

A group of diverse healthcare professionals, including nurses and doctors, are sitting in a circle in a meeting room. They are holding notebooks and appear to be in a collaborative discussion. The background shows a typical office or hospital setting with a white wall and a door.

Sustainable Partnering Strategies for RWHAP-funded AIDS Service Organizations (ASOs) and Community-Based Organizations (CBOs)

Presenters



Kristin Potterbusch

kpotterbusch@pcdc.org



Juliet Fink Yates

jjfink@fight.org



Dr. Ann Robison

arobison@montrosecenter.org



PrimaryCareDevelopmentCorp



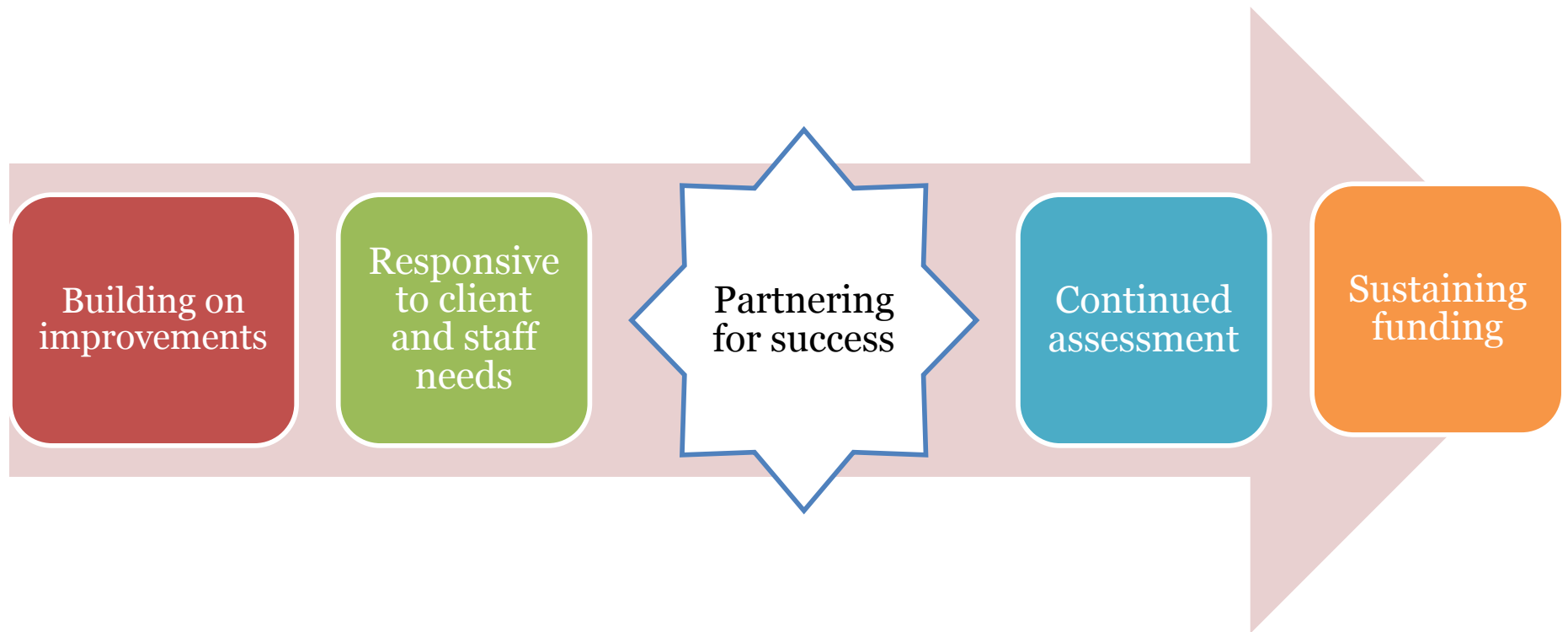
@PrimaryCareDev

Objectives

- Understand foundations of partnership best practices
- Analyze opportunities for organizational partnership
- Evaluate risk and benefit of partnering
- Advise your CBO/ASO on innovative and sustainable partnership options



Momentum for Sustainability



Building Blocks

Maintenance

Preparation

Innovation

Interorganizational
Knowledge

Value

Poll

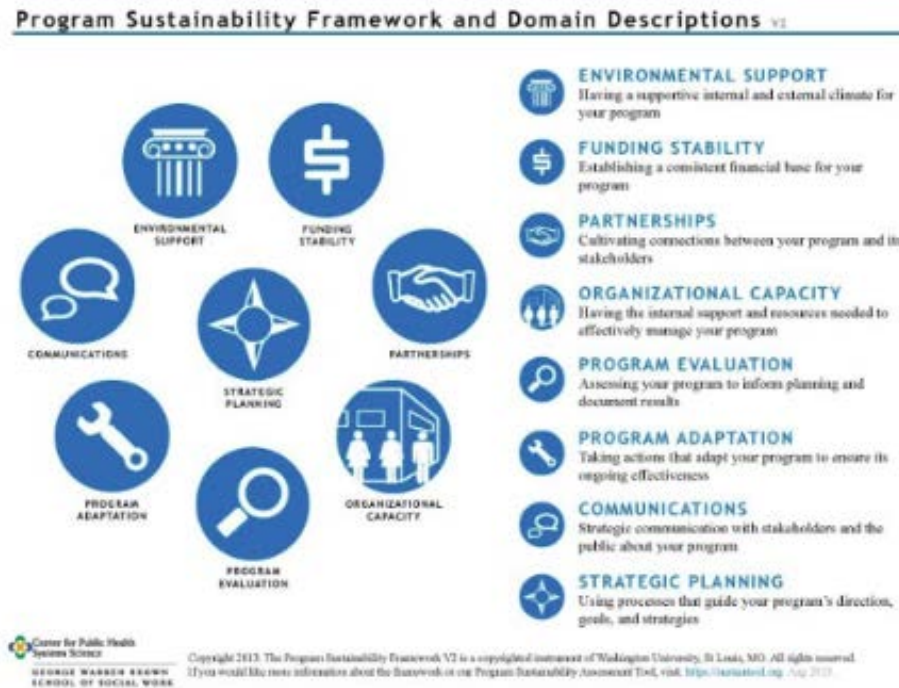
Where are you on the partnership spectrum?

