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Interagency Collaboration and the Homeless Population: Barriers, Supports, and
Willingness to Change

By

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MSW Clinical Research Paper

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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Homelessness is a growing clinical concern in social work and in any helping profession. As the number of homeless population grows, counties in Minnesota attempt to collaborate and problem solve possible solutions. Interagency collaborations is not unique to social work of to this population, yet many agencies collaborate with others on a large scale to formulate solutions to this epidemic. This study identifies 8 participants who were currently in an interagency collaboration for the homeless population. The focus was on the willingness of agencies to change to collaborate to benefit the homeless, barriers that arise, and supports or successes about collaborating. The outcome concluded that these individuals believe that everyone they know is willing to change. They agree that there are barriers that make serving this population a challenge. They identified that change is a good thing and most cautiously promoted the change. Finally, participants identified that it can be a challenge to measure what the collaboration is doing and if it is successful or not.

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Homelessness is a growing critical issue in the United States and a growing concern for social work professionals. The National Alliance to End Homelessness's last official count in 2012 stated that "633,782 people experience homelessness on any given night in the United States" (2012, p.2). It is hard to imagine that in a country with such great wealth that over a half a million people are reporting they have nowhere to stay.

Defining Homelessness

Throughout the years, the federal government has defined what homelessness is. This is in an attempt to serve this population and identify it. The Hearth Act currently defines homelessness by three defining factors. These defining criteria are helpful for the purpose of understating who falls underneath the homeless criteria.

Lacks a fixed, regular, and adequate nighttime residence; and has a primary nighttime residence that is a supervised, publically-or privately- operated temporary living accommodations, including emergency shelters; or has a nighttime residence in any place not meant for human habitation, such as under bridges or in cars. (Hearth Act, 2009)

Legislation Surrounding Homelessness

The McKinney-Vento Act was the first piece of legislation to address the issue of homelessness and make it a federal concern. In 1987 it was signed into a law with nine titles. All of these titles address a specific issue related to homelessness. In 2009 President Barak Obama retitled this law the Hearth Act. Using empirical based research, his focus was on rapid

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reentry and emergency shelter. In 2004 the National Alliance to End homelessness supported what is commonly known as the Ten Year Plan (Czerwinski, 2002; National Alliance to End homelessness, 2012).

The Ten Year plan has been given to every county with the expectation that by 2015 there will be a county based system to address homelessness issues, as they may be unique to each county. A vital condition to this federal law is that each county have what is called a common entry point. This means that there will be one phone number for a homeless person to call to be connected with services when they are experiencing homelessness. This federal mandate required that all agencies with homelessness, supportive housing, transitional housing, family housing, and single occupant housing for homeless, have to collaborate together.

Coordinate Assessment is another HUD change that has recently affected the USA and the Minnesota metro area. Coordinate Assessment is part of the Ten Year Plan and the Open Door initiative. All agencies that serve the homeless population will work together to receive intakes. No agency will keep its own wait list. One entity will take the intake, make the assessment and refer clients to programs and housing. This means agencies will have to work together like they have never done before (Open Doors, 2011; National Alliance to end Homelessness, 2012; Ten Year Plan, 2000; HUD.gov, 2014).

While ending homelessness is the focus, there are other barriers that make it a rather daunting task for even the most equipped social work agency. . Imagine a county like Ramsey County, with hundreds of non-profit, for profit, church affiliate agencies, and state run housing programs all working together. This legislation mandates that they work together and adopt Coordinative Assessment/Common Entry point for each county.

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This is a huge change in the way each county is held accountable for their homelessness population. It will be challenging to get all the agencies to coordinate together. Many non-profits receive complicated streams of funding that they will want to continue to receive.

This literature review will look at interagency collaboration and how it has been successful and not successful. The element of success in each study is identified and may be different, but overall the research is looking for collaboration that had positive outcomes in regards to client care.

Wood and Grey identify collaboration as a “group of autonomous stakeholders of a problem domain engaged in an interactive process, using shared rules, norms, and structures, to act or decide on issues related to that domain” (1991, p.7). In other words, interagency collaboration or inter-professional collaboration occurs when many stakeholders want to find a solution to a problem. This is a larger macro level issue that requires a larger board to see all aspects of the problem. The idea is to invite everyone to the table so every stakeholder has a say in collaborative on important issues. For homelessness, collaboration is also a mandate to have interagency collaboration. Some of the literature review focuses on collaboration that is mandated by law or current legislative funding (Okamoto, 2001; Springer, 2000 et al.).

At present time there is not an adequate amount of empirical literature on homelessness and interagency collaboration. However, the data would suggest that many other disciplines are facing the need to start interagency and inter-professional collaboration. The research indicated that nurses, medical health, education, child protection services, juvenile detention, and elder care are all facing similar issues. All these disciplines see a necessity for interagency collaboration so clients do not have fragmentation in services or fall through the service gaps.

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This literature review attempts to look at other literature on collaborations in social work and other disciplines to see the outcomes. Collaboration at each agency is unique. This report will look at previously done research to better understand what supports and what causes barriers in collaboration.

Homelessness facts

As stated in the introduction, homelessness is a growing concern in this country. With the recent crash in the housing market in 2007 more and more people are struggling to make ends meet and find themselves temporarily or long term homeless (Czerwinski, 2002) . As data has always suggested, those who are closest to the poverty line find it harder to rebound from homelessness. This leads to long term homelessness.

As stated, the National Alliance to End Homelessness estimates that “633,782 persons experience homelessness on an average night in the United States” (2011, p. 2). The World cup.org estimates that worldwide 100 million persons are homeless. Other web sites conclude that the actual number of homeless persons is much higher than generated by the National Alliance to End homelessness. The reason being that they are looking at homeless shelters; on average, most shelters are in a position where they are turning many people away each night, with no vacancy (Wilder Foundation, 2012). The Federation of American Scientists suggested that the actual number of homeless individuals in the United States on an average night is “somewhere between 600,000 and 2.5 million people” (2011, www.nsf.gov). Many homeless persons are women, children, elderly, persons experiencing Mental Illness, and Veterans (Federation of American Scientists, 2011; National Alliance to End Homelessness, 2012; HUD,

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Fact sheets, 2011). The data will never know for sure what the true number is, because people do not report that they are homeless based on stigma of the homeless and shame.

In addition to the current plan to end homelessness President Obama has initiated strategic plan called Open Doors (2011). It is specifically created to end homelessness for Veterans and for those who have experiences chronic homelessness. With all this re-tooling of funds and expectations, it can be confusing for social workers, and especially their clients, to navigate the system (Poppe & Homelessness, 2010).

Mandates in Legislation

Data on legislation and mandates that are approaching can be very complicated to read and to understand. Even the history of homelessness is a challenging thing to understand and review. A general overview of homelessness points to the great depression as a time when reported homelessness boomed in the USA. However, scholars and historians will argue that the industrial revolution was a time that homelessness was at its height compared to the size of the United States population (Kusmer, 2002).

