therefore, another possibility for future study may be amount of interagency collaborative efforts of professionals of educational agencies in inclusive versus non-inclusive settings, and the differences in amount of knowledge of teachers regarding other agency services. Additionally, it would be interesting to look at the level of interagency collaboration between teachers in a primarily self-contained setting, versus those teachers in a primarily resource-type setting. Along the same vein, it may prove insightful to examine the differences in amount of interagency collaboration for those students identified as needing services under Part H (0-5 years of age) and those students 18-21 for whom IDEA effectively mandates interagency collaboration with the Transition Plan.

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## APPENDIX A

### Surveys

## School Personnel Perceptions of Interagency Collaboration for Students Identified as Seriously Emotionally Disturbed

Part I. This section is intended to identify the current level of services available for students labeled seriously emotionally disturbed, and the approximate number of students you have that are currently receiving a service(s). Please indicate which of the following services are currently provided for students, ages 5-18, identified as SED by circling either "yes" or "no." "Yes" indicates that the service is currently provided, "no" means the service is not currently provided. Then please indicate the approximate number of students currently receiving a service.

	Yes	No	Number of Students
<b>EDUCATION</b>			
1. Academics	yes	no	_____
2. Vocational Training	yes	no	_____
3. Social Skills Training	yes	no	_____
4. Behavior Management	yes	no	_____
5. Transportation	yes	no	_____
6. Adaptive Daily Living Skills Training	yes	no	_____
7. Career Training	yes	no	_____
8. Other _____			_____
<b>COUNSELING</b>			
1. Identification	yes	no	_____
2. Family counseling	yes	no	_____
3. Parenting classes	yes	no	_____
4. Legal	yes	no	_____
5. Identification of Families at Risk	yes	no	_____
6. Identification of Children & Youth at Risk	yes	no	_____
7. Other _____	yes	no	_____

	Yes	No	Number of Students
<b>MEDICAL</b>			
1. Physical (Includes Vision and Hearing)	yes	no	_____
2. Medication	yes	no	_____
3. Physical Therapy/Occupational Therapy	yes	no	_____
4. Other _____	yes	no	_____
<b>FINANCIAL ASSISTANCE</b>			
1. Tuition Reimbursement	yes	no	_____
2. Treatment/Therapy Reimbursement	yes	no	_____
3. ADC/Medicaid/SSI	yes	no	_____
4. Other _____	yes	no	_____
<b>EARLY INTERVENTION</b>			
1. Identification of Families at Risk	yes	no	_____
2. Identification of Children and Youth at Risk	yes	no	_____
3. Physical Therapy	yes	no	_____
4. Occupational Therapy	yes	no	_____
5. Other _____	yes	no	_____
<b>ADVOCACY</b>			
1. Support Groups	yes	no	_____
2. Information Centers/Hotlines	yes	no	_____
3. Legal Assistance	yes	no	_____
4. Other _____	yes	no	_____

Part II. This section is intended to identify those agencies that currently provide services to those students labelled SED. Please indicate which services each agency provides by placing a check in the appropriate box. A check placed under a given category indicates that the agency provides the service, a blank space indicates that the agency does not provide the service.

	EDUCATION	COUNSELING	MEDICAL	FINANCIAL ASSISTANCE	EARLY INTERVENTION	ADVOCACY
1. School System						
2. Community Services Board						
3. Juvenile and Domestic Courts						
4. Probation Officers						
5. Department of Health						
6. Parents						
7. Peer Groups						
8. Community Members (Including Businesses)						
9. Therapists (Social Workers, Psychologists, Psychiatrists, etc.)						
10. State Psychiatric Hospitals						
11. Private Psychiatric Hospitals						
12. Day Treatment Programs						
13. Residential Treatment Programs						
14. Cooperating Agency Councils						
15. Community Service Agencies (Lion's Club, United Way, etc.)						
16. Human Rights Advocacy Groups						
17. Parents Support Groups						
18. Other						

Part III. This section is intended to measure how important you perceive the delivery of services outlined in Part I to be in determining the success of students labeled SED. Please circle the number that you think best represents your perception. "1" indicates that you think the service is not very important, "5" indicates that you think the service is very important.

	Not Very Important			Very Important	
	1	2	3	4	5
1. Academic Training	1	2	3	4	5
2. Vocational Training	1	2	3	4	5
3. Social Skills Training	1	2	3	4	5
4. Behavior Management	1	2	3	4	5
5. Transportation	1	2	3	4	5
6. Adaptive Daily Living Training	1	2	3	4	5
7. Career Training	1	2	3	4	5
8. Identification of Families at Risk	1	2	3	4	5
9. Identification of Children and Youth at Risk	1	2	3	4	5
10. Parenting Classes	1	2	3	4	5
11. Legal Counseling	1	2	3	4	5
12. Support Groups	1	2	3	4	5
13. Physical Exams (Including Vision & Hearing)	1	2	3	4	5
14. Medication	1	2	3	4	5
15. Tuition Reimbursement	1	2	3	4	5
16. Treatment Reimbursement	1	2	3	4	5
17. ADC/Medicaid/SSI	1	2	3	4	5
18. Physical Therapy	1	2	3	4	5
19. Occupational Therapy	1	2	3	4	5
20. Advocacy	1	2	3	4	5
21. Other _____	1	2	3	4	5

Part IV. Demographic Information

Please provide the following information about yourself.

1. How many years of experience in education have you had altogether (including teaching and non-teaching experience)? \_\_\_\_\_
2. How many years teaching experience have you had? \_\_\_\_\_
3. How many years have you taught in special education? \_\_\_\_\_
4. How many years have you taught students identifies as seriously emotionally disturbed? \_\_\_\_\_
5. What is the general level of most students you serve?  
(Choose primary assignment if more than one)

Elementary \_\_\_\_\_

Middle School/Junior High \_\_\_\_\_

Secondary/High School \_\_\_\_\_



## School Personnel Perceptions of Interagency Collaboration for Students Identified as Seriously Emotionally Disturbed

Part I. This section is intended to identify the current level of services available for students labeled seriously emotionally disturbed, and the approximate number of students you have that are currently receiving a service(s). Please indicate which of the following services are currently provided for students, ages 5-18, identified as SED by circling either "yes" or "no." "Yes" indicates that the service is currently provided, "no" means the service is not currently provided. Then please indicate the approximate number of students currently receiving a service.

	Yes	No	Number of Students
<b>EDUCATION</b>			
1. Academics	yes	no	_____
2. Vocational Training	yes	no	_____
3. Social Skills Training	yes	no	_____
4. Behavior Management	yes	no	_____
5. Transportation	yes	no	_____
6. Adaptive Daily Living Skills Training	yes	no	_____
7. Career Training	yes	no	_____
8. Other _____			_____
<b>COUNSELING</b>			
1. Identification	yes	no	_____
2. Family counseling	yes	no	_____
3. Parenting classes	yes	no	_____
4. Legal	yes	no	_____
5. Identification of Families at Risk	yes	no	_____
6. Identification of Children & Youth at Risk	yes	no	_____
7. Other _____	yes	no	_____

	Yes	No	Number of Students
<b>MEDICAL</b>			
1. Physical (Includes Vision and Hearing)	yes	no	_____
2. Medication	yes	no	_____
3. Physical Therapy/Occupational Therapy	yes	no	_____
4. Other _____	yes	no	_____
<b>FINANCIAL ASSISTANCE</b>			
1. Tuition Reimbursement	yes	no	_____
2. Treatment/Therapy Reimbursement	yes	no	_____
3. ADC/Medicaid/SSI	yes	no	_____
4. Other _____	yes	no	_____
<b>EARLY INTERVENTION</b>			
1. Identification of Families at Risk	yes	no	_____
2. Identification of Children and Youth at Risk	yes	no	_____
3. Physical Therapy	yes	no	_____
4. Occupational Therapy	yes	no	_____
5. Other _____	yes	no	_____
<b>ADVOCACY</b>			
1. Support Groups	yes	no	_____
2. Information Centers/Hotlines	yes	no	_____
3. Legal Assistance	yes	no	_____
4. Other _____	yes	no	_____

Part II. This section is intended to identify those agencies that currently provide services to those students labelled SED. Please indicate which services each agency provides by placing a check in the appropriate box. A check placed under a given category indicates that the agency provides the service, a blank space indicates that the agency does not provide the service.

	EDUCATION	COUNSELING	MEDICAL	FINANCIAL ASSISTANCE	EARLY INTERVENTION	ADVOCACY
1. School System						
2. Community Services Board						
3. Juvenile and Domestic Courts						
4. Probation Officers						
5. Department of Health						
6. Parents						
7. Peer Groups						
8. Community Members (Including Businesses)						
9. Therapists (Social Workers, Psychologists, Psychiatrists, etc.)						
10. State Psychiatric Hospitals						
11. Private Psychiatric Hospitals						
12. Day Treatment Programs						
13. Residential Treatment Programs						
14. Cooperating Agency Councils						
15. Community Service Agencies (Lion's Club, United Way, etc.)						
16. Human Rights Advocacy Groups						
17. Parents Support Groups						
18. Other						

Part III. This section is intended to measure how important you perceive the delivery of services outlined in Part I to be in determining the success of students labeled SED. Please circle the number that you think best represents your perception. "1" indicates that you think the service is not very important, "5" indicates that you think the service is very important.

