

**Partnering for Mental Health and Substance Abuse
Needs in Los Angeles:
A Community Feedback Report**

Summary of the Community Feedback Conference for the
Health Care for Communities Partnership Initiative
held at the USC Davidson Conference Center, July 7th, 2006

Report issued December 2006

Prepared by:
Peter Mendel, PhD
Susan Fuentes, RN, MSN, CNS

A joint research project of the UCLA-Semel Institute Health Services Research Center and RAND Health, in partnership with BHS, Inc., Healthy African American Families, Los Angeles County Department of Mental Health, and QueensCare Health and Faith Partnership.

This study has been funded by the Robert Wood Johnson Foundation (038273) with supplemental support through grants from the National Institute of Mental Health (P30MH068639:01), CDC-Drew Interagency Personnel Agreement (991PA 06350), and NIH (P20-RR11145, U54-RR019234, U54-RR14616, and MD0082).

Table of Contents

1. Study Background.....	1
Purpose.....	1
Methods	1
The Community Feedback Conference.....	2
Follow-up Activities	3
2. Summary of Conference Discussions	3
Community Health and Partnering Priorities	3
Key Partnering Challenges and Successful Strategies	6
Proposed Next Steps	10
3. Contacts.....	13
Research Partners	13
For More Information.....	13

1. Study Background

The Health Care for Communities (HCC) Partnership Initiative has been a pilot project funded by the Robert Wood Johnson Foundation with supplemental support through NIMH and other NIH grants aimed at understanding how local organizations can effectively partner to improve mental health and substance abuse services and reduce disparities related to these needs in Los Angeles communities.

The study has been conducted jointly by the UCLA-Semel Institute Health Services Research Center and RAND Health in partnership with Behavioral Health Services, Inc., Healthy African American Families, the Los Angeles County Department of Mental Health, and QueensCare Health and Faith Partnership.

Purpose

As a pilot project, the study has focused on developing a community-partnered, strength-based approach and methodology to distinguish successful strategies and conditions for organizations to partner around mental health and substance abuse issues. The specific goals of the study have been to:

- 1) Identify the capacities and strengths that local organizations bring to addressing mental health and substance abuse issues in a community
- 2) Map out current inter-agency partnerships and collaborative experiences around these issues, and
- 3) Explore how organizations can better work together to achieve community health goals

The ultimate objective of the project is to feed back information to study participants and other interested stakeholders in Los Angeles communities in order to help:

- 1) Identify opportunities for partnering among local organizations
- 2) Inform the design and implementation of community-based partnerships and health interventions, and
- 3) Track changes in the capacity of communities and local health partnerships over time to address mental health and substance abuse needs and disparities

Methods

The main method for collecting data for the study consisted of an in-person, semi-structured interview of about an hour in length with administrative staff from a variety of service agencies and community-based organizations serving people with mental health and/or substance abuse needs in two Los Angeles County Service Provision Areas (SPAs): Hollywood Metro/Downtown (**SPA 4**) and South LA (**SPA 6**). These two SPA's each include large and diverse communities representing high need for public health and mental health services, but also exhibiting unique sets of community stakeholders, service providers, and different histories of community collaborations.

The sample of organizations in the study included a number of social services, medical care, and other types of agencies in addition to those in the mental health and substance

abuse treatment sectors, and also included several agencies based in other SPAs that serve people in the two primary geographic areas of the study.

The Community Feedback Conference

As part of the community-partnered approach of the study, the academic (UCLA, RAND) and community partners (BHS, HAAF, L.A. County DMH, and QueensCare) held a Community Feedback Conference on July 7th, 2006 at the USC Davidson Conference Center to which study participants and other interested stakeholders in Los Angeles communities were invited. The conference was attended by over 80 individuals representing 50 agencies, and was a major vehicle for feeding back information and engaging in a wider community dialogue about the implications of the study findings.

The conference presented preliminary findings from the study, including: the community health priorities of agencies related to mental health, substance abuse, and medical care needs; the existing composition and structure of inter-agency partnership networks for different services in each SPA area; and partnering successes, barriers, and desired future types of partnerships reported by the individuals interviewed at agencies that participated in the study. These analyses were also distributed in the form of a Chart Book of Preliminary Study Findings, available from the project research partners.

After the presentation of findings, conference attendees participated in a series of breakout and other focused discussions on the following topics:

- **What types of partnerships are most needed?** What are the high priority services and needs in the communities in which you're involved? When does it make sense for agencies to partner, and for what purposes?
- **What are the main challenges in partnering?** Do the challenges differ for different types of services or needs, for example mental health versus substance abuse or medical services, depression versus serious mental illness, cocaine/crack versus methamphetamine addictions?
- **What do we as individuals and the organizations in our community need to do to better work together in improving services for people with mental health and substance abuse needs?** What changes are needed in our current systems of care? What solutions have worked in the past? What's needed going forward?
- **What specific types of information would be useful to have in order to improve efforts for effective partnering?** How could we improve on studies like the Partnership Initiative to provide this type of information?

Section 2 of this report summarizes the content and conclusions of these discussions. It consists of three sets of themes:

- 1) **Community Health and Partnering Priorities:** including community health priorities related to mental health, substance abuse, medical care needs, as well as partnering objectives considered by discussants to be associated with effective community collaborations.

- 2) **Key Partnering Challenges and Successful Strategies:** including structural and systemic barriers to collaboration as well as challenges that arise in the process of partnering; and strategies for overcoming challenges as well as conditions associated with successful partnerships.
- 3) **Proposed Next Steps:** major suggestions generated by conference participants on advancing community partnering on mental health and substance abuse needs, including community dialogue and engagement, partnering tools and resources, and research and evaluation.

Follow-up Activities

We welcome comments about the study, the conference summary, or next steps in advancing community partnering on mental health and substance abuse needs. In particular, the research partners of the HCC Partnership Initiative will be using this report as part of follow-up with conference participants and other community stakeholders to develop actionable items and proposals based on the feedback conference's Proposed Next Steps.

2. Summary of Conference Discussions

The content and conclusions from the breakout and other group discussions at the community feedback conference are summarized below according to three sets of themes: partnering priorities and objectives, key challenges and successful strategies and facilitating conditions for partnering, and proposed next steps to improve the design and implementation of effective partnerships related to mental health and substance abuse needs.

Community Health and Partnering Priorities

Community Health Priorities

Conference attendees discussed in detail the community health priorities reported by agencies interviewed in the study. Rather than attempting to reach consensus on a systematic ranking of all priorities, the discussions focused on fleshing out and filling in particular high priority needs, understanding the issues on making progress in these areas, and identifying where complementary sets of partners and resources may exist in local communities to address these needs. Many of the priorities listed below will likely not appear new to those familiar with local services and support for individuals with mental health, substance abuse, and related needs. However, there was great utility in a forum in which such needs could be more comprehensively discussed and in which commonalities and differences in the types of priorities, underlying causes, and potential challenges and strategies could be identified.

It should also be noted that, as the list of priorities and issues below were generated from reactions of participants at the community conference, they—like the preliminary findings from the study interviews—reflect the particular experiences of individuals from agencies and community-based groups serving people with mental health and substance abuse needs in the Hollywood Metro/Downtown (SPA 4), South LA (SPA 6), and other Los Angeles communities.

- **Mental health**—the conference discussions specified a lack of community access and capacity for a variety of needed mental health services, including family therapy, individual counseling, treatment of moderate depression, as well as psychiatry for the seriously mentally ill (SMI) for which some attendees reported waiting lists for up to 6 months. Mental health services were considered especially in short supply in South LA (SPA 6), although the study findings indicated that service providers were relatively more interconnected with one another in that area.
- **Substance abuse**—the conference discussions echoed the specific priority substance abuse needs reported in the study findings, particularly methamphetamine and cocaine/crack addictions.
- **Co-occurring disorders**—conference attendees were generally not surprised by the study findings that co-occurring mental health and substance abuse disorders represented a high “gap” area and that inter-agency partnerships addressing these needs were the least extensive and most fragmented compared to other general categories of health needs (i.e., mental health, substance abuse, and medical care).
- **Medical care**—similar to the most desired areas for future partnerships reported in the study, many conference attendees agreed on the importance of better coordination with healthcare providers to improve access of persons with mental health and/or substance abuse disorders to medical services, in particular primary medical care and, especially in South LA (SPA 6), prevention and treatment for diabetes, heart disease, and high blood pressure.
- **Homelessness**—mental health and substance abuse services were noted as high needs for the homeless population. Conference attendees emphasized that this included homeless women, children and families, as well as men, to whom many of these services are typically geared.
- **Housing**—obviously linked to homelessness, adequate housing was noted to be especially lacking for persons with co-occurring disorders. Many facilities have difficulty handling one or another of a client's co-morbid conditions, resulting in both inappropriate care and frequent mismatches between clients and services, such as mentally-ill individuals ending up in facilities intended for addicts, or moderately mentally ill clients taking away beds for SMI.
- **Criminal justice system**—there was great passion for improved coordination between community mental health and substance abuse providers with the criminal justice system, particularly for discharge and reentry services for parolees and probationers. A number of conference attendees also attributed a lack of funding and spaces for these individuals within community services to categorical funding restrictions and focus of public budgets on the corrections system rather than community support.
- **Undocumented immigrants**—in addition to overcoming legal barriers to accessing services, the need was stressed for coordination of services for

undocumented immigrants who, it was noted, typically have multiple health and social needs.

- **Youth-related services**—a variety of specific needs were raised related to youth, including better coordination of mental health and substance abuse services with schools, mental health and substance abuse services targeted to high school dropouts, addressing a perceived lack of adolescent beds in healthcare facilities, and tailoring services to the changing needs of youth at different ages.
- **Other priority needs** identified in the conference discussions included: transportation, gang and police violence prevention, and features of the physical environment within communities, such as urban blight, toxic waste, and street/neighborhood maintenance and revitalization, that can have great impact on mental health stressors, substance abuse facilitators, and other health and safety issues for residents.

Partnering Objectives

Beyond specific types of services and individuals in need, the conference discussions identified a number of general objectives that, in the experiences of conference participants, are associated with effective partnerships. Many attendees were quick to emphasize that partnerships are not a panacea for all the ills facing community agencies and systems of care. Rather, collaborative efforts should concentrate on areas and topics in which partnering makes the most sense and is likely to yield useful benefits for the agencies involved, their clients or constituents, and the community as a whole. In some instances, the most important collaborative activities may relate to supporting the work of agencies providing services to individuals in the community, making resources available, and freeing constraints on their ability to provide services and coordinate care with other organizations, as elaborated in the following range of objectives.

- **Providing a community-wide perspective.** Such a perspective is difficult to obtain, but necessary to overcome fragmented systems of care and collaborative efforts.
- **Improving use of research and evaluation.** Such efforts can be a key vehicle for providing community-wide perspectives, as well as guiding and motivating change. This would also include building the capacity of community agencies and groups to participate and conduct research and evaluation.
- **Improving communication and dissemination of information.** Such efforts would include clearinghouses of research findings on local communities, and making important data and findings available to all relevant stakeholders in the community.
- **Assisting with implementation and putting information into practice.** Such efforts would include guidance on implementation strategies, resources to support implementation of new practices or programs, and learning and sharing among agencies on best practices.
- **Developing comprehensive, holistic models, programs, and coordinated systems of care** that address the full range of needs of a particular individual (e.g., ensuring 'wrap-around' services, taking into account cycles of morbidities

such as from mental illness to substance abuse to homelessness and incarceration, and recognizing that for many clients, “no agency can do it all”).

- **Overcoming limitations of categorical funding restrictions**, which often inhibit more holistic and comprehensive care. Partnering with other agencies can be a key method for providing services to clients who fall outside an agency’s criteria to receive reimbursement for certain services.
- **Eliminating redundancies in local systems of care**. These efforts would include identifying and capitalizing on economies of scale where possible, leveraging the full range of agencies and capacities within the community to address a specific problem, and simply helping to avoid ‘reinventing the wheel’.
- **Ensuring appropriate placement** and matching of clients to services in the community.
- **Improving access and coordination of services**, and in particular, eliminating health disparities for minorities and underserved populations, who typically confront poor access and coordination of health services.
- **Advocating for policy and systems change**. Collective action is often necessary to effect change in public policy (even at the local county or city level), to ‘open up’ certain agencies that appear unresponsive to needs of other groups within the community, and to raise public awareness and educate the community as a whole, which can lower stigma associated with particular groups and conditions and broaden support and use of needed services.

Key Partnering Challenges and Successful Strategies

Key Challenges

The conference discussions identified various key challenges that the range of agencies represented in the forum have faced. In addition to structural challenges such as lack of funding for particular services, categorical funding restrictions, and lack of knowledge about other agencies and community resources (e.g., resulting in inappropriate referrals), participants raised a number of challenges that arise in the process of partnering. These challenges include differences in treatment and care philosophies between agencies and professionals, unwillingness of many agencies to work with other organizations (until they have to), unwillingness of many agencies to build strong, interactive, “true” partnering relationships with other organizations, the cost and overhead required to do so (especially a problem for smaller agencies), mismatches between agencies (in terms of a partner agency lacking the competence or capacity to adequately serve referred clients, or smaller agencies being overwhelmed by referrals from larger agencies), difficulty in sustaining momentum of partnerships over time, and the paradoxes of institutionalizing partnership relationships (e.g., through memoranda of understanding and other formal agreements) while building and maintaining underlying informal relationships, flows of information, and trust.

Many of these challenges were common “across the board” among organizations, but other issues tended to be more salient for certain agencies or clients, such as some agencies shying away from partnering with providers serving COD clients because these individuals are perceived as requiring additional work, the mobility of homeless clients many of whom distrust the system while at the same time “gaming” it, and the particular challenges mentioned above for smaller agencies to engage in partnering. It was also

noted that although nonprofit organizations in many community settings appear to be working together more now than in the past, government agencies were perceived as not making similar progress in improving collaboration, either with community-based groups or other government organizations.

The amount of the challenges described above that agencies face tend, at least in the experience of conference participants, to increase with the extensiveness of the partnerships in which they are engaged. Likewise, most agencies involved in partnerships to any degree had encountered a number of these challenges, corroborating the study's preliminary findings that pessimism and disinterest in partnering are often based on the frequent difficulties and disillusionments that agencies have experienced in the past. As one conference participant stated, "some partnerships just do not work", and "we've had some really hard and bad partnerships."

Successful Partnering Strategies & Facilitating Conditions

In discussing the many challenges entailed in partnering among community-based agencies and groups, conference attendees also shared their collectively extensive experiences with strategies for overcoming these issues and particular conditions associated with successful partnerships and collaborations.

Results-oriented partnerships

A key theme that persisted throughout the conference discussions concerned how to ensure the effectiveness of partnerships. That is, that they are formed and oriented toward producing results of desired impact that yield a worthwhile "return-on-investment" to the agencies, groups, and individuals involved, and in particular to their clients and the community at large. To many, such effective partnerships rely foremost on having a set of clear purposes and objectives for the collaboration and a "task orientation" in which partners work together to explicitly define the steps and timeframe to achieve goals, and then maintain focus on milestones and progress. One participant noted that service area provider meetings—such as ongoing meetings established in each SPA area by the L.A. County Department of Mental Health and other county agencies—are the "right idea" in terms of attempting to bring together an inclusive, wide range of relevant stakeholders in local community services (an issue addressed below). However, these meetings rarely generate (and may not be designed to result in) specific joint initiatives that draw together agencies in order to tackle targeted high priority needs.

True collaboration—trust and rapport

A second fundamental issue in creating effective partnerships was related to the "quality" or "depth" of collaboration. A broad spectrum of conference participants acknowledged, as discussed above, the difficulty of attaining "true" partnerships consisting of real activity and interaction between agencies and their staff, as opposed to partnerships that "exist in name only" or merely "give lip service" to the notion of collaboration. Creating such "true" partnerships typically requires explicit effort at building the trust and rapport necessary to support strong and ongoing relationships among individuals and groups.

Suggestions for building trust included focusing on the informal and personal relationships among individuals, which underlie—and are often prerequisites to—formal agreements and partnerships (e.g., contracts or memoranda of understanding). While specific activities such as staff sharing are highly useful in developing these types of

personal relationships, conference attendees also emphasized the importance of maintaining a certain degree of “fluidity” and not attempting to overly structure, program, or force these connections. Another crucial element to building trust is a willingness to compromise and respect the boundaries of different partners. Without compromise and respect, it can be difficult if not impossible for community agencies and organizations to deal with “turf issues”, which are often related to fundamental needs and interests of agencies, professionals, and various community groups. For example, conference attendees who have been involved specifically in academic-community partnerships discussed how the inclination of researchers to distance themselves in an attempt to maintain a sense of scientific objectivity can find it difficult to relate to community partners and “fit in” within community settings. Likewise, it is easier for community groups to accommodate the needs of academic partners if they understand the scientific principles and reasoning used in research. As a result, academic researchers ordinarily need to spend time in the community to understand the community context and build rapport with community partners. Otherwise, research projects run greater risk of ending with tension and unease between community and academic partners, after which it can be very challenging to “pick up the pieces” for future initiatives.

Other suggestions to build trust and rapport reflected various cross-education and training strategies. These strategies included direct education on communication skills and principles of good dialogue, e.g., honesty—particularly important, as one conference participant noted, given the serious implications of the success or failure of many collaborative efforts on the lives of individual clients. Other such strategies included cross-training of staff on addressing different needs of clients, such as of substance abuse providers on mental health issues to help differentiate behaviors related to drug withdrawal versus mental illness. A “barter” system among agencies (i.e., quid pro quo training of each other’s staff) can be an effective way to partner and a cost-effective method for cross-training and exchange of knowledge. However it was also noted that “an afternoon of training” is a short-term solution and can fade quickly if not put into practice. Learning by “doing together”, such as staff sharing mentioned above or joint projects, may be a more effective long-term strategy for transfer of knowledge and encouraging strong respect and rapport among individuals across community agencies and groups.

Identifying partners

A third set of themes focused on how to identify potentially valuable partnership opportunities. As alluded to above, many agencies face a difficult challenge in recognizing when partnering may be useful and finding appropriate partners to address organizational and community needs. Here it was considered that much greater progress could be made in developing community-wide perspectives that promote knowledge of the capacities of other organizations and groups, appreciation of their expertise, and linking and networking of potential partners. Indeed, one of the main objectives of the conference—the presentation of study findings and discussions among attendees—was to help facilitate just such a perspective.

Community-wide perspectives and awareness were considered particularly crucial to ensuring the inclusion of all relevant stakeholders in collaborative activities, which not only provides input from all affected parties, but also enables leveraging the diversity among community members, finding the best fit among community partners that complement each other’s missions and services, and building on the strengths of

different agencies and groups. These benefits in turn are useful for coordinating among various partnerships within a community, as well as contribute to the ability of partnerships to be sustained in the longer run (see below). A number of conference participants remarked that faith-based organization in particular appear to be underutilized as partners for mental health, substance abuse, and other health services and support, although it was recognized that there often special issues in engaging these organizations (e.g., parishioners may not see the benefit of collaborating on health-related projects).

In addition to the cross-training, education, and communication strategies described above, conference participants suggested the need to be “forward thinking”, seeking out relationships with others interested in common issues. This strategy includes both those agencies and groups that “want to talk with you”, as well as others that—because of their centrality or specialized services—are necessary to engage (e.g., certain large local hospitals that appear uninterested in working with community-based groups). In the latter case, collective engagement of these organizations by several groups may entice or pressure them to be more cooperative.

Initiating and growing partnerships

A fourth area of discussion touched on issues of getting collaborations off the ground and expanding partnerships when needs require. A key principle in successfully initiating partnerships emphasized in the conference discussions was to ensure that all partners realize benefits from the collaboration that they find valuable—i.e., that it represents a “win-win” for all participants. Coming to consensus at the start on the nature of these “wins”—in addition to the objectives of the partnership and roles of each partner—is important in order to secure the necessary commitment from all involved to move beyond the initial stages of collaboration. But of course, the expected benefits and investments of a partnership may change over time, requiring that they occasionally be revisited throughout the course of a collaboration.

