

BUILDING A CONTINUUM OF CARE THROUGH BOUNDARY SPANNING AND ORGANIZATIONAL CHANGE: CORRECTIONS AND HIV/AIDS SUPPORTED HOUSING IN MASSACHUSETTS

by

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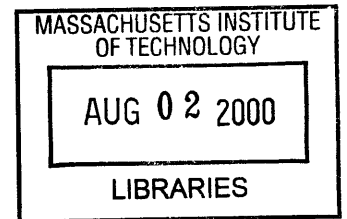
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ABSTRACT

In the current context of federal devolution, practitioners in supported housing systems and other diverse organizational contexts increasingly face the challenge of fostering coordination and managing conflicts of values and perspectives within organizations tied together in networks. Such coordination is problematic, just as conflicts are inevitable, within such networks and other inter-organizational systems because of the historically-evolved structures and specialization of organizations. These specialized structures or 'domains' imply certain boundaries defining what activities can be considered internally coherent and consistent with organizational goals. Yet it is too often the case that these structures are "incomplete" in fulfilling all of society's needs. In situations where this is the case, "gaps" can be said to exist between the domains of two organizations, and can have serious consequences for individuals and communities proximate to them. In this light, homelessness as a result of de-institutionalization, or unemployment among post-secondary school youth, may be seen as social problems generated by structural gaps between organizational domain boundaries. Solving these problems, I argue, requires that practitioners undertake roles in their own organizations that are 'boundary spanning.' Boundary spanning becomes a means of building ties across vast inter-organizational distances, inventing programmatic solutions to structural problems, and creating organizational change.

In this thesis, I examine organizational change as it occurred within a specific inter-organizational network of providers and institutions: a continuum of care for ex-offenders living with HIV/AIDS in Massachusetts. The case presented here is one in which I am both an observer/researcher and a practitioner. Reflecting upon the activities of myself and others working to expand access to HIV/AIDS supported and other housing opportunities, I analyze the attributes of our boundary spanning roles as examples of successful practice in creating organizational change towards our goal of homelessness prevention among ex-offenders living with HIV/AIDS. From these attributes emerges a theory of practice for boundary spanning towards organizational change.

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At the end of any process of creation and synthesis, a writer is never quite sure from whence his or her product emerged. Writing, indeed, is an act of creation that produces something from what once appeared to be nothing—a few strands of thought, or a side-handed comment perhaps. Hence, it is through writing that one pulls together the myriad swatches of knowledge, lays them carefully in their befitting places, and weaves together a single narrative quilt. Yet to think that the final assembled product is in itself a worthy achievement would be mistaken; in fact, it is the process of assemblage that is most rewarding, because of the interaction this process involves with those true possessors of knowledge for whom the writer is merely a courier. It is for this precious interaction that I extend my appreciation to the many dedicated providers and professionals working within HIV/AIDS supported housing, HIV/AIDS services, corrections, and public health—all of whom impressed me with their extraordinary insights and reflections on their practice. They are at once the subject and the audience of this thesis. Special acknowledgment is given to ex-offenders living with HIV/AIDS themselves, whose struggle to find housing and stability in a challenging and unforgiving environment inspired me throughout my most stressful moments.

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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION	7
The Problem at Hand	9
Chapter summary	13
CHAPTER 2: A REVIEW OF THEORIES FOR BOUNDARY SPANNING AS PRACTICE	15
Boundary Spanning	17
Organizational Domains	18
Structural Gaps in Domains	23
A Praxis for Boundary Spanning.....	25
Boundary Spanning as Organization Mapping	26
Learning Organizational Transaction Structure.....	27
Boundary Spanning as Frame Reflection.....	29
CHAPTER 3: STRUCTURAL GAPS AND THE EXCLUSION OF EX-OFFENDERS LIVING WITH HIV/AIDS	30
Walls that Divide: Corrections	32
Closed Doors: HIV/AIDS Housing.....	43
A Bridge Unbuilt: The Massachusetts Department of Public Health	49
Summary	51
CHAPTER 4: FILLING IN THE STRUCTURAL GAPS	55
Looking Beyond the Walls: Reintegration and discharge planning services.....	56
Spanning Walls and Filling Gaps: Transitional case management	61
Opening Doors: HIV/AIDS housing for ex-offenders living with HIV/AIDS.....	67
Moving Towards a Continuum of Care	75
CHAPTER FIVE: BOUNDARY SPANNING TOWARDS A CONTINUUM OF CARE	80
Two Challenges in Creating a Continuum of Care.....	80
Three Focal Organizations.....	82
Boundary Spanning <i>in</i> Focal Organizations	84
Boundary Spanning <i>through</i> Focal Organizations	88

Capitalizing on Value Diversity 90
Boundary Spanning as Frame Reflection 93
Inter-dependency with Preserved Autonomy 96
Conclusion: a Praxis of Boundary Spanning 99
BIBLIOGRAPHY..... 103
LIST OF INTERVIEWS..... 105

CHAPTER 1: INTRODUCTION

Practitioners in the fields of planning, human services, and workforce development can attest to the challenge of working in today's urban communities. While many of the same problems afflicting these communities in past decades remain—poverty, social and racial inequality, vast imbalances of political power, and homelessness—practitioners today must also contend with conditions in the current political climate of decentralization and devolution. More and more, programs and funding streams at the federal level are being devolved or “block granted” to localities themselves, leading to an increased diffusion of resources and accountability away from a centralized authority. The results have been mixed at best. To some extent, communities and organizations at the local level enjoy greater flexibility and autonomy in the design and implementation of programs to address concerns specific to their contexts. Yet gains in autonomy come at the high price of stability and support. Many practitioners complain of the heightened competition for scarce federal and state resources existing in today's devolving environment. All along, federal agencies like the US Department of Housing and Urban Development (HUD) are calling for increased coordination and collaboration among their funding recipient organizations. Thus, practitioners in urban communities today face the dual challenge of acquiring scarcer resources in a highly competitive environment and coordinating the work of numerous and diverse organizations.

I happen to have entered the field of planning during this very moment of transition from centrality to devolvement. During my undergraduate studies, I began working at the US Environmental Protection Agency, helping them to develop a means for identifying communities facing environmental injustices. My supervisor, with whom I had little contact, was an overworked “survivor” of the agency streamlining that had occurred just a year before. Looking back, it seems that our lack of interaction had much to do with the fact that she spent most of her time reviewing community-based organizations' applications for the EPA's Brownfields and Environmental Justice block grants. Since then, I have moved to the other end of the federal application process. For the past year, I have been working as a student intern with AIDS Housing Corporation (AHC), an organization providing technical assistance to HIV/AIDS supported housing providers throughout New England and

receiving federal grants from HUD to fund its work. There, I have been researching the unique housing needs of that sub-population of HIV/AIDS housing consumers who are leaving or have left prisons and jails in Massachusetts, that is, ex-offenders living with HIV/AIDS. More precisely—since “research” can involve numerous activities and approaches—my work involves the attempt to create and expand pathways to housing by means of a “continuum of care” for ex-offenders living with HIV/AIDS. And in doing so, I have witnessed first-hand the challenges associated with the acquisition of resources and coordination of organizations necessary to build this housing continuum.

Such challenges, I have found, are to be expected in any organizational system such as a ‘continuum of care.’ Within such systems, even those pursuing a relatively limited set of activities, one expects to find a range of attitudes and perspectives—i.e. values—in co-existence, conflict, or cooperation. Value diversity and its resulting conflicts are after all the pre-conditions or presumption of organizational relations. As Litwak and Hylton write, “This conflict between organizations is taken as a given in inter-organizational analysis, which starts out with the assumption that there is a situation of partial conflict and investigates the forms of social interaction designed for interaction under such conditions.”¹ In his study of community policing partnerships, David Thacher adopts a similar view of “the entire organizational environment as a collection of groups, each with their own potentially conflicting normative commitments.”² Accepting the inevitable presence of conflict in any organizational system, I realized that the building of a continuum of care as a mobilized organizational system was not about removing or avoiding conflicts, but rather about navigating and managing them. I sought then to understand how such diversity had led to the structure and function of organizations before me and how I might capitalize upon this diversity towards the creation of change among them.

This thesis is an attempt to convey my experiences as a student and practitioner working within a complex organizational environment to expand housing opportunities for the population of ex-offenders living with HIV/AIDS in the Commonwealth of Massachusetts. These experiences involve both my observations and my direct involvement in a process of creating change among a numerous and diverse set of organizations, ranging

¹ Litwak and Hylton (1962), 397.

² Thacher (1999), 31.

from the Department of Correction to such HIV/AIDS housing providers as Victory Programs. Through an account of this process, I hope to provide practitioners with a set of practicable theories relevant to building the kinds of relationships among organizations necessary for a continuum of care or other forms of service delivery networks of organizations.

The Problem at Hand

For more than a decade, the concept of a 'continuum of care' has been successfully applied and adapted to provide a sophisticated integration of housing and social services for various groups of people identified by such categories of 'special need' as old age, mental health disorder, mental retardation, and HIV-disease. Such continuums, providing a range of housing options intended to encompass the diversity of individuals within each population, have emerged in contexts and places as the result of cooperative efforts on the part of state agencies, community-based housing providers, social service organizations, and others. Together, these networks of organizations have worked to share resources and coordinate efforts with an eye towards providing comprehensive services to their target populations. As a result, they have been touted as tremendous successes both as models of both organizational coordination and homelessness prevention. HUD's own endorsement of these supported housing networks has led to the 1993 espousal of the term 'continuum of care' to identify HUD's approach to homeless assistance.

One population for whom the creation of such a continuum has been frustrated, however, are those individuals living with HIV or AIDS released from incarceration in Massachusetts. Throughout this state, significant numbers of people living with HIV/AIDS, often having addiction histories and other co-occurring disorders, cycle in and out of incarceration, released only to return to the community unable to secure safe and stable housing. While the housing and service needs of this population, as well as the lack of adequate support networks, match those of consumers of HIV housing, numerous barriers prevent members of this population from entering the existing HIV housing continuum of care. These barriers include: 1) exclusionary federal funding regulations; 2) limited supported and affordable housing availability; and 3) the disruption in service provision caused by de-institutionalization. In sum, these barriers result from the gap in services that

exists between the criminal justice and community-based supported housing systems—two systems that for all their differences nonetheless share common “client populations.”

To elaborate, the population under question might be seen as one that falls within the sphere of responsibility of two systems. On the one hand, members of this population are ‘offenders’ or ‘ex-offenders’ due to their criminal activities or histories, and are thus, under (or formerly under) the custody of correctional institutions. On the other hand, the medical or disability profile as well as the housing needs of these individuals signifies that they are the constituency of the service and supported housing infrastructure for people with HIV/AIDS. Moreover, this dual membership or identity is not only conceptual, but also physical. Indeed, it derives from the very physical fact that at one point in time, these individuals are housed in correctional facilities, and at another (i.e. upon release), are housed—at least ideally—in the community.

Such a “dual citizenship” within two organizational systems produces a highly problematic condition. Despite the plain fact that thousands of persons move between these two systems, the act of crossing between them involves a severe disjuncture, in which a person’s status as *citizen* is revoked only to be returned to him upon release; prisons and the “outside world” remain very disparate kinds of realities. That is, implicit in the institution of the prison is the necessary movement of persons both into and out of them, and yet, society, bluntly put, has created few bridges between them, instead keeping this institution conceptually and often, physically separate from the rest of its functions. What results is a condition analogous to the one experienced by refugees or “stateless people” as described by Hannah Arendt in *The Origins of Totalitarianism*. Like “stateless peoples,” ex-offenders face a similar condition of “non-membership,” at least during their transition from one form of institutional affiliation to another. In this light, homelessness among ex-offenders living with HIV/AIDS might therefore be seen as a function of this moment of non-membership resulting from the distance between the organizational systems of corrections and community-based housing.

Truth be told, it is not surprising that these two systems should be so structurally distant. Both systems have vastly different histories, leading to the structuring of two specialized and separate systems. Roughly stated, corrections as an organizational system, at least in Massachusetts, has as its mission the custody and rehabilitation of criminal offenders,

among whom are individuals living with HIV/AIDS. The collection of human service and housing providers within the organizational network of HIV/AIDS housing, on the other hand, have as their goal, the delivery and provision of service supported housing for homeless people living with HIV/AIDS. What might therefore appear to be an obvious area of overlapping jurisdictions to outside observers such as myself, is not, despite the enlightened perspectives of some, readily apparent to those organizations in either system.

Working within their respective organizational contexts and boundaries, actors within this drama of organizational change often viewed the problem of homelessness among ex-offenders living with HIV/AIDS as beyond their boundaries of responsibility. Such boundaries or *domains* are shaped in large part by organizational “world-views” or what Schön and Rein have called “institutional action frames”.³ Within the systems that are the subject of this study, different institutional action frames involve, first and foremost, different ways of understanding their client populations, that is, as either ‘offenders’ or ‘consumers.’ These different naming systems correspond in turn to “*interpreted* identities and needs” through the organizational translation of “[e]xperienced situations and life problems are translated.”⁴ Thus, it has been the case that the Department of Corrections and county sheriffs in Massachusetts have viewed homelessness among ex-offenders with HIV/AIDS as a problem for the housing or public health arenas, just as the Department of Housing and Urban Development and the City of Boston have viewed the issue as a natural consequence of the state administration’s correctional policies. The result of these organizational setting of domain boundaries has been a mutual retraction from the work of housing this population and a rise in homelessness throughout most of the 1990s.

In real terms, homelessness among ex-offenders living with HIV/AIDS becomes manifest in several ways. First, numbers of people entering homeless shelters upon release from Massachusetts correctional facilities have been steadily rising. Research by the Massachusetts Housing and Shelter Alliance suggested that the number of people leaving prison or jail with no housing resource in 1995 was somewhere between 2,300 and 3,900.⁵ This phenomena appears to be nation-wide as well. HUD’s recent survey of the homeless

³ Schön and Rein (1994) describe such *institutional action frames* as “the beliefs, values, and perspectives held by particular institutions and interest groups from which particular policy positions are derived.”

⁴ Fraser, Nancy (1989), 155.

⁵ MHSA (1997), “Ex-offenders with Nowhere to Go.”

and homeless service providers found that 54% of currently homeless clients had experienced some form of incarceration.⁶ Second, homelessness among ex-offenders living with HIV/AIDS is detected also among correctional health and medical staff, who, working closely with inmate-clients, come to learn of their lack of post-release housing options. For these providers, homelessness becomes manifest as a consequence of a failure to make effective client referrals to available housing. Finally, homelessness for this population is encountered by housing providers, who for several reasons may be unable to accept these individuals into their programs. Thus, from each perspective, homelessness among ex-offenders living with HIV/AIDS is seen as a failure of some organizational system; the problem appears one closely related to the limits of organizational domains.

Thus, within Massachusetts, we as practitioners, serving a community of people living with HIV/AIDS, were faced with a problem that seemed nearly impossible to solve. How can homelessness among ex-offenders living with HIV/AIDS be prevented if it truly was a result of the particular “structuring of organizational structures” found in any specialized organizational environment? If indeed the problem is structural, how are practitioners working within these structures able to overcome it? The answer lies in the case itself.

In the past few years, numerous change have taken place within both sets of organizational systems. These advancements have worked to bridge these separate systems towards expanded pathways to housing for this population. These advancements have led to 1) expanded housing search activities for inmates living with HIV/AIDS; 2) new mechanisms for aiding them with the transition from incarceration into the community; and 3) increased access to HIV/AIDS supported housing. In each of these situations, change occurred through the efforts of key focal organizations able to exert influence upon their environments to create change and invent means of bridging two disparate organizational systems. These focal organizations are the Massachusetts Housing and Shelter Alliance, the Department of Public Health AIDS Bureau, and AIDS Housing Corporation.

Through a series of movements and inventions, these three focal organizations helped to fill in, as it were, the structural gaps lying between the structurally distant domains

⁶ US Department of Housing and Urban Development. (1999) *Profile of Homelessness*. http://www.huduser.gov/publications/homeless/homelessness/Ch_3c.html

of corrections and HIV/AIDS supported housing. They did this both by “building bridges”—creating mechanism for a more stable movement from prison to community—and “opening doors”—increasing access to housing and services in the community. In each case of change, the innovation was a means of working around or building upon the existing structure of organizational domains, and in at least one case, involving an expansion of domain boundaries. Thus, while practitioners within these focal organizations may not have viewed the problem of homelessness among ex-offenders living with HIV/AIDS as a structural one, their attempts at solutions were nonetheless so.

This thesis therefore attempts to the answer the question of how practitioners within these three organizations were able to create organizational change and build ties across corrections and HIV/AIDS supported housing. How indeed were they able to build “bridges” across the vast distances between these systems’ domains? I seek to address these questions both from the standpoint of practice and organizational theory. To do so, I provide a description of the inventive solutions and practices of practitioners in the case, including myself. Here I seek to draw upon the existing body of research on complex organizations to develop a *praxis* for the mobilization of organizations in contexts of value diversity and organizational specialization. Applications of this praxis, it is hoped, might range from other supported housing networks to those related to workforce development or community revitalization.

Chapter summary

As a study aspiring to forge some union of theory and practice, this thesis navigates a narrow path between two narrative voices. As a practitioner, I hope to provide others working to mobilize and leverage organizational resources with a case study rich with examples of innovations and inventions in both policy and program design. To the extent that these innovations and “best practices” are generalizable to other arenas, as for example, other continua of care, workforce development, or human services, I believe the case useful to practice. At some level, however, such cases are necessarily limited in their applications to practice. Such is the dilemma much belabored in theories of research design, in which case studies have relatively low degrees of “external validity.” To draw upon a unique context to find more broadly usable lessons, I look to the field of organizational sociology for help,

moving thus to more abstract and formal voice. As an aspiring theorist then, I hope to contribute to the multi-faceted discourse on organizational change through this view from practice. Whether or not I am successful, only my readers may judge.

The chapters that follow reflect these dual voices. Chapter Two is a review of current theories and concepts relevant to practitioners working to create organizational change. In it, I move from such descriptive concepts as *organizational specialization* and *domains* to more practice-focused notions as *boundary spanning*, and *frame reflection*. I move then to the case itself in Chapter Three, wherein I discuss how crucial gaps formed between the existing domains of organizations led to rising homelessness among ex-offenders living with HIV/AIDS. I argue here that homelessness among ex-offenders living with HIV/AIDS was less a result of apathy or resource scarcity than of the organizational structures of the correctional and the HIV/AIDS supported housing arenas. That homelessness among ex-offenders living with HIV/AIDS is viewed as a *structural* problem, however, should not imply a kind of organizational standstill.

Indeed, within the span of a few years, numerous changes and innovations would occur within these organizational systems, leading to the increased access of formerly incarcerated people living with HIV/AIDS to supported and other forms of housing. I describe these changes in Chapter Four, including my involvement in helping to bring about these changes. In both Chapters Three and Four, my voice is both that of the observer and the practitioner, sometimes exhibiting a kind of “reflection-in-action.” Finally, in Chapter Five, I provide an analysis of this case of organizational change, drawing upon the theories introduced in Chapter Two wherever useful. I explore ways that focal organizations such as my own were instrumental in building ties across organizational systems and inventing new forms of interaction to fill the structural gaps between the domains of corrections and community-based housing. At the end, I provide a brief exploration of the implications of my study for practitioners working in similar arenas to mobilize structurally separate organizations.

Readers of this case of organizational change might find it slightly problematic that I as the author write from the standpoint of both observer and practitioner. I am all too aware of the questions that might be raised concerning my objectivity as a researcher. To these questions, I respond that such a dual role admittedly calls into question any claims I might have to objectivity and impartiality as a researcher, but that the benefit to be gained by this perspective is a view from practice too infrequently present in studies of organizational change. Indeed, the study at hand is a story of organizations as told from the standpoint of an individual actor working within and amongst them, seeking to create change for a particular goal: the creation of a continuum of care for ex-offenders living with HIV/AIDS. Thus, my perspective is unquestionably and unapologetically value-laden, and as such, may benefit practitioners more than would a similar study told from the position of an “objective” third-party observer.

My voice is therefore that of the *research practitioner*, who uses investigative and analytic methods to understand a particular set of phenomena, all the while directing her questions towards the attainment of a goal. Such a stance challenges commonly articulated polar images of the remote and detached theorist and the action-oriented, but utterly unreflective practitioner. None has articulated the ability of practitioners to reflect up on their actions than better Donald Schön:

Practitioners do reflect *on* their knowing-in-practice...But they may also reflect on practice while they are in the midst of it...When someone reflects-in-action, he becomes a researcher in the practice context. He is not dependent on the categories of established theory and technique, but constructs a new theory of the unique case. His inquiry is not limited to a deliberation about means and ends separate, but defines them interactively as he frames a problematic situation.⁷

In this sense, practitioners exhibit two moments of reflection, the first taking place in the midst of action, and the second taking place after-the-fact. To this explanation, I add that these two reflective moments are both valuable, but essentially different in their effects. In

⁷ Schön (1983), 61-69.

this study, I make attempts at both forms of reflection, describing on the one hand, my reflection *in* practice, and on the other, my reflection *on* practice, wherein I attempt to unite theory and practice. It is this second moment that can lead us to a true theory of practice. Thus, Schön's work in understanding practitioner's movement from "knowing-in-action" to "reflection-in-action" and finally, to "reflection-on-action" serves as the basis for my stance as a "researcher in the practice context."

How then can a practitioner, in this case a student researcher and community planner, exhibit the sort of 'reflection-in-practice' described by Schön? To answer this question, I direct readers' attention to the description of my research process provided in Chapter One. During this process, in which I traced the pathway traversed by ex-offenders living with HIV/AIDS in their transition from incarceration to the community, I quickly learned of the myriad institutions, providers, and individuals, with whom this unique population came into contact. Moving from prison—with its complex infrastructure of departments, service providers, and professionals—to community-based housing, itself highly complex and varied in terms of its providers, officials, and actors, ex-offenders living with HIV/AIDS seemed to encounter in a whole sea of organizations of different functions, roles, and types.

With this observation, I began to consider my research on the housing needs of ex-offenders living with HIV/AIDS in a new way. I began to pose the question of homelessness among members of this population as one concerning the barriers faced by them as they transitioned from affiliation with one set of organizations to another, that is, from the prison to supported or independent housing in the community. To put it differently, the "crack" through which ex-offenders living with HIV/AIDS were said to so frequently fall had become, in my mind, that which existed between one set of organizations known as 'prisons' and another known as 'housing.' Suddenly, my needs assessment study had taken on a new dimension as I pursued an *organizational* perspective on the housing needs of (and causes of homelessness among) ex-offenders living with HIV/AIDS.

