

# The use of memoranda of understanding in fostering inter-agency collaboration: A qualitative study of health services agencies serving vulnerable populations in Baltimore, USA

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## Abstract

**Introduction:** We examined whether mandated collaboration reflected in memoranda of understanding (MOUs) developed by health agencies to meet funder expectations is effective in fostering inter-agency collaboration.

**Methods:** We conducted 22 semi-structured interviews from late 2010 to early 2012 in Baltimore, USA, with representatives of 17 HIV service agencies, three local health department units, and one agency that closed in 2008 (two interviews).

**Results:** While there was no consensus, most respondents perceived MOUs negatively, mainly because the process of obtaining signed MOUs was time consuming; frontline staff was mostly unaware of MOUs, agencies did not necessarily work with agencies they signed MOUs with and MOUs were rarely evaluated after being signed. A few agencies reported that MOUs could keep agencies focused and set mutual expectations. The local health department acknowledged shortcomings in MOUs but emphasized that MOUs could help agencies plan for referring clients when their own capacity was full.

**Conclusions:** Although many agencies acknowledged the importance of collaboration, most respondents found that MOUs lacked practical utility. Grant-makers should consult sub-grantees to develop alternative means of fostering collaboration that would be perceived as relevant by both parties.

## Keywords

HIV, mandated inter-organizational collaboration, memoranda of understanding, qualitative methods, United States, vulnerable populations

## Introduction

Inter-organizational collaboration or partnership involves “shared planning and/or delivery of work across different organizations involving different professional traditions and skills.”<sup>1</sup> Inter-organizational relationships may have different bases for interaction such as completely voluntary exchange, formal agreements, legal mandates, or a combination of these.<sup>2</sup> Completely voluntary exchange occurs when organizations interact voluntarily with the motive to gain resources such as new clients, market share, or access to services, which would help them achieve their goals.<sup>2</sup> Such exchanges may be routine or ad hoc. Formal agreements may also be voluntary, but are standardized and outline the resources to be exchanged and guide the

relationship among the partners. Such formal agreements include agreements to share information about clients, agreements to share personnel and office space, and agreements for joint delivery of services.<sup>2</sup> Among health and human services agencies in the United States, these written agreements are frequently referred

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to as memoranda of understanding (hereafter referred to as MOUs) or memoranda of agreement. Legal mandates involve laws and regulations that require organizations to necessarily collaborate in the planning and/or delivery of services.<sup>2</sup> Organizations may have a mixed basis for interaction with other organizations, such as a legally mandated relationship for one issue as well as voluntary interactions for a different issue.<sup>2</sup> Furthermore, voluntary exchanges may set the ground for these relationships to be converted later into a formal agreement.<sup>2</sup>

In recent years, there has been a growing recognition of the need for inter-organizational partnerships in healthcare.<sup>3</sup> The main reasons include trying to increase efficiency and effectiveness, given funding scarcity,<sup>4</sup> fostering mutual learning among partners,<sup>5</sup> and encouraging diverse partners to work together to serve complex needs of clients.<sup>6</sup> Examples of external impetus to collaborate from funders include policy directives requiring hospitals and other healthcare agencies to provide services through a network model,<sup>4,7</sup> cooperation in sectors such as HIV, family planning and public security,<sup>8</sup> model-cities programs, and juvenile justice programs.<sup>2</sup> Some of these have been legal mandates authorized through legislation.<sup>4,5,9</sup> Other non-mandatory impetus includes grant-maker expectations,<sup>10</sup> sometimes attended by incentives such as grant money to agencies that collaborate.<sup>11,12</sup> Agencies that serve vulnerable populations such as those affected by HIV or the homeless may especially face pressures from funders to collaborate to demonstrate that they are able to serve the multiple needs of their clients.

Such externally imposed collaboration has been described as “mandated collaboration”<sup>11</sup> or “the need, authority, or requirement for collaboration.”<sup>11</sup> Local health departments (LHDs) have been encouraged to collaborate amongst themselves.<sup>13</sup> In turn, they often encourage or require their sub-grantees to furnish written agreements (MOUs) showing inter-agency collaboration. An MOU is jointly drafted and delineates responsibilities, mutual obligations, and expectations of the parties to an agreement.<sup>14,15</sup> MOUs may be non-binding or contractual in nature.<sup>16</sup> Furthermore, the content of MOUs may range from basic listing of responsibilities to detailed description of tasks. Often submitting MOUs yield extra points on grant applications.

However, the small body of existing literature on mandated collaboration has questioned the effectiveness of top-down policy efforts (mandated collaboration in general) and MOUs in particular, in fostering real collaboration at grassroots level.<sup>5,7,17</sup> An overview of these studies is provided in Table 1.

