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University-Community Collaborations: A Vehicle for Capacity Building and Mutual Learning within an Immigrant Mental Health Coalition

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ABSTRACT

University-community collaborations represent a valuable opportunity for colleges and universities to leverage expertise, research, and skills to enhance the work of community organizations dedicated to social justice and equity for marginalized and oppressed groups. Successful university-community collaborations require mutually negotiated goals, significant investment of monetary and non-monetary resources and mutual benefits for all stakeholders. Yet, important gaps remain in the university-community collaborations literature and specifically around better understanding partner involvement, capacity building, and mutual learning. This case study describes how university assets can be mobilized to expand coalition resources. The process between the stakeholders of negotiating scopes of work, defining roles, accommodating challenges encountered and suggested best practices are discussed.

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Historically, academic institutions have failed to use their significant knowledge and human capital for the benefit of the communities within which they co-exist. The typical model involved the university as a city in itself and co-existing towns and metro areas received few benefits from the knowledge and skills contained within the university (McGirr et al., 2003). Since the end of the 20th century, a gradual shift has occurred as different community stakeholders demand more responsiveness and local investment from colleges and universities existing within municipal boundaries (Gupton et al., 2014). One promising way that higher education institutions can leverage their considerable resources is through university-community collaborations (UCCs). This case study documents the development of an immigrant mental health coalition and a series of projects in collaboration with various stakeholders at DePaul University with an aim to increase the coalition's resources and capacity.

UCCs involve the intentional and meaningful integration of community stakeholders (e.g., volunteers, agencies, organizations) into a collaborative process with students, faculty, and staff. The goal of UCCs involves leveraging the respective strengths and resources of academic institutions and community-based organizations to establish a positive impact on aspects of community life. Core components of successful UCCs include trust, shared goals and vision, joint decision making, frequent communication between partners, effective conflict resolution, mutual benefit for all involved, and clearly differentiated roles between partners (Drahota et al., 2016). Most of the existing literature related to UCCs focuses on community-based research, community-based participatory action research (CBPR) and participatory action research (PAR, e.g., Goodnough, 2014). While participatory research practices provide useful models for how to meaningfully engage community partners and stakeholders in the research process, their purpose is distinct. Effective UCCs can result in more rigorous and relevant research, but UCCs also promote reciprocal change whereby the community and the academic institution experience transformation (Drahota et al., 2016). Additionally, UCCs may have a broader focus than research alone, such as building resources, program development, and evaluation.

UCCs provide a useful approach to address a wide range of health-related issues. For example, UCCs have been used to address racial disparities in infant mortality rates (Salihu et al., 2011) and promote health literacy during the COVID-19 pandemic (Haidar et al., 2021). Program outcomes indicate that UCCs have great promise for improving both quality and effectiveness of services. Of the 54 UCCs represented in the 50 studies included in a systematic review by Drahota et al. (2016), only seven focused specifically on capacity building and none focused on resource mobilization. This suggests a significant gap in understanding how UCCs can increase the capacity of coalitions specifically working to increase mental healthcare access for immigrant and refugee populations. A more nuanced discussion of the practical considerations, challenges, and practices for building mutually beneficial UCCs targeting immigrant mental health will aid university and community stakeholders who are considering or developing potential collaborations.

Resource mobilization is an important avenue for executing and expanding community-based initiatives and provides the instrumental support necessary to move forward through mutually negotiated stakeholder goals. Local organizations involved in coalitions often have limited funds, but access to resources can assist in mobilizing efforts for community organizations (Zakocs & Edwards, 2006). Mueller (1987) argued that the development of resources that permit further mobilization can be an indicator of coalition success. Examples include a mental health advocacy coalition which mobilized funding for housing and community-based programs (Nelson, 1994).

Foster-Fishman et al.'s (2001) *Coalition Collaborative Capacity* framework describes four critical levels of capacity within coalitions: Member capacity (i.e., enhancing skills and knowledge), relational capacity (i.e., developing and enhancing social relationships), organizational capacity (i.e., mobilizing members to work towards particular goals), programmatic capacity (i.e., enhancing the ability to design and implement programs). The emphasis on capacity building is crucial as it interacts with a coalition's ability to affect change. Technical assistance is one promising avenue for building organizational capacity (Collins et al., 2015; Florin et al., 2000) which has become increasingly important over the last few decades.

RATIONALE

Here we describe how one UCC focused on immigrant mental health engaged in resource mobilization to provide technical assistance to CBOs in Chicago by developing an interactive, user-friendly directory of services. This work 1) provides an example of reciprocal transformation that can occur through a UCC; 2) fills a gap in understanding about how UCCs can increase the capacity of coalitions working specifically to increase mental healthcare access for immigrant and refugee populations; and 3) elaborates the processes involved in successful resource mobilization to increase coalition capacity. This work is of critical importance because immigrants represent a large portion of the Chicago as

well as U.S. population and they have distinct mental health needs that go unmet.

THE CHICAGO CONTEXT

Chicago continues to rapidly increase in socioeconomic and ethno-racial diversity and evolve in geographical makeup and population. Among the 5.2 million residents in Cook County, 1.08 million (20.9%) are immigrants (U.S. Census, 2021). The growing number of immigrants has led to the expansion of all-minority neighborhoods and ethnic enclaves mainly developed by relatively new, Latinx immigrants (Zhang & Logan, 2017). A significant history of activism and advocacy on behalf of immigrant and undocumented communities exists within the Chicago context and this is evident today by the large number of immigrant-serving organizations within the metropolitan area (Illinois Department of Human Services, n.d.).

FORMATION OF THE CIMH

The CIMH began in 2016 by a core group of community-based organizational leaders, mental health practitioners, immigrant community members and scholar-activists from multiple academic institutions as a response to the anti-immigrant social political climate (e.g., increased discriminatory rhetoric, policy and practices towards refugees and immigrants). It was clear that many immigrant children and families were experiencing distress and an increased need for social and mental health support, resources, and services. Over a period of several months, core leadership developed the vision, mission, and values of CIMH, with the aim to foster collaborative, community-based and research-informed partnerships (including UCCs) between mental health practitioners, community organizers, researchers, and allies. CIMH works to promote the awareness of, and access to, culturally and linguistically appropriate mental health services for immigrant and refugee communities through education, advocacy, and resource sharing, regardless of their legal status.

Since its inception, CIMH has held annual community convenings around immigrant mental health. CIMH informs its members of various resources and organizational linkages, offers training on proposed immigration reform, and shares best practices in training students and researchers to work with immigrant and refugee populations. Additionally, CIMH provides policy advocacy updates relevant to immigrants and refugees and identifies targeted calls for action. With over 600 volunteer listserv members, CIMH has become a virtual hub of information as providers seek assistance in securing social and mental health services for immigrants, exchange information on webinars, conferences, training, and develop critical areas for collaboration around research and social justice efforts. CIMH has served a critical role in exchanging information broadly, promoting health and mental health care access for immigrants directly impacted by evolving immigration policies and practice. Technology implementation, including website development and Geographic Information Systems (GIS) mapping of mental health organizations serving immigrant and refugee communities, has become a mechanism for information dissemination.

DESCRIPTION OF COLLABORATION PROJECTS

The collaboration consisted of a series of projects to increase the capacity of CIMH. Irwin W. Steans Center for Community-based Service Learning & Community Service Studies at DePaul University (Steans Center) was central in bringing together stakeholders for this partnership. The staff at Steans Center provides training in Asset-based Community Development and cultivates community partnerships. These partnerships promote an exchange of resources within the community. This is also done with much care because of the understanding that academic institutions and its faculty, staff, and students always have the potential to do harm. For example, a large body of work exists outlining how researchers and academics frequently prioritize their own needs and agenda at the expense of community stakeholders (Campbell & Morris, 2017; O'Neill, 1989). Additionally, the Steans Center is specifically dedicated to developing strong partnerships with community-based organizations and providing students with experiential, Community-based Service-Learning (CbSL) in a range of areas. The collaboration discussed in this manuscript consisted of project-based service where students (through a credit bearing course) assisted a community organization by consulting work and the creation of a tangible product. This partnership culminated in the development of a website and an interactive map of clinics with linguistically and culturally appropriate mental health services across the Chicago metropolitan area.

STAKEHOLDERS' PERSPECTIVES

Each narrative represents the voice of a collaborator involved in the UCC. Presenting stakeholders as authors honors the skills and cultural wealth of the collaborators on this project, through their narratives. Stakeholders described the process through which they negotiated the scope of work, defined roles, managed challenges encountered, and best practices for how university assets can be mobilized to expand coalition resources.

We illustrate successful practices in building one UCC focused on increasing mental health access for immigrant populations through various partnerships. The stakeholders include: (a) the co-chair of CIMH; (b) a CIMH student intern; (c) an associate director of the Steans Center for CbSL; (d) a professor who collaborated through a service-learning course; (e) one of the students who conducted the service-learning project; and (f) a clinician and user of the service-provider directory.

The first author, who is an immigrant from Cuba, developed semi-structured interview guides to probe each stakeholder to describe how they came to be involved with CIMH, goals for participation, skills they brought to the work, challenges encountered in working with the organization, and lessons learned. The authors were given the option to either write their own narrative responding to the questions, or to participate in a recorded interview with the first author, who would then draft the written narrative for the stakeholder to review and edit. Mr. Álvarez Silva, Dr. Ferrera, and Dr. Salusky wrote their narratives while the other stakeholders were interviewed by the first author. Interviews took place via Zoom and lasted approximately 45 minutes. When reviewing the first author's draft interview write-ups, all stakeholders provided edits, but they did not have substantive changes, or concerns about the content of their narratives.

MARIA J. FERRERA: CO-FOUNDER AND CO-CHAIR OF CIMH AND ASSOCIATE PROFESSOR OF SOCIAL WORK

I am a Licensed Clinical Social Worker and Associate Professor in our Department of Social Work. These roles, including my role as the co-founder and co-chair of CIMH brings me face to face with the needs of immigrant communities disproportionately impacted by health and mental health disparities and structural changes needed to increase access to quality healthcare, which includes mental healthcare (Alvidrez & Barksdale, 2022). Being a faculty member of DePaul University also privileges me with the knowledge of our university resources, including the Steans Center. The values of leadership within Steans Center closely align with those of CIMH making it a logical partner. Thus, the understanding of shared values, including honoring community voices and a social justice perspective has been inherent within all collaborators.

My identity as a child of immigrant parents from the Philippines directly impacts how I view my own places of privilege as well as my understanding of immigrant experiences and challenges around health and mental health. Because I identify closely with immigrants newly arrived and/or living in the U.S., the need to strengthen a network of immigrant health and mental health practitioners and allies has been clear. My work alongside other practitioners have sharpened my awareness of urgent immigrant community needs. We recognize the importance of access to healthcare and mental health resources, particularly among refugees, asylum seekers, the undocumented, and new immigrants who may have difficulty navigating the healthcare system due to their immigration status, language barriers, as well as mistrust of authorities and healthcare providers who may not be culturally sensitive or may put them at risk for deportation. Immigrants who are undocumented or from mixed status families mistrust healthcare institutions and government programs like Medicaid, and are reluctant to share personal information with health and medical providers (Cruz et. al. 2018) due to fear that the provider may share their information with Immigration and Customs Enforcement (ICE) and the Department of Homeland Security (DHS; Kerani & Kwakwa, 2018). The "chilling effect" of Trump administration policies and the public charge rule have led to many immigrants avoiding public benefits for fear they would not be able to gain immigration status (Olea & Ferrera, 2021; Tolbert et. al., 2019). Although there are many immigrant serving organizations throughout the Chicagoland area, not all these organizations provide mental health services. Further, agencies that provide services may still engage in scams that target immigrants, even in cities like Chicago where there are relatively higher levels of immigrant support (Pedroza, 2022).

Considering the level of fear and mistrust among the immigrant community, the CIMH developed a mental health resource directory that provides a list of organizations providing *immigrant friendly* mental health services, including pertinent information about those services like languages spoken, whether services require identification, types of insurance accepted, and whether pro bono or services on a sliding scale exist, etc. Whether these organizations require identification was particularly salient for undocumented individuals who hesitate to seek mental health support if they are required to identify themselves to the provider. This resource directory is considered "active" as we continue to edit, add, and adjust this list to include updated information and a list that expands to include resources outside the metropolitan area (including neighboring states). Members of the CIMH listserv are invited to comment, edit and add to this directory to assist in this ongoing vetting process. The needs of immigrants are often place and neighborhood specific, so GIS mapping of this resource directory has become invaluable. I became the main contact and liaison on behalf of CIMH for Dr. Hwang and her GIS student team.

With the thoughtful assistance of Mr. Álvarez Silva, I was connected to Dr. Hwang, who teaches a service-learning course on GIS mapping involving partnerships with community and social service organizations. This

was the first experience I had had serving as the CIMH representative/liaison to a DePaul University service-learning course. Given that this was a 10-week course in GIS mapping, we identified the primary goal of mapping the geographic location of each resource named in our mental health resource directory, with the additional goals of establishing the mapping as interactive and inclusive of information regarding basic contact information, the organizational link, languages spoken, insurance received, and whether an ID is required.

The Steans Center made the expectations of me as organizational liaison very clear, and in turn, expected me to explicitly outline the goals of CIMH. In 2022, the GIS Map was further developed to reflect updates to the directory and provide additional interactive elements and information for users. This recent version was made possible through the help of DePaul University's Student Urban Research Corps (SURC) program and the work of students.

NOOR HASAN: UNDERGRADUATE STUDENT INTERN WITH CIMH

I was first connected to CIMH while I was in the process of looking for a research lab. In my own experiences as a first generation Arab and Muslim student, I sought out opportunities that would bridge gaps in service for others like myself. Working with CIMH was a perfect fit. I was introduced to a lot of resources in the city that are directly focused on filling gaps in mental health service provisions for immigrant communities, and saw the work as an opportunity to leverage my positionality to create healthcare service delivery changes at the community level. My internship was supported through a scholarship from the College of Liberal Arts and Social Sciences at DePaul University, which Dr. Ferrera applied to on my behalf. I received a lot of support in this role, which allowed me to devote significant time and energy to the work. I was compensated based on the number of hours I worked. I was not in a position to do this work without compensation.

As an intern, I helped compile a list of relevant resources for the CIMH website in the hopes of expanding the coalition's capacity. Before the development of the CIMH website, individuals seeking services and organizations would be forced to go through individual agencies that required them to fill out paperwork before obtaining information about service provisions. I started compiling the list by looking up existing resources around the city. When I started, there were no services on CIMH's emerging resource list that focused on Arab American communities in Chicago, even though there is a strong presence, so that was a priority. I was able to develop and hone skills around researching hard-to-find services to foster new partnerships between Arab-serving organizations and the greater coalition. This involved looking up organizational sponsors of relevant events and reverse searching. I would translate words from English to Arabic, which helped me find resources that were not published in English. This back-and-forth process helped me identify search terms and access more resources, further expanding the coalition's capacity. This also gave me the opportunity to use my Arabic language skills in support of CIMH's mission and provide the CIMH resource directory a good representation of Arab-centered resources.

Through these projects, I was able to use skills that I started to develop in class, on my research team, and with student organizations while simultaneously strengthening existing partnerships within the coalition. This experience solidified the things I believe in and want to do with my life. To me, one of the biggest takeaways from this work is that even when we try our hardest, so many things still fall through the cracks. So much more work still needs to be done.

RUBÉN ÁLVAREZ SILVA: STEANS CENTER ASSOCIATE DIRECTOR

I am a third-generation Mexican in the U.S. helping to raise the fourth generation. I came to Steans Center as an undergraduate student, given my community service and advocacy involvement in my home immigrant community, first as a student and, eventually, as a full-time employee because I was drawn to our Center's commitment to building relationships, acknowledging community assets and knowledge, and working alongside communities for social and environmental justice. I first learned about CIMH as a student in DePaul University's Clinical Mental Health Counseling program. At DePaul University, I learned the importance of providing direct service and advocating for systemic change; so, when I became aware of CIMH through our program's newsletter, I immediately signed up and soon discovered that the principal organizer was Dr. Ferrera, a faculty leader of CbSL at DePaul University. Not too long after, I had the opportunity to learn more about CIMH's organizational priorities.

Being a Vincentian institution, we follow the lead of St. Vincent de Paul and St. Louise de Marillac who centered their work on building relationships, based on mutual respect and transparency, to address social injustices. At the Steans Center, this means that any partnership begins with the person, as opposed to a role or an organization. Who are they? How did they get here? What do they care about? How do they seek to support change through their work? These are important questions for us to ask at Steans Center, to be inspired by, and to learn from when engaging in collective efforts towards liberation. Finally, our approach is grounded in the Asset-based Community Development framework, which centers the gifts and agency of individuals, and

their communities, when addressing the need for direct-services and systemic change.

My primary goal in the CbSL program is to connect faculty and their students to the work of the community, so that they can discover realities and explore how they can be a part of the change they wish to see in the world. Partnering with organizations like CIMH allows our students to learn by doing something with a purpose and under the guidance of community stakeholders. A case exercise can only teach you so much about a situation, but experiencing it, reflecting on it, and applying what you learned inside the classroom and in the community can be transformational.

Sometimes, faculty who are unfamiliar with Asset-based Community Development presume that their course, project, or research interest aligns well with the interests and priorities of the community as initially designed. Collaborations built upon a plug-and-play model rarely work, but those that start with a real encounter, and that are sustained with an ongoing presence and dialogue with a community, continue to yield gifts long after. Finding the right project scope, given a community partner's interests, the students' capacity, and the time constraints of the ten-week quarter system can also be a challenge. Additionally, community partners devote limited staff resources towards these types of collaborations, which can siphon resources from other important organizational work. Further, our university timeline does not always mesh well with community partner timelines; for example, there is not an available course nor there is a disruptive break brought about by the academic calendar. Finally, all our stakeholders must manage many competing demands with limited time and resources.

SUNGSOON HWANG: GEOGRAPHY PROFESSOR AND GIS SCIENTIST

Since 2007 I have supervised these types of partnerships through *Community GIS* as a service-learning course, where students conduct projects that are collaboratively proposed with community partners. I got to know about CIMH through Steans Center that collects community GIS projects for the service-learning course. Being an immigrant myself, a need for making mental health service accessible to immigrants struck a chord with me. I approach these kinds of projects as an educator; how to improve the pedagogy of the class. Experiential learning provides a good fit for teaching GIS, since GIS is an applied field.

Before the start of the quarter, the Steans Center coordinator makes connections with the community partners, and I collect the description of the project. At the beginning of the quarter, students sign up for projects with organizations based on their interests. I typically invite the community partners to come to the first day of class to talk about the project. Once project groups made up of several students paired with a community partner are formed, I help them set specific parameters of project goals. I then create protocols for several milestones between the students and the community partner from defining the GIS project to implementation. Specific and measurable metrics in protocols allow for monitoring progress towards project goals. I typically assist as they have questions regarding the feasibility of the project, and if they have questions regarding the GIS techniques or the data they should obtain.

The project brought mutual benefits to building capacity of students and community partners. Students can develop problem-solving skills in a real world setting and learn to design geographic information products that meet community needs. For community partners, the partnership helps address limited resources and improve outreach efforts. Increased usage of the interactive map can provide more data that can be used to improve the quality of the CIMH's program.

I was informed that the interactive web map of mental health services was used by members of CIMH. A success of the project can be attributed to a clearly defined goal and realistic scope of work negotiated through constant communication between community partners and the students, and Steans Center's role in matching needs of community partners with those of a GIS course for project implementation. A challenge remains, including follow-up once the projects are done. One of the questions that came up during the project was whether we could create a web app where the CIMH staff can log in and then update data in the map, but there was little capacity to do so, mainly because of the time constraint.

KITTI QUARFOOT: GIS CERTIFICATE STUDENT

I grew up in a small town in Colorado until I was eight years old. We were one of three white families in the town and the rest of the community was Hispanic. I loved being around large, multi-generational family groups. In September 2018, I was a sixty-one-year-old woman with a BA in English Literature from the University of Minnesota, had owned a bicycle shop, raised two boys, had worked as an administrator at a non-profit for seniors, and was excited to start my DePaul University GIS classes to kickstart my "new career".

My Community GIS class was an intermediate-level course focused on applications of GIS for community development. Our (myself and a class partner) project's purpose was to give CIMH an interactive map of mental health clinics based on CIMH's compiled list of mental health providers in the metropolitan area. The final map included CTA routes and stops to help users determine their proximity to clinics as well as locating culturally and linguistically appropriate health services. We created a second non-interactive map identifying a concentration

of primarily Spanish-speaking households in relation to a clinic location. This second map could help CIMH determine future needs for mental health clinic locations.

IDA R. SALUSKY: CLINICAL SUPERVISOR AT DEPAUL FAMILY & COMMUNITY SERVICE, USER OF THE SERVICE PROVIDER DIRECTORY

I am a former clinical supervisor at DePaul Family and Community Service, a community mental health center. In this role, I trained and supervised clinical Ph.D. candidates in conducting empirically based forensic psychological assessments for asylum seekers. This work is a continuation of two decades of work with forced migrants both in the U.S. and internationally. Before that, I was raised in a large immigrant community, and I am the child of an immigrant to the U.S. This motivates my commitment to the development and delivery of culturally congruent and responsive mental health care for immigrants. Part of the training and supervision I provide involves connecting asylum seekers with culturally congruent mental health care. Clients' need for culturally responsive, affordable, and accessible mental health care for immigrant populations led me to connect with CIMH in 2018. I was developing the forensic asylum training experience and knew that I would need to find partners and resources with whom I could connect asylum seekers for follow-up care.

I connected with Dr. Ferrera through a colleague. She shared the mission and work of CIMH, including a listserv and the mental health directory with GIS embedding. From 2018 to 2020, my students and I relied on these resources and the general membership of CIMH to locate follow-up therapy and support services for many of the asylum seekers for whom we conducted forensic psychological evaluations. When I began this work, I was new to Chicago and unfamiliar with mental health service providers broadly and specifically those trained to work with asylum seekers who have experienced traumatic events. My trainees were generally not from Chicago and unfamiliar with service providers in the city. We used the GIS resource directory to locate linguistically qualified mental healthcare providers with the specific clinical skill sets our clients need.

The CIMH listserv is another invaluable tool in this work. It links together broad stakeholders in the community with interests in immigrant and refugee mental health issues. Requests to the listserv have resulted in real time information, including referrals for high quality pro-bono services, information about clinic waitlist times, and helpful information about how to navigate large health systems that require understanding complex bureaucracies. This increased the programmatic capacity of the training, supervision and client care I provided. In my experience, allied organizations do not always have clear and frequent lines of communication to promote their services. The CIMH listserv and resource directory fills part of this need within the immigrant mental health service sector. My work as a community provider and clinical supervisor working with asylum seeking populations has improved as a result of curated resources CIMH offers.

DISCUSSION

In line with the *Coalition Collaborative Capacity* framework (Foster-Fishman et al., 2001), this UCC contributed to building programmatic and organization capacity around monetary and non-monetary resource mobilization for CIMH. CIMH members sought out technical assistance in building the service directory and the GIS map, guided by their understanding of community needs. For those who accessed it, such as the Dr. Salusky, this resource increased the programmatic capacity to refer clients to appropriate mental health services through a free service directory. Apart from the tangible resources CIMH facilitates, it provides a model to students for how to effectively engage in organizational capacity building through technical assistance.

The development of relational capacity (i.e., the social relationships across institutions) was also crucial to achieving our overarching goal of developing and disseminating the service provider directory. The continued collaboration between the CIMH and DePaul University via the Steans Center over several years highlights the strength of this ongoing relationship. The CIMH has also recently been in communication with an academic institution in Florida, which works with an increasing number of unaccompanied immigrant minors that may want to replicate the GIS mapping process. In this way, CIMH's work can provide a model for capacity building that extends beyond the local community.

Each stakeholder brought a range of strengths to the UCC starting with Dr. Ferrera and the CIMH leadership's understanding of the Chicago immigrant service provider landscape and their ability to identify the need for a GIS embedded directory. Ms. Hasan's cultural knowledge helped expand the service providers included in the directory, especially providers focusing on Arab American communities in Chicago. Mr. Álvarez Silva's knowledge base of community-based organizations and university resources provided linkages that made these partnerships feasible. Additionally, he stressed the importance of responding to the interests and priorities of our stakeholders, as opposed to the personal agendas of faculty or institutional interests. Ultimately, this process invited university stakeholders to consider how to deconstruct the lines that define a community as somewhere outside of the institution, make real the commitment that universities and communities are

deeply interconnected, and embrace personal and social transformation. Dr. Hwang's technical skills and course structure helped Ms. Quarfoot apply her developing GIS knowledge along with her partner on the project. Dr. Salusky's direct contact with immigrants in the community provided an avenue to use the directory to refer community members to mental health services.

The benefits of the UCC were significant and impactful to all stakeholders and they all experienced increased member capacity. CIMH gained a service provider directory available to community members at no cost. Students had time set aside to expand their technical skills while collaborating with an organization of interest. For the GIS student, in particular, she applied theoretical knowledge to a tangible project, improving the pedagogy of the professor's course. Immigrant-serving providers gained access to information they could incorporate into their service provision, like connecting individuals participating in forensic psychological assