

What does it take to build an employment collaborative for people with disabilities?

Alexis D. Henry^{a,*}, Aniko Laszlo^b and Joanne Nicholson^c

^a*Disability, Health and Employment Policy Unit, Center for Health Policy and Research, University of Massachusetts Medical School, Shrewsbury, MA, USA*

^b*Rail and Transit Division, Massachusetts Department of Transportation, Boston, MA, USA*

^c*Dartmouth Psychiatric Research Center, The Geisel School of Medicine at Dartmouth, Lebanon, NH, USA*

Revised/Accepted January 2014

Abstract.

BACKGROUND: Collaboration among employment service providers has been suggested as one strategy for enhancing outcomes for people with disabilities. Yet, little research exists on the process of collaboration building or factors that contribute to effective collaboration among employment providers.

OBJECTIVE: We engaged partners of five Regional Employment Collaboratives (RECs) in Massachusetts to identify the critical elements needed to build and sustain an employment collaborative.

METHODS: We used concept mapping, a mixed-method approach that included brainstorming sessions during which REC partners generated statements in response to the research question – what does it take to build and sustain an employment collaborative? Partners sorted statements thematically and rated statements in terms of importance and challenge. Sorting and rating data were analyzed using multidimensional scaling and hierarchical cluster analysis.

RESULTS: The analysis yielded six “clusters” reflecting critical elements in building and sustaining a collaborative. Three elements, *build trust and respect, do business differently and have effective structures and processes*, are consistent with the literature on general collaborative building. The other three elements, *address employer needs, engage job developers, and innovate strategically*, reflect activities specific to an employment-focused collaborative.

CONCLUSIONS: Collaboration is a complex and time-consuming undertaking, but holds promise as a way to enhance employment outcomes for people with disabilities.

Keywords: Employment services, vocational rehabilitation, collaboration, concept mapping, people with disabilities

1. Introduction

Despite the passage of the Americans with Disabilities Act over 20 years ago, the low employment rate among people with disabilities continues to be an important social problem. National surveys consistently show labor force participation and employment levels significantly lower for people with disabilities

in the United States than for those without disabilities (United States Census Bureau, 2012). Moreover, people with disabilities were more negatively affected during the recent recession (2007 to 2009) in terms of labor force participation, rates of unemployment, job exits and acquisitions compared to individuals without disabilities (Kaye, 2010). In addition, workers with disabilities are often the first to be laid off during a recession, compared to non-disabled and non-minority populations (Kaye, 2010).

Across the country, people with disabilities seeking employment may receive services from a variety

*Address for correspondence: Alexis D. Henry, Center for Health Policy and Research, University of Massachusetts Medical School, 333 South Street, Shrewsbury, MA 01545, USA. Tel.: +1 508 856 8833; Fax: +1 508 856 8543; E-mail: Alexis.henry@umassmed.edu.

of agencies and organizations, including state Vocational Rehabilitation (VR) and other public agencies such as Departments of Mental Health or Developmental Services, One Stop Career Centers, and private, non-profit Community Rehabilitation Provider organizations. The recession also negatively impacted funding for employment services. The recession put strong financial pressure on tax revenues and resource allocation decisions at all levels of government, and social services were often the first to suffer cuts. According to the Center on Budget and Policy Priorities, the effect of consecutive years of lagging tax revenues led to budget cuts of historic proportions. Since 2008, cuts were enacted in 46 states and the District of Columbia in all major areas of state service including health care, K-12 education, higher education, and services to the elderly and people with disabilities (Johnson, Oliff, & Williams, 2011).

Many states, including Massachusetts (MA) where the current study took place, have experienced substantial reductions in funding for employment services for people with disabilities in recent years. Particularly at a time of resource constriction, when service providers are faced with “doing more with less,” novel approaches are needed to address the ongoing problem of unemployment among people with disabilities. In this paper, we describe efforts in MA to create Regional Employment Collaboratives that brought together cross-disability employment service providers, along with employers and people with diverse disabilities, to identify and develop innovative approaches to working together. Using a mixed methods approach, we sought to identify the critical elements needed to create active collaborations among service providers from a variety of agencies and organizations, serving a very heterogeneous group of individuals with disabilities with different funding streams, who had never previously coordinated or aligned their employer engagement or job development efforts.

1.1. What is collaboration?

Building strategic alliances, partnerships, joint efforts, coalitions or “collaboratives” is not a new phenomenon (Gajda, 2004). Collaboration has been widely recognized in public and private sectors and across various disciplines as an effective way to develop innovative solutions to complex social problems and reach desired outcomes that no one organization or individual could achieve alone (Butterfoss & Kegler, 2002; Gajda, 2004; Powell, 1990; Wolff, 2001). Decentraliza-

tion, rapid changes in technology, rising organizational interdependence, and scarce resources are factors that explain the emergence of new processes and structures that exist outside the traditional boundaries of organizations, agencies and businesses (Thompson, Perry, & Miller, 2007; Williamson, 1985). Gajda (2004) argued that “in an age of scarce resources, competition and complex community issues . . . the need for organizational collaboration through strategic alliances has become an imperative” (pg. 76).

The theory of collaboration borrows from disciplines such as political science, public administration, economics, organizational behavior, and community development. The development of community coalitions or collaboratives has escalated rapidly in the US in the last 20 years. Collaborative efforts led by governments and community-based organizations have addressed a range of public health problems or challenges such as tobacco use (Rogers et al., 1993), drug and alcohol abuse (Kumpfer, Turner, Hopkins, & Librett, 1993), teen pregnancy (Nezlek & Galano, 1993), HIV/AIDS (Penner, 1995), and improved immunization (Houseman, Butterfoss, Morrow, & Rosenthal, 1997). There is no single universally accepted definition of collaboration, however most authors describe efforts to work together across organizations as existing on a continuum from “cooperating”, which involves networking and exchanging information for mutual benefit; to “coordinating” or sharing common tasks and compatible goals; to “collaborating” or pursuing integrated strategies for a collective purpose and mutual benefit (Gajda, 2004; Himmelman, 2001). While cooperating or networking is useful in initial stages, it reflects a relatively low level of working together, requiring little in terms of time, trust or sharing among participants. Collaborating, on the other hand, requires much higher levels of trust, a considerable time investment, and the sharing of risks, resources and rewards among partners (Himmelman, 2001). Collaboration progresses in stages as partners attempt to first determine the value of working jointly, begin to define their respective roles, work to develop a shared mission and a set of strategies to pursue, and begin to perform together (Gajda, 2004).

1.2. Why employment collaboratives?

Across the many programs assisting people with disabilities to find jobs, employment service providers may use a variety of approaches (e.g. supported employment; customized employment). A common element,

however, is that services are typically individualized and client-centered, with employment service providers tailoring job development efforts to the skills, background, job preferences and prior work experiences of one individual at a time. Thus, employment service providers have traditionally focused on the “supply side” of the employment equation, with job developers paying limited, if any, attention to companies’ needs, concerns and challenges related to hiring, training and retaining workers with disabilities. Studies point to some dissatisfaction with the disability employment service system among employers, even among those who have had positive experiences with or are open to hiring workers with disabilities. Some employers question the value of disability employment services, find the myriad of providers and programs confusing and inefficient, are concerned that candidates referred by providers may not have the necessary qualifications for the job, and question whether providers understand their business needs (Fraser, Ajzen, Johnson, Herbert, & Chan, 2011; Gilbride, Stensrud, Ehlers, Evans, & Peterson, 2000; Hernandez et al., 2008).