Beginning in the 1980's homelessness was starting to emerge as a federal and legislation issue. However, the Reagan administration saw it as "a problem that did not require federal intervention" Yet, there was a growing concern that prompted many individuals to begin focusing on the issue (National Council for Homelessness, 2006, p.7). By 1983 homelessness task forces were created and the McKinney-Vento law was signed in July of 1987.

Title I of the Homeless Persons' Survival Act (later renamed McKinney-Vento) provided emergency relief provisions for shelter, food, mobile health care, and

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transitional housing. It was introduced as the Urgent Relief for the Homeless Act”
(2006, p.7)

The Hearth Act consolidated funding and mandates for the homelessness. Hearth stands for Homeless Emergency Assistance and Rapid Transition to Housing. Part of the change to the Hearth Act is called Housing collaborative. This requires each county to have a board and a meeting looking at each county’s individual homelessness needs. These boards usually consist of program directors from various agencies that work with individuals and families experiencing homelessness. In addition each county is required to develop their own Heading Home Plan.

The Ten Year Plan

The Heading Home Plan is a working model that was influenced greatly by the National Alliance to End Homelessness, *A Plan: Not a Dream. How to end Homelessness in Ten Years publication*. This was implemented in 2004 with the expectation that each county in the United States would have an individualized conceptual plan for addressing homelessness. By 2015 each Housing Collaborative, in each county, should have voted on and began to take steps toward putting this legislation into practice. Parts of the Housing Collaborative calls for a common entry point for clients to connect to. Requiring agencies to collaborate with one another for the betterment of clients care. That means that even agencies that compete for funding have to come and work together as a team.

These government acts are often changing and the expectations change with them. This is another hurdle for collaborative meetings. They need to make sure they are completing up to date tasks. Each county has its own set of barriers and issues to address. As the rate of

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foreclosure rises, and market rate rent on apartments rise, it has been apparent that homelessness in the United States is going to continue to be an issue.

Homelessness in Minnesota

In Minnesota, Amherst H. Wilder Foundation has been the leading force in data surrounding the homeless population. They are responsible for doing state wide counts called “point in time counts” this is a count that is done to determine how many individuals are homeless on any given day in Minnesota (2012, p.8). Wilder has completed these studies of the MN homeless population every three years since 1991. In addition, Wilder Foundation is also responsible for determining the demographics that surround MN homeless population and identifying boundaries that keep individuals homeless. Each county has a *Heading Home Plan* with the goal to ending homelessness. Hennepin and Ramsey counties *Heading Home plans* are easily assessable online to see what approaches they are taking. Every county in MN participates in the State-wide count and surveys that determine what the population looks like (Heading Home, 2013). Although it is impossible to survey and interview every homeless person in Minnesota, Wilder coordinates with government, non-profit, and for-profit to get the most complete data possible. This allows them to determine the amount of individuals who are homeless accurately as possible.

Wilder Foundation estimates that on any given night “14,057 individuals are homeless in 2012 on any given night by the Government’s definition of homeless” (Wilder Foundation, 2012, p.10). It is important to note that Wilder Foundation completes their point in time count on October 25th in 2012. This is important because Minnesota becomes cold and has below freezing conditions by this time. Research suggests that many people will couch hop or double up in order to avoid freezing temperatures. Wilders data states that of the 14,057 homeless in MN,

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3,875 persons were identified who were not staying in a shelter or a housing program. “The count from October 25th, 2012, underrepresents the total homeless population, since many homeless people outside of the shelter system are not found on the night of the study” (2012, p.11).

MN Demographics

In Minnesota, on average, close to 40,000 persons experience homelessness per Wilder Foundations 2012 report. This includes adults, seniors, youth on their own, and minors with an adult. In addition, 1 in 5 reported that they had been turned away from a shelter in the past 3 months because there were no more beds available (2013). “41 percent of homeless adults are currently on a waiting list for subsidized housing with an average wait time of nearly a year” (Wilder Foundation, 2012, p.16). These individuals are typically declined for housing in a market rate apartment as they cannot pass a background check.

Mental Illness and the Homeless in MN

Homeless individuals who are mentally ill are often the most vulnerable populations. They are more likely to commit crimes and have crimes committed against them. They can also be the most challenging to house. Their needs are great and they often become chronically homeless. This means they will be homeless for a year, or 4 times in a year (Heart Act, 2009).

Wilder Foundation (2012) also compiled data on this particular population of homeless individuals. “60% of long-term homeless adults have a serious mental illness, compared to 49% of other homeless adults” (Wilder Foundation, 2012, p.18).

Violence and Homelessness in MN

As noted before being homeless can put individuals in a vulnerable position to be victimized. This is no exception in Minnesota. 1 in 5 adults who are homeless report being a victim of physical or sexual assault while being homeless. Women are more likely than men to be the victim of abuse, both physical and sexual (Wilder Foundation 2012, p.19; NAEH 2007). In addition, it is important to note that males and females report becoming homeless due to an abusive home or relationship.

Homeless Veterans in MN

In Minnesota many of the homeless adults have served in the military “one in ten” (Wilder Foundation, 2012, p.33). Many find stable housing a challenge after serving. “47%, nearly half report having a service-related health problem. Of those, mental health problems are most common for both males and females” (Wilder Foundation, 2012, p.33) In addition, less than half report not receiving any veterans’ benefits (Wilder Foundation, 2012, p.33) Although there are programs available specifically for this population they are not accessing the resources. Some choose not to and other need to be connected with Veterans Affairs resources.

Factors that Lead to Homelessness for Minnesotans

Wilder’s research suggests that individuals who are homeless and closer to poverty have a more challenging time bouncing back from an episode of homelessness. They are more likely to experience long-term or chronic homelessness. The population that has been a recent challenge to assist in housing and supportive housing are clients who cannot afford rent, have a criminal history, or a serious mental health disorder. These individuals make it much more difficult to secure housing. Data states that 47% of homeless adults have spent time in a correctional

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facility. Men not staying in any shelter have the highest rate of incarceration at 70% (Wilder Foundation, 2012, P.23).

Housing affordability is the next greatest concern for clients attempting to find housing. “Nearly half of homeless adults lost their housing because they could not afford the rent or mortgage and/or they lost a job or work hours” (Wilder Foundation, 2012, p.24). The market rent for apartments went up dramatically in 2007 after the crash in the housing market. This created a larger divide between the haves and the have nots. Housing has become unaffordable at its current rate especially for individuals who are closer to the line of poverty.

Why collaboration is Important

Collaboration is indicated in many of these studies as a tool. It is especially important in recent times because of limited funding and macro level concerns. Collaboration is essential in looking at all the aspects of problems; it is especially helpful when addressing systemic concerns (Goldkind & Pardasani, 2012). “Practitioners indicate the importance of communication and cooperation as elements of a successful collaboration” (Okamoto, 2001, p.5). However, many studies that found that unwillingness to change and cooperate with other agencies, makes collaboration ineffective (Okamoto, 2001). In addition Successful collaboration can result in policy changes, macro level changes, educating communities, and providing more effective services for clients.