	Not Very Important			Very Important	
	1	2	3	4	5
1. Academic Training	1	2	3	4	5
2. Vocational Training	1	2	3	4	5
3. Social Skills Training	1	2	3	4	5
4. Behavior Management	1	2	3	4	5
5. Transportation	1	2	3	4	5
6. Adaptive Daily Living Training	1	2	3	4	5
7. Career Training	1	2	3	4	5
8. Identification of Families at Risk	1	2	3	4	5
9. Identification of Children and Youth at Risk	1	2	3	4	5
10. Parenting Classes	1	2	3	4	5
11. Legal Counseling	1	2	3	4	5
12. Support Groups	1	2	3	4	5
13. Physical Exams (Including Vision & Hearing)	1	2	3	4	5
14. Medication	1	2	3	4	5
15. Tuition Reimbursement	1	2	3	4	5
16. Treatment Reimbursement	1	2	3	4	5
17. ADC/Medicaid/SSI	1	2	3	4	5
18. Physical Therapy	1	2	3	4	5
19. Occupational Therapy	1	2	3	4	5
20. Advocacy	1	2	3	4	5
21. Other _____	1	2	3	4	5

Part IV. This section is intended to measure what factors you think impede effective service delivery for students labelled SED within your community. Please indicate the extent you think these factors impede service delivery by circling the number that you think best represents your perception. "1" indicates not very important, "5" indicates very important.

	Not Very Important			Very Important	
	1	2	3	4	5
1. Lack of Clarity Regarding "First Dollar" Responsibility	1	2	3	4	5
2. Lack of Coordination of Agencies' Priorities	1	2	3	4	5
3. Lack of Coordination Between State and Local Agencies	1	2	3	4	5
4. Failure to Coordinate Budgets with Service Mandates	1	2	3	4	5
5. Inconsistent Service Standards	1	2	3	4	5
6. Conflicting Constraints on Information Confidentiality	1	2	3	4	5
7. Conflicting Mandates Regarding Service Delivery	1	2	3	4	5
8. Conflicting Philosophies Regarding Service Delivery	1	2	3	4	5
9. Lack of Interagency Cooperation/Coordination	1	2	3	4	5
10. Other _____	1	2	3	4	5

Part V. Demographic Information

Please provide the following information about yourself.

1. How many years of experience in education have you had altogether (including teaching and non-teaching experience)? \_\_\_\_\_
  2. How many years teaching experience have you had? \_\_\_\_\_
  3. How many years have you taught in special education? \_\_\_\_\_
  4. How many years have you taught students identifies as seriously emotionally disturbed? \_\_\_\_\_
  5. What is the general level of most students you serve?  
(Choose primary assignment if more than one)
- Elementary \_\_\_\_\_
- Middle School/Junior High \_\_\_\_\_
- Secondary/High School \_\_\_\_\_

**APPENDIX B**

**Letter Requesting Participation in Study**

October 29, 1993

Dear Director,

I am a doctoral student in the Special Education Supervision and Administration Program at Virginia Tech in Blacksburg. I am conducting a survey entitled "School Personnel Perceptions of Current Level of Interagency Collaboration for Students Identified as Seriously Emotionally Disturbed Within the Commonwealth of Virginia". Results of this study will be used for completion of a dissertation.

I am writing to request your participation in this study. I am additionally asking for your assistance by providing me with the names and school addresses of teachers currently employed within your systems to teach students, ages 5-18, who are identified as Seriously Emotionally Disturbed. Neither directors nor teachers will be identified by name in the results of the study, and school divisions will be divided according to division size for data reporting.

Thank-you for your time and assistance. Please use the attached sheet and the enclosed, self-addressed stamped envelope to mail your teachers names and school addresses to me by **November 19, 1993**.

Thank-you,

A handwritten signature in cursive script that reads "J. Coltrane".

J. Coltrane



**YOUR NAME** \_\_\_\_\_

**SCHOOL DIVISION** \_\_\_\_\_

**NAMES AND SCHOOL ADDRESSES OF TEACHERS CURRENTLY  
TEACHING STUDENTS LABELED SERIOUSLY EMOTIONALLY  
DISTURBED**

1. 2. 3.

4. 5. 6.

**WOULD YOU CARE TO RECEIVE RESULTS OF THIS STUDY?** \_\_\_\_\_

**Thank you for your time and assistance. Your participation is greatly appreciated.**

Please return to : J. Coltrane  
PO Box 693  
Stuarts Draft, VA 24477

by November 19, 1993. Thank-you.

## APPENDIX C

### Cover Letters Used in Mailing Packets

Director Perceptions of Current Level of  
Interagency Collaboration Questionnaire  
for Students with Serious Emotional Disturbance

Thank you for response to my request for participation in this survey. Your time and assistance are greatly appreciated.

This questionnaire is designed to assess the current level of interagency collaboration for students identified as seriously emotionally disturbed, ages 5-18. The results will be used for completion of a dissertation. Your response to this questionnaire will be treated confidentially and only a summary of the findings will be reported. Thank you for your assistance.

Please use the enclosed self- addressed, stamped envelope to return your completed questionnaire by **December 12, 1993**. Again, your participation is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "J. Coltrane".

J. Coltrane

Teacher Perceptions of Current Level of  
Interagency Collaboration Questionnaire  
for Students with Serious Emotional Disturbance

Thank you for response to my request for participation in this survey. Your time and assistance are greatly appreciated.

This questionnaire is designed to assess the current level of interagency collaboration for students identified as seriously emotionally disturbed, ages 5-18. The results will be used for completion of a dissertation. Your response to this questionnaire will be treated confidentially and only a summary of the findings will be reported. Thank you for your assistance.

Please use the enclosed self- addressed, stamped envelope to return your completed questionnaire by **December 12, 1993**. Again, your participation is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "J. Coltrane".

J. Coltrane

November 8, 1993

Dear Educator,

I am a doctoral candidate in Special Education Supervision and Administration at Virginia Tech. I am conducting a survey, "School Personnel Perceptions of Current Level of Interagency Collaboration for Students Identified as Seriously Emotionally Disturbed Within the Commonwealth of Virginia". I am interested in both the directors' and the teachers' perceptions of the current level of interagency collaboration utilized to provide services to students identified as Seriously Emotionally Disturbed.

Several weeks ago, I contacted your director to request participation of personnel in your school division in this study. Your director gave me your name and school address. I am requesting that you please take a moment and complete the survey. Your completed questionnaire will be handled confidentially. Neither teacher nor director names will be used in reporting results.

Your participation is greatly appreciated. Please use the enclosed stamped envelope to return your completed survey by **December 12, 1993**. Thank you again for your time and for your participation.

Sincerely,

A handwritten signature in cursive script that reads "J. Coltrane".

J. Coltrane

**APPENDIX D**

**Reminder Letters**

January 10, 1994

Dear Director,

A couple of months ago, I asked you if you would participate in a survey I am conducting within the Commonwealth of Virginia entitled, "School Personnel Perceptions of Interagency Collaboration for Students Identified as Seriously Emotionally Disturbed". The results of this study will be used in completing a dissertation for the Special Education Supervision and Administration doctoral program at Virginia Tech.

I realize returning from the holidays coupled with the bad weather for many of us have probably left all of you even more busy than usual. I would greatly appreciate it, then, if you would spare 15-20 minutes of your time to complete and return the questionnaire to me by **January 19, 1994**.

I truly do appreciate all of your help. Many of the teachers who returned the survey wrote helpful comments. I am grateful for the thought many of them put into answering my survey, even though I know they are busy also.

Thank-you again for your assistance. Please use the enclosed self-addressed, stamped envelope to return the survey to me by **January 19, 1994**.

Sincerely,



Jelisa Coltrane

PO Box 693  
Stuarts Draft, VA 24477  
December 4, 1993

Dear Educator,

Several weeks ago I sent you a survey entitled, "Teacher Perceptions of Current Level of Interagency Collaboration for Students Identified as Seriously Emotionally Disturbed". This survey is intended to identify the current level of services available for students labeled Seriously Emotionally Disturbed, ages 5-18, within the Commonwealth of Virginia. The results of the survey will be used for the completion of a dissertation to be submitted to the Department of Special Education Supervision and Administration at Virginia Tech as the final requirement for earning a Doctor of Education in the field of Special Education Supervision and Administration.

If you have already returned your completed survey, thank-you for time and assistance. Many of the returned surveys have included many helpful suggestions and comments, and are greatly appreciated. If you have not returned your completed survey, please take a moment now to complete and return the survey. Neither teacher nor director will be identified in the survey; rather, results will be given according to school division size only.

Your help in completing and returning this survey is greatly appreciated. Please return your completed survey by **December 18, 1993**. Again, thank-you for your time and assistance.

