

Structural Design for a University–Agency Research Collaboration: Bridging an Historical Distance

Donald H. Goughler & Carol M. Anderson

ABSTRACT

Social service agencies need the knowledge that can be gained through research, and universities are equipped to conduct research. It seems like a natural partnership. Yet, university research conducted in agencies often fails to satisfy the interests of either party. In seeking successful frameworks for meaningful applied research in community settings, universities and agencies must form an intentional relationship that integrates the capacities of the differently oriented partners. This article describes a partnership framework in which both community agency staff and university researchers discarded the usual disunified approach to addressing service questions and committed to an embedded, interactive, investigative model in which all participants merged their specific skills to gain mutually fulfilling outcomes.

Social service agencies, pressed by the demands to provide high-quality services in a time of reduced financial resources, increasingly need to examine the data on which they base expensive and complex service delivery decisions. Unfortunately, they often do not have the time or expertise to challenge their assumptions or investigate the outcomes or cost-effectiveness of their decisions. Consultations from private or university researchers sometimes provide useful data. However, they are compromised by a lack of familiarity with agency priorities and the subtle interrelationships between service providers and consumers, as well as the burdens of agency staff. In addition, the presence of outside researchers can be viewed as threatening by agency staff, who may perceive them as inspectors to whom good news must be fed to avoid reports to agency leadership of flaws in worker performance. These factors prevent the collection of relevant practice data that could be useful to agencies.

Like many other community-based human service agencies across the country, Family Services of Western Pennsylvania (called simply Family Services in this article) recognized the potential value of research for improving its service system. Awareness of the possible benefits that could accrue from agency–university collaboration led Family Services to create a partnership with the University of Pittsburgh that would increase the agency’s ability to make decisions based on data. In 2004, after reviewing input from consumers, the agency joined with researchers from the university to develop an academic–community research infrastructure to foster improved services for low-income populations. The project, named the Treatment Access and Outcomes Study (TAOS), was created to improve the quality and access to agency service by (a) establishing a community agency–university collaborative partnership, (b) designing pilot studies that would increase understanding of barriers to care, (c) conducting an ethnographic study of this partnership, and (d) creating a training program to adapt and disseminate evidence-based interventions to community staff. This project, funded by a grant from the National Institute for Mental Health (NIMH; MH66872), had the overall goal of designing and testing a collaborative model that would

be transferable to other university and agency partnerships in other settings. This article addresses the first of these aims: the establishment of the agency and university collaborative partnership.

Background: A Model of Research in Communities and With Agencies

The initial design of the collaboration was based on a body of research, primarily from public health, that offered a paradigm shift from research *on* the community to research *with* the community (Wallerstein, 1999). This research model has a collaborative intent geared to use research strategies that increase people’s participation in the creation and application of knowledge about them and their worlds, emphasizing research *with* persons, not *on* persons (Reason, 2001). When applied in a community-based social service agency such as Family Services, this model allowed for university researchers to join with agency service providers and consumers to jointly explore the helpfulness of service experiences. Based on a review of the literature, the research team chose to model the partnership on community-based participatory research (CBPR). This model has been used in public health projects designed to address intimate violence and AIDS, as well as research responsive to community-identified health needs in low-income communities (Higgins & Metzler, 2001; Israel et al., 2001; Maciak, Guzman, Santiago, Villalobos, & Israel, 1999; Manderson & Mark, 1997; Wallerstein, 1999; Wallerstein & Bernstein, 1994). It is defined as “a collaborative partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process” (Ahmed, Beck, Maurana, & Norton, 2004, p. 141). CBPR recognizes the community (in this case, the agency) as a social and cultural entity whose members must be involved in all phases of the research (Israel et al., 2001).

When the community being subjected to research is a social services agency, there are a number of structural barriers and other intervening characteristics that challenge efforts to collaborate. Both university

and agency collaborators must gain an increased understanding of these potential barriers and develop strategies to move beyond them. For instance, agencies are currently faced with increased demands for high levels of productivity to stay in business as they move increasingly into fee-for-service funding rather than service grants. Despite agency interest in research, there is little time for self-examination by either management or staff because time is money, and the amount of service provided directly affects the bottom line. In a service environment, the most highly valued staff are those who use their time efficiently to produce billable services, making research participation difficult.