- Not started
- Planning phase/Networking
- Decision and Buy-in
- Implementation/Maintaining
- Other



PSAT

- Performance Sustainability Assessment Tool
- Multiple domains of sustainability



Utilization

- Free access for individuals and/or groups up to 12
- Anonymity for staff
- <https://sustaintool.org/>

	To little or no extent							To a very great extent	Not able to answer
1. The program plans for future resource needs.	1	2	3	4	5	6	7	NA	
2. The program has a long-term financial plan.	1	2	3	4	5	6	7	NA	
3. The program has a sustainability plan.	1	2	3	4	5	6	7	NA	
4. The program's goals are understood by all stakeholders.	1	2	3	4	5	6	7	NA	
5. The program clearly outlines roles and responsibilities for all stakeholders.	1	2	3	4	5	6	7	NA	

Partnership \geq Planning

- ✓ Start now
- ✓ Designate planning groups
- ✓ Vision and goals
- ✓ Leverage data
- ✓ Get specific about program costs
- ✓ Identify revenue streams
- ✓ Innovate
- ✓ Next step -> implementation plan

Partnerships in Motion



Individual Sources/Grants



Service Contracts



Outcomes-Based

Referral service

- Linking to services, sharing some information

Coordinated service

- Shared clients, some shared service delivery, feedback loop

Joint Service

- Integrated supports for clients, join staff and/or co-located, shared client information

Poll

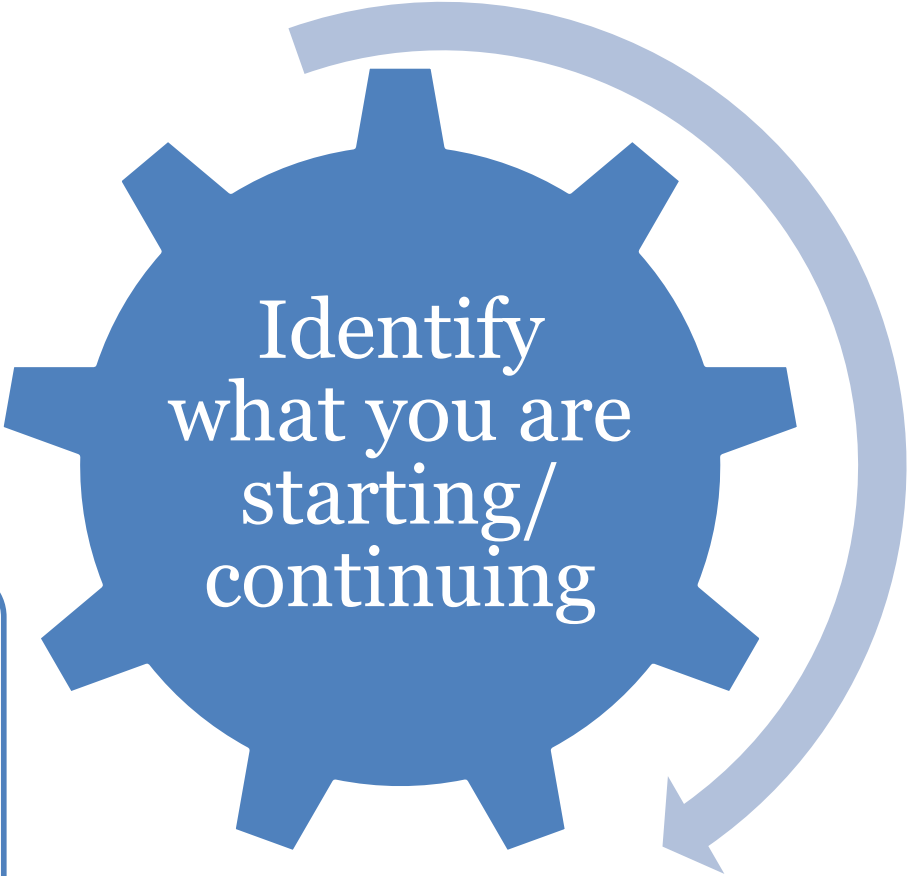
If you could pick 1 program to start or continue, that is tied to client health outcome improvement, what would it be?

- Education/Outreach
- Wellness/Holistic
- Artistic/Experiential
- Clinical/Dental/Behavioral Health
- Internal Infrastructure/Staffing



Key Questions


- Future scale
- Future scope
- Projected costs/actuals
- Current resources
- Barriers
- Goals



Identify
what you are
starting/
continuing

Innovative Options

- Housing
- Food Bank
- Local Library
- FQHC
- Dental Clinic
- Theater Company
- Local Businesses
- CCBHC



Community, Nutrition,
Stability, Health
Outcomes, Safety, Hope
Education, Jobs,
Literacy, Adherence,
Confidence, Quality of
Life

Shout out

What is the most innovative partnership you've thought of or learned about?