The successful formation and initiation of partnerships is also highly dependent on the ability (or even art) of presenting and framing issues in ways that resonate with potential partners and other community stakeholders. As conference attendees pointed out, the “spin” put on an initiative can make a critical difference in soliciting agency and community involvement. Likewise, managing expectations over the progress, benefits, and impact of a partnership is important particularly during the early stages of collaboration when mutual understandings and trust are typically nascent. In this regard, “wise” use of research evidence can save “time and misery” in bringing stakeholders on board an initiative. By being able to say “we know this works”, people are more willing to get behind an effort.

Another valuable strategy for initiating partnerships is to identify and build on areas with a history of good collaboration. Skid Row providers to homeless and indigent individuals in the downtown Los Angeles area were mentioned as one local example of community-based agencies and groups that have demonstrated an ability to work together effectively.

Sustaining partnerships

A last set of themes related to the ability to sustain effective partnerships over time. There was occasional discussion of the pros and cons of formalizing collaborative

relationships through written agreements such as a memorandum of understanding. On one hand, a formal agreement can be helpful in outlining expectations and clarifying obligations. On the other hand, there can be non-trivial costs associated in drawing up such agreements, and, as stated before, risks in overly structuring the informal relationships that animate “true” collaborations. One suggestion for mitigating the drawbacks of formal agreements was the use of relatively simple templates that can be tailored at reasonable cost for specific initiatives.

Another central issue in the sustainability of partnerships related to obtaining adequate resources to support the specific activities of a collaboration. Here, prominence was given to alternative sources of support, especially private fundraising, that are necessary to fill gaps and limitations of categorically-restricted public funding. With regard to the recently approved California proposition, the Mental Health Services Act (a.k.a., Prop 63), which is expected to provide an additional \$100 million per year in Los Angeles County for mental-health related services, it was noted that it may be misguided to rely on these funds to furnish missing resources for inter-agency collaborations. Despite the measure’s emphasis on “full service partnerships” and new service programs, much of the funding is likely to end up being used to support, in some form or another, the public mental health system’s massively underfunded current service mandate. Indeed, some speculated the initiative may have the unintended consequence of detracting from the ability of service providers to solicit private sources of funds, since private donors may mistakenly assume that Prop 63 can free up funds they normally might contribute to support innovative community-based collaborations.

Finally, it was clear from the discussions that attendees considered many of the other strategies and facilitating conditions above—such as combining partners that complement each other in approach and service offerings, ensuring partnerships represent a “win-win” for all participants, attaining consensus on what partnerships entail and their expected roles and benefits, inclusion of partners who represent the diversity of affected stakeholders, and building trust and rapport among partnership members—to be equally important in sustaining, as well as initiating and maintaining, collaborations.

Proposed Next Steps

To act on the above priorities, challenges, and strategies, the conference discussions generated several major suggestions for improving the design and implementation of partnerships and the types of information that would most significantly aid the development of effective partnerships for mental health, substance abuse, and related needs. These suggestions centered on three areas:

Community dialogue and engagement:

- **Creating community forums, such as the HCC Partnership Initiative feedback conference, on an ongoing basis** for community agencies and members to continually discuss, define, share knowledge about, and actively engage each other specifically on community partnering needs and issues.
- **Identifying potential networks of agencies and community-based groups with interests and capacities to engage in partnerships** that address high priority community health needs. These partnerships may include any of a range of collaborative activities, from managed referral systems and joint provision of services to joint public education, awareness, and advocacy campaigns.

- **Ensuring inclusion of all relevant agencies and groups** in community forums, studies, and partnerships. Particular examples include law enforcement and other criminal justice agencies, all services necessary for a client to assume a more 'normalized' way of life to the level they desire, and faith-based organizations which may have strong access, resources and influence in particular communities.

