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Policy Mandated Collaboration

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This exploratory study examined the collaborative strategy used by Tri Cities Partnership (TCP) to facilitate the collaborative process required by the United States Department of Housing and Urban Development (HUD) to receive Continuum of Care funding. The study examined partner perceptions of TCP's leadership, organizational structure, benefits and drawbacks of participation, and relationships with partners. A follow-up survey and key informant interviews explored themes related to organizational affiliation with TCP, benefits and drawbacks of participation, relationships with partners, challenges impacting the ability of TCP to facilitate collaboration and strategies for involving key stakeholders. The study also identified factors that motivate and limit organizational involvement in community partnerships formed in response to policy and funding mandates for collaboration.

Key words: collaboration, motivation, participation, organizational capacity, policy

In an effort to expand local resources and improve social service delivery efficiency, social policies may mandate collaboration as a requirement for funding (Snively & Tracy, 2000). Yet, these policies often do not provide specific guidelines on how to implement the collaboration component at the local level. This can pose a challenge for communities if they

do not have a history of collaboration or the knowledge and skills necessary to initiate and sustain relationships between organizations. Often, the guidelines for implementing social policies do not take into account the varying degrees to which the service providers are connected to one another and how those relationships may impact their ability to collaborate (Chaskin, 2001; Chaskin, Brown, Venkatesh, & Vidal, 2001; Foster & Meinhard, 2002; Mulroy, 2003). When community partnerships are formed in response to policy requirements and funding mandates, issues related to capacity and commitment may emerge that will influence the extent to which the participating organizations work together. This paper will report the results of a study of Tri-Cities Partnership (TCP), a collaborative partnership of homeless service providers in a mid-Atlantic city that was created to develop an annual application for U.S. Department of Housing (HUD) Continuum of Care funding. The pitfalls associated with partnerships that are created in response to policy requirements will be discussed.

Homelessness: The Role of Collaboration in Service Delivery

Homelessness is a pervasive social problem in the United States. The diverse and complex needs of homeless persons require different, although complementary, services. It is often difficult for one group or organization to provide all of the services needed by homeless persons. Most communities have found that in order to address a problem as complex as homelessness, it is necessary for groups and organizations to form partnerships in order to expand their ability to develop an effective and efficient system of service provision. Government agencies, nonprofit organizations, the faith community, and individuals are among those entities that provide assistance to homeless persons.

According to the 1996 National Survey of Homeless Assistance Providers and Clients, it was estimated that there were 40,000 homeless assistance programs in the United States at 21,000 service locations (Burt et al., 1999). Food pantries were the most frequently identified type of program, followed

by emergency shelters, transitional housing, soup kitchens and other distributors of prepared meals, outreach programs, and voucher distribution programs. Other programs included physical and mental health programs, alcohol and drug abuse programs, HIV/AIDS programs, drop-in centers, and migrant housing. Most programs (49%) were located in urban areas, 32% in rural areas, and 19% in suburban areas (Burt et al., 1999).

In addition to direct services to meet the pressing needs of homeless clients, providers and consumers have often worked together to organize and advocate for increased funding and improved services for the homeless population. Advocates and activists began developing coalitions to coordinate services and developed improved systems of care for homeless persons during the 1980s (Hambrick & Rog, 2000). Organizations such as the National Coalition for the Homeless and The Low-Income Housing Coalition were created to pressure members of Congress to pass legislation that would serve the interests of the homeless community, foster a network of assistance providers within and across states, and provide information to the general public about current issues and basic facts about homelessness.

Now, in an era of diminishing resources and a demand for increased efficiency and accountability in social service delivery systems, organizations are faced with the challenge of doing more with fewer resources. In order to do so, communities have found it necessary to develop partnerships and collaborate with others in order to develop and strengthen the ability to problem solve. However, a constant challenge for organizations is deciding when it is best to preserve their self-interests or when to work toward collective goals (Bailey & Koney, 2000; Chaskin, et al., 2001; Gray & Wood, 1991; Pfeffer & Salancik, 1978). Exchange transactions are likely to occur as organizations weigh the costs and benefits of their participation within a network or collaborative partnership as they seek to achieve their agency's goals.