Collaboration is important for obvious reasons; it helps us to work with peers and other disciplines to provide the best care for clients. It is important because all members of a collaborative team see different solutions and problems (Anderson, 2000; Berry et al. 2008). With different perspectives there can be creative solutions. Many service systems describe

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interagency collaboration as the future of social services and human helping professions

(Okamoto, 2001). It is also a way to perform best practice and have your practices questioned by others. In a way it can create another layer of ethical regard for clients' wellbeing.

Homelessness and Cost-effective services

In addition to collaboration being important with this population it is more cost effective. Homeless individuals are more likely to use high cost community services. This includes hospital ERs, mental health inpatient, crisis facilities, and jails (Culhane, 2010). This results in fragmentation of services. Meaning, that other workers have difficulty coordinating care without a release of information from the client. Also many logistical issues arise. For instance, if a homeless individual has case management, therapy, or psychiatry, often these teams find it difficult to coordinate care because the clients' information is protected. With a release of information providers can discuss the client. However, studies indicate that during the weekend, when most providers are not working, are often the most challenging (Cavaleri et al. 2008).

Having no address and limited income makes it challenging to get ahold of clients or have meetings with them. If they cannot make it to their appointments because of their lack of housing they end up not showing appointments and can be refused services that they need (Rosenheck, Resnick, & Morrissey, 2003). This is the reason for higher level of Emergency room visits and other high cost emergency services for this population (Belcher, 1988)

Why This Population?

This population needs interagency collaboration because of so many ethical and clinical issues that arise. There are not enough beds for all those who seek them at shelters. Without a roof, individuals are increasingly vulnerable on the streets. For individuals with mental health

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diagnosis they are increasingly vulnerable, especially in urban settings. Having worked with the homeless population for several years, many individuals experience physical and sexual assault. Often those who are on medications stop taking them because they are stolen from them or they are worried about being mugged for the medications. If individuals are symptomatic while homeless they are more likely to harm themselves and others (Czerwinski, 2002; Wilder Foundation, 2013). Often workers will attempt to find stable housing as a catalyst for recovery. Without housing families, children, the elderly, Veterans, and those suffering from mental and physical illness, are all vulnerable. In many cases the trauma that these individuals face is terrifying (Rosenheck et al., 2003; Culhane, 2010).

Description section: collaboration, merger, partnership

Since current research uses many different names to describe collaboration, it is important to define these terms. Different disciplines used different terms interchangeably however; social services fields tend to use the word collaboration.

Webster's dictionary (2013) states that the definition for collaboration is: "to work jointly with others or together especially in an intellectual endeavor, to cooperate with an agency or instrumentality with which one is not immediately connected."(p. 62). The research in one way or another agrees with these definitions. Agencies or key members of an agency are cooperating with other agencies to address a common goal. Human service field tends to call these interactions collaborative meetings or cooperative trainings (Goldkind &Paradasani, 2012).

Webster's dictionary defines partnership as: "a relationship resembling a legal partnership and usually involving close cooperation between parties having specified and joint rights and responsibilities" (Webster's dictionary, 2013, p. 324). Research by Lauri Goldkind

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and Manoj Paradasani(2012) agrees that a partnership is a shared responsibility and that it is often time-limited compared to collaboration. Often Partnerships are more likely to emerge in human services, medical services, and legal services when there is a need to partner with another person or agency. “This is often due to resource sharing for clients’ benefit” (Goldkind & Pardasani, 2012, p. 261).

Finally Webster’s dictionary defines a merger as: “the act or process of combining two or more businesses into one business” (2013, p. 279). In human services this often happens when an agency “goes under” or funding streams stop and they have to restructure. The research agrees that this is a permanent thing and often it includes a name change and many changes in the agencies.

This definitions section is a tool for understanding the different language that can often be thought to be the same thing, however they are very different. In addition, some of the research is pulled from different disciplines and often the language is different (Springer et al., 2000). The definitions are used to help readers understand differences in agencies and different language used.

Barriers to Successful interagency collaboration

There are an infinite amount of barriers in the mental health field. Within social work there are many different views, subdivisions, specialties, and focuses. Collaboration can be a challenge for these reasons.

In social services there are many things that logistically get in the way of collaboration with other agencies. Often large case loads and expectations leave little time for workers in direct contact to come to collaborations. This leaves directors and supervisors with minimal face

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to face contact (Anderson, 2000). This means that often people interacting in Collaborations are not having contact with clients. In the research provided, however, all studies included face to face workers who are interacting with clients and therefore may know the needs of their clients more appropriately (Altshuler, 2005). Also collaboration can be challenging when it is done solely as a requirement for funding. Research shows that collaboration results are less affective when collaboration is forced on an agency for funding (Okamoto, 2001).

Willingness to Change as a Barrier

There are many other reasons why barriers emerge in social work collaboration. Research suggests that often barriers emerge when agencies are not willing to change policy. Openness to change has been a theme that continues in the data, along with unwillingness to change. Agencies have to be willing to change the system that already exists in their agency. This requires policy change in some agencies which can be difficult, especially for workers that are not program directors or board members. Often when interviewed individuals state that they are willing to change, however it is very challenging to bring about that change in an organization that “feels the system they have is adequate”(Cavaleri, et al., 2007p.57; Okamoto, 2001; Weinberg et al., 2009).

Often willingness to change comes with a price. Another barrier in willingness is that agencies have to give up some of their autonomy and power to follow through with collaborations of a group (Goldkind & Pardasani, 2012). They may need to change their intake process, or the way they deliver services. Research suggests that this can create rifts in otherwise harmonious collaboration. It promotes “power struggles and turf battles” which only hinders effective client care (Weinberg et al, 2007, p. 88).

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Some research indicated that individual participants in the collaboration can hinder the success of collaborative meetings goals. Individuals' personalities, views, ethical views, and professional history can make individuals "set in their ways"(Okamoto, 2001, p.10). Overall, this assessment of a notable barrier in collaboration is not unique to one or two studies but mentioned frequently (Altshuler, 2005; Okamoto, 2001; Cavaleri, et al., 2007; Weinberg et al., 2009).

Location as a Barrier

Other barriers occur based on the agencies location. Collaboration between inner city agencies can be more productive because of the close proximity. Often these meetings can occur during a lunch break that everyone gives up once a week. However, for rural community's an interagency collaboration could be more challenging as there is more commuting and less time to see clients that day.

The data in this area of location is conflicting. Springer, Stokes and Foy suggested that the rural communities have an advantage to having already relied on each other and collaborated due to limited resources. They suggested that many rural social service agencies have already been conducting collaborations for some time out of the sheer necessity (2000). However, other data suggests that the more rural communities can be "stuck in their ways" and not willing to use different, more innovated perspectives to address the issues with their population (Weinberg et al. 2009; Okamoto, 2011).