In recent years, authors have pointed to the potential benefits of providers taking a dual-customer, “demand side” approach to employment services, with more targeted, business-friendly efforts to match job development and training strategies with employer needs for skilled workers (Fraser, 2008; Gilbride, Stensrud, Vandergoot, & Golden, 2003; Hernandez et al., 2008). Successful job development requires establishing mutually-beneficial relationships with employers. If employment services are to be successful in engaging the business community to hire people with disabilities, job developers need to be able to assess employer needs, present the business case, and demonstrate how partnering with employment service providers adds value to a business (Luecking, 2008; Unger, 2007; Wehman, Brooke, Green, Hewett & Tipton, 2008).

One potentially business-friendly strategy is a more coordinated effort in employer engagement and job development among employment service providers. Luecking (2008) cites evidence that employers are sometimes frustrated by the number of organizations simultaneously soliciting job opportunities on behalf of clients with disabilities. A recent employer focus group study by Henry and colleagues sought to understand how the service system could work more effectively with employers. Among other things, employers recommended that providers coordinate employer outreach and candidate referral using regional account managers to provide an initial point of contact for employ-

ers (Henry, Petkauskos, Stanislawzyk, & Vogt, 2014). Gilbride and colleagues described the rational for and structural dimensions of a collaborative effort among employment services providers to work together in developing and maintaining relationships with employers (Gilbride, Mitus, Coughlin, & Scott, 2007).

Some models of collaboration have been described in the VR literature, including collaborative efforts among providers or between providers and businesses to increase employment opportunities and outcomes for people with disabilities (Burgstahler, 2001; Citron et al., 2008; Egan, 2001; Gilbride et al., 2007; Unger, 2007). However, broad scale efforts at collaboration among employment service providers face multiple obstacles created by differing philosophies and traditions, regulations, funding mechanisms and client populations and needs. Although there has been some research on employment outcomes resulting from collaborative efforts (Winsor, Butterworth, & Boone, 2011), little research exists on the process of collaboration building in the employment arena or the factors that contribute to effective collaboration. The goal of the study reported here is to identify and elucidate the critical elements needed to build and sustain collaboratives among employment services providers.

1.3. Building regional employment collaboratives in Massachusetts

Initially funded by the MA Medicaid Infrastructure and Comprehensive Employment Opportunities (MI-CEO) Grant from the Centers for Medicare and Medicaid Services, *Work Without Limits* (WWL) promotes employment opportunities and outcomes for youth and adults living with disabilities through systems change and infrastructure enhancement activities in MA. In early 2009, WWL staff solicited applications from Community Rehabilitation Provider (CRP) organizations to serve as lead agencies in establishing Regional Employment Collaboratives (RECs) focused on improving competitive employment outcomes for people with disabilities within defined regions of the state. Applicants were expected to engage multiple partners, propose collaborative service delivery approaches, streamline practices associated with business engagement and job development, and improve the efficiency and effectiveness of services. Lead organizations were required to demonstrate substantial experience providing employment services to people with disabilities. Required partners included representatives from the local state VR offices, One Stop Career

Centers and CRP organizations offering employment services, as well as individuals with disabilities. RECs were intentionally cross-disability, with representation from organizations serving individuals with a range of disabilities. Partners could also include representatives from other state disability-serving agencies, local schools and post-secondary education and training institutions, chambers of commerce and other organizations. In particular, REC partners were expected to develop mechanisms for enhanced teamwork, communication and coordination among employment service providers.

In July 2009, WWL awarded contracts to lead organizations to develop RECs in five regions across the state. The average total funding award was about \$500,000 per Collaborative for 2 ½ years, with the first six months devoted to a comprehensive strategic planning process. Although each REC had the freedom to develop specific areas of focus (e.g. transition age youth; sector-specific job training), all were expected to establish collaborations among job developers and coordinated strategies for developing employer relationships. WWL staff served as technical assistance (TA) and evaluation liaisons to each REC. The TA liaisons had deep expertise related to the disability employment service system in the state. TA liaisons assisted RECs with the strategic planning process and with identifying and developing additional partners, supported RECs to implement strategies and achieve specific goals, and reinforced contract expectations and funding parameters. Evaluation liaisons had expertise in program evaluation and assisted RECs with defining and developing methods for tracking outputs and outcomes.

2. Methods

2.1. Concept mapping

We used a participatory research approach known as concept mapping to address the question “*What does it take to build and sustain an employment collaborative for individuals with disabilities?*” Concept mapping is a particularly useful technique in practice-based research, in which stakeholders can contribute to a rich understanding of intervention or program development and implementation (Johnsen, Biegel, & Shafraan, 2000; Kane & Trochim, 2007; Kelly, Baker, Brownson, & Schootman, 2007; Michalski & Cousins, 2000; Petrucci & Quinlan, 2007). A mixed method technique, concept mapping involves a multi-step process

that includes identifying a relevant and useful research question; brainstorming by stakeholders to generate statements in response to the research question; sorting the statements thematically and rating them on specific dimensions; analyzing these data using multidimensional scaling and hierarchical cluster analysis; and interpreting the data together with stakeholders to arrive at the most parsimonious and powerful solution (Kane & Trochim, 2007). The active involvement of stakeholders in every step of concept mapping provides for the integration of data from multiple sources and insures the relevance of study findings, expressed in the language of participants (Johnsen et al., 2000; Trochim & Kane, 2005). The process of participation fosters the development of a framework or conceptualization of the topic that reflects the thinking of groups (Trochim & Kane, 2005), something that is particularly relevant to the study of collaborative development.

2.2. Procedures

Data were collected in three phases. All procedures were approved by the University of Massachusetts Medical School’s Institutional Review Board. The TA and evaluation liaisons served as an Advisory Group to the study. Each liaison was familiar with his or her assigned REC partners and processes, providing an important and unique perspective on REC membership and activities. Prior to Phase 1, members of the research team met with the Advisory Group to refine the research question, which was intended to be relevant to REC partners regardless of the developmental stage of the individual collaborative or the length of the individual partners’ participation in the REC. All study procedures and materials were developed to be accessible to individuals with disabilities.

2.2.1. Phase 1: Brainstorming focus groups

The number of active partners in each of the five RECs ranged from 22 to 49. We invited these partners to participate in focus groups to brainstorm statements in response to the research question. We sent invitations by email, explaining the purpose of the focus groups and underscoring that participation was voluntary and would not affect partners’ relationships with the REC. REC partners contacted us by telephone or email to volunteer. Each volunteer completed a brief questionnaire regarding background characteristics, role in the REC, and need for accommodations to participate. We subsequently sent information on the time and locations of focus groups to volunteers

willing to participate. Each of the five focus groups was conducted with participants from within the same REC between December 2010 and March 2011, at an agency location convenient to all participants. At the beginning of the group, we provided participants both written and oral information regarding the study and obtained informed consent. We provided accommodations to any participant requesting them (including large print and Braille versions of written documents and American Sign Language interpreters) and also provided light refreshments. A total of 35 REC partners participated in the focus groups with 5 to 10 participants per group.

