

Interagency Collaboration Activities Scale (IACAS)

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DESCRIPTION

The *Interagency Collaboration Activities Scale* (IACAS) is a self-report questionnaire used to measure interagency collaborative activities in the following four areas; (a) Financial and Physical Resources, (b) Program Development and Evaluation, (c) Client Services, and (d) Collaborative Policies. These four scales, along with information about scoring the scales and their psychometric properties, are described in the next sections.

Interagency collaborative activities in the areas of Financial and Physical Resources, Program Development and Evaluation, Client Services, and Collaborative Policies were measured with 17 items. All items were measured on a five-point scale ranging from *Not at all* (1) to *Very much* (5).

The first collaborative activity scale, *Financial and Physical Resources* (4 items), covered interagency sharing of funding, purchasing of services, facility space, and record keeping and management information system data. The second scale, *Program Development and Evaluation* (4 items), covered interagency collaboration related to developing programs or services, program evaluation, staff training, and informing the public of available services. The third scale, *Client Services* (5 items), covered interagency collaborative activities related to diagnoses and evaluation/assessment, common intake forms, child and family service plan development, participation in standing interagency committees, and information about services. The fourth scale, *Collaborative Policies* (4 items), covered interagency collaboration involving case conferences or case reviews, informal agreements, formal written agreements, and voluntary contractual relationships.

PSYCHOMETRICS

Items for the *Interagency Collaborative Activities Scale* were generated from reviews of the literature (e.g., Morrissey, Johnsen, & Calloway, 1997), existing instruments, and from interviews with agency personnel. Prior to using the instrument, the items were reviewed for appropriateness, clarity, and completeness by an expert panel of mental health professionals ($N = 19$). The panel reflected a diverse mix of expertise, experience, ethnicity, and gender.

In addition to a series of panel reviews, a pilot study of the IACAS was conducted with 175 adult professionals (e.g., administrators, case managers, service providers) from four child-serving mental health agencies in Florida. Internal consistency reliability estimates were: .84 for *Financial and Physical Resource Activities*, .83 for *Program Development and Evaluation Activities*, .83 for *Client Service Activities*, and .86 for *Collaborative Policy Activities*. A subsample of 75 adult professionals was used to evaluate two week test-retest reliability. Test-retest reliability estimates were .76 for Financial and Physical Resource Activities, .77 for Program Development and Evaluation Activities, .81 for Client Services Activities, and .82 for Collaborative Policy Activities. Paired t -tests comparing the four scale means from the first administration to the second indicated no statistically significant differences ($ps > .05$).

Reliability analyses conducted in another study ($N = 378$) provided additional support for the reliability of the scores for all four scales. Internal consistency reliability estimates were: .79 for *Financial and Physical Resource Activities*, .82 for *Program Development and Evaluation Activities*, .76 for *Client Service Activities*, and .86 for *Collaborative Policy Activities*.

Confirmatory factor analysis (CFA) was used to examine the four-factor measurement model underlying the *Interagency Collaboration Activities Scale*. The CFA was based on the covariance matrix of the observed variables and used robust maximum likelihood estimation conducted using Mplus version 3.0 (Muthén & Muthén, 1998-2004). Robust maximum likelihood estimation provides standard errors and chi-square tests that are robust under the conditions of cluster sampling (i.e., nested data). Each of the four activities factors was scaled by fixing the first factor pattern coefficient to 1.00.

The chi-square value, $\chi^2 (113, N = 362) = 343.25, p < .001$, indicated a significant lack of fit. However, alternative measures of fit, less sensitive to sample size, suggested that the fit was acceptable. The standardized root mean square residual (SRMR) of .066 and the root mean square error of approximation (RMSEA) of .075 were less than Hu and Bentler's (1999) cutoff value of .08 that has been used as a general indicator of acceptable fit. However, the comparative fit index (CFI) of .866 was less than the recommended .90 cutoff. Examination of the modification indices for the model indicated that the major sources of misfit involved correlated errors for two pairs of items, a common finding with survey instruments. Including these two correlated parameter estimates resulted in substantial improvement in fit, $\chi^2 (111, N = 362) = 271.76, p < .001$, SRMR = .059, RMSEA = .063, and CFI = .907. In the original and modified models, all factor pattern coefficients (loadings) were significantly different from zero ($p < .01$). The correlations between the factors were positive and significantly different from zero ($p < .01$) and ranged from .65 (*Financial and Physical Resource and Client Services*) to .85 (.86 in the modified model, *Client Services and Collaborative Policy*).

SCORING

All items are scored so that higher values indicate greater levels of collaboration. The four subscales and the corresponding items are:

Financial and Physical Resources--items 1,2,3,4.

Program Development and Evaluation – items 5,6,7,8.

Client Services Activities – items 9,10,11,12,13.

Collaborative Policy - items 14,15,16,17.

Collaborative Activities

To what extent does your organization **SHARE** with other child-serving organizations in:

	Not at all	Little	Somewhat	Considerable	Very Much	Don't Know
1. Funding.	1	2	3	4	5	DK
2. Purchasing of services.	1	2	3	4	5	DK
3. Facility space.	1	2	3	4	5	DK
4. Record keeping and management information systems data.	1	2	3	4	5	DK
5. Developing programs or services.	1	2	3	4	5	DK
6. Program evaluation.	1	2	3	4	5	DK
7. Staff training.	1	2	3	4	5	DK
8. Informing the public of available services.	1	2	3	4	5	DK
9. Diagnoses and evaluation/assessment.	1	2	3	4	5	DK
10. Common intake forms.	1	2	3	4	5	DK
11. Child and family service plan development.	1	2	3	4	5	DK
12. Participation in standing interagency committees.	1	2	3	4	5	DK
13. Information about services.	1	2	3	4	5	DK
14. Case conferences or case reviews.	1	2	3	4	5	DK
15. Informal agreements.	1	2	3	4	5	DK
16. Formal written agreements.	1	2	3	4	5	DK
17. Voluntary contractual relationships.	1	2	3	4	5	DK