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The Center's staff is composed of nationally recognized executives, policy makers and organizers who have extensive experience working with city, county, state and federal agencies, educational institutions, federal legislative bodies, not-for-profit organizations, philanthropic institutions and the private sector.

COMMUNITY TRAINING & ASSISTANCE CENTER
BOSTON, MASSACHUSETTS
FEBRUARY 2000

REPORT AND RECOMMENDATIONS:

*Strengthening Houston's
Response to HIV/AIDS*

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SECTION 1

Executive Summary

HIV's impact on communities is complex, affecting virtually every population and every service system. This complexity is reflected in the nature of public funding for HIV prevention and care. Programs administered by federal and state agencies are managed, at the local level, by a variety of governmental and not-for-profit institutions, and governed by multiple planning groups whose operations are dictated by the often-intricate requirements of their respective funding agencies. These requirements often differ significantly from program to program.

Houston's HIV funding programs have operated largely independently of one another. There has been limited coordination of planning, priority setting, resource allocation decisions, and service oversight. In fact, planning groups, administrative agents, and service providers often know little about funding programs and services other than those with which they are associated. This fragmentation of funding management and governance has contributed to fragmentation in the way Houston plans and delivers HIV-related services.

Such fragmentation produces gaps and duplications in planning, service delivery and oversight; adds to the time and energy required of already overextended planning groups, administrative agents, and service providers; and makes it difficult to mount timely, effective responses to challenges that affect the system as a whole. The individual planning groups and administrative agents may be effective in handling their designated responsibilities. But changes in the epidemic, the health care system, and funding demand that a more *systemic* approach be developed to ensure that all people affected by HIV disease continue to have their needs met.

Awareness of this need has grown in Houston. Within the past several years, planning groups and administrative agents have begun to breach the barriers between funding streams. They have improved reporting, entered into joint contracts in such areas as needs assessments, and worked jointly to produce a comprehensive plan for HIV services. Their efforts are bolstered by (or, in some cases, respond to) recent actions by the major federal and state HIV funders.

Mandates by the Health Resources Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and a restructuring of Texas' HIV planning and service delivery system that is now in progress, call for greater levels of collaboration among some of Houston's largest HIV funding streams. The Texas Department of Health's (TDH) planned consolidation of many prevention and care planning groups, for example, reflects a growing conviction that successful planning and service delivery are more likely to occur in an environment of cooperation and big picture thinking that rejects the separation of care from prevention.

However, such initiatives can control only those funding streams within their authority. A truly comprehensive system will go beyond these requirements to bring together *all* of the many programs — both in and out of the “AIDS funding” arena — that serve people with and at risk of HIV. The purpose of the Community Training and Assistance Center's Houston HIV/AIDS Capacity Building Project is to help the Houston community achieve this goal. This initiative seeks to strengthen and integrate the work of the community's many HIV prevention and care organizations, public agencies, planning groups, advocates, and affected populations. As a major component of the project, a Funding Stream/Planning Group Collaboration Task Force convened planning group members, administrative agents and project directors to identify ways to strengthen Houston's response to HIV and to build collaboration among the entities which guide the region's HIV funding.

From an initial group representing Houston's three largest HIV funding streams, the Task Force expanded to include representatives of fourteen funding programs. These include the four Ryan White CARE Act titles; the two CDC Houston HIV Prevention Community Planning Groups for Houston and for Texas Region 6; Texas Department of Health funding for state services to people with HIV, prevention services, and early intervention services; HUD Housing Opportunities for People With AIDS funding to the City of

Houston and through the Texas Department of Health; HUD Supportive Housing; CDC's Division of Adolescent and School Health: School Health HIV Prevention and Risk Reduction Program in the Houston Independent School District; and the Texas Commission on Alcohol and Drug Abuse's care, prevention, and early intervention services for people with HIV who are also substance abusers.

The Task Force defined the level of collaboration needed for an effective HIV system in Houston, identified existing collaborative strategies and remaining gaps, developed specific goals, and analyzed measures that might move the community closer to achieving these goals. Additional ideas emerged from interviews which CTAC conducted with 15 individuals who play a variety of roles in Houston's HIV system.

The resulting recommendations emphasize improvements that can be effected without necessitating major structural changes in existing planning and administrative structures. They also build on cooperative efforts which have been launched recently in Houston.

Measures should be taken in six key areas:

A. Coordinating planning and priority setting

Critical tasks could be accomplished more efficiently, and in a way that offers greater assurance that all needs are being met by some component of the funding system, if planning groups were to coordinate their efforts, and perform activities together whenever feasible. We recommend that planning groups:

- Produce joint epidemiological studies for HIV care and prevention
- Establish parallel structures and coordinated schedules for HIV care and prevention needs assessments.
- Reconcile Title I and Title II/TDH service priority lists and cooperate in establishing resource allocations levels.

Additional recommendations address the need for integrated planning in three areas — substance abuse and HIV, HIV prevention, and housing — that are funded by multiple funding streams.

B. Building the capacity to address shared policy and service issues

The community as a whole must build capacity to find solutions to urgent policy and service issues. Changes in the demographics of HIV, in HIV treatment, and in the healthcare system demand that communities bring *all* of their expertise and resources together to find solutions to issues that affect the entire system. We recommend changes in fundamental working relationships between groups, as well as specific activities that target collaboration around policy issues.

- Integrate committees and form joint task forces to focus on issues of community-wide concern.
- Coordinate research.
- Sponsor joint expert presentations to planning groups on public policy and service delivery issues.
- Convene occasional community-wide meetings to address key issues and responses.

C. Strengthening information sharing

Institutionalizing avenues for reliable communication about planners' and administrators' objectives, research, decisions, and concerns would improve general access to knowledge and expertise and allow those who manage funding programs to better place their own interests and priorities within the context of the larger HIV arena in Houston. It would also build the capacity for timely, more effective responses to urgent issues.

- Establish guidelines and protocols for sharing information among planning groups and administrative agents.
- Establish and maintain a shared repository of information about epidemiology, needs and services.

- Collaborate in mapping community services and preparing resource guides.
- Convene periodic joint meetings among planning groups which oversee related or similar funding streams.

D. Strengthening the overall effectiveness and efficiency of planning groups

We recommend changes in basic structures and processes that would promote greater overall effectiveness.

- Clarify the role and expectations of individuals who represent one funding stream in another's planning group.
- Coordinate or combine committees which handle similar issues and functions.

E. Coordinating administration of funding streams

The separate review processes, schedules, reporting and documentation policies and procedures imposed by different funding programs lead to duplication of effort and reduce administrative efficiency. Coordination of specific functions by administrative agents would yield significant benefits.

- Institute a joint Request for Proposals for Ryan White CARE Act Title I and II funding (while maintaining separate review and contract procedures).
- Coordinate contract monitoring.

F. Strengthening service provision

It is essential to ensure the quality and accessibility of HIV prevention and care. Both planning groups and service providers can take steps to build the strength of the overall system.

- Adopt uniform standards of care procedures and protocols.
- Standardize and cooperate in the development of service effectiveness studies.

- Adopt shared client eligibility criteria.
- Establish a network of agency leaders to foster information sharing, issue development, and service partnerships.

Overall, the recommendations are designed both to help build the *formal infrastructure* necessary to carry out responsibilities such as comprehensive planning and assessment of service effectiveness, and to develop *informal connections and networks* among individuals that can facilitate the coordinated efforts needed to deal with critical, and sometimes unexpected, issues.

An accompanying document, *Houston's HIV/AIDS Funding Streams and Planning Groups: A Comparative View of Structures and Processes* (also known as “the comparative matrix”) provides detailed information about fourteen funding programs’ purposes, allocations processes, and planning group and committee structures. Its purpose is to encourage a broader mutual understanding of how HIV services are developed and funded in greater Houston, to facilitate contacts among individuals and groups who perform similar functions, and to identify functions that related funding programs could perform jointly or cooperatively.