Sincerely,



Jelisa Coltrane



**APPENDIX E**  
**Tables 4-6. Level of Services Available**  
**to Students by District Size**

Table 4. Level of Services, by Type, Available for Students Identified as SED, in Large<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Service	Director Response n=4 Service is Available			Teacher Response n=10 Service is Available		
	Mean	SD	Range <sub>2</sub>	Mean	SD	Range
<b>EDUCATION</b>						
Academics	1	0	148-850	.9	.3162	2-65
Vocational Training	1	0	65-230	.3	.4830	1-5
Social Skills Training	1	0	148-825	.9	.3162	2-30
Behavior Management	1	0	148-800	.9	.3162	3-65
Transportation	1	0	50-300	1	.	2-45
ADL <sub>3</sub> Training	1	0	50-148	.4	.5164	3-15
Career Training	1	0	32-230	.4	.5164	1-8
<b>COUNSELING</b>						
Identification	.5	.5	0-148	.375	.5175	0
Family Counseling	.75	.5	0-200	.4	.5164	0-5
Parenting Classes	.6667	.5773	0-25	.3	.4830	0-4
Legal	.3333	.5774	0-80	.2	.4216	0
Identification of Families at Risk	.75	.5	0-75	.4	.5164	0-2
Identification of Children and Youth at Risk	.75	.5	0-75	.6	.5164	0-5
Other 2	.	.	0	.6667	.5774	0-35
<b>MEDICAL</b>						
Physical Exams <sub>4</sub>	1	0	75-300	.5	.5270	0-15
Medication	1	0	80-400	.8	.4216	1-7
Physical Therapy/ Occupational Therapy	1	0	7-63	.5	.5720	0-1
Other 3	1	1	0-75	.5	.7071	0-8

Table 4. Level of Service, By Type, Available for Students Identified as SED, in Large School Systems, 1993-94 School Year, Virginia (Continued)

Type of Service	<u>Director Response</u>			<u>Teacher Response</u>		
	Mean	SD	Range	Mean	SD	Range
				<u>n=4</u>	<u>n=10</u>	
				<u>Service is Available</u>	<u>Service is Available</u>	
<b>FINANCIAL ASSISTANCE</b>						
Tuition Reimbursement	1	0	0-128	0	0	0
Therapy Reimbursement	.5	.5774	0-40	.1111	.3333	0-2
ADC/SSI	1	0	0-184	.625	.5175	1-4
Other 4	.	.	0	0	0	0
<b>EARLY INTERVENTION</b>						
Identification of Families at Risk	.75	.5	0-150	.5556	.5270	0-20
Identification of Children and Youth at Risk	.75	.5	0-275	.5556	.5270	0-5
Physical Therapy	.75	.5	0-275	.3333	.5	0-1
Occupational Therapy	.75	.75	0-15	.3333	.5	0-1
Other 5	.	.	0	0	0	0
<b>ADVOCACY</b>						
Support Groups	.6667	.5774	0-200	.3333	.5	0
Information Centers/Hotlines	.5	.5774	0-150	.5556	.5270	0-65
Legal Assistance	0	0	0	.125	.3536	0
Other 6	.	.	0	0	0	0

1 Large School Districts are those with an Average Daily Membership between 13,328 and 128,996

2 Approximate number of students currently receiving a service

3 Adaptive Daily Living Skills Training

4 Includes vision and hearing

Table 5. Level of Services, by Type, Available for Students Identified as SED, in Medium<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Service	Director Response <u>n=3</u> Service is Available			Teacher Response <u>n=19</u> Service is Available		
	Mean	SD	Range <sub>2</sub>	Mean	SD	Range
<b>EDUCATION</b>						
Academics	1	0	30-50	.8947	.3153	0-14
Vocational Training	1	0	10-20	.6111	.5016	0-10
Social Skills Training	1	0	5-40	.8421	.3746	0-13
Behavior Management	1	0	30-50	.8947	.3153	0-17
Transportation	1	0	10-30	.8333	.3435	0-17
ADL <sub>3</sub> Training	.6667	.5774	0-20	.7647	.4372	0-10
Career Training	1	0	10-20	.6875	.4787	0-10
Other 1	.	.	0	1	.	0-9
<b>COUNSELING</b>						
Identification	.6667	.5774	0-30	.7059	.4697	0-10
Family Counseling	.6667	.5774	0-1	.5	.5164	0-3
Parenting Classes	.6667	.5774	5-20	.1875	.4031	0
Legal	0	0	0	.2353	.4372	0-4
Identification of Families at Risk	.6667	.5774	0-10	.5625	.5123	0-4
Identification of Children and Youth at Risk	.6667	.5774	0-10	.5294	.5145	0-10
Other 2	.	.	0	.5714	.5345	0-13
<b>MEDICAL</b>						
Physical Exams <sub>4</sub>	1	0	0-48	.8125	.4031	0-17
Medication	.3333	.5774	0-50	.6667	.4880	0-5
Physical Therapy/ Occupational Therapy	1	0	5-12	.375	.5	0-2
Other 3	.	.	0-2	.6667	.5774	0-2

Table 5. Level of Service, By Type, Available for Students Identified as SED, in Medium School Systems, 1993-94 School Year, Virginia (Continued)

Type of Service	<u>Director Response</u> <u>n=3</u> Service is Available			<u>Teacher Response</u> <u>n=19</u> Service is Available		
	Mean	SD	Range	Mean	SD	Range
<b>FINANCIAL ASSISTANCE</b>						
Tuition Reimbursement	.3333	.5774	0	.2308	.4385	0-5
Therapy Reimbursement	.3333	.5774	0-2	.2143	.4258	0-7
ADC/SSI	0	0	0-2	.6154	.5064	0-5
Other 4	.5	.7071	0	0	.	0
<b>EARLY INTERVENTION</b>						
Identification of Families at Risk	1	0	0-3	.4615	.5189	0-10
Identification of Children and Youth at Risk	1	0	0-5	.4615	.5189	0-10
Physical Therapy	.6667	.5774	0-12	.3846	.5064	0-1
Occupational Therapy	.6667	.5774	0-12	.4167	.5149	0-2
Other 5	0	.	0-4	.5	.7071	0
<b>ADVOCACY</b>						
Support Groups	.6667	.5774		.4286	.5136	0-3
Information Centers/Hotlines	0	0	0-5	.4	.5071	0-3
Legal Assistance	0	0	0	.1538	.3755	0-2

1 Medium-Sized School Districts are those with an Average Daily Membership between 2,996 and 4,005

2 Approximate number of students currently receiving a service

3 Adaptive Daily Living Skills Training

4 Includes vision and hearing

Table 6. Level of Services, by Type, Available for Students Identified as SED, in Small<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Service	Director Response <u>n=8</u> Service is Available			Teacher Response <u>n=13</u> Service is Available		
	Mean	SD	Range <sub>2</sub>	Mean	SD	Range
<b>EDUCATION</b>						
Academics	1	0	2-14	1	0	0-9
Vocational Training	1	0	2-5	.5	.5223	0-8
Social Skills Training	.8	.4472	0-12	.5	.5223	0-9
Behavior Management	1	0	1-9	.9167	.2887	0-8
Transportation	1	0	2-9	.75	.4523	0-9
ADL <sub>3</sub> Training	.8	.4472	0-9	.25	.4523	0-6
Career Training	1	0	2-6	.25	.4523	0-6
Other 1	0	0	0	1	0	0
<b>COUNSELING</b>						
Identification	.75	.5	0-7	.6667	.4924	0-7
Family Counseling	.5	.5774	0-1	.25	.4523	0-2
Parenting Classes	.5	.5774	0-1	.0833	.2887	0-1
Legal	.5	.5774	0-3	0	0	0
Identification of Families at Risk	.75	.5	0-9	.1667	.3892	0-2
Identification of Children and Youth at Risk	1	0	0-9	.4167	.5149	0-3
Other 2	0	0	0	.3333	.5773	0-4
<b>MEDICAL</b>						
Physical Exams <sub>4</sub>	.8	.4472	0-9	.6667	.4924	0-6
Medication	.8	.4472	0-8	.5	.5222	0-3
Physical Therapy/ Occupational Therapy	.8	.4472	0	.0833	.2887	0-1
Other 3	.2	.4472	0	0	0	0

Table 6. Level of Service, By Type, Available for Students Identified as SED, in Small School Systems, 1993-94 School Year, Virginia (Continued)

Type of Service	<u>Director Response</u>			<u>Teacher Response</u>		
	Mean	SD	Range	Mean	SD	Range
	<u>n=8</u>			<u>n=13</u>		
	Service is Available			Service is Available		
<b>FINANCIAL ASSISTANCE</b>						
Tuition Reimbursement	.2	.4472	0-1	.0833	.2887	0-1
Therapy Reimbursement	.2	.4472	0	0	0	0
ADC/SSI	.8	.4472	0-7	.1667	.3892	0-3
Other 4	1	0	0-1	0	0	0
<b>EARLY INTERVENTION</b>						
Identification of Families at Risk	.6	.5477	0-3	.25	.4522	0-1
Identification of Children and Youth at Risk	.8	.4772	0-3	.4167	.5149	0-3
Physical Therapy	.6	.4472	0-1	.1667	.3892	0-1
Occupational Therapy	.6	.5477	0-1	.1667	.3982	0-1
Other 5	.	.	0	0	0	0
<b>ADVOCACY</b>						
Support Groups	.6	.5477	0-2	.3636	.5045	0-2
Information Centers/Hotlines	0	0	0	.0909	.3015	0-1
Legal Assistance	.2	.4472	0	.0909	.3015	0-1
Other 6	0	0	0	.3333	.5773	0-1

1 Small School Districts are those with an Average Daily Membership between 387 and 1,154

2 Approximate number of students currently receiving a service

3 Adaptive Daily Living Skills Training

4 Includes vision and hearing

**APPENDIX F**  
**Tables 7-12. Percentages of Director and Teacher "I Don't Know"**  
**Responses to Survey Question Two, Services Available to**  
**Students Identified as SED**