Collaborations across academic and service systems also face a number of other challenges. Personal characteristics, attitudes, beliefs and expectations, idiosyncratic motives, and perspectives may arise that impede good working relationships. Attitudinal and perceptual barriers of providers and communities may include a distrust of research and a concern that it is intrusive or consuming of scarce resources (Anderson, 2001). Conversely, researchers with their academic agendas may feel that the exigencies of community research require too much flexibility or produce too much pressure to address priorities that have little to do with their academic mission (Singer, 1993). Differences in professional language and the goals of each institution involved in the collaboration also may hamper collaboration (Cornille, Mullis, & Mullis, 2003). Considering all these barriers, Family Services and the University of Pittsburgh attempted to minimize their impact by designing a collaborative effort that clearly benefited both partners, as well as supporting the belief that research about practice and research for practice are not mutually exclusive, and neither is complete without the other (Sundet & Kelly, 2007).

The Collaborators

Family Services of Western Pennsylvania is a relatively large agency with 450 employees and a budget of \$25.5 million. The agency serves Pittsburgh and surrounding counties and has a history of educational collaborations with the university. Mental health services represent 48% of the agency's funding, but Family Services also operates programs for people with developmental disabilities, foster care, consumer loan and other financial services, forensics, and gerontology.

The University of Pittsburgh is an influential western Pennsylvania educational resource and one of the region's largest employers. Its School of Medicine and School of Social Work, both of which were involved in this project, have strong research reputations. The specific university faculty who served as collaborators in this project had a strong commitment to community research.

Why Collaborative Research?

The decision to engage jointly in an applied research partnership was the result of university and agency staff discussions over several years about the long-term challenges agencies face in delivering mental health services. In 2001, prior to the start of the project, the agency had conducted a review of existing university and agency collaborations that involved the top 25 schools of social work identified by *U.S. News & World Report* (2001). A review of printed materials from these schools identified 12 examples of agency–university collaborations. However, further exploration, including interviews with a sample of collaborators, revealed relatively unstructured arrangements in which universities and agencies had separate agendas rather than truly integrated relationships. These findings were not surprising and were consistent with past agency experiences in which university research activities in Family Services were

characteristically disconnected from the daily processes of the agency, primarily served to develop an academic knowledge base, and contributed little to the direct improvement of agency practices. Typically, these experiences were disruptive to staff and frustrating to researchers who confronted frequent problems in data collection and securing participation by busy clinical staff.

Because neither the needs of agency leadership nor university researchers were fully satisfied, Family Services wanted to change from passively hosting external researchers to actively managing a university and agency collaboration in research as an integral strategy to improve service delivery. The chief executive officer (CEO) of Family Services envisioned a process that would allow it to use agency-specific research data to identify and promote effective service interventions and clarify appropriate training to enable the agency to turn research findings into service improvement. Consequently, Family Services could be more certain that decisions were based on a body of evidence produced through a disciplined exploration of staff questions about practice. The intended results were to enhance quality assurance, clarify client needs, and improve the logistics of service delivery. Building a structure to support this integrative and contributory vision would be a major challenge.

Creating a Workable Structure Through an Embedded Model of Collaboration

The TAOS project planners intended to weave this collaboration into the existing structure of Family Services to ensure its survival beyond the term of the project. Consistent with the integrative design on the CBPR approach, university and agency staff were asked to participate jointly in both planning and operational activities. The collaborators aimed for a structure that was flexible and balanced in meeting both university and agency needs. Their mutual choice was an embedded model of collaboration in which agency leadership and university faculty were joint participants in governing, operating, and coordinating the project. The key to making this model successful was having both partners share authority in realms where one or the other partner might usually have exclusive authority over certain decisions. This arrangement exceeds the usual cooperative model in which an agency, for instance, would adjust its programs to enable a university to design and conduct research on site. Instead, an embedded model creates jointly staffed decision-making structures that plan and execute the research in ways that consider the needs of clients and staff. Most important, the embedded model is a strategic model that ensures the relevance of the research to the agency and its clients.

