

Community Feedback Conference

Health Care for Communities Partnership Initiative

Building Community Capacity and Partnerships to Improve
Mental Health and Substance Abuse Services

Co-hosted by

UCLA/RAND NIMH Center for Research in Managed Care

in partnership with

***BHS Inc., Healthy African American Families,
LA County Department of Mental Health, and
QueensCare Health and Faith Partnership***

What We'd Like to Get out of Today

- Report back findings from the study
- Get your feedback on
 - the information you find useful
 - information you'd like to see
- Discuss implications and potential “next steps” for
 - building community capacity and
 - effectively partnering to address mental health and substance abuse needs and disparities

**What do
you want?**

Project Background

- Pilot project
- Funded by Robert Wood Johnson Foundation (RWJF)
 - Supplemental support through NIMH and other NIH grants
- Community-partnered research model
- Data collection from Dec 2005–June 2006

Objectives

- Collaboratively develop an approach to understand and measure community capacity to partner around mental health and substance abuse needs
- Identify community organization strengths, gaps, common interests and challenges
- Map out current inter-agency partnerships and collaborative experiences
- Explore how organizations can better work together to achieve community health goals

Ultimate Purposes

- Feed back information to study participants and other interested community stakeholders
- Identify opportunities for partnering among local organizations
- Inform the design and implementation of community-based partnerships and health interventions
- Track changes in capacities of community agencies and health partnerships over time

Study Design

- Semi-structured interviews with administrators of organizations serving people with MH & SA needs
- SPAs 4 (Hollywood Metro/Downtown) and 6 (South LA)
- Interview topics
 - General organizational characteristics and capacities (main mission, main client/constituent base, staff, funding)
 - Health, mental health, and substance abuse priorities of the organization
 - Partnership and collaborative experiences with other organizations around MH & SA needs
 - Other organizations considered important to serving people with mental health and substance abuse needs
 - Desired partnerships would like to pursue

Sample of Community Agencies

- Community expert panel
- Identified agency “sites” considered important resources for people with MH &/or SA needs
- Final sampling frame: 94 sites
- Final response rate: **71%** (66/94)
 - 71% (SPA 4), 74% (SPA 6), 57% (Other SPAs)
- Analyses today: 61 of the 66 interviewed sites
 - 5 not data-entered in time; will be included in final project report

Completed Interview Sites by SPA

<i>Main Service Sector</i>	<i>Total completed</i>	<i>% of completed</i>
Mental health	20	27%
Substance abuse	20	32%
Social services	10	17%
Homeless services	7	10%
Medical care	8	12%
Other sectors	1	3%

Staff & Client Characteristics

	<i>Median</i>	<i>Range</i>
<u>Staff</u>		
Paid	30	0 – 5750
Volunteer	5	0 – 704
With MH training	5	0 – 4313
With SA training	2	0 – 50
<u>Clients</u>		
Unduplicated clients in past month	260	6 – 4500
% with MH disorder	75%	0 – 100
% with SA disorder	60%	0 – 100
% with COD disorder (including above)	30%	0 – 100

Study Findings

■ Health priorities

- Orderings and clusters of mental health, substance abuse, and physical health priorities

■ Inter-agency partnerships

- Numbers & types of partnerships, mappings of partnership connections among agencies

■ Partnering issues

- Motivations for partnering, desired areas for partnering, and obstacles & facilitating conditions

Ranking Agency Health Priorities

Q9. If your organization only had a \$1000 budget, how would it allocate this money across the following physical health, mental health, and substance abuse issues?

- | | |
|---|---|
| _____ 1 Anxiety disorders | _____ 16 Cancer |
| _____ 2 Depression | _____ 17 Congestive Heart disease |
| _____ 3 Personality Disorders (Axis II) | _____ 18 Diabetes |
| _____ 4 Serious Mental Illness (Axis I; bipolar, schizophrenia & other psychotic disorders) | _____ 19 Hepatitis A/B |
| _____ 5 Other mental health _____ | _____ 20 Hepatitis C |
| _____ 6 Other mental health _____ | _____ 21 HIV/AIDS |
| _____ 7 Other mental health _____ | _____ 22 Hypertension/High blood pressure |
| _____ 8 Co-Occurring Disorders (<i>please specify</i>): | _____ 23 Lung disease |
| _____ <i>Mental Health</i> _____ | _____ 24 Obesity |
| _____ <i>Substance Abuse</i> _____ | _____ 25 Oral health/Dental care |
| _____ 9 Alcohol addiction | _____ 26 Primary medical care |
| _____ 10 Cocaine/Crack addiction | _____ 27 Tuberculosis |
| _____ 11 Intravenous drug use | _____ 28 Other physical condition _____ |
| _____ 12 Methamphetamine addiction | _____ 29 Other physical condition _____ |
| _____ 13 Other substance abuse _____ | _____ 30 Other physical condition _____ |
| _____ 14 Other substance abuse _____ | |
| _____ 15 Other substance abuse _____ | |