To understand then how to prevent homelessness and expand housing opportunities for this population, I began to consider how these housing needs were related to the actions and behavior of the organizations of which the population under question were members. My work therefore became that of a practitioner and planner seeking to mobilize a diverse

set of organizations towards the creation of paths to housing. In turn, I sought to generalize from this process so to contribute to the dialogue taking place among practitioners like myself, working to mobilize organizations and service providers within their own domains of practice, whether it be in workforce development, community building initiatives, or supported housing for other populations. Having developed an understanding of the organizational environment surrounding ex-offenders living with HIV/AIDS from the standpoint of a practitioner, I subsequently looked to studies of complex organizations and inter-organizational relations for both a set of concepts and a vocabulary for thinking about how to create change among various organizations towards the attainment of a particular goal. Thus, this paper is an attempt to unite my perspectives from both theory and practice towards a *praxis* for creating organizational change in communities of diverse organizations. Such was my process of “reflection-in-action.”

What theories of organizational change were available for a practitioner seeking to mobilize a set of very diverse organizations towards a common goal? For someone new to the field of organizational theory, sorting through the volumes of literature written on the subject of complex organizations and inter-organizational relations was no easy matter. In this endeavor, I was aided immensely by the numerous reviews of the field written by such scholars as Joseph Galaskiewicz, David Whetten, and Charles Mulford. The last in particular was pivotal in introducing me to a concept that helped to begin my thinking on how practitioners could create organizational change: *boundary spanning*.

Boundary Spanning

For someone unacquainted with the field of organizational studies with all of its competing vocabularies, sifting through the morass of ideas belonging to the term ‘boundary spanning’ was confusing and difficult; formulations of the term are indeed numerous. Mulford, for instance, writes that “Nearly all organizations that receive inputs from, and discharge outputs to, other organizations in their environments develop specialized input and output roles for this purpose.”⁸ James Thompson, who studied the conditions for interaction or “transaction structures” of individuals within organizations with their environment: “*Output roles*, designed to arrange for the distribution of the organization’s

⁸ Mulford (1984), 113.

ultimate product, service, or impact to other agents of the society thus are *boundary spanning* roles linking organization and environment through interaction between members and non-members.”⁹ That is, organizations include, in their daily operations, roles that involve interaction with external environments, which consist of other organizations and individuals. These roles, in turn, are performed by specialized individuals or departments within organizations. Aldrich and Herker describe two functions of boundary spanners: the “information processing function” and the “external representation function.”¹⁰ These functions are means by which organizations either filter and transmit information from the external environment or respond to this environment through adaptation, influence, or resistance. Clearly then, studies of boundary spanning are therefore studies of how organizations interact with one another and individuals, such as clients or customers, and more importantly, how those roles of interaction can lead to organizational change.

How can then can theories of boundary spanning aid practitioners such as myself in their thinking about organizational mobilization and change? Studies from the field discuss ways that boundary spanners—individuals responsible for fulfilling boundary spanning roles in organizations—behave in ways that tend to create change either internal or external to their organizations. First, however, we must understand why these roles are necessary, that is, why, without them, organizations are unable to change. To do this, we must look to a concept within organizational studies known as ‘domain.’

Organizational Domains

The concept of an organization’s ‘domain’ has been extensively discussed in the field organizational studies, and was perhaps first proposed in a somewhat different formulation by Emile Durkheim in his monumental work, *The Division of Labor in Society*. In it, Durkheim described a phenomena whereby each social unit “has functions that are prescribed, unvarying and protected from all innovations.” Such specialization was, according to Durkheim, a natural result of the continuing fragmentation of society caused by “a break in the equilibrium of the social mass” that “gives rise to conflicts.”¹¹ Along with modernization, each individual would pursue his or her separate aims, thus leading to

⁹ Thompson (1962), 309.

¹⁰ Aldrich and Herker (1977), 218-219.

competition. Society's way of managing such conflict was to specialize its various functions into units, i.e. the division of labor: "The division of labour is therefore one result of the struggle for existence: but it is a gentle dénouement. Thanks to it, rivals are not obliged to eliminate one another completely, but can coexist side by side."¹²

Modern formulations of this Durkheimian notion of specialization have turned towards the concept of 'domain' to describe organizations' specialized roles. In their study of health agencies, Levine and White have used the term 'domain' to refer to "claims which an organization stakes out for itself in terms of (1) diseases covered, (2) populations served, and (3) services rendered."¹³ To generalize from this definition, the concept of domain might be taken to refer to the whole sphere of responsibilities and activities established by an organization. In this sense, organizations are seen to have a defined set of activities related to the attainment of particular goals or functions, with the exertion of some effort to ensure that activities pursued within the organization are both effective and consistent with the attainment of those goals. Accordingly, organizations often establish mechanisms for "policing" and monitoring the activities of its members. Because the use of such mechanisms may differ in frequency and stringency among organizations, we should expect a significant amount of variation in the rigidity of domains. Thus, while Thompson has argued that "the concept of domain appears useful for the analysis of all types of complex organizations," the degree to which an organization polices or guards its domain determines its importance.¹⁴

What contributes to an organization's concern for domain protection, then, are numerous factors imposed from both within and without. Much attention has been paid to the role that values, norms, and "frameworks" play in reinforcing an organization's concern for domain protection. Schön and Rein, for instance, have discussed the importance of "institutional action frames" in defining practitioners' roles within organizations. Hitching upon Erving Goffman's notion of "frames," Schön and Rein show how conflicts arise from the particular way in which practitioners' define problems and operationalize their approaches. Such frames, in turn, become central in shaping the domain of organizations:

¹¹ Ibid., 212-213.

¹² Durkheim (1960), 227.

¹³ Levine and White (1961), 589.

¹⁴ Thompson (1967), 26.

“Frames are not free-floating but are grounded in the institutions that sponsor them, and policy controversies are disputes among institutional actors who sponsor conflicting frames.”¹⁵ In this way, “frames” serve as a useful tool in helping us to understand how domains are shaped from within through the collection of values, goals, and approaches sponsored by organizations and their individuals. To some extent, the very diversity and abundance of organizations in any context can be seen a result of “a situation of partial conflict (which all societies must have because of limited resources for maximizing all values simultaneously)”!¹⁶

A domain, however, involves more than simply a collection of albeit interrelated frames and goals within an organization; these frames must also imply certain limits and boundaries of activity. Schön and Rein are right to consider how such frames become manifest more clearly in context of intractable policy controversies. In a rather apt example of a controversy involving Massachusetts’ state homelessness policy, the authors show how the conflicting frames of practitioners differed over “the principles that should govern equitable rationing of scarce resources.”¹⁷ Through this example, we see it is in situations of conflict that “institutional action frames” work to delineate the extent of organizational domains. That is, it is at the intersection between conflicting frames that we can most clearly see the differing domains of organizations. In the case of Massachusetts’ homelessness policy, conflict arose as two groups tried to come to consensus on how to allocate affordable housing, that is, how to define the domain of the state’s housing policy. The first group, sponsoring a “discretionary frame,” defined this domain to include only those people waiting on a housing queue or who were welfare recipients, while the second group, sponsoring an “entitlement frame” favored the provision of housing to all people in need. Defining these domains in these different ways, the groups were unable to achieve agreement on a state homelessness policy.¹⁸

Thus, by analyzing competing frames as they manifest themselves in contexts of conflict and controversy, Schön and Rein illustrate the another important determinant of organizational domains: interaction between organizations. Indeed, it is only when

¹⁵ Schön and Rein (1994), 29.

¹⁶ Litwak and Hylton (1961), 397.

¹⁷ Ibid., 141.

¹⁸ Schön and Rein (1994), 141.

organizations and their particular frames are compelled to contend with competing frames that these frames help to shape the boundaries of an organization's domain. Such a view has been espoused by Ranson et al. in their articulation of the concept of organizational structures: "If an actor imposing his provinces of meaning upon structures is an integral part of any adequate conceptual framework, it is equally clear that he does not exist in any vacuum. We also need to conceptualize the notion of actors and groups being always located in, and limited by, *some* environmental and organizational constraints which provide the milieu of problems and obstacles within which social life is carried on."¹⁹ The frames or "provinces of meaning" therefore become domain-defining when confronted with the diversity of competing frames and constraining conditions in an organization's environment.

Among proponents of this view, much attention has been paid to questions of the tradeoffs between an organization's interaction with its environment and its relative dependence on that environment. Pfeffer and Salancik, for instance, have described the dependence that "results from exchange processes and from the requirements of organizations to acquire resources and engage in exchange with their environments."²⁰ Such a dependence on external resources can serve to threaten an organization's ability to retain control over its own actions: "It is hypothesized that the organization will tend to be influenced more the greater the dependence on the external organization, or alternatively, the more important the external organization is to the functioning and survival of the organization."²¹ Clarifying the relationship between dependence and domain, Thompson argues that "the organization's domain identifies the points at which the organization is dependent on inputs from the environment. The composition of that environment, the location within it of capacities, in turn determines upon whom the organization is dependent."²² That is, the boundaries of an organization's domain both influence, and are influenced by its dependence on resources and capacities from its external environment; the two inform each other. Determining this domain requires a process of sorts, resulting in what Thompson refers to as a "domain consensus" or "a set of expectations both for

¹⁹ Ranson et al. (1980), 9.

²⁰ Pfeffer and Salancik (1978), 52.

²¹ *Ibid.*, 60.

²² Thompson (1967), 27.

members of an organization and for others with whom they interact, about what the organization will and will not do.’²³

Thus, we see that an organization’s domain (or structure, etc.) is influenced by two somewhat contending forces. Internally, the collective values, norms, goals, and approaches (i.e. frame or framework) of an organization and its members help to determine the extent of activities and responsibilities undertaken by an organization. However, because of natural resource and capacity limitations, organizations are necessarily dependent upon inputs from its external environment. As organizations allow for such dependence through interaction with other organizations and individuals, they in turn sacrifice their autonomy and ability to control their actions. Therefore, domains are also delineated by an organization’s recognition of its dependence upon its external environment, and by its willingness to engage in exchange relationships with this environment.

We can see then how the notion of ‘domain’ could be useful to me in understanding the organizational environment in the case at hand. First, the concept of domain can help readers to understand how I defined the boundaries of the organizational or “task environment,” to use Thompson’s term. Interested, as I was, in the housing needs of ex-offenders living with HIV/AIDS, I undertook a research process that surveyed the organizations with which this population came into contact, roughly comprised of prisons, human service organizations, and housing providers. In a sense, such research amounted to a domain-defining activity, helping to determine the set of organizations potentially relevant to my efforts in increasing ex-offenders’ access to HIV/AIDS supported housing. Second, the concept of ‘domain’ aids me in my understanding of the barriers faced by ex-offenders living with HIV/AIDS result from the gaps that lie between the domains of one set of organizations and another, which will be described in detail in the next chapter. For now, it seems fitting to discuss how such gaps arise from organizational domain-setting, and how the “sealing” of such gaps in turn demand that organizations undertake boundary spanning activities.

²³ Ibid., 29.

Structural Gaps in Domains

In a society in which organizational environments tend towards specialization and differentiation, it is not difficult to imagine how areas empty of activity are produced. One sees numerous examples of situations where such gaps might exist: “red-lined” inner-city neighborhoods, the lack of therapeutic institutions for the “not-seriously” mentally ill, and the “school-to-work” transition of many high school graduates. In each of these examples, gaps are formed because of the particular way in which organizations have defined their domains. For inner-city neighborhoods, capital gaps result from a lack of institutions or organizations willing to absorb the “risks” associated with low-interest rate lending. Here, gaps result from banks’ setting of their domains exclusive of neighborhoods in the sub-prime market. In the case of the “school-to-work” transition process, gaps of two kinds can be identified: the first related to what is often described as a “mismatch” between those “skills” taught in secondary school curricula and those desired by employers in the workplace, and the second involving the period of inactivity between a student’s graduation and entrance into the workforce or matriculation.

In each of these examples, it is interesting to note that the identified gaps are neither the result of organizations’ negligence nor their lack of capacity to fulfill certain functions. Indeed, banks lending at market interest rates are, by theirs and others’ standards, performing their functions well. Similarly, “skill-gaps” of workforce-bound youth exist even amidst well-performing schools and successful employers. We see, in fact, that such gaps exist even when the activities of a whole host of organizations are both comprehensive and internally coherent. For this reason, such gaps are never readily apparent, particularly to those organizations whose domains border them. Rather, they become manifest in often surprising ways and to organizations less proximate to their origins. One needs to a conceptual distance to see the trees (and the spaces between them) from the proverbial forest.

Because these gaps are only identifiable when one steps outside of the particular frames and domains of the organizations that give rise to them, they have been referred to, within some schools of thought, as “externalities”—unintended consequences of activities that are viewed as unaccounted for costs and benefits. I choose to avoid this term for its association with the idea that these consequences or gaps can be corrected by the assignment

of a quantity of effect and the logical extension of the market. Instead, I turn to a notion known as *structural holes*.

Writing from a social network perspective, sociologist Burt describes ‘structural holes’ as “the separation between nonredundant contacts.”²⁴ That is, when two individuals (organizations, groups, etc.) are linked together by only a single affiliation, that affiliation is said to fill a structural hole. The notion of these holes becomes important as a means of conceptualizing the space or distance between actors in a network. In doing so, according to Burt, one is then able to identify strategic or competitive positions that need to be filled within organizations. By calling attention to the ‘hole’ rather than the affiliation itself, Burt demonstrates how a gap, usually viewed as a deficiency, is in another light an opportunity.

I find Burt’s formulation of structural holes especially useful in my own theoretical discussion by virtue of an analogy. While Burt uses the term to refer to spaces between individuals or organizations within a network, I propose an extension of the term to refer to those gaps that exist between the *domains* of two or more organizations. In my usage, ‘structural holes’ are used to refer to those spaces that lie between two spheres of activity or responsibility. Also analogous to Burt’s formulation, these holes can be viewed both as deficiencies and as opportunities, the fulfillment of which can be of strategic advantage.

How then can structural holes between organizational domains be advantageous? Looking to Burt’s notion again, we see that such holes can offer those who fill them with a position of competitive advantage, since they function as an *exclusive* link or intermediary between two members. Here, Burt draws upon the important work of Mark Granovetter, who argued that “weak” ties have been more effective than “strong” ones as a means of transmitting value-generating information, such as those that lead individuals to job opportunities.²⁵ While Burt’s argument shifted focus from the ‘tie’ to the ‘hole,’ the argument remains intact: by performing an exclusive function (i.e. filling the hole), one enters a monopolistic position within a network with obvious consequences of benefit: those related to information, including improved access, timing, and referrals, and those related to control, involving an advantage in negotiating their relationships.”²⁶

²⁴ Burt (1992), 18.

²⁵ Granovetter (1973).

²⁶ Burt (1992), 45-49.

When we apply the notion of structural holes to “inter-domain gaps,” we see that a similar opportunity is created and that similar benefits is gained. By plugging the hole between two or more organizational domains, hence fulfilling a previously missing function, an organization is able to facilitate the flow of information and expand the domains of all organizations involved. The essential difference here may be that this benefit gained is no longer that of a competitive position, but rather, a correction or solution related to the structural limitations within an inter-organizational field or network.

The analogy between structural holes and inter-organizational domain gaps breaks down further when we begin to consider how to seize the opportunities created by them. For Burt’s holes, an organization or individual is able to gain competitive advantage by means of entrance into a position “free of structural holes at their own end and rich in structural holes at the other end.”²⁷ However, at the level of domains, the gaps that exist are not between “players,” but rather between the spheres of activities of two organizations. As such, it makes little sense to think of an organization simply “filling” an inter-domain gap; what is needed is a means for bridging these domains by means of a “social invention.”

A Praxis for Boundary Spanning

Returning then to our original question of boundary spanning as a means of creating change among organizations and environments, I propose a definition of ‘boundary spanning’ that begins from a pre-condition of organizational specialization, conflict, and structural gaps in inter-organizational domains. Such a definition, I argue, allows for the development of a praxis for boundary spanning as a means of bridging diverse and disparate organizational systems. To begin, then, I look to existing formulations of boundary spanning in theory to find room for its manifestation in practice.

Moving beyond existing broad definitions of boundary spanning as “output roles” or as “the link between the environment and organization,” we must consider what ‘boundary spanning’ means in the context of practice. I have argued that the boundaries implied by the first word in the phrase refer to those that define the limits of organizational domains, i.e. that sphere of activities considered legitimate and internally consistent to an organization’s goals, values, and norms. Spanning these boundaries should then mean a role or activity that

²⁷ Ibid., 49.

lies outside of this domain—in a sense, a kind of deviance from centrality. Furthermore, such activities or roles require some actor or agent to perform them. Clearly, we would rarely expect to find such deviant individuals and behavior tolerated within organizations. How then do boundary spanners and boundary spanning arise in organizations?

Few organizational theorists have taken up this question, focusing, rather on the specific activities or conflicts involved in boundary spanning. Yet this question remains crucial to a theory of boundary spanning useful to practice; one must know how to either identify or fulfill a boundary spanning role in reality. For now, I leave the question unanswered, and turn to the activities that have been associated with the term in existing theories.

Boundary Spanning as Organization Mapping

As mentioned earlier, Aldrich and Herker discussed two essential activities performed in boundary spanning roles: ‘information processing’ and ‘external representation.’ Taken together, these activities lead to a complex set of activities: “An organization’s ability to cope with environmental constraints depends in part on the ability of boundary role incumbents to achieve a compromise between organizational policy and environmental constraints, to choose strategic moves to overcome constraints, or to create conditions in which the organization’s autonomy is seldom challenged.”²⁸ In this sense, boundary spanning is understood as a means of managing the lines between an organization’s need for autonomy and self-reliance, and its essential inter-dependency on other organizations. Boundary spanning therefore consists of those activities that can test and thus, define the organization’s domain boundaries themselves.

How does this take place? In some organizations, boundary spanning roles are formalized as a part of the organizational structure, whereas in others, they are left to the responsibility of individuals to undertake. In either case, the boundary spanning individual must work to maintain relations with the environment (“non-members”), as well as to perform other duties internal to the organization. Such individuals must make decisions about which parts of the environment are necessary for interaction. In a sense, much of what boundary spanners do is a kind of “scanning” of the organizational environment—a

²⁸ Aldrich and Herker (1977), 221.

peering off of the organization's domain boundaries to consider what possible gains might be achieved by interaction with parts of the environment.

Thompson has made use of the term "task environment" to define this specific part of an organization's environment that is relevant to the organization's goals: "Hence, the organization's domain identifies the points at which the organization is dependent on inputs from the environment. The composition of the environment, the location within it of capacities, in turn determines upon whom the organization is dependent."²⁹ Boundary spanning, as the maintenance and management of external interaction, therefore first must involve a definition of the organization's "task environment." Thompson identifies the task environment to include customers, suppliers of inputs, competitors, and regulatory groups. Within a housing and human service system then, we can imagine a task environment to include equivalent parts: clients, providers, competitors, and public funding agencies. Determining these specific parts, then, is the function of boundary spanning.

In essence, when organizations undertake to define their task environments, they inevitably encounter a set of organizations, each possessing a unique domain. In some cases, domains between organizations may be found to overlap; in others, they may find areas of complementarity. In still others, one might find that organizations are able to control or influence others in its environment. Learning and analyzing such "horizontal" and "vertical" or "competitive" and "complementary" relationships in this way, boundary spanning individuals undertake what I refer to as "organizational mapping," involving a definition of the task environment at hand.

Within the supported housing arena, such organizational mapping can lead to discoveries of complementary functions, possible threats, or organizational limitations. Within a notion of boundary spanning in practice, such a mapping of the task environment is the first step towards effective interaction with the environment, leading then to various kinds of transaction structures.

Learning Organizational Transaction Structure

Environmental scanning or organizational mapping alone, however, is not sufficient for effective interaction with an environment; such activities merely identify various potential

²⁹ Thompson (1967), 27.

forms of interaction. One must not only know what areas of the environment are available for interaction, one must also understand what such interaction entails. It is here that Thompson's notion of 'transaction structures' is useful. Thompson studied the boundary roles within provider-client relationships according to a typology of transaction structures involving 1) the "specificity of control over members" and 2) the "degree of non-member discretion." The first factor concerned the degree to which a particular program developed for a client was designed based upon providers' discretion or guided by clients' individual needs. The second factor concerned the degree to which 'non-members' or clients were coerced into affiliation.

Thompson's study revealed the importance of these two factors and their combination in determining the kinds of transactions that would take place in each. When clients' participation was mandatory and their programs were pre-designed, interaction was necessarily reserved due to a lack of interest in the interaction and mutual detection of risks associated with participation. When the participation was made optional, the pre-designed programmed tended to be more comprehensive to attract or serve a wider clientele. Problems arose, however, as a result of the need for a search process. The transaction changed when client participation was made mandatory, but the program was tailored to fit client needs. In this case, a stark imbalance in power was apparent, in which uncooperative behaviors were punished. In those interactions where client participation was optional and the program sought to tailor programs to client needs, problems arose due to the risks associated with mutual lack of knowledge. Within this "blind date" structure, the building of trust between parties became important.

I described Thompson's study at length, because of its relevance to the case at hand. Transaction structures in prisons involve, for obvious reasons, mandatory client participation and either pre-designed or tailored programs. One begins to see how interaction with corrections, whether one is an inmate or another agency, might entail a relinquishing of autonomy. On the other hand, HIV/AIDS housing entails the last type of transaction structure described, that is, involving optional participation and tailored programs for clients. Such a transaction structure bespeaks the unique challenges faced by housing providers in selecting tenants and developing comprehensive service plans for them. For HIV/AIDS housing, interaction with clients involves a perception of high risk.

By understanding these patterns of interaction, boundary spanners can prepare themselves prior to interaction with external organizations. Knowing the various tradeoffs and limits associated with different forms of interaction, boundary spanners can make informed decision as to whether or not interaction is desirable, and as to how such interaction should be structured. As readers will see from the case, individuals demonstrating such knowledge were able to create innovative ways of avoiding risk and preserving autonomy while building ties between organizations.

Boundary Spanning as Frame Reflection

Yet another issue worth exploring is the ability of boundary spanners to shape the values and perspectives of others in their environments. Indeed, if such values and frameworks are central to the organizational setting of domain boundaries, then shifting those domain boundaries might very well be possible by means of shaping the frameworks themselves. Such framework shaping may be possible through a phenomenon described by Schön and Rein known as ‘frame reflection.’ Frame reflection, according to Schön and Rein, involves three possible strategies. First, practitioners may change their frames and perspectives from *within* their perceptual lenses when confronted with phenomena unexplainable through their frames. Rejecting their own frames as inadequate, they would undertake a process of reframing.

Another means of frame reflection involves appeals to a logic independent of anyone’s particular frame. This particular strategy requires some agreement between parties about the criteria to be used. A third strategy, the one perhaps most relevant to boundary spanning, is what Schön and Rein term “‘mapping’ or translating from one frame to another.”³⁰ In this strategy, parties engaged in frame conflicts enter into a process of dialogue and come to a mutual understanding of the other’s respective frames. While this third strategy seems more challenging because of the apparent lack of control most practitioners have over their own ‘self-consciousness,’ a look to boundary spanning might help us to understand how the possibility for such frame mapping might be possible. This issue and others related to boundary spanning activities will be explored in the case.

³⁰ Schön and Rein (1994), 43.

CHAPTER 3: STRUCTURAL GAPS AND THE EXCLUSION OF EX-OFFENDERS LIVING WITH HIV/AIDS

As a research-practitioner concerned about rising homelessness among ex-offenders living with HIV/AIDS, I consider the array of housing options and services available to ex-offenders living with HIV/AIDS today still very limited. Nevertheless, the advances that have been made reaching towards the goal of a true housing continuum are quite remarkable. Several years ago, inmates living with HIV/AIDS once were given little more than a one-way bus ticket upon release and a small sum of pocket money from a correctional facility. Today, most have access to transitional case management services and social workers who will accompany them to interviews for housing or employment. Additionally, until a year ago, released inmates were considered ineligible for the majority of HIV/AIDS housing programs, unless they first “became homeless” by spending one or more nights in a homeless shelter. Now, they are included by the federal government among other population at-risk of homelessness due to de-institutionalization from institutions.³¹ Last but not least, HIV/AIDS housing providers are becoming increasingly interested in serving ex-offenders—a population once considered to be too risky to be successful consumers of supported housing.

Thus, while it may be premature to mistake these advances for a complete solution to a difficult problem—that is, the problem of homelessness among released inmates living with HIV/AIDS—I view these changes as significant considering the organizational context in which they have occurred. Indeed, the delivery of housing to ex-offenders living with HIV/AIDS is and has been extremely challenging due to the numerous barriers preventing their access to housing and services. These barriers—which included exclusionary regulations, gaps in case management services, exclusionary practices, and limited resources—were more often than not the result of organizational responses within two separate organizational systems: the first consisting of those agencies, organizations, and institutions involved in the criminal justice system, which I will refer to as simply ‘corrections’, and the second, comprised of community-based HIV/AIDS service organizations and HIV/AIDS supported housing providers, which I

³¹ Whereas for the mentally ill, de-institutionalization occurred within mental hospitals or ‘asylums’, so too does such de-institutionalization occur within corrections. In the latter case, however, the institutions are prisons or jails, and the cause of de-institutionalization is the completion of inmate sentences.

shall call ‘HIV/AIDS housing.’³² Organizations with both of these two systems encountered inmates or ex-offenders living with HIV/AIDS within their target or client populations, and in some cases, allocated a great deal of resources to providing services to them. However, when the problem of homelessness among people living with HIV/AIDS released from incarceration first arose, organizations within both systems responded in ways that tended to limit rather than extend housing opportunities for this population.

It is worth noting here that these various organizational responses were less the result of simple ignorance or indifference to ex-offenders’ housing needs, than the result of the particular way that each set of organizations defined their domains of activity. Correctional facilities, for instance, struggles to serve its public safety role as custodian of criminal offenders, just as supported housing providers are concerned with the provision of comprehensive residential services to consumers. While each of these organizations (of which the Massachusetts Department of Correction, the Suffolk County Sheriff’s Department, and Victory Programs are just a few) might have had or did have the capacity to play a part in confronting ex-offenders’ housing needs, such a role was viewed by each as extending beyond defined boundaries of responsibility. The sum total result of these responses were the formation of what I have referred to as *inter-domain gaps*, defined as areas of need structurally excluded from and external to the activity boundaries of organizations within a particular environment.

Such gaps, of course, had much to do with the historically defined norms and functions ascribed to these various organizations.³³ Pursuing their individual aims in this way and often striving for an internal consistency sometimes articulated in such concepts as ‘relevance’ or ‘efficiency,’ these organizations were seldom in positions that would enable them to recognize the gaps in activity that their defined boundaries excluded. Such gaps, however, would become manifest and apparent to organizations (and individuals) external to them, who would experience the spillover effects of how such institutional boundaries were defined. Within the collection of organizations at hand, the effects of such institutional boundaries within both corrections and HIV/AIDS supported housing became manifest to a number of organizations and individuals, including myself, as a problem of rising homelessness among people living with HIV/AIDS

³² A third component of the continuum of care is the Massachusetts Department of Public Health, which does not properly belong to either collectivity.

³³ Such specialization of functions in different organizations has been described by Durkheim in his monumental *The Division of Labor in Society*.

released from incarceration. Still, characteristically fulfilling their particular set of goals and directives, organizations were unable to respond to these effects. It would therefore take a concerted effort on the part of several key organizations to conjure up a solution to this problem, that is, to create organizational change towards the filling of these gaps.

To be sure, I do not take for granted that such a goal of organizational change to fill such structural holes is within the interest of every organizations involved in this study. This goal in fact is one shared by several individuals (including myself), strategically positioned within key organizations, whose assumption is that a housing continuum of care for ex-offenders living with HIV/AIDS is both necessary and desirable. This thesis is after all a study of how advocates and practitioners and their organizations worked to create organizational change towards the creation of a housing delivery system for a previously underserved population. Because these transformations took place through the simultaneous efforts of several organizations, the story is complex, involving the movements of different actors on several fronts. What ties these different stories together is therefore a goal, unquestionably value-laden, set by actors like myself working to expand housing opportunities for formerly incarcerated persons living with HIV/AIDS. In this chapter and the next, I describe this process of the movement towards this goal, beginning with a description the organizational environment prior to the involvement of several key actors, and then moving to a recount of the process of transformation and invention.

Walls that Divide: Corrections

Several years from now, an observer new to the Commonwealth of Massachusetts might find post-release and housing-related services in correctional institutions in the state to be very highly developed. Indeed, the foregone and ongoing changes that have taken place within both the state and county correctional systems in Massachusetts are extremely promising for the future of post-release housing services for released inmates. For evidence of these advancements, one might point to the Department of Correction's March 2000 announcement of its policy of "zero tolerance for discharge to homelessness." Or one might direct attention to the DOC's website, where the agency boasts of its collaboration with other state agencies such as the Department of Public Health and the Department of Mental Health. Furthermore, one might even see the Governor's appointment of Peter Forman, former Sheriff of Plymouth County and proponent of correctional discharge planning, as Secretary of the Executive Office

of Finance and Administration as an indication that correctional involvement in providing housing to its inmates after release has become widely supported.

Indubitably, these achievements are noteworthy and do bespeak the correctional institution's breadth of mission. However, the belief that these services are in any way a natural extension of the mission of correctional institutions is simply misguided. In fact, the services that exist or are under development to provide all released inmates with housing upon release from incarceration were the result of a process of inter-organizational transformation that took place over the course of more than three years. Such an observer might then ask, "What then were the policies and practices of corrections in Massachusetts prior to this transformation? And how did this transformation take place?"

A response to these questions requires a historical perspective, one that looks to examine the past practices and orientations of corrections in Massachusetts. To dig deeper, one might also consider how these past practices related to the formal structure of the institution of corrections itself, both as it has evolved in the United States and as it has taken shape within the Commonwealth of Massachusetts. Such a perspective will help to reveal why the correctional institution in Massachusetts initially abdicated a possible role in helping to provide housing to released inmates, and how, through the efforts of advocates and forward-thinking officials, this orientation changed.

Correctional institutions in the United States have a rich and complex history, involving several shifts in ideology. While a full recount of this history is beyond the scope of this study, it may still be possible to describe the correctional arena in terms of its organizational values relevant to the context at hand.

In Massachusetts, the correctional system is divided into two separate systems: the state prison system administered by the Department of Correction, and the county system administered by the sheriffs. State prisons, usually referred to as Massachusetts Correctional Institutions (MCI), are reserved for offenders with sentences over 2 ½ years. County prisons, or Houses of Correction (HOC), confine offenders with sentences of up to 2 ½ years, with average sentence lengths of 8 months.

Due to the high prevalence of substance abuse, particularly injection drug use, among inmates living with HIV/AIDS in Massachusetts, most members of this population are serving

short sentences for drug-related offenses, and are therefore in county facilities.³⁴ As a result, the county HOCs face higher caseloads as well as a higher rate of inmate turnover than state prisons. On average, county HOCs have an yearly caseload of 1600 inmates with HIV/AIDS with 960 releases, compared to the Department of Correction's annual caseload of 410 inmates with HIV/AIDS and 80 annual releases. Thus, while both institutions provide discharge planning services of some sort for these inmates, such services are more critically needed within county facilities. Despite this asymmetrical distribution of HIV-positive inmates between the two correctional systems, I nevertheless provide a discussion of both systems as they relate to discharge planning and reintegration services for released inmates living with HIV/AIDS.

The State prison system: the Department of Correction

As in most states, the Massachusetts state prison system is incorporated within the larger bureaucracy of the state's criminal justice system. Organized as the Department of Correction, this system is administered under the auspices of the Executive Office of Public Safety (EOPS) along with the state Parole Board, the Department of State Police, and the Criminal History Systems Board, the office responsible for reporting individuals' criminal records. Like any bureaucracy, the DOC has a somewhat complex organizational structure, which bespeaks both its enormous responsibilities and organizational scale. Currently, the DOC operates twenty seven facilities at six security levels, is responsible for over ten thousand inmates, and employs in total five thousand correctional staff members including Correctional Officers (CO), Correctional Program Officers, and other security and service staff. Each facility is managed by Superintendents, who are in turn supervised by Assistant Deputy Commissioners.

The Massachusetts Department of Correction has a rich history rife with public criticism, political controversy, and organizational reform. Highly influenced, as it is, by changes in the state administration, the Department of Correction has been revamped numerous times. For example, the DOC underwent a process of reform during the 1970s as a result of prison uprisings against poor conditions. The most recent administration, first under Governor Weld and then under present Governor Paul Cellucci, has instituted another set of changes, this time involving measures of increased stringency and penalization. Indeed, throughout most of both

³⁴ Department of Public Health RFR, "Community Reintegration Services for Incarcerated Persons Living with HIV/AIDS," 2.

Weld and Cellucci's administration, the Department of Correction has been under the watchful eye of the media, who has been reporting the problems that the administration's "tough on crime" policies have caused: overcrowding in facilities, shortages of units, and the rising need for new facilities.³⁵ The most visible effect of such public scrutiny has been DOC's increasing reluctance to release information to the public.³⁶

Thus, as a highly politicized state agency, the DOC faces numerous challenges managing value conflicts both internally and externally. On the one hand, the DOC must fulfill its defined role within its arm of the state bureaucracy—the Executive Office of Public Safety—and meet the political agendas of elected officials. In this case, vertical ties with EOPS, other affiliate agencies and offices within EOPS, and the governor's office and state legislature, provide a complex and difficult organizational environment within which the DOC can perform its duties. On the other hand, the DOC must also answer to numerous organizations and political voices external to its immediate organizational context. That is, as an agency whose actions directly impact the work and clients of organizations and agencies with which it also has ties, the DOC must contend with the scrutiny of community-based service organizations as well as the public at large. Thus, the DOC must continually work to manage organizational values and directives set within its administration with those publicly voiced through the media and advocacy groups.

That the Department of Correction faces such value conflicts is apparent in its mission statement, which lists the following directives:

- Protecting the public by safely and humanely incarcerating inmates at the appropriate security level;
- Providing inmate work, educational, and programming opportunities;
- Prudently and efficiently managing all resources allocated to the DOC;
- Establishing sound correctional policies and procedures;
- Proactively informing and educating the public consistent with established correctional policies and;
- Providing a professional and rewarding work environment for staff.³⁷

³⁵ "New system fails to relieve prison crowding, critics say," *Boston Globe*, (April 13,1997). "Bridgewater adds unit for 300 inmates," *Boston Globe*, (April 17, 1997). "New jail barely eases crunch," *Boston Globe*, (September 30, 1998).

³⁶ Despite the state law requiring the release of an annual report, the Department of Correction has not released its annual report since 1994.

³⁷ Massachusetts Department of Correction. <http://www.state.ma.us/doc/>.

The DOC's mission statement reveals its diversity in organizational values, which fall between the two somewhat opposing poles of public safety to offender rehabilitation. Such diversity in values reflects both the DOC's embeddedness in a highly politicized, value-diverse environment and its need to exercise caution in its maneuvers. Without a doubt, any policy decision that the Department of Correction makes is closely scrutinized and subject to public censure and political reproach.

The Department of Correction's balancing of diverse values recalls Donald Cressey's notion of conflicting directives advanced, not coincidentally, in his organizational study of prisons. Cressey described the difficulties faced by prison staff, specifically correctional officers (CO), in meeting the multiple and often conflicting organizational directives of the prison, that is, inmate custody vs. inmate rehabilitation. In his study, the maintenance of such value diversity was frustrated by the inability to supervise prison guards based upon both of these directives. In fact, the fulfillment of these multiple goals implicitly meant that guards were forced to break rules: "[A] system which enabled the guard to commit himself to one activity in order to improve his over-all rating was not provided. These conditions seem to be inherent in the kind of internal organization that is necessary if a prison is to achieve the multiple and somewhat contradictory goals which society sets for it."³⁸

Like Cressey's prison, the state prison system in Massachusetts is mandated both by the state administration as well as by the public to fulfill often conflicting or competing roles, and is often unable to strike a comfortable balance between the values set for it. What remains clear is that such internal value conflict has recently led the Department of Correction to follow a policy of isolation, in which extreme caution in public relations and risk-taking or innovative endeavors are discouraged. Under Weld and Cellucci, such isolation within the DOC has involved the use of state prisons as a means of increasing public safety through an increased interest in the internal consistency of activities. That is to say, by taking the stance that crime reduction can be achieved through harsher penalization, the Executive Office of Public Safety and the Department of Correction have tended towards an internalization of their functions. Most notable among these policies were the tendency to place inmates in maximum as opposed to minimum security facilities, a reduction of inmates released on parole, the decrease in overall service funding, and \$2.5 million funding cuts for halfway houses. This latter policy, which took place in 1993,

³⁸ Cressey (1959), 18.

reduced the number of total halfway houses from 240 in 1989 to 30 by 1996, and is viewed by many as the immediate cause for the current rise in homelessness among ex-offenders living with HIV/AIDS.³⁹

Thus, when the problem of homelessness or lack of housing for ex-offenders living with HIV/AIDS was first recognized by providers and advocates, the Department of Correction was ill-prepared to cope. This ill-preparedness was not, as one might assume, due to a lack of awareness about either the community reintegration or health needs of the HIV-positive population in the prison system. Indeed, prior to the 1990s, the Department of Corrections had had instruments to provide for both needs. For inmates' post-release housing needs, instruments like parole and institutions like halfway houses once were customary means of aiding inmates to transition into the community—in some sense, a veritable continuum of care within the Department of Corrections! However, as I have just explained, policy changes and budget cuts essentially put an end to what was once a standard pathway for most inmates returning to the community.

Moreover, earlier in the 1980s, correctional institutions in Massachusetts had to face the problem of rising numbers of incarcerated people with HIV/AIDS. Fearing a possible public health crisis, the DOC responded quickly by instituting health and education services within its facilities. By the late 1990s, HIV and AIDS related medical services had become a standard component of the programming and services offered by state correctional institutions. Contracted through a vendor organization, Correctional Medical Services (CMS), the DOC's HIV-related services included HIV-testing, education, counseling, and health care. Given these two existing sets of activities, the DOC's inability to respond to rising homelessness among its inmates seems more a result of policies that defined its domain boundaries to exclude involvement in securing post-release housing for its inmates.

The Department of Correction's rebuttal to advocates asking for increased efforts with discharge planning and post-release services has been that it is legally unable, as the state agency responsible for administering the state prison system, to require continued contact with an inmate once she or he is released from its custody. That the DOC cannot *require* continued

³⁹ "Proposal would cut inmate numbers in halfway homes," *Boston Globe*, (February 9, 1993). "Budget plan could force Brooke House to close," *Boston Globe*, (March 7, 1993). "House OKs curb on privatizing state services; Diluted Democrats' bill draws dismay in Senate," *Boston Globe*, (July 27, 1993). MHS (1987), "Research on Corrections."

contact should be distinguished, however, from its ability to *offer* such contact, or to adequately plan for an inmate's post-release housing situation. In fact, the DOC's refusal to respond seems more a function of the state public safety bureaucracy's shift in goal priorities (leading to a more narrowly defined domain boundary) than any legal restrictions. Between the two poles of its mission—i.e. public safety through inmate custody and inmate rehabilitation through effective programming—the Department of Corrections under the Weld-Cellucci administrations tended towards the former at the expense of the latter. Such a shift in goals, however, would be short-lived, as internal pressures began to rise. Homelessness among all inmates, including those living with HIV/AIDS, was becoming an avoidable problem.

Predictably, CMS infectious disease (ID) case managers began to recognize that more and more of their caseload had no certain housing situation to which to return upon release. As medical professionals and correctional social workers grew increasingly aware of their client's problems with post-release housing, they attempted to respond only to find themselves limited by the lack of support from prison superintendents on the one hand, and the limitations inherent in their program designs, on the other. Attempting to respond to their clients' needs, but unable to work with clients after their release, state prison case managers faced significant barriers to finding housing for their clients, many of whom had been incarcerated for rather serious offenses.⁴⁰

With extremely high caseloads for its case managers, Correctional Medical Services hired Dianne Waldo in 1998 to handle the more difficult cases of discharge planning. Her hiring was, in some sense, an indication on the part of DOC's health service vendor organization that homelessness among released inmates living with HIV/AIDS (and as a whole) was a problem deserving adequate attention. Although the details of what followed are unknown, there is evidence to suggest that the Department of Correction undertook some internal deliberation over the issue of increasing numbers "in house" and released to the streets.⁴¹

Nevertheless, working within the boundaries of its domain—roughly summarized by the terms 'public safety' and 'rehabilitative custody'—the DOC did not, on its own, work to expand its activities to ensure that its inmates would not be released into homelessness: that is, discharge

⁴⁰ Interview with Dianne Waldo, (April 11, 2000).

⁴¹ Despite many advocates statements that the Department of Correction is uninterested in providing adequate discharge planning services, some have pointed to officials like Kathleen Dennehy as an internal proponent for the

planning, housing search, post-release transportation, transitional case management, etc. Instead, released inmates faced the very real possibility of completing their sentences or “wrapping up” and having no housing to which to return.

County Houses of Corrections

For the county corrections system, full participation in a housing continuum was avoided for similar reasons having to do with missions and boundaries of responsibility. Like the DOC, the county system’s failure to provide effective housing search services involved issues related to domain boundaries, which again, ended upon an inmates’ release. What differed from the state prison system was that with greater numbers of inmate releases per year and a higher population of inmates living with HIV/AIDS, the county correctional system faced greater pressure to address inmates’ post-release housing needs. With a decentralized organizational structure and elected officials as administrators, county HOCs were able to exercise greater freedom in their ability to expand beyond their traditional boundaries of activity. As a result, some facilities were able to develop effective means of ensuring that released inmates would have a housing situation to which to return. For the most part, however, the role of county correctional facilities in preventing homelessness among their released inmates remained limited.

County HOCs in Massachusetts are not under a centralized bureaucracy, but are rather administered by the Sheriff’s Departments of each of the 14 counties in Massachusetts. As a result, each HOC has a unique inventory of programs and different programmatic emphases. Although this decentralization complicates any attempt to make general claims about county correctional facilities as an institution or organizational set, county HOCs share the same basic organizational functions commonly encapsulated in the phrase, “care and custody”. A publication of the Suffolk County Sheriff’s Department describes this mission as “providing secure incarceration for inmates as well as with preparing these men and women to become productive members of their communities upon release.”⁴² As in the DOC, such a mission charges the Sheriff’s Departments with the challenge of balancing its dual functions of public safety maintenance and criminal offender rehabilitation. In either case, the county HOC’s

provision of these services. Such bespeaks the internal diversity of values and frames within the organization of the DOC.

⁴² Suffolk County Sheriff’s Department, “A Community of Professionals.” 1999., 2.

responsibilities over any “client” individual are legally mandated to end with the inmate’s release from the facility’s custody.⁴³

That the county facilities were constrained by this legal mandate is undeniable. On the other hand, that this constraint is meant to preclude the county facility’s involvement in the post-release housing placement of its inmates is less self-evident. Still, even as sheriff’s across the state agreed to the provision of HIV services funded in part through the Department of Public Health, many still saw these services as naturally limited within the walls of the facility. Like CMS case managers, HIV case managers in county HOCs also recognized that housing possibilities for ex-offenders living with HIV/AIDS were extremely limited. Concern on the part of county HIV Programs staff were likely even more pronounced than for state prison workers, for while the DOC’s releases only approximately 80 inmates living with HIV/AIDS per year, the county system averages 960 releases.⁴⁴ With larger caseloads and inmates with shorter sentences (average length of eight months), county social workers felt great pressure to provide their homeless or “at-risk” clients with some form of assistance in housing search.

Prior to very recent developments, assistance with housing search within the county system meant providing a list of halfway houses, sober houses, or substance abuse recovery treatment programs to inmates, who were told to write letters to these programs asking for admission and ceased once the inmate’s sentence was completed. This limited approach placed most of the responsibility for finding and acquiring housing on inmates living with HIV/AIDS themselves. The implication of providing no follow-up services to released inmates, which I have already discussed in detail earlier in this thesis, was that ex-offenders facing homelessness upon release were left to navigate a rather complex system of affordable housing search and application on their own.

While providers or other advocates might view these limited discharge planning activities as a result of correctional case managers’ lack of concern or general incompetence in planning for inmates’ releases, there are in fact several constraints preventing the expansion or improvement of these services. First, as I mentioned, county HIV service staff were unable to “follow-up” with their clients due to the legal statute preventing the correctional facility from mandating any continued contact with inmates who wrapped up their sentences. The inability to

⁴³ Interview with Deputy Superintendent Tim Burke, Suffolk County Jail (March 9, 2000).

have continued contact with clients has limited the effectiveness of discharge planning and reintegration services, since released inmates are often left with few resources to which to turn and little guidance with navigating a complex and intimidating system of community-based services. Even informal contact with released inmates is discouraged or infeasible. In one case, a correctional case manager at Norfolk County HOC was admonished by the HOC administration for receiving a letter from a former inmate, who had wrapped his sentence. Such forms of continued contact was deemed “inappropriate” and was viewed with suspicion by the Sheriff’s Department.⁴⁵ In other cases, large caseloads and staffing constraints limit the ability of case managers to provide services to released in addition to inmates held in custody.

The very fact that county HIV Programs are located within the correctional facility itself constrains case managers’ ability to build much contact with the “outside” at all, in terms of both ex-offenders and resources such as housing placements. Because such case managers necessarily spend their entire shifts working with clients inside the facility, their ability to develop inventories of community-based housing placements is extremely limited. From an organizational perspective, HIV Programs might be seen to be in need of weak ties with organizations in the community!

Yet another constraint in discharge planning faced by county case managers had to do with the very lack of resources available for ex-offenders living with HIV/AIDS. As I have already mentioned, the number of DOC-funded halfway houses, the traditional placement option for ex-offenders, had decreased by 210 units between 1989 and 1996. Such a decrease led to increasing numbers of county inmates released without a housing alternative in place, save for an emergency shelter. Moreover, placing inmates into HIV/AIDS supported housing programs was difficult for still other reasons. First, HIV Programs coordinators have expressed frustration at the unwillingness of providers to accept the “clean-times” achieved by inmates while incarcerated.⁴⁶ Second, because of the complex process of determining inmate release dates, county HIV case managers have faced difficulty in coordinating inmate release dates with

⁴⁴ Department of Public Health RFR. “Community Reintegration Services for Incarcerated Persons Living with HIV/AIDS” (January, 2000), 3.

⁴⁵ Interview with Amy Jo Hartzke, (May 4, 1999).

⁴⁶ ‘Clean-time’ refers to the amount of time a person in addiction recovery has been sober or substance-free. On average, most housing providers require that applicants for housing have clean-times of six months. With released inmates, providers often question the reliability of clean-time achieved while incarcerated. Some providers, for instance, are unaware that inmates are somehow able to find alcohol or illegal substances on the inside. Others consider clean-time achieved on the inside to be less substantial due to the structured setting of prison life.

the rather limited window of time in which supported housing beds are made available. Occasionally, miscommunication between HIV Programs and prison officials has resulted in the loss of an inmate's housing option. Finally, most correctional case managers are simply unable to find housing for inmates due to their criminal histories. Most public housing authorities will not accept people with records of drug-related offenses. While appeals are possible, correctional HIV Programs staff are neither able to have involvement nor allocate time for processes on the "outside."

In sum, the expansion of housing-related services for both DOC and the Sheriff's Departments might entail the provision of effective discharge planning services, reintegration services, coordination with community-based social workers and housing programs. However, because such services are related to the post-release residence of inmates, neither state nor county correctional facilities have included such activities and instead, have chosen to define their domains exclusive of extensive post-release services over those that enhance their provision of "secure incarceration" to inmates. In fact, by confounding the inability to *legally require* continued inmate contact with the ability to *offer* it, the DOC's and the Sheriffs' made clear the boundaries of their domains. Thus, in the array of possible HIV-related services, high cost programs like "tele-medicine" seem more aligned with the missions of correctional institutions than post-release services like discharge planning.⁴⁷

We see then that for each of these two components of the corrections system in Massachusetts, fulfilling a role within a housing delivery system or continuum was far from obvious. Traditionally focused on its dual, somewhat contradictory goals of public safety via inmate custody and criminal rehabilitation through services and programming, the corrections system was structurally unable to prevent homelessness among ex-offenders living with HIV/AIDS. Indeed, as many have argued, such a role would not necessarily be outside the interest of either the DOC or the Sheriff's Departments. As one correctional official acknowledged, "If [corrections] can address the social needs of inmates, they may not have to

⁴⁷ "Tele-medicine" is a program involving the use of video conferencing to provide inmates with health care. With tele-medicine, physicians could communicate "face-to-face" with inmates to assess their medical needs, thus overcoming the oft-opined nuisance of scheduled visiting hours. In my humble opinion, such high-cost programs as "tele-medicine" bespeak a financial investment in prisons that presumes that inmate populations will remain high..

come back in here, and we can keep our numbers down.”⁴⁸ Of course, this notion of homelessness prevention as a ‘public safety’ measure did not have currency with the DOC nor the majority of Sheriffs in Massachusetts within the existing political environments. But, as we shall see, where the carrot failed, the stick would succeed.

Closed Doors: HIV/AIDS Housing

To refer to the set of organizations within HIV housing as an ‘institution’ requires some explanation. For in many ways, the creation of the 50 HIV/AIDS residential programs in Massachusetts were the result of the kind of organizational boundary spanning that is the subject of this thesis. These programs arose as a result of the recognition on the part of AIDS service organizations that a great many of people affected by the disease were in need of housing. In 1988, the Boston AIDS Consortium, an interagency consortium coordinated out of the Harvard School of Public Health, formed the AIDS Housing Task Force, drawing together representatives from the Department of Public Health; the private, for-profit housing development sector; the City of Boston; and the Executive Office of Community Development. Mat Thall, who co-chaired the Task Force for almost two years, referred to the agreements that took shape as a set of “informal collaborations” between the health service arenas and the housing arenas to increase the stock of affordable, service-intensive housing for people living with HIV/AIDS. The ultimate result was the development of 269 congregate units of HIV supportive housing, 151 of subsidized units in city housing developments, and the founding of an organization to build capacity and provide technical assistance to HIV/AIDS housing providers: AIDS Housing Corporation (AHC).⁴⁹ This organization, rather than becoming directly involved in the development of housing, would serve as “the bridge between the human service and non-profit housing development communities,” filling the gaps in capacity and expertise for each.⁵⁰

⁴⁸ Interview with Suffolk County Deputy Superintendent Timothy Burke, (March 9, 2000).

⁴⁹ *Where Do We Go From Here*, 14.

⁵⁰ Interview with Marie Herb, March 30, 2000. Human service providers, often using a case management model of service delivery and staffed by people trained in social work, public health, and counseling, tended to have little expertise in direct housing development and management. AIDS Housing Corporation, which at its birth, consisted of two experts in the affordable housing arena, would provide technical assistance in housing finance and development to human service providers. Alternatively, for non-profit housing developers or community development corporations interested in developing supported housing, AHC would deliver technical assistance on the delivery and financing of supportive services.

During the late 1980s and early 1990s, the inventory of state and federally subsidized HIV housing in Massachusetts grew dramatically as a result of the creative leveraging of several funding streams including funds from the Department of Public Health AIDS Bureau, federal HOPWA grants, the Ryan White CARE Act of 1990, and most prominently, federal homeless assistance grants available through the 1987 McKinney Act. This unique mixture of service-related funding and housing-related funding bespeaks the hybrid nature of HIV supportive housing. Standing at the nexus between housing subsidy programs and funding programs for human services, the domain of HIV housing combines the client-oriented values of the human service fields with the allocation problematic of the affordable housing arena.⁵¹ The result is a kind of organizational schizophrenia, in which supported housing providers face the conflicting directives associated with its ties to both arenas. Interestingly enough, such organizational schizophrenia manifested itself most prominently in HIV housing's ambivalent response to the housing needs of ex-offenders with HIV/AIDS.

On the one hand, as advocates and human service professionals, HIV/AIDS supported housing program directors recognized ex-offenders with HIV/AIDS as a client or consumer population with immense and unique housing needs. On the other hand, as providers of housing, program directors also realized the challenges associated with targeting programs towards this population. While in many ways, ex-offenders did not differ from the majority of consumers who had experienced homelessness and shelter stay, they did tend, on the whole, to be more withdrawn. As one housing search advocate characterized them, "Unlike most consumers, ex-offenders tend to be social isolators, and have difficulty advocating for themselves."⁵² Moreover, ex-offenders with HIV/AIDS often had the mixture of social conditions—e.g. substance abuse, histories of violence, and the lingering experience of incarceration—that most housing providers find difficult to overlook in their tenant selection process. To some providers, a "consumer in need" was, by any another standard, simply a "bad tenant". Constrained by funding regulations, long waiting lists, and pressure to demonstrate consumer success, even lenient HIV/AIDS housing providers were far from free to experiment with "risky" applicants.

⁵¹ I refer to the perspectives of the affordable housing arena as a "allocation problematic" because of the history of affordable housing as a problem involving the distribution of a scarce resource. I borrow this notion from Langley Keyes' unpublished manuscript *Problem People in Public Housing* (1982).

⁵² Interview with Adolph Grant, April 10, 1999.

Thus, the conceptual separation of ex-offenders from other individuals living with HIV/AIDS took place early in the history of HIV/AIDS housing in Massachusetts. Even HIV housing program directors compassionate to the special needs of ex-offenders recognized this population as distinct from other consumers due to their recent experiences of incarceration. And, to make matters worse, this conceptual distinction between ex-offenders and other homeless consumers was exacerbated by a legal distinction as well. During what might be termed “the experimental years”, HIV/AIDS housing providers discovered that homeless persons with HIV/AIDS leaving prisons and jails in Massachusetts were ineligible for the majority of their programs. Joan Beaudoin, director of several of Victory Programs’ supported housing programs, recalls discovering the McKinney program exclusion of released inmates around 1996 at one of her yearly evaluations: “When Scott Madden, my contract manager at DND, asked me where he [a consumer] came from, I said, ‘prison.’ He told me, ‘No, you can’t take people in straight from prison.’”⁵³

The culprit, program directors like Beaudoin learned, was the federal McKinney program, on which, by the early 1990s, many providers had become dependent to cover operating expenses. Suddenly, tapping into federal McKinney funding proved to be a blessing and a curse at once. Because the McKinney Act was a “homeless assistance” program, HIV housing programs funded under this act were required to adhere strictly to the federal definition of homelessness, which appeared to explicitly exclude any persons leaving incarceration. This definition, found in US Code, Title 42, Section 11302, states that “the term ‘homeless’ or ‘homeless individual’ does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress of a State law.”⁵⁴ In retrospect, it is unclear whether or not the belief that this clause meant the ineligibility of released inmates for McKinney programs came from HUD’s local funding recipients or directly from HUD itself. In any case, the federal definition of homelessness managed to prevent the acceptance of released inmates into McKinney-funded housing programs for more than a decade. Due to its vertically-defined domain, then, the majority of HIV/AIDS providers were unable to expand their target populations to include ex-offenders.

⁵³ Interview with Joan Beaudoin, April 13, 2000.

⁵⁴ Cornell University Legal Information Institute Home Page.
<http://www4.law.cornell.edu/uscode/42/11302.html>.

Reactions to this exclusion among providers varied. While some providers gave up quickly on the matter, many providers and housing search advocates for people living with HIV/AIDS found it difficult to simply refuse housing to a client population in need. Their eventual solution was to avoid the restrictions of the exclusionary clause altogether by “making ex-offenders homeless.”⁵⁵ Released inmates were told to spend a single-night in a shelter to establish that they were in fact homeless. Opening this ‘back door’ to HIV/AIDS supported housing was, however, merely a limited solution. First, providers faced the threat of being audited by their contract manager, who would either be the state Executive Office of Health and Human Services or the City of Boston Department of Neighborhood Development, or the local/regional HUD office itself. Second, with waiting lists as long as they were, the chances that the timing of unit availability and an inmate’s release and shelter stay coincided was slim.⁵⁶ Third, for people with HIV/AIDS just released from incarceration, a single night spent in a shelter is a sufficient window of time to become lost through the cracks.⁵⁷ Thus, even the use of a rather creative “loophole” produced only very limited success in placement.

Still providers, even those not funded by the McKinney Act, had other reasons for not accepting ex-offenders into their programs. For many, a record of criminal activity or behavior was sufficient evidence that an applicant for housing was a great risk. Since 1984, applicants’ criminal records were made publicly available through the Criminal Offender Registry Information (CORI) Act of 1984. By 1995, all federal housing authorities or federally-funded housing programs are required to perform criminal record or CORI checks on applicants. Today, most HIV/AIDS housing providers also perform CORI checks. Violent crimes, such as assault, tend to have the most stigma; sexual offenders and arsonists are almost never accepted. Most housing search advocates can testify to the difficulty a client’s CORI could create in applying for housing. Jill Hroziencik, who had worked in housing search advocacy for almost six years, observed, “A bad CORI closed a lot of doors for my clients. It got even worse after

⁵⁵ Interview with Joan Beaudoin. On the use of shelters as a back door means to enter McKinney-funded housing, Beaudoin commented, “We would find a way to get [ex-offenders living with HIV/AIDS] in, but shouldn’t have to work that hard.”

⁵⁶ Release dates, particularly for county inmates, are unpredictable, hardly ever as convenient as housing providers would like them to be. When combined with an inmate’s shelter stay requirement, the likelihood that a HIV/AIDS supported housing unit will be available is very slim.

⁵⁷ Correctional and transitional case managers alike have argued that, for recently released inmates, many of whom are in addiction recovery, the transition from incarceration to a shelter environment can be an anxiety-filled experience, leading to increased risk of relapse, homelessness, or recidivism.

1995, when federal law made it mandatory [for housing authorities or providers] to do CORI checks, when it used to be optional. Back then, you could find out who didn't do CORIs, and get them into other housing based on what their CORI said...whatever was out there.”⁵⁸ With the requirement of mandatory CORI checks, however, many ex-offenders were rejected by supported housing programs or mainstream market-based apartments. Even fewer were eligible for public housing or Section 8 certificates.

In 1996, President Clinton passed the federal “One Strike and You’re Out” policy, a policy authorizing housing authorities to evict and refuse admission to anyone convicted of any drug-related crime. This policy, which arose as part of the Clinton administration’s pledge to maintain and revitalize the nation’s public housing developments, accorded housing authorities with a great deal of freedom in their interpretation and implementation in their applicant screening process. Save for a few cases, housing authorities across the nation began to use the ‘One Strike’ policy as they saw fit, resulting in the denial and eviction of hundreds of residents. While viewed by many as a step towards improving the quality of life for public housing residents, the policy quickly became problematic in its usage by housing authorities. Because Loosely defining the criminal offenses justifying rejection as “illegal drug-related activities and alcohol abuse when such abuse leads to behavior that threatens the health, safety or peaceful enjoyment of the premises of other residents,” the policy enabled housing authorities deny individuals for histories of even minor offenses, only marginally related to illegal substances.⁵⁹ This would apply, of course, to public housing as well as any supported programs administered by housing authorities. For the majority of ex-offenders living with HIV/AIDS, the ‘One Strike’ policy meant ineligibility for yet another housing option.

Finally, some providers, unconstrained by either McKinney eligibility regulations or the use of housing authority waitlists or administration, refused, as a matter of choice, to target their programs or accept ex-offenders living with HIV/AIDS. Some of this can be attributed to their

⁵⁸ Interview with Jill Hroziencik, April 18, 2000.

⁵⁹ Advocates have argued that some housing authorities deny housing to clients for such offenses as prostitution, which may or may not be related to illegal substances. The full authorization contained in the ‘One Strike and You’re Out Policy’ states: “PHAs must deny occupancy to applicants who have been evicted from public housing within the past three years because of a drug-related criminal activity, unless the applicants have completed drug rehabilitation programs. PHAs must also develop standards that deny occupancy to persons illegally using controlled substances and to persons who a PHA has reasonable cause to believe, based on illegal use or a pattern of illegal use of controlled substances, may interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants.” HUD Directive Number: 96-16.

lack of knowledge about the prison system and about the experiences of recently incarcerated people. As one advocate explained, “For many providers, ex-offenders are still stigmatized because of their criminal histories.”⁶⁰ For this reason, many providers lack the capacity to reach out to this population, who, because of their involvement in the criminal justice system, seem to pose a threat to the stability of their programs. One might guess that with the great diversity of perspectives and attitudes among these community-based providers, some providers might be less intimidated by such “risks” than others. Yet, even among providers who are more risk-taking, other barriers prevent them from expanding their target populations. First, many are simply unable to or unaware of the need for interviewing applicants for housing on the “inside.” Instead, many providers require that applicants interview for programs in person, and thus, have precluded the possibility for incarcerated individuals to equally participate in the application process. I have already discussed the problems related to the perceived unreliability of prison clean-times. Last but not least, most providers simply lack the service capacity to provide for the special re-integration needs of ex-offenders after release from incarceration. Unable to provide the more intensive support often required of these recently released consumers, housing programs might simply be inappropriate for people living with HIV/AIDS leaving incarceration.

Overall, resolutions to the presence of these constraints ranged from avoidance, where a program defined its target population to exclude released inmates and persons with certain records of criminal offenses, to a kind of covert activism, where program directors resorted to letting ex-offenders in through the “back door.” In these latter cases, use of regulatory loopholes, leniency in interpreting criminal records, and a general attitude of tolerance proved to be most effective in reconciling providers’ conflicting directives. Such means were obviously limited and could be used only sparingly for fear that funders such as HUD would become increasingly stringent with program adherence.

Thus, we see that HIV/AIDS housing providers were poorly positioned to integrate ex-offenders living with HIV/AIDS into the existing continuum of care. As with corrections, domain boundaries constrained providers ability to expand their target populations to include ex-offenders living with HIV/AIDS, whether released directly from incarceration or having spent some time in the community. In part, the extent of domain boundaries were influenced from above, through vertical relationships with funders like HUD and the City of Boston.

⁶⁰ Interview with Adolph Grant, (April 10, 1999).

Otherwise, such domain boundaries resulted from the values and perspectives internal to HIV/AIDS supported housing—a hybrid of both the housing and human service arenas. Yet, as will be elaborated in the next chapter, this very internal diversity of values would be the means by which change would occur.

A Bridge Unbuilt: The Massachusetts Department of Public Health

For the Department of Public Health AIDS Bureau, the third organization integral to the housing continuum for ex-offenders living with HIV/AIDS, failure to respond to the problem of homelessness among ex-offenders living with HIV/AIDS did not direct constraints resulting from organizational domain boundaries as it did for the Department of Corrections. Nor did such isolation mean a structural inability to include ex-offenders living with HIV/AIDS within a target population, as it did for HIV/AIDS housing providers. As already discussed, the AIDS Bureau had already been funding HIV/AIDS services within correctional facilities, particularly within the county system, since 1987. These services included clinical case management, prevention and education, HIV counseling and testing, access to the state HIV Drug Assistance Plan (HDAP), access to on-site infectious disease clinics, and pre-release planning. In addition, the AIDS Bureau has been providing funding to HIV/AIDS housing programs since 1989. Within a single office of this state agency then, activities related to both correctional services and supported housing for people living with HIV/AIDS were already performed. Yet, because of the internal separation of these specialized functions within the AIDS Bureau, efforts to coordinate their activities to increase housing opportunities for ex-offenders with HIV/AIDS were slow to come.

As a state agency whose work involved the delivery of health services to people living with HIV/AIDS, the Department of Public Health AIDS Bureau is often focused on such activities related to HIV prevention, education, testing, and treatment. As the state public health agency, DPH officially states its mission as follows:

- We believe in the power of prevention.
- We work to help all people reach their full potential for health.
- We ensure that the people of the Commonwealth receive quality health care and live in a safe and healthy environment.
- We build partnerships to maximize access to affordable, high quality health care.
- We are especially dedicated to the health concerns of those most in need.

- We empower our communities to help themselves.
- We protect, preserve, and improve the health of all the Commonwealth's residents.⁶¹

From this rather broad mission statement, we see that the domain of DPH is defined broadly to include a wide range of activities related to the prevention, treatment, and equality of access of all state residents. Despite its appearance as mere rhetoric, this mission statement indeed has become instituted in DPH's ability to pursue numerous goals at once. Consequently, DPH has several departments including the AIDS Bureau, the Bureau of Substance Abuses Services, the Bureau of Family and Community Health, and the Bureau of Communicable Diseases.

Within the AIDS Bureau, such diversification and specialization has allowed for the pursuit of activities within both supported housing and corrections. Yet, there appears to be some tradeoff between the autonomy afforded to individuals with the AIDS Bureau and the integration of its various activities. As with many large bureaucracies, internal specialization of functions results in a reduced awareness among its members of all its various functions. Thus, while specialization has allowed for such wide-ranging activities as correctional services and HIV/AIDS supported housing support, it has also resulted in a highly differentiated organization.

For this reason, few forums for bridging the housing and correctional service functions of the AIDS Bureau were available. In some sense, the very gaps that lay just outside the domains of corrections and HIV/AIDS housing were present internally in the AIDS Bureau. Because the Bureau's county HIV Programs were designed to function within the medical departments of correctional facilities, they were unable, as described, to adequately provide for the post-release housing needs of ex-offenders living with HIV/AIDS. At the same time, the AIDS Bureau's funding program for HIV/AIDS housing did little to challenge either federal regulations or tenant selection practices in order to expand populations to include ex-offenders. Such was the case despite the recognition on the part of both Tim Gagnon, county HIV Programs contract manager, and Stephen O'Keefe, housing program contract manager, of the housing needs of this special population.

⁶¹ Massachusetts Department of Public Health. <http://www.state.ma.us/dph/>

Summary

In this chapter, I have tried to describe how, within the organizations selected as participants in a continuum of care, structural barriers frustrated the creation of a seamless pathway to post-release community-based housing for ex-offenders living with HIV/AIDS. Such barriers, I argue, were not, as even I initially thought, the result of a mere unwillingness or lack of compassion for the housing needs of this population, but in fact, are produced by a condition present in many organizational systems: inter-domain gaps. As we have seen, such gaps result from the various ways that domain boundaries had been set within organizational systems, systems that are, after all, highly diverse in their functions.

For HIV/AIDS housing providers, contribution to a housing continuum would mean the expansion of a target consumer population to include persons either just released from prison or jail or those with a past record of criminal activity. However, such an expansion was constrained by several factors. In some cases, these constraints were due to the eligibility regulations associated with funding programs or housing authorities. That is, constraints of this kind had much to do with the vertical relationships providers had with funders or governing authorities. In others, they were simply due to the nature of the “service” provided: housing. In these latter cases, providers’ need to manage and maintain a residential program meant that any applicant perceived to be dangerous or unsuitable was excluded. This exclusionary practice is not unlike that described by Langley Keyes in the context of public housing evictions: “Central to this view of ‘unsinking’ is the judgment that the anti-social people who consistently violate the norms of behavior, the ‘community developed standards,’ must be evicted.”⁶² Because of the dual nature of the perspectives within the HIV/AIDS housing arena—that is, the perspectives of both housing and human service providers—ex-offenders are seen to pose a risk to the successful provision of housing to other consumers, much the same way that “problem people” are seen to threaten the security of “desirable” public housing tenants. Yet, as we will see in the next chapter, these dual perspectives also create the possibility for change as well.

For the Massachusetts Department of Public Health AIDS Bureau, the problem had little to do with the exclusion of a population from its domain as an organization; incarcerated people living with HIV/AIDS were already part of its service constituency. Rather, expansion into housing delivery activities for ex-offenders living with HIV/AIDS involved internal

⁶² Keyes (1982), 5.

domains within the structure of the organization itself. Already incorporated into the AIDS Bureau's service domain were both activities related to correctional HIV/AIDS services and HIV/AIDS supported housing. Making the conceptual leap to connect the two separate areas of activity, however, was another matter.

On the one hand, HIV correctional services were, in most facilities, provided through the medical department of county facilities. As a result, these services were focused more on clients' needs *within* the facility. Accordingly, these clients were more often referred to as 'inmates living with HIV/AIDS' than as 'people,' 'ex-offenders,' or 'consumers'. On the other hand, the supported housing division of the AIDS Bureau, though quite aware of the unique barriers to housing faced by ex-offenders, was simply unable due to its position as funder to create change among its grantees. The constituency of the AIDS Bureau's housing were *homeless people* living with HIV/AIDS, of which *ex-offenders* were only a sub-population. Thus, these two divisions of the AIDS Bureau were therefore separated, as it were, by the wall of the correctional facility itself. For one division of DPH, the domain of responsibility took place solely within the walls of the facility itself. For the other, the prison walls contained an overlooked area of expansion.

Structural constraints also prevented activity expansion for the Department of Correction and the county facilities, though in slightly different ways for each. As a highly scrutinized public agency, the Department of Correction had undergone significant changes under the Cellucci administration. This administration's "tough on crime" policies enacted policy changes within DOC as a whole, tending towards more stringent convictions ("truth in sentencing") and fewer releases through intermediate sanctions such as parole or probation. Together, these policies not only prevented the DOC's possible expansion into greater participation in housing provision for ex-offenders, but in fact, signified a regression towards increased isolation through a narrower setting of domain boundaries. By reducing funding for halfway house funding while keeping numbers high inside prisons, the Department of Correction appeared to be shifting towards its role in maintaining public safety, and away from its rehabilitative duties.

Contributing to these larger policy constraints were legal restrictions preventing prison infectious disease case managers from making follow-up contacts with inmates. According to this legal stipulation, the Department of Correction lacked any jurisdiction over inmates who

wrapped their sentences; requiring or mandating any sort of continued contact is considered a violation of a released inmate's rights.⁶³ That this law was meant to preclude the provision of aftercare or transitional services on a voluntary basis, however, is unclear. What is clear is that the DOC did not extend its discharge planning services beyond developing written post-release plans for inmates still within the custody of state prisons. In terms of its narrow setting of domain boundaries and its increasing retraction away from community-based interventions, the Department of Correction followed a policy of organizational isolation.

In the end, such a policy of isolation proved to be self-defeating. With fewer numbers of housing outplacements set aside for released inmates and higher caseloads due to fewer parolees and increased convictions, DOC vendors like Correctional Medical Systems and Spectrum Health found it increasingly difficult to find and secure housing for released inmates living with HIV/AIDS. At the same time, shelter providers, housing search advocates, and other members of the advocacy community became increasingly conscious of homelessness among ex-offenders. By 1998, the DOC faced pressure from both within and without to increase its efforts in preventing homelessness among inmates released from their custody.

Like the DOC, county Sheriffs and their Houses of Correction faced legal and structural constraints leading to the drawing of domain boundaries exclusive of post-release housing services for ex-offenders living with HIV/AIDS. Nevertheless, several differences between the county and the state prison systems are noteworthy. First, because of its decentralized structure, wherein each facility is administered by a different elected official, the county system enjoys greater flexibility and autonomy in decision-making; the activities allowed and supported within a county facility has much to do with the particular perspective and concerns of the individual Sheriff. As a result, the county system has not one domain, but in fact, fourteen different domains, varying in terms of the scope and range of activities.

Also, through their relationship with the AIDS Bureau, county HOCs have in some sense built within themselves the capacity for adaptation through needs response. That is, through the creation of the semi-autonomous HIV Programs, county HOCs have

⁶³ That discharge and aftercare planners for inmates living with HIV/AIDS are legally prevented from consistently following up with their clients is both necessary and unfortunate. As citizens returning into community life, released inmates who wrap their sentences are legally entitled to full disconnection from the DOC's custody. According to correctional case managers and discharge planners, most released inmates make full use of this right. However, for many released inmates who might benefit from transitional services, the lack of follow-up contributes to the

institutionalized within their domains an internal capacity for flexible response based upon the unique needs of the population of inmates living with HIV/AIDS. As the housing needs of inmates living with HIV/AIDS began to rise, these programs were able to adapt quickly to develop inventories of community-based referrals. Nevertheless, the ability of these programs to respond was fundamentally limited in their design by virtue of their physical and organizational placement within the facilities themselves. The effective assurance of inmates' post-release housing placement would simply be impossible from within the HIV Programs themselves.

What therefore was needed was a means of creating change not from within the organizations, but rather from without. It would take a series of inventive moves on the part of three organizations to bring about this change. The next chapter describes this process of change including the role of these key organizations.

disturbance associated with de-institutionalization. This dilemma highlights again the dangers of the paternalistic assumption that a continuum of care would be in the benefit and interest of ex-offenders living with HIV/AIDS.

CHAPTER 4: FILLING IN THE STRUCTURAL GAPS

In January of 1999, I was hired by AIDS Housing Corporation to conduct a housing needs assessment for ex-offenders living with HIV/AIDS in Massachusetts. AIDS Housing Corporation had long been interested in exploring the needs of this special sub-population of consumers, but due to time and staffing constraints, was unable to pursue a comprehensive research process. With my hiring, AHC was able to pursue this much needed research and furthermore, to take on a new role as a critical link within the network of organizations currently providing housing services to inmates and ex-offenders living with HIV/AIDS. This role, I argue, would contribute to several already existing movements by organizations towards the creation of a housing continuum for ex-offenders with HIV/AIDS.

Indeed, within a period of just a few years, numerous changes took place within each of the institutions discussed in the last chapter. Within an environment constrained in numerous ways, with little room for the sort of organizational coordination or boundary spanning necessary to develop a continuum of care, these organizations nevertheless made significant advances towards increasing housing opportunities for ex-offenders with HIV/AIDS. Thus, although it is still premature to refer to the current set of services and resources available to ex-offenders living with HIV/AIDS as a unified housing delivery system, a number of developments over the past decade has brought organizations and institutions closer to such unity.

In this chapter, I discuss the changes that took place within each of the various organizations, leading towards increased participation in activities related to housing delivery and provision for ex-offenders with HIV/AIDS. In this chapter, I provide a descriptive account of these changes, including the role of key actors in creating change. In the next, I discuss how these changes were possible, analyzing each through the lens of theory. Here, I seek to answer the question of how such expansion was possible within an environment containing so many inter-organizational domain gaps, and begin to uncover the strategies and practices that brought about their sealing.

Looking Beyond the Walls: Reintegration and discharge planning services

Department of Correction

Throughout the 1990s, under the Cellucci administration, the Department of Correction and the Executive Office of Public Safety continued its stringent “tough on crime” and “truth in sentencing” policies. Fewer and fewer inmates were released early on parole or probation, just as the overall number of convictions and average lengths of sentences rose. Meanwhile, the Department of Correction had worked to effectively reduce the number of halfway house beds available to its inmates. The result of these policies, while appealing to proponents of crime reduction through “zero tolerance” attitudes, was to increase the number of state prison inmates to an all time high. Moreover, the number of parolees had decreased from 2,177 in 1990 to 1,144 by 1996.⁶⁴ For correctional staff and caseworkers, such policies led to extremely high caseloads and subsequently, a frustrating strain on resources; the DOC’s institutional isolation, wherein the number of inmates held in custody was , in the creation of extremely high internal pressures.

In 1996-1997, an organization known as the Massachusetts Housing and Shelter Alliance (MHSA), a political coalition of homeless shelter providers, began what became known as its Project Valjean Initiative, an advocacy movement intended to address the problem of homelessness among ex-offenders.⁶⁵ This project, which involved efforts to both improve discharge planning activities within corrections and increase the number of housing resources for released inmates with substance abuse addiction histories, began as a result of reports from shelter directors on the rising number of letters from inmates requesting housing upon their release. By the end of 1996 and throughout 1997, this issue became increasingly prominent on the agenda MHSA’s monthly roundtable of shelter directors.⁶⁶

It is not difficult to see how the increasing number of people utilizing homeless shelters in 1997 was linked to the policies and condition of the Department of Correction. As stated earlier, numbers had been increasing within the prison system throughout the nineties due to the “tough on crime” policies of the Cellucci administration. And, with the

⁶⁴ MHSA (1987), “Releases from DOC Facilities by Parole/’Wrap.”

⁶⁵ The Massachusetts Housing and Shelter Alliance’s Project Valjean Initiative was targeted at creating housing opportunities for all homeless ex-offenders, not specifically those living with HIV/AIDS.

⁶⁶ Interview with Michelle Persson-Reilly, (May 2, 2000).

reduction in the number of halfway house beds funded by the DOC passed in the previous year, fewer housing outplacements were available for inmates and discharge planners. As a result, inmates about to “wrap” their sentences likely had few options but to enter homeless shelters upon release in order to avoid “the streets.”

In Fall of 1997, MHSA placed its advocacy campaign against the Department of Corrections and the Sheriff's Association of Massachusetts at the top of its legislative priorities list. This campaign involved several components. First, adding to its existing advocacy efforts to improve discharge planning in hospitals and Department of Mental Health institutions, MHSA began its Criminal Justice Initiative, in which the Department of Correction, the state Association of Sheriff's, shelter directors, and advocates would begin regular discussions on ways to improve discharge planning within correctional institutions. Second, recognizing the need for additional housing outplacements, MHSA launched a campaign to increase Department of Correction funding for substance abuse residential recovery bed set-asides for released inmates. Finally, a Corrections committee was added to the list of existing advocacy committees, comprised of shelter providers and prison reform advocates such as Stephen Saloom of the Criminal Justice Policy Coalition.

As one might expect, engaging the Department of Correction and the fourteen county Sheriff's to discuss policies related to their own facilities was no easy task. The Department of Correction's tendency towards isolation and political guardedness presented a clear challenge. Dealing with the county corrections system was also difficult because of its decentralization; the lack of central administration meant that advocacy would have to be pursued on multiple fronts at once. Using contacts with the media, Philip Mangano, Executive Director of MHSA, made several press releases reporting rising homelessness and shelter-use among ex-offenders. The first such release reported that “an influx of people moving from prisons directly to the streets” had contributed to “an unprecedented overflow at Boston shelters” in 1996.⁶⁷ In early 1997, a *Globe* article included a quote from Mangano stating that “[s]omewhere between 5 and 10 percent of former inmates now come directly out of corrections and into the shelter system... Five years ago it might have been 1

⁶⁷ “An increase in people without places,” *Boston Globe*, (December 21, 1996).

percent.”⁶⁸ The article also reported a meeting between Mangano and Robert Krekorian, state undersecretary for public safety. Clearly, MHSA’s use of the media to threaten the corrections system was working.

However, even with representatives from corrections at the table, MHSA faced two obstacles to creating organizational change with corrections. First, as already mentioned, decentralization system frustrated the establishment of a consistent discharge planning and homelessness prevention policy within the county corrections system. Second, both the Department of Correction and the Sheriffs used the claim that they were legally unable to require follow-up services for inmates wrapping their sentences to challenge MHSA’s advocacy efforts. It would take continued discussions with representatives from the Department of Correction, the state Parole Board, members of the Sheriffs Association, the Departments of Mental Health and Public Health, shelter providers, and advocates to convince both prison systems of their need to participate in homelessness prevention. This vigilance, along with pressures internal to correctional facilities (overcrowding in prisons and overworked corrections staff), would eventually force the DOC and the Sheriff’s to expand their involvement in inmates’ post-release housing situations.⁶⁹

By 1999, MHSA’s Project Valjean initiative had resulted in Department of Correction funding for nearly 80 substance abuse recovery treatment home beds; ongoing Criminal Justice Initiative meetings; and pledges for expanded discharge planning activities from the Department of Correction and county Sheriffs. By early 2000, the Department of Correction boasted, somewhat uncharacteristically, of its collaboration with such state agencies as the Department of Public Health and the Department of Mental Health, and announced Commissioner Michael Maloney’s “zero tolerance for discharge to homelessness” policy.

MHSA’s advocacy movement, while intended to prevent homelessness among all ex-offenders, would have implications for inmates living with HIV/AIDS as well. Of course, through vendor organizations such as Correctional Medical Systems and Spectrum Health,

⁶⁸ “From prison cot to shelter cot; Statistics show more ex-inmates among homeless,” *Boston Globe*, (February 3, 1997).

⁶⁹ I attempted several times to participate in MHSA’s Criminal Justice Initiative meetings concerning discharge planning. Repeatedly, I was told that the group was “closed,” possibly to provide a measure of security to correctional officials. Although I can only speculate as to the proceedings of these meetings, the results were

discharge planning services for HIV-positive inmates (as well as other “infectious disease” inmates) had already been in place. Now, however, increased attention from the Department of Correction and the Sheriff’s Departments, would lead to additional funding and support for these programs, in a sense, expanding correction’s sphere of responsibility beyond the walls of the prison.

County Houses of Correction

The recognition of inmates’ need for post-release housing took place rather early within the Department of Public Health-funded HIV Programs in county correctional facilities. In the previous chapter, I discussed how HIV case managers responded to this client need by expanding or shifting their scope services to include discharge planning. I also provided an explanation as to why these services remained so limited. Case managers complained of their inability to adequately provide for their client’s housing needs due to such barriers as the stringent or exclusionary eligibility regulations of housing programs, problems coordinating release dates with housing unit availability, and inability to provide follow-up services to release inmates.⁷⁰ These barriers, as we have seen, had much to do with the particular way in which the county HOC HIV Programs were designed. Operating within the walls of the facility and formally under the administration of the Sheriff’s Departments, HIV programs had little room to effectively expand their discharge planning capacity.

That these barriers to performing successful discharge planning services led to frustration among case managers is evident in their frequent appearance on the agenda of their monthly meetings. These meetings, run by Tim Gagnon, the Department of Public Health contract manager for HIV Programs within the county system, served as a means for sharing common resources, information, and best practices in what would otherwise be a somewhat fragmented set of programs. In a context of decentralized administration, where case managers had few avenues for solving common problems, DPH’s monthly meeting provided an essential forum for the airing of concerns and the raising of new problems of

announced by representatives of the Department of Correction and by Philip Mangano himself at MHSA’s annual conferences on homelessness prevention, which I attended both in 1999 and 2000.

⁷⁰ Interviews with County HOC HIV case managers. For a full discussion of these barriers, see “Leaving Jail with No Place to Go,” AIDS Housing Corporation (July 1999).

daily practice. It was through this forum that organizational change within county HIV Programs would occur.

As I have already mentioned, the Houses of Correction were decentralized into fourteen county facilities, run by county Sheriff's Departments, and each with its own set of procedures, rules, and practices. As one HIV case manager put it, "[Houses of Correction] are like little kingdoms onto themselves." Such decentralization, as we have seen, led to the institutional isolation that tended to limit the scope and activities of county HIV Programs. On the other hand, that each individual Sheriff's Department and not a centralized bureaucracy had the authority to deny or approve of a set of activities, along with the high degree of autonomy accorded to HIV Programs by Sheriff's Departments, allowed a great deal of room for experimentation and innovation.

Such autonomy and flexibility in HIV Programs was a direct result of its program design. Framed as a "health service and education" program for inmates and placed physically and organizationally within the medical or service departments of each county correctional facility, HOC HIV Programs were viewed by the Sheriff's Departments as a solution to a problem (HIV sero-prevalence in facilities), for which correctional officials had little knowledge or expertise. As a result, the Sheriff's Departments accorded a comparatively great deal of autonomy to HIV Programs. This was most apparent in the division of labor discussed in the previous chapter, wherein service programming for all HIV-positive inmates was handed over to HIV Programs. By doing so, each the Sheriff's Departments essentially created a new subordinate organization under its administration, able to exercise certain freedoms and innovation in performing its mission and duties.

In most cases, then, such innovation involved the building of relationships with organizations on the "outside." In an organizational environment with relatively few degrees of freedom, the creation of external relationships proved to be an extremely effective means of innovation. Where county HIV Programs lacked the capacity to provide adequate discharge planning or reintegration services, community-based providers, unconstrained by the mandates of the Sheriff's Department, could fill a crucial gap in services. Able to work on both sides of the prison walls, these organizations could establish contact with and intake clients on the inside and maintain steady working relationships with providers and housing resources in the community. Similarly, by establishing relationships with correctional staff,

community-based human service organizations interested in providing services to incarcerated people living with HIV/AIDS could gain entrance into the facility.

Thus, for county correctional HIV Programs, expanding the range of activities and increasing organizational capacity related to discharge planning and reintegration services, meant the creation of relationships with community-based organizations. In other words, unable to adequately respond to their client's post-release housing needs internally, HIV case managers looked to outside organizations to fill a gap in needed services. Through such relationships, HIV Programs helped to provide an important bridge from incarceration to community reintegration for inmates living with HIV/AIDS: transitional case management services.

Spanning Walls and Filling Gaps: Transitional case management

The creation of relationships between DPH-funded correctional HIV Programs and community-based providers led to an expansion of a social service activity that I refer to as transitional case management. As an extension of correctional case management, transitional case management involves, as its name implies, the delivery of comprehensive human services to people transitioning from incarceration to community-based living. Because transitional case management for people living with HIV/AIDS serves as the essential link between the corrections institution and community-based housing and human services, providers must build relationships with both correctional and community-based organizations. In this way, boundary spanning and organizational relations lie at the heart of transitional case management providers.

South Shore AIDS Project

One of the earliest examples of relationship formation between correctional HIV Programs and community-based service providers was that between the Plymouth County HOC HIV Programs and the South Shore AIDS Project (SSAP). SSAP, which began in 1987 as a volunteer effort to provide education and counseling to people living with HIV/AIDS in the South Shore, recognized from the very beginning incarcerated people living with HIV/AIDS were in need of services. Additionally, ex-offenders' need for

housing was understood almost from the program's outstart. The following year, SSAP, with no funding and no paid staff, began offering transitional case management services for people living with HIV/AIDS into correctional facilities. Services included case management, transportation, counseling, and education. While lack of funding limited the capacity of these services, SSAP nevertheless helped to fill a critical gap in services, hence contributing to a continuum of care for ex-offenders living with HIV/AIDS.

Through its relationship with Lisa Crowner, HIV case manager at Plymouth HOC, SSAP was able to enter into the facility on a regular basis to establish contact with inmates. Case managers at SSAP would begin client intake at the Plymouth House of Correction three to four months before their release into society, and would work to help released inmates with issues related to reintegration, including housing search and placement. Soon after, the program began receiving equal amounts of funding from the Department of Public Health and the Plymouth County Sheriff's Department.⁷¹

This partnership between SSAP and the Plymouth County HOC stands as an excellent example of successful cooperation between a community-based ASO and correctional facility, as well as an illustrative case of boundary spanning on the part of two organizations. By reaching out to and formalizing a working partnership with a community-based provider, correctional HIV Programs at Plymouth HOC demonstrate a resourcefulness and willingness to look beyond the prison walls to provide for client needs. Similarly, by responding to the needs of people living with HIV/AIDS on the "inside", South Shore AIDS Project provides a positive example of a community-based provider willing to overcome the difficulties associated with correctional work to address a recognized gap in services for people living with HIV/AIDS.

Health and Education Services

Yet another exemplary case is the relationships that formed between the Essex County HOC HIV Programs and Health and Education Services, Inc. As in the Plymouth County HOC, correctional HIV Programs was limited in its ability to provide adequate post-release services for its inmates. Working within the geographically isolated Essex County HOC facility, Joe Ouillette, the HIV Programs Coordinator, had little opportunity to make

⁷¹ Interview with Edith White, (May 1, 2000).

contacts with or collect inventories of community-based organizations or housing to which to refer his clients.

Several years ago, George Mercer, of Health and Education Services began working with Joe Ouillette to provide comprehensive transitional case management services. The program, later to be known as the “Reach Out” program, involved the provision of case management services to inmates living with HIV/AIDS who were soon to be released from the Essex County HOC. Client intake would take place 3 months prior to release, at which time a community reintegration plan would be developed. What is interesting about the particular model of service delivery that developed through the Reach Out Program was a division of labor that attempted to work around the rigid structure of the correctional institution. In this partnership between HIV Programs and the Reach Out program, the HIV Programs coordinator would handle inmate programming, a reintegration planner would develop a plan for an inmate’s release, and finally, Mercer would aid and accompany released inmates throughout their transition into the community. Strong lines of communication and effective transfers of cases were factors of innovation and success.

SPAN, Inc.

It would be impossible to talk of the creation of a housing delivery system for ex-offenders living with HIV/AIDS without describing the role of SPAN, Inc. To date, SPAN is the only organization whose sole mission is to provide transitional and reintegration services to persons living with HIV/AIDS released from incarceration. In many respects, SPAN itself embodies the kind of organizational coordination and boundary spanning that I believe lies at the heart of a continuum of care. Even its name bespeaks the fact that the building of relationships that span across institutional boundaries are key to SPAN’s mission. Maintaining working relationships with both correctional institutions and with community-based housing providers, SPAN serves, for many transitioning ex-offenders, as the bridge between incarceration and community-based housing.⁷²

⁷² Although housing services—which include both housing search and placement—are only one component of the services offered by SPAN, housing is the perhaps the most essential and primary service offered by SPAN since the lack of housing for persons released from incarceration prevent the delivery of other services. For this reason, SPAN allocates a great deal of time and staffing into locating housing for its clients.

In 1971, Lyn Levy began entering MCI-Walpole, the state's only maximum-security prison, and delivering reintegration services to inmates. Lyn's work grew as she began providing services to more facilities. Additional caseworkers were hired to deliver services to other facilities. This loosely formed organization was incorporated in 1977, and named 'SPAN' to refer to the transitional case management services that begin on the "inside" and extend into the community. Through this early history of SPAN, the formation of relationships proved to be crucial to the effective delivery of transitional services. As an organization that sought to fill the service gap between correctional custody and community-based housing, SPAN found it necessary to build relationships within both institutions.

SPAN's relationship with correctional institutions today remains a complex one involving a strange mixture of mutual wariness and respect for organizational boundaries. Considering the correction institutions' tendency towards institutional isolation, such a "partnership" seems highly unlikely. Indeed, the set of working relationships that exist today between SPAN and both the state and county prison systems in Massachusetts was perhaps only possible because of their gradual evolution. As Lyn and other staff at SPAN transitional services to inmates grew to scale, covering most of the state and county facilities throughout Massachusetts, they inevitably drew attention from the Department of Correction and the Sheriff's Departments, who, of course, would make their reactions known.

One imagines this reaction to be one ranging from tacit consent at best to cautious territoriality at worst. It is difficult to fully know exactly how each Sheriff and MCI-Superintendent felt about an organization having regular access to their facilities to establish contact with clients. In any case, neither correctional institution could deny the importance, both politically and strategically of providing at least minimal support to SPAN. Politically, the Department of Correction and the Sheriff's Departments alike recognized the consequences associated with denying SPAN of access to their facilities, which would likely add to their highly-sensitive public image. Strategically, both correctional institutions realized the convenience of allowing a community-based organization to provide reintegration services at little cost to themselves. By capitalizing on this tenuous form of

support, SPAN managed to maintain weak ties with both the state and county corrections systems.⁷³

Adolph Grant, housing coordinator for SPAN, referred to the relationship between the corrections institution and SPAN as involving a “delicate balance,” in which SPAN and corrections are “awkward bedfellows.”⁷⁴ As advocates for inmates and ex-offenders living with HIV/AIDS, SPAN is often frustrated in its work by the lack of communication and uncooperativeness of the DOC and some Sheriff’s Departments. All the same, SPAN recognizes that it must respect the domain boundaries of both DOC Superintendents and the Sheriffs, as well as the staff of these institutions, in order to continue its advocacy work. Pushing too hard on a particular issue could lead to a loss of support and cooperation from correctional staff.⁷⁵

On another front, SPAN, in order to adequately provide for its clients’ needs, also has to forge and maintain relationships with community-based service providers, most significantly, providers of affordable and supported housing. Although housing is only one of the services that SPAN provides to its clients, it is in many ways the most critical. Because released inmates face a high risk of homelessness, obtaining housing in the community is the first step towards reintegration. At the same time, housing is perhaps the most difficult “service” to obtain.