Finally, a barrier in meeting can be as simple as the weather. All agencies see a drop in attendance when weather makes it challenging to commute and meet. Research is universal on this, when it is mentioned as a limitation to collaboration. For instance, in New York, when

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there is too much snow, or in Texas when it is too hot, there is a drop off in attendance

(Anderson, 2000; Springer et al, 2000; Okamoto, 2001).

Competition in the Nonprofit Realm (as a Barrier for Change)

For some time funding streams have been steadily dwindling, especially in social services; this includes government affiliated agencies, non-profit and for profit agencies. This means less grants and more competition between agencies for funding. Many researchers have a positive view in stating that this is one of the reasons collaboration is so important now and in the future. However, other researchers have indicated that the competitiveness in social work, with its uniqueness in the sense of funding, makes effective collaboration extremely difficult. Research done in medical fields, education, and business administrative do not mention the tension in the collaboration due to competitive funding bids. However, that is not to say that funding could be an issue in collaboration within those disciplines as well (Goldkind & Pardasani, 2012; Czerwinski, 2002; Berry et al., 2008).

Agency Fear

One article made mention of “agency fear”(Okamoto, 2001, p.12). Although this is limited data the concept is very important. Okamoto (2001), comments in his research that this theme emerged during a time when social service funding was cut dramatically. Respondents in his study commented on the difficulty in following through with collaborations because they are fearful of their own administration and program directors. Participants reported concerns about losing their jobs for promoting change. Although this research is limited by this article it is important to note (Okamoto, 2001).

Adoption of interagency collaboration

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The current research available on interagency collaboration suggests that often collaboration assists in limiting fragmentation of services and implementing empirically based models. For instance, Rosenheck, Resnick and Morissey's (2003) study looked at integrated teams' collaboration between agencies. They found that changing case management to ACT (assertive community treatment) was a collaboration that could limit fragmentation and help to serve the population (2003). Limiting fragmentation of services is a common theme in the research. Removing fragmentation of services by collaborating could potentially be better for clients and more cost effective for an agency. Limiting fragmentation of services through collaboration and interagency coordination assists in clear outcome goals being achieved. Also, it often leads to more positive interagency coordination in the foreseeable future (Springer et al, 2000; Anderson, 2000; Goldkind & Pardasani, 2012).

When agencies continue to come to collaborative meetings it increases all agencies awareness of growing concerns. For instance, Altshuler's (2005) study looked at the difficulty in coordinating care with clients. Often other providers are not aware of services that are provided and end up "doubling-up" (Altshuler, 2005, p. 81) the same services with the same client, but with different agencies. This becomes a conflict with insurance. Which provider is paid for the same service? Who gets paid for the services and who doesn't? This can create even more tensions in so called turf battles. Collaborative teams help to keep all providers on the same page therefor meeting the client's needs more effectively, and not allowing for duplication of the same service. This is key in agencies as well (Cavaleri, et al., 2007). Coordination meetings help to eliminate programs that are too similar, therefore creating services that are appropriate for each individual client's needs (Altshuler, 2005). This becomes more cost effective for the client and the agency, not to mention less confusing for all.

Communication for Success

Effective communication is cited as being a critical element in successful collaboration. “Of the factors contributing to successful collaboration, communication and cooperation were frequently cited at critical elements. Respondents felt that communication was important in preventing duplication of services and to better understand the presenting problems of the population” (Okamoto, 2001, p.11). Often there are differences of opinions in which approach to take with clients, however, communicating those differences is an important part of collaboration (Springer et al., 2000). In addition, he states that communicating on differences is an essential for “practitioners to educate one another on alternative ways of approaching the problem therefore fostering compromise and cooperation between practitioners”(Okamoto, 2001, p.8).

Teamwork and cooperation is a notable theme in all interagency collaboration. Atshuler (2005) stated that often having partnership based teams can be a challenge, especially if the agencies differ in profession and treatment models. However, he states that in his study it was still successful as everyone was interested in assisting vulnerable clients. Communication was noted as an important factor in a successful collaboration (Altshuler, 2005). “Communication, cooperation and trust among providers is associated with program effectiveness” (Rosenheck et al., 2003, p.86). The theme that continues to show up in the research is the necessity for open and professional communications with other providers.

Continued training was another successful element of collaborations. Agencies have listed an element of learning as an important factor in collaboration because it helps to educate all members on the relevant issues of the population. It also creates an educational base where all agencies are on an even playing field. Since funding and grants often make it difficult to have

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continued collaboration, many agencies have created a learning environment that continues after the collaborative meetings are over. This includes trainings that are open to other agencies and combined training conferences (Cavaleri, et al, 2007; Altshuler, 2005; Okamoto, 2001; Ford, Henderson, Milam, & Handley, 2010).

Resource limitation and Successful Collaboration

Combining resources has led to collaboration in one study; Springer et al., states “Working together towards a common goal has made collaboration easier” (Springer et al., 2000, p.52). Often, at first, resource sharing can be a very tense position for agencies to be in when starting a partnership. Yet when it is essential to continue to serve the clients it can be an easier transition.

As mentioned previously, the social service field is often competitive. “Collaborations are affective in bridging turf issues to enable organizations to work together towards a common goal” (Springer et al., 2000, 47). Often interagency collaboration succeeds, overall, in meeting goals. Yet, there can be tensions that still mount if the organizations are in the middle of a partnership or merger (Ford et al., 2010). It should be noted that often “turf” issues are the result of limited resources and funding cuts (Goldkind & Pardasani, 2012).

Time and location

Finding a time and good location helps in collaboration. One of the barriers listed in research is attendance in the collaborative meetings. If the time and location can be made to fit everyone’s schedule the collaborations meeting was more likely to have a larger attendance and to have more productive interaction than when all are not present (Weinberg et al. 2009; Goldkind & Pardasani, 2012).

Limitations in the Research

Much of the research is asking if their collaboration was helpful or effective. In most studies it has been beneficial. However, a limitation is that the research isn't looking at the implementation of the collaborations found. Even if the collaboration was a success there is limited data stating whether or not the findings of the collaboration were implemented as agency policy (Berry, Krutz, Langner, & Budetti, 2008).

One study attempted to look at the clients-level measure of the integrated teams. They stated that integrated and collaborative groups are used more widely however; limited findings are done with the clients to seek out the effectiveness of the collaboration. This study's findings were weakly supported by the data collected. Yet, the data suggests that clients with more services that are interconnected help to make clients feel that the services are helping (Mares, Greenberg, & Rosenheck, 2007).

Conceptual framework

This research looked at the macro level or policy level changes in social work. At its core, the theoretical framework used in interagency collaborations is based on the Problem-Solving Model. The theory of problem-solving is a modern theory originating in the late 1970's. Created by Steve De Shazer, Insoo Kim Berg, and their colleagues at *Brief Family Therapy Center of Milwaukee*. "The model was influenced by Milton Erickson's view that the client, not the therapist, defines the problem. Initially, the model was conceptualized around problem orientation and emphasized the importance of intervening in problem patterns as a prerequisite to constructing solutions" (Cooper & Lesser, 2011, p.256). This theory looks at all the problems

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and all the solutions. Problem-solving theory is typically not a one size fits all. Meaning that it can be changed based on the needs that are presented.