General Health Priorities by SPA

	Average number of \$ points out of \$1000*			
	<i>Overall</i> (n=61)	<i>SPA 4</i> (n=30)	<i>SPA 6</i> (n=26)	<i>Other</i> (n=5)
Mental health	\$389	\$395	\$367	\$458
Substance abuse	\$229	\$220	\$234	\$254
COD	\$150	\$188	\$113	\$106
Physical health	\$233	\$197	\$286	\$182
	\$1000	\$1000	\$1000	\$1000

* Priorities bolded if average \$ points were greater than or equal to \$200.

Ordering of Specific Health Priorities

	Average number of \$ points out of \$1000			
	<i>Overall</i> (n=61)	<i>SPA 4</i> (n=30)	<i>SPA 6</i> (n=26)	<i>Other</i> (n=5)
Mental health*	SMI (\$118) Depression (\$106) Anxiety (\$38) Personality (\$28) Suicidality (\$19)	SMI (\$141) Depression (\$115) Anxiety (\$47) Personality (\$25) Suicidality (\$8)	SMI (\$113) Depression (\$109) Personality (\$36) Anxiety (\$33) Suicidality (\$29)	Depression (\$38) Suicidality (\$32) Anxiety (\$10) SMI (\$2) Personality (\$7)
Substance abuse*	Meth (\$57) Cocaine/Crack (\$57) Alcohol (\$53) IDU (\$16) Marijuana (\$9)	Meth (\$101) Alcohol (\$38) Cocaine/Crack (\$33) IDU (\$17) Marijuana (\$7)	Cocaine/Crack (\$91) Alcohol (\$75) Meth (\$12) Marijuana (\$12) IDU (\$6)	IDU (\$57) Alcohol (\$37) Cocaine/Crack (\$32) Meth (\$20) Marijuana (\$9)
COD	COD (\$150)	COD (\$188)	COD (\$113)	COD (\$106)
Physical health**	HIV/AIDS (\$55) Primary Med (\$32) Hep C (\$24) Oral Health (\$21) Obesity (\$17) Hypertension (\$17) Diabetes (\$14) Tuberculosis (\$11)	HIV/AIDS (\$70) Primary Med (\$42) Hep C (\$26) Oral Health (\$20)	HIV/AIDS (\$46) Hypertension (\$36) Obesity (\$32) Diabetes (\$24) Primary Med (\$22) Oral Health (\$22) Hep C (\$21) Tuberculosis (\$16)	Primary Med (\$27) Hep C (\$25) Oral Health (\$22) Obesity (\$12) Hep A/B (\$11) HIV/AIDS (\$10)

* Priorities bolded if average \$ points were greater than or equal to \$50.

** Priorities bolded if average \$ points were greater than or equal to \$30. Physical health priorities not listed if average \$ points were less than \$10.

Identifying Inter-Agency Partnerships

- Relatively conservative definition
 - “A collaboration between two or more agencies based on mutual cooperation and responsibility to achieve a specific goal”
 - Specifically excluded client referrals or vendor/contractor relations (unless in context of wider collaboration)
- Substantial numbers of partnerships reported
 - All partnerships across (n=61 sites): **314**
 - Average of **5.2** partnerships per site (6.3 in SPA 6 vs 4.3 in SPA 4)

Composition & Types of Partnerships

- Most common **target services/needs** addressed:
 - Social Services (46%) and MH (41%), followed by Medical Care (28%) and SA (20%)
- Most common **client/constituent groups** targeted:
 - Groups defined by age-Children & Families (32%), Adults (37%)- followed by Women (14%) and Homeless individuals (12%)
 - Partnerships targeting particular ethnic/racial groups were a small fraction (2-4%) and mostly in SPA 6
- Most common **reasons for initiating** partnerships:
 - To fill pending agency/client need (61%), followed by Funding opportunity (19%) and Individuals with vision/passion (19%)
- Most common **joint activities** of partnerships:
 - Joint care management (46%), Joint community planning/coordination (44%), and Joint education/ outreach initiatives (40%)