- Let us know by typing it into the chat box



Funding Opportunity Assessment Tool

Part 1 of 3: Program Delivery Capacity

PROGRESS

PART 1 PART 2 PART 3

Part 1 Results

Possible Match

You have completed this part of the assessment. If you would like to revisit your answers you may go **back** now. Once you **proceed** to the next part, these results will be set until the final results are presented.

Your answers indicate that your organization possesses t

Your responses indicate that you should carefully consider program or service fits within your programmatic goals a

Does it fit within the mission of your organization? Will it enhance or compete with programs you are already providing? If another organization is already providing the service, how do you compare competitively? Are you prepared to find a new space or make your existing physical space available for the program? Are you prepared to make any necessary personnel enhancements by training your existing staff or hiring new staff?

Your responses indicate that the opportunity may not be feasible...

PROGRESS

PART 1 PART 2

Question 1 of 5:
Given your best estimate of the **DIRECT** costs associated with the subject of this contract,

- the contract will cover more than 100% of those costs.
- the contract will cover 90%-100% of those costs
- the contract will cover 80%-89% of those costs.
- the contract will cover 70%-79% of those costs.
- the contract will cover less than 70% of those costs.

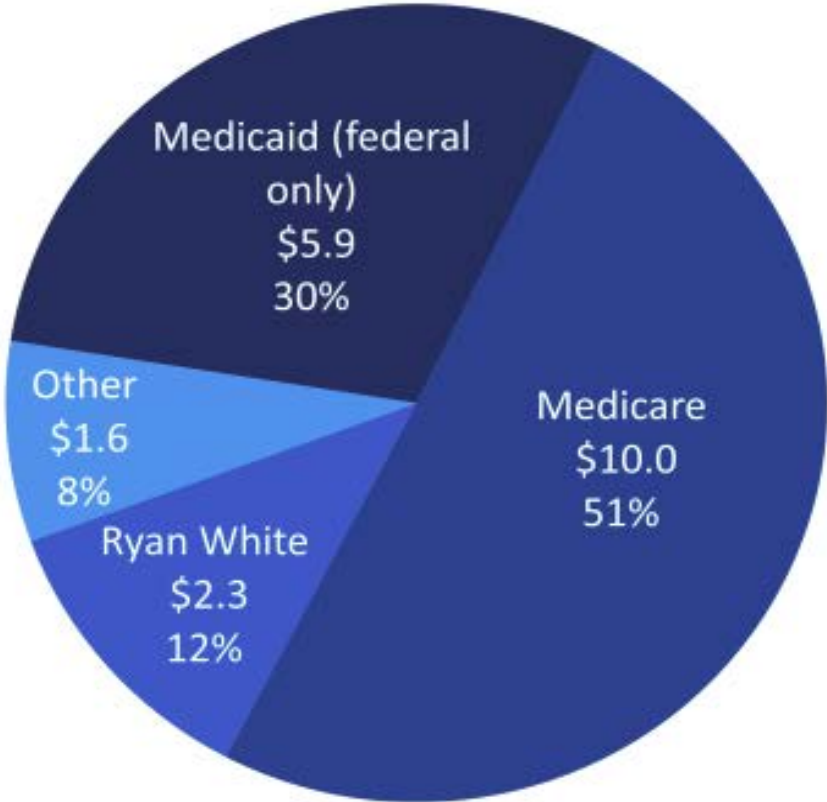
<http://fmaonline.net/nonprofit-financial-management/financialresources/fundingtool/>

Taking Action in “3’s”



Federal Funding for HIV/AIDS Care in the U.S., by Program, FY 2016

In Billions



Total = \$19.7 Billion

SOURCE: KFF analysis of data from FY2016 Congressional Budget Justifications, White House Office of Management and Budget personal communication.