This theory is typically used to explain one on one intervention. Often problem-solving theory is used in direct client practice. However, it can fit into this type of research too. Some researchers may not even know they are using problem-solving models, but the themes in the literature indicate that they were still using it. Problem-solving theory is how it sounds. The client and the social worker work together to find solutions to problems the client is facing.

Often the client will select a problem, try a solution and come back to evaluate it with their therapist. This is almost like team collaboration. Together the social worker and the client try new solutions to solve the problem.

Copper and Lesser suggest that this theory is used in interdisciplinary and collaborative forums (2011). In addition, Selekman's (2002) research suggests "extend(ing) a solution-focused approach to collaboration with other professionals" (Selekman, 2002, p.10). This research uses this Problem-Solving model, like other researchers have done, to continue the focus on collaboration and working together to form solutions (Selekman, 2002).

This particular theory will help in this research because the research is looking at solving a problem, collaboratively. Interviewing professionals and asking "what barriers were there for them in collaboration" and what "solutions are there in homelessness". In addition, seeing what got in the way of a successful collaboration is critical. The research is looking at how likely other agencies are to participate in interagency collaborations. How can problem solving assist in collaboration?

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For this particular population it is important to use a theory such as the Problem-Solving Model because the reason for individual's homelessness is always going to be unique to that person. Having a theory that can fit into their experience is helpful in understanding and making changes. Likewise for the collaboration that is done with teams; each team is unique and in that regard needs a unique solution to assist in collaborations.

Methods

Design

This study's research question is: To what extent are agencies willing to participate in interagency collaborations in the interests of the homeless population? Based on the research provided, it is clear that there are many facets that interact in collaborations. Barriers that are unique to the collaboration. The hypothesis is that each individual will have a different experience of the collaboration. In addition, each interviewed individual will identify different routes to success. However, it is likely that they will have common themes associated with barriers to a successful collaboration.

This study was retrospective as they are recalling events that have already passed. Participants may guess on future events, however, this report is more interested in events that have been passed and participants are reflecting on them.

The research in the literature review is clear; every collaboration meeting is unique because the participants are unique to that collaboration. Research that looked at quantitative research found a large amount of data however; it was difficult to relate it to other interagency collaborations. It is important to use qualitative data collection in this research because it allows for a richer and more accurate portrayal of each individual collaboration. In addition, qualitative research will assisted in highlighting more themes that appear for each agency. This helped in identifying unique barriers and successful elements for each individual collaboration.

This research was exploratory. Most research gathered on interagency and the homeless population is theoretical research. In addition there is limited research on how collaborations assist the homeless population. If legislature and government mandates require agencies to

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collaborate, there should be data to support that collaboration is helpful and agencies are willing to do it.

Sampling

This research sample was collected using snowball sampling. Using a key informant that was identified as an individual who participates in various different interagency collaborations. In addition to that, this researcher called numbers that are listed online and identify individuals who participate in collaboration for the homeless. By using email and phone requests I scheduled interviews. I asked individuals if they know of anyone who would be interested in being a part of this report.

In order to be considered for this study it is essential that a participant be in an interagency collaboration that is looking at the specific population of homeless. In addition, it is critical that participants be knowledgeable about laws and legislation surrounding homelessness. This report wanted to gather a diverse population of participants. For instance, typically at homelessness collaborative meetings there are agencies who specialize in many different things.

Obtained Sample

Participant interviews were collected from eight professionals. The interviews were recorded and then transcribed. Transcriptions were checked and then double checked for accuracy. Then using content based content based analysis. Of the eight participants, two were face to face workers, two were program directors, one was an executive director, one was a coordinator of services, and the rest were planners. This means that the participants were diverse in their background. Sampling was done using a key informant and then using snowballing effect to obtain more interviews. In addition, participants were told that they could refuse any

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question at any time. Not one participant refused a question. Themes and quotes were analyzed based on content.

Protection of Human Subjects

This researcher interviewed professionals so that no vulnerable populations will be harmed. The homeless population is extremely vulnerable by interviewing professionals it keeps risk to the vulnerable population to a minimum. By interviewing professionals that work with this population, I made attempts to minimize the harm caused to vulnerable individuals. Confidentiality was a critical part of this research as participants may not wish to be included if they are discussing sensitive material. When coding information, no names or agencies were identified. However, this research could not guarantee anonymity.

The rights of participants was a key part of this research. Participants had the right to decline from participating. They had the option choose to not answer any questions that they were not comfortable answering. Many potential participants declined participation by not returning the researchers phone call or emails.

Consent was required in order for participants to be included in the research. The consent process was included in a letter that the researcher explained in detail. Risk was discussed as well. There was little risk to the participants, yet it was important to identify this as professionals would not want to damage relationships they have created with other agencies. This research does not wish to affect the way collaboration works, however individuals may identify barriers and they need to feel their identity is protected through confidentiality.

Measures

This research was qualitative; interviews were used as the tool. Open-ended questions were used with participants. These conversations were recorded and then transcribed. Once the interview was transcribed the recordings were deleted to protect the identity of the individual. In addition, when the information is transcribed, any identifying information was removed from the transcript documents.

The nature of the questions was primarily to examine the extent of involvement in collaboration. In addition, it was important to ask individuals about the barriers and successful elements of interagency collaboration.

This data was collected in person and with the participants consent. At that time participants will understand how their confidentiality will be protected.

Analysis

This data was qualitative and collected through in person interviews. The analysis that was used is content based analysis. Meaning, that the information was transcribed and then coded for themes and key words based on concepts and themes that already exist in the previously done research.

Strengths and limitations

The limitations of this research are that there could be common themes between individuals who participate in the same interagency collaboration. Since the actual population is not being interviewed, this research is based on the opinions of expert professionals. That is

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strength as well as a limitation. Since participants are experts in their field they are knowledgeable and well versed in this topic and with this population.

It continues to be difficult for this research to see how collaboration affects the targeted population. This research will not be able to say if poor collaboration or successful collaboration affects the homeless population one way or another. Although that is very important information, there is no way to capture that information based on the nature of this study. However, participants can speculate how policy changes and collaboration affects the population based on their experience and knowledge.

Qualitative Data

All participants were asked a series of questions pertaining to collaboration. Currently, there is a great deal of concern about systematic changes that will affect most agencies that serve the homelessness population. Many themes appeared that were unique to Minnesota. Minnesota is comprised of many counties and each county will approach the mandated changes in different ways. Participants spoke to that in addition to a number of other themes that were identified. These themes are unique in many ways to this population of participants and to the state of Minnesota. The most unique concept is the data sharing issues.