For instance, one study found that while child welfare services in Norway were mandated to collaborate,

no structures existed to support inter-organizational collaboration and the existing structures actually hindered integration.<sup>18</sup> A study of collaboration among LHDs in Wisconsin found that a government mandate to start a partnership was statistically significantly associated with lower odds of implementation.<sup>12</sup> However, partnerships motivated by mandates that had been in place longer had a high likelihood of being implemented, with the effect of the government mandate being less important than time in their statistical model.<sup>12</sup> While it has been claimed that mandated collaboration can have negative, unintended consequences,<sup>17</sup> one study in contrast found a positive, unintended consequence. This study assessed mandated collaborative transport planning in the United States and found that interactions during the planning process among planners at different levels of hierarchy gave rise to less structured relationships, which led to collaboration outside of mandated relationships.<sup>19</sup>

A study in Australia evaluated a primary healthcare partnership that included among other elements, an MOU between general practitioners (GPs) and the mental health service.<sup>20</sup> The other elements of the partnership were a reference file of mental health services and access to a duty officer.<sup>20</sup> The study found that GPs found MOUs less useful than the reference file of mental health services and access to a duty officer.<sup>20</sup> The authors speculated that information contained in the MOUs was redundant or else participants actually used information from the MOU, but forgot that they had obtained it from the MOU.<sup>20</sup> Another study of public health professionals’ perceptions toward provision of health care protection in England found that despite an MOU that detailed responsibilities of two major health protection entities, there was confusion about responsibility for specific health protection functions.<sup>21</sup> Additionally, the authors commented that since MOUs did not have legal or statutory status, having MOUs alone was not enough to actualize service delivery.<sup>21</sup> Finally, a report of a formal MOU between two departments in a Veterans Administration setting illustrated that a detailed MOU was helpful in defining tasks and responsibilities.<sup>22</sup> This study also highlighted the importance of conducting periodic reviews of the MOU and encouraged interaction beyond the MOU.<sup>22</sup> A commentary on this report, however, rebutted the assertion that MOUs could foster collaboration.<sup>23</sup> Instead, the commentator argued that signing MOUs between what is essentially the same team could instead be detrimental and lead to formalization of silos within an agency.<sup>23</sup>

Overall, studies have found limited evidence of the success of mandated collaboration or of specific elements of mandated collaboration such as MOUs. Largely, studies have found that while mandates for

**Table 1.** Summary of studies on mandated collaboration or MOUs.

Author(s)	Setting	Theme	Conclusions
Fawcett et al. <sup>25</sup>		The authors present an "idealized social contract" for inter-related responsibilities among community partnerships, support organizations, and funders.	The authors contended that an ideal "memorandum of collaboration" would include mutually supportive roles for funders and implementing agencies in order to build local capacity. The paper does not refer to mandated collaboration.
Kisely et al. <sup>20</sup>	Australia	Evaluation of a primary care partnership between GPs and the mental health service. Analysis based on 34 questionnaires completed by GPs and 46 interviews.	GPs reported MOUs to be less useful for patient referrals than resources such as a reference file of resources or a duty officer. The authors speculated that respondents may already have the information contained in the MOUs or forgot that they obtained information from the MOU.
Lurie <sup>26</sup>	Toronto, Canada	The Ontario Ministry of Health announced funding to community service providers on the condition that they accept referrals of forensic patients that were not criminally responsible for their crimes. Local community service providers (ACT teams) were resistant to the idea.	The parties engaged in work groups over nearly 16 months to develop an MOU in which competing interests were negotiated. The MOU codified responsibilities thus contributing to collaboration. However, implementation of the MOU was slow. The authors concluded that while the government could mandate collaboration, local context and dynamics influenced the resulting form of collaboration.
Zahner <sup>12</sup>	Wisconsin, USA	Factors affecting local public health partnerships. Analysis based on data from 924 partnerships associated with 74 local health departments (LHDs)	A government mandate to start a partnership was statistically significantly associated with lower odds of implementation. However, partnerships motivated by mandates that had been in place longer had a high likelihood of being implemented. The authors concluded that government agencies that mandate collaboration must give sufficient time for it to be effective.
Taylor and Schweitzer <sup>19</sup>	USA	Examined mandated collaborative transportation planning among state DOTs and MPOs in the United States. Analysis based on review of state transportation plans of 14 states, 25 interviews with Department of Transportation staff from different states, and 41 regional transport planners.	While the collaboratively developed plans were rarely used, the interactions during this process led to informal relationships between staff at different levels of hierarchy. This led to collaboration outside mandated relationships. This was useful in instances of using clout of higher-level authorities to enforce decisions that were locally unpopular or instances where issues transcended regional boundaries.
Cosford et al. <sup>21</sup>	England	Health professionals' perceptions of health care agencies' responsibility for health protection. Analysis based on 264 questionnaires completed by directors of various agencies.	Despite an MOU that listed responsibilities of two major health protection entities, there was some confusion about responsibility for specific health protection functions. MOUs did not have legal or statutory status; having MOUs alone was not enough to actualize service delivery.
Horwath and Morrison <sup>11</sup>		Review of issues in inter-agency collaboration in child welfare services	The authors assert that the success of a mandate to collaborate depends on political consensus and shared values. Conflicting government initiatives and pressures of performance targets may hinder inter-agency collaboration.
Rodriguez et al. <sup>7</sup>	Canada	Longitudinal case study of governance issues in mandated collaboration in a Regional Health Board. Analysis based on 94 semi-structured interviews, observations, and documentary evidence.	Collaboration was unsuccessful in some instances because of the lack of clear rules for governance, which were not provided by the mandating agency. Authors assert the need for multiple mechanisms for governance and incentives for collaboration in situations where such interest in collaboration does not already exist.