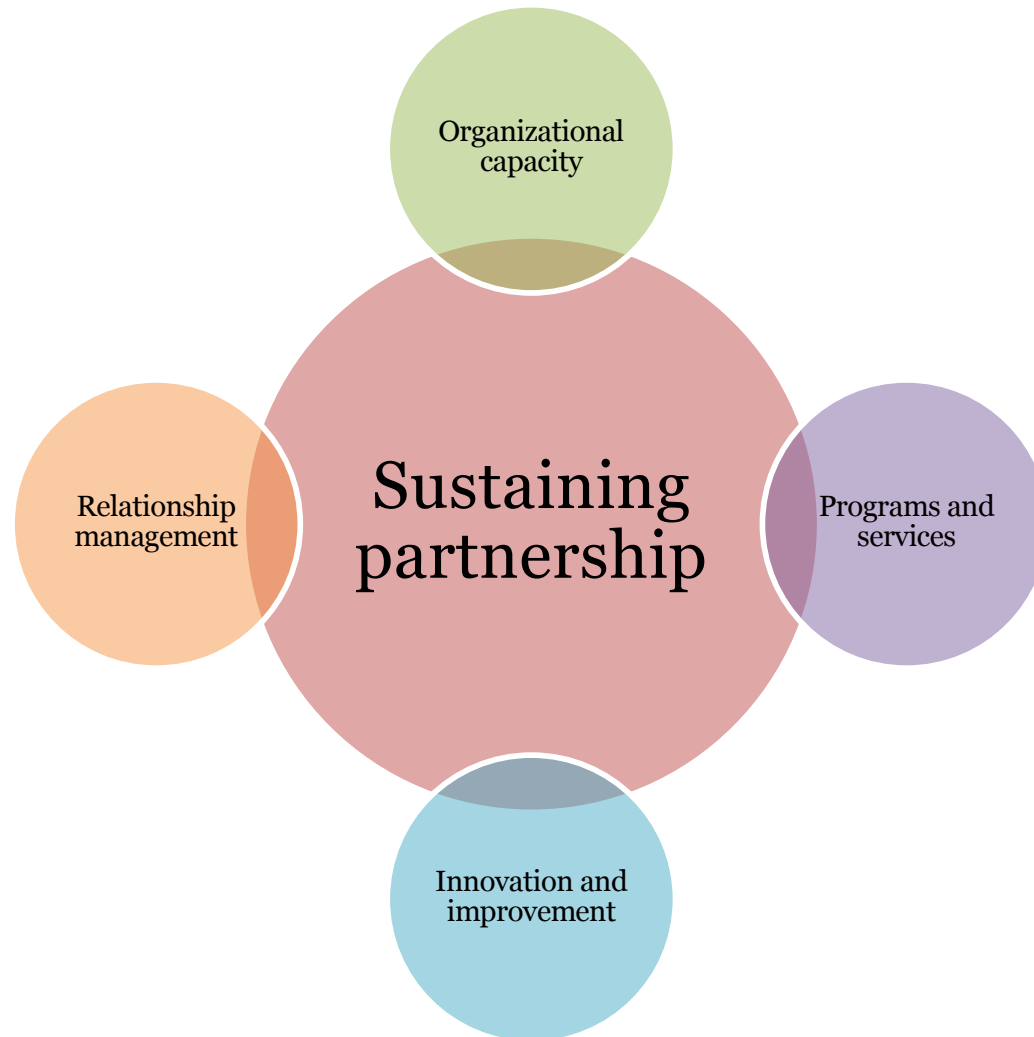
Note: Total program amounts may not add to \$19.74 billion due to rounding; Percentages may not add to 100% due to rounding.



Partnership and Billing

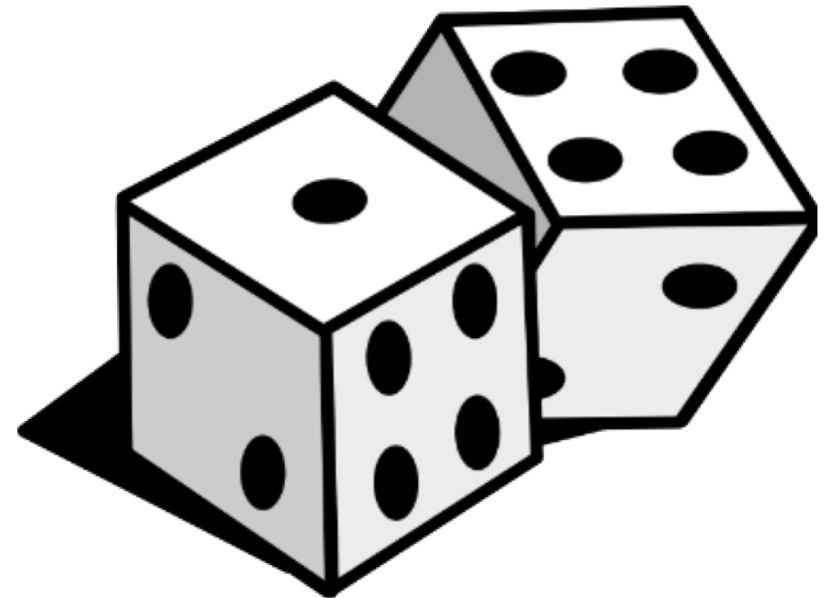
- Maximizing opportunities
- Support clients with navigation of benefits
- Assess current services
 - What is billable? Could something become billable?
- Track everything

Keeping the Focus



Risk

- Disclosures
- Lacking client and staff buy in
- No shared records management processes
- Lack of non compete
- Lacking evaluation
- No definition of success



Safety First

- Developing a Partnership Agreement - The Partnership Agreement Development Tool (PAD)

The Partnership Agreement Development Tool

	Not Yet Addressed	Under Discussion	Finalized	Action Steps
1. General Information (often introductory)				
General statement of the agreement's purpose				
Partner's affiliation and legal status				
Contractual Period				
Contract amendments, renewal, and termination procedures				
Role of each partner's decision-making bodies in the contractual development and approval process				
Compliance with local, state, and federal regulations and policies				
Conflict of interest statements and prohibited activities				

Considerations

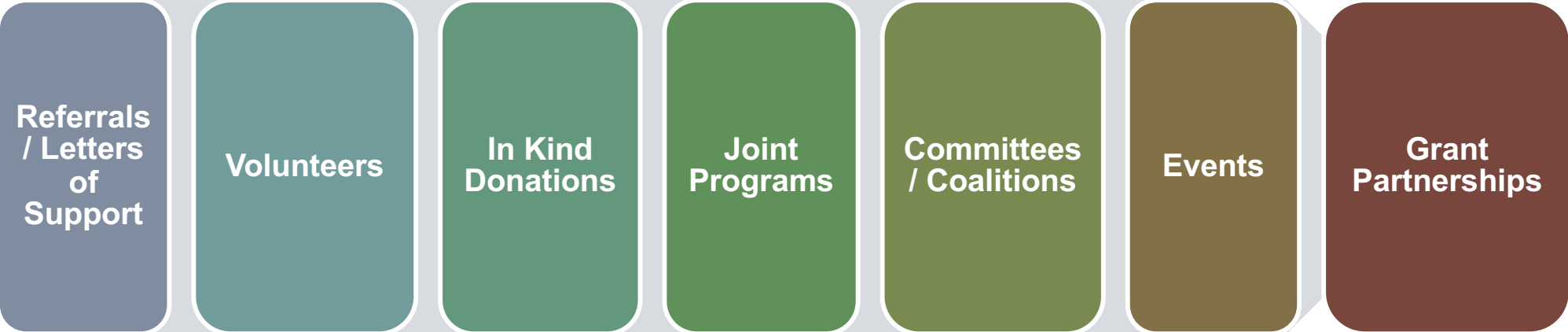
- Decision making
- Community rapport
- Staff buy-in
- Board health
- Organizational brand
- Partnership plan
- Your ASO/CBO brings value