We asked focus group participants to generate statements in response to the research question, “*What does it take to build and sustain an employment collaborative for individuals with disabilities?*” Each focus group session was conducted by two members of the research team. One facilitated the discussion, wrote statements on large flipchart paper as they were generated, and posted the flipchart notes around the room. The second researcher took detailed notes during the session. At the conclusion of the group, the facilitator summarized the statements, while referencing posted flipchart notes, to ensure group agreement. Focus groups lasted approximately two hours.

The researchers met after each group to debrief, discuss perceptions, and make note of recommendations for subsequent sessions. Statements generated during the focus group were transcribed by the facilitator, who worked together with the note taker in an iterative process, comparing transcribed statements with detailed session notes. Edits were made until both researchers agreed that the wording and meaning of statements were valid representations of the group discussions. A total of 386 statements were generated in five focus groups (mean = 77.2 statements per group; ranging from 63 to 90 statements). Subsequently, the full research team worked together with the Advisory Group to combine similar statements and eliminate duplicates to reduce the number from 386 to 89 unique statements.

2.2.2. Phase 2: Sorting and rating statements

The statements were put in random order, assigned a statement number from 1 to 89, and were printed onto individual index cards (1 statement per card). Large print and braille versions of the index cards were created. In addition, the 89 statements were transcribed onto a form that included 5-point scales for rating each statement in terms of importance and challenge; large print and braille versions of the form were also created.

Each REC held regularly scheduled monthly meetings to which all partners were invited. Between September and October 2011, members of the research team attended one monthly meeting of each REC; the partners present were asked to sort and rate the 89 statements. First, we asked each partner to use the index cards to sort statements that he or she perceived to be similar into groups, creating a minimum of two groups with no upper maximum. Next, we asked each partner to use the form to rate the 89 statements, indicating each statement’s importance and level of challenge in relation to building and sustaining an employment collaborative (1 = not very important to 5 = extremely important; 1 = not very challenging to 5 = extremely challenging). We also asked partners to complete a brief questionnaire regarding background characteristics and participation in the RECs. A total of 70 REC partners completed the sorting and rating activity; the number of partners participating ranged from 6 to 19 across the five RECs.

2.2.3. Phase 3: Expert panel review of findings

After completing data analysis (see below), we invited the Project Directors from each of the five RECs, who were all participants in the Phase 1 and Phase 2 sessions, to meet with us to review our initial findings and to assist us with interpretation of the data. Advocated by Kane and Trochim (2007), using study participants in this final phase is a critical component of the concept mapping approach – “we should always be ready to consider the judgment and sense of the participants to refine and revise the cluster analysis results we might suggest” (p. 104).

2.3. Data analysis

We used data from the questionnaires completed during the focus groups and the sorting and rating activity to generate descriptive summary information on partners who participated in these two phases of data collection. Data from the sorting and rating activities were entered into a concept mapping software – Concept Systems[®], version 4.0.175 (Concept Systems Inc., Ithaca NY; Kane & Trochim, 2007). The Concept Systems software uses multidimensional scaling and hierarchical cluster analysis to generate visual representations of how the statements are conceptually grouped or clustered across all of the participants completing the sorting activity. The software initially generates a point map with each point on the map representing one statement. Statements that appear close to each other on the map

are those that were grouped together by several participants. The greater the distance between statements, the less frequently those statements are grouped together. A diagnostic statistic, known as the stress value, is routinely reported for multidimensional scaling. The stress value reflects the goodness-of-fit of the map to the original similarity matrix underlying it. Stress values range from 0 to 1 with lower values indicating a better fit (Kane & Trochim, 2007).

Based on the point map, we generated a concept map showing the arrangement of statements into clusters. Multiple cluster solutions can be generated. With the study Advisory Group, we initially examined cluster solutions ranging from 5 to 10 clusters. We subsequently presented these solutions to the five REC Project Directors attending the expert panel session, and with this group determined that the 6-cluster solution was the most parsimonious and conceptually meaningful. The REC Project Directors worked with us to define the meaning of each cluster and to generate an appropriate label that captured each cluster's meaning.

The Concept Systems software also allows for the generation of bridging values, which indicates how cohesive a statement is with other statements around it. Bridging values, which range from 0 to 1, can be calculated for individual statements, with a lower value indicating that the statement was most often grouped with other statements in its vicinity. Higher bridging values indicate that the statement was often grouped with statements further away on the map. We calculated mean bridging values for each cluster by averaging the bridging values of all statements within the cluster. Clusters with higher bridging values are more likely to "bridge" to other clusters on the map, meaning that statements within that cluster were also often grouped with statements in other clusters. Clusters with low bridging values are usually more cohesive, with statements that are more often grouped together across all participants.

We generated mean importance and challenge scores for each of the 89 statements and for each of the six clusters. Then, using the mean importance and challenge scores for all statements, we divided the statements into four groups, based on whether each statement's score was above or below the mean – i.e. high importance/high challenge; high important/low challenge; low importance/high challenge; low importance/low challenge. Using both importance and challenge dimensions can be useful in identifying actionable statements (e.g., statements that are rated high on importance but

low on challenge) and prioritizing collaborative building activities.

3. Results

3.1. Participants

Table 1 shows characteristics of the REC partners participating in the focus groups ($n = 35$) and the sorting/rating sessions ($n = 70$); 25 partners participated in both phases. The majority of participants in both the focus groups and the sorting/rating sessions were age 40 and over. A majority of the focus group participants were women; slightly more men than women participated in the sorting/rating sessions. In both Phase 1 and 2, most participants had been collaborative members for a year or more. About two-thirds of participants in both data collection phases were representatives of CRP organizations and one-quarter were representatives of state disability-serving agencies; the remaining participants were employers or individuals with disabilities. The percentage of partners representing CRP organizations and individuals with disabilities was consistent with the representation of these groups among the RECs as a whole. However, disability-serving agencies were slightly over-represented and employers slightly under-represented in the data collection activities in comparison to the RECs as a whole (data not shown). A majority of Phase 2 participants were frequently engaged in REC activities, either via email or phone calls, or attending in-person meetings. (We did not ask Phase 1 focus group participants about their involvement in REC activities.)

3.2. The concept map and clusters

Figure 1 shows a 6-cluster solution concept map; clusters that are closer together on the map are more similar to each other than those farther apart. The stress value for the map was 0.284, a value within the optimal range, indicating good model fit (Kane & Trochim, 2007). Figure 1 also shows the bridging values for each cluster, which ranged from 0.10 to 0.92, along with the mean importance and challenge scores of all the statements included in the cluster. The six clusters, listed by mean importance scores, were:

- *Address employer needs* – statements in this cluster address the need for REC partners to develop effective relationships with employers (bridging value = 0.92).