(continued)

Table 1. Continued.

Author(s)	Setting	Theme	Conclusions
Willumsen <sup>18</sup>	Norway	Theoretical reflections on inter-professional collaboration in children's welfare	While child welfare services were mandated to collaborate, there were no structures to support inter-organizational forms and the existing structures actually hindered integration
Genskow <sup>17</sup>	Wisconsin, USA	State support for inter-agency collaborations in river basins. Analysis based on interviews with 53 staff of the WDNR and 434 questionnaires answered by individuals that had participated in the agency partnerships.	The state's natural resources and environment agency (WDNR) encouraged local stakeholders and agencies to form broad partnerships. While some partnerships did not take off, others sustained for a few years and closed and the rest continued in some form. The authors concluded that state-mandated collaboration initiatives are more likely to succeed if they have specific goals and take into account agency context.
Williams <sup>22</sup>	Veterans' Affairs New England healthcare system	Established an MOU between clinical engineering and IT to detail responsibilities for equipment maintenance in clinics	A detailed MOU between clinical engineering and IT was helpful in defining tasks and responsibilities. The MOU was reviewed periodically.
Maddock <sup>23</sup>	Commentary	Commentary on Williams (2010)	Interaction among the IT and clinical engineering chiefs is encouraged at each hospital, beyond the MOU.
Brummel et al. <sup>5</sup>	Eastern United States	Whether policy-mandated collaboration among wildfire management groups leads to mutual learning. Analysis based on 36 semi-structured interviews with planning participants in CWPP in Minnesota, Wisconsin and Florida	This opinion piece asserted that using an MOU as a key tool for fostering collaboration was inappropriate. It argued that signing MOUs between what is essentially the same team could be detrimental and lead to formalization of silos within an agency.
Grafton et al. <sup>4</sup>	Victoria, Australia	The state government of Victoria, Australia mandated 35 previously independent hospital boards of governance to merge into six boards of management. This was done to improve efficiency and continuum of care. Data analysis based on 48 interviews and a review of over 500 documents.	While policy-mandates were key in bringing stakeholders together, actual learning varied by context. Not all groups engaged in learning. Among groups that reported learning, learning about other organizations was reported more frequently than learning new skills or knowledge.
Hodge et al. <sup>16</sup>	USA	Discussed an ideal MOU for hospitals for emergency preparedness	The authors found that networks' response to the government mandate was to adopt different design choices, which in turn were influenced by inter-agency dynamics and priorities. Effective management and control system were needed in order to achieve the efficiencies that were the objective of the mandate.
			The authors contended that the legalistic language of MOUs between hospitals could be a barrier to resource sharing during emergencies. Instead, hospital MOUs should not be worded as binding contractual agreements, thus allowing for changing conditions during emergencies. They acknowledged that a downside of flexible MOUs was that hospitals were not obligated to help other hospital during emergencies.

CWPP: Community Wildfire Protection Plans; DOTs: departments of transportation; GPs: general practitioners; IT: information technology; LHDs: local health departments; MOUs: memoranda of understanding; MPOs: metropolitan planning organizations; WDNR: Wisconsin Department of Natural Resources.

collaboration may set up collaborative structures, actual collaboration is affected by local factors such as perceived legitimacy, the roles played by stakeholders at local level, and congruence between individual organizational goals and that of the mandated initiative. The lack of local ownership and relevance to the local context may lead to limited success of mandated collaborative efforts.<sup>4,5,7,11,17</sup>

In this study, we seek to contribute to the literature by investigating the views of HIV agencies on the role of MOUs in fostering inter-agency collaboration.