**CULTIVATING
PARTNERSHIPS:
PRACTICAL TIPS IN
CULTIVATING AND
MAINTAINING PARTNERSHIPS
TO SUPPORT YOUR WORK**



There are Many Kinds of Partnerships



Developing Partnerships is Really About

COMMUNITY ORGANIZING!

(And community organizing is about building relationships)



Referrals/ Letters of Support

- These are typically built through regular interaction that staff is doing every day as part of their job.
- Referrals can become your best source of Letters for Support for grants
- Some of ours include:
 - Housing
 - Food
 - IDs
 - Mental health services
 - Youth HIV care

The Technology Learning Collaborative is a group that we help found of people working in digital literacy. We often get support letters from this group whenever we write grants for our digital literacy program.

For years, we had an adolescent program but never had an adolescent clinic. So we referred young people to CHOP. Every year, we updated an MOU with CHOP and frequently asked them for a LOS.

Volunteers and In Kind Donations

- Both of these types of partnerships can bring a lot to the work.
- But it can require a lot of staff time and effort to coordinate and not just on a Volunteer Coordinator.
- Setting good expectations and having the right projects is key to successful partnerships with large volunteer groups

We recently partnered with Jefferson University's College of Population Health. The students have taken on a number of tasks, from developing workshops in our Learning Center to answering prisoner letters. However, the training required and the workload on the staff has been immense.

We also recently partnered with Starbucks to provide free coffee in our Learning Center. This has been an amazing in kind donation.

Joint Programming

- This can be a great way to bring in programs or meet your own grant deliverables.
- However, without dedicated funding, these types of partnerships may be short-term or limited.
- **Some examples of how we have leveraged our relationships with outside groups includes:**
 - Health and wellness workshops in our Learning Center
 - Expert speakers for our CHTA webinars
 - Guest speakers in our Project TEACH classes
- **We have also leveraged partnerships to meet our grant goals**
 - Mobile computer labs
 - HIV community presentations at shelters and recovery houses

Committees / Collaboratives / Coalitions

- This is one of the best sources of developing partnerships.
- Most of the relationship building happens here.
- People come together to address a larger problem or issue.
- Some of the committees we formed or sat on include:
 - AEM Planning Committees
 - HepCAP
 - Prison Reentry Network
 - Youth Prevention Committees
 - Adult Literacy Alliance
 - The Digital Literacy Alliance
 - Faith Leaders Network
 - HIV planning committees

Every January, we invited hundreds of people to a breakfast and asked them to join an AIDS Education Month Committee. These committees helped plan our major events, helped market our events, often contributed financially to them, and then attended our events.

To this day, this network forms the backbone of the work we do at FIGHT. We have over 100 partners that we work with and a list of 400+ people we reach out to join our committees.

Events

- Most of our events are collaborations.
- We form an event committee and then do the work with the guidance and support of that committee.
 - HIV Prevention and Education Summit
 - Hip Hop for Philly
 - Anal Health Symposium
 - Reunion Project
 - Prison Reentry and Healthcare Summit
 - Lax Lecture
 - Community College Event
 - Kiki Ball



Partnerships Need to be Cultivated

For example, our AIDS Education Month Events require a lot of work to maintain our partnerships

- Our Prevention Summit started with 600 attendees. We now have over 1300 every year.
- Our partners get to promote their services, network, and showcase their great work
- But we manage the work and we manage the process carefully so that partners don't get too much on their plates.
- We have had a steady group of over 20 attendees at every committee meeting for over 13 years.
- These partners have become some of key collaborators in other ways.



Partnerships Need to be Cultivated

1. Identify all the orgs/people who you want at the table.

- ✓ Create a spreadsheet of orgs and people at those orgs that we know with email addresses and phone numbers
- ✓ Create a script and call everyone on that list and invite them to the 1st Planning Meeting.
- ✓ Create a listserv/googlegroup/mailchimp and add the names of everyone who wants to attend and/or can't but wants to be part of it.
- ✓ Call everyone 3 times over three weeks. (use volunteers and interns!)
- ✓ Have Directors make cold calls to orgs that you don't have a strong connection with.
- ✓ Email at least 3 times as well

SAMPLE SCRIPT

IF THEY HAVE NOT YET CONFIRMED (this is everyone on the list during the first week of calls)

“Hello, how are you? My name is ____ and I’m calling from Philadelphia FIGHT, a comprehensive health care organization, focusing on HIV. We’re beginning to plan for this year’s AIDS Education Month in June and we are calling to invite you to come share your ideas and suggestions at our big kick-off planning meeting. The meeting will be on Wednesday, January 25th from 10:00am until noon at the Pennsylvania Convention Center (13th & Arch Streets on the northeast corner) in Room 113. We’ll provide a hot breakfast. We’d love to have you there! Can we count on you to come?”