Partnerships Across Sectors & SPAs

- Partnering across service sectors
 - MH, Social Services, and Medical Care sites had highest proportion of partnerships within their own sector (33%, 32%, and 46%)
 - Substance abuse sector sites had highest proportion of their partnerships with Medical Care (23%) and Mental Health (17%) sites
 - Homeless Services sites had highest proportion of their partnerships with Medical Care sites (36%)
- Partnering across SPA areas
 - 51% of reported partnerships are between sites in same SPA
 - Most “out-of-SPA” partnerships for sites in SPA 4 & 6 were to other SPA areas (e.g., SPA 3, 5 or to a county-wide agency) rather than to each other

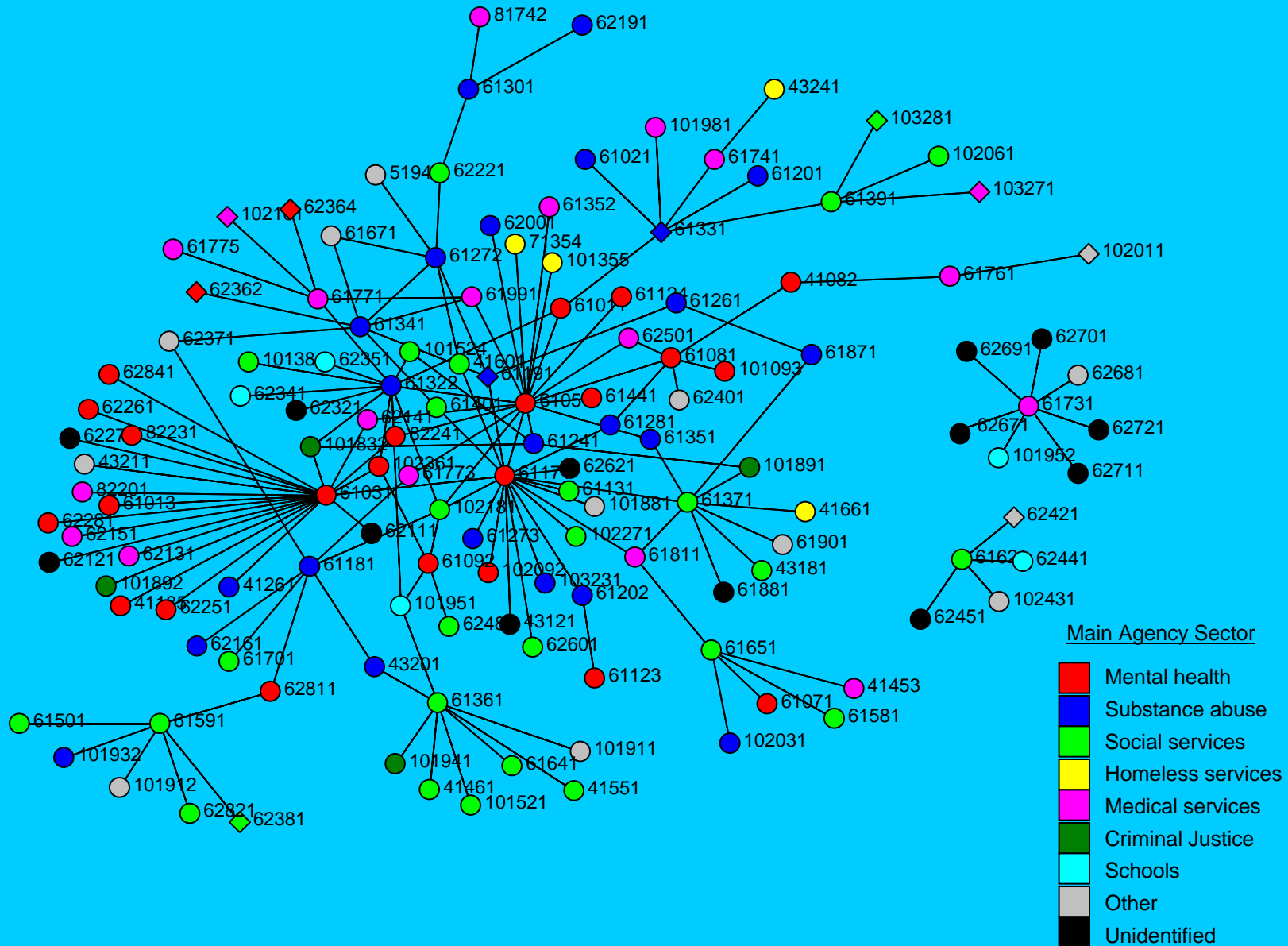
Mapping Inter-Agency Partnerships