Collaboration is easy to define and envision in theory, much more difficult to put into practice. A community cannot create overnight a genuinely collaborative system. Bringing multiple independent entities together to pursue a coherent collaborative strategy will require careful planning — and persistence. The community

will have to be deliberate about acknowledging and addressing the challenges to collaboration. Practical challenges include different legal requirements, funding cycles, and administrative policies. Perceptual and political challenges include continuing reverberations from past conflicts, differences in power and influence among HIV-related planning groups, differences in backgrounds and perspective between planning groups, different priorities and agendas of planning groups, and a tendency to limit collaboration to funder-mandated or funder-encouraged initiatives. In some cases, simply raising awareness and acknowledging a particular challenge will be the first step toward overcoming it. In others, more deliberate, planned actions will be necessary to move the community forward. Incremental approaches will build experience and knowledge.

These recommendations will also produce the greatest benefit to the community if they are approached as an integrated package, rather than simply as a collection of discrete ideas. Disparate “collaborative” activities are unlikely to produce more than a limited improvement in the overall effectiveness with which HIV is addressed in Houston.

Houston has many skilled, committed leaders in the field of HIV care and prevention. The community is ready to bring its many HIV programs together to produce a more comprehensive, coherent system — a system that can be a model for communities addressing both HIV and other complex public health and human service issues.

SECTION 2

Introduction

The Houston HIV/AIDS Capacity Building Project is an initiative of the Community Training and Assistance Center and the Houston community to integrate and strengthen Houston's HIV/AIDS care and prevention organizations, public agencies, planning groups, advocates, and affected populations. The goal of the project is to build the capacity of the Houston community *as a whole* to meet the challenges of the HIV epidemic. The project focuses on replacing funding-driven fragmentation and territoriality with collaborative planning and service delivery that focus on the needs of affected populations, and on the community's programmatic and administrative ability to meet those needs.

As a major component of this project, the goal of the Funding Stream/ Planning Group Collaboration Task Force was to identify ways to strengthen Houston's response to HIV by strengthening the working relationships among the planning groups and administrative agents that guide and manage HIV/AIDS care and prevention funding.

HIV's impact on communities is complex, affecting virtually every population and every service system. This complexity is reflected in the nature of public funding for HIV prevention and care. Programs administered by federal and state agencies are managed, at the local level, by a variety of governmental and not-for-profit institutions, and governed by multiple planning groups whose operations are dictated by the often-intricate requirements of their respective funding agencies. These requirements often differ significantly from program to program.

Houston's HIV funding programs have operated largely independently of one another, with limited coordination of planning, priority setting, resource allocations decisions, and service oversight. In fact, planning groups, administrative agents, and service providers often know little about funding programs and services other than those with which they are associated. This fragmentation of funding management and governance has contributed to fragmentation in the way Houston plans and delivers HIV-related services.

Such fragmentation produces gaps and duplications in planning, service delivery and oversight; adds to the time and energy required of already

over-extended leaders and service providers; limits the degree to which expertise can be shared; and makes it difficult to mount timely, effective responses to challenges that affect the system as a whole. The individual planning groups and administrative agents may handle their designated responsibilities effectively. But changes in federal and state policy, evolving service and prevention needs, changes in the health care and insurance systems, and uncertainty about future funding demand that a more *systemic* approach be developed to ensure that all people affected by HIV disease continue to have their needs met.

Some planning group members and administrative agents argue that they are so burdened by the requirements of their own funding streams that joint efforts—however desirable—must constitute far lower priorities. This argument is like that of an organization that postpones long-range planning because it is “too busy handling emergencies.” If a solid organizational plan were in place, there would be fewer emergencies. Similarly, by identifying areas of responsibility which multiple HIV funding programs can address in concert, the individual planning groups and administrative agents can improve efficiency and help build the capacity of the system as a whole.

Achieving such capacity requires persistent effort and the gradual development of familiarization and trust among those guiding the many components of the HIV system. A community cannot transform itself overnight in response to mandates to collaborate. Successful results come from incremental approaches that address the need for collaboration on many fronts simultaneously and that build the necessary experience and skill over time.

What is collaboration?

Collaboration is a term that is applied increasingly to almost any activity that involves more than one person or entity. It is important to clarify what true collaboration is—and is not—and what kinds of joint activity can be genuinely valuable. For collaboration is not, in itself, a “good thing.” Precisely because it requires hard work, compli-

cates relationships, and involves difficult decision-making, it should be used strategically—to produce an outcome better than that which would have occurred through independent action. It must be entered into thoughtfully and planned with care.

A variety of types and degrees of relationships can exist among HIV funding programs. Understanding these differences can be helpful in determining what approach will best meet a given need. Such understanding is also helpful in developing a sequence of incremental steps that can move the many participants in the system gradually to integrate their efforts.

Communication represents the simplest form of relationship. Each funding stream’s planning body and administrators pursue their responsibilities independently of other funding streams, but they keep one another regularly informed of their activities. The benefits would be modest. However, in situations in which funding streams have operated largely in ignorance of one another’s activities—a situation we came across with surprising frequency—simply establishing a regular conduit and procedure for sharing information about priorities, research, decisions, and concerns is a starting point, and is of value if it helps programs better place their own interests and priorities within the context of the larger HIV arena in Houston.

Cooperation among funding streams takes the relationship a step further. Planning groups and administrative agents continue to carry out their responsibilities independently, but take measures to coordinate schedules, divide up tasks that multiple groups need to complete, and keep one another’s interests in mind when designing studies or launching task forces. Such an approach can help these groups use their time and funding more efficiently and benefit from others’ efforts as well as their own.

In true *collaboration*, planning groups or administrative agents join forces to carry out tasks. The boundaries between funding streams may be largely dissolved *for specific activities and responsibilities*. Examples include committees and task forces which are not primarily linked to a particular

funding stream; agreements to jointly establish priorities, resource allocations, or reporting requirements; and special events that are developed in partnership.

Merger represents a complete integration of identity and responsibilities among funding streams. All boundaries between them dissolve and they assume a new identity as a single organization, leaving behind separate titles and procedures.

It is important to recognize that collaboration will not fix faulty processes: If the approach a group brings to a task is flawed, bringing additional people or groups into that process will merely compound the original problem. So there are often two simultaneous, interrelated tasks—determining whether a need can potentially be met more effectively through combined activity and determining the best process to follow to reach the desired end.

Cross-Funding Stream Relationships: Past and Current

Until very recently, cooperation among Houston's HIV funding programs was extremely limited. It most often took the form of membership by a representative of one funding stream on another's planning group. Such arrangements typically came in response to a funder's requirement. A planning group committee might also include representatives of other funding streams. Information was shared through such representation or in "public comment" periods during planning group meetings.

Before 1998, two joint efforts across funding streams showed promise but ultimately proved disappointing: In the mid-1990's, an ambitious planning effort brought together participants from throughout the community to create a comprehensive plan for HIV/AIDS care and prevention—but the plan was never realized because the community lacked the infrastructure needed to carry out and monitor its implementation. More recently, the executive committees

of the Ryan White Title I and Title II planning bodies established a Joint Steering Committee to provide leadership on community efforts and explore collaborative efforts between the two largest HIV care related planning groups, but that effort, too, apparently lost momentum and was eventually discontinued.

In 1998 and 1999, several of Houston's primary HIV planning bodies launched renewed efforts to work together in identifying needs and planning comprehensive services for all affected populations. These efforts have included the following:

- The Title I Houston Area HIV Services Ryan White Planning Council (RWPC) and Title II HSDA/TDH Care Consortium jointly hired an outside vendor to perform a needs assessment for both groups in 1999.
- Responding to a HRSA requirement that it develop a 3- to 5-year comprehensive plan for HIV services, the RWPC expanded the scope of its planning effort to include a wide range of other funders of HIV care and prevention services. Under the guidance of an outside consultant, the Comprehensive Planning Committee operated through a number of functional subcommittees chaired by RWPC members but including representatives of a number of HIV-related funding streams.
- The RWPC and Consortium have cooperated in developing guidelines for quality assessment and standards of care.
- The Houston Regional HIV/AIDS Resource Group, Harris County, and the City of Houston have for the past year convened quarterly meetings of the administrative agents of HIV-related funding programs.

Although some of these initiatives responded to funder mandates, there does appear to be a growing recognition of the benefits to be gained by working across funding streams, and an ever-broadening commitment to do so.

3 SECTION

The Funding Stream/ Planning Group Collaboration Task Force

Recognizing the need for a more integrated approach to HIV prevention and care, individuals from more than a dozen funding streams formed a working group, convened by CTAC, to define the level of collaboration needed for an effective HIV system in Houston and to propose measures that would move the community closer to achieving that goal. CTAC expanded the range of perspectives by conducting individual interviews with more than a dozen additional leaders. A smaller committee of the Task Force then worked with CTAC to develop a set of recommendations that could help meet immediate needs and build the kind of planning and oversight infrastructure required for a systemic community response to HIV.