Table 7. Percentage of Director and Teacher "I Don't Know" Responses to Survey Question Two, Educational Services Available for Students Identified as SED, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Directors</u>			<u>Teachers</u>		
	<u>Large</u> <u>n=4</u>	<u>Medium</u> <u>n=3</u>	<u>Small</u> <u>n=5</u>	<u>Large</u> <u>n=10</u>	<u>Medium</u> <u>n=19</u>	<u>Small</u> <u>n=13</u>
	<u>Percent</u>					
School System	0%	0%	0%	0%	0%	0%
Community Services Board	10%	0%	0%	0%	32%	7%
Juvenile and Domestic Courts	20%	0%	20%	0%	16%	7%
Probation Officers	20%	0%	20%	0%	11%	7%
Department of Health	10%	0%	20%	0%	16%	7%
Parents	0%	33%	20%	0%	11%	7%
Peer Groups	0%	33%	20%	0%	16%	7%
Community Members <sub>1</sub>	10%	33%	20%	0%	11%	7%
Therapists <sub>2</sub>	0%	0%	20%	0%	5%	7%
State Psychiatric Hospitals	10%	33%	40%	0%	11%	7%
Private Psychiatric Hospitals	0%	33%	40%	0%	11%	7%
Day Treatment Programs	10%	0%	0%	0%	16%	7%
Residential Treatment Programs	0%	0%	0%	0%	0%	7%
Cooperating Agency Councils	20%	0%	40%	0%	16%	7%
Community Services Agencies <sub>3</sub>	10%	0%	40%	0%	11%	7%
Human Rights Advocacy Groups	20%	0%	40%	0%	0%	7%
Parent Support Groups	0%	0%	40%	0%	0%	7%
Other	0%	0%	0%	0%	0%	7%

1 Community members includes businesses

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 8. Percentage of Director and Teacher "I Don't Know" Responses to Survey Question Two, Counseling Services Available for Students Identified as SED, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Directors</u>			<u>Teachers</u>		
	<u>Large</u> <u>n=4</u>	<u>Medium</u> <u>n=3</u>	<u>Small</u> <u>n=5</u>	<u>Large</u> <u>n=10</u>	<u>Medium</u> <u>n=19</u>	<u>Small</u> <u>n=13</u>
	<u>Percent</u>					
School System	0	0	0	0	0	0
Community Services Board	0	0	0	10	26	7
Juvenile and Domestic Courts	0	0	20	20	16	7
Probation Officers	0	0	20	20	16	7
Department of Health	0	0	0	10	11	7
Parents	0	33	0	0	16	7
Peer Groups	0	33	20	0	11	7
Community Members <sub>1</sub>	0	33	40	10	11	7
Therapists <sub>2</sub>	0	0	0	0	11	7
State Psychiatric Hospitals	0	33	40	0	16	7
Private Psychiatric Hospitals	0	33	40	0	16	7
Day Treatment Programs	0	0	0	10	21	7
Residential Treatment Programs	0	0	0	10	16	7
Cooperating Agency Councils	25	0	40	20	32	7
Community Services Agencies <sub>3</sub>	0	0	40	10	16	7
Human Rights Advocacy Groups	0	0	40	20	26	7
Parent Support Groups	0	0	20	10	16	7
Other	0	0	0	0	0	0

1 Community members includes businesses

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 9. Percentage of Director and Teacher "I Don't Know" Responses to Survey Question Two, Counseling Services Available for Students Identified as SED, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Directors</u>			<u>Teachers</u>		
	<u>Large</u> <u>n=4</u>	<u>Medium</u> <u>n=3</u>	<u>Small</u> <u>n=5</u>	<u>Large</u> <u>n=10</u>	<u>Medium</u> <u>n=19</u>	<u>Small</u> <u>n=13</u>
	<u>Percent</u>					
School System	0	0	0	0	0	0
Community Services Board	0	0	0	10	32	7
Juvenile and Domestic Courts	0	0	20	20	16	7
Probation Officers	0	0	20	20	16	7
Department of Health	0	0	0	0	11	7
Parents	0	33	0	0	16	7
Peer Groups	0	33	20	0	11	7
Community Members <sub>1</sub>	0	33	40	10	11	7
Therapists <sub>2</sub>	0	0	0	0	11	7
State Psychiatric Hospitals	0	33	40	0	16	7
Private Psychiatric Hospitals	0	33	40	0	16	7
Day Treatment Programs	0	0	0	10	21	7
Residential Treatment Programs	0	0	0	10	16	7
Cooperating Agency Councils	0	0	40	20	32	7
Community Services Agencies <sub>3</sub>	0	0	40	20	16	7
Human Rights Advocacy Groups	0	0	40	20	26	7
Parent Support Groups	0	0	20	10	16	7
Other	0	0	0	0	0	0

1 Community members includes businesses

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 10. Percentage of Director and Teacher "I Don't Know" Responses to Survey Question Two, Financial Assistance Services Available for Students Identified as SED, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Directors</u>			<u>Teachers</u>		
	<u>Large</u> <u>n=4</u>	<u>Medium</u> <u>n=3</u>	<u>Small</u> <u>n=5</u>	<u>Large</u> <u>n=10</u>	<u>Medium</u> <u>n=19</u>	<u>Small</u> <u>n=13</u>
	<u>Percent</u>					
School System	0	0	0	0	0	0
Community Services Board	0	0	0	10	32	7
Juvenile and Domestic Courts	0	0	20	20	21	7
Probation Officers	0	0	20	20	16	7
Department of Health	0	0	0	10	16	7
Parents	0	33	0	0	21	7
Peer Groups	0	33	20	0	16	7
Community Members <sub>1</sub>	0	33	40	10	16	7
Therapists <sub>2</sub>	0	0	0	0	11	7
State Psychiatric Hospitals	0	0	40	10	16	15
Private Psychiatric Hospitals	0	0	40	10	16	15
Day Treatment Programs	0	0	0	10	21	7
Residential Treatment Programs	0	0	0	10	21	7
Cooperating Agency Councils	0	0	20	20	32	7
Community Services Agencies <sub>3</sub>	0	0	20	10	26	7
Human Rights Advocacy Groups	0	0	20	20	26	7
Parent Support Groups	0	0	0	10	21	7
Other	0	0	0	0	0	0

1 Community members includes businesses

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 11. Percentage of Director and Teacher "I Don't Know" Responses to Survey Question Two, Early Intervention Services Available for Students Identified as SED, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Directors</u>			<u>Teachers</u>		
	<u>Large</u> <u>n=4</u>	<u>Medium</u> <u>n=3</u>	<u>Small</u> <u>n=5</u>	<u>Large</u> <u>n=10</u>	<u>Medium</u> <u>n=19</u>	<u>Small</u> <u>n=13</u>
	<u>Percent</u>					
School System	0	0	0	0	0	0
Community Services Board	0	0	0	10	32	15
Juvenile and Domestic Courts	0	0	20	20	21	7
Probation Officers	0	0	20	20	16	7
Department of Health	0	0	0	10	16	7
Parents	0	0	0	0	21	7
Peer Groups	0	0	40	0	16	7
Community Members <sub>1</sub>	0	0	40	10	16	7
Therapists <sub>2</sub>	0	0	0	0	11	7
State Psychiatric Hospitals	0	0	40	10	16	7
Private Psychiatric Hospitals	0	0	40	10	16	7
Day Treatment Programs	0	0	0	10	16	7
Residential Treatment Programs	0	0	0	10	16	7
Cooperating Agency Councils	0	0	40	20	32	7
Community Services Agencies <sub>3</sub>	0	0	20	10	21	7
Human Rights Advocacy Groups	0	0	20	20	26	7
Parent Support Groups	0	0	20	10	26	7
Other	0	0	0	0	0	0

1 Community members includes businesses

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 12. Percentage of Director and Teacher "I Don't Know" Responses to Survey Question Two, Advocacy Services Available for Students Identified as SED, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Directors</u>			<u>Teachers</u>		
	<u>Large</u> <u>n=4</u>	<u>Medium</u> <u>n=3</u>	<u>Small</u> <u>n=5</u>	<u>Large</u> <u>n=10</u>	<u>Medium</u> <u>n=19</u>	<u>Small</u> <u>n=13</u>
	<u>Percent</u>					
School System	0	0	0	0	0	0
Community Services Board	0	0	0	10	32	7
Juvenile and Domestic Courts	0	0	20	20	21	7
Probation Officers	0	0	20	20	16	7
Department of Health	0	0	0	10	21	7
Parents	0	33	20	0	21	7
Peer Groups	0	33	20	0	16	7
Community Members <sub>1</sub>	0	33	20	10	16	7
Therapists <sub>2</sub>	0	0	20	0	11	7
State Psychiatric Hospitals	0	0	40	10	21	7
Private Psychiatric Hospitals	0	0	20	10	16	7
Day Treatment Programs	0	0	0	10	21	7
Residential Treatment Programs	0	0	20	10	16	7
Cooperating Agency Councils	0	0	40	20	21	7
Community Services Agencies <sub>3</sub>	0	0	20	10	32	7
Human Rights Advocacy Groups	0	0	0	20	26	7
Parent Support Groups	0	0	20	10	21	7
Other	0	0	0	0	0	0

1 Community members includes businesses

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

**APPENDIX G**  
**Tables 13-18. Services Available, By Agency, for Students**  
**Identified as SED, in Large-Sized School Systems**

Table 13. Educational Service, By Agency, Available for Students Identified as SED, in Large<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Responses		Teacher Responses	
	Mean	SD	Mean	SD
School System	.75	.5	.9	.3162
Community Services Board	.25	.5	.2	.4216
Juvenile and Domestic Courts	.25	.5	.2	.4216
Probation Officers	0	0	.1	.3162
Department of Health	.25	.5	.1	.3162
Parents	.5	.5774	.4	.5164
Peer Groups	0	0	.2	.4216
Community Members (Including Businesses)	.25	.5	.4	.5164
Therapists <sub>2</sub>	0	0	.3	.4830
State Psychiatric Hospitals	.75	.5	.2	.4216
Private Psychiatric Hospitals	.75	.5	.2	.4216
Day Treatment Programs	.75	.5	.5	.5270
Residential Treatment Programs	.75	.5	.5	.5270
Cooperating Agency Councils	.75	.9574	.1	.3162
Community Service Agencies <sub>3</sub>	0	0	.2	.4216
Human Rights Advocacy Groups	.25	.5	.1	.3162
Parents Support Groups	0	0	.2	.4216
Other	0	0	0	0

1 Large-Sized School Districts are those with an Average Daily Membership between 13,328 and 128,996

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.