- Network analysis techniques & visualization software (UCInet v6.0, NetDraw v1.0)
- Purpose: to detect structure and patterns of existing community collaborations
- “Picture worth a thousand words”

How to Read the Mapping Graphs

- Circles represent individual sites, colored by sector
- First digit of site id# represents primary SPA
 - “10” is used for county-wide organizations
- Diamonds represent “group partnerships”
 - e.g., coalitions, task forces, etc comprised of several organizations
- Lines represent partner relationships between sites or group partnerships
- In two slides (as noted), sites are also sized in proportion to numbers of paid staff

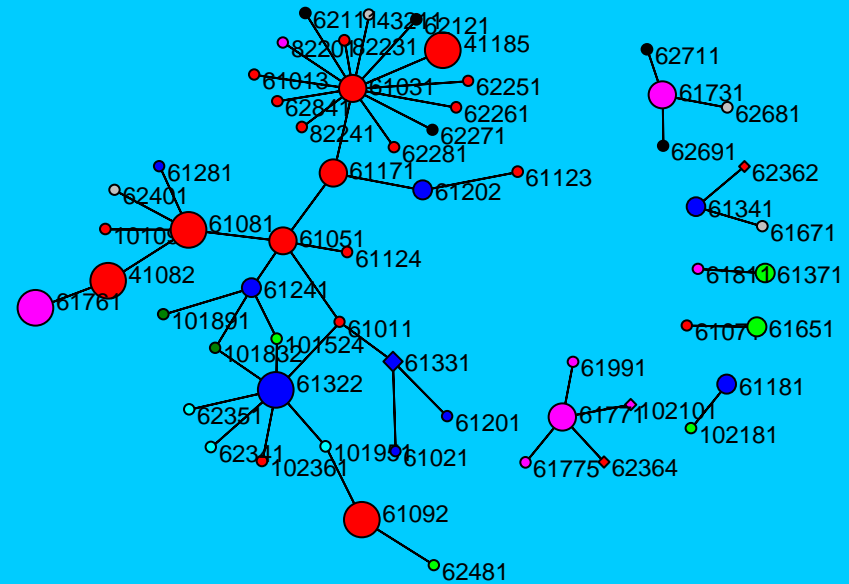
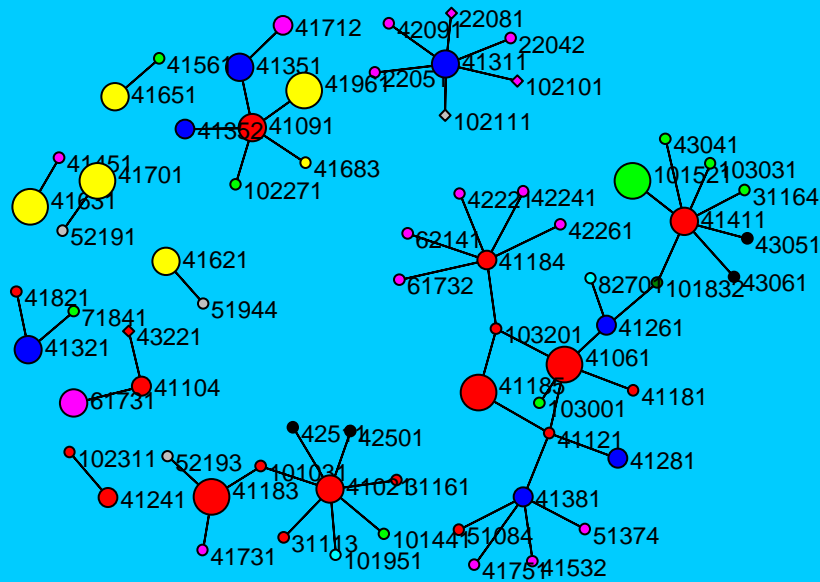
Partnerships Reported by Sites in SPA 6