## Methods

We conducted 22 semi-structured interviews with representatives from 21 HIV/AIDS agencies in Baltimore, USA, including an agency that closed in 2008 (two interviews). This agency had considerably facilitated inter-agency collaboration during its existence. Other agencies included free-standing agencies as well as programs within large umbrella agencies. Agencies were chosen to represent variation in type of service and type of agency. Some agencies served other vulnerable populations in addition to those infected/affected by HIV. Table 2 provides details of the sample.

Twenty-one interviews were conducted from October 2010 to March 2011; we conducted an additional interview in February 2012. We asked respondents to discuss the roles played by MOUs in the actual process of collaboration and whether patterns of collaboration were different because of MOUs. We shared anonymized responses with the representative of an LHD unit that disbursed federal funding for local

HIV projects and sought the representative's comments. We also obtained samples of MOUs from a few agencies. During data collection, the first author also took notes at various HIV-related meetings in Baltimore.

The Institutional Review Board of the Johns Hopkins Bloomberg School of Public Health approved the study, which included an oral consent script, digital audio-recording, and verbatim transcription of the interviews. We read the transcripts several times and, through constant comparison, assigned codes to quotes that represented recurrent themes about MOUs. We used Atlas ti (Scientific Software Development GmbH, version 6.2, 2010, Berlin, Germany) to store and organize the codes. The main themes and illustrative comments are presented in Table 3.

## Results

In this section, we describe how agencies actually develop and use MOUs and the positive and negative aspects of MOUs described by them. While there was no consensus, most respondents perceived MOUs negatively, mainly because the process of obtaining signed MOUs was time consuming, frontline staff were mostly unaware of MOUs, agencies did not necessarily work with agencies they signed MOUs with, and MOUs were rarely evaluated after being signed. A few agencies reported that MOUs could keep agencies focused and set mutual expectations. We describe these in detail below.

Agencies use a variety of MOUs, ranging from those similar to general letters of support that do not detail any parameters for the relationship to those that resemble legal contracts. Predominantly, MOUs similar to general letters of support are used. Four agencies reported that they chose to sign MOUs only with agencies that did not offer the same services they did (to maintain their client base), while the others did not comment on how they selected partners. In the event that the other party offered a similar service, agencies would omit the service available at both agencies from the agreement. Some agencies mistakenly believed that MOUs were a "requirement" of grants. Some believed that this "requirement" came from the Federal level. Actually, MOUs are encouraged but not required by the LHD. We provide illustrative quotes in Table 3.

### Positive aspects of MOUs

Only seven agencies categorically stated that MOUs were useful or had the potential to be useful. Examples of foreseeable benefits included setting mutual expectations and maintaining agency relationships despite staff turnover. One respondent said that

**Table 2.** Types of agencies in the sample.

Type of agency interviewed	Number
Division of LHD	3
Faith-based	2
Women-focused	1
Children-focused	1
Homelessness/housing focused	3
Legal services	1
Nutrition focused	1
Medical care and outreach services	4
Hospice services	1
"One-stop" shops	3
Case-management agency (closed).	1
Two interviews conducted	
Total number of agencies <sup>a</sup>	21

<sup>a</sup>Seventeen of the above-mentioned agencies received Ryan White Part A funding at the time of data collection. LHD: local health department.