IF THEY CAN ATTEND

“Great! We’d like to update your contact information. Would you mind giving me your:
email address,
mailing address
best phone number and extension

Partnerships Need to be Cultivated

2. At the 1st Planning Meeting and afterwards

- ✓ At the first meeting, have food and snacks.
- ✓ Set up the focus of the meeting. Come with an agenda.
- ✓ Let folks ask questions and have them generate some ideas.
- ✓ Create sub-committees if necessary
- ✓ Hold meetings regularly with set dates/hours ahead of time (every other week or monthly)
- ✓ Reminder calls and email regularly!!
- ✓ Have the Committee members have key roles at the event (be on a workshop, be a speaker, etc...)

Partnerships Need to be Cultivated

Follow Up



- ✓ Thank committee members with personal notes
- ✓ Put them in the event program
- ✓ Every year update the spreadsheet and do the entire process again.
- ✓ Staff change, managers change. It is important to keep the list of people up-to-date.

PREVENTION SUMMIT COMMITTEE MEMBERS

A special thank you to our planning committee, whose dedication, creativity and expertise were essential in making this event possible!

Matt Beirschnitt, AIDS Fund Philly
Bikie Brown, Philadelphia FIGHT
Keith Carter
Kyle Chwast, Philadelphia FIGHT
Rafael Crespo, Greater Philadelphia Health Action
Annet Davis-Vogel, University of Pennsylvania
Leslie Douglas, Philadelphia FIGHT
Carla Fields, Positive Women's Network-USA
David Gana, Office of HIV Planning
Aquarius Sitzer, Department of Health and Human Services, Regional Resource Network Program
David Griffith, LGBT Elder Initiative
Siobhan Gruschow, Children's Hospital of Philadelphia
Diedre Guy, American Lear Foundation
Terrie Hawkins, AIDS Fund Philly
Roy Hayes, Philadelphia FIGHT
Jamaal Henderson, Prevention Point
Emma Herman, Family and Community Service of Delaware County
Jack Himmick-Smith, Philadelphia Department of Public Health
Janice Moran, Family and Community Service of Delaware County
Clyde Johnson, Congreso de Latinos Unidos, Inc.
Michael Johnson, LGBT Elder Initiative
Robert Koszoff, COMHAR
Linden Lalley-Charscoko, Philadelphia FIGHT
Susan Lee, Children's Hospital of Philadelphia
Bella Lopez, Children's Hospital of Philadelphia
Cameron McConkey, Philadelphia FIGHT
Nicole Miller, MANNA
Rachel Nahan, Philadelphia FIGHT
Nhakia Oatland, Philadelphia Department of Public Health, Ambulatory Health Services
Margaret Pellerin, Accordialetters
Beth Peterson, The Walter Institute
Cerrine Repko, Family and Community Service of Delaware County
Brandon Rooks, Planned Parenthood of Southeastern PA
Pastor Judith Boyce Sutton, Dove Creations Outreach Ministries
Clint Steib, St. Christopher's Hospital for Children, Dorothy Mann Center for Pediatric HIV
Greg Tilghman, Drexel School of Medicine, Partnership Practice
Daniel Trautick, The Spaces of Life
Lynette Trawick, I Am U
Jennifer Wright, Philadelphia FIGHT
Paul Yahor, ACT UP, In Memoriam
Juliet Fink Yates, Philadelphia FIGHT

Grant Partnerships: Multi-Year Example: CHOP and FIGHT partnership

- We submitted a HRSA RWHAP SPNS application with CHOP 4 years ago for a youth social media demonstration project
- CHOP had an app for HIV+ youth that they had developed called Treat Your Self.
- FIGHT had a digital literacy workshop called APPlify Your Health and we wanted to find a way to support our digital literacy programs
- CHOP had high overhead, so they approached us to be the lead agency on the grant.
- This funding enabled us to support staff for this project and for other work we were doing.
- It enabled CHOP to finish developing their app and do research on it – helping to support the faculty there.

Lessons Learned

- **Some challenges:**

- We developed a contract for both CHOP and our App developer at Drexel. The contracting piece was difficult.
- The way that CHOP ended up creating the protocol didn't allow us to do as much of the digital literacy piece as we had initially intended and the study recruitment took over our staff time in ways that we did not anticipate.
- My team didn't have a research background so there was a lot of confusion initially as we tried to figure out the roles.

- **What worked:**

- Everyone was extremely communicative
- We held monthly meetings to check in with each other overall and weekly app development meetings
- We had strong relationships going into the project so we had a lot of trust right off the bat.

Major Project Partners: Prevention Point and Philadelphia FIGHT

1. Both orgs have shared values.

- Philadelphia FIGHT had a long and strong relationship with ACT UP Philly
- Prevention Point was started from ACT UP agitating for syringe exchange.

2. Committee and Coalition Partner:

- Prevention Point was a longtime AEM partner. They presented every year, they were on our committee.

3. Joint Programming:

- In 2011, FIGHT got a small amount of money from the Health Department to do Latino TEACH and we chose PPP as our partner to run the program at their location.

4. Grant Partnerships:

- We started Clinica Bienstar, an HIV clinic at Prevention Point with a SPNS grant
- We got a CDC grant to do testing and linkage and with Prevention Point

5. Ongoing Partnerships:

- We have a robust Hep C elimination partnership with Prevention Point
- We are working with them to support Safe House, possibly the first ever safe injection site in the country.