Mental Health Partnerships (SPAs 4 & 6)

SPA 4

SPA 6

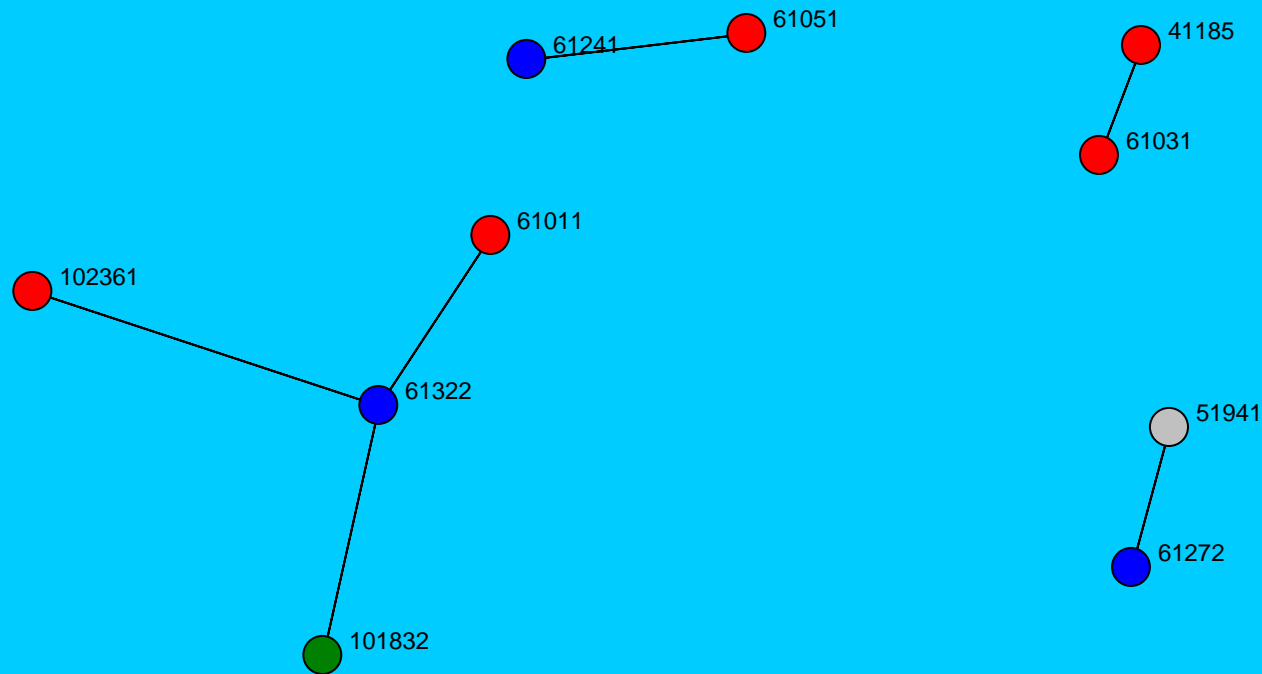


Main Agency Sector

- Mental health
- Substance abuse
- Social services
- Homeless services
- Medical services
- Criminal Justice
- Schools
- Other
- Unidentified

Sites sized according to numbers of paid staff (Small, Medium, Large).