Overview of Themes

Many themes appeared because of the diversity and variety of individuals who participated. All the participants are working on government mandated changes that affect the whole country. These include Open Doors, Ten Year Plan, Continuum of Care, Coordinative Assessment, and shared data analysis. Open Doors is a federal program created to assist families with children, unaccompanied youth, elderly and veterans who are homeless. The Ten Year Plan

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is an initiative to make a plan to end homelessness in ten years. Continuum of Care is a Department of Urban Housing (HUD) mandate to have one number for homeless clients to call for housing and for their intake into housing. Finally, Data sharing is unique to Minnesota. HMIS, of Homeless Management Information System is a system that gathers data on homeless individuals. Right now there are changes to make that system a shared system. One theme that was clear and present for each participant was the concept of productivity. The theme was centered around meeting or not meeting goals to be productive, or in ways that could enhance productivity. Many sub themes immerges from the overarching theme of productivity.

Themes began with productivity and then looked at the barriers to productivity. Many participants identifies that the county boundaries are huge barriers to serving clients. Minnesota specifically is a challenge because there are several counties that make up the metro area. Coordination and funding conflicts make it difficult to serve a population that by definition has no residence.

Data sharing was identified as the second barrier to productivity. Participants want to keep accurate data, but there is a system barrier in the way. Currently, one agency collects and compiles all the homelessness data for the state of Minnesota. This is a barrier because communities cannot see the population they are serving without paying to see their data. One agency may know who they are serving, but there is no way to empirically analyze the data. This is a challenge for programs that are pushing for program improvement and validity. There simply is no way to know how the community is impacting homelessness.

System change was also a concept that appeared. With system change happening in all counties, many agencies are concerned about what the outcome will look like. They seek to

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protect their agency, programs, and funding. System change, although it may seem to be a negative theme was not. Many participants spoke to the benefits of change and how it motivates the community. Many participants stressed the important of meeting their clients' needs and protecting the interest of their own agency while complying with change. This theme is titled "Change is a Good Thing."

Finally, the last theme focuses on measurable outcomes. This is reported to be a challenge as there is no way to see productivity happening after a collaboration meeting. Typically, one agency from the collaboration will then get a contract and progress will be made from there. Measurable outcomes continue to be a challenge of collaboration. All participants see the benefit of collaborating; however, there is no way to measure what a success of failure would look like.

Within the theme of measurable outcomes is this concept that more progress gets done during the break that collaboration has. Meaning, that in the collaboration work is being done as regulated by several entities', but participants felt that more was being accomplished during the break or when the collaboration was over and people were brainstorming how to solve conflicts.

Productivity

Productivity is an overarching theme of collaboration. Collaboration in itself is a group of persons coming together to meet and discuss creative ways of serving a population, how to use funding, creating more efficient ways to work together. Being more productive is the overarching theme that is represented in the data. Even more so, participants are working as a team to find solutions to community problems. They are willing to come and meet with others to

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explore ideas and to promote change. One participant commented on how collaborations work together. He describes that together the community needs can be met, but homelessness is too big of a community concern for one entity to make a difference. “Nobody can do everything. The beauty of a good functioning collaborative is that it works like a single organism. Okay they do that, they do this and together we meet the needs of this particular household and so everyone wins. To me that is the key.”

Also participants are agreeing that in order to be successful the collaboration has to be identifying goals and working towards them. However, not everyone always agrees on what those goals look like. “I see collaboration of like-minded individuals who are coming together with either a shared purpose, a shared vision, or a shared mission. Maybe we are working on similar problems that we are trying to address. It is really more than coming together and meeting, but we are actively working towards a certain goal.”

County Boundaries

All participants were able to identify concerns they have about how the collaborations are run. All participants even brought up specific examples of barriers to productivity and a smooth running collaboration. One of the largest concerns was centered on the counties not collaborating well together. In Minnesota, many of the counties operate as single entities. “My experience in social services is that each county is its own little kingdom. I think it is still the case. When you’re homeless, that makes absolutely no sense.” This is a concern for productivity and a barrier for agencies to provide services that indeed help the population. In recent years, HUD has attempted to focus on the chronically homeless, families with children, and the veteran population. Participants voiced that clients often have to go from county to

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county to get their needs meet. Ultimately, a theme immerged. This is a continued concern because resources are being used in each county but often depend on a person's residency.

Another barrier we have here in the metro is how many counties we have. And how difficult it is for an individual to receive services from county to county, across the river and what not. If you're in St. Paul or Minneapolis. It's all separate. It is all one bus ride but you're in totally different counties. The counties and the continuums of care are all different. So I think that is a barrier as well. The counties are a barrier.

When an individual is homeless there is no residency and it is a barrier to services that a client can receive. In addition, it can be difficult to provide for clients who are homeless and bouncing from one county to the next because many workers are bound to their county. The ways services are distributed are not done so to support homeless clients.

Participants were also concerned about the barrier that counties present to homeless clients. It was identified that agencies have difficulty working together if they are out of county, however, clients struggle with this as well. They are not thinking about staying in one county to receive services. They are thinking of surviving not staying in one county. "So he just saw that if someone had just lost their housing, they are going to go wherever they can to get help. With a relative or a friend, crossing county boundaries is just an abstract thing. In that there are a lot of people falling through the cracks because counties aren't working together."

Counties also appears to have difficulty sharing and communicating. Funding is a huge theme that immerges. Agencies that get funding and agencies that do not appear to be a point of frustration. Counties who are smaller often receive less funding then larger ones. In addition,

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tension can rise when counties are expected to share their funding across boundaries. “Funding is a big part of individuals’ ability to make changes. Politically from county to county we don’t always work well together if we have to share funding.” This participant discussed their thought about interactions across counties. This was a point of tension for the participant because funding was involved.

Data sharing and Serving Unmet Needs

In Minnesota, currently, one agency is the main organizer of Homelessness Management Information System data or HMIS. HMIS is a data base that Department of Urban Housing or HUD uses to keep data on homeless individuals. This was created in an attempt to study this population and therefore create programs to end homelessness. Closed data system is a challenge for many agencies in the metro area: private, nonprofit, church affiliated, and government. Without the data, each agency is making changes, choices, and trying to meet the needs of the population without empirical research. Participants addressed data sharing as a barrier for collaboration. “Huge barriers being lack of access to the data. So in many respects we are making decisions without the benefit of really good information. And that is really difficult and very wasteful”. This participant feels that sharing data will direct the way collaboration is done and help identify unmet needs. In reality until now, nobody has been able to look at all the data unless it is compiled first into an annual report. Each county cannot see the needs of the county next to them, even though they share many clients. One participant stated “Single adult shelters in Minneapolis and St. Paul. They have a limit on how long people can stay so people kind of do the circuit. Yet they are not providing a holistic approach, they want to do this but there is this barrier.” This participant’s views were that if we could identify this need and change the barriers of data sharing than clients wouldn’t be moving all over the metro to find housing. It

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would create a more holistic approach to working with the homeless. If an agency wanted to look at community data they would have to pay for that data. This is a point of frustration for many participants.

We have been talking for a couple of years about our system being very closed. And so pretend, I'm homeless and I show up at one organization and then later I show up at another organization. They can't see anything that is in there (the agencies referring to data). It affects our data quality. Because you don't know if those records are consistent even though they end up coming together and being compiled yearly.