Tools and resources:

- **Developing information clearinghouses and methods to share accurate and up-to-date information** on agencies, identify appropriate potential partners, and to better initiate work with them (e.g., how an agency operates, who are main decision-makers, where funding comes from, other agencies have worked with, etc.)
- **Providing resources and tool kits on effective partnering** strategies and techniques, including definitions and models of effective partnering. This also includes an easily accessible vehicle for disseminating these resources (e.g., a central website, making people aware of it), as well as a process for maintaining and updating the information and tools provided.

Research and evaluation:

- **Examining successful vs. unsuccessful partnerships** to learn strategies for improving the partnering process and identifying models of effective partnerships. This would include information that could aid in developing alternate, streamlined partnership strategies that would allow less burdensome participation in partnering activities, particularly for smaller community agencies and groups.
- **Conducting timely community-based 'gaps' analysis** of needs compared to existing community resources.
- **Developing data collection and methods to track the current state of local service systems** (the extent and location of various capacities and resources in the community), as well as how clients are moving through local systems and where they are 'falling through the cracks'.
- **Identifying changes needed within community agencies and service organizations** to improve their ability to implement new practices, introduce organizational change, and better interact and partner with other organizations. As one conference participant remarked: "We are having trouble partnering within the community, because we haven't figured out how to partner in house."
- **Investigating and articulating consumer, client, and community member perspectives** on access to and coordination of the services they need, and their experiences on navigating local systems of care. This research topic would include questions such as: Did you have someone fighting for you? How seamless or convoluted was the process to find services and move between agencies? What was the hardest/easiest parts of the process?
- **Assessing the effectiveness and outcomes of partnerships** to determine under what conditions different types of partnering are beneficial in terms of agencies receiving a "return on investment" in partnership activities and, in

particular, whether collaborative efforts ultimately benefit clients and communities in both the near and long term.

The research partners of the HCC Partnership Initiative will be using this report as part of follow-up with conference participants and other community stakeholders to develop actionable items and proposals based on these proposed next steps. For further information on the study and follow-up activities, please refer to the contacts in the next section of this report.

3. Contacts

Research Partners

The following individuals participated in the design and implementation of this study:

UCLA

Ken Wells, M.D., M.P.H.
UCLA-Semel Institute
Health Services Research Center
10920 Wilshire Blvd., Suite 300
Los Angeles, CA 90024
Tel. (310) 794-3728
Email: kwells@ucla.edu

Susan Stockdale, Ph.D.
UCLA-Semel Institute
Health Services Research Center
10920 Wilshire Blvd., Suite 300
Los Angeles, CA 90024
Tel. (310) 794-3732
Email: sstockdale@mednet.ucla.edu

Behavioral Health Services, Inc.

Jim Gilmore, M.B.A.
Behavioral Health Services, Inc.
15519 Crenshaw Boulevard
Gardena, CA 90249
Tel. (310) 978-1983
Email: jgilmore@bhs-inc.org

L.A. County Dept. of Mental Health

William Arroyo, M.D.
L.A. County Dept. of Mental Health
550 South Vermont Avenue
Los Angeles, CA 90020
Tel. (213) 738-6152
Email: WArroyo@dmh.co.la.ca.us

RAND

Peter Mendel, Ph.D.
RAND Corporation
1776 Main Street
Santa Monica, CA 90407
Tel. (310) 393-0411, ext. 7194
Email: mendel@rand.org

Healthy African American Families

Loretta Jones, M.A.
Healthy African American Families II
3756 Santa Rosalia Drive, Suite 320
Los Angeles, CA 90008
Tel. (323) 292-2002
Email: LJonesHAAF@aol.com

QueensCare Health & Faith Partnership

Susan Fuentes, R.N., M.S.N., C.N.S.
QueensCare Health and Faith Partnership
4618 Fountain Avenue, Suite 102
Los Angeles, CA 90029
Tel. (323) 644-6180
Email: susan.fuentes@queenscare.org

For More Information

For questions or further information about the HCC Partnership Initiative study, the community feedback conference, or potential next steps and follow-up activities, please contact the lead investigators, Peter Mendel at RAND or Susan Stockdale at the UCLA-Semel Health Services Research Center, or any of the research partners listed above.