Table 14. Counseling Services, By Agency, Available for Students Identified as SED, in Large<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Responses n=4		Teacher Responses n=10	
	Mean	SD	Mean	SD
School System	.5	.5773	.8	.4216
Community Services Board	1	0	.3	.4830
Juvenile and Domestic Courts	1	0	.2	.4216
Probation Officers	1	0	.2	.4216
Department of Health	.5	.5774	.2	.4216
Parents	.75	.5	.5	.5270
Peer Groups	.75	.5	.2	.4216
Community Members (Including Businesses)	.5	.5774	.3	.4830
Therapists <sub>2</sub>	1	0	.7	.4830
State Psychiatric Hospitals	1	0	.5	.5270
Private Psychiatric Hospitals	1	0	.3	.4830
Day Treatment Programs	1	0	.4	.5164
Residential Treatment Programs	1	0	.4	.5164
Cooperating Agency Councils	1	.8164	.1	.3162
Community Services Agencies <sub>3</sub>	.5	.5774	.1	.3162
Human Rights Advocacy Groups	.25	.5	.2	.4216
Parent Support Groups	.75	.5	.2	.4216
Other	0	0	0	0

1 Large-Sized School Districts are those with an Average Daily Membership between 13,328 and 128,996

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 15. Medical Services, By Agency, Available for Students Identified as SED, in Large<sub>1</sub> School Systems, 1993-93 School Year, Virginia

Type of Agency	Director Responses n=4		Teacher Responses n=10	
	Mean	SD	Mean	SD
School System	.25	.5	.1	.3162
Community Services Board	1	0	.2	.4216
Juvenile and Domestic Courts	.25	.5	0	0
Probation Officers	0	0	0	0
Department of Health	1	0	.5	.5270
Parents	.75	.5	.4	.5164
Peer Groups	0	0	0	0
Community Members (Including Buisness)	0	0	0	0
Therapists	.5	.5774	.2	.4216
State Psychiatric Hosptials	.75	.5	.6	.5164
Private Psychiatric Hospitals	1	0	.5	.5270
Day Treatment Programs	.75	.5	.3	.4830
Residential Treatment Programs	1	0	.4	.5163
Cooperating Agency Councils	.25	.5	.1	.3162
Community Services Agencies <sub>3</sub>	.25	.5	.1	.3162
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	0	0	.1	.3162
Other	0	0	0	0

1 Large-Sized School Districts are those with an Average Daily Membership between 13,328 and 128,996

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 16. Financial Assistance Services, By Agency, Available for Students Identified as SED, in Large<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Service	Director Responses		Teacher Responses	
	Mean	SD	Mean	SD
School System	0	0	0	0
Community Services Board	1	0	.4	.5164
Juvenile and Domestic Courts	.25	.5	.1	.3162
Probation Officers	0	0	0	0
Department of Health	.5	.5774	.1	.3162
Parents	.5	.5774	.1	.3162
Peer Groups	0	0	0	0
Community Members (Including Businesses)	.75	.5	.3	.4830
Therapists	.5	.5774	.1	.3162
State Psychiatric Hospitals	0	0	.2	.4216
Private Psychiatric Hospitals	0	0	.1	.3162
Day Treatment Programs	0	0	.1	.3162
Residential Treatment Programs	0	0	.1	.3162
Cooperating Agency Councils	.5	.5774	.2	.4216
Community Service Agencies <sub>3</sub>	.75	.5	.4	.5164
Human Rights Advocacy Groups	.5	.5774	.1	.3162
Parent Support Groups	.25	.5	.1	.3162
Other	0	0	0	0

1 Large-Sized School Districts are those with an Average Daily Membership between 13, 328 and 128,996

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 17. Early Intervention Services, By Agency, Available for Students Identified as SED in Large<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	<u>Director Responses</u>		<u>Teacher Responses</u>	
	Mean	<u>n=4</u> SD	Mean	<u>n=10</u> SD
School System	.75	.5	.5	.5270
Community Services Board	.75	.5	.2	.4216
Juvenile and Domestic Courts	.25	.5	0	0
Probation Officers	.25	.5	0	0
Department of Health	.75	.5	.1	.3162
Parents	.75	.5	.2	.4216
Peer Groups	.25	.5	.1	.3162
Community Members (Including Businesses)	.25	.5	0	0
Therapists <sub>2</sub>	.75	.5	.4	.5164
State Psychiatric Hospitals	.25	.5	.1	.3162
Private Psychiatric Hospitals	.25	.5	.1	.3162
Day Treatment Programs	.5	.5774	0	0
Residential Treatment Programs	.5	.5774	.1	.3162
Cooperating Agency Councils	.25	.5	0	0
Community Service Agencies <sub>3</sub>	.25	.5	0	0
Human Rights Advocacy Groups	0	0	.1	.3162
Parent Support Groups	.5	.5774	.2	.4216

1 Large-Sized School Districts are those with an Average Daily Membership between 13,328 and 128,996

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 18. Advocacy Services, By Agency, Available for Students Identified as SED, in Large<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Responses		Teacher Responses	
	Mean	SD	Mean	SD
School System	.75	.5	.4	.5164
Community Services Board	1	0	.2	.4214
Juvenile and Domestic Courts	.5	.5774	0	0
Probation Officers	.75	.5	.2	.4216
Department of Health	.75	.5	.1	.3162
Parents	.75	.5	.2	.4216
Peer Groups	.75	.5	.2	0
Community Members (Including Businesses)	1	0	0	.4830
Therapists <sub>2</sub>	.75	.5	.3	.4216
State Psychiatric Hospitals	.25	.5	.2	.3162
Private Psychiatric Hospitals	.75	.5	.1	.3162
Day Treatment Programs	.75	.5	.1	.3162
Residential Treatment Programs	.75	.5	.1	.4216
Cooperating Agency Councils	.5	.5774	.2	.3162
Community Service Agencies <sub>3</sub>	.25	.5	.1	.3162
Human Rights Advocacy Groups	1	0	.1	.3162
Parent Support Groups	.75	.5	.2	.4216
Other	0	0	0	0

1 Large-Sized School Districts are those with an Average Daily Membership between 13,328 and 128,996

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

**APPENDIX H**

**Tables 19-24. Services Available, By Agency, for Students  
Identified as SED, in Medium-Sized School Systems**

Table 19. Educational Service, By Agency, Available for Students Identified as SED, in Medium<sub>1</sub> School Systems, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Director Response</u>		<u>Teacher Response</u>	
	<u>n=3</u>		<u>n=19</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
School System	1	0	.9474	.2294
Community Services Board	0	0	.05	.2294
Juvenile and Domestic Courts	0	0	.1053	.3153
Probation Officers	0	0	.1579	.3746
Department of Health	.3333	.5774	.1579	.3746
Parents	.3333	.5774	.1579	.3746
Peer Groups	.3333	.5774	.05	.2294
Community Members (Including Businesses)	.3333	.5774	.05	.2294
Therapists <sub>2</sub>	.3333	.5774	.1053	.3153
State Psychiatric Hospitals	.3333	.5774	.2105	.4188
Private Psychiatric Hospitals	.3333	.5774	.2105	.4188
Day Treatment Programs	1	0	.3158	.4776
Residential Treatment Programs	.3333	.5774	.2632	.4524
Cooperating Agency Councils	1	0	0	0
Community Service Agencies <sub>3</sub>	0	0	.1579	.3746
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	0	0	.1579	.3746
Other	0	0	0	0

1 Medium- Sized School Districts are those with an Average Daily Membership between 2,996 and 4,055

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 20 . Counseling Services, By Agency, Available for Students Identified as SED, in Medium<sub>1</sub> School Systems, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Director Response</u>		<u>Teacher Response</u>	
	<u>n=3</u>		<u>n=19</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
School System	1	0	.6842	.4776
Community Services Board	1	0	.2105	.4189
Juvenile and Domestic Courts	.3333	.5774	.3158	.4776
Probation Officers	.6667	.5774	.4211	.5073
Department of Health	.6667	.5774	.2105	.4188
Parents	.6667	.5774	.2632	.4776
Peer Groups	.6667	.5774	.3158	.4776
Community Members (Including Businesses)	.3333	.5774	0	0
Therapists <sub>2</sub>	.6667	.5774	.5263	.5130
State Psychiatric Hospitals	.3333	.5774	.3158	.4776
Private Psychiatric Hospitals	.3333	.5774	.3684	.4956
Day Treatment Programs	1	0	.3684	.4956
Residential Treatment Programs	.3333	.5774	.3158	.4776
Cooperating Agency Councils	0	0	.1053	.3153
Community Service Agencies <sub>3</sub>	0	0	.1579	.3746
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	.3333	.5774	.1579	.3746
Other	0	0	.05	.2294

1 Medium-Sized School Districts are those with an Average Daily Membership between 2,996 and 4,055

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.