Achieving the effective operational design of a project required a blend of intellectual and action orientations, as well as internalizing an extraorganizational relationship so that it became an amalgamated project force. The essential task of internalizing this relationship presented challenges in four specific realms. It required (a) that the collaborative parties define interests that were shared, (b) the negotiation of convenient interaction, (c) the ability to bridge each others' worlds, and (d) the negotiation of mutually desirable research topics and procedures. Authorities on interorganizational collaboration have broadly classified these challenges as reaching a state of shared goals, strategies, and tactics (Graham & Barter, 1999; Nylen, 2007; Walter & Petr, 2000).

Creating Shared Interests

It was an advantage that the TAOS project was being initiated by agency leaders and university investigators who shared an interest in

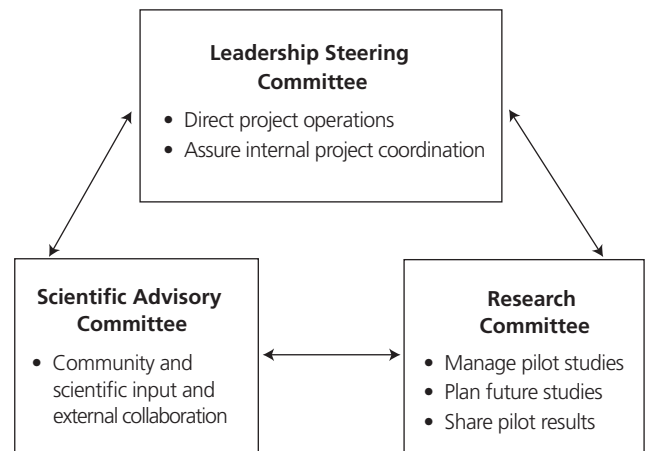
research that would improve access to services. However, the success of the project from the agency's point of view required an agency-wide educational process that expanded this commitment to a broad group of staff, agency trustees, and persons who seek services. Moreover, it required an agency philosophical commitment to adopting research as an agency service strategy and agency trustee commitment to collaborative research as a principal element of the agency's strategic plan. There had been some preparation for this. Several years before the proposal was actually funded, agency management analyzed the potential value of agency–university collaborative research with the evaluation and planning committee of the board and deliberated the proposed project at a board training retreat. As a result, in the year before the research collaboration actually started, the Family Services board adopted the 2003–2006 Strategic Plan, which prepared the agency for the collaborative project by endorsing an objective: *to leverage strategic joint ventures and collaborations through securing joint projects with universities*. This was an important beginning that ensured board support and drew attention to the organization's desire for more refined research activity at agency locations. The concept reached a higher level of commitment in the subsequent 2006–2009 Strategic Plan, as pragmatic research became one of the agency's six major strategic objectives through creation of a new objective: *to conduct collaborative university–agency research and evaluation that supports service improvement by operating a community research infrastructure*.

The board's commitment to incorporate research into high-level strategy was probably the most important collaborative decision the agency could have made and provided a mechanism for monitoring at the governance level of the organization. Moreover, particularly in the earlier plan, it provided a statement around which to initiate consciousness-raising efforts with agency staff, directed toward acceptance of research as a tool that would promote operational success, prestige, and quality improvement in the agency service delivery system. The board further defined the focus of this research by identifying additional objectives in each of the next three annual operations plans covering the 2006–2009 period.

Besides establishing long-range strategies, clearly defining annual activities, and assigning monitoring responsibilities at the governance level, it is also important that the organization assured corporate responsibilities for the quality assurance issues of research engagement. In the most universal sense, this was accomplished through the board's development, refinement, and adoption of an agency research policy and related procedures. The policy committed Family Services to promoting sound research practices that show potential for improving services while enabling voluntary participation and privacy of any participant during research and assuring that any research conducted by the agency adhered to nationally accepted codes of research ethics.