**Table 3.** Key informants' responses on the pros and cons of MOU.

Theme	Sample quote
Maintaining agency relationships despite staff turnover	"I think for us it is a continuous way, regardless of the personnel in place, to have the relationship continue. That's the biggest advantage. You know, so I can come and go, the person on the other side can come and go, but I still have the MOU that says we—we're related so we can kind of continue to do business. That's pretty important, I think. In a place like Baltimore, where everyone still seems to work off of first-name basis, it stops the presses if you don't have that MOU if a new person comes in..." (respondent 18)
Clarifying responsibilities among partners	"I do think that the MOU can give a focus and prevent people from getting pulled off in tangents. It's very easy to go, to see a need today and to go off and try and meet it when you forget that you've got 10 needs listed on this MOU that you have committed to me. And so I think it is also such as a useful tool and keeping people focused in a work that can take you in a million different directions." (respondent 3)
Information sharing	"So we have MOUs with all the providers that we send clients to, that we're going to do that. And I think that's sort of valuable if somebody asks a question, well why should we give [agency name] this information. Well I suppose, they can pull it [MOU] out and say this is why." (respondent 21)
Potentially helpful for new agencies	"...the value [of MOUs] is that for new agencies trying to get established, making contacts, asking if they would do that[ sign MOUs], you know identifying themselves as a new vendor is reasonable but once they are established it's just... [not needed]" (respondent 4)
Time consuming	"Every grant year, it's a pain to have to do that, though I recognize it's a necessary evil. You have to prove that you have the capacity to know these other places and they know you. So even though it's a ten minutes to draft this thing, then it's the weeks and two weeks to try to get it back from somebody. And plus on our end, to get it signed off by our CEO and get it back and get the originals back in time. Anybody could do it, it's just a nightmare as far as trying to get all the pieces in place." (respondent 6)
Disruptive of work	"But it's really a pain when you're writing applications for funding and there you got to turn around and begin sending out letters to everybody and everybody has to stop what they're doing to get your letter back to you. That's the piece of it that I really don't care for." (respondent 8)
Check-box for projects	"Because let's say the project gets audited and it didn't go well. Well did you have an MOU? Well, no. Well there you go. That's the problem with your process. You should have had an MOU. Would it have mattered if you had an MOU? Probably not, but when it gets evaluated and looked at retrospectively it's like, none of these projects worked and half of them didn't have MOUs..." (respondent 21)
Actual collaboration not affected by MOUs	<p>"And I don't even think we have an active MOU with [agency name], to tell you the truth. But we interact with them, and I was thinking about that when I was doing the survey. I was like half these people I don't even think I have an MOU with but I deal with them more." (respondent 7)</p> <p>"Sometimes MOUs are executed just for the sake of the grant, because the grant requires that we include letters of support or memorandum of understanding, and there's no collaboration whatsoever. . . . So it's—you have to sign paper, but they're not obligated to refer clients to you because everyone's getting the MOU of everybody." (respondent 10)</p>
Content lacked relevance	<p>"So it's like they came up with this format and I'm like, you know, it says how often we're gonna meet and what are we gonna—I don't know that. Okay, if you want me to make up something, I can make it up. And that's literally what people do—they just make up, they just fill out just to meet the requirement. But it has no real meaning and it doesn't mean anything until-first of all, I don't know [if I] even want to spend that kind of time on anything that I don't even know if I'm going to be funded on. To me, that's a waste of my time. But anyway, that's what you do and that's how it's done. And the devil is in the details." (respondent 7)</p> <p>"Because some of them are just like, 'Oh, I recognize your agency as an agency of HIV and I recognize your agency.' But it doesn't say what you're going to do, how you're going to collaborate, what services or availability. It doesn't say anything other than we know each other and we agree that we both support our involvement in the efforts of HIV. I mean that's not an MOU, but that's an MOU that a lot of agencies have. It's not very specific or it doesn't detail anything at any level... what is the expectation in terms of service or involvement with the process." (respondent 20)</p>

(continued)

Table 3. Continued.

Theme	Sample quote
Frontline staff unaware of MOUs	"When there is a memorandum of understanding, in my experience, the vast majority of the people who are frontline workers don't even get any exposure to it." (respondent 2)
Not needed to access public services	"And in general the public can access these services on their own because they are public services so that piece of paper whether we have it or not does not negate what we do and how we do what we do, so I just believe that it's a waste of paper." (respondent 1)
Intra-agency MOUs were considered irrelevant	"I don't know why they required it but you know they want us to have like MOUs between you know like [professional's name] and it's like inter [sic] agency MOUs, it seems silly to me. I mean they are practicing right in the [agency office]." (respondent 4) "I think it's hard because we have so many things in-house. So it's not uncommon for us to do a grant and think well, who we can do an MOU with. We'll do it with [professional's name] downstairs 'cause he's the pharmacologist. Who else do we need to collaborate with, you know?" (respondent 6)
MOUs not evaluated	"Honestly, do we look at them after that grant gets sent in? Nope. And that's because we already have that relationship I guess. So it's not like we need to whip this out and say hey [agency name], you said you were gonna send us 15 [clients]. You know, you've not. There's none of that." (respondent 6)
Did not strengthen inter-agency relationships	"I think MOAs was something we had to do to prove to the funders, but I don't think they necessarily strengthen, to be really honest, the collaborations we had and do have and probably will have. I think it's just—I understand things needing to be in writing, but sometimes it feels a little bit like an exercise we had to do. It doesn't necessarily generate a change at the counselor-client level, to be honest." (respondent 19)

MOAs: memoranda of agreement; MOUs: memoranda of understanding.

MOUs could potentially help agencies obtain information about clients from agencies they had signed MOUs with. Another respondent said that MOUs could potentially enable its clients to receive sub-specialty medical care at an agency they had an MOU with. Finally, one respondent said that MOUs could be useful only for newly established agencies.

### Negative aspects of MOUs

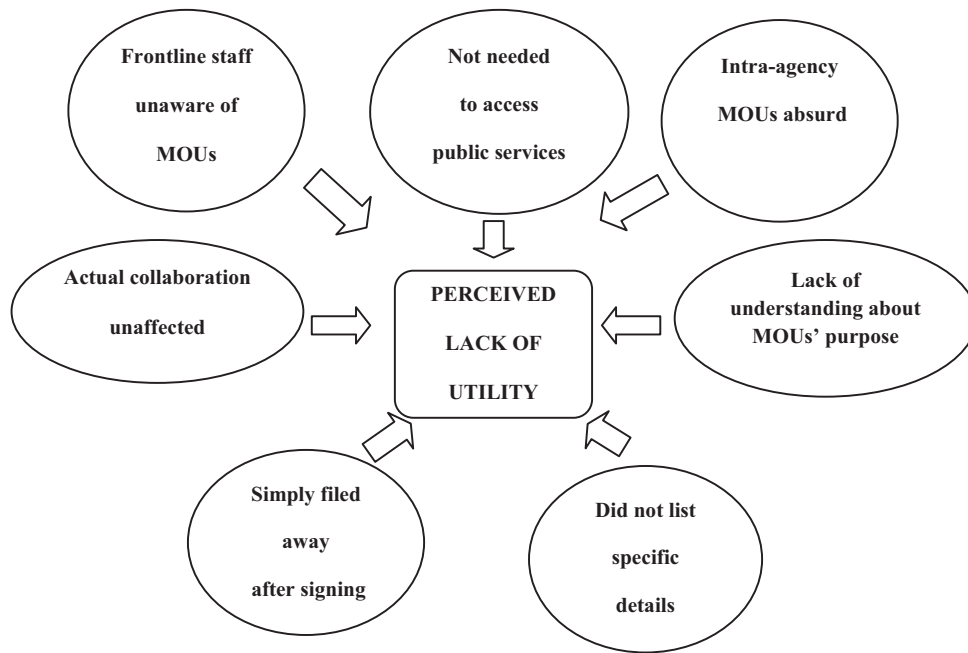
Despite the above-mentioned advantages, most agencies felt that MOUs were a nuisance for several reasons, which are grouped below under three categories: time consuming, lack of practical utility, and lack of evaluation.

**Time consuming.** Respondents indicated that the actual process of completing an MOU between partners was time consuming. Most respondents reported that they spent little time drafting an MOU, relying instead on modification of existing templates. However, MOUs required vetting by different departments or individuals responsible for legal, programmatic, and contractual aspects every time they were edited by either partner. Depending on the agencies and the level of detail involved, this process could even take months. Furthermore, MOUs were viewed as disruptive of the natural flow of work as agencies had to redirect their energy from their routine tasks to working on MOUs.

**Lack of practical utility.** Many agencies opined in strong terms that MOUs lacked practical utility. As one respondent said: "My feeling is they're useless, absolutely useless."

There were several reasons for this as explained below as well as depicted in Figure 1.

First, agencies lacked understanding about the purpose behind MOUs. Several agencies reported that MOUs were signed solely because they were a grant "requirement" and did not serve any real purpose. Second, actual collaboration was unaffected by MOUs. Many agencies did not have MOUs with some or even most of their regular collaborators. Furthermore, others said that they did not necessarily collaborate with agencies they had signed MOUs with. However, there were two exceptions: one agency reported it had MOUs with all its collaborators, and the second reported it had in fact more contact with agencies it had an MOU with as compared to those it did not have MOUs with. These agencies may use MOUs differently than other agencies; the first uses them with its sub-contractors, and the other offers very specific and unique services. However, overall, most agencies reported that collaboration was based more on personal relationships and a history of working together than on MOUs. Third, respondents noted that the content of MOUs often lacked relevance. One respondent explained that often details about the proposed collaboration were unknown at the time of



**Figure 1.** Factors contributing to perceived lack of utility of MOUs. Respondents mentioned several reasons why MOUs lacked practical utility. MOUs: memoranda of understanding.

submitting a grant application. It was not worth their time to pay attention to develop the content of a collaboration that was uncertain until funded. Furthermore, many MOUs did not specify anything concrete about the collaboration. Fourth, frontline staff were often unaware of MOUs. Both the LHD representative and some agencies mentioned that MOUs were signed between agency heads. Respondents indicated that frontline staff were often unaware of MOUs. This suggests that staff members who actually work with clients do not use MOUs since they are unaware of them. Fifth, with the exception of some specialty medical services, MOUs were not needed to access services provided by HIV agencies in Baltimore. Hence, an MOU between agencies did not necessarily help clients. Sixth, intra-agency MOUs were considered irrelevant. For instance, two respondents reported that occasionally, agencies had been asked to provide MOUs with other programs, personnel, or agencies that were actually part of the same organization. This request for MOUs among parts of the same organization bewildered some respondents. One agency reported purposely signing MOUs with another part of the same organization simply in order to have an MOU that demonstrated collaboration.

**Lack of evaluation.** Most agencies did not evaluate their MOUs. Only one reported that they periodically looked at a “book” that contained their MOUs to check if they

were being utilized. Moreover, little attention was paid to the time period for which MOUs were valid. Further, agencies did not communicate with each other about whether the expectations outlined in the MOUs had been met. Only one agency spontaneously mentioned that not evaluating effectiveness of MOUs was a cause for concern.

### *LHD's perspective*

The LHD representative from a unit that dealt with disbursement of a stream of federal HIV funding for local agencies explained that the option to submit MOUs as part of funding applications was introduced at the LHD level. Although not a requirement, agencies were encouraged to submit MOUs. This respondent believed that MOUs were a means for agencies to demonstrate that they could access necessary resources for their clients through collaborative arrangements with other agencies when their own capacity was reached. This helped the LHD fund agencies that were aware of the resources available with other agencies, and could leverage those resources. The respondent believed that through these MOUs, the LHD could foster inter-agency collaboration. However, the respondent acknowledged that MOUs were often a “paper exercise,” and collaboration depended more on personal relationships than formal agreements.



The health department representative felt that agencies did not think deeply about the content and purpose behind MOUs:

Well, see that's the first wrong mindset with the programs. They pull out that same template that they've been using for years, they don't think about the relationship of . . . they don't think about what this MOU is for today, how it affects today, the resources that [the other] agency has that you need. They don't incorporate what you will do and what you won't do.

In order to address the above-mentioned shortcomings, the LHD now requires that MOUs submitted as a part of grant applications cannot be more than 2 years old. This is expected to provide a more current picture of the resources available to agencies. The LHD representative shared that the new requirement has led to fewer MOUs being submitted, which he considered to be a positive development. MOUs to be submitted with applications for other grants that have the LHD as a partner now require a more stringent process and are signed at the city health commissioner's level.

## Discussion

This study specifically asked respondents to share how and why they developed MOUs and whether MOUs were useful in fostering inter-agency collaboration. Our results were mostly consistent with the literature that stated that mandated collaboration does not necessarily lead to actual collaboration. We found that agencies mostly rely on voluntary exchanges despite possessing formal agreements (MOUs) with several agencies. Agencies sign MOUs mostly to respond to mandates for collaboration. While new content for MOUs is rarely developed, getting MOUs signed and submitted is still a time-consuming process, which agencies said reduced the time available for actual work. MOUs lack practical utility because the collaborative behavior of agencies frequently stays unchanged. This defeats the actual purpose of MOUs, which, in this study's context, was to help agencies identify and use resources available at other agencies. Signing MOUs is mostly a ritual that sometimes, but not always supports actual collaboration. However, agencies still sign MOUs mostly because these are expected by funders. These findings are similar to the literature that reports that merely setting up systems for collaboration should not be mistaken for actual collaborative activity.<sup>11</sup> In particular, this study showed that MOUs did not necessarily foster new collaboration. Either MOUs merely reflected existing patterns of collaboration or else MOUs depicted "paper" collaboration where none existed in practice. In fact, a

network analysis of HIV agencies in Baltimore that used data from 1996 had similarly noted that agencies simply wrote agreements with existing collaborators instead of starting new collaborations.<sup>24</sup>

MOUs are not evaluated after being signed, which is another reason why actual collaboration patterns do not match the MOUs. The interviews did not suggest that collaborations supported by MOUs were qualitatively or otherwise different than those not supported by MOUs. This finding is different than the study that reported that mandated initiatives were somewhat associated with lower odds of implementation.<sup>17</sup> Furthermore, respondents did not suggest that MOUs by themselves motivated agencies to think differently about potential resources that could be accessed for their clients. Thus, the goal of the LHD in mandating MOUs to achieve a more seamless web of referrals does not seem to be met through MOUs. Agencies do not perceive any increase in efficiency by developing MOUs. In contrast to the LHD perspective, MOUs seem to hold little legitimacy and meaning and are time-consuming. This finding is similar to an Australian study of mandated hospital networks, which found that the mandate to collaborate by itself did not lead to integration of network governance.<sup>4</sup> Instead, institutional factors such as gain from resulting efficiencies and perceived legitimacy influenced hospitals' engagement in real integration of services.<sup>4</sup>