Table 21. Medical Services, By Agency, Available for Students Identified as SED, in Medium<sub>1</sub> School Systems, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Director Response</u>		<u>Teacher Response</u>	
	<u>n=3</u>		<u>n=19</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
School System	1	0	.2632	.4524
Community Services Board	.6667	.5774	.0526	.2294
Juvenile and Domestic Courts	.3333	.5774	.0526	.2294
Probation Officers	.3333	.5774	.1053	.3153
Department of Health	1	0	.4211	.5073
Parents	.3333	.5774	.2632	.4524
Peer Groups	0	0	0	0
Community Members (Including Businesses)	.3333	.5774	.1053	.3153
Therapists <sub>2</sub>	.3333	.5774	.2106	.4156
State Psychiatric Hospitals	.3333	.5774	.2106	.4156
Private Psychiatric Hospitals	.3333	.5774	.2632	.4524
Day Treatment Programs	.3333	.5774	.2101	.4189
Residential Treatment Programs	0	0	.2101	.4189
Cooperating Agency Councils	0	0	0	0
Community Service Agencies <sub>3</sub>	0	0	.1579	.3746
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	.3333	.5774	0	0
Other	0	0	0	0

1 Medium-Sized School Districts are those with an Average Daily Membership between 2,996 and 4,055

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 22. Financial Assistance Services, By Agency, Available for Students Identified as SED, in Medium<sup>1</sup> School Systems, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Director Response</u>		<u>Teacher Response</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
School System	.3333	.5774	.2632	.4524
Community Services Board	1	0	.1579	.3746
Juvenile and Domestic Courts	.6667	.5774	.5263	.2294
Probation Officers	.3333	.5774	.5263	.2294
Department of Health	.6667	.5774	.2106	.4189
Parents	.3333	.5774	.2632	.4524
Peer Groups	0	0	0	0
Community Members (Including Businesses)	0	0	.3684	.4956
Therapists <sub>2</sub>	0	0	.0526	.2994
State Psychiatric Hospitals	.3333	.5774	.1579	.3746
Private Psychiatric Hospitals	0	0	.1053	.3153
Day Treatment Programs	.3333	.5774	.0526	.2294
Residential Treatment Programs	0	0	.1053	.3153
Cooperating Agency Councils	0	0	0	0
Community Service Agencies <sub>3</sub>	0	0	.1053	.4524
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	0	0	.0526	.2294
Other	0	0	0	0

1 Medium-Sized School Districts are those with an Average Daily Membership between 2,996 and 4,055

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 23. Early Intervention Services, By Agency, Available for Students Identified as SED, in Medium<sub>1</sub> School Systems, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Director Response</u>		<u>Teacher Response</u>	
	<u>n=3</u>		<u>n=19</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
School System	1	0	.4737	.5130
Community Services Board	1	0	.2105	.4189
Juvenile and Domestic Courts	.3333	.5774	.1579	.3746
Probation Officers	.3333	.5774	.2105	.4189
Department of Health	.3333	.5774	.2632	.4524
Parents	.3333	.5774	.0526	.2994
Peer Groups	0	0	.0526	.2994
Community Members (Including Businesses)	0	0	0	0
Therapists <sub>2</sub>	.3333	.5774	.2632	.4524
State Psychiatric Hospitals	0	0	.1053	.3153
Private Psychiatric Hospitals	0	0	.1579	.3746
Day Treatment Programs	0	0	.0526	.2294
Residential Treatment Programs	0	0	.1579	.3746
Cooperating Agency Councils	0	0	.0526	.2994
Community Service Agencies <sub>3</sub>	.3333	.5774	.0526	.2294
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	.3333	.5774	.0526	.2994
Other	0	0	0	0

1 Medium-Sized School Districts are those with an Average Daily Membership between 2,996 and 4,055

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 24. Advocacy Services, By Agency, Available for Students Identified as SED, in Medium<sub>1</sub> School Systems, 1993-94 School Year, Virginia

<u>Type of Agency</u>	<u>Director Response</u>		<u>Teacher Response</u>	
	<u>n=3</u>		<u>n=19</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
School System	.6667	.5774	.4211	.5073
Community Services Board	.6667	.5774	.2106	.4189
Juvenile and Domestic Courts	.6667	.5774	.3158	.4776
Probation Officers	.6667	.5774	.3684	.4956
Department of Health	.6667	.5774	.1053	.3163
Parents	.3333	.5774	.4211	.5073
Peer Groups	.3333	.5774	.1579	.3746
Community Members (Including Businesses)	.3333	.5774	.1579	.3746
Therapists <sub>2</sub>	.3333	.5774	.2105	.4189
State Psychiatric Hospitals	.6667	.5774	.1053	.3153
Private Psychiatric Hospitals	.3333	.5774	.1579	.3746
Day Treatment Programs	.3333	.5774	.1579	.3746
Residential Treatment Programs	.3333	.5774	.1579	.3746
Cooperating Agency Councils	0	0	.0526	.2294
Community Service Agencies <sub>3</sub>	.3333	.5774	.2105	.4189
Human Rights Advocacy Groups	.3333	.5774	.2105	.4189
Parent Support Groups	.6667	.5774	.3158	.4780
Other	0	0	.0526	.2294

1 Medium Sized School Districts are those with an Average Daily Membership between 2,996 and 4,055

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

**APPENDIX I**  
**Tables 25-30. Services Available, By Agency, for Students**  
**Identified as SED, in Small-Sized School Systems**

Table 25. Educational Services, By Agency, Available for Students Identified as SED, in Small<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Response		Teacher Response	
	Mean	SD	Mean	SD
School System	.6	.5477	1	0
Community Services Board	.8	.4472	.0833	.2887
Juvenile and Domestic Courts	0	0	0	0
Probation Officers	0	0	.0833	.2887
Department of Health	0	0	.1667	.3892
Parents	.2	.4472	.0833	.2887
Peer Groups	.4	.5477	.1667	.3892
Community Members (Including Buisnesses)	.4	.5477	0	0
Therapists <sub>2</sub>	.2	.4472	.25	.4523
State Psychiatric Hospitals	0	0	.25	.4523
Private Psychiatric Hospitals	.2	.4472	.1667	.3892
Day Treatment Programs	.6	.5477	0	0
Residential Treatment Programs	.6	.5477	.1667	.3892
Cooperating Agency Councils	0	0	0	0
Community Services Agencies <sub>3</sub>	0	0	0	0
Human Rights Advocacy Groups	0	0	.0833	.2887
Parent Support Groups	0	0	.1667	.3892
Other	0	0	0	0

1 Small-Sized School Districts are those with an Average Daily Membership between 387 and 1,154

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 26. Counseling Services, By Agency, Available for Students Identified as SED, in Small<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Responses n=5		Teacher Responses n=13	
	Mean	SD	Mean	SD
School System	.8	.4472	.75	.4523
Community Services Board	.8	.4472	.0833	.2887
Juvenile and Domestic Courts	0	0	.25	.4523
Probation Officers	.4	.5477	.4167	.5150
Department of Health	.4	.5477	.25	.4523
Parents	.4	.5477	.25	.4523
Peer Groups	.2	.4472	.1667	.3892
Community Members (Including Buisnesses)	0	0	0	0
Therapists <sub>2</sub>	.8	.4472	.6667	.4924
State Psychiatric Hospitals	.2	.4472	.3333	.4924
Private Psychiatric Hospitals	.4	.5477	.25	.4524
Day Treatment Programs	.4	.5477	.0833	.2887
Residential Treatment Programs	.6	.5477	.1667	.3892
Cooperating Agency Councils	.2	.4472	0	0
Community Service Agencies <sub>3</sub>	0	0	0	0
Human Rights Advocacy Groups	0	0	.0833	.2887
Parent Support Groups	.2	.4472	.1667	.3892
Other	0	0	0	0

1 Small-Sized School Districts are those with an Average Daily Membership between 387 and 1,154

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 27. Medical Services, By Agency, Available for Students Identified as SED, in Small<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Responses n=5		Teacher Responses n=13	
	Mean	SD	Mean	SD
School System	.6	.5477	.25	.4523
Community Services Board	.4	.5477	.0833	.2887
Juvenile and Domestic Courts	0	0	0	0
Probation Officers	.2	.4472	0	0
Department of Health	1	0	.5833	.5150
Parents	1	0	.3333	.4924
Peer Groups	.2	.4472	0	0
Community Members (Including Businesses)	0	0	.0833	.2887
Therapists <sub>2</sub>	0	0	.0833	.2887
State Psychiatric Hospitals	.2	.4472	.3333	.4924
Private Psychiatric Hospitals	.4	.5477	.25	.4523
Day Treatment Programs	0	0	0	0
Residential Treatment Programs	.6	.5477	.1667	.3892
Cooperating Agency Councils	.2	.4472	.0833	.2887
Community Services Agencies <sub>3</sub>	.2	.4472	.1667	.3892
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	0	0	0	0
Other	0	0	0	0

1 Small-Sized School Districts are those with an Average Daily Membership between 387 and 1,154

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.