Lessons Learned

- Some Challenges
 - Communication has been a major challenge.
 - A lack of integrated systems
 - Staff with varying competing priorities and workplace cultures
- What works
 - The Executive Directors of both organizations have a strong relationship
 - A project coordinator that is really devoted to making the joint initiatives work. This needs to be a strong, relational person who is highly organized.
 - A commitment to the work

Some Takeaways



- Any small partnership can lead to big things.
- Cultivation of partners can take a lot of staff time. Having a full-time coordinator responsible is critical.
- Clearly articulate what each party will do. This can be as simple as an email exchange or a document like an MOU or short contract of deliverables.
- Find the folks you work well with, build trust with them, and then this will carry you a long way.

Thank You!



- Juliet Fink Yates
- Chief Learning Officer
- Philadelphia FIGHT
- jjfink@fight.org



the
**Montrose
Center**

**Ann J Robison, PhD
Executive Director**

The Montrose Center is the LGBT community center in Houston with out-patient, behavioral health, wellness, anti-violence, youth and senior services and the gathering place.



MISSION



**The Montrose Center empowers our
community,**



**primarily lesbian, gay, bisexual and transgender
Individuals and their families and allies,**



**to enjoy healthier and more fulfilling
lives.**

1978

Grass roots effort to provide safe, affirming counseling for the gay community.

Joint Commission accredited for Behavioral Health

- mental health
- addiction
- case management
- behavioral health home

Certified Community Behavioral Health Clinic



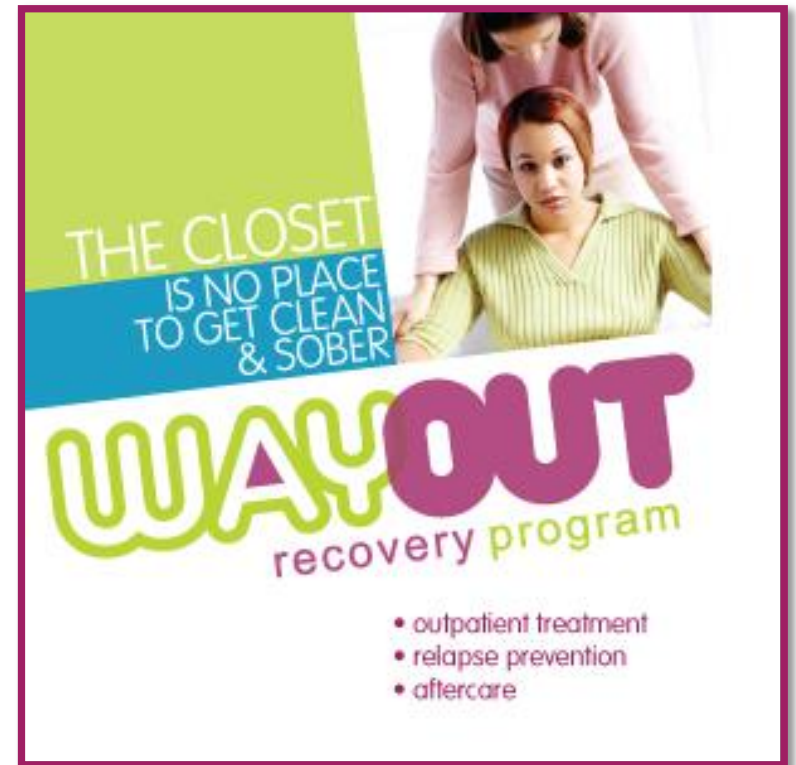
PROGRAMS



PROGRAMS

Chemical Dependency Program

- ▼ Licensed Intensive Outpatient Program
- ▼ 8 weeks x 4 nights/week + weekly individual
- ▼ Transitional 12 weeks x 1 night/week + monthly individual



PROGRAMS

HIV Program

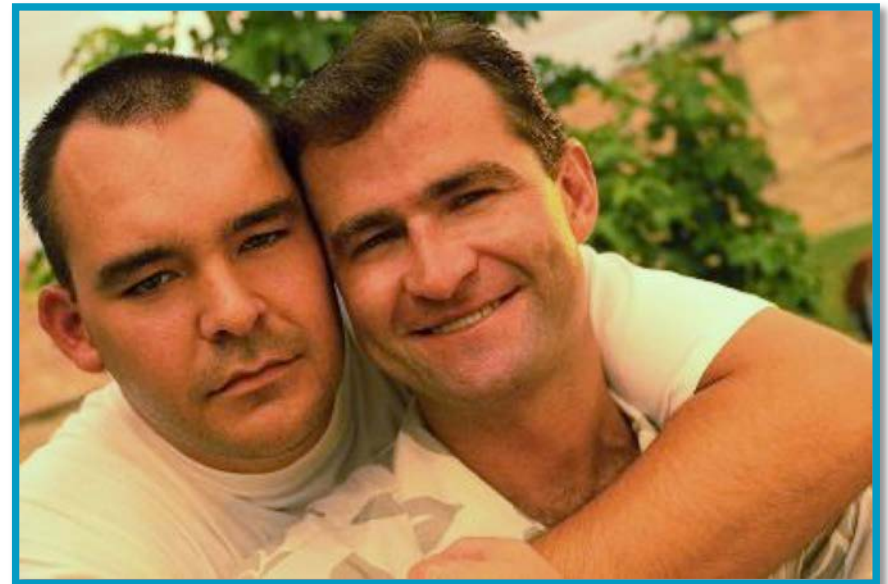
- ▼ Counseling
 - Individual, Couples & Family, Group
- ▼ Case Management
- ▼ Housing Assistance
- ▼ Prevention, Education & Testing