Participation in the Task Force and Related Research

Through participation on the task force, through individual interviews, or through the contribution of information, representatives of fourteen funding streams have been involved in this component of the capacity building project:

1. Ryan White CARE Act Title I (services to people with HIV/AIDS in heavily affected locales)
2. Ryan White CARE Act Title II (services to people with HIV/AIDS throughout the region surrounding Houston)
3. Ryan White CARE Act Title III (community based early intervention services to people with HIV/AIDS)
4. Ryan White CARE Act Title IV (services to women, children, adolescents and families affected by HIV/AIDS)
5. CDC Houston HIV Prevention Community Planning (HIV prevention planning for Houston proper)
6. CDC Texas Region 6 HIV Prevention Community Planning (HIV prevention planning for the region surrounding Houston)

7. Texas Department of Health State Services to people with HIV/AIDS
8. Texas Department of Health HIV Prevention Services
9. Texas Department of Health HIV Early Intervention Services
10. HUD Housing Opportunities for People With AIDS: Funding to the City of Houston
11. HUD Housing Opportunities for People With AIDS: Funding through the Texas Department of Health
12. HUD Supportive Housing Program
13. CDC Division of Adolescent and School Health: School Health HIV Prevention and Risk Reduction Program (HIV prevention grant awarded to the Houston Independent School District)
14. Texas Commission on Alcohol and Drug Abuse (care, prevention, and early intervention for people with HIV who are also substance abusers)

Plan of Activity

The task force, drafting committee and CTAC:

1. Identified specific spheres of activity for which funding stream planning groups, administrators, and project directors are responsible
2. Gathered information about how each of the funding streams currently handles planning, resource allocations decisions, planning group membership and administration
3. Created a picture of what a perfect system would look like
4. Defined goals of collaboration across funding streams
5. Defined criteria for selecting areas where collaboration should occur, and methods for achieving it
6. Proposed collaborative strategies
7. Broadened the range of perspectives through interviews with additional leaders and experts
8. Analyzed suggested strategies
9. Identified potential challenges to successful collaboration

10. Produced final recommendations

The pages that follow summarize our conclusions at each step of the process, and provide an overview of the recommendations that emerged from our examination.

Spheres of Responsibility

The Task Force identified the areas of primary responsibility of planning groups and administrative agents. These include:

- Needs assessment
- Epidemiological profiles
- Gap analysis
- Resource inventories
- Priority setting
- Resource allocations
- Comprehensive service planning
- Proposal review
- Contract negotiation
- Financial management
- Monitoring
- Information systems
- Research
- Evaluation of service effectiveness
- Development of standards of care
- Self-evaluation (of planning processes, etc.)
- Membership development and renewal
- Committee work

The Perfect System

If Houston's funding streams worked perfectly together, in all of their primary areas of responsibility, what would the resulting system look like? The Task Force created a picture of a perfectly functioning system. The intent was to identify areas in which collaboration would reap the greatest benefits.

Some of the proposed characteristics of a perfect system illustrated ways in which service delivery would be strengthened through more effective combined action:

- No gaps would exist—some funding stream would support every necessary service throughout the continuum of prevention and care.
- Appropriate priorities and levels of funding would be established for services throughout the continuum of care.

- Services would be funded and delivered in the most cost-effective way.
- The continuum of care would be flexible, able to respond quickly and appropriately to changing needs.
- The system would have the capacity to gauge the effectiveness of different models of service, in part by being able to track a particular cohort's experience through the entire service system.

Other suggestions addressed the more immediate benefits that integrative efforts would bring to the planning groups which guide the various funding streams:

- Planning groups would work together and assist one another whenever doing so would accomplish a task more effectively or efficiently.
- With less duplication of effort, each planning group would be able to devote its energy more effectively to tasks for which it is solely responsible.
- Issues would be addressed effectively because everyone involved, despite differences in perspective, would possess a common understanding of the issues and follow a set of agreed-upon processes and criteria through which to address them.
- The simplest and most straightforward information and approaches needed to accomplish a task well would be employed.
- Information would be widely shared and could be used for more than one purpose.
- Ongoing, reliable communication would exist among all programs in the system.
- Group dynamics would expedite, rather than block, progress. Turf protection would be minimized and managed.
- It would be possible to determine accurately the success of each planning group or funding stream in meeting its goals and objectives.

Goals of Collaboration across Funding Streams

Collaboration should never be viewed as an end in itself, but should be employed when it promises to meet needs more effectively. Working from its

vision of a perfect system, the Task Force identified seven goals:

- To eliminate gaps in service—with an emphasis on bridging prevention and care and on meeting the needs of under served populations
- To eliminate duplication of services
- To better coordinate planning among funding streams, including the implementation and administration of a comprehensive plan
- To better coordinate allocations among funding streams
- To better coordinate administration of funding streams
- To build the capacity to mount a more coordinated response to urgent issues and needs
- To advance the continuum of care for the entire Houston area

Criteria for the Selection of Areas and Methods of Collaboration

Working relationships among groups can take many forms and address a variety of needs. The Task Force defined as highest priority those which meet one or more of the following criteria:

- Improves the effectiveness with which an important task is handled
- Reduces duplication of effort
- Reduces duplication of expense
- Expedites the delivery of services to the community
- Standardizes and improves the way information is collected, analyzed and presented
- Builds on existing strengths of planning groups, administrative agents, and service providers
- Moves the system increasingly toward reliance on mainstream funding—and away from the need to tap into emergency funding
- Helps develop the capacity of the system to develop and implement a community-wide comprehensive plan

Working from these definitions, standards, and goals, the Task Force, drafting group, and Community Training and Assistance Center developed the following recommendations.

SECTION 4

Recommendations

The recommendations which follow draw from suggestions of members of the Funding Stream/Planning Group Task Force, augmented by interviews with a range of individuals who hold a variety of roles and perspectives within the community.

In developing these recommendations, we were guided by the following considerations:

- We kept before us the criteria established by the Task Force to determine which areas and types of collaboration could potentially produce the greatest benefits.
- We focused on actions that could be accomplished by the existing planning groups and administrative agents. While there have been arguments that the community should consider restructuring the overall system by consolidating planning groups and administrative agents, we have chosen to pursue, for now, what we believe is a more realistically feasible path that does not require major structural changes.
- We focused on activities that would help both to build the *formal* infrastructure necessary to carry out responsibilities such as comprehensive planning and assessment of service effectiveness, and to develop the kind of *informal* connections and networks among individuals that can facilitate the coordinated efforts needed to deal with critical, sometimes unexpected, issues.

The recommendations are grouped in six categories:

- Coordinating planning and priority setting
- Building the capacity to address shared policy and service issues
- Strengthening information sharing across funding streams
- Strengthening planning groups' efficiency and effectiveness
- Coordinating administration of funding streams
- Strengthening service provision

A. Coordinating planning and priority-setting

The predominance of planning and priority setting tasks, the similarity of planning tasks across funding streams, and the overlap in the information-gathering activities make this an obvious area in which to pursue joint activity. Beyond their usefulness in fulfilling specific requirements, collaborative efforts in this area also promise wider benefits, since, as one individual noted, “So much of what everyone does is tied to priorities and allocations that whatever we do in this area is likely to spill over into other areas.” Several additional recommendations address the need for coordinated planning in particular service areas that are funded by multiple funding streams—often including non HIV-specific funding.

We have refrained from offering specific recommendations regarding the development of a community-wide comprehensive plan. We have done so, in part, because we believe that the Title I-led comprehensive planning process now underway in Houston should reach its conclusion without independent second-guessing disrupting the process in midstream. The exclusion is also a reflection of our conviction that the capacity of a community to implement a successful planning process cannot be achieved through any single comprehensive planning “project” that we might propose but will come about as a result of many changes in structure, process, and habits.

1. Perform a joint epidemiological study for HIV prevention and care.

Carrying out multiple epidemiological studies is at best redundant. At worst, it can produce an inaccurate picture of the epidemiology of HIV, if different studies draw from different sources. This, in turn, can lead to inappropriate decision-making regarding the uses of funds.