Table 1
 Characteristics of REC partners participating in focus groups and sorting and rating sessions

	Phase 1 Focus Groups (N= 35) %	Phase 2 Sorting and Rating Sessions (N= 70) %
Age group		
Under 30	3	1
30–39	21	20
40–49	18	27
50–59	40	39
60 and above	18	13
Gender		
Male	26	52
Female	74	48
Length of collaborative membership		
≤12 months	41	20
13 to 24 months	59	50
≥25 months ^a	0	30
Agency/organization affiliation		
Community rehabilitation provider organization	63	60
State disability-serving agency	29	25
Individual with disability	8	12
Employer	0	3
Involvement in collaborative ^b		
<i>Send/receive e-mails/phone calls</i>		
Less than once a month	–	1
1-2 times a month	–	25
Once a week	–	9
Several times a week/daily	–	47
Missing	–	18
<i>Attend in-person meetings</i>		
Less than once a month	–	14
1-2 times a month	–	53
Once a week	–	3
Several times a week/daily	–	12
Missing	–	18

REC=Regional Employment Collaborative. ^aThere was a 6–9 month time lag between focus groups and the sorting and rating sessions. At the time of the focus groups, the maximum length of REC membership was 24 months. ^bWe did not ask these questions of focus group participants.

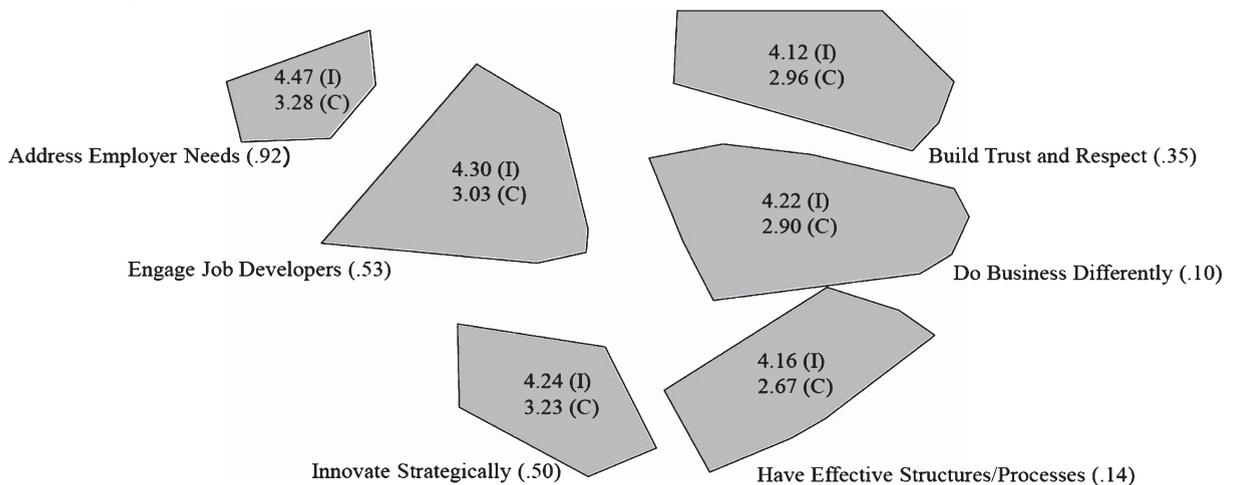


Fig. 1. Concept map showing a six cluster solution. Values within each cluster are mean importance (I) and challenge (C) scores for statements within the cluster. Scores ranged from 1 to 5, with 1 = not important/challenging and 5 = very important/challenging. Bridging values are shown in parentheses next to cluster labels.

- *Engage job developers* – statements in this cluster address the need to create relationships among job developers and other stakeholders (bridging value = 0.53).
- *Innovate strategically* – statements in this cluster address the need to develop new strategic approaches to providing and funding employment services (bridging value = 0.50).
- *Do business differently* – statements in this cluster address the need for partners to develop collaborative, rather than competitive, approaches (bridging value = 0.10).
- *Have effective structures and processes* – statements in this cluster address the need to develop a shared vision and plan, and clear roles, responsibilities, and communication mechanisms among partners (bridging value = 0.14).
- *Build trust and respect* – statements in this cluster address the need to develop respectful, trusting relationships among partners (bridging value = 0.35).

3.3. Importance and challenge ratings

Table 2 shows the 89 unique statements grouped within the six clusters, along with each statement's mean importance and challenge scores. Statements are ordered within clusters by their mean importance score, from highest to lowest. Numbers in parentheses are the numbers randomly assigned to each statement. The mean importance scores for all 6 clusters were high, ranging from 4.12 to 4.47, suggesting that all represent efforts that are important to building and sustaining an employment collaborative. The mean challenge scores were somewhat lower, ranging from 2.67 to 3.28; some efforts represented by the clusters were perceived by participants to be less difficult to implement than others. Of note, the three clusters with the higher importance and challenge scores include statements that are *specific* to building a collaborative focused on employment for people with disabilities (i.e. *address employer needs; engage job developers; innovate strategically*) while the three clusters with the lower mean importance and challenge scores included more *general* statements reflecting actions needed to build a collaborative, irrespective of mission.

3.4. Identifying actionable statements

The mean importance and challenge scores for all statements were 4.21 and 2.94, respectively. Table 3

shows all statements that were rated above the mean in importance by cluster and indicates whether statements were rated below or above the mean in challenge. Statements that are high in importance but low in challenge are sometimes referred to as the “Go Zone” (Kane & Trochim, 2007) because these statements represent actions that are important but may be easier to implement relative to other actions. Notably, 76% of the high importance statements in the three employment-specific clusters were rated above the mean in challenge, while only 45% of the statements in the three general clusters were rated high on challenge.

4. Discussion

With the growing emphasis in the VR field on utilizing “demand side” approaches, coupled with the tightening of resources for services, disability employment service providers need to develop innovative, efficient and business-friendly strategies for successful job development. A collaborative effort at employer engagement among employment service providers is one potentially business-friendly strategy. In this study, we used a mixed method, participatory research approach to engage members of collaboratives focused on employment for people with disabilities to help elucidate the elements essential to building and sustaining this type of collaborative effort. Study participants identified several elements essential to successful collaboration, including those related to general collaborative building regardless of mission, as well as elements specific to collaboration among employment providers.

4.1. Critical factors in building a collaborative

Three of the critical elements (i.e. clusters) identified by study participants – “*build trust and respect*”, “*do business differently*” and “*have effective structures and processes*” – are consistent with the literature on the general activities and processes that are necessary and common to collaborative building (Gajda, 2004; Himmelman, 2001; Straus, 2002). Regardless of focus or mission, collaborative building requires a set of essential activities, including exchanging information in transparent ways, communicating frequently, sharing leadership roles, aligning goals, and pursuing integrated strategies for the mutual benefit of all partners. The relative proximity of these three general clusters to each other on the map and their low

Table 2
Statements by cluster ranked by importance score

Statements by Cluster	Importance	Challenge
Address employer needs	4.47	3.28
Develop working relationships with employer representatives (14)	4.63	3.35
Educate employers about working with people with disabilities (68)	4.61	3.71
Work to engage more employers in the REC (30)	4.60	4.02
Educate employers to think of individuals with disabilities as individuals first (54)	4.48	2.98
Disseminate information about employers' needs among REC partners (10)	4.31	2.81
Communicate success stories to new employers to educate them and create inroads (26)	4.18	2.81
Engage job developers and other stakeholders	4.30	3.03
Bring together the range of essential supports people with disabilities need to be employed (5)	4.66	3.52
Engage people with disabilities in the process of developing the REC (35)	4.55	3.03
Create a network of job developers with good working relationships (80)	4.42	3.35
Develop protocols for employer outreach as a REC (84)	4.32	3.35
Educate participants about similarities and differences among people with disabilities (17)	4.29	2.68
Create opportunities for networking (85)	4.27	2.77
Encourage the participation of high level decision makers (12)	4.26	3.35
Add new collaborators as well as draw from existing relationships (4)	4.24	3.02
Create learning opportunities through the collaborative (53)	3.98	2.66
Identify champions (29)	3.95	2.56
Innovate strategically	4.24	3.23
Actively identify and access resources and funding streams, especially for sustainability (89)	4.60	4.00
Create a positive public image for the REC (9)	4.48	2.68
Provide and dedicate funding and resources to support participation in the REC (20)	4.42	3.89
Hire the right people who know the field and understand it (83)	4.27	3.05
Identify significant gaps in services and resources, and relevant niches for REC activities (64)	4.23	3.03
Develop targeted services for specific populations, e.g. transition-age youth (21)	4.11	3.39
Use the REC identity strategically, as it conveys legitimacy to the efforts (6)	3.98	2.84
Review the literature on best practice models; do your homework before you start (39)	3.84	2.94
Do business differently	4.22	2.90
Have dedicated, supportive leadership and staff (25)	4.52	2.59
Think creatively to find a way to address challenges (24)	4.45	3.02
Overcome competitive processes to achieve shared goals and outcomes, i.e., a person got a job (8)	4.39	3.47
Have strong leaders with passion and commitment who are organized and knowledgeable (33)	4.35	2.81
Create a shared understanding of the work of the REC (71)	4.32	2.85
Embrace long-term thinking; trust and take others' perspectives to change culture (27)	4.31	3.32
Have dependable, routine processes for sharing information (60)	4.31	2.52
Involve people with a shared commitment, focus, and agenda (66)	4.31	2.79
Encourage people to share responsibilities and work together on behalf of the REC (42)	4.29	3.24
Develop a core group that participates regularly (46)	4.26	2.94
Recognize and address potential areas of competition among partners, e.g., sharing job leads (41)	4.23	3.23
Develop dependable partnerships with others who are committed to following through (44)	4.23	3.10
Be clear and consistent about requirements for participation, e.g. show up and follow through (7)	4.21	2.94
Translate good ideas into practical action steps (40)	4.21	3.08
Implement transparent processes (2)	4.20	2.67
Help participants learn about how to move the group from working together to collaborating (37)	4.13	3.29
Create opportunities for meeting on a regular basis (1)	4.11	2.89
Be clear about your own role and responsibilities before you invest in the REC (69)	4.11	2.58
Create opportunities to share leadership and responsibilities (88)	4.10	2.97
Invite everyone to the table as early as possible (65)	4.02	2.95
Schedule meetings at convenient, comfortable locations (13)	4.00	2.58
Create a relaxed, comfortable atmosphere for the collaborative (56)	4.00	2.11
Develop strategies to encourage people to respond to meeting notices and participate (79)	3.90	2.87
Have effective structures and processes	4.16	2.67
Develop a strategic plan, with a shared vision and values, and clear expectations and goals (19)	4.65	3.16
Develop clear expectations for the REC (63)	4.58	3.02
Be sure the essential stakeholders are involved (52)	4.52	3.21
Agree on the initial goal of getting the REC up and running (62)	4.40	2.85
Clarify the role and responsibilities of the lead agency (81)	4.34	2.66

(Continued)

Table 2
(Continued)

Statements by Cluster	Importance	Challenge
Commit the time and energy it takes to get involved (50)	4.32	3.58
Balance tension between your own agency's agenda and the work of the REC (38)	4.31	3.79
Think long-term about potential benefits to promote the growth of the REC (36)	4.31	3.32
Develop committees with focused agendas and work plans, and specific deliverables (16)	4.27	2.90
Make sure that time invested is worth the benefits of REC membership (72)	4.24	2.97
Focus on goals and deliverables (77)	4.18	2.71
Identify the gaps and needs you want to address (86)	4.16	2.79
Think strategically to have an impact (51)	4.15	3.02
Be flexible, as the REC's organization, structure, and activities may change over time (18)	4.11	2.87
Draw on organizational skills to get things done (57)	4.11	2.60
Achieve the right relationship between the REC and the lead agency; share power and control (73)	4.11	3.03
Maximize opportunities for contributions and minimize duplication; every contribution counts (87)	4.03	2.84
Set narrow and manageable goals (23)	4.00	2.74
Establish committees to enhance relationship building and buy-in among participants (75)	3.95	2.81
Integrate the role and functioning of the REC into policy (67)	3.90	3.32
Avoid duplicating previous or on-going efforts (28)	3.89	2.79
Allow for adjustments in resources due to developmental phases and changing needs over time (55)	3.84	3.05
Provide and obtain technical assistance (74)	3.74	2.63
Set up a structure and organization for the REC, e.g., an organizational chart (59)	3.66	2.40
Build trust and respect	4.12	2.96
Make sure that people get something out of the meetings i.e., that they are worthwhile (61)	4.47	2.90
Treat participant's ideas and contributions with respect to develop trust (78)	4.47	2.15
Encourage listening as well as sharing (3)	4.45	2.19
Engage people with passion and commitment (22)	4.39	2.69
Identify and build on people's strength (15)	4.35	2.82
Encourage people to participate actively (82)	4.34	2.92
Give voice to people who may not have been heard in the past (58)	4.32	2.97
Communicate with REC members via multiple means, e.g., email, telephone. (34)	4.23	2.10
Support active participation to enhance feelings of ownership (70)	4.18	2.79
Involve people by following-up personally (76)	4.11	2.79
Address participants' fears about what they might lose by collaborating; focus on what they will gain (31)	4.07	3.19
Support participants in becoming familiar with the issues and with each other (48)	4.05	2.63
Share information and expertise to generate interest in best practices (47)	3.94	2.74
Take time to learn how people communicate (11)	3.90	2.70
Develop a shared understanding of words and concepts (32)	3.81	2.74
Create opportunities for more conversations, formal and informal, among partners (45)	3.76	2.66
Be strategic with communication - not too much or too often (43)	3.73	2.55
Focus on what collaborative participants have in common (49)	3.53	2.52

Note: REC = regional employment collaborative. Scores on the Importance and Challenge scales range from 1 to 5, respectively; 1 = least important/challenging, 5 = most important/challenging. Numbers in parentheses are the numbers randomly assigned to each statement.

bridging values (0.10 to 0.35) suggest that participants tended to conceptualize the activities represented by the statements within these clusters as belonging together.