Family Services made a strong organizational commitment to integrate research into the agency by establishing the Research Division within its operating structure, led by a research director who reports directly to the CEO. The agency also committed its own administrative funds equal to National Institute of Mental Health (NIMH) grant resources to pay for half the costs of staffing this division with a research director and two additional staff. This financial commitment declared the agency's intention to sustain the department beyond the time of the current grant, and as federal grant funding has been reduced over the years, the agency has assumed additional costs of operations. Finally, with the ending of the federal 5-year funding commitment, Family Services will fund the continuation of the agency research department and has hired a research director with a joint appointment at the university

FIGURE 1. Collaborative infrastructure.



to lead the program in the future.

The collaborative infrastructure for this project is presented in Figure 1, showing the connections among the Leadership Steering Committee, Research Committee, and Scientific Advisory Committee. The Leadership Steering Committee provides operational direction to the project and includes the university principal and senior investigators, and the Family Services CEO, chief operating officer, research director, and director of Behavioral Health Services. A middle management representative, whose program was most closely involved in the project, also serves on this committee. The Research Committee also includes both university and agency staff and assumes responsibility for approving and overseeing pilot studies, ensuring ethical research practices, planning future studies, and arranging for dissemination of results. In addition, this committee reviews and approves requests from other external researchers to conduct research within agency programs. Originally, the design also included a Data Committee and a Training Committee, which were eliminated because they duplicated the tasks assigned to the Research Committee.

The final element of this collaborative structure is the Scientific Advisory Committee, which provides advice, tangible assistance, and recommendations that advance the growth of the research initiative and dissemination. This committee includes representatives from the University of Pittsburgh and universities outside of the project locale, representatives of funding and review bodies, consumers, research staff, and agency management. Scientific Advisory Committee members have provided strategies to address universal concerns related to delivering mental health services and have connected the project to resources outside of the local area. In addition, this committee generated the idea to extend the original study of barriers experienced by minority clients to those minorities who do not access mental health delivery systems at all. The committee also generated external funding to support research on case manager training, and one committee member provided training to agency staff.

Negotiating Convenience in Agency–University Interaction

Characteristically, university and agency work occurs in different settings guided by different priorities and orientations. Collaborative interaction between agency staff and university staff requires that both accept inconveniences, such as the location of meetings and the sched-

uling restrictions of a service delivery environment. Administrators in agencies have substantial mobility to attend meetings and travel to university sites, but program staff do not. University collaborators had to recognize that direct practice staff in a modern community mental health program are primarily required to be at program sites and produce enough daily units of service to sustain the costs of delivering services. Meetings involving program staff had to be held at program sites. This facilitated maximum research staff contact at the program level without overly disrupting program functions and burdening service providers. Although inconvenient to university participants, these meetings increased the ability of researchers to gather program information from staff and the ability of program managers to translate research requirements and processes relevant to program staff in their own specific agency program.

Building Bridges to One Another's Worlds

Modern mental health service delivery, with its fee-for-service reimbursement design, demands efficiency and challenges service providers to produce short-term measurable outcomes. This leaves clinicians with little time for thoughtful analysis of the service questions that arise during the daily pressure to be productive and provide cost-effective service. However, the very nature of research requires thoughtful planning and analysis. If too pressured by short-term deadlines, the quality of research can suffer. Conducting applied research in a mental health setting almost inevitably brings the collaborator into a culture clash about time and priorities. Agency staff require immediate answers that can influence practice, whereas university faculty need extensive time to ensure that the methods of data collection will produce valid results. In this collaboration, each partner had to become accustomed to and respect the demands of one another's world and learn to respond and communicate in a new context.

The ongoing debate about the differences in the university world and the practice world involves both fact and fiction. TAOS forced both agency and university participants to find ways to bridge and overcome the discomfort of crossing these worlds and to identify interdependencies and mutual interests that helped to foster alliance. For instance, agency people were initially intimidated by the academic knowledge they presumed the university people had, while university people were intimidated by the practical and relevant knowledge of agency staff. Yet, it was these knowledge differences, when connected, that brought value to the collaboration and created shared learning with a positive impact both for research and service.