Table 28. Financial Assistance, by Agency, for Students Identified as SED, in Small<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Responses		Teacher Responses	
	Mean	SD n=5	Mean	SD n=13
School System	.2	.4472	.0833	.2887
Community Services Board	.6	.5477	.0833	.2887
Juvenile and Domestic Courts	0	0	.0833	.2887
Probation Officers	0	0	0	0
Department of Health	.2	.4472	.0833	.2887
Parents	.2	.4472	.1667	.3892
Peer Groups	0	0	0	0
Community Members (Including Businesses)	0	0	.0833	.2887
Therapists <sub>2</sub>	.2	.4472	0	0
State Psychiatric Hospitals	0	0	.0833	.2887
Private Psychiatric Hospitals	0	0	0	0
Day Treatment Programs	0	0	0	0
Residential Treatment Programs	0	0	.0833	.2887
Cooperating Agency Councils	.2	.4472	0	0
Community Services Agencies <sub>3</sub>	.4	.5477	.0833	.2887
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	.2	.4472	0	0
Other	0	0	.0833	.2887

1 Small-Sized School Districts are those with an Average Daily Membership between 387 and 1,154

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 29. Early Intervention Services, By Agency, Available for Students Identified as SED, in Small<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	<u>Director Responses</u>		<u>Teacher Responses</u>	
	Mean	<u>n=5</u> SD	Mean	<u>n=13</u> SD
School System	.6	.5477	.5	.5223
Community Services Board	.4	.5477	.0833	.2887
Juvenile and Domestic Courts	0	0	0	0
Probation Officers	0	0	.0833	.2887
Department of Health	.4	.5477	.1667	.3892
Parents	0	0	.1667	.3892
Peer Groups	0	0	.0833	.2887
Community Members (Including Businesses)	0	0	0	0
Therapists <sub>2</sub>	.4	.5477	.3333	.4924
State Psychiatric Hospitals	0	0	.1667	.3892
Private Psychiatric Hospitals	0	0	.1667	.3892
Day Treatment Programs	0	0	.0833	.2887
Residential Treatment Programs	.2	.4472	0	0
Cooperating Agency Councils	0	0	0	0
Community Service Agencies <sub>3</sub>	0	0	0	0
Human Rights Advocacy Groups	0	0	0	0
Parent Support Groups	0	0	0	0
Other	0	0	0	0

1 Small-Sized School Districts are those with an Average Daily Membership between 387 and 1,154

2 Therapists include social workers, psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

Table 30. Advocacy Services, By Agency, Available for Students Identified as SED, in Small<sub>1</sub> School Systems, 1993-94 School Year, Virginia

Type of Agency	Director Responses n=5		Teacher Responses n=13	
	Mean	SD	Mean	SD
School System	.2	.4472	.25	.4523
Community Services Board	.8	.4472	.3333	.4924
Juvenile and Domestic Courts	0	0	.25	.4523
Probation Officers	.2	.4472	.3333	.4924
Department of Health	.2	.4472	.25	.4523
Parents	.4	.5477	.25	.4523
Peer Groups	0	0	.0833	.2887
Community Members (Including Buisnesses)	0	0	0	0
Therapists <sub>2</sub>	.4	.5477	.3333	.4924
State Psychiatric Hospitals	0	0	.0833	.2887
Private Psychiatric Hospitals	0	0	.0833	.2887
Day Treatment Programs	.2	.4472	0	0
Residential Treatment Programs	.2	.4472	.0833	.2887
Cooperating Agency Coucils	0	0	0	0
Community Service Agencies <sub>3</sub>	0	0	0	0
Human Rights Advocacy Groups	.6	.5477	.1667	.3892
Parent Support Groups	.2	.4472	.1667	.3892
Other	0	0	0	0

1 Small-Sized School Districts are those with an Average Daily Membership between 387 and 1,154

2 Therapists include psychologists, psychiatrists, etc.

3 Community Service Agencies include Lion's Club, United Way, etc.

**APPENDIX J**  
**Tables 31-33. Range of Perceived Importance of**  
**Delivery of Services, By District Size**

Table 31. Range<sub>1</sub> of Perceived Importance of Delivery of Services for Students Identified as SED, in Large<sub>2</sub> School Systems, 1993-94 School Year, Virginia

Type of Service	<u>Directors</u> <u>n=4</u>		<u>Teachers</u> <u>n=10</u>	
	Mean	SD	Mean	SD
Academic Services	4	0	4.6	.6992
Vocational Training	4.5	.5774	4.2	1.136
Social Skills Training	4.75	.5	4.9	.3162
Behavior Management	4.75	.5	4.9	.3162
Transportation	4	1.154	3.7	1.418
ADL Training	4	.8165	2.8	1.317
Career Training	4.25	.5	3.8	1.136
Identification of Families at Risk	4	1.414	4.1	1.370
Identification of Children and Youth at Risk	4.25	.9574	4.1	1.370
Parenting Classes	2.75	.5	4.4	.9661
Legal Counseling	2.75	.5	2.9	1.596
Support Groups	3.5	.5774	4	1.054
Physical Exams <sub>3</sub>	3	.8165	4.2	1.135
Medication	4.5	.5774	4.1	.8756
Tuition Reimbursement	4	1.414	2.13	1.642
Treatment Reimbursement	4	.8164	2.44	1.333
ADC/Medicaid/SSI	3.75	.5	3.33	1.225
Physical Therapy	3.25	.5	3.2	1.398
Occupational Therapy	3.25	.5	3.3	1.418
Advocacy	3.75	.9574	3.7	1.252
Other	.	.	5	

1 1 not very important  
5 very important

2 Large School Districts are those with an Average Daily Membership between 13,328 and 128, 996

3 Includes vision and hearing

Table 32. Range 1 of Perceived Importance of Delivery of Services for Students Identified as SED, in Medium<sub>2</sub> School Systems, 1993-93 School Year, in Virginia

Type of Service	<u>Directors</u> <u>n=5</u>		<u>Teachers</u> <u>n=13</u>	
	Mean	SD	Mean	SD
Academic Services	4.667	.5774	4.389	.6978
Vocational Training	4.667	.5774	4.833	.3835
Social Skills Training	5	0	4.945	.23358
Behavior Management	5	0	5	0
Transportation	3.667	1.528	3.056	1.259
ADL Training	3.333	.5774	4.111	.7584
Career Training	4.333	.5774	4.445	.6157
Identification of Families at Risk	4.333	.5774	4.167	.9235
Identification of Children and Youth at Risk	4	0	4.333	.9075
Parenting Classes	4.333	.5774	4.333	.9075
Legal Counseling	4.333	.5774	3	.9701
Support Groups	2.333	1.155	4	.8402
Physical Exams <sub>3</sub>	2.667	1.528	3.722	1.074
Medication	3.667	.5774	3.764	1.091
Tuition Reimbursement	3	2	3.313	1.448
Therapy Reimbursement	3.333	2.082	3.411	1.372
ADC/Medicaid/SSI	3.667	.5774	3.667	1.085
Physical Therapy	2.333	1.528	3.278	1.127
Occupational Therapy	2.333	1.528	3.278	1.018
Advocacy	3	1	3.889	1.231
Other	5	.	5	0

1 1=not very important  
5=very important

2 Medium Sized School Districts are those with an Average Daily Membership between 2,996 and 4,055

3 Includes vision and hearing

Table 33. Range 1 of Perceived Importance of Delivery of Services for Students Identified as SED, in Small<sub>2</sub> School Systems, 1993-94 School Year, Virginia

Type of Service	Directors n=3		Teachers n=19	
	Mean	SD	Mean	SD
Academic Services	5	0	4.583	.7930
Vocational Training	5	0	4.5	.9045
Social Skills Training	4.8	.4472	4.917	.2887
Behavior Management	5	0	4.917	.2887
Transportation	4.4	.8944	3.75	1.215
ADL Training	4.4	.8944	4.333	.9848
Career Training	4.8	.4472	4.667	.6513
Identification of Families at Risk	3.6	1.414	4.333	1.155
Identification of Children and Youth at Risk	4.2	1.096	4.333	1.155
Parenting Classes	4.2	.8367	4.333	1.231
Legal Counseling	2.8	1.096	3.417	1.084
Support Groups	3.6	1.140	4.25	1.288
Physical Exams <sub>3</sub>	3.8	1.096	3.833	1.436
Medication	4.2	.4472	4.091	1.221
Tuition Reimbursement	3.4	1.140	3.33	1.435
Treatment Reimbursement	3.6	1.140	3.583	1.505
ADC/Medicaid/SSI	4	1.732	3.417	1.443
Physical Therapy	4	1	3.167	1.528
Occupational Therapy	4	1	3.273	1.421
Advocacy	3.6	1.40	3.917	1.621
Other	.	.	5	.