“We would serve the community more effectively if everyone’s understanding of the disease were uniform across the planning groups. Everyone needs a common understanding of the epidemiology. Everyone’s point of reference needs to be the same.”

An epidemiological study was included in the Ryan White Titles I and II joint needs assessment this year. The benefits realized by this cooperation would be strengthened by bringing additional funding streams into this combined effort, particularly the prevention community planning groups. In fact, coordination of at least the regional care and prevention planning groups may be required as a result of the TDH restructuring of HIV planning groups and service delivery system that is now in process. Currently, the Texas Department of Health produces an epidemiological report for use by all regional Community Planning Coalitions, including the Houston-based Region 6 group. If TDH continues to do so, its results should be analyzed in concert with those of the care-related planning groups.

2. Establish a parallel structure and coordinated schedule for HIV prevention and care needs assessments.

Because HIV care and prevention planning groups use needs assessments in different ways, the former focusing on service categories for people diagnosed with HIV or AIDS, the latter on at-risk populations and interventions, the use of a joint needs assessment would likely be impractical. However, if the care and prevention planning groups were to establish a parallel structure and coordinated schedule for their separate needs assessments—one that would allow the individual products to be viewed side-by-side—these planning groups could come closer to achieving a common picture of HIV in Houston: a shared understanding of the demographics of the disease, of the behaviors that affect risk within the various populations, and of the interventions and services that are available, accessible, and used throughout the continuum of the progress of HIV disease.

Such coordination could spur the prevention and care planning groups to jointly analyze particular

issues—such as high-risk behaviors—that are of concern to those providing both prevention and care, and to develop joint responses which would fill gaps and direct greater attention to populations that have been proven particularly difficult to serve effectively.

3. Reconcile Ryan White Planning Council and HSDA/TDH Consortium service priority lists and cooperate in establishing service category allocations levels.

A lack of coordination between planning groups in determining what services are to be funded and in establishing appropriate *combined* funding levels for each service category can result in too little—or too much—funding being allocated to particular services.

There are differences between what the Ryan White CARE Act Titles I and II can support on the one hand, and what TDH State Services funds can support on the other, in such areas as insurance, day care, and transportation. To eliminate service gaps and duplications, the RWPC and HSDA/TDH Consortium should clarify precisely what services each is authorized to fund in each service category. The planning groups should agree on a total allocation for each service category, then decide jointly how much each funding stream should contribute to that total. This would help earmark allocations so that every service is funded at an appropriate level by the funding stream best able to do so. Such coordination would lessen the likelihood not only of gaps but also of redundant contracts being awarded from more than one funding source. While we understand that a recommendation to this effect was earlier rejected as unworkable by the Harris County Judge (who, as the County's chief elected official, is the official grantee of the Title I grant), we urge that this issue be reconsidered.

An even greater challenge—offering the possibility of greater coordination of resource allocations planning—would be to include in this process other programs which fund some services related to those included in the Ryan White CARE Act. These include the HIV Programs

Office of the Texas Commission on Alcohol and Drug Abuse (TCADA), Housing Opportunities for People With AIDS (HOPWA) and the Supportive Housing Program.

4. Jointly establish priorities and coordinate resource allocations decisions among funding streams which share responsibility for specific populations, areas, or types of service.

A number of non HIV-specific funding programs serve HIV positive individuals or engage in HIV prevention, in many cases as part of a larger mandate such as substance abuse prevention and treatment. Coordination among funding programs in specific areas of shared concern would help ensure that appropriate resources are targeted to particular populations and services. There are a number of such service areas. Three are substance abuse, HIV prevention, and housing:

Substance abuse. HIV prevention and care for persons who are also substance abusers is the concern not merely of federal and state HIV funders but also of the Texas Commission on Alcohol and Drug Abuse (TCADA), yet there is little collaboration to ensure that adequate funding is available to support all necessary services. Some funding programs find themselves with ample funding and too few service providers in this area of service; other funding programs have experienced the reverse. Better coordination is therefore imperative. Joint planning and priority setting discussions should minimally include the Houston CDC HIV Prevention Community Planning Group, Region 6 CDC HIV Prevention Community Planning Coalition, TCADA's HIV Programs Office, and the Ryan White CARE Act titles.

HIV prevention. There appears to be little significant contact and collaboration not simply between the two Houston-based HIV Prevention Community Planning Groups—which do serve somewhat different populations—but also between these planning groups and other funding programs which address the needs of high-risk

populations such as public school students and people affected by substance abuse, domestic violence, homelessness, and teen pregnancy. Some administrators and project directors of major programs in the latter areas have little or no contact with, or knowledge about, the two CDC HIV prevention planning groups, and some of those guiding both CDC and other prevention planning have no more than a rudimentary knowledge of what other prevention funding is at work in Houston, and what services that funding supports. We recommend that programs whose purview includes HIV prevention coordinate needs assessments, priority setting, and resource allocation planning to provide a more unified HIV prevention strategy.

Housing. The compelling need for appropriate housing for people with HIV is addressed by a variety of funding streams, including several Ryan White CARE Act titles and several programs supported by the US Department of Housing and Urban Development (HUD). Yet here again, too little discussion and joint planning occur among those who guide the disposition of funds. Cooperation becomes even more important when changes in HIV disease produce shifts in service needs. For example, much of the supportive housing services currently available for people with HIV are designed for single individuals, who originally made up the majority of people with the disease. Now, however, one of the fastest growing populations with HIV is that of women with children, for whom little appropriate family housing is available. Informal or irregular reporting among funding streams which support HIV housing has not been sufficient to ensure that housing services have kept up with the changing needs. Administrative agents and planning groups need to go further to coordinate needs assessments and priority setting.

B. Building the Capacity to Address Shared Policy and Service Issues

Those who guide the many funding streams that shape greater Houston's HIV services must

strengthen their ability to come together to address issues that affect the entire system. While many kinds of cooperative activity will help build habits and connections that can facilitate this process, we propose several measures which speak *directly* to the need to build this capacity.

1. Integrate committees or form joint task forces that focus on issues of community-wide concern.

Leaders throughout the community cite several areas as deserving more concentrated attention. These include HIV prevention, early intervention and care of African Americans and Hispanics at risk of HIV; the needs of people multiply diagnosed with HIV and substance abuse and/or mental illness; and the needs of HIV-positive women with children. These are not concerns of one funding stream only. The different perspectives and expertise that the various funding programs could bring to a joint exploration of solutions in these problems could, in combination, produce more successful responses to the needs than would emerge from fragmented efforts.

2. Coordinate research activities.

On more than one occasion, research undertaken by one funding stream has been duplicated by others. Examples cited include redundant studies of childcare by the Ryan White CARE Act Title I Planning Council and the Title II HSDA/TDH Consortium, and the implementation of several different transportation studies which examined the needs of different populations.

Rather than pursue research in isolation, we urge that planning groups and administrative agents at the very least consult one another before embarking on such studies. Not every study needs to be conducted jointly; research carried out under the auspices of a single funding program will often be more efficient. But since there is so much agreement about areas of interest, we urge that planning groups together identify areas and questions for study and agree among themselves as to how to divide up responsibility for undertaking research in areas of mutual concern.

3. Sponsor joint expert presentations to planning groups on approaches to service delivery and on such public policy issues as managed care and care of people with multiple diagnoses.

Those who plan services and guide the use of funds in HIV care and prevention have a responsibility to understand the changes occurring in the demographics and needs of populations affected by HIV, and in the larger healthcare and social service environment in which HIV services operate. Planning groups should cooperate in sponsoring opportunities to educate their combined memberships about such matters. These opportunities should jointly involve care and prevention planning groups. They should occur frequently enough to ensure both that the information in the hands of planning groups and funding administrators is current, and that new participants entering planning groups quickly become conversant with the issues.

Mutual education becomes all the more important given the wide range of experience and skill represented in Houston's HIV planning groups. Planning and delivering such information jointly would not only be more efficient, but would ensure that everyone possesses a complete and accurate picture of the overall shape of service and prevention needs and approaches.

4. Convene occasional community-wide meetings of all HIV-related service and prevention funding streams to address key issues and responses.