To this end, the project benefited from the embedding strategy discussed earlier, by including research staff as regular members of the agency's internal systems. Their participation in the monthly meetings of program teams and administrative committees has enabled them to engage in agency strategy, initiatives, and operational issues beyond the mental health program, and provided them with a chance to learn about systemic administrative priorities and operations. As a result, all agency management staff, not just mental health program managers, have regular contact and communicate with university research staff. Research staff participate in quarterly agency-wide staff meetings and planning meetings at agency service sites. Because of this continuing contact, agency staff and university faculty know each other on a first-name basis. Agency staff engage the research agenda in practice, and research staff consult on program evaluation challenges that might otherwise frustrate program staff. This access to specialized expertise expands the agency's service potential, and the frontline view of program activities enhances the researcher's observations.

This level of integrative interaction blends the efforts of both parties to improve services.

Finding Mutual Commitment on Research Topics

NIMH funded this project to explore issues related to improving treatment access for low-income and minority populations. But the choice of which specific service activities to investigate was open to discussion among the project participants. The administrative structures discussed earlier provided a forum to discuss these decisions, and input was gathered throughout the first 3 years of the project from staff, consumers, and relevant advisors. Final decisions about research topics usually occurred in two settings: the Leadership Steering Committee and the Scientific Advisory Committee. The Leadership Steering Committee solicited and received input from program staff and reviewed this input to prioritize potential pilot studies. For instance, program staff were frustrated that a high number of outpatients canceled their first appointments. It was noted that this is a significant observation in mental health programs around the country. An initial review of agency records revealed a 50% no-show rate in the agency's outpatient services program, representing a significant failure to engage new clients as well as negatively impacting scheduling efficiency and revenue. Addressing this issue was an agency priority that had the potential to provide an immediate improvement in the agency's response to clients. As a result of the research, a new telephone engagement protocol was implemented that dramatically improved the show rate and the quality of services while also enhancing revenue.

A second research effort generated by program staff through the Leadership Steering Committee addressed the difficulty of recruiting appropriate case management staff, as well as efficiently training recruits and improving staff retention. The usual lack of sufficient academic preparation of recruits for the challenges of these positions was an historical challenge that took significant agency time and resources. Recognizing that the case management recruiting problem was shared by other agencies in western Pennsylvania and elsewhere, a member of the Scientific Advisory Committee assisted in securing funding and identifying an appropriate consultant to evaluate and recommend changes in the agency's approaches to this issue. That research allowed the agency to investigate case manager training needs and conduct a trial initiative for providing mentoring. As a result, the agency reorganized its case management organizational hierarchy to include a mentor as a permanent staff member responsible for providing developmental support to newly hired case managers.

A third research intervention was adopted from the Scientific Advisory Committee after several members noted that the agency was not serving African Americans in proportion to their census in the target communities. A committee discussion evolved that revealed that the agency did not know why, prompting the design and implementation of a study of community attitudes about the agency and its mental health services.

Finally, another topic that gained attention related to issues of recruitment and retention that daunt the agency's program and planning structure. In this regard, the research team investigated the impact of a staff salary increment initiative on employee satisfaction. The salary increment strategy was found to improve worker satisfaction as well as increase agency revenue.

Important Aspects of Structure in Facilitating Collaboration

Aspects of design and administrative behavior contributed to effective internalization of the TAOS project in the agency. It appears that the structures designed at the outset have successfully enabled staff to

manage continuity and relationship building at the leadership level. The strategy of embedding research staff into the daily life of the agency succeeded beyond early expectations. Although both the structural and embedding strategies helped to integrate this project, other structural designs should be noted as well. Agency line staff developed understanding and acceptance of the collaborative research strategy because they became part of the team that produced it and worked beside researchers who were exploring service questions as part of the agency team. Distinguished doctoral faculty, who normally might intimidate service staff gained first-name acceptance by listening to and learning from service providers. By midproject, they were included as colleagues at agency gatherings as any other agency staff would be. Although familiarity alone does not produce a project impact, it generated comfortable lines of communication and overcame superficial boundaries between the university and the agency, freeing all participants to concentrate on the important issues.

Conclusions and Lessons Learned

The TAOS collaboration produced significant benefits that could transfer to other community agencies. The process of collaboration produced an education for both partners, changing the perceptions and understanding of service issues for each. It offered both sides the opportunity to integrate complementary strengths to produce better benefits for consumers, benefits that might not have been available without the combined strengths of the two organizational participants. Collaboration helped the agency investigate service-related problems, while it informed researchers about the complexities of clinical issues in real-world community settings.

The project provided Family Services with greater capacity for fact-based decision making. The case management research produced a new case manager mentoring protocol to supplement university curriculum in preparing case managers for the demands of the community delivery system, and it is likely that the streamlined case management protocol will produce higher productivity and revenue generation. It also informed the University of Pittsburgh and its School of Social Work, which will be using the protocol as a foundation for a new case management certificate program.

Research into client engagement practices helped to resolve a serious no-show problem that impacted both service and financial efficiencies in the agency. More specifically, the research into minority population engagement, while still ongoing, served as impetus for opening the new Assertive Community Treatment program in a community with a high proportion of African American residents. The research initiative also built agency capacity for outcome evaluation and yielded annual program outcome reports for 35 agency programs. In several cases, this outcome measurement capacity was declared a deciding factor in acquiring funding for new agency proposals. Over the long run, the agency also expects to generate additional creative endeavors and cost savings as the agency's evaluative capabilities stimulate new ideas and new programs appropriate for research contracts and funding. There is some evidence that the TAOS project has produced wider recognition of the quality of the agency's services and programs. The agency was recently selected to receive the annual Wishart Award, presented by the Forbes Fund of the Pittsburgh Foundation for excellence in nonprofit management. The panel indicated that the agency was honored partly due to the development and implementation of collaborative research capacity.

Lessons learned from the collaborative TAOS effort can guide other agencies and universities seeking to initiate successful collaborative

research. Most important, agencies considering a research collaboration strategy should carefully vet their potential university partners for their level of willingness to adapt their research model and methods to the community rather than rigidly adhering to a specific research design or scientific method. Past experience has revealed that many researchers simply want access to the agency's clients rather than the opportunity to genuinely collaborate in ways that might require them to adapt their methods to adjust to community realities. In particular, successful community collaborations require researchers who are sensitive and willing to adapt to the potential burden that research places on service workers. A research collaboration must produce something valuable for everyone—researchers, agency management, service recipients, and frontline staff.

Universities should also carefully weigh a potential agency partner's flexibility regarding willingness to accept the inconveniences generated by research investigations. Good research uncovers flaws in comfortable agency routines. It requires that staff accept change, and resistance is inevitable. Agency management and governance must be committed to change, promoting it as positive and progressive, and make their support visible to staff. It is important that both partners move patiently, even slowly, to develop relationships before the structure for research is created. Agencies considering such an initiative should build relationships with the university before committing to a major research collaborative effort, making an effort to become a part of university activities by accepting interns or agreeing to loan staff to teach practice courses at the university. Such contacts allow the gradual development of relationships that can become collaborative endeavors. Universities should evaluate more than one candidate agency for the potential partnership. University of Pittsburgh researchers had met with several agencies and chose Family Services as a likely partner after getting to know its leadership and programs. Subsequently, they met with agency leaders and planned for nearly a year before this project was implemented, and during that interim, these investigators conducted a smaller research project with the agency, allowing both partners to test elements of collaboration before implementing the larger initiative. This slow pace allowed each to build trust and comfort and provided a sense of safety for the line staff and an understanding of community factors for the university partners.

Coordinated and focused leadership is important to a university–agency collaboration. The Family Services board of trustees sanctioned research through their adoption of a strategic plan that identified research as one of the major objectives. This endorsement informed agency personnel, consumers, and constituents that research held a spot of high importance. Senior agency management designed and initiated research activities in each of the last five operations plans and, in doing this, told staff that research was worth the commitment of major resources. Middle management embedded the research protocol deeply into the daily operations of each program unit, so that university researchers became involved in numerous agency activities and attended many agency events not directly related to research. This act of integration made a statement that the project was worthy of a generous commitment of everyone's time and energy. Specific research topics were selected jointly by research and program leaders, and information was provided regularly through agency media to internal and external audiences. There was opportunity for feedback in both informal and formal staff meetings and through monthly participation by the principal investigators on the agency's management council.