Without the data, participants feel they are left in the dark. Many of them worry about spending their funding dollars inappropriately because they are unaware of what population is in most need of it. "Doing our best to track provider performance. Trying to be more reliant on the data for critical decisions. Where do we put precious resources, where do we invest and how do we make sure we are doing the best job we can and meeting unmet needs?" The world of social services is moving towards empirically based research. Not everyone at the table can agree on data sharing and it is an origin of great tension. "Like with data sharing, There are people who are adamantly against it and there are people who are adamantly for it. To start building the collaboration doesn't mean we all have to be on the same page. But we all kind of get that fundamentally we are all working to end homelessness." Several participants talked about how this is impossible with a closed data system. Parties are having trouble agreeing on what path to take which makes it a larger challenge.

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Other agencies are concerned about the openness of data sharing. If everyone has access to data, can anyone make changes? This is a huge system change that affects hundreds of agencies and thousands of clients. “If we are opening up HMIS and people are going in and changing things: will they change eligibility criteria? Is this going to create an issue?” Part of this is concern about how things will function and the anxiety that it will not go over smoothly. Participants have a legitimate concern to be worried because this is a very large system change. They have made it clear that they are worried the change will not benefit their agency in the interviews. Mostly non-profits have stated that they need to keep their agencies goals/mission in mind when collaborating.

Finally, other agencies are concerned that their population will not be considered “most at risk”. Will they lose funding dollars? What if they are supporting a population within the homelessness population that the data will concluded is “not as much in need of services?” For instance, many changes are happening and the focus is being placed on specific homeless populations. Agencies that are focused on a specific population appear to be concerned about how that will affect them. Will they keep their funding? All agencies are involved in the collaboration; however they are also there to protect their agency, their client’s interests, and their mission.

There was tension because there were many us that felt like; who either felt threatened because we felt like our funding was threatened. Or we were seen as old school and not being innovative. Serving the people that don’t really need those serviced against others that were doing something new and exciting. You know what I mean. So I think there are always issues, especially when funding is involved. My job is to represent my agency my clients, my funding, my staff.

System Change

Currently in Minnesota and other U.S. states there are big changes happening to the way we serve the homeless population. This is a mandate from the government to facilitate ways to better serve the homeless. Every participant demonstrated hesitation, concern, excitement, and all were looking to the future. Every agency may see these changes differently. All agencies will be affected in different ways. They will no longer keep their own waiting list, another entity will do the intake assessment, and they will begin to share data. It is a scary time for participants because there is a tremendous amount of large system change all happening at once. Participants had genuinely positive input about change and others' willingness to change. For instance, one participant spoke to the excitement and fear of these system changes.

It involves everything from government structure, the use of the data, unrestricting the entire data base so that Continuums of Care (collaborations) can access their own data. It is critically important and it is great and exciting. All these things are happening at the same time. It's both a very exciting period and a very daunting one. Because we are trying to change everything all at the same time.

Some participants also spoke to the concept that change and success mean different things to different people. "Groups come together and work on their solutions. They may all want to same outcome, but they may all have their own kink, or mission. So sometimes if there are differences in missions there is a different view on how to solve these problems." Meaning that one agency might support a change, while another is against it. This appears to have

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happened frequently with all the change happening. Change makes agencies uncomfortable and concerned about the future.

This change also appears to be forced in many ways. All participants that were interviewed receive funding from HUD. All must meet these new expectations and mandates to essentially keep funding. Many individuals discussed the awkwardness of that. One participant discussed change in a metaphor that was moving.

So, if you put a frog into a boiling pot of water it'll jump right out. If you put a frog into a pot of water and then turn on the heat it won't jump out, it adapts to the heat until eventually it dies. And she was talking about how we are being asked to do more with not the resources we need and we keep chugging along and doing what we need to do and pretty soon it's going to kill us. And I never forgot that. But when things happen suddenly. Suddenly your funding is at risk or suddenly you know something big is happening, boy people are willing to change and act the way they need to act.

She believes that everyone wants to be at that table for change. To see it happen, and the reality is all must change to maintain their resources. However, all report a positive regard towards these changes. "And I got to say, even though it is challenging at time. This is the first time that the changes being made by HUD actually make sense. And I will put that on the record. A lot of HUD stuff doesn't make sense. But the coordinative assessment and targeting resources, I mean like it or not it really does make a lot of sense." Even though these changed toward productivity aren't always in the agencies control, HUD is making progress towards changes that will help

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clients, serve unmet needs , and connect communities. “I think it is an incredible opportunity and if we really go about it in the right way, it is going to better our community.”

Change is a Good Thing

A theme that emerged is that change and tension is not necessarily a bad thing. Each individual expressed that agencies are willing to change. They all believed that their peers were willing to change to accommodate clients and to better serve the population. At first agencies are hesitant to make these large system changes. All agencies reported that other agencies are willing to change, even though it can be slow and people want to protect their agency.

Communities work together and all expressed a desire to help their community. “I got to say we have just an outstanding group of philanthropist down to the providers. We are trying to end homelessness and at that point none of us is too important. I think I have seen it happen over time.” Collaboration is a catalyst for change and creative thinking. Participants explain the interactions at collaboration as positive, sometimes tense, and “we are working on big issues, and there is a lot of change going on”. “It really is more than coming together and meeting but, we are actively working towards a specific goal.”

Participants may be swayed by their mission, or the specific population that they work with but all were passionate about the homeless population. One participant spoke to change and tension in collaboration stating: “Well, I would say it is not devoid of conflict. Conflict isn’t bad. In a lot of ways it is those conflicts that lead us to the collaborations that we have.”

At first change seems frightening and daunting. Especially this scale of change, it allows all agencies to rely on one intake center to give them all their program referrals. Another client spoke to her hesitation about HUD’s Coordinative Assessment stating:

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When I first started going, or when it came to my collaboration, I was like what is this? I don't agree with this. I just saw it as another layer of government intervention. We are going to lose our autonomy and all that. But the more I listened and participated I thought, you know, I really changed my mind about it. It was more client centered and more thoughtful about how we use our resources. So sometimes change just takes time.

Measurable outcomes

Another theme was how to measure outcomes or how to measure success. This appears to be very difficult. Each collaboration comes together and discusses changed that need to be made and funding that needs to be spent. How success is measured can be a challenge because each participant sees success differently. In addition, collaboration by its definition may not have an outcome besides encouraging creative solutions. So how do collaborations measure their outcomes?

Several participants spoke to a phenomenon that they had seen in their collaboration. They discussed success, outcomes, measuring progress during the interview. Several participants spoke to the concept that more is done during the collaboration meetings break than possible done in the actual collaboration.

What I find fascinating is when collaborative take their break or at the end you find them chatting. That is when all these things happen. Someone has a conversation with the local shelter and a provider. They start talking about how they can work together to get some of those folks out of shelter and they might create some opportunities to create more voucher. And it just happened nobody

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did anything; they just readjusted resources to make this happen. There was no application or grant; you can't even really see it, but all of a sudden something has just happened that is going to provide more beds, get more people out of shelter and how you capture that is hard.