Consistent with previous literature,<sup>4,5</sup> this study also suggests that context matters. For instance, MOUs are less useful in Baltimore as agencies already know each other. MOUs may be more useful when networking opportunities are absent. Yet, at least two agencies in the current study reported using MOUs extensively with their partners and sub-contractors. This suggests that individual agency context may also influence the perceived utility of MOUs. The mismatch between actual patterns of collaboration and the MOUs is connected to the fact that MOUs are not binding and are not evaluated. Some MOUs are actually simple letters of support that do not detail mutual expectations. It is debatable whether MOUs, in general, should be binding. A model MOU that was recently drafted for hospitals for emergency preparedness was deliberately made non-binding to keep it flexible.<sup>16</sup> Yet, a non-binding MOU may end up as a document that guides action (or not even that) but does not mandate action and hence may be ineffective.

The problems with MOUs raised in this article that are relatively more actionable are those that arise from a lack of shared understanding among agencies and the funders that mandate MOUs on how and why MOUs should be used. This lack of communication was evident in the starkly opposite view of most agencies vis-à-vis the LHD. Agencies felt that MOUs were a nuisance

that wasted time and decreased efficiency. The LHD representative felt that MOUs could improve efficiency if used as intended, i.e. to identify and use available resources at other agencies. Furthermore, agencies should be informed clearly when MOUs are “encouraged” as opposed to “required.” In this study, the LHD representative was firm on continuing to use MOUs despite the anonymized responses from agencies about MOUs that were shared with him. In such a situation, the LHD can take an active role in disseminating the rationale behind requesting MOUs in grant proposals. They have already taken the positive step of demanding that MOUs be no older than 2 years. Furthermore, they themselves enter into MOUs according to a more stringent process than before. MOUs could be a key topic around which to organize a capacity-building workshop. MOUs can also be made more relevant by requiring that MOUs contain details of the proposed collaboration, have an expiration date, be disseminated to frontline staff, and be evaluated regularly.

Future research can investigate what formats may be useful for drawing up MOUs. While one agency did express frustration at being given pre-set templates for MOUs, guidelines for drawing up MOUs may actually help agencies think about what elements need to be in an MOU and which elements need to be binding.

Finally, a continuous push for improving communication and interaction among agencies will result in better coordination and possibly a better overall experience for clients. MOUs are just one of the tools for fostering collaboration and cannot replace regular interaction among agencies.

### Limitations

The sample comprised agencies that were believed to play key and diverse roles in the HIV field in Baltimore. Other than one agency, the rest were Ryan White Care Act Part A grantees or units of the LHD at the time the interviews were conducted. It is possible that agencies not included in this sample would have different views about MOUs. However, the presence of some disconfirming cases lends credence to diverse opinions having been captured. Second, agency employees other than the respondents may have different views on MOUs depending on their experience and position in the agency. For instance, one respondent who felt that MOUs were potentially useful had not dealt with any herself since the MOUs predated her tenure in the position. Last, the study did not include state and federal representatives that might actually be at the forefront for greater calls for collaboration. We sought to mitigate this limitation by interviewing the LHD representatives, which is important especially

since some funding decisions for some grants such as Ryan White Part A are made at the local level.

### Conclusions

The study adds to the relatively small literature on effectiveness of mandated collaboration. The findings support those from other studies that found that externally imposed collaboration does not necessarily lead to actual collaborative behavior. Instead, local factors such as perceived gains from collaboration play an important role in achieving desired outputs. While all respondents were in favor of greater inter-agency collaboration, most agencies did not perceive MOUs to be an effective means of fostering collaboration. Instead, MOUs were mostly reported to be a nuisance. While there were genuine operational challenges, such as the fact that obtaining MOUs is a time-consuming process, the frustration likely arose from a deeper lack of shared understanding among the funders, and the implementing agencies about the purpose behind the MOUs. This probably made most agencies perceive nearly all aspects of MOUs negatively.

Greater communication between funders and implementing agencies is recommended so that effective means of communication and collaboration can be developed. Both sets of stakeholders can play a proactive role in advocating for and developing systems that are responsive, relevant, and hold foremost the interests of vulnerable populations served by them.

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The authors declare that there is no conflict of interest.

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