Exchange Theory

Exchange theory assumes that individuals, groups, and

organizations will choose among alternatives from which they expect to receive the most profit or benefit. Rewards of their effort may be in the form of economics, status, or attention (Blau, 1974). Resource dependence–independence theories clearly articulate the exchange involved in collaboration. These theories posit that even though organizations seek to maintain their independence from other organizations, they will develop interorganizational relationships in order to achieve stability in an uncertain and changing environment.

When organizations work together to advance a shared vision or problem-solve, the organizational characteristics (such as size, age of the organization, services provided, etc.) of the individual partners may influence their roles, participation and level of influence in the collaborative process. For example, larger organizations are more likely to collaborate with other agencies because they have more resources (such as available staff) than smaller organizations (Foster & Meinhard, 2002). If smaller organizations perceive the process as a way to advance their goals, they may continue to participate because the benefit of achieving their goals will outweigh the cost of their dependence on the other organizations. Collective influence, access to additional resources, and the exchange of information and knowledge are potential benefits gained from inter-organizational collaboration. Possible costs to an individual agency for these benefits may include the loss of some autonomy and control, the time and resources (such as staff time off from performing the task of their individual organization) necessary to coordinate the effort, and potential damage to reputation if the collaboration is not perceived as successful (Chaskin, Brown, Venkatesh, & Vidal, 2001; Huxam, 1996). In addition to diverse motives for participation, partnerships reflect varying degrees of capacity and involvement when policy requirements initiate their development and/or expansion. The Tri-Cities Partnership (TCP) is an example of how these factors can affect a partnership's process and outcomes.

The Tri-Cities Partnership

This study examined the collaborative strategy used by an organization called TCP located in a southeastern city.

TCP is a broker organization (Chaskin, Brown, Venkatesh, & Vidal, 2001) that was created in 1998 to mediate and nurture relationships among partnering organizations in order to facilitate the collaborative process required by the United States Department of Housing and Urban Development (HUD) to receive Continuum of Care funding. HUD's model of the Continuum of Care planning is comprised of five steps: (1) organizing an annual Continuum of Care planning process; (2) conducting a needs assessment; (3) determining and prioritizing gaps in the Continuum of Care Homeless System; (4) developing an action plan comprised of both short-term and long-term strategies to address service gaps; and (5) identifying action steps to implement the plan (HUD, 1996). TCP receives funding from local governments, United Way Services, foundations and individual and corporate donors to facilitate the planning process (TCP, 2002a, p. 4). Since TCP is a regional effort, its service area includes four metro counties. When the data were collected, the organization was staffed by four full-time and one part-time staff members and a twenty-one member board (TCP, 2002b).

TCP has worked to position itself as the expert and authority on homelessness in the community by serving as the central location for information about homelessness. In its role as a broker organization, it facilitates relationship development among organizations in the community (Chaskin, Brown, Venkatesh, & Vidal, 2001). TCP also provides technical assistance to the funding community when they make decisions pertaining to homelessness, monitors funding announcements, assists service providers in preparing grant proposals, and develops public awareness campaigns to dispel myths and stereotypes about homeless persons.

TCP's Planning Process: The Role of Collaboration

In order to prepare the application for Continuum of Care funding to HUD, TCP initiated a problem solving process designed to promote service and system integration, work with local government, and incorporate the concerns of local citizens. As part of the needs assessment process, TCP identified 194 organizations within the geographic area that provided services to homeless persons. Of these organizations, 136 are

considered by TCP to be partners. TCP's criterion for identifying organizational partners is very broad because TCP did not want to exclude any entity that provides services to homeless persons from the Continuum of Care system. TCP wanted to be inclusive of the different types of services that ranged from food pantries in small churches to the more formal, established social service programs that serve this population. According to TCP staff, any organization that has requested information from them, attended an event or meeting, or has planned an event with them is included on their contact list as a partner even though the number of organizations that consistently participate in meetings and on subcommittees is much smaller (Leslie, 2003).

An important component of the Continuum of Care planning process is stakeholder involvement. Although HUD provides guidelines for designing local Continuum of Care processes, it is up to the local initiative to determine how to implement the guidelines. As a result, communities have a lot of latitude in developing their organizational structures. According to Leslie (2003), TCP designed its current process based on: (1) how they envisioned such a process could work in the community despite their large partner network; and (2) feedback they received from other communities that had implemented a Continuum of Care planning process.

The planning process is implemented through workgroups, task forces, and the United Way Homeless Action council. Participation in these groups provides a mechanism to incorporate the perspectives of service providers, local governments, the faith community, the business community, local universities, neighborhoods, and homeless and formerly homeless individuals in the decision-making process. The workgroups serve as a way for organizations to become involved in TCP's planning process by identifying issues and strategies used to address needs within each area. In an effort to involve organizational leaders and their staff in developing the Continuum of Care system, workgroups were created that utilized the expertise and experiences of executive directors and agency staff. The workgroups also provided organizational representatives with the opportunity to assume leadership roles within the collaborative. These groups evolved over time

and were disbanded once the need for them was met or new groups formed in response to emerging issues.

When the data were collected, TCP was in the middle of year three of a five-year work plan. During that time, TCP created the vision statement and mission of the organization, completed a community needs assessment/asset mapping, and identified priority service areas. TCP was also in the process of working with their partners to develop a substance abuse program for men that would provide temporary housing, medical care, job training, and counseling.

The collaborative process used by TCP to partner with other groups and organizations that work with, serve, and advocate for homeless persons was the focus of this study. Analysis was focused on answering the primary research questions: (1) Is there a relationship between organizational characteristics and how partners perceive TCP's planning process? and (2) Do perceptions of TCP's planning process influence partner motivation and level of participation?

Method

This study examined the organizational characteristics of TCP's partners, perceptions of the planning process, and the influence of these factors on their motivation to become active participants in the process. A two-phase study design was selected in order to gain a full perspective on TCP's collaboration. Previous studies that have examined dimensions of collaboration have used a variety of methods such as surveys, focus groups, and interviews to collect data (Foster & Meinhard, 2003; Fountain, 2002; Harbert, Finnegan, & Tyler, 1997; Mizrahi & Rosenthal, 2001; Mulroy, 2003; Mulroy & Shay, 1998). A cross-sectional survey and key informant interview design was used to collect observations on TCP's collaborative partners.

The Sample

Prior to data collection, the researcher consulted with the primary contact person at TCP to develop the list of organizations that would be recruited to participate in the study. Since TCP did not have a formal system of identifying partners,

developing a list of partners proved to be a challenge. Initially, the researcher asked TCP to include the representative from each participating organization on their contact list. Although TCP was able to identify the organizations that are considered to be partners in the Continuum of Care system, it was not always possible to identify a single individual at each organization, since TCP may have been in contact with more than one person over time. In an effort to identify a specific person at each organization, TCP was asked to include the person who has most actively participated in the planning process and would be able to draw upon those experiences in order to best respond to the questionnaire. Since 19 respondents indicated through phone, email, or in writing that they did not consider themselves to be partners, they were excluded. Once these organizations were removed, 117 organizations comprised the final sampling frame.

Questionnaires were completed by representatives of 44 organizations—which included advocacy, community-based organizations, medical facilities, community development corporations, and government agencies—for a response rate of 37%. Most of the organizational representatives were in leadership positions in their organizations; 55% ($n = 23$) of the respondents were executive directors and 30% were program managers. The respondent organizations represented the range of services provided to the homeless population. Housing, mental health/mental retardation, food distribution, and meals programs were the most frequently listed services partners provided to the homeless population. More than half (54.5%) of the respondents represented large organizations. These organizations were also older, established organizations with an average age of 45.1 years and a median age of 21.5 years.