Meetings of the entire Houston-area HIV community would require a significant investment of time, energy, funding, and coordination. But such meetings, convened once every one or two years, could significantly advance Houston's

“Most people in services still don't understand what prevention does, and most people who do only prevention don't understand what services does when it comes to priorities and allocations. There is much miscommunication and misinformation.”

response to HIV. They could provide opportunities to bring together members of planning groups, administrative agencies, affected constituencies, service providers and advocates to identify and address major issues that confront the entire system. It is important that such conferences be meticulously planned, and guided by clear goals, anticipated outcomes, and products—including specific areas in which joint decisions should be reached.

The events themselves would bring combined perspectives to bear on urgent issues, and the relationships that would develop through joint planning would provide some of the “cement” for an infrastructure to support comprehensive planning and service delivery.

C. Strengthening Information Sharing Across Funding Streams

As noted above, we have been struck by how unfamiliar individuals associated with Houston's HIV-related funding streams tend to be about one another's purposes, processes, and decisions, even when obvious relationships exist between their programs.

At present, the primary avenues of information sharing include cross-representation of membership on some planning groups, distribution of minutes and other reports from planning group meetings, opportunities at the “public comment” periods of some planning groups, and discussion which occurs in the course of such efforts as the comprehensive planning process. These information vehicles are helpful, but their impact is often limited. Real understanding of others' issues often extends little beyond the specific individuals present at a given meeting.

All planning group members and administrators who direct or manage HIV service funding need to be confident of receiving timely,

complete information about issues and decisions that might affect their own activities and decisions. This includes information about such matters as:

- Results of needs assessments
- Results of priority setting
- Resource allocations levels
- Nature of special task forces and ongoing reports on their findings
- Findings of committees whose focus is on service or policy related matters
- Funding decisions
- Policy and service issues that are under discussion
- Contacts for information about particular activities and studies, and
- Changes in key personnel

Institutionalizing avenues for more extensive, reliable information sharing about planning groups' and administrative agents' objectives, research, decisions, and concerns would enable the individual groups to better place their own interests and priorities within the context of the larger HIV and social service arena in Houston, and help them develop the capacity to come together quickly when urgent issues arise. A strong information-sharing system is also essential to the success of any community-wide comprehensive planning strategy.

1. Establish guidelines and protocols for sharing information among planning groups and administrative agents.

To enable Houston's many HIV-related funding streams to better understand one another's structures and processes, CTAC has developed a comparative matrix of funding streams, *Houston's*

HIV/AIDS Funding Streams and Planning Groups: A Comparative View of Structures and Processes. This document shows, in matrix form, what fourteen HIV-related funding streams support, how their work is structured, how they handle key responsibilities, how leadership is organized, and when key activities occur. The purpose of the matrix is to broaden a basic understanding of how HIV services are developed and funded in greater Houston, to facilitate contacts between individuals and groups who perform similar functions, and to identify functions that related funding streams could perform jointly or cooperatively. The matrix is being published simultaneously with these recommendations and will be widely available to the community.

Using the comparative matrix for guidance,

we recommend that planning groups and administrators create guidelines regarding what information should be shared, when it should be shared, and through what avenues.

2. Establish and maintain a shared repository of information about epidemiology, needs, historical services and current services.

It would be enormously helpful to planning groups and providers to have access to one another's experience and knowledge through a common, easily accessible bank of information. This should include

information about populations, needs, and services which form the focus of non HIV-specific programs in areas critical to people with HIV—areas such as substance abuse, housing, homelessness, domestic violence, welfare, child care, women's health and mental health. Such a repository would achieve its greatest possible usefulness through agreements among funding

“I would like to have one repository of information, where it would be possible to see information that might be helpful to multiple funding streams. For example, if we learned that certain types of risky behavior were on the rise, that would clue us in to a possible increase of HIV cases in the future and suggest the kinds of services we'd have to provide.”

programs to include particular types of information and to present these in a common format.

3. Collaborate in mapping community services and preparing resource guides.

Currently, the Harris County Department of Public Health and Environmental Services (which administers Ryan White CARE Act Title I funding), the City of Houston (which administers CDC's Houston HIV Prevention Community Planning funding) and the Texas Department of Health each publish separate guides to local HIV resources. We understand that efforts are already underway to broaden the scope of some of these guides — for example, to include prevention services in Harris County's *Resource Guide: The Blue Book*.

Cooperating in the research and production of these guides would produce multiple benefits. First and most obviously, it would reduce duplication of administrative time and expense. Second, it would be of value to case managers and other service providers who require a broad understanding of all available resources. Third, it could reveal areas of duplication or gaps in the system that might otherwise go undetected. Finally, it would foster — in a relatively straightforward manner — important working relationships among administrative agents.

4. Convene periodic joint meetings among planning groups which oversee related or similar funding streams.

Scheduling occasional joint planning group meetings would provide a relatively straightforward means of ensuring that entire planning groups — and not simply representatives — develop an understanding of other groups' processes, concerns, and characteristics. It would also provide an impetus to undertake joint planning and studies, as appropriate.

Obvious candidates for such joint meetings are the RWPC and HSDA/TDH Consortium on the care side, and the two CDC HIV Prevention

Planning Groups—for Houston and for Texas Region 6—on the prevention side. In addition, we recommend strongly that regular joint meetings occur between the care and prevention planning groups. Recognition of the links between HIV prevention and care in the continuum of care dictates that greater mutual understanding develop across the care/prevention “divide.” The need is underscored by the TDH restructuring that is currently underway, including consolidation of some care and prevention planning groups.

D. Strengthening the Efficiency and Effectiveness of Planning Groups

While most of our recommendations address specific responsibilities of planning groups and administrative agents, the basic processes and structures of planning groups should also be adapted to promote greater overall effectiveness.

1. Define and develop the role of individuals who represent one funding stream in another's planning group.

A modest degree of cross-representation exists among Ryan White planning groups, between the CDC HIV prevention community planning coalitions, and between care and prevention planning groups. In some instances, such cross-representation exists because it is required by a specific funding authority — most notably, Ryan White CARE Act Title I. In others, representation has come at the initiative of the respective planning bodies. Whatever the impetus, the presence of individuals who represent one funding stream on another's planning group should bring clear benefits to both programs. This is not always the case at present. “People who represent one funding stream on another's committee or planning group need to do more than listen and report back. There needs to be a real joint effort,” was a frequently voiced sentiment.

We recommend that when an individual serves on a planning group as a representative of another funding program:

- The sending funding program should develop clear guidelines and expectations for the individual's involvement in the other group. These should include expectations regarding attendance, involvement in committees (both generally and in terms of specific committees where cross-representation would provide important information or other value to one's own planning group), reporting both from and to the sending planning group, specific types of information which should be shared, and joint efforts which would be of particular value to the sending group.
- The receiving planning group should develop clear guidelines for other funding streams' representation. This should include expectations regarding the kinds of expertise or information which should flow from the sending group to the receiving group through its representative, as well as attendance, time commitments, and committee involvement.

We also urge that each planning group consider whether representatives from additional funding programs (including those which lack associated planning groups) should be added to their membership. Examples include bringing the Houston Independent School District's HIV prevention project into closer connection with the CDC Houston HIV Prevention Community Planning Group, and ensuring the active participation of TCADA's HIV prevention and care programs within appropriate planning bodies (we understand that TCADA has recently mandated TCADA representation on all HIV-related planning groups).

2. Coordinate or combine committees which handle similar issues and functions.

Several of the major planning groups have developed strong internal committee structures. Others are in the process of restructuring. Cooperating or collaborating on committee work in areas of common interest would bring greater efficiency through sharing of the work,

access to more perspectives and expertise, and the development of working relationships that might expedite collaboration in more complex endeavors in the future.

Functional and substantive areas of responsibility that might lend themselves well to such collaboration include:

- Planning
- Needs assessments
- Priority-setting
- Information management
- Affected communities
- Medical advances

Recent changes in the committee structure in the Title I RWPC—from being defined by substantive service areas to being defined along functional lines—mean that the Title I RWPC and HSDA/TDH Consortium now order their committees along similar lines and could thus collaborate more easily. We urge, however, that collaboration not be limited to agreements strictly between the RWPC and the Consortium, but include, as appropriate, HIV prevention planning groups and other groups concerned with specific service or functional areas.

Similarly, joint task forces could be established to develop recommendations on how to standardize or streamline such functions as proposal development and review, reporting, or training.