As already discussed, numerous barriers have and continue to prevent released inmates and ex-offenders from accessing housing. With the reduction in the number of halfway houses, few housing units set aside for released inmates were available. Furthermore, “tough on crime” measures such as the “One Strike and You’re Out” policies, as well as exclusive eligibility regulations limited the inventory of affordable and supported housing options available to released inmates and ex-offenders living with HIV/AIDS. SPAN’s only option was to capitalize on and make use of the few providers of housing that could accept newly released inmates or ex-offenders into their programs.

⁷³ Interview with Adolph Grant, March 22, 2000. During the interview, Adolph explained his “sense that there is a resentment towards outside [service] providers,” but that the DOC and Sheriffs allow SPAN to do its work because it is “the politically-correct thing to do.”

⁷⁴ Interview with Adolph Grant, (March 22, 2000).

⁷⁵ At a recent meeting, Carol Walsh-Bolsted of SPAN explained the difficulty she has faced in ensuring her clients’ timely release on parole. However, because internal procedures within the parole board and correctional facilities are closed, inquiries and complaints are difficult to make. Carol explained her concern that if she pushes too hard, she may estrange correctional staff.

Doing so was no simple matter. I have already discussed the various reasons why landlords and housing providers were reluctant to accept members of this population into their programs. Stephen Fleischer, former director of AIDS Action Committee's supported housing programs, recalls meeting Grant at a support group for professionals working in HIV/AIDS supported housing during the early years of the arena:

Every week, Adolph, Sue White, [other members], and I would meet at Hazel's Country Kitchen to talk about some of the issues we were facing as providers of HIV housing. It was at these meetings that Adolph would make client referrals to our programs. And he was terrific. One of the things he would say was, "They've done their time. What more do you want?" At the same time, he helped to allay any worries we had as program directors. We knew that if a client was screwing up, we could tell Adolph and he would deal with it right away, helping us and helping his clients. We knew that he took our concerns seriously and that helped to build our trust. After that, we were *thrilled* to take anyone that Adolph referred to us, because we knew we had someone to fall back on if a problem arose.⁷⁶

It was such mutual adjustment on the part of both SPAN and HIV/AIDS housing providers that helped build the sort of effective working relationships crucial to a continuum of care. Of the support group, Adolph reflected: "It gave me a real opportunity to show what happens at SPAN."⁷⁷ By responding to problems quickly and without protest, staff at SPAN demonstrated an understanding of the concerns and reservations—that is, the action frames—of housing providers, and a respect for these concerns as legitimate and deserving of attention. Similarly, HIV/AIDS housing providers were willing to adjust their own feelings of risk and reluctance about accepting people with worrisome CORIs or other complex issues through their relationship with SPAN. Developing a "track record" with providers in this way, SPAN helped to build mutual trust, strengthening ties within its referral network.

Several years ago, SPAN received a funding contract from the Suffolk County HOC at South Bay and the Department of Public Health for a staff member from SPAN to provide transitional services to South Bay inmates. Such partnerships with correctional

⁷⁶ Interview with Stephen Fleischer, (April 30, 2000). For the past several years, Stephen Fleischer served as program director of three of AIDS Action Committee's HIV housing programs: the Joy Street Residence, the McAllaster House, and the SRO collaborative program. In January 2000, Stephen joined AIDS Housing Corporation as Senior Project Manager.

⁷⁷ Interview with Adolph Grant, (March 22, 2000).

institutions bespeaks SPAN's reputation as a provider of an effective and sought after service. Today, SPAN has become well known among HIV/AIDS housing providers, housing search advocates, and correctional service providers throughout Massachusetts. In fact, most correctional institutions and providers take it for granted that inmates living with HIV/AIDS will eventually get "hooked up" with SPAN in some way or another, whether as a consumer of their transitional housing programs, a client of case management services, or as a member of SPAN's peer counseling group. It is important to note, however, that such acceptance was not inevitable, but rather the result of examples of consistent success on the part of SPAN to help ex-offenders establish a stable and successful life in the community.

Because of its capacity as a boundary spanning organization, SPAN represents a particularly interesting organization for this study. SPAN's unique mission, which combines HIV/AIDS services with reintegration services for ex-offenders, places it at the crux of the organizational network at hand. As an organization, SPAN serves as the link between two somewhat disparate institutional systems—two systems that people living with HIV/AIDS are often left to traverse on their own. Yet through SPAN, ex-offenders living with HIV/AIDS are provided with assistance in making this transition. Such is only possible because of SPAN's remarkable ability to speak the languages, navigate the procedures, and comprehend the action frames inherent in both institutions.

Opening Doors: HIV/AIDS housing for ex-offenders living with HIV/AIDS

AIDS Housing Corporation's Needs Assessment

The actual idea for a housing needs assessment for ex-offenders living with HIV/AIDS within the Commonwealth of Massachusetts was conceived several years earlier. As Marie Herb, then Executive Director of AIDS Housing Corporation, explained, "We saw [ex-offenders] as a population that was under-served and disadvantaged. Anecdotally, we knew a little bit about their needs: that they had multiple and significant issues, that they had many doors closed to them, and that less money was coming from corrections for housing."⁷⁸

Marie Herb recalls that the needs of this sub-population began to surface at the roundtable discussions around 1996. At one roundtable meeting during this year, directors

⁷⁸ Interview with Marie Herb (March 30, 2000).

of programs from such providers as Vinfen, Ruah, Victory Programs, and the City of New Bedford voiced their frustrations at the obstacles faced when serving ex-offenders living with HIV/AIDS. Many programs simply could not accept ex-offenders due to their use of McKinney funding. Others faced such difficulties as the inability to coordinate bed availability with inmates' release dates and the lack of capacity to effectively provide services to persons de-institutionalized from incarceration. As a result of these conversations, AHC sought to further research the housing needs of this population.

I began conducting this needs assessment in January of 1999. Having little knowledge about either HIV/AIDS supported housing or corrections, I began my research by meeting with various members of the HIV/AIDS housing community, correctional service providers and officials, as well as housing search advocates, case managers, and others working with recently released ex-offenders. What emerged from these meetings was a web of affiliations of people who shared a common client population though at different stages of an ex-offenders transition process. As one interviewee referred me to another, I imagined my experience to be not unlike that of ex-offenders or other consumers themselves: encountering an entire network of organizations through contact with just one.

In this way, I began to conceive of the organizations sharing inmates or ex-offenders living with HIV/AIDS as a referral network, consisting of multiple organizations each contributing some component of services to ex-offenders living with HIV/AIDS. Thus, by learning of the different organizations and professionals at work, I also learned of the various roles and components potentially involved in a continuum of care: discharge and aftercare planning, transitional case management, housing search advocacy, transitional housing, permanent housing, etc. Each of these components, I found, were comprised of different sets of organizations, often having vastly different perspectives and languages. Even the names given to the client population at hand differed for each of these systems, whether it be *ex-offender* living with HIV/AIDS or *person, inmate* or *client*. I asked myself, 'What, then, would be the result if representatives of these various organizations and systems were brought together to begin strategizing on ways to increase housing opportunities for formerly incarcerated people living with HIV/AIDS?'

In June of 1999, I assembled a working group of professionals and providers involved in some form of housing-related services for ex-offenders (or inmates) living with

HIV/AIDS. This working group, which met for four sessions during the summer and fall of 1999, tackled questions surrounding: 1) the barriers faced by this population in finding and securing housing after release; 2) strategies for overcoming these barriers; and 3) appropriate housing models for released inmates living with HIV/AIDS. Participating in the group were representatives of most of the organizations discussed in this study: corrections, public health, HIV/AIDS housing, as well as providers of transitional case management and other advocates for ex-offenders.

These working group meetings on housing for ex-offenders had three major results. First, by gathering together professionals from diverse arenas and systems, the working group provided a rare opportunity for professionals and providers to interact. Ironically, in a system based upon client referrals, such opportunities for face-to-face interaction are rare. Thus, a forum allowing housing program directors such as Peg Newman, director of Vinfen Corporation's Amory Street Apartment program, to meet with correctional case managers such as Jeanne Internicola of Suffolk County HOC, is significant. Such networking has helped in the past to create strong working relationships between providers, as was the case with the HIV/AIDS support group of which Grant and Fleischer were a part. That such networking was an intended consequence of these meetings was perhaps illustrated best by a diagram of what I conceived of as the continuum of care for ex-offenders living with HIV/AIDS.

Second, such a gathering provided seemed to provide a forum for the sort of *frame reflection* that Rein and Schön have discussed. Throughout the meetings, terms and definitions, such as 'pre-release' or 'probation,' as well as procedures, such as those related to housing search or appeals to housing authorities, were discussed. When questions surrounding these terms or procedures occurred, participants would explain them to one another, thus sharing knowledge with practitioners outside of their field. More importantly, such incidences of mutual instruction led, in some cases, to a broadened understanding of the issues faced by inmates or ex-offenders in transitioning into the community. At one meeting where participants were asked to "vision" on the ideal and appropriate models of supported housing for ex-offenders living with HIV/AIDS, Tim Gagnon of the AIDS Bureau, remarked, "This is interesting. I don't always get to think about what goes on beyond pre-release planning...but this conversation gives me a chance to think about the

other side of things, about the community-side of this system.”⁷⁹ Gagnon, who was instrumental in the creation of county correctional HIV Programs, seemed to find the working group significant as a means of helping practitioners to understand the diversity of perspectives involved in housing services for ex-offenders living with HIV/AIDS.

Most significantly, the series of meetings helped to me to uncover, as a researcher, those barriers to housing faced by ex-offenders living with HIV/AIDS that providers felt were most significant: McKinney eligibility regulations, local housing authorities’ use of the ‘One Strike and You’re Out’ policy, and rejections for housing based on applicant CORIs or criminal records. The identification of these barriers would provide me with guidance in the areas requiring investigation, advocacy, or the strategic creation of organizational change.

McKinney Program Eligibility

As discussed in Chapter Three, the federal definition of homelessness has been identified by providers and consumers alike as one of the most significant barriers to housing for ex-offenders living with HIV/AIDS. For the past decade, this definition has been interpreted by McKinney contract managers and providers to mean the exclusion of persons just released from prison for McKinney programs.⁸⁰ That is, because of the definition’s exclusionary clause stating that “the term ‘homeless’ or ‘homeless individual’ does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law,” persons released from prison or jail were not considered homeless, even if they had no housing situation to which to return. The use of shelter stays as a loophole, discussed in the previous chapter, was short-lived as both HUD and its funded localities would work to enforce adherence to program rules. As such eligibility regulation enforcement grew tighter, requiring better documentation from providers, fewer HIV/AIDS housing programs were willing to serve persons directly upon release from prison or jail.

⁷⁹ Tim Gagnon, Contract Manager for County Jails Program, Massachusetts Department of Public Health. Quoted from remarks made at working group meeting, (August 23, 1999). Tim Gagnon now works for the Office of Community Corrections, a new office within the Executive Office of Public Safety. Whether or not this move was a result of this conversation remains a mystery.

⁸⁰ I use the term ‘contract manager’ to refer both to the localities (Units of General Local Governance) that receive and distribute Federal McKinney funds and to the individual officials that oversee funded program. In Massachusetts, McKinney-funded housing programs receive their funding either through their municipal governments (e.g. the City of Boston’s Department of Neighborhood Development), or from the state Executive Office for Health and Human Services.

In April 1999, AIDS Housing Corporation received a memorandum from Catholic Social Services in Fall River, Massachusetts stating that they had received notice from HUD that persons released from incarceration were in fact not excluded from the federal definition of homelessness. Confused and unclear on the accuracy of this news, staff at AHC sent correspondence to the local HUD office and the City of Boston requesting clarification on the eligibility of released inmates for McKinney programs. What arose through this correspondence was a policy controversy that brought to surface the value conflicts inherent in the supported housing arena.

In February 2000, representatives from the local HUD office, the City of Boston Department of Neighborhood Development (DND), the state Executive Office of Health and Human Services (EOHHS), Technical Assistance Collaborative (TAC), and AHC met to receive clarification that newly released inmates were eligible for McKinney-funded supported housing programs. At the meeting, James Barnes of HUD explained that persons released from incarceration were not entirely excluded from McKinney-funded housing, and that their eligibility depended upon proof of their homelessness status. When asked how such proof could be given, HUD explained that only released inmates who had been incarcerated for more than 30 days, who had no housing resource to which to return, and who had lost their support networks due to institutionalization were considered homeless under the federal definition of homelessness. Providers accepting such homeless persons directly upon release from incarceration would have to have adequate document of these conditions.

What began as an attempt at clarification quickly turned into a controversy involving more than an explanation of federal definitions and statutes. No sooner had HUD stated its official regulations surrounding the eligibility of released inmates than arose protests from the representatives from DND and EOHHS that HUD's statement would "open up the floodgates" of McKinney programs to the population of newly released inmates. When I attempted to provide them with assurance that actual numbers of homeless ex-offenders living with HIV/AIDS were not high enough to displace other consumers, both expressed concern over the numbers of homeless inmates who were not living with HIV/AIDS as well. Following some exchange on this matter, I presented a proposal for how providers might document the homelessness status of inmates living with HIV/AIDS. HUD

approved the procedures. After continued protests from both the City of Boston and EOHHS, an agreement was eventually struck which entailed that AHC would exercise caution in informing McKinney-funded housing providers of the exact eligibility regulations surrounding ex-offenders, including all necessary documentation procedures, in order to assuage the concern that McKinney programs would become an extension of the criminal justice system.

Several interesting issues emerge from these interactions with both HUD and the City of Boston. First, that HUD's definition of eligibility regulations had the power to limit or expand the ability of providers to serve their clients needs shows HUD's influence as a funding organization, on organizations with which it had vertical relationships. Second, the discussion that took place at the meeting revealed many of value conflicts internal within the housing arena. Such phrases as "opening the floodgates," for example, reflect a perspective stemming from what I earlier called the allocative problematic of housing. Thus, when HUD, the City of Boston, and the state, represented by EOHHS, all expressed concern over the numbers of released inmates in need of homelessness assistance, they were. On the other hand, both AHC's and TAC's view that ex-offenders living with HIV/AIDS were consumers in need of housing like any others reflects a perspective more akin to that of human service advocacy.

City of Boston Department of Neighborhood Development

Several weeks after our meeting with HUD, Stephen Fleischer, newly hired by AHC, and I requested a follow-up meeting with the Supported Housing Officer at the City of Boston DND in order to discuss AHC's role in educating providers of HUD's clarification of its McKinney regulations. An additional motive of the meeting was to provide assurances to DND that the clarified eligibility regulations would not result in a massive flood of ex-offenders into HIV/AIDS or other types of homeless assistance housing. Such assurances, we hoped, would be made by discussing the capacity of the existing correctional and transitional service system for ex-offenders living with HIV/AIDS that could perform housing search, and if this search failed, could acquire the necessary documentation to prove that their clients were, in fact, homeless.

While scheduling the meeting, AHC experienced an unexpected turn of events. The City of Boston Department of Neighborhood Development had recently hired a new staff member to oversee the city's HOPWA contracts.⁸¹ This staff member, we soon learned, had formerly been Regional Manager of Spectrum Health's discharge planning services for state prison inmates living with HIV/AIDS, and had had numerous encounters with inmates who faced homelessness upon release from prison. In fact, the City of Boston's new HOPWA contract manager had participated directly in discussions with MHSA and DOC about the expansion of state prison discharge planning services!

The results were as expected: we faced no discernible opposition from DND as we described to them our plan for informing providers, and in fact, left the meeting with additional contact information for staff of Spectrum Health, as well as the acquaintance of a city official sympathetic to the creation of a continuum of care for ex-offenders living with HIV/AIDS.

Extending a Helping Hand: The Transitional Intervention Project (TIP)

By 1998, the Massachusetts Department of Public Health was helping to fund two pilot transitional case management programs at county correctional facilities: the Reach Out program at Essex County HOC and the South Shore AIDS Project. Within both the corrections and public health bureaucracies, these two programs had become touted as models of successful cooperation between correctional and community-based services. Together with SPAN and other organizations such as Social Justice for Women, these two organizations helped to provide ex-offenders living with HIV/AIDS with transitional case management services, housing search, and simply a helping hand in the daunting process of community reintegration.

It is not certain exactly when the AIDS Bureau recognized that it could play a role in providing transitional services for ex-offenders living with HIV/AIDS. However, at multiple roundtable meetings for correctional HIV case managers, Contract Manager Tim Gagnon spoke of the importance of such services and introduced such providers as George Mercer to the group. Perhaps the participation of Gagnon and Stephen O'Keefe, housing

⁸¹ 'HOPWA' refers to the federal Housing Opportunities for People With AIDS supported housing funding stream. HOPWA funds are used for supportive services and for housing subsidies.

coordinator for the AIDS Bureau, in AHC's working group meetings for ex-offender housing, may have helped to fuel the AIDS Bureau's already burgeoning interest in providing links between correctional services and HIV/AIDS supported housing. Whatever the reason, at the end of 1999, the Massachusetts Department of Public Health AIDS Bureau created a new program known as the Transitional Intervention Project (TIP). Through this program, DPH obtained funding from the Centers for Disease Control and Health Resources and Services Administration to fund six teams throughout the state to provide transitional case management to soon-to-be-released inmates living with HIV/AIDS.

The funding application for the program states the assessed need nicely: "There is a critical need for post-release reintegration services that advocate, guide, connect, and help to maintain individuals in obtaining the critical medical and social services necessary to maintain health status and quality of life." Like the mission statement of DPH, this statement of need reflects the public health arena perspective towards the problem of homelessness among ex-offenders as a one involving inadequate access to health care and medical services. Still, the funding announcement also contains statements suggesting a broader perspective: "The creation of an integrated continuum of care to assist persons with HIV/AIDS transition into the community has been articulated by consumers and providers alike...The lack of completed service linkages exists primarily because *there is not a service mechanism and continuity in staffing/interpersonal relationships to 'bridge and maintain' services 'within the walls' with services 'outside the walls.'*" Using terms and phrases like 'continuum of care,' 'continuity,' and 'bridge and maintain,' DPH announcement reveals its systems-wide perspective on the service needs of transitioning ex-offenders. In addition, by recognizing the limitations of correctional HIV Programs in helping inmates establish post-release residence and services, DPH demonstrates a viewpoint found in boundary spanning organizations.⁸²

Recently, in March of 2000, the Department of Public Health awarded its TIP grants to four organizations—three of which were discussed earlier—to provide integrated transitional services for soon-to-be-released inmates living with HIV/AIDS. The four

⁸² Massachusetts Department of Public Health. "Community Reintegration Services for Incarcerated Persons Living with HIV/AIDS," 3-4.

recipient organizations are SPAN, Health and Education Services, the South Shore AIDS Project, and RUAH, Breath of Life.⁸³ While all of these organizations, with the exception of RUAH) have been providing transitional case management services for ex-offenders living with HIV/AIDS for several years, participation in DPH's TIP program involves several advantages. First, because of the nature of the services, few funding opportunities are available. In the past, organizations like SPAN have been on the one hand, unable to locate sources of program funding, and on the other, cautious (or even avoidant) of public funding sources. Thus, the TIP program is significant as a source of funding for these organizations, who would otherwise, as Tim Gagnon once put it, "work on a shoe-string budget."⁸⁴

Second, in addition to funding, the program provides recipient organizations with support in the form of "integration." That is, organizations like SPAN and SSAP now benefit from participation in a network of similar organizations. Network ties also extend to correctional facility. Through affiliation with DPH, as an official partner of the Sheriff's Departments and sponsor of county HOC HIV Programs, transitional case management organizations can more easily maintain ties with and have access to correctional facilities. Yet, just as they are beneficial, increased ties can carry with them additional strains and limitations. I will discuss these possible challenges further in the next chapter.

Moving Towards a Continuum of Care

The numerous advances that have taken place promise for a continual increase in the participation of organizations interested in providing supported housing to ex-offenders living with HIV/AIDS. Thus, this chapter introduces a continuum for ex-offenders living with HIV/AIDS at a crucial moment in its development. Examining this continuum at its infancy as we are, it may serve us to consider some issues and challenges that remain for future consideration. For indeed, despite the changes that have taken place both in the corrections and HIV/AIDS housing systems, numerous barriers still remain that require additional thinking and innovation for their solution.

⁸³ RUAH, Breath of Life, Inc. is a small non-profit supported housing provider for women living with HIV/AIDS. Its founder, Sister Jeannette Normandin, formerly provided counseling and reintegration services for inmates of MCI-Framingham, the state women's facility, and has been an advocate for incarcerated women for many years. She was also, not coincidentally, a regular participant of my working group meetings.

Changing Norms in HIV/AIDS Housing

Despite the barriers—structural and legal—limiting the ability of providers to include formerly incarcerated people living with HIV/AIDS in their target populations, many providers worked vigilantly to accept them into their programs. Much of this can be attributed, as we have seen, to their values and perspectives associated with their human service action frames. As much as housing program directors are property managers and landlords, they are also human service professionals often trained in clinical social work, substance abuse counseling, or even consumers turned providers themselves. As providers using a case management model of service delivery, in which the attempt is to deliver a comprehensive set of services to clients, ex-offenders living with HIV/AIDS were seen as simply another population in need, perhaps even more “in need” because of combined experiences of incarceration and homelessness. These backgrounds and their corresponding action frames involve the mixture of values that created the possibility for organizational change within HIV/AIDS housing.

Now, with the removal of the regulatory restrictions against serving released inmates, HIV/AIDS housing providers can choose to accept inmates directly released from prison into their programs.⁸⁴ Several barriers preventing access for ex-offenders into HIV/AIDS housing remain, however, including: 1) the “One Strike and You’re Out” policy for programs using housing authority waiting lists; 2) existing programs’ limited capacity to serve people with recent experience of incarceration; and 3) the perceived risk associated with providing housing to people with criminal histories.

To increase the housing options available to ex-offenders living with HIV/AIDS, AIDS Housing Corporation is currently working to ameliorate these barriers. In the past, similar programmatic change within the HIV/AIDS housing arena has occurred, as Stephen Fleischer explained, gradually, by a process of “muddling through”:

⁸⁴ Quote from Tim Gagnon from AHC Working Group Meeting, (August 23, 1999).