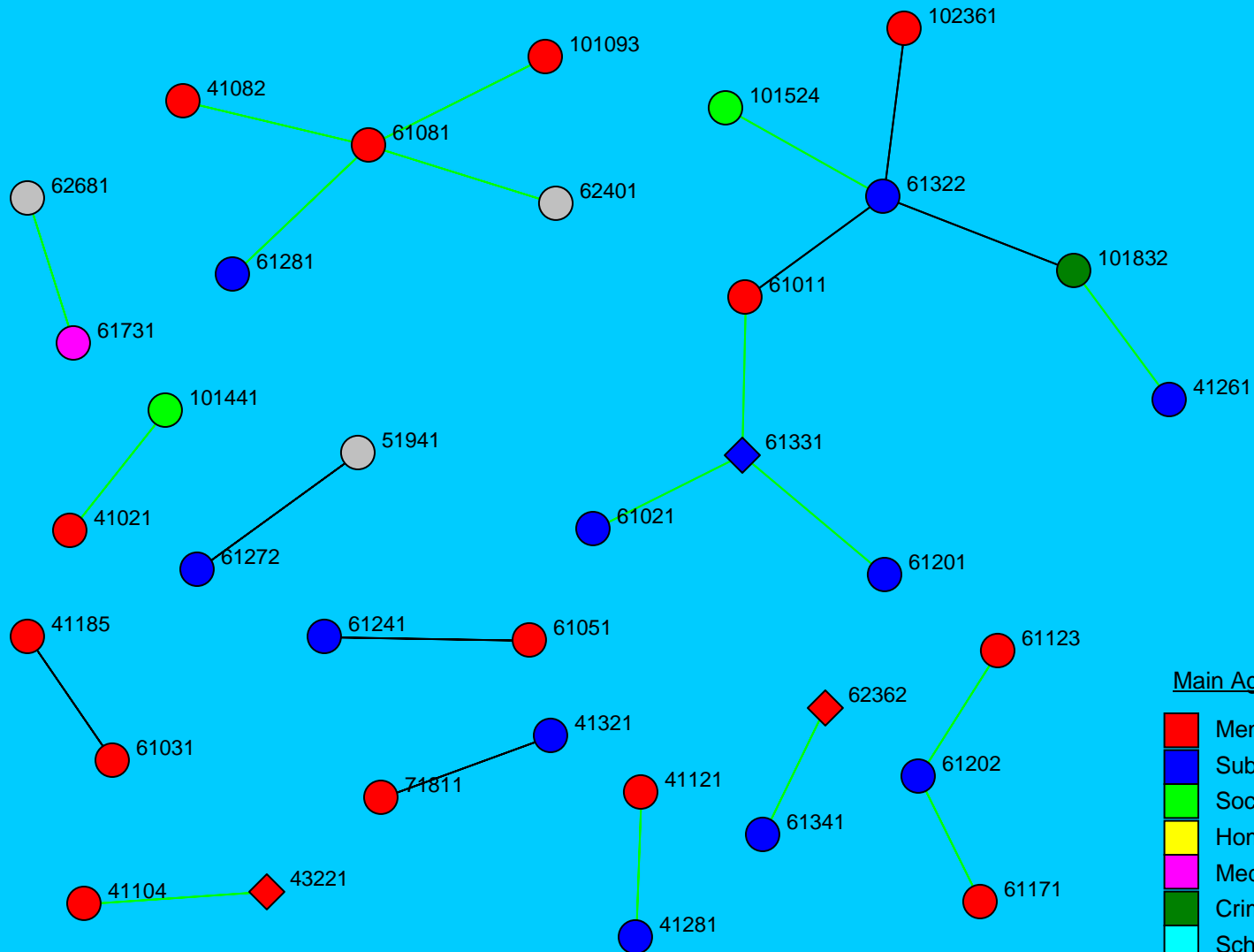
Explicit COD Partnerships (all SPAs)



Main Agency Sector



Partnerships Including Both Mental Health & Substance Abuse Services (all SPAs)



MH & SA partnerships – green lines
 COD partnerships – black lines



Partnering Issues

- Begun analyzing open-ended questions and discussion from interview transcripts
- Summarizing themes on three topics:
 - **Motivations for partnering** – why respondents look to partner with other organizations
 - **Desired areas for partnering** – types of partnerships respondents' agencies don't have but would like to
 - **Perceived obstacles & facilitating** factors for partnering
- Analysis today: 34 of the 66 interviewed sites
 - Careful not to over-interpret from the limited sample

Motivations for Partnering

- Expand & Improve Service Offerings (20)
 - For variety of services areas and expected service improvements
- Expand Client Base (3)
- Other motivations (1 each):
 - Increase funding
 - Benefit clients through policy advocacy/change
 - Improve knowledge of police & other providers on MH & SA issues
 - Produce research/evidence on best practices

Expand & Improve Service Offerings

Utilizing different strengths...