The other three elements identified by study participants – *address employer needs, engage job developers, and innovate strategically* – reflect the more specific activities and processes needed to build a collaborative focused on employment services for people with disabilities. These specific clusters were a bit farther apart from each other and from the three general clusters on the map, and had relatively high bridging values (0.50 to 0.92), suggesting conceptual linkages cross clusters. These three elements align with

the VR literature on needed innovations in the field and are consistent with recent recommendations for a more business-friendly, demand-side approach to employer engagement and job development for people with disabilities (Gilbride et al., 2003; Luecking, 2008; Unger, 2007; Wehman et al., 2008).

4.2. *The process of collaborative building: Where to start?*

There is general agreement that collaboration building is a process that moves through predictable developmental stages over time (Bailey & Koney, 2000; Gadjaj, 2004; Rutledge, 2011). Tuckman's (1965) early

Table 3
High importance statements by cluster: Identifying action items

Action Items by Cluster	High importance/ low challenge (Go-Zone)	High importance/ high challenge
Address employer needs		
Disseminate information about employers' needs among REC partners (10)	X	
Work to engage more employers in the REC (30)		X
Develop working relationships with employer representatives (14)		X
Educate employers to think of individuals with disabilities as individuals first (54)		X
<i>Engage job developers and other stakeholders</i>		
Educate participants about similarities and differences among people with disabilities (17)	X	
Create opportunities for networking (85)	X	
Bring together the range of essential supports people with disabilities need to be employed (5)		X
Create a network of job developers with good working relationships (80)		X
Develop protocols for employer outreach as a REC (84)		X
Encourage the participation of high level decision makers (12)		X
Engage people with disabilities in the process of developing the REC (35)		X
Add new collaborators as well as draw from existing relationships (4)		X
Innovate strategically		
Create a positive public image for the REC (9)	X	
Provide and dedicate funding and resources to support participation in the REC (20)		X
Actively identify and access resources and funding streams, especially for sustainability (89)		X
Hire the right people who know the field and understand it (83)		X
Identify significant gaps in services and resources, and relevant niches for REC activities (64)		X
Do business differently		
Have dedicated, supportive leadership and staff (25)	X	
Have dependable, routine processes for sharing information (60)	X	
Create a shared understanding of the work of the REC (71)	X	
Involve people with a shared commitment, focus, and agenda (66)	X	
Have strong leaders with passion and commitment who are organized and knowledgeable (33)	X	
Develop a core group that participates regularly (46)	X	
Be clear and consistent about requirements for participation, e.g. show up and follow through (7)	X	
Overcome competitive processes to achieve shared goals and outcomes i.e., a person got a job (8)		X
Embrace long-term thinking; trust and take others' perspectives to change culture (27)		X
Recognize and address potential areas of competition among members, e.g. sharing job leads (41)		X
Encourage people to share responsibilities and work together on behalf of the REC (42)		X
Think creatively to find a way to address challenges (24)		X
Develop dependable partnerships with others who are committed to following through (44)		X
Translate good ideas into practical action steps (40)		X
Have effective structures and processes		
Clarify the role and responsibilities of the lead agency (81)	X	
Agree on the initial goal of getting the REC up and running (62)	X	
Develop committees with focused agendas and work plans, and specific deliverables (16)	X	
Balance tension between your own agency's agenda and the work of the REC (38)		X
Commit the time and energy it takes to get involved (50)		X
Be sure the essential stakeholders are involved (52)		X
Develop clear expectations for the REC (63)		X
Make sure that time invested is worth the benefits of REC membership (72)		X
Develop a strategic plan, with a shared vision and values, and clear expectations and goals (19)		X
Build trust and respect		
Treat participant's ideas and contributions with respect to develop trust (78)	X	
Encourage listening as well as sharing (3)	X	
Communicate with REC members via multiple means, e.g., email, telephone (34)	X	
Engage people with passion and commitment (22)	X	
Encourage people to participate actively (82)	X	
Identify and build on people's strength (15)	X	
Make sure that people get something out of the meetings i.e., that they are worthwhile (61)	X	
Give voice to people who may not have been heard in the past (58)		X

Note. REC = regional employment collaborative.

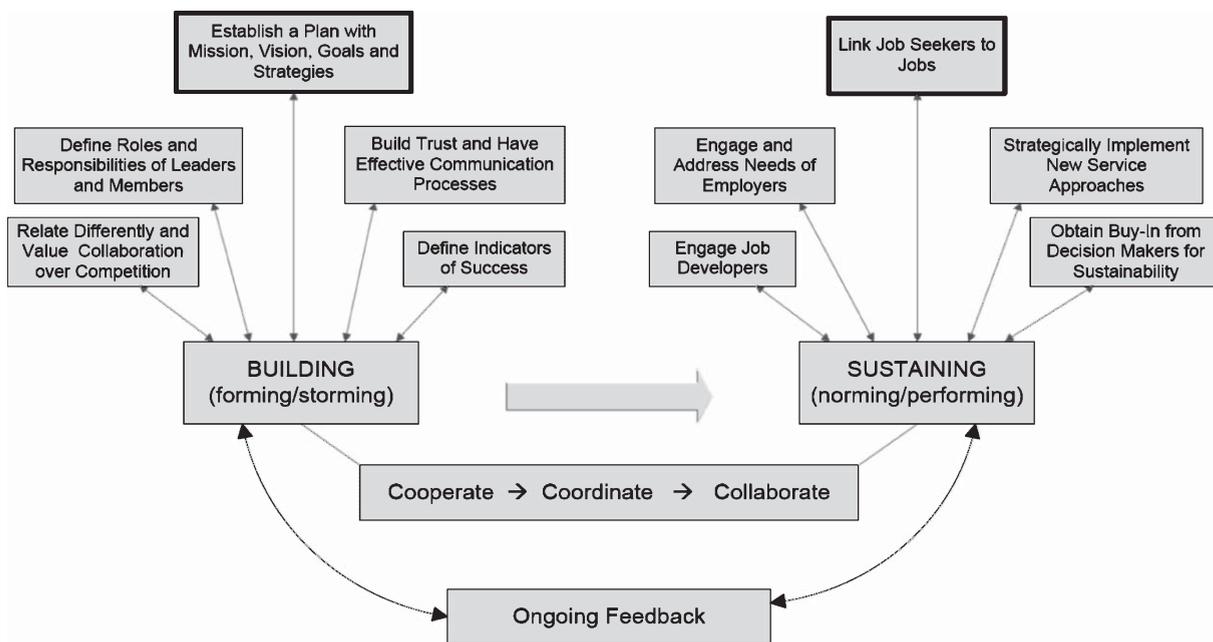


Fig. 2. Roadmap for building and sustaining a disability employment collaborative.

theory of the process of small group development identified these stages as *forming, storming, norming and performing*; more recently, Bailey and Koney (2000) called these stages *assemble, order, perform and transform*. In earlier stages of collaboration building, potential partners coming together to form an alliance must determine not only the reasons for working together but also the ways in which they will work together. The early stages of forming and storming are the stages in which partners define their shared mission, develop a strategic plan, and negotiate and establish communication, leadership and decision-making structures. These earlier stages are necessary before partners can move to the stages of norming and performing, the stages in which partners progress beyond planning to implementing collaborative work together (Gajda, 2004).