1 1=not very important  
5=very important

2 Small School Divisions are those with an Average Daily Membership between 387 and 1,154

3 Includes vision and hearing

**APPENDIX K**  
**Tables 36-38. Perceived Importance of Service Delivery: Tests of Significance of Means for Directors and Teachers, By District Size**



Table 36. Perceived Importance of Service Delivery: Tests of Significance of Means of Directors and Teachers in Large Sized School Districts, 1993-1994 School Year, Virginia

Type of Service	Directors	Teachers	t	Probability Level
	n=4 Mean	n=10 Mean		
Academic Training	4	4.6	2.714 <sub>1,3</sub>	.024
Vocational Training	4.5	4.2	.4311	.674
Social Skills Training	4.75	4.9	.6838	.507
Behavior Management	4.75	4.9	.6838	.507
Transportation	4	3.7	.3737	.715
ADL Training	4	2.8	1.675	.120
Career Training	4.25	3.8	.7498	.468
Identification of Families at Risk	4	4.1	.1224	.905
Identification of Children and Youths at Risk	4.25	4.1	.1981	.846
Parenting Classes	2.75	4.4	2.893 <sub>1</sub>	.014
Legal Counseling	2.75	2.9	.2664 <sub>3</sub>	.794
Support Groups	3.5	4	1.134 <sub>3</sub>	.277
Physical Exams <sub>2</sub>	3	4.2	1.905	.081
Medication	4.5	4.1	.8333	.421
Tuition Reimbursement	4	2.125	1.941	.081
Treatment Reimbursement	4	2.444	2.132	.056
ADC/Medicaid/SSI	3.75	3.333	.6440	.533
Physical Therapy	3.25	3.2	.0984 <sub>3</sub>	.923
Occupational Therapy	3.25	3.3	.0974 <sub>3</sub>	.924
Advocacy	4	3.7	.5276 <sub>3</sub>	.608

1 t is significant at the .05 level

2 Physical Exams include vision and hearing

3 Unequal variance test used as indicated by F-ratio testing group variances

Table 37. Perceived Importance of Service Delivery: Tests of Significance of Means of Directors and Teachers in Medium Sized School Districts, 1993-1994 School Year, Virginia

Type of Service	Directors	Teachers	t	Probability Level
	n=3 Mean	n=18 Mean		
Academic Training	4.67	4.39	.6492	.524
Vocational Training	4.67	4.83	-.5647	.521
Social Skills Training	5	4.94	.1000 <sub>3</sub>	.331
Behavior Management	5	5	*	*
Transportation	3.67	3.06	.7597	.457
ADL Training	3.33	4.11	-1.682	.109
Career Training	4.33	4.44	-.2912	.774
Identification of Families at Risk	4.33	4.17	.2991	.768
Identification of Children and Youths at Risk	4	4.33	-1.558 <sub>3</sub>	.138
Parenting Classes	4.33	4.39	-.1298	.898
Legal Counseling	2.33	3	-1.079	.294
Support Groups	2.67	4	-2.282 <sub>1</sub>	.034
Physical Exams <sub>2</sub>	3.67	3.72	-.0823	.935
Medication	3.67	3.76	-.1496	.883
Tuition Reimbursement	3	3.31	-.3261	.748
Treatment Reimbursement	3.33	3.41	-.0853	.933
ADC/Medicaid/SSI	3.67	3.67	0	1
Physical Therapy	2.33	3.28	-1.288	.213
Occupational Therapy	2.33	3.28	-1.399	.178
Advocacy	3	3.89	-1.179	.253
Other	.	.	.	.

1 t is significant at the .05 level

2 Physical Exams include vision and hearing

3 Unequal variance test used as indicated by F-ratio testing group variances

\* All responses were identical

Table 38. Perceived Importance of Service Delivery: Tests of Significance of Means of Directors and Teachers in Small Sized School Districts, 1993-1994 School Year, Virginia

Type of Service	Directors	Teachers	t	Probability Level
	n=5 Mean	n=12 Mean		
Academic Training	5	4.58	1.820 <sub>3</sub>	.096
Vocational Training	5	4.5	1.915 <sub>3</sub>	.082
Social Skills Training	4.8	4.92	.6479	.527
Behavior Management	5	4.92	1.000 <sub>3</sub>	.339
Transportation	4.4	3.75	1.072	.301
ADL Training	4.4	4.33	.1303	.900
Career Training	4.8	4.67	.4150	.684
Identification of Families at Risk	3.6	4.33	1.20	.250
Identification of Children and Youths at Risk	4.4	4.33	.1150	.910
Parenting Classes	4.2	4.33	.2199	.830
Legal Counseling	2.8	3.42	1.066	.303
Support Groups	3.6	4.25	.9770	.344
Physical Exams <sub>2</sub>	3.8	3.83	.0512	.960
Medication	4.2	4.09	.2604 <sub>3</sub>	.798
Tuition Reimbursement	3.4	3.33	.0919	.928
Treatment Reimbursement	3.6	3.58	.0221	.983
ADC/Medicaid/SSI	4	3.42	.7183	.484
Physical Therapy	4	3.17	1.113	.283
Occupational Therapy	4	3.08	1.240	.234
Advocacy	3.6	3.92	.3945	.699

1 t is significant at the .05 level

2 Physical Exams include vision and hearing

3 Unequal variance test used as indicated by F-ratio testing group variances

VITA

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**EDUCATION:** *May 1994:* Received Doctor of Education, Special Education Supervision and Administration, Virginia Polytechnic and State University

Dissertation: "School Personnel Perceptions of the Current Level of Interagency Collaboration Available for Students Identified as Seriously Emotionally Disturbed, Ages 5-18, Within the Commonwealth of Virginia"

*May 1993:* Received Certificate of Advanced Graduate Study, Special Education Administration and Supervision, Virginia Polytechnic and State University

*August 1989:* Received M.Ed. in Special Education, College of William and Mary, Williamsburg, VA.

*1987:* Received B.S. in Special Education, University of Connecticut, Storrs, CT.

**PROFESSIONAL**

**EXPERIENCE:** *Fall 1993-present:* Taught 3rd-5th grade, SED self-contained, Southwestern Valley Regional Program, Served as Case Manager and TAT chairman for Beverly Manor Elementary School, Augusta County, VA.

*Fall 1990-Spring 1991:* Taught 1st-5th grade, ED/LD self-contained, Augusta County Public Schools, VA. Served as member of TAT the Crisis Intervention Team for Churchville Elementary School. Served as a homebound instructor

*Fall 1989-Spring 1990:* Taught 9th-12th grade English, Charter Colonial Institute, Newport News, VA.

*Summer 1989:* Taught 1st-6th grade, Charter Colonial Institute, Newport News, VA

*Fall 1988-Spring 1989:* Taught 9th-12th grade English, 9th grade world geography, 11th grade American history, 12th grade US government, Charter Colonial Institute, Newport News, VA.

*Spring 1988:* Substitute Teacher, Charter Colonial Institute, Newport News, VA

*Spring 1988:* Student Teaching, 9th-12th grade English, 9th grade world geography, 11th grade American history, 12th grade US government, Charter Colonial Institute, Newport News, VA.

*Spring 1987:* Student Teaching, 5-12 year olds, LD/ED/MR, self-contained, Ashford Elementary School, Ashford, CT.

*Winter 1986:* Student Teaching, 2nd grade, Ashford Elementary School, Ashford, CT.

*Fall 1986:* Student Teaching, 9th-12th grade, LD resource/self-contained, E.O. Smith High School, Mansfield, CT.

## **RELATED**

**EXPERIENCE:** *Fall 1993:* Served as Cooperating Teacher for James Madison University

*August 1991- August 1993:* Graduate Assistant, Department of Education Administration and the Department of Special Education Administration and Supervision, VA Tech

*September 1991-May 1993:* Treasurer, New River Valley C.E.C., Chapter 1043

*March 1991-June 1991:* Coordinator, New River Valley Respite Program, Blacksburg, VA. Developed Respite Program serving five counties, recruited providers, developed and coordinated delivery of training programs for providers and for families

*June 1991-May 1993:* Membership Chairman, New River Valley C.E.C., Chapter 1043

*June 1991-May 1993:* Historian and Constitution Chairman, New River Valley C.E.C., Chapter 1043

*Spring 1990:* Served as Cooperating Teacher for M.Ed. Special Education Program, College of William and Mary, Williamsburg, VA.

*July 1989- July 1990:* Chairman, Day Student Program, Charter Colonial Institute, Newport News, VA. Coordinated program, ran community groups, developed guidelines for program for students and staff

*March 1989- July 1990:* ROPES Instructor, Charter Colonial Institute, Newport News, VA.

*September 1989- July 1990:* STEP/STEP TEEN Instructor, Charter Colonial Institute, Newport News, VA.

*March 1988- June 1988:* Substitute Unit Counselor, Charter Colonial Institute, Newport News, VA.

*April 1988-June 1988:* Staff member with Guided Tour, Inc., based in Philadelphia, PA., in Williamsburg, VA., Burlington, VT., and Bermuda serving adults with mild to moderate mental retardation

*Summer 1987:* Director, Summer Recreation Program, Fairfax County Department of Recreation, Fairfax, VA.

*September 1986- May 1987:* Volunteer at Mansfield Training School, Mansfield, CT. Coordinated and participated in activities for residents and University of Connecticut students

*Summer 1986:* Director, Summer Recreation Program, Fairfax County Department of Recreation, Fairfax, VA.

*Summer 1985:* Assistant Director, Summer Recreation Program, Fairfax County Recreation Program, Fairfax, VA.

*1983-1987:* Volunteer, Connecticut Special Olympics

**CERTIFICATIONS:**

*Connecticut:* K-12th grade, ED/LD/MR

*Virginia:* K-12th grade, ED/LD/MR

*Virginia:* Professional Certification in Supervision and Administration of Special Education

Nonviolent Crisis Intervention

**PROFESSIONAL ORGANIZATIONS:**

Council for Children with Behavior Disorders

Council for Administrators of Special Education

Phi Delta Kappa

**HONORS:**

John W. Vandis Award, University of Connecticut, 1986

*References Available Upon Request*

A handwritten signature in black ink that reads "J. Coltrane". The signature is written in a cursive style with a large, looped initial "J".