⁸⁵ It should be noted, however, that the clarification of McKinney regulations allowing released inmates into their programs only means that programs can choose to accept applicants directly upon release from incarceration. However, most advocates and providers agree that a more appropriate housing type for newly released inmates is a transitional housing model providing reintegration services and “life-skills” training. Existing McKinney-funded transitional programs can now accept ex-offenders, just as new housing transitional housing programs targeting ex-offenders living with HIV/AIDS can now apply for McKinney funding.

Most of the time, change in HIV housing takes place slowly. Back in the early days, programs would only accept participants if they had two years worth of clean-time or more. If that was the case today, virtually no one would get into a program. But that requirement changed, because providers realized that it was unrealistic. The requirement changed from two years to one year, and then to six months. It took a bit of advocacy and persistence, but that's how change occurs: by muddling through. After a while, practices become generally accepted as norms. And that's how it will be with ex-offenders.⁸⁶

With clean-time requirements, housing providers changed their policies once they understood both the needs of the community and their overestimation of the risk associated with serving consumers with shorter histories of sobriety. Likewise, AHC hopes that by reducing the perception of risk associated with serving ex-offenders living with HIV/AIDS, along with the education and training on the particular service needs of this population, can help to create such change within HIV/AIDS housing.⁸⁷

Criminal Records (CORI)

The problem associated with ex-offenders' criminal records has already been discussed. Within the Commonwealth of Massachusetts, it is allowable by law for a landlord of housing provider to reject an applicant based upon his or her criminal record. Because such records are made public through the CORI act, criminal records pose as a significant barrier to housing for people with drug-related or violent offenses. Housing search advocates explain that sex offenders are almost impossible to place into any housing. Most public housing authorities, including the Boston Housing Authority, will refuse any applicant with a recent drug-related offense. For ex-offenders, this means the inability to access public housing, Section 8 certificates, or the many HIV/AIDS supported housing programs that intake applicants from housing authority waiting lists.

Thus, even with the approved eligibility of homeless ex-offenders living with HIV/AIDS for McKinney-funded housing programs, housing providers must still contend

⁸⁶ Interview with Stephen Fleischer, (April 30, 2000).

⁸⁷ In May of 2000, AHC will be holding a networking and training forum for organizations involved in discharge planning, transitional case management, and housing delivery for ex-offenders living with HIV/AIDS. Also, at the HIV/AIDS housing conference to be held in June at Boston University, I will be co-presenting a workshop on housing for ex-offenders living with HIV/AIDS with St. Carol Duffy of Project TLC in Connecticut.

with the policies of public housing authorities as well as their own perceptions about the risks associated with accepting applicants with particular criminal offenses. While one set of vertically-imposed constraints on HIV/AIDS housing providers' domains has been removed, many providers face yet another set of constraints due to their vertical ties with housing authorities. Changing or adjusting policies within these housing authorities may be necessary to open up additional housing opportunities for ex-offenders living with HIV/AIDS. Staff at AHC have already begun discussions with the Boston Housing Authority concerning its tenant selection procedures.

Relationships between HIV/AIDS Housing and Corrections

One means of creating change within the norms and intake practices of HIV/AIDS housing is through education and communication. Providers and correctional officials alike have voiced their frustration with procedures at the either end of the "wall." Correction HIV Programs coordinators, for instance, have expressed concern that housing providers are simply not considerate of the unique housing needs of ex-offenders.⁸⁸ Providers, on the other hand, question the both the capacity of providers to take the necessary steps in assessing clients' post-release housing needs and developing an adequate plan for their release. Much of their concern stems from their doubts about correctional service providers' understanding of the issues they face as providers of housing. Issues such as these arose at the working group meetings convened by AIDS Housing Corporation. As facilitator of these meetings, I found exchanges between these diverse professionals extremely interesting and perhaps, useful as a means of education for providers. Like MHSAs' Criminal Justice Initiative meetings and the HIV/AIDS housing informal support group meetings at Hazel's Country Kitchen, this forum was helpful in allowing practitioners to share their differing values and perspectives, and more importantly, to find areas of complementarity in their work.

Accordingly, I have been working with leaders from various organizations to plan for the creation of regular forums wherein correctional providers and discharge planners, transitional case managers, housing search advocates, and HIV/AIDS housing providers can meet to develop contacts, build relationships, and solve problems faced by practitioners

⁸⁸ Interview with Jeanne Internicola, (March 25,1999).

working with a referral network of diverse perspectives and organizational systems. In April 2000, I attended a meeting held by the DPH AIDS Bureau, at which the six TIP teams were introduced to the community of state and county correctional HIV/AIDS service providers. At the meeting, these various practitioners worked in groups to share knowledge about correctional facilities, to discuss common challenges, and to begin moving towards increased coordination. A similar forum should, indubitably, be held for the *other* organizational system in the continuum as well.

The case of organizational change presented in the two preceding chapters is a rich and complex one, involving multiple layers of transformation both at the level of the individual organization as well as at the level of the organizational environment as a whole. Together, these changes would result in the formation of ties and working relationships between organizations previously isolated within very disparate systems. Together, the net result of these changes is the overall increased mobilization of resources directed towards the prevention of homelessness among people released from incarceration who are living with HIV/AIDS. Thus, while the set of relationships that has formed does fall short of a truly seamless pathway to housing for ex-offenders living with HIV/AIDS, the current network of organizations now exhibits a tremendous degree of cooperation and mutual goals. Such was the process of change from an organizational context of disjuncture and separated domains, to one involving coordination and awareness of complementary aims.

In this chapter, I attempt to re-examine these organizational ties and transformations for common themes that lead us towards a theory of practice for the building of a continuum of care. In doing so, I will draw upon theories of organizational structure and change useful to practice, including the important concept of boundary spanning introduced in Chapter Two.

Two Challenges in Creating a Continuum of Care

Earlier in Chapter Two, I discussed my process of reflection wherein I came to recognize the importance of an (inter-)organizational perspective in the building of a continuum of care for ex-offenders living with HIV/AIDS. Such a perspective, I argued, provides a framework for understanding the sources of both service gaps and conflicts within an organizational environment. Understanding how these gaps and conflicts were related to organizational domains, one could then begin to strategize on various ways to “fill gaps” between these domains. Within the case, I attempted to show how various key individuals and organizations worked to invent means of filling these gaps, often through the creation of inter-organizational ties. It is from this process of actors and events that we can begin to develop a theory of how to build a continuum of care for ex-offenders living with HIV/AIDS.

To do this, it is necessary to first understand two concepts. First, we must understand that a continuum of care is essentially a network of organizations linked together by ties and involved in relation of exchange. In a continuum of care *qua* network, the media of exchange can be both information, clients, and capital. Because a continuum offers housing of different levels of service intensity, it must include the providers of those variety of forms, not to mention the entire array of funders, human service providers, discharge planners, case managers, counselors, housing search advocates, etc. Necessarily, then, a continuum is a network of dissimilar organizations, containing a wide range of goals, values, frames, and domains. In this sense, ‘continuity’ can be seen to mean those areas of overlapping or shared domains, whereby clients, information, etc. are transferred from one organization (or system) to another.

Second, we must realize that with this diversity of organizations and domains comes a high degree of potential for conflicts that may frustrate the delivery of services or even dismantle the continuum as a whole. As discussed in Chapter Two, within organizational networks, there exist significant tradeoffs between inter-dependence and autonomy. Such tradeoffs presumably become more significant the greater the diversity among the set of related organizations because of the increased possibility of cooptation and asymmetries of power. If this is true, a continuum of care for ex-offenders living with HIV/AIDS is a particularly challenging form of network relation, involving a wide diversity of organizations and perspectives, yet necessarily interdependent due to the presence of a shared client population.

Nevertheless, we have seen that various forms of cooperation could be both initiated and maintained within this network, bridging two institutional systems—corrections and supported housing—with very different domains. We also saw how such cooperation did not occur through changes internal to organizations, but rather through the efforts and movement of three organizations: the Department of Public Health AIDS Bureau, the Massachusetts Housing and Shelter Alliance, and AIDS Housing Corporation. By examining the work of these three organizations, we can begin to explore how such cooperation became possible.

Three Focal Organizations

Within any complex narrative, actions or events can be manifold, involving the movements of numerous individuals, groups, or organizations. In this story of organizational change, for instance, we saw that the changes that occurred took place in several different organizations. Sorting these different events out is a difficult task, one that is made easier by identifying those organizations responsible for inducing change. Organizational change the Department of Corrections, for example, took place as a result of the advocacy movement created by the Massachusetts Housing and Shelter Alliance. In the case of HIV/AIDS housing, an intermediary organization, AIDS Housing Corporation helped to set the tone for change. Finally, and perhaps most significantly, the Department of Public Health served to provide a series of critical links between the two organizational systems of corrections and HIV/AIDS housing. Through their efforts, these three lead organizations helped to serve as agents of change, and are the focal actors of this story.

In building ties with other organizations and creating change through those ties, such lead organizations are essential to the creation of a continuum of care or other mobilized networks. Such organizations are not unlike what have been defined in studies of inter-organizational relations as ‘linking pin organizations’:

These organizations have established ties to more than one action set and consequently play a key role in integrating the entire organizational population. For example, they serve as communication channels between clusters and provide services that link third parties to one another by transferring resources, information, or clients. By virtue of their critical role in the network, linking pin organizations typically gain considerable status in the network. Consequently, because other network members are dependent on them for obtaining critical resources and because of their high status, linking pin organizations exert *considerable influence in shaping the overall pattern of activities in the network.*⁸⁹

This description seems fitting for the three leading organizations in this case. First, the position of the AIDS Bureau, AIDS Housing Corporation, and MHSa within an ‘action set’ of organizations seems to have determined their ability to influence and mobilize their organizational environment. Indeed, that all three organizations served as a focal point for their particular network of affiliates is no coincidence. Recall that all three linking pins were, in fact, led to their concern for the housing needs of ex-offenders living with HIV/AIDS

from their respective roundtable discussions for affiliate organizations.⁹⁰ Serving as intermediaries between organizations of like kind, all three organizations were able to exert a great deal of influence in creating change and mobilizing support. From this, we might conclude that the position of an organization as an intermediary within a network of organizations is a critical factor for its success in influencing its own immediate organizational network.

Furthermore, as in the description of linking pin organizations, these three organizations were effective in building relationships in other networks, within which they had few initial ties. Both MHSA's and AHC's willingness and ability to build relationships with correctional organizations is noteworthy. By expending resources and efforts to seek affiliation with another organizational system, these linking pins indeed served as "communication channels" between its own immediate network and another. Such a function is significant when one considers the differences in perspectives and language inherent to each institutional system. However, by creating forums for the sharing of knowledge and outlooks, each organization helped to bridge the gaps that existed between these systems. Examples of these forums include MHSA's Criminal Justice Initiative, in which correctional officials, correctional service professionals, and shelter providers were convened to strategize on ways to improve discharge planning, and AHC and the AIDS Bureau's upcoming networking forum for county HOC HIV services staff, the newly-funded TIP teams, HIV/AIDS housing search advocates, and housing providers.

Therefore, I postulate that within highly differentiated and diverse organizational environments, mobilization and cooperation demands the presence of key focal organizations who are able to exert influence both within their own immediate networks as well as those of others. Moreover, in order to be successful in mobilizing and leveraging diverse organizations, such focal organizations must develop an effective capacity for building and maintaining relationships with their external or "task environments." To do so, it should be noted, is no simple matter; such a capacity involves a role that few organizations are able to effectively perform—a role that I refer to as 'boundary spanning.'

⁸⁹ Whetten, 9-10 [emphasis mine].

⁹⁰ Recall that the DPH AIDS Bureau ran a monthly roundtable meeting for county correctional HIV Programs Coordinators, that AHC began and facilitated a roundtable for HIV/AIDS housing program directors, and that MHSA had a similar such meeting for the directors of emergency homeless shelters. It was at these regular forums for discussion that the issue of homelessness among ex-offenders arose.

Interestingly enough, focal organizations in this case not only served in a boundary spanning role themselves, but in fact, were influential in fostering a boundary spanning role in other organizations as well. In effect, by expanding their spheres of interest into the domains of other organizations and creating forums for inter-organizational dialogue, focal organizations created the possibility for additional ties to be created as well. In the following sections, I will discuss boundary spanning as performed both *by* focal organizations and *through* them.

Boundary Spanning *in* Focal Organizations

As described earlier in Chapter Two, boundary spanning is a capacity or role of an organization to maintain or create relationships with its external environment. Such a broad definition, however, helps us little in the development of a theory of practice. What is needed is a formulation of these activities that can provide practitioners with working knowledge on how to create relations with organizations that help them to attain a particular goal. Such a formulation, I argue, can be found from the case presented above.

AIDS Housing Corporation

No better illustration of the kind of boundary spanning necessary for a continuum of care exists than that of AIDS Housing Corporation's involvement in expanding housing opportunities for people living with HIV/AIDS. Boundary spanning activities were not uncommon at AHC, where staff frequently became involved in new activities through their ties with providers. As described earlier, forums such as the Program Directors' Roundtable, and a similar one created by AHC for housing search advocates, endowed AHC with an evolving understanding of HIV/AIDS housing's organizational environment. Through these forums, AHC could learn, for example, of problems common to its network of providers, or, as in this case, of the special needs of particular sub-populations of consumers. Furthermore, by conducting community needs assessments, a tool frequently used in planning processes, AHC became aware of the particular issues faced by a locality's HIV/AIDS community.

It was through these activities that AIDS Housing Corporation had learned of such issues as the service needs of people with substance abuse addiction histories, program "clean-time" requirements, and the housing needs (and barriers) of ex-offenders living with

HIV/AIDS. In a sense, such activities were AHC's means of performing what Aldrich and Herker have called "the information processing function".⁹¹ "Filtering" and "transmitting" information from the external environment in this way, AHC had built into its organization a capacity for boundary spanning. Such a function was perhaps best manifest in its "needs assessment" research. Through my own needs assessment for ex-offenders, AIDS Housing Corporation was able to process information about the needs of a particular new client population as well as about the existing infrastructure of organizations surrounding it.

I have already described my work performing this boundary spanning role. Beginning my research with a series of informant interviews, I collected information both about the needs of the population under question, and of the organizations involved in their movement from incarceration to community life. Navigating the tightly knit social network through these interviews, I came to learn of the various providers and institutions with which ex-offenders living with HIV/AIDS came into contact. Developing a comprehensive list of organizations, and acquiring a contact individual for each, I was helping AHC, already well-positioned within one system, span its boundaries into the other, that is corrections. Attendance at these organizations' forums and regular meetings with individuals within these organizations was key to the successful creation of ties.

Several lessons emerge from this example. First, AHC's decision to create a position whose activities would be solely devoted to boundary spanning activities suggests the values that it placed on creating links with new organizations in different arenas. Previous attempts at such boundary spanning into corrections had been frustrated by staff time constraints. Indeed, boundary spanning activities are time-intensive and have the potential for "role conflict" and "role ambiguity" (Mulford, 1984). Working solely to collect information about organizations within corrections, I was able to perform the "networking" activities necessary to both build AHC's relationships with organizations and providers in corrections and increase its "visibility" within the network of corrections.

Second, my contact with the corrections system involved a learning process seldom discussed in *theories* of boundary spanning, but which nonetheless deserves a central place in a *praxis*: the development of inter-organizational literacy. Practitioners involved in building relations with other organizations have surely faced similar difficulties as I did, having to

⁹¹ Aldrich and Herker (1977), 218-219.

learn not only the structure and domain of organizations in “foreign” systems, but also their languages, norms, and culture.⁹² While a full discussion of this learning process is outside the scope of this study, it should be emphasized that such a process is a fundamental to the work of boundary spanners, who are responsible for maintaining relations with organization’s external environments, but who nevertheless are rooted in their own native organizational “cultures.”

The Massachusetts Housing and Shelter Alliance

Organizational literacy was also manifest in MHSA’s work with the Department of Corrections and the Sheriffs’ Association. As an advocacy alliance of homeless shelter providers, MHSA had had little experience dealing with the corrections system. However, responding to an issue thought to be critical by members, MHSA exhibited both its ability and its high placement of value on boundary spanning. MHSA’s example is rather unique in that relations with corrections was established less through the gradual building of contact and trust, but rather through an adversarial stance involving the use of the media. Nevertheless, by creating the possibility for dialogue between its members and those within the corrections system, MHSA helped to bridge the two disparate systems, and establish the possibility for continual dialogue.

As with my own role at AHC, MHSA followed a similar pattern wherein staff members were delegated to separate specialized boundary spanning roles. Thus, a different staff member was responsible for administering each of MHSA’s forums, which were defined according to special populations: seniors, youth, “substance abusers,” corrections, etc. As Litwak and Hylton have described, such specialization in organizations allows for the simultaneous pursuit of sometimes conflicting interests and values: “One way of assuring that each will be retained, despite the conflict, is to put them under separate organizational structures.”⁹³ Through such internal specialization, MHSA was creating the possibility for boundary spanning to occur on multiple fronts at once. The result was mixed. On the one hand, MHSA had an extraordinary capacity for boundary spanning into various arenas

⁹² Practitioners with whom I work frequently remark on the “linguistic isolation” of both organizational systems of corrections and HIV/AIDS supported housing. Those working in corrections have noted housing providers’ lack of understanding of the experience of incarceration, just as housing providers complain of discharge planners’ lack of knowledge of the consumer/tenant intake process.

⁹³ Litwak and Hylton (1962), 396.

within its task environment. On the other hand, such specialization and diversification has led to an internal competition for resources and attention, and in some sense, strained MHSAs ability to maintain equal ties with all external organizations.

The Department of Public Health AIDS Bureau

Yet another important example of boundary spanning in focal organizations is that of the AIDS Bureau in its efforts to develop relationships and create new programs in conjunction with each of the fourteen Sheriffs and establishing the county HOC HIV Programs. Here too, a specialized boundary spanning role was utilized to create relations with another organizational context. In this specialized role, Tim Gagnon of the AIDS Bureau was successful in building such ties because of his past experiences working in the correctional field. Having both the ties and a literacy of the institutional system, Gagnon served as the AIDS Bureau's link into a network of organizations (the Sheriff's Departments) with which prior ties were lacking. In this sense, the DPH AIDS Bureau institutionalized their boundary spanning capacity through the hiring of Gagnon as contract manager of county correctional HIV Programs.

Interestingly enough, boundary spanning within the AIDS Bureau took place across the boundaries not only between organization and environment, but also within two departments or areas of activity *within* the organization itself. As discussed in Chapter Three, the AIDS Bureau had already been pursuing activities within both the correctional and supported housing arenas. Structurally and programmatically, however, these functions remained distinct. It was only through a process of mutual realization that these separate functions would converge. Such was only possible through the boundary spanning capacity of two individuals within the AIDS Bureau: Gagnon and Stephen O'Keefe, both of whom were participants in AHC's working group meetings described earlier.

Thus, with the conceptual, if not yet programmatic, link made between these separate functions, boundary spanning activities within the AIDS Bureau became increasingly directed towards creating an essential link not only between corrections and DPH, but also with the network of HIV/AIDS housing providers. In this sense, we begin to see how boundary spanning within focal organizations can serve as a powerful means of building relationships more broadly, throughout an entire network. This function is what I refer to as boundary spanning *through* focal organizations.

Boundary Spanning *through* Focal Organizations

In as much as the three focal organizations just mentioned were able to “span their boundaries” to build relationships in new and distant organizational systems, so too did these boundary spanning activities lead further to boundary spanning in other organizations. In these cases, the initial creation of ties between organizational systems of homeless shelters or HIV/AIDS supported housing led to the creation of additional “bridges.” Together, such bridges helped to aid ex-offenders living with HIV/AIDS in their process of transition from incarceration to community-based living.

Perhaps the most interesting case of this was the newly established program known as the Transitional Intervention Project. This project, which helped to institutionalize existing transitional case management activities through state funding and support, grew from the recognition on the part of county correctional HIV Programs that inmates living with HIV/AIDS lacked adequate services in the transition from incarceration to community. From an organizational perspective, this service delivery gap could be seen as one resulting from the space that lay between the separate domains of the AIDS Bureau’s correctional services and its supported housing programs. By conceptually “moving” across the boundaries of the correctional domain, officials at the AIDS Bureau helped to establish an actual physical link between corrections and HIV/AIDS housing.

Such a link was, it should be noted, not new. As I have already mentioned, one organization within the network I have described already had established transitional case management services for ex-offenders living with HIV/AIDS in most correctional institutions. This organization served as a quintessential model of boundary spanning roles in organizations: SPAN, Inc. As a service provider that must simultaneously work within two institutional systems, SPAN’s very mission involves the sort of environmental scanning and proactive tie formation that is central to boundary spanning. Support group meetings for HIV/AIDS housing professionals supplied staff like Adolph Grant with a forum to do so. Nevertheless, as an organization working continually facing the threat of co-optation, SPAN’s capacity (i.e. its budget and staff) remained limited due to its need to preserve autonomy. Now, vertically tied to the AIDS Bureau, an agency known for its respect for organizational autonomy, SPAN is able to expand its role both in terms of consistency and geographic scope.

Similar to this sort of boundary spanning is the work of other transitional case managers such as George Mercer of Health and Education Services, Inc. and South Shore AIDS Project. The partnership between these providers and their respective county correctional facilities serve as particularly unique examples of how organizations constrained by their internal structures (Houses of Correction) were able to undertake boundary spanning activities through other organizations with less constraints (community-based service providers). Through their new ties to the AIDS Bureau, they are able to gain access, legitimacy, and funding support for their work. These organizations are thus said to be boundary spanning through their ties with DPH.

We can only predict the effect that the TIP program will have on the ability of ex-offenders living with HIV/AIDS to find and secure safe and supported housing in the community. We can at least be hopeful that this program will provide a more systems-wide, previously inexistent link between corrections and the homelessness prevention.

Examples of boundary spanning activities are numerous in the emerging continuum of care for ex-offenders living with HIV/AIDS and, as I have shown, are possible through several different practices. For the Department of Public Health and AIDS Housing Corporation, institutionalizing boundary spanning activities was possible through the hiring and allocation of staff to fulfill these roles. For the county HIV Programs, itself a result of boundary spanning between the DPH AIDS Bureau and the fourteen Sheriff's Departments, boundary spanning activities that were internally impossible, were performed through partnerships with external organizations, unconstrained by the correctional facility's administration.

Building such inter-organizational ties, however, is but one component of a boundary spanning role capable in creating a continuum of care. The ties that are formed through such activities must also be effective in accomplishing particular goals, that is, housing delivery or related services for ex-offenders living with HIV/AIDS. Focal organizations therefore face the challenging task of mobilizing organizations to realize a shared goal. Such mobilization, of course, must occur at a significant scale when considering the number of resources and organizations needed to fill service gaps within any continuum of care. One can anticipate the challenges faced by boundary spanners in their attempts to gain the participation of others in attaining their goals. Despite these challenges, however,

the focal actors in this case study exhibited a remarkable ability to create organizational change towards this very end. In each setting, they did this by capitalizing upon the existing value diversity internal to organizations.