"And we do one thing good; and if we try and split our expertise to too many areas, we might be jack-of-all-trades and master-of-none. So we have the attitude that it's best to leave that to the experts and liaise closely with them."
(HIV services)

"I think that it's important-a lot of these kids have extensive amount of issues-it'd be nice if you can go from one place and then-having all the contacts and say, okay, I came here and maybe they didn't have all the services I needed, but they have a collaboration with this organization who can turn around and meet those needs."
(Substance abuse agency)

Expand & Improve Services Offerings

Integrating strengths...

"We are currently developing what we want to have as an ongoing collaborative partnership meeting so that people, on a regular basis, in our community, come together. We want to be central to making that happen, among quality providers...so that... services are more seamless to the client...they come in one door, and they can be attached to...all these services...whatever it might be, that they need." (Child mental health provider)

Desired Areas for Partnering

- Medical care (20)
- Mental health (12)
- Substance abuse (10)
- None-No desire (8)
 - “We’re fine”, (very) self-sufficient, unsure
- Social services (5)
- Other areas (1 each)
 - COD, Shelter and Domestic violence, Police, and Schools

Desired Areas for Partnering

Mental health...

"I think we have a shortage of good psychiatrists in the area. That's why DMH, I think, is the ultimate partner...If you're a large organization, you can afford to hire these psychiatrists full time [and] get interns." (Homeless services agency)

Substance abuse...

"I would say substance abuse. It's what we're currently developing, working on. We're very serious, in wanting to formalize that. In addition to what is an existing referral relationship. I mean, we already make referrals, but we want to formalize that more." (Child mental health provider)

Best of both worlds...

"...if you could add the professionalism involved with mental health providers, with the passion of the Narcotics Anonymous and these self-help groups...wow! What a combination!" (Youth social service agency)

Perceived Obstacles to Partnering

- Pessimism (5)
- Lack of interest (4)
- Professional “culture clashes” (3)
- Other obstacles (1-2 each)
 - “The system” (complexity, overwhelming size), Funding (restrictions, lack of), Regulation/paperwork, Lack of suitable partners, Overwhelming need, Competition among agencies, Lack of organizational capacity (time, resources), Poor cultural awareness, Geographic location/ distance

Perceived Obstacles to Partnering

Pessimism (and funding system)...

"All that stuff the government has set up where they want all these lead agencies, and all these partner agencies, and everything that's being done is really poorly conceptualized, and doesn't work well. What ends up happening is the lead agency basically takes over the service, and everyone else can't make any money out of it, because the way it's set up there's not enough funding..." (Drug treatment agency)

Lack of interest (and time)...

"I don't think it's important to either organization. When I have tried to do stuff with drug and alcohol programs, they're basically not interested. And when I have tried to get community health services to do more for substance abuse, they basically give it lip service..." (Medical care clinic)

Facilitating Conditions & Factors

Trust, clarity, and creativity...

"We know each other. We tried to go for a grant together. We didn't get it, but we got to know each other's programs, and gain respect for each other, and I think are in that process of making a true partnership. Once again, we have to be very, very clear of what this partnership is going to look like. It's not just referrals. We're talking about doing a mutual project where families can benefit on both ends. And, that means becoming creative." (Child and family service agency)

Receptiveness improving (maybe)...

"I have a sort of general feeling that substance abuse services may have improved a bit over the time I've been at [this agency]. We certainly found more people to liaise with, and a number of them successfully. Whereas, for mental health, really, we seem to be pretty much on our own. There's not too much we can get from anyone else." (HIV services)

Location, location, location...

"...it's really local, like a few blocks away from the center. So in terms of the services, a lot of the families, they look for places in the area. So obviously, that's why we...work with them." (Family services agency)

Summary of Findings

- Similar health priorities across SPA's, especially related to mental health
- Rich diversity of partnerships in both SPA areas
- Mental health partnerships generally more extensive than Substance abuse partnerships
- COD partnerships the least extensive and most fragmented
 - Additional partnerships that include both MH and SA services not framed as COD
- SPA 6 partnerships tend to be more densely connected and less fragmented
 - Greater likelihood that agencies aware of what others in community are doing
- Partnership mappings in general appear diffuse with no obvious central organization or set of organizations
 - Less chance for bottlenecking, but no one positioned to see 'whole picture'
- 'White spaces' in mappings may represent opportunities for partnering (if need & desire exist)
- Pessimism and lack of interest emerging from preliminary data as substantial issues to partnering

Thank You!

Questions

- What resonates with your experiences?
- How might the study findings be of use to you?
- What information do you find most useful?