PROGRAMS

Anti-Violence Program

- ▼ Counseling & Case Management
- ▼ Sexual Trauma History
- ▼ Sexual Assault
- ▼ Domestic Violence
 - LGBT-specific shelter
- ▼ Hate crimes
- ▼ Human trafficking



PROGRAMS

LIFE Program

- ▼ General Psychotherapy
 - Individual, Couples & Family, Group
- ▼ Master & PhD Level Therapists
- ▼ Women's Programs
 - AssistHers, LHI, Kindred Spirits



PROGRAMS

Hatch Youth Program

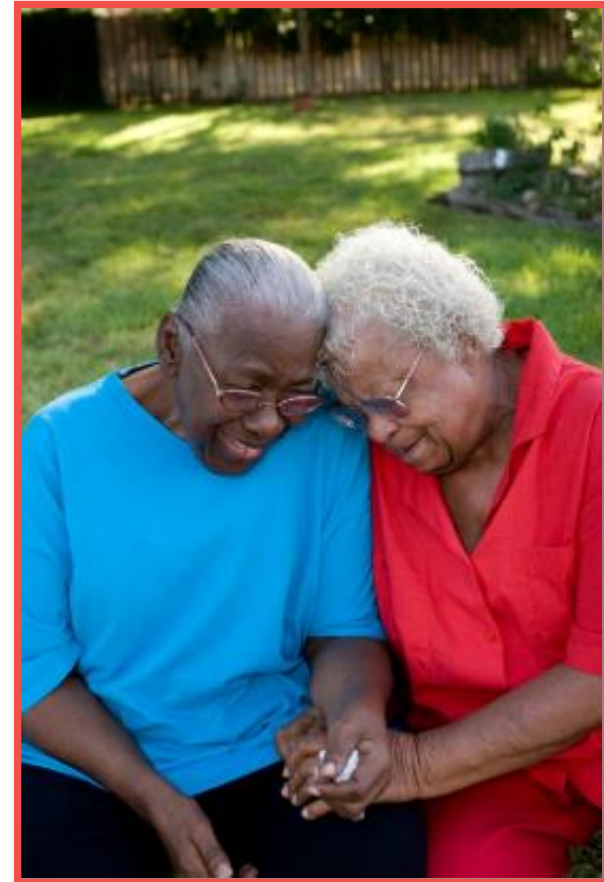
- ▼ Hatch Meeting
 - Tuesday, Friday, Sunday
- ▼ GLBT & Questioning Youth
 - Ages 13 – 20
- ▼ Safe Zones Project
- ▼ NEST
- ▼ Project Remix for LGBT Homeless Youth
- ▼ Rapid Re-Housing



PROGRAMS

SPRY Seniors

- ▼ Seniors Preparing for Rainbow Years
- ▼ Healthy IDEAS
- ▼ Peer & Professional Counseling
- ▼ Montrose Diner
 - Hot-lunch program 3 days a week
- ▼ Affordable Housing



PROGRAMS

Wellness

- ▼ Wellness
 - Tobacco Cessation, Yoga, Meditation, Fitness, Etc.
- ▼ Health Screening
- ▼ Primary Care
 - Through onsite FQHC partner



PARTNERSHIPS

Legacy Community Health

- ▼ Going back to 1980
- ▼ Both started from same community town hall meeting
- ▼ Collaborative grants
- ▼ Co-located services – clinic on-site
- ▼ FQHC
- ▼ Primary Care

PARTNERSHIPS

Incubator Program

- ▼ Small community groups
- ▼ Tenants of the community center
- ▼ Fiscal agent for their financial management
- ▼ Management advice
- ▼ Grants Management

Other Partners

- ▼ Dress for Success
- ▼ Career Gear
- ▼ Food Pantries
- ▼ Residential Treatment
- ▼ Dental Services
- ▼ Shelters
- ▼ Cultural/Language Specific Services
- ▼ Rural Programs
- ▼ Jails/Prisons

PRACTICAL STEPS

- ▼ Something to trade/provide to the other entity
- ▼ They need help too
- ▼ Benefit to their consumers
- ▼ Template for agreement – know what you want and what funding sources need you to document
- ▼ Set up a DocuSign or some other automated way to easily get signatures
- ▼ Keep them current annually
- ▼ Maintain the relationships not just the paper
- ▼ Communicate your agreements to direct service staff
- ▼ Ask direct service staff what collaborations they or their consumers need

LESSONS LEARNED

- ▼ Jump on staff changes so the relationship stays in place
- ▼ These relationship take care and feeding at all levels
- ▼ Get it in writing
- ▼ Have a point person that manages the agreements
- ▼ Be careful of entities that only want an agreement for a grant proposal and are just trying to increase their credibility on the subject area by piggy-backing on your reputation
- ▼ Watch their marketing to ensure they are not using your logo or name inappropriately – set up a Google alert, review their website
- ▼ If you are subcontracting – include all contract requirements, reporting and deadlines from your original contract
- ▼ Set up a regular meeting with relevant staff at both agencies to negotiate work flows, requirements, communication paths, etc

Thank You!



- Dr. Ann Robison
- Executive Director
- The Montrose Center
- ARobison@montrosecenter.org

Lessons Learned

- Careful planning
- Strategic thinking
- Utilize developed tools
- Staff buy-in
- Partnering is a process
- Different types of partnership
- Community work can equal community partners
- Be aware of risks

Call to Action

Take 30 seconds and write down a partnership idea you have:

- A potential organization
- A service
- An outcome you want to impact

Think of a co-worker who wasn't on today's webinar and commit to telling them your idea!

Questions?