Capitalizing on Value Diversity

We began early on with the presumption of conflict within a network of diverse organizations. At the same time, we also have seen that organizations have a great deal of value diversity *within* them as well. As we saw with Donald Cressey's study of prisons, such internal value diversity also results in a set of "conflicting directives," for which staff members are required to perform multiple roles and fulfill multiple standards. Considering the degree to which organizations have such internal diversity of goals and values, it seems necessary to reconsider the organizational discreteness proposed by Durkheim: organizations, while specialized, often have complex sets of values, pursue multiple goals, and subsequently, face internal conflicts. Such value diversity, while potentially threatening to the goal-attainment of organizations, can also allow for the necessary space within organizations to create change.

The eventual consent given to SPAN by the Department of Correction, for example, involved the negotiation of just such a space within the DOC's value system. By nature suspicious of the penetration of its walls by external organizations, the DOC was nonetheless cautious in its dealings with SPAN, because of the political implications associated with preventing its work.⁹⁴ SPAN has been careful not to aggravate this opportunity, by respecting the jurisdictions of facility Superintendents, and by "not pushing too hard" on client issues with correctional staff. Capitalizing, then, upon the small window of opportunity between DOC's isolationism and its need to maintain an at least slightly positive public image, SPAN has managed to keep hold of the DOC's tacit support for over two decades.

We also saw how the Department of Correction's initial state of isolation began to waver as a direct result of the advocacy of the Massachusetts Housing and Shelter Alliance. As an organization greatly influenced by Weld and Cellucci's conservative stance on public safety, the Department of Correction was until quite recently a highly internalized

organization, having few, cautious relationships with external organizations, and seldom making practices public. While still today the DOC can hardly be seen as an agency that values interaction with external organizations, its recent boastings of collaboration with other state agencies such as the Departments of Public Health and Mental Health suggests that cooperative values are becoming, at least for public relations purposes, increasingly important to the agency. Adding to its mission statement, the DOC website now states, in a vision statement, that “The Department of Correction works collaboratively with the community, other agencies, and stakeholders in pursuit of its mission.”⁹⁵ Such a statement suggests the DOC’s at least rhetorical embrace of its newly emerging values of coordination and maintenance of external relations.

That such value change could take place, even in a highly politicized organization as the Massachusetts Department of Correction, bespeaks the immense potential for change that internal organizational value tensions can supply. Indeed, just as Weld and Cellucci’s public safety policies could lead to the increasing internalization and the subsequent overcrowding of DOC facilities, so too could the DOC’s affiliations at the other end bring about change. Having to perform a balancing act between public safety maintenance through increased stringency and inmate rehabilitation through adequate programming and services, the Department of Correction has, throughout its history, oscillated in its leaning between the two goals. Thus, MHSA’s advocacy campaign, using the media as a means of “reminding” the DOC of its mission and responsibility to its constituency, was able to evoke values internal to DOC in order to create change.

Similar to this is AHC’s work in garnering interest among its network of providers to serve ex-offenders living with HIV/AIDS. Building upon its existing ties with providers, along with the knowledge of providers’ values, AHC’s position as an intermediary and technical assistance provider is well-suited to creating organizational change. In the past, as I have said, AHC had been influential in shortening the clean-time requirements of housing programs, as well as directing the network towards new areas of need through such “environmental scans” as their needs assessment. Furthermore, by serving in this capacity for not only housing providers and program directors, but also such groups as housing

⁹⁴ As I mentioned earlier, the Department of Correction faces almost continual media coverage and therefore, must exercise caution in its dealings with community-based organizations.

⁹⁵ The Department of Correction. (<http://www.state.ma.us/doc>)

search advocates and consumers, AHC is able to pursue the multiple values existing in the field of HIV/AIDS housing at once.⁹⁶

Understanding and appreciating the diversity of values existing in the field as well as within organizations, AIDS Housing Corporation is thus able to capitalize on this diversity. One should recall that the HIV/AIDS housing provider is a hybrid organization of sorts, founded in most cases from a human service provider, but with expansion into the affordable housing arena, internalizing the new values that come along with housing and tenant management. On the one hand, HIV/AIDS housing providers are reluctant to accept persons just released from incarceration or persons with criminal histories into their housing programs due the perceived risks that these “problem people” pose to the stability of the residence. On the other hand, HIV/AIDS housing providers are no different from the majority of human service advocates interested in providing services to all consumers in need.

In the case of ex-offenders living with HIV/AIDS, AIDS Housing Corporation is able to capitalize on this latter perspective of providers. Understanding that HIV/AIDS housing providers are in fact human service advocates, AHC can create change in tenant selection practices among these providers by appealing to providers’ “housing as entitlement” framework. Such a framework in part stems from the case management model of service delivery used by providers, in which a comprehensive set of services are offered based upon a consumer’s unique set of needs. A model such as this one where the objective is to provide for all the complex needs of clients is particularly open to appeals for the expansion of services and client populations.

At the same time, such appeals, if to be effective in creating change, must be made with a degree of respect for providers’ values as property managers, including the need for stability and their limitations of capacity. As such, AHC must strike a balance between ameliorating providers’ reluctance to change their practices and placing pressure upon them. Framed then as a question of risk-management, increasing the acceptance of ex-offenders living with HIV/AIDS into supported housing programs should involve both an appeal to

⁹⁶ Several years ago, AHC began a Consumer Advisor Group, which has since been defunct due to a low rate of participation. The effort, though short-lived, necessarily stands as testament to AHC’s ability to pursue multiple values, in this case, organizing consumers to evaluate their providers.

providers' support and a respect for providers' values as providers of a scarce resource within complex management issues.

This last issue touches upon a next issue related to the exploitation of value diversity by focal organizations: frame reflection. *Frame reflection*, a term introduced by Donald Schon and Martin Rein, refers to a phenomenon observed in areas of policy controversy, where stakeholders exhibit a surprising ability to overcome conflicts of values and perspectives. This sort of conflict resolution is possible, Schon and Rein argue, through a process of dialogue in which parties become aware of their fundamental differences in perspectives and are able to achieve mutual respect for these perspectives. I use the term, frame reflection, to introduce a further element of boundary spanning that is seldom discussed in inter-organizational theory.

Boundary Spanning as Frame Reflection

In as much as AHC is able, through knowledge of HIV/AIDS housing providers' internal value diversity, to create change within these organizations, it is also respectful as a technical assistance provider, of the providers' concerns that the complex needs of ex-offenders might exceed the service capacity of programs. Such a balanced perspective bespeaks AHC's unique position as an intermediary between diverse organizations, and standing philosophically somewhere between an affordable housing developer/manager and advocacy planner.⁹⁷

This balance, of course, is only possible because of AHC's ability to comprehend the multiple frameworks that exist within its own network. In a sense, staff at AHC are faced with the daily challenge of contending with value conflicts and competing perspectives, as for example occurs when siting a new housing development for homeless people living with HIV/AIDS or pursuing advocacy with the Boston Housing Authority on its tenant selection procedures. Such daily practice in dealing with multiple perspectives has perhaps afforded AHC with the self-awareness and capacity for frame reflection necessary for building ties across vastly different organizational contexts, such as HIV/AIDS supported housing and corrections. Accordingly, it was the ability for successful frame reflection that allowed AHC

⁹⁷ I borrow the term 'advocacy planner' from Norman Krumholz, whose work as Planning Director for the City of Cleveland, involved an explicit statement of values including social justice and social equity. Like

to overcome the policy controversy surrounding the eligibility of ex-offenders for HUD's McKinney programs.

In Chapter Four, I described a policy discussion held by HUD, the City of Boston, EOHHS, TAC, and AHC surrounding the eligibility of released inmates for McKinney-funded housing programs. In this particular case, the policy controversy was one that involved a conflict of multiple action frames. For the City of Boston and EOHHS, concerns surrounded the improper allocation of homeless programs to ex-offenders living with HIV/AIDS whose homelessness status was questionable. As public agencies in a competitive environment responsible for allocating a scarce resource, both DND and EOHHS expressed feelings that they would be "picking up the work of the Department of Corrections left off."⁹⁸ HUD's stance as program funder revealed itself in its expressed concerns for program adherence to eligibility criteria. Released inmates would be considered homeless, so long as they could prove they had no housing upon release from incarceration. For TAC and AHC, the concern was that an exclusionary practice be removed, which seemed absurd considering the evolving nature of the homeless population in Massachusetts.

Such a policy controversy as this one, involving conflicts related to the particular values and perspectives of different stakeholders, might have resulted in stalemate were it not for AHC's ability for frame reflection. In anticipation of HUD's concerns for program adherence, I had drafted a set of intake documentation procedures for HIV/AIDS housing programs accepting released inmates that would conform to HUD's federal definition of homelessness. Furthermore, at a following meeting with the DND's Supportive Housing Development Officer, Stephen Fleischer and I explained that AHC would exercise caution in educating providers of HUD's (re-)defined eligibility regulations, informing them of the documentation procedures necessary for accepting persons seeking McKinney-funded housing directly from prison. These practices were attempts at creating changes in practice among organizations, while respecting their own concerns and values. In a sense, as a boundary spanner managing its relations with public agencies, AHC exhibited a keen ability to understand and make adjustments for the action frames of linked organizations.

Krumholz, AIDS Housing Corporation makes explicit its values as an advocate for providers and consumers alike.

⁹⁸ Meeting with HUD, (February, 2000)

Frame reflection also occurred within other areas as well. County HIV Services Contract Manager Tim Gagnon's observation at AHC's working group meeting that the discussion on housing types was "interesting" in providing him with new insight on the issues faced by housing providers is a truly significant example of frame reflection in action. Gagnon was, readers may recall, instrumental in building ties between DPH and the Sheriff's Departments, and therefore already exhibited an ability to comprehend alternative action frames and organizational values. At the working group meeting, Gagnon's observation suggested the expansion of a vantage point that now would not only include corrections and public health, but also community-based supported housing.

One observation to be made here is the degree to which experience in other arenas played a part in a boundary spanning individual's capacity for frame reflection. Gagnon, for example, had worked many years within correctional institutions and therefore, had an understanding of the procedures, values, and language of corrections. Having such literacy in a particular institutional system, not to mention inter-personal ties that remained from his affiliation, Gagnon was able to build ties and overcome potential frame conflicts. Within AHC's policy controversy involving DND, AHC was not unaided in its ability to overcome value conflicts by the presence of DND's new HOPWA contract manager, Allen Spivack, who had previously served as Regional Manager for Spectrum Health's state prison inmate reintegration services. Spivack was not unfamiliar with the risk of homelessness faced by many people living with HIV/AIDS leaving prisons in Massachusetts, and consequently, brought to the table a supportive outlook. Frame reflection in this case seemed to have occurred on both sides of the table.

Thus, in this case of the creation of inter-organizational ties, value conflicts and diversity were managed effectively by boundary spanning focal organizations, who were able to 1) comprehend and exploit the multiple action frames and values present in the inter-organizational field; and 2) make adjustments to deal with related conflicts as they arose. Moreover, these abilities seemed to have been enhanced by a institutional literacy: individuals that had experience in multiple contexts were not only able to more easily comprehend the action frames of their previous contexts, but also to reflect upon their frames in various ones. Such "cross-fertilization" of practitioners across multiple arenas seemed to increase the overall likelihood that organizations would look beyond their

immediate organizational context, i.e. organizational isolation, and move towards a broader vantage point.

When considering such approaches as institutional literacy, frame reflection, and the exploitation of internal value diversity, we can begin to see how the boundary spanning roles of lead organizations could impart them with a tremendous amount of influence on their environments to build ties, share values, and bridge networks. Using these approaches, organizations like MHSA, AHC, and the DPH AIDS Bureau were able to build components of an organizational system that could respond to the housing needs of ex-offenders living with HIV/AIDS. Yet, with the creation of these ties, other issues would arise that could either increase or frustrate organizational coordination. Dealing with these issues involves another set of challenges for focal organizations within a continuum of care.

Inter-dependency with Preserved Autonomy

From my review of the field of inter-organizational relations presented in Chapter Two, I discussed the presence of two pre-conditions of inter-network mobilization: *complementarity* and *autonomy*. First, because a continuum of care should work to responsively provide for client needs, a high degree of cooperation is necessary among its various organizational components. At the same time, such cooperation is extremely challenging to achieve within community-based contexts, due to the decentralized nature of the organizational environment. Durkheim's description of differentiation, in which individuals and groups pursue their own aims and values, is appropriate here. Yet moving from disjointed self-interest to the sort of *organic solidarity* of which Durkheim wrote requires some level of awareness on the part of those groups of the benefits of mutual association. In other words, organizations working to pursue separate aims tend to coordinate when they realize the presence of common goals or the possibility of mutual benefit. But isolated as organizations tend to be (as was true in this case), how can they realize such mutual benefits?

Adding to the difficulty is the fact that with increasing inter-organizational ties, an organization's autonomy is sacrificed. Organizations that view autonomy central to organizational function are particularly wary of entering into formal inter-organizational ties. As Litwak and Hylton (1961) have explained, "[Autonomy] is important where there is a

conflict of values and the values in conflict are both desired.”⁹⁹ Such is the case here where public safety and homelessness prevention are both valued by society as important goals, goals which nonetheless often come into conflict. Organizations pursuing these conflicting goals are therefore unlikely to enter into relationships (and hence, give up autonomy to the other) for fear of suppression. Here, the level to which those ties involve formal agreements versus informal ones is an important consideration. Marrett (1971) has argued, for instance, that organizations tend to avoid entering into formal ties with others because such formal agreements tend to reduce autonomy. Furthermore, we also see that the degree to which autonomy is sacrificed has something to do with not only the formality of the tie, but also with its directionality. Whether a tie is vertical or horizontal plays a central role in limiting or enhancing the autonomy of organizations involved in them.

Within the organizational network at hand, the tradeoff seen to exist between organizational cooperation and the preservation of autonomy is very salient. On the one hand, organizations like SPAN found necessary the formation of at least very loose ties with both the state prison system and the network of HIV/AIDS supported housing providers. Alternatively, SPAN also found it necessary to maintain a critical distance in its ties to both, in order to preserve its ability to deliver services and advocate for its clients effectively. In sum, organizations like SPAN are compelled to manage these ties, seeking a comfortable balance between inter-organizational cooperation and autonomy preservation.

One means of striking such a balance that emerges from this case is a practice of managing the level of dependencies associated with inter-organizational ties. Such dependencies tend to threaten the ability of organizations to make autonomous decisions. A particularly illustrative example is that of HIV/AIDS housing providers dependence upon HUD’s McKinney funding. By tapping into this source of funding, HIV/AIDS housing providers gained a critical source of housing subsidies, but lost the ability to autonomously define their target populations, hence the former exclusion of ex-offenders from their programs. For this very reason, organizations with politicized missions as SPAN have exercised extreme caution in obtaining public funding, for fear of co-optation.

Given such an environment where the balance between organizational inter-dependency and autonomy is complex and difficult to find, how can these organizations

⁹⁹ Litwak and Hylton (1961), 396.

convince others of their need for cooperation, despite the threat of autonomy loss? Even more critically, how can focal organizations such as the DPH AIDS Bureau, the Massachusetts Housing and Shelter Alliance, or AIDS Housing Corporation build ties that are both effective, and respectful of organizational autonomy?

One means that has been well-studied by such organizational sociologists as Selznick, Litwak and Hylton is the institutionalization of new values in independent organizations or departments, that is, “to put them under separate organizational structures.”¹⁰⁰ Such a method was pursued, as we saw, in the creation of county correctional HIV Programs, which, placed within the medical departments of facilities, were afforded a high degree of autonomy, at least as far as prisons go. As a result of such autonomy, county HOC HIV programs were able to exercise great freedoms in building relationships with community-based organizations and practitioners like myself, thus extending their effective reach outside of the facility walls.

Similarly, the AIDS Bureau’s establishment of the Transitional Intervention Project teams, intended to work in coordination with DPH’s county HIV programs and state prison vendor organizations, involves a somewhat similar approach. Avoiding the tricky problem of preserving the autonomy of community-based transitional case managers, who functioned, necessarily, outside the domain of corrections, while requiring access to their facilities, the AIDS Bureau created vertical ties among these providers, hence giving them access without co-optation. In other words, through their mutual affiliation, DPH was providing these community-based organizations with access to its existing “strong ties” with corrections, thus in essence creating “weak ties” between the two.

To be sure, the creation of such ties that preserve autonomy is almost never done without intention. The preservation of autonomy is in itself a goal that stems from organizational values. An organization, like SPAN, that highly values its autonomy demonstrates itself to be extremely cautious its choice of affiliations. Perhaps its decision to seek funding and subsequent support from the AIDS Bureau stemmed from its belief that the AIDS Bureau valued the autonomy of organizations. This certainly seemed to be the case from its internal policies. At the same time, entering into such an affiliation clearly has its challenges. When issues related to program design and program domain boundaries are

¹⁰⁰ Ibid., 396.

at stake, such vertical relationships can be constraining to both parties, but particularly to the less empowered of the two. My own witness of the interaction between this funder-recipient pair provides me with evidence that autonomy will be preserved.

The preservation of autonomy was clearly not valued by the Department of Correction. Itself tied within a bureaucratic structure of strong ties, the DOC imposed similar constraints on the autonomy of its vendor organizations. I encountered the DOC's tight control most concretely in the formal procedures followed by vendor organization staff whenever providing me with information.¹⁰¹ Evidence suggests, however, that these strict controls are to be relaxed. Such has been the result of MHSA's advocacy movement. By allowing correctional providers to adequately plan for an inmate's release, the DOC demonstrates its loosening of reins over vendor organizations like CMS and Spectrum in order to prevent homelessness among ex-offenders. That is, MHSA's efforts helped to institutionalize new values related to homelessness prevention within the DOC, operationalized as increased levels of autonomy (i.e. to create ties with community organizations, etc.) for its vendor organizations. In this light, state prison HIV and infectious disease services are following in the footsteps of the county system, where such autonomy for medical services was a given.

Such inter-dependency with preserved autonomy is characteristic of such organizational systems as referral networks. A referral network is, in point of fact, a *social* network superimposed upon an *organizational* one. The one qualification is that a referral network is a social network whose affiliations involve an explicit purpose: an exchange, in this case, of clients. The ties involved in such a network are, one might argue, weak/horizontal ones, whose "strength" lies in the fact that they lead to the improved passage of information and of clients through a system. Entering and building upon this referral network has been my pre-occupation for the past year, and I will continue to pursue this goal by exploring where new ties are useful, all the while mindful of organizations' need for autonomy.

Conclusion: a Praxis of Boundary Spanning

¹⁰¹ After sending them a letter stating my organization and my intentions in meeting, I was asked to provide a list of questions I wanted answered, which the staff member would then have to have approved by the Department of Correction.

In sum, the current organizational system, ranging from corrections to HIV/AIDS housing or even private, unsupported housing, involves a complex set of interconnections, categorized by the word-pairs “strong/weak” and “vertical/horizontal.” Together, they form a web of domains, covering, in large part, many of the structural gaps that once existed. In each case, these gaps were “filled” or “bridged” through the use of several means: 1) the creation of informal or inter-personal ties between individuals; 2) the institutionalization of new values through an organizational “invention”; or 3) a change or shift in the framework of conceptual apparatus of actors in the system. Each of these approaches, I argue, stem from the boundary spanning roles of individuals and the organizations that create or allow for them.

It is worth noting here that I have not discussed at length how organizations manage and police the activities of boundary spanners. As mentioned briefly in Chapter Two, boundary spanning is clearly a form of deviant *intra*-organizational behavior, involving the partial abdication of behavioral consistency or legitimacy. In this sense, it must be carefully managed and pursued by practitioners working organizational contexts. Certainly the consequences of over-stepping the limits of boundary spanning differ from organization to organization; government agencies, for example, often allow little room for boundary spanning roles and enforce punitive measures when they do arise. In other organizations, boundary spanning roles are rewarded as examples of innovation and “risk-taking.”

It was this very recognition of the varying contexts in which boundary spanning could take place, that led me to the identification of focal organizations as central to the creation of organizational change. Such organizations were well-positioned as a result of their status within their immediate network as intermediaries or “linking pins.” Furthermore, two organizations, if not all, seemed to value the autonomy of its individuals and practitioners. This was manifest in the internal division of labor within these organizations and the lack of constraining vertical ties present in many bureaucracies, like, perhaps, the Department of Correction or Executive Office of Public Safety. Within various organizational environments, then, boundary spanning activities are more feasible and likely to be more successful within intermediary organizations that preserve the autonomy of its individual staff.

In some cases, organizations may even formalize specialized boundary spanning roles in specific positions. As we saw, AIDS Housing Corporation did this by hiring a

student intern, whose functions could easily be specialized given their part-time schedules. The Department of Public Health AIDS Bureau also did this by creating positions for individuals to manage specific programs like the county HOC HIV Programs and the Transitional Intervention Project. Within these positions, boundary spanning is more likely to be successful the greater the “literacy” the hired individual has with the particular organizational system into which she is to “span.” Such was likely the case with Tim Gagnon of DPH, and others who had “cross-fertilized” organizational systems.

Such “cross-fertilization” of individuals also has effects on the diversity of values *internal* to an organization. We saw, for example, how the hiring of a former Spectrum Health state prison “re-integration manager” played a large role in my ability to obtain tacit approval from the City of Boston to disseminate clarified program requirements. Such value diversity should therefore be recognized both within organization environments as a whole, and within organizations themselves.

Such boundary spanning can also lead to the creation of communication channels, either through the individual (i.e. in a referral network) or through the creation of forums for inter-organizational dialogue. The boundary spanning individual here can convene meetings of professionals working within diverse and disparate organizational systems, thus, creating the possibility for the creation of further inter-personal ties. Moreover, such meetings can create the conditions for “frame reflection,” itself a topic worth exploring in other organizational contexts. We saw how this occurred within the working group meetings, where participants were asked to collectively “vision” on appropriate housing models for ex-offenders living with HIV/AIDS. Here, the complementarity of professionals’ knowledge about either the client population or about the types of housing and services available were instrumental in bringing about frame reflection.

Finally, and perhaps most importantly, boundary spanners can be quite powerful actors in exerting influence upon their organizational environments. Such influence can be subtle, as was the case with my work in clarifying federal program regulations, or quite visible, as was MHSAs’ advocacy campaign. In still other cases, the initial presence of inter-personal ties greatly influenced the ability of organizations to effectively solve problems together. Gagnon’s involvement in establishing the county HOC HIV Programs and Grant’s ability to make client referrals to Fleischer’s HIV/AIDS housing program both demonstrate the importance of *trust* between individuals as a key factor to organizational

cooperation. 'Trust,' 'autonomy,' and 'inter-dependency' are factors that are not easily articulated within theory, but not difficult to identify in practice. Such is threshold where organizational theories such as 'boundary spanning' begin to fall off, to be picked up by the realm of politics.

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LIST OF INTERVIEWS

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