Another participant discussed how the outcomes are difficult to capture because often the collaboration will suggest something and an individual organization will carry it out. Meaning that they collaboration is not responsible for carrying out these plans but members brain storm the best possible way to develop and promote change. When asked about what a successful collaboration looks like. One participant stated:

Sometimes the most work occurs during the break or at the end of the meeting. Because you have a lot of key players in the room. You can check in and bounce ideas around, often times that is when the most work occurs. Isn't that odd? But it does. Problems can be solves during that time. We end up problem solving. Often times that is the biggest value.

He went on to explain that he thinks this is the case for all the collaborations that he attends. He is not the only participant to voice this. Several participants feel that the majority of the time in the collaboration is spent on an agenda, working on HUD, or government mandates. Participants feel when all that is done, they can meet with peers and discuss solutions to relevant community problems.

Limitations

Eight participants were interviewed although many possible participants were called. Since these individuals are busy professionals and workers they may be too overwhelmed with their case load or these system changes to call back. It is a very hectic and busy time with providers making efforts to pilot these programs on a macro level scale.

Only providers in the Metro were used in this research. Many of the participants are in collaborations with other participants. This means that they could share some of the same language and ideas. If participants were gathered from rural settings it would be interesting to see if their input would coordinate with that of the metro area. Possibly there are other concerns that have not been considered or addressed at this time.

There is a great deal of system and macro level change happening in Minnesota. Minnesota has a history of providing good social services care compared to other U.S. states. These all could be contributors towards the way that participants answered their interviews. In addition, because the researcher was educated on off of the current changes and legislative mandates participants did not have to spend a great deal of time explaining how things work, instead they began to dive into how they see and feel about these changes. This was an opportunity to get a large amount of insight about how participants think these changes will turn out.

Discussion

Research Reflections

The findings of this research are unique to collaboration for the homeless population of the Minnesota metro area. Their responses in many ways mirror the responses of previously done research. Participants were concerned about funding, resources, and their client population. The climate of this research is different because big changes are happening at the time the interviews were gathered. There is this sense of worry or concern and excitement about these changes. In many ways none of the literature gathered will collaborate these findings because they are unique to this population and to the events that are currently in motion.

Other research indicated that “turf battles” would happen between agencies when funding was in jeopardy (Springer et al. 2000). In many ways that is similar to Minnesota’s county boundaries and the conflict that has been created. However, the concern isn’t a conflict like the literature suggests. It is more of a concern about the population and meeting their needs. Participants report there is great difficulty in doing so, but it is not a battle for funding. Unless funding is being shared across counties the barriers immerge when attempting to serve the homeless. It appears to be more of a system barrier than a conflict of interest.

Participant’s responses are in line with some preciously done research referring to collaborations as a tool. Participants agree that the collaboration is a vehicle for addressing change. It creates a space to think creatively. This is true for this population. Cooperation and coordination are essential to make changes in the community and collaboration provides this (Goldkind & Paradasani, 2012).

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Willingness to change remains a barrier but, not as difficult a barrier to overcome. In the literature about collaboration willingness to change was a large barrier, for this population, changing the process remains a concern, but not a barrier to collaborating. Participants are hesitant to change, but that is the nature of human beings, not something unique to collaboration. Participants are simply attempting to keep their agencies interests in mind when collaborating. However, since so much collaboration has already been accomplished, change appears to be the natural process at this time. Like the frog metaphor the participant gave in the interview, when change happens quick there is less time to be concerned about the results of the change. For this population it was either change the way you do things or loose funding. All the participants that were interviewed in this research chose change (Cavaleri et al. 2007; Okamoto, 2001; Weinberg et al. 2009).

All the participants in this study are consistent attenders of their collaborations. For instance, they are all communicating openly at their collaboration and they are all representing their agency there. This was a factor that contributed to success in other research. Communicating openly and honestly with peers at collaborations contributed towards the success of collaboration. In addition, because all go to their collaboration and attend regularly they were also more likely to agree to an interview then infrequent attenders.

Resources, time, and location were not identified as a concern by this group of participants. This could be because it is not an issue. Or it could have seemed too small an issue to mention. The other possibility is that agencies do not want to discuss their resources with outside entities.

Why is this Important?

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This research is important because it is examining the views of participants. It is looking at their feelings, views, and hesitation while a macro level change is happening. It also gives the community insight as to how this system change will be implemented. Meaning, that individuals are not worried about tension or change, as the research might indicate. They are concerned about protecting their funding, their agency, their clients and their mission. That is to be expected. Individuals are hesitant as to how coordinative assessment and shared data system is going to roll out, but they know that the collaboration will meet and continue to discuss these items. It is a very exciting time to get the input from these key members.

Informs Social Work Practice

In collaboration there is a network of systems. These systems are attempting to work in unison. They do not always work without issue. Sometimes Collaboration it is like a clock where all the gears might not line up. In the balance are the homeless population and their needs. The point is that to work together agencies have put aside some of their autonomy and even funding. They are doing this to benefit client population that they serve. They do this because they all want to help prevent and stop homelessness in the metro.

The barriers that arise are not road blocks, but they can be a challenge. Take county boundaries for example, this is a government and macro level geographic barrier that gets in the way of serving homeless clients. Participants can all agree that it is a problem, but it is not an easy fix. There are some things that are out of the control of the collaboration to fix. These are large systems that have been in place for a great deal of time. Change has to come with an incentive. Here it does, because clients will benefit from more client centered assessment and coordination with the whole community.

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The metro has been successful in having affective communication and not being afraid of change. The non-profits are used to change as their funding is constantly in the balance and change has to happen in order to facilitate that. However, currently this large macro level system change is a big concern and the cause of excitement. Each participant reported that they have respect for their peers. With that respect it is the hope that this change will benefit the community and the homeless population. The hope is to decrease the number of individuals who are homeless and assess the data to make sure no group is falling through the cracks.

Implications for Policy Reform

Based on what participants stated it, appears that there is a need for universal standards. Each county is expected to follow through with federal and state mandates. Yet, each collaboration is dramatically different than the next. Each collaboration is focused on different goals, different populations within housing and homelessness, and different services. This wouldn't be a social policy concern if all the needs of this population were being met. However, there needs are not being met.

It might be time for Minnesota to look at compiling a set of state standards. Each collaboration already has federal standards, however, we want to make sure that individuals are not slipping through the service gaps. To do that there needs to be some larger scale collaboration with the state. This continues to be a huge undertaking and a large macro issue. With luck, coordinate assessment/data sharing with roll out smoothly and Minnesota can become more client focuses services.

It is important for social work because this is a population of at risk individuals. The homeless population consists of seniors, women and children, youth, veteran, and previous

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felons. They need the support of the community and society. Social workers need to promote social justice. Every person has worth; being homeless does not make your worth less, it makes you need greater. It is our responsibility to assist with this need.

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