Organizational size for 501(c)(3) organizations and government agencies was assessed by the financial information (revenues) contained on the IRS form 990 filed during 2001 and 2002 and fiscal year budget reports. If revenues were less than \$500,000, the organization was considered small, revenues of \$501,000-\$999,999, were categorized as medium organizations, and revenues of \$1 million or more were categorized as large (Foster & Meinhard, 2002). Congregation size was based

church membership. Churches with fewer than 100 members were categorized as small, church memberships of 101 to 400 were medium-sized congregations, and church memberships of more than 400 were categorized as large (Hodgkinson & Weitzman, 2003).

Phase One: Cross-Sectional Survey

The *Questionnaire for Organizational Partners*, a 68-item instrument developed by the Center for the Advancement for Collaborative Strategies in Health (Weiss, Anderson, & Lasker, 2002), was used to assess the degree to which partners believed the planning process exhibited factors promoting successful collaborative efforts: relationships among partners, leadership, administration and management, resources, benefits and drawbacks of participation, collaboration, efficiency, and challenges facing the partnership. Validity and reliability were established by the developers of the instrument. Prior to the start of the study, the questionnaire was pilot tested with two key informants for feedback about the instrument. No changes to the instrument were recommended and study approval was granted by the Institutional Review Board (IRB) at the university.

Follow-up Survey

Of the 92 non-respondent organizations, 19 reported that they did not consider themselves to be partners with TCP even though they were included on TCP's partner list. This unanticipated finding raised questions about how these organizations would characterize their relationship with TCP, what benefits and drawbacks they had experienced as a result of their "unofficial" affiliation, and to what extent they would want to become more involved in TCP's planning process. A short, six-item survey, comprised of open-ended questions about their affiliation with TCP and anticipated drawbacks and benefits of participation was sent to these organizations to collect the additional information.

Phase Two: Key Informant Interviews

A list of the organizations that did not respond was forwarded to TCP staff to confirm that the appropriate persons

were on the list as the organization's representative. Phone calls were made to 28 organizational representatives to invite them to discuss their experiences with TCP. A standard recruitment script identifying the researcher, the purpose of the focus group, and the date, time, and location was used. Six representatives agreed to participate and one representative indicated that she was interested in participating but would not be able to commit herself until the day of appointment. Despite the fact that seven organizational representatives were interested in participating, only four confirmed their participation. Written consent was obtained from the participants before the discussion began and responses were audio-taped and later transcribed. The key informants ($n = 4$) were asked about the benefits and drawbacks their organization experienced as a result of participating, the relationships among partners, the effectiveness of the TCP's planning process, challenges facing the partnership, and partner recruitment and retention. The follow-up survey and key informant data were analyzed qualitatively using an open coding process (Strauss & Corbin, 1998).

Data Analysis

SPSS Version 11 was used to score and analyze data. Descriptive and inferential statistics were used in the data analysis. Frequencies on sample demographics and responses were run to provide a descriptive overview. Univariate descriptive statistics were examined to ensure that the data from the surveys were entered correctly into the data set and the categories were appropriately labeled.

The "benefits of participation" variable was created by adding the number of benefits respondents indicated they had received from their involvement with TCP. The possible number of benefits received ranged from 0 to 12. The "importance of benefits" variable was formed by re-coding the scale responses into two categories of "important" and "not important." The "exchange of benefits and drawbacks" variable was created by re-coding the scale responses into two categories of "benefits exceed the drawbacks" and "drawbacks exceed benefits."

Results

Cross-Sectional Survey

Benefits and Drawbacks of Participation. The organizational representatives were asked to indicate the benefits and drawbacks of participation they had experienced or anticipated experiencing. Twelve possible benefits were listed on the questionnaire; the average number experienced by the representatives was 7.5 ($SD = 3.6$). Enhanced ability to address an issue important to their organization, acquisition of new knowledge and/or skills, and a heightened public profile were among the benefits partners experienced. The increased use of their organization's expertise and services and an increased awareness about the community were also frequently mentioned by the respondents, along with the development of valuable relationships, increased ability to meet client needs, ability to have a greater impact on the issue, and making a contribution to the community. Acquisition of additional funding, increased ability to affect public policy and ability to meet performance goals were the benefits partners were least likely to have received.