The six critical elements identified by participants in this study align with the concept of developmental stages to collaborative building, and can provide a type of roadmap for disability employment service providers interested in working together to build and sustain a collaborative effort (see Fig. 2). The activities represented by the three general elements correspond to earlier stages of development and reflect activities that are essential to *building* a collaborative. That these activities were rated somewhat lower on the challenge dimension than the employment specific activities

suggests that these are activities that should and could likely be undertaken earlier in the process of building a collaborative. Establishing mechanisms for frequent, open and honest communication; defining roles, responsibilities and governance structures; and developing a shared vision and strategic plan are critical early steps.

These early building stages can be initiated with both bottom-up and top-down approaches. Job developers, employment specialists and employment service programs managers can begin by establishing regular networking meetings with local colleagues to identify commonalities in terms of clients served, strategies for building and managing employer relationships, and strengths and challenges in the local labor market. These meetings can provide an opportunity to identify possible arenas for working together. From the top-down, decision-makers across agencies and organizations can encourage and support these initial networking efforts and can reach out to their peers to identify the funding, policy, and practices barriers to collaboration as well as ways to reduce barriers. In these early stages, success depends as much on the positive interpersonal relationships that are developed as it does on the procedures established (Gadja, 2004). Trust and mutual respect among members is built as effective communication and decision-making strategies are developed, tested and modified.

The foundation established in the early stages allows partners to move to the more specific activities related to performing the tasks of the collaborative (Gajda, 2004). The activities represented by the three specific elements correspond to the later developmental stages and reflect the actual doing of the collaborative work focused on employment for people with disabilities. While more difficult to implement, these norming and performing activities are essential to *sustaining* the collaborative. Working collaboratively requires the active participation of job developers and other partners with a commitment to the collaborative's vision and the willingness to value cooperation over competition, as well as the buy-in of managers and funders with decision-making authority. Partners need continuous opportunities to interact, share experiences and learn from each other as they identify service gaps, identify best and/or promising practices and try out new and innovative approaches. Collaborative partners with decision-making authority are needed to develop the mechanisms for ensuring the availability of financial and staff resources to support the work of the collaborative over the long term. It is not surprising that coordinated efforts aimed at engaging and meeting the needs of employers emerged as the most important and most challenging set of activities, as these activities represent true changes in the ways collaborative partners deliver service and relate to each other. However, they are critical to the ultimate success of the collaborative in linking job seekers with disabilities to employment opportunities. Ultimately, if the core goals of the collaborative are not being met on an ongoing basis, partners are likely to drift away over time and the collaboration may fail.

4.3. *Distinguishing easier from more challenging activities*

What distinguishes the activities that were considered by participants to be more challenging (i.e., above average) from those less challenging? In general, the statements that were considered more challenging reflect activities that are not within the authority of a single organization or an individual REC partner to address in the short run. Rather, many of the more challenging activities require longer-term attention from multiple agencies at high levels of administrative leadership. Implementing these activities may require institutional-level solutions, a change in agency culture over time, and/or a possible change in regulations. For example, disability-serving agencies might work together

to support a collaborative job development team with the financial disincentives that currently encourage competition for clients and employers removed from compensation mechanisms. Many of the high challenge statements represent activities that, while worthy of pursuing and potentially critical to the ultimate sustainability of the collaborative effort, are likely to take more time, require greater effort, need outside resources, and/or the approval and support of outside authorities and champions to implement successfully.

4.4. *Limitations*

Study participants were drawn from a non-representative convenience sample, which limits our ability to generalize our findings to similar collaborative efforts. Additionally, this was a retrospective study; we posed the research question to participants two years into the development of the RECs. The REC's current stage of development and maturation at the time of data collection may have influenced participants' perceptions of the critical factors needed to build and sustain a collaborative, in comparison to what they might have reported at earlier or later stages of collaboration. For example, from our ongoing work with the RECs since 2009, we know that building trust and establishing effective communication processes presented challenges, sometimes very significant challenges, for all partners at the beginning stages. Had we conducted the study at that time, the ratings of importance and challenge might have been very different.

We also know from our ongoing work with the RECs that one of the most important supports in building a collaborative was the initial financial investment provided by the MI-CEO grant. The funding made it possible for the lead agency to hire dedicated staff with the responsibility of convening the partners and keeping them on track as they built the framework for the collaborative. Because the RECs are cross-disability and serve clients funded by multiple agencies, securing the buy-in – financial and otherwise – from agency decision-makers to supports this type of practice change has been critical to sustaining the REC effort.

Finally, at the time of this study, the RECs were just beginning to develop joint mechanisms for tracking the employment opportunities and job placements generated by the collaborative efforts. Additional research is needed to examine the effectiveness of these efforts in enhancing employment outcomes for people with disabilities. In particular, cost-effectiveness analyses, examining the staff and related costs involved in

implementing a REC relative to the number of jobs developed and placements obtained by REC efforts are needed to determine if these types of collaborations are truly useful for the field.

5. Conclusion

Across the range of agencies and organizations providing employment services to people with disabilities, providers have differing philosophies and service approaches, as well as differing client eligibility criteria. These differences can create roadblocks to achieving the common goal of enhancing employment outcomes for people with disabilities. To reduce roadblocks, the formation of meaningful collaborative partnerships across agencies and organizations holds promise as a way to more effectively and efficiently engage employers, maximize scarce resources and ultimately produce better competitive employment outcomes for people with disabilities. Building an employment collaborative that rests on shared values, mutual trust, innovative thinking, well-established organizational processes, and transparency is a complex and time-consuming undertaking for the stakeholders involved. While the early stages of collaborative development can seem overwhelming, committed partners with a clear mission can develop new and innovative approaches that emphasize cooperation over competition and result in real changes to the way business is done.

Acknowledgments

The authors thank Kimberly Wamback and Jennie Fishman for their assistance with data collection and thank all of the REC partners for their participation in this study. This study was supported by the Massachusetts Medicaid Infrastructure and Comprehensive Employment Opportunities grant (CFDA No. 93.768), awarded by the Centers for Medicare and Medicaid Services to the University of Massachusetts Medical School.