The collaborative agency–university research experience can change the way both researchers and service providers understand service

challenges. Each gains some of the other's wisdom. Collaboration provides agencies with new structures for problem solving and provides researchers with insight about the complexity of those problems on the front line. The opportunity for the agency and university to collaborate in research is an opportunity to join complementary strengths to produce a better benefit for consumers than could be achieved through the individual strengths of the parties. This leads to fact-based decision making. Tangible changes can be gained that result in financial savings, enhanced revenues, and improved processes in better service to citizens.

References

- Ahmed, S. M., Beck, B., Maurana, C. A., & Norton, G. (2004). Overcoming barriers to effective community-based participatory research in U.S. medical schools. *Education for Health, 17*(2), 141–151.
- Anderson, S. G. (2001). The collaborative research process in complex human services agencies: Identifying and responding to organizational constraints. *Administration in Social Work, 25*(4), 1–19.
- Cornille, P. A., Mullis, A. K., & Mullis, R. L. (2003). A partnership model for family service agencies and universities to improve service utilization. *Journal of Family Social Work, 7*(3), 23–38.
- Graham, J. R., & Barter, K. (1999). Collaboration: A social work practice method. *Families in Society: The Journal of Contemporary Human Services, 80*(1), 6–13.
- Higgins, D. L., & Metzler, M. (2001). Implementing community-based participatory research centers in diverse urban settings. *Journal of Urban Health, 78*(3), 488–494.
- Israel, B. A., Lichtenstein, R., Lantz, P., McGranagh, R., Allen, A., Guzman, R., et al. (2001). The Detroit community-academic urban research center: Development, implementation and evaluation. *Journal of Public Health Management Practice, 5*, 1–19.
- Maciak, B. J., Guzman, R., Santiago, A., Villalobos, G., & Israel, B. A. (1999). Establishing LA VIDA: A community based partnership to prevent intimate violence against Latina women. *Health Education and Behavior, 26*(6), 821–840.
- Manderson, L., & Mark, T. (1997). Empowering women: Participatory approaches in women's health and development projects. *Health Care for Women International, 18*, 17–30.
- Nylen, U. (2007). Interagency collaboration in human services: Impact of formalization and intensity on effectiveness. *Public Administration, 85*(1), 143–166.
- Reason, P. (2001). Learning and change through action research. In J. Henry (Ed.), *Creative management* (pp. 182–195). London: Sage.
- Singer, M. (1993). Knowledge for use: Anthropology and community-centered substance abuse research. *Social Science in Medicine, 37*, 15–25.
- Sundet, P., & Kelly, M. J. (2007). Agency-academic collaboration in evidence based practice: A case example in data driven innovation. *The Journal of Evidence-Based Social Work, 4*(3), 163–182.
- U.S. News & World Report. (2001). *2001 Graduate Rankings—Social Work*. Retrieved February 2, 2001, from <http://www.usnews.com/usnews/edu/beyond/gradwork/gbsocwrk.htm>
- Wallerstein, N. (1999). Power between evaluator and community: Research relationships with New Mexico's healthier communities. *Social Science & Medicine, 49*, 39–53.
- Wallerstein, N. & Bernstein, E. (Eds.). (1994). Community empowerment, participation, education, and health—Part 1. *Health Education Quarterly, 21*, 141–268.
- Walter, U. M., & Petr, C. G. (2000). A template of family-centered interagency collaboration. *Families in Society: The Journal of Contemporary Human Services, 81*(5), 494–503.

Donald H. Goughler, is president and chief executive officer, Family Services of Western Pennsylvania. **Carol M. Anderson**, PhD, is professor of Psychiatry and Social Work and director, Center for Mental Health Services Research, University of Pittsburgh. Correspondence regarding this article can be sent to the first author at GoughlerD@fswp.org or Family Services of Western Pennsylvania, 3230 William Pitt Way, Pittsburgh, PA 15238-1361.

Manuscript received: September 26, 2008

Revised: November 26, 2008

Accepted: December 4, 2008