The average number of drawbacks experienced by the representatives was 1.54 ($SD = 2.3$). Diversion from other priorities/obligations (36.34%, $n = 16$) and frustration/aggravation (34.1%, $n = 15$) were the two most frequently mentioned drawbacks. Regression analysis was performed on participation as the dependent variable with the importance of benefits to the organization, the number of benefits experienced, and the exchange between benefits and drawbacks as independent variables. A test of the full model with these predictors against a constant-only model was statistically significant, $F(3, 34) = 3.833, p = .018$. Two variables, the number of experienced benefits and the importance of the benefits, contributed significantly to the prediction of participation (Table 1). The beta weights for these variables suggest that the number of benefits experienced by the organization ($\beta = .37, p = .03$) had the greatest influence.

Table 1. Standard Regression Analysis of Participation Benefits to Predict Participation*

Predictor	B	SE B	β
Experienced benefits	1.17	.515	.367*
Benefits outweigh drawbacks	1.16	6.44	.038
Importance of benefits	-20.5	8.41	-.491*

Note. $R^2 = .25$, Adjusted $R^2 = .19$

* $p < .05$

Follow-up Survey

In the follow-up survey of the 19 organizational representatives who did not identify themselves as TCP partners, organizational representatives ($n = 11$) were asked what factors influenced their decision to not be active in the planning process. One representative indicated that although the organization would like to participate, they were not sure how they might fit in the overall process. For other respondents, lack of participation was attributed to being involved in service provision that did not include the geographic boundaries of the service area or they did not specifically work with homeless persons. Having the time and capacity to participate in the process were also factors that limited participation. One respondent indicated that their organization had never been asked to participate in TCP's efforts. Another said that their organization has not been more active because they do not see a direct benefit.

The organizations' representatives were asked to identify potential benefits and drawbacks to participation. Of the eight who responded, information about available services, opportunities for joint ventures, increased influence, coordination of services, and the use of their organization's skill and expertise were identified as benefits they could receive from being active with TCP. Five respondents identified drawbacks related to the capacity of their organization to participate. One representative expressed concern about how involvement with TCP might impact their organization's mission because "our program does not focus on homelessness [and] we could get lost in missions outside of our agency's scope of work." Three

respondents did not indicate any potential benefits or drawbacks they anticipated their organizations would experience.

TCP's current structure for engaging partners is a fluid one in which partners become involved when they are needed to fill a service gap. For some, this is an advantage because they are able to remain affiliated with TCP but do not have to commit their time to the effort for a sustained period. Other organizations may be interested in becoming more involved but because of the informal structure, their contribution may not always be clear to them, which may lead to their lack of participation or frustration with the planning process.

Key Informant Interviews

Benefits and Drawbacks. The findings revealed that when organizations received benefits from their involvement they were more likely to remain active over time. Increased networking opportunities and the ability to use their organization's skills and expertise to have a greater impact on the issue were identified as benefits of participation. These organizational representatives perceived their organizations as independent components of a system working together to address issues related to homelessness. The key informants felt that the opportunity to network with other service providers and share information was a benefit their organizations had experienced from being involved with TCP's planning process. TCP was credited with providing organizations with data, research, and other information that informed them about the demographics of the population and their changing needs. Given the multiple issues facing homeless persons, the participants agreed that it is impossible for one organization to effectively serve this population. They felt that TCP had played a critical role in bringing groups together that might not have interacted or worked with one another in the past.

Although the key informants recognized the benefits their organizations had received from participating, TCP's complex planning process was mentioned as a drawback to participation. One participant shared her frustration with the time it took to understand how the different components worked together to form a complete system, why her organization was considered to be a partner, and how her organization fit under

TCP's umbrella as an affiliate. However, over time, the connections between organizations became clear. As the roles of organizations were being defined within TCP's partnership, one participant recalled being frustrated with the process of working with organizations from other services areas because of their different perspectives on the issue.

The key informant findings suggest that the degree to which organizations experienced these drawbacks is related to their participation in the planning process. For example, one key informant felt that her participation with TCP was a win-win situation because she was contributing her expertise to developing a central intake system that would improve her organization's ability to match clients with appropriate services. In her situation, any drawbacks related to time were minimized by the benefits her organization received or anticipated receiving. Most of the survey respondents appeared to share a similar perspective. They felt the benefits they experienced from participating were important and the benefits exceeded the drawbacks experienced. For organizations that did not consider themselves partners, the organization's capacity to participate limited their involvement. For these organizations, the exchange of time and resources for potential benefits was not enough of an incentive to participate, especially if serving homeless persons was not their primary service domain.

Limitations

Since the sample for this study was not randomly selected, the collaboration experience of TCP may not represent other collaborative partnerships. However, the findings yielded valuable information about TCP's experiences in facilitating a collaborative process with diverse organizations with varying levels of involvement; this may be useful for other efforts with similar characteristics.

Conclusion

Community practice models assume that when organizations form collaborative partnerships, all of the organizations possess the capacity to participate. This study found

that even when organizations were interested in participating, they sometimes lacked the time and understanding of their role within the partnership to become involved. Community associations may want to consider that partners come in different types at different levels. According to Mandell (2003), collaborative efforts can be more effective if the expectations of the partnership and the realities of the interorganizational environment are congruent. When social problems such as homelessness require system-wide changes, it may be difficult to determine the number and type of members that need to be involved and the extent of their involvement. Cooperative relationships lend themselves to a limited degree of involvement among partners and allow organizations to become active when it is convenient for them without a major impact on the overall effort. Coordinated efforts are more formal relationships, but for the most part, organization membership remains limited and organizations continue to function independently. For these types of efforts, the costs and risks of involvement are offset by the benefits the organizations receive. Complex collaborative efforts require a long-term commitment of time and resources from the individual organizations involved. When organizations such as TCP facilitate collaborative efforts that bring multiple, diverse organizations together to focus on a single issue, the constraints and challenges facing the partnering organizations must be considered to ensure meaningful participation.

TCP's collaborative process reflects the challenge of implementing collaboration mandates that result in meaningful participation. When collaboration is required for funding, most applicants are able to easily identify existing and potential partners and obtain letters of support. However, when organizations implement their work plans, it can be a challenge to develop a planning process that is inclusive but will also facilitate goal achievement. This study revealed that TCP's planning process is primarily facilitated by a small, active group of organizations instead of the broad cross-section of the community that was described in their Continuum of Care funding application. It appears as if organizations that have the capacity to fully participate are able to do so while smaller organizations with fewer resources to devote to the effort are not fully

engaged in the planning process. Thus, when responding to a collaboration mandate, an organization's ability to participate must be assessed in order to establish a planning process that will encourage "real" participation. Without an initial assessment of capacity, it will be a challenge to initiate a collaborative effort that is truly representative of the broader community.

Organizational partners may come to a collaborative effort with different skill and knowledge sets and levels of commitment, motivation, and time. As a result, it may be important to have multiple types of affiliate statuses so that everyone can be involved, but with differing expectations. This has implications for the relationships between organizations and within partnering organizations. Broker organizations like TCP must work with organizations to develop a structure that will enable organizations with limited capacity for intense involvement to remain connected to the effort. It is also important for administrators within partnering or affiliated organizations to be aware of their organization's readiness to engage in collaborative partnerships. As part of the readiness for collaboration, the following need to be in place: the level of commitment the organization is willing to give to the collaborative effort and the persons who will serve as the organization's representatives need to be identified; a mechanism for communicating the decisions made by the partnership to the individual organizations should be established; and the relationship between potential benefits and drawbacks that may be experienced from participation should be examined prior to joining a collaborative partnership.

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