References

- Bailey, D., & Koney, K. M. (2000). *Strategic alliances among health and human services organizations: From affiliations to consolidations*. Thousand Oaks, CA: Sage Publications.
- Butterfoss, F., & Kegler, M. C. (2002). Toward a comprehensive understanding of community coalitions: Moving from theory to practice. In R. J. DiClemente, R. A. Crosby, & M. C. Kegler (Eds.), *Emerging theories in health promotion practice and research* (pp. 157-193). San Francisco, CA: Jossey-Bass.
- Burgstahler, S. (2001). A collaborative model to promote career success for students with disabilities. *Journal of Vocational Rehabilitation, 16*(3-4), 209-215.
- Citron, T., Brooks-Lane, N., Crandell, D., Brandy, K., Cooper, M., & Revell, G. (2008). A revolution in the employment process of individuals with disabilities: Customized employment as the catalyst for system change. *Journal of Vocational Rehabilitation, 28*(3), 169-179.
- Egan, K. (2001). Staffing companies opening new doors for people with disabilities. *Journal of Vocational Rehabilitation, 16*(2), 93-96.
- Fraser, R., Ajzen, I., Johnson, K., Herbert, J., & Chan, F. (2011). Understanding employers' hiring intention to qualified workers with disabilities. *Journal of Vocational Rehabilitation, 35*(1), 1-11.
- Fraser, R. T. (2008). Successfully engaging the business community in vocational rehabilitation placement process. *Journal of Vocational Rehabilitation, 28*(2), 115-120.
- Gajda, R. (2004). Utilizing collaboration theory to evaluate strategic alliances. *American Journal of Evaluation, 25*, 65-77.
- Gilbride, D., Mitus, J. S., Coughlin, J., & Scott, V. (2007). The consortium for employment success: Collaboration as a strategy to optimize employment outcomes for people with disabilities. *Journal of Rehabilitation, 73*(3), 45-55.
- Gilbride, D., Stensrud, R., Ehlers, C., Evans, E., & Peterson, C. (2000). Employers' attitudes toward hiring persons with disabilities and vocational rehabilitation services. *Journal of Rehabilitation, 66*(4), 17-23.
- Gilbride, D., Stensrud, R., Vandergoot, D., & Golden, K. (2003). Identification of the characteristics of work environments and employers open to hiring and accommodating people with disabilities. *Rehabilitation Counseling Bulletin, 46*, 130-137.
- Henry, A. D., Petkauskos, K., Stanislawzyk, J., & Vogt, J. (2014). Employer-recommended strategies to increase opportunities for people with disabilities. *Journal of Vocational Rehabilitation, 41*(3), 237-248.
- Hernandez, B., McDonald, K., Divilbiss, M., Horin, E., Velcoff, J., & Donoso, O. (2008). Reflections from employers on the disabled workforce: Focus groups with healthcare, hospitality and retail administrators. *Employee Responsibilities and Rights Journal, 20*, 157-164.
- Himmelman, A. T. (2001). On coalitions and the transformation of power relations: Collaborative betterment and collaborative empowerment. *American Journal of Community Psychology, 29*(2), 277-284.
- Houseman, C., Butterfoss, F. D., Morrow, A. L., & Rosenthal, J. (1997). Focus group among public, military and private sector mothers: Insight to improve the immunization process. *Public Health Nursing, 14*, 235-243.
- Johnsen, J. A., Biegel, D. E., & Shafran, R. (2000). Concept mapping in mental health: Uses and adaptations. *Evaluation and Program Planning, 23*, 67-75.
- Johnson, N., Oliff, P., & Williams, E. (2011, February). *An update on state budget cuts: At least 46 states have imposed cuts that hurt vulnerable residents and cause job loss*. Washington, D.C.: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/cms/index.cfm?fa=view&id=1214>.

- Kane, M. & Trochim, W. M. (2007). *Concept mapping for planning and evaluation*. Thousand Oaks, CA: Sage Publications.
- Kaye, S. (2010). The impact of the 2007-2009 recession on workers with disabilities. *Monthly Labor Review*, 133(10), 19-30.
- Kelly, C. M., Baker, E. A., Brownson, R. C., & Schootman, M. (2007). Translating research into practice: Using concept mapping to determine locally relevant intervention strategies to increase physical activity. *Evaluation and Program Planning*, 30, 282-293.
- Kumpfer, K. L., Turner, C., Hopkins, R., & Librett, J. (1993). Leadership and team effectiveness in community coalitions for the prevention of alcohol and other drug abuse. *Health Education Research*, 8, 359-374.
- Luecking, R. G. (2008). Emerging employer views of people with disabilities and the future of job development. *Journal of Vocational Rehabilitation*, 29(1), 3-13.
- Michalski, G. V., & Cousins, J.B. (2000). Differences in stakeholder perceptions about training evaluation: A concept mapping/pattern matching investigation. *Evaluation and Program Planning*, 23, 211-230.
- Nezlek, J., & Galano, J. (1993). Developing and maintaining statewide adolescent pregnancy prevention coalitions: A preliminary investigation. *Health Education Research*, 8, 433-447.
- Penner, S. (1995). A study of coalitions among HIV/AIDS service organizations. *Sociological Perspectives*, 38, 217-239.
- Petrucci, C. J., & Quinlan, K. M. (2007). Bridging the research-practice gap: Concept mapping as a mixed-methods strategy in practice-based research and evaluation. *Journal of Social Service Research*, 34(2), 25-42.
- Powell, W. W. (1990). Neither market nor hierarchy: Network forms of organizations. *Research in Organizational Behavior*, 12, 295-336.
- Rogers, T., Howard-Pitney, B., Feighery, E., Altman, D., Endges, J., & Roeseler, A. (1993). Characteristics and participant perspectives of tobacco control coalitions in California. *Health Education Research*, 8, 345-356.
- Rutledge, M. (2011). A framework and tools to strengthen strategic alliances. *OD Practitioner*, 43(2), 22-27.
- Straus, D. (2002). *How to make collaboration work: Powerful ways to build consensus, solve problems, and make decisions*. San Francisco, CA: Berrett-Koehler Publishers, Inc.
- Thompson, A. M., Perry, J. L., & Miller, T. K. (2007). Conceptualizing and measuring collaboration. *Journal of Public Administration Research and Theory*, 19, 23-56.
- Trochim, W., & Kane, M. (2005). Concept mapping: An introduction to structured conceptualization in healthcare. *International Journal of Quality in Health Care*, 17, 187-191.
- Tuckman, B. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63, 384-399.
- Unger, D. (2007). Addressing employer personnel needs and improving employment training, job placement and retention for individuals with disabilities through public-private partnerships. *Journal of Vocational Rehabilitation*, 26(1), 39-48.
- United States Census Bureau (2012, July 15). FactFinder. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- Wehman, P., Brooke, V., Green, H., Hewett, M., & Tipton, M. (2008). Public/private partnerships and employment of people with disabilities: Preliminary evidence from a pilot project. *Journal of Vocational Rehabilitation*, 28(1), 53-66.
- Williamson, O. E. (1985). *The economic institutions of capitalism*. New York, NY: Free Press.
- Winsor, J. E., Butterworth, J., & Boone, J. (2011). Jobs by 21 partnership project: Impact of cross-system collaboration on employment outcomes of young adults with developmental disabilities. *Journal of Intellectual and Developmental Disability*, 49, 274-284.
- Wolff, T. (2001). A practitioner's guide to successful coalitions. *American Journal of Community Psychology*, 29, 173-191.