E. Coordinating Administration of Funding Streams

The separate review processes, schedules, reporting and documentation policies and procedures imposed by the different funding streams reduce administrative efficiency and require duplication of effort by service providers. The ideal solution would be a merger of administrative oversight for related funding streams—in the same spirit in which the original Greater Houston AIDS Alliance was launched, but with care taken to avoid the problems that resulted. However, funders' differing requirements—and the community's lingering

memories of that earlier painful experiment—suggest that an arrangement of this nature could not be attempted any time soon. Significant benefits could nonetheless result from more targeted coordination of administrative functions.

Agreements among administrative agents to perform certain administrative tasks jointly could ease service providers' administrative burdens, provide more consistent oversight, decrease administrative overhead, and make it possible to use information more reliably for multiple purposes across multiple funding streams, thereby strengthening the overall system.

Coordination between governmental and not-for-profit private entities (in the case of Title I and Title II) or between governmental entities in different jurisdictions (in the case of CDC Houston and CDC Region 6 HIV Prevention Community Planning) would be administratively feasible. The greater challenge may be political. In instances in which jurisdictional differences make true collaboration impossible, improved efficiency and lessened burdens on funded service providers could still be effected through agreements between administrative agents to employ uniform processes and follow similar guidelines for some shared administrative responsibilities, as their respective agencies' policies allow.

1. Institute a joint Request for Proposals for Ryan White CARE Act Title I and Ryan White Title II/TDH funding.

Harris County procurement policies guide the disposition of funds from Ryan White CARE

“If you stepped back from our existing structure and had to build one from scratch, you wouldn't do it this way. The current way is wasteful, diverting money from the people we're trying to serve, because there are so many redundant administrative structures. I would hope that reasonable people could get together and agree on a structure that makes sense. The current stubbornness is a major barrier—people want to maintain the status quo.”



Act Title I. Policies of the Houston Regional HIV/AIDS Resource Group and the Texas Department of Health guide the disposition of funds for CARE Act Title II and TDH HIV care funds. We understand that Title I and Title II/TDH have in the past examined the possibility of a joint Request for Proposals, but were forced to abandon the issue in the face of questions regarding whether such coordination would be possible, given issues of county and state authority.

However, other communities have been able to work through such challenges without abandoning one or the other program's review and contracting processes. We urge these planning groups and administrative agencies to revisit this question. Significant benefits could accrue from the release of a single RFP—while still maintaining separate review and contracting processes.

Individual providers would have to prepare one, rather than two, proposals; in their requests they could spell out distinctions, as needed, in terms of geographic areas and populations to be served by the two programs. Moreover, because providers would be required to distinguish between the services to be provided with Title I and Title II/TDH support, the possibility of redundant funding being awarded would be diminished. Just as significantly, requiring providers to write a single proposal covering Title I and Title II services would encourage them to consider the “big picture” as they develop their own services, presenting an integrated, comprehensive plan of services rather than fragmented programming tailored to a variety of separate RFP requirements.

The different contract periods between Titles I and II should not pose an insurmountable barrier

to such an arrangement. Similar arrangements are already in place in at least two instances: A single RFP is released for TDH and Title II HIV services funding, and a single RFP is released for TDH and CDC HIV Texas Region 6 prevention funding, despite the fact that their funding covers different contractual periods. Coordination is particularly easy to accomplish in these two instances because a single administrative agent is responsible for overseeing the contracting process for both programs. But even in the absence of a single coordinating agency or review process, the same proposal could still be reviewed by both Title I and Title II reviewers, so long as the document includes information required to meet each funding stream's technical requirements. The actual review processes could occur sequentially rather than simultaneously, if that better met the needs of the two programs.

2. Coordinate the monitoring of service providers.

Having the separate administrative agencies conduct independent monitoring of service vendors produces significant duplication of effort, given that much of the information these agencies seek is similar from funding stream to funding stream. The importance of coordinating contract monitoring schedules and processes across funding streams was cited regularly by Task Force members and individuals interviewed in the course of our research. Coordinating processes and schedules would save time, effort, and resources, while ensuring that each administrative agency maintains full legal authority for the funding streams within its purview. Administrative agents could simultaneously examine the information that they seek in common, such as case managers' files and information in such areas as Equal Employment Opportunity and Occupational Safety and Health Administration, while retaining the ability also to explore questions specific to individual funding programs.

F. Strengthening Service Provision

The mark of a successful community response to

HIV/AIDS is a system in which prevention and care providers are effectively and cost-efficiently meeting the needs of all people with, or at risk of, HIV. The task force therefore stressed the importance of attending to the *quality* and *accessibility* of the prevention and care provided to the community. Several recommendations suggest ways that planning groups and administrative agents can work together to ensure quality of care. Other recommendations identify steps service providers can take directly to strengthen the overall system.

1. Adopt uniform standards of care procedures and protocols.

While some cooperation exists between the Ryan White Title I and II/TDH programs in the use of standards of care, these and other HIV-related programs should collaborate in developing standards of care, addressing such issues as intake processes and the handling of grievances. Ideally, this collaboration should extend to the areas of outreach and prevention.

2. Standardize and cooperate in the development of service effectiveness studies.

Questions of the relative effectiveness of various models of care are a matter of concern to every planning group and service provider. Planning groups would benefit from cooperatively analyzing how their resource allocations decisions have affected people with HIV.

Several of the federally funded planning groups are required to perform regular studies of the effectiveness of services being funded in individual areas of care or prevention. Other funding programs undertake such studies, as well, even in the absence of an official mandate. We recommend that programs which support similar services collaborate or coordinate the selection and implementation of service effectiveness studies, and that they make use of one another's findings.

3. Develop and adopt shared client eligibility criteria.

HIV service providers currently rely on a variety

of individually developed eligibility criteria to guide their acceptance of clients. In the absence of a single, standard set of criteria, potential clients find themselves facing redundant scrutiny of their eligibility for services. To improve access to services and strengthen the efficiency of intake processes, we urge that providers come together to develop and agree on a single set of client eligibility criteria.

4. Establish a network which meets regularly to share information and foster partnerships.

Because agencies rely so heavily on the same few funding sources, the relationships among them tend to be tied heavily to financial considerations. Discussions tend to occur within the context of decision-making around allocations and contracts. In such circumstances, it is inevitable that competition, rather than collaboration, will be the dominant interest among service providers. Despite protestations that the service community has moved beyond extreme self-interest, there continues to be a widespread perception that the world of agencies that serve people affected by HIV in Houston continues to be characterized by turf protection and mutual distrust. As a result, the service community spends too little time actively exploring opportunities to work together to meet the needs.

Some agency leaders have developed highly successful partnerships. However, the need—and opportunities—exist for many more. As funding becomes tighter and less certain, agencies need to work together more closely to find ways to meet needs in concert, rather than building increasingly thicker walls to protect their own services and funding. Providers must first acknowledge, and then actively work to overcome, these obstacles at a time when collaboration is critically needed. Providers from the worlds of clinical care to housing and homelessness, from substance abuse to domestic violence, need to strengthen their ties.

This is necessary not only to enable individual agencies to form partnerships in particular areas, but to provide an avenue by means of which

service providers can research, develop and present unified positions—to funders and the larger community—about policy and service issues that are of importance to the entire HIV community.

We recommend that a network of agency leaders be established that will provide a forum—in an environment that is *not* linked to funding decisions—to share ideas, plans and concerns; to provide an impetus to develop partnerships; and to speak with a unified voice to the policy makers, funders, and others who shape the environment in which these providers work. We see such a network as a forum for regular meetings—free of attendance requirements or required committee participation—which foster a combination of social interaction, valuable information, and opportunities for discussion of issues.

Such a network—perhaps modeled on Houston's Coalition for the Homeless and adopting the best features of the former HIV Service Providers—could meet monthly or bimonthly to share information, explore common issues, develop joint activities as appropriate and, through both formal discussion and informal conversation, move past mutual distrust and toward the kind of exploration of shared issues that can lead to productive partnerships. Such partnerships would both better serve the needs of people with HIV and strengthen participating organizations by combining the strengths of multiple agencies.

We urge the Houston service community to establish such a service providers network, with an eye toward the following goals:

- To develop greater knowledge of one another's programs and philosophies, including the many services that are not funded by "AIDS money" but nonetheless serve affected populations
- Through understanding and contact, to overcome trust issues to make partnerships possible
- To identify and facilitate specific potential partnerships between organizations
- To develop activities — such as joint training,

or mentoring of new executive directors — that bring agencies' skills together to build the overall capacity of the service system, and

- To provide a forum to address policy and service issues with one voice.

Experience, including experience within the capacity-building project of which this task force is a part, has demonstrated that even relatively

informal contacts among agency leaders can lead to partnerships in surprising ways. When they come together in discussions that focus on needs and people and services—rather than on funding—agency leaders learn more about one another's approaches and concerns, and may recognize areas in which their interests intersect with those of other agencies.

SECTION 5

Challenges to Collaboration among Houston's HIV/AIDS Funding Streams and Planning Groups

Collaboration is relatively easy to define and envision in theory, much more difficult to put into practice. Houston has pursued its commitment to serving people with, and at risk of, HIV through autonomous, sometimes competitive planning and administrative entities. Bringing these entities together to pursue a coherent collaborative strategy will require careful planning, vigilance, patience – and a sense of humor and perspective. Entering into a joint endeavor without prior planning might exacerbate existing problems rather than resolving them. The community will have to be especially deliberate about acknowledging and addressing larger issues that can affect the success of more ambitious collaborative endeavors. The problem is circular in some respects: collaboration might help overcome some of the existing mistrust, for instance – but it is that very mistrust which prevents parties from making a wholehearted commitment to collaborative efforts.

Practical Challenges

Different funding cycles. Differences in funding schedules from one funding stream to the next necessitate careful planning of some joint activities, but for only the most narrowly defined, time-sensitive activities should this prove to be an insurmountable problem.

Legal issues. Legal requirements of governmental agencies sometimes limit or preclude the kinds of cooperation that can be carried out with other governmental or nongovernmental entities.

Absence of planning groups for some funding streams. Isolation from joint endeavor—and even information exchange—tends to be especially pronounced (and more difficult to overcome) in funding programs which have no affiliated planning groups.

Different administrative policies. Differences in contract procurement procedures, monitoring policies, and other administrative concerns may impose limitations on the kind and degree of joint endeavor that is possible.

Perceptual Challenges

Historical legacy. In the early days of HIV funding, Harris County attempted to coordinate Houston's federal and state HIV funding within a single new administrative entity, the Greater Houston AIDS Alliance. When problems arose within this organization, administration of Ryan White CARE Act Title I was removed from the GHAA and assigned to Harris County's Health Department. The anger that characterized the period leading up to and following this decision left a legacy of lingering mistrust and resentment which for years threw obstacles in the path of any effort to restore unity to HIV planning and service delivery. The situation is much improved since 1992. However, many in the community express concern that a surprising level of mistrust continues to linger as a result of these early problems, despite others' protestations that the community has moved past this legacy.

Power differentials. However much (and however sincerely) Houston's HIV-related planning groups have entered into cooperative and collaborative activities as "equal partners," a frustration expressed to us repeatedly is that Title I's power

limits the degree to which those guiding other funding streams feel their own priorities and needs have been sufficiently incorporated into joint efforts. Some leaders of the Title I Planning Council argue that since Title I is by the far the largest single source of support for HIV services, and since the RWPC's resources to carry out planning and research are much greater than those of other funding streams, it is appropriate that it assume leadership of joint efforts. These leaders assert that even when joint efforts are funded largely by Title I dollars and chaired by RWPC members, the process that is followed ensures that such efforts reflect community-wide interests and concerns. However, some representatives of other HIV funding streams argue that, however well-intentioned their efforts, RWPC members may not appreciate the degree to which Title I's dominance influences both the process and the results of joint endeavors. When a joint effort is based in and guided by Title I, they say, that effort is powered primarily by Title I's needs and interests, which may not reflect those of the community as a whole. "Some people would say that we collaborate on standards of care," one person suggested as an example, "but we don't—not as equal partners. We generally accept Title I's findings, whether or not these make sense for us."

Differences in background and perspective. Several individuals have suggested that a subtle but potentially significant issue limits cooperation among planning groups. As one person expressed it:

"A very real obstacle is the difference in perspective between members of the Title I Planning Council and the Title II Consortium, which is a result of their different membership requirements¹. The Consortium is mostly service providers, while the Planning Council includes many consumers. Some people on the RWPC see service providers as 'the enemy'—as people who are just in it for the money—despite the struggles agencies face! This perception is made worse when a powerful

1. RWPC members are appointed by the County Judge, and the RWPC as a whole must include representatives in a number of specifically designated categories. Membership on the HIV Consortium is open to any interested individual, and is required of all service providers funded by Ryan White Title II or TDH State Services funds.

service provider is perceived as having manipulated the system to get funded.”

To whatever extent such a difference in perception exists, it represents a challenge to successful collaboration — but is also a compelling reason to pursue collaboration, because the very act of bringing together these two constituencies could help, over time, to dispel any negative stereotypes that may exist and lead to greater mutual understanding.

Different agendas. Planning groups and administrative agents necessarily will enter into any potential collaboration with their own priorities and concerns. It is important to bear in mind, however, that while collaboration requires an agreement among different entities to work together, it does not require that all of those entities think alike. In fact, some of the strongest collaborations occur among entities that have very different interests and priorities, in part because the range of perspectives forces a more intense examination of the issues involved. The challenge is to find the common ground and focus on concerns and responsibilities that the different funding streams share.

Funder-driven collaboration. The major federal and state funders of HIV planning and service delivery are increasingly mandating collaboration among service providers, among care-oriented planning groups, and even across the care/prevention

divide. That they are doing so is a good thing.

However, experience has demonstrated that when funders' requirements are the chief or only impetus driving collaboration, working relationships that develop to fulfill the mandate usually dissolve soon after such requirements end. Some of Houston's HIV-related planning group leaders express confidence that the relationships they have developed, particularly through the comprehensive planning process, will continue in the future. We believe that this is unlikely unless deliberate steps are taken to establish collaborative processes and structures that are pursued for their inherent value and not strictly as a response to an external requirement.

Overwork. “I've been to a hundred meetings over the past year,” one planning group leader announced, to underscore the point that “forcing” collaborative work onto already overextended leaders would stretch their capacity to the breaking point. But if in fact individuals find themselves compelled to attend scores of meetings each year, that is a clear indication of an inefficient, overly fragmented system and a compelling argument in favor of pursuing collaboration, rather than justification for rejecting it. Reducing redundant activities, improving communications, and steering individuals to activities most appropriate to their interests and expertise will lessen workloads in the long run, not increase them.



SECTION

Conclusion

Houston is home to skilled, experienced leaders and practitioners who care deeply about serving people with HIV and stemming the spread of the disease. It is also a community that has worked hard—particularly in the last several years—to overcome the conflicts and fragmentation that have come to characterize its HIV prevention and service planning and programming.

The community has made notable advances in bridging the distances between HIV funding streams. Planning groups and administrative agents which only a few years ago had minimal contact with one another have begun to engage in discussion and joint activity around shared responsibilities, including such complex endeavors as a comprehensive plan for HIV prevention and care. Service providers whose relationships have been largely shaped by their competition for funds are also demonstrating greater interest in combining their strengths through strategic partnerships.

Such efforts are impressive and encouraging. However, they can prove to be unsatisfying or incomplete, and their impact ephemeral, unless they are approached with a broader view—with an eye toward developing the collaborative “infrastructure” needed to build and sustain a genuinely integrated community response to the HIV epidemic. Processes and agreements must be instituted that ensure that collaboration will outlive funders’ requirements for joint activity—for our experience has been that joint endeavors tend to crumble once the requirement is removed. In addition, the community must not be satisfied with a collection of disparate joint activities but must consider what set of efforts will combine to ensure the greatest impact on the overall effectiveness and efficiency of the way HIV is addressed in Houston. *Collaboration itself needs to be planned in a strategic, comprehensive way.*

Some of the recommendations in this report represent clear departures from past practice. Others are similar to activities which Houston has attempted before with limited success—in different circumstances. Much has changed in Houston and in the field of HIV in the past several years.

That these changes necessitate more closely coordinated approaches is becoming broadly recognized. It is reflected in the Texas Department of Health's current restructuring of the state's HIV planning and service delivery system, in HRSA's requirement of a Statewide Coordinated Statement of Need, and in recent joint efforts of HRSA and the CDC. Houston's HIV community can use these mandates as vehicles to facilitate the broader integration of effort that we believe will be required to successfully address one of the most challenging public health crises in history.

Our recommendations reflect the ideas and analysis of many individuals. Some of these people have been involved in HIV work since the disease first appeared, and bring a depth of experience

and understanding which has been critical in sorting out the possible from the impossible. Others have come to Houston—or to the field of HIV—relatively recently, and bring to the task a freshness of perspective, creativity, and optimism. The qualities which these individuals have brought to this endeavor provide some of the strongest evidence that Houston has the skill—and, in many quarters, the will—to take its HIV service and prevention system to the next level. Houston is ready to bring together its many HIV programs into a comprehensive, coherent system. Such a system, well designed, can be a model for other communities for addressing both HIV and other complex public health and human service issues.

SECTION 7

Appendices

Summary of Recommendations

A. Coordinating Planning and Priority Setting

1. Perform a joint epidemiological study for HIV prevention and care.
2. Establish a parallel structure and coordinated schedule for HIV prevention and care needs assessments.
3. Reconcile Ryan White Planning Council and HSDA/TDH Care Consortium service priority lists and cooperate in establishing service category allocations levels.
4. Jointly establish priorities and coordinate resource allocations decisions among funding streams which share responsibility for specific populations, services, or geographic areas.

B. Building the Capacity to Address Shared Policy and Service Issues

1. Integrate committees or form joint task forces that focus on issues of community-wide concern.
2. Coordinate research activities.
3. Sponsor joint expert presentations to planning groups on approaches to service delivery and on such public policy issues as managed care and care of people with multiple diagnoses.
4. Convene occasional community-wide meetings of all HIV-related service and prevention funding streams to address key issues and responses.

C. Strengthening Information Sharing Across Funding Streams

1. Establish guidelines and protocols for sharing information among planning groups and administrative agents.
2. Establish and maintain a shared repository of information about epidemiology, needs, historical services, and current services.
3. Collaborate in mapping community services and preparing resource guides.
4. Convene periodic joint meetings among planning groups which oversee related or similar funding streams.

D. Strengthening the Efficiency and Effectiveness of Planning Groups

1. Define and develop the role of individuals who represent one funding stream on another planning group.
2. Coordinate or combine committees which handle similar issues and functions.

E. Coordinating Administration of Funding Streams

1. Institute a joint Request for Proposals for Ryan White CARE Act Title I and Ryan White Title II/TDH funding.
2. Coordinate monitoring of service providers.

F. Strengthening Service Provision

1. Adopt uniform standards of care procedures and protocols.
2. Standardize and cooperate in the development of service effectiveness studies.
3. Develop and adopt shared client eligibility criteria.
4. Establish a network of agency leaders to foster information sharing, issue development, and joint service partnerships

Participants in Funding Stream/Planning Group Collaboration Task Force, Interviews, and Development of Comparative Matrix of Funding Streams

Individuals played a variety of roles. Some were centrally involved in every aspect of the work of the Task Force and the development of these recommendations. Others attended occasional meetings or provided information important to the work of the group. The inclusion of any individual on this list should not be construed to signify that individual's endorsement of the recommendations contained in this report.

NAME	PROFESSIONAL ROLE	ROLE IN HIV/AIDS FUNDING STREAMS
Norma Acker	<i>Director of Social Services Fort Bend Family Health Center</i>	Chair, Title II/TDH HIV Care Consortium
J. M. Allen	<i>HOPWA and Homeless Program Coordinator, City of Houston Housing & Community Development Department</i>	Administrator of HOPWA grants to the City of Houston
Clay Allison	<i>Consortium Liaison Houston Regional HIV/AIDS Resource Group</i>	Liaison to Title II/TDH Consortium; Chair, Comprehensive Planning Committee Implementation Subcommittee
Cal Baker	<i>HIV/Substance Abuse Case Manager Montrose Counseling Center</i>	Former Community Co-Chair of CDC Houston HIV Prevention Community Planning Group
Casey Blass	<i>Director HIV/STD Health Resources Division, Bureau of HIV and STD Prevention Texas Department of Health</i>	Directs TDH prevention and nonclinical care programs
Craig Bluiett (deceased)		Member, CDC Houston HIV Prevention Community Planning Group
Brenda Booker	<i>HIV Prevention Case Manager Bureau of HIV/STD Prevention City of Houston Department of Health and Human Services</i>	Former Member, CDC Houston HIV Prevention Community Planning Group
Yvette Bussey	<i>Deputy Director Houston Regional HIV/AIDS Resource Group</i>	Manages Ryan White Title IV funding
Steve DeCorte		Chair, RWPC Comprehensive Planning Committee

NAME	PROFESSIONAL ROLE	ROLE IN HIV/AIDS FUNDING STREAMS
Michael DeGuzman	<i>Project Manager Baylor College of Medicine</i>	Member Ryan White Planning Council; Vice Chair, Priorities and Allocations Committee
David Erickson	<i>Health Planner, Planning Council Support Office, Harris County</i>	Health Planner, Planning Council Support Office, Harris County
David Fuller	<i>Housing Director Houston Regional HIV/AIDS Resource Group</i>	Manages HOPWA and Supportive Housing
Rose Haggerty	<i>Manager, Health and Physical Fitness, Houston Independent School District</i>	Project Director School Health HIV Prevention and Risk Reduction Program
David Hendren	<i>Executive Director Alternate Resources</i>	Past Chair, Title II/TDH HIV Care Consortium
Charles Henley	<i>Ryan White Title I Administrator Harris County Dept of Public Health & Environmental Services</i>	Ryan White Title I Administrator
Jays Janney	<i>Manager, Ryan White Planning Council, Harris County</i>	Manager, Ryan White Planning Council
Kay Kirkland	<i>Project Development Coordinator, HIV Services, Harris County Department of Public Health & Environmental Services</i>	Coordinates database system, manages external review process
M. Naomi Madrid	<i>Senior Community Liaison Bureau of HIV/STD Prevention, City of Houston Dept of Health and Human Services</i>	Coordinates community planning process, provides support to CDC Houston HIV Prevention Community Planning Group
Ken Malone	<i>Executive Director The Assistance Fund</i>	Member, Ryan White Planning Council and Title II/TDH HIV Care Consortium
Nancy Miertschin	<i>Manager, HIV Projects Office Harris County Hospital District</i>	Directs Ryan White Title III Early Intervention funding; member of Statewide Coordinated Statement of Need Steering Committee

NAME	PROFESSIONAL ROLE	ROLE IN HIV/AIDS FUNDING STREAMS
Leo Nossler	<i>Health Educator HIV Prevention Harris County Dept of Public Health & Environmental Services</i>	Administers CDC Texas Region 6 HIV Prevention Community Planning Coalition
Marvin Prevost	<i>Attorney</i>	Member, CDC Houston HIV Prevention Community Planning Group
Dan Rawlins	<i>Coordinator HIV Programs Texas Commission on Alcohol & Drug Abuse</i>	Manages SAMHSA CSAT Block Grant funding for HIV services
Peggy Rogers, Ph.D.	<i>Bureau Chief for Health Planning City of Houston Dept of Health and Human Services</i>	Former Institutional Co-Chair, CDC Houston HIV Prevention Community Planning Group
Christopher Schmitt	<i>Planner Houston Regional HIV/AIDS Resource Group</i>	Conducts planning activities for all funding programs managed by the Resource Group
Michael Springer	<i>Executive Director Houston Regional HIV/AIDS Resource Group</i>	Oversees administration of Ryan White Title II and Title IV, TDH State Services, and HOPWA/TDH funding; Co-Chair, Statewide Coordinated Statement of Need Steering Committee
Debra Bement Seamans	<i>Assistant Chief, HIV/STD Clinical Services Section, Bureau of HIV and STD Prevention Texas Department of Health</i>	Manages Texas State HIV Early Intervention funding
Michael Steiner	<i>Administrator Dept of Family and Community Medicine Baylor College of Medicine</i>	Past member of Ryan White Planning Council
Lou Vanech		Member, Ryan White Planning Council; Chair, Priorities and Allocations
Tori Williams	<i>Planning Council Coordinator Planning Council Support Office Harris County</i>	Planning Council Coordinator, Planning Council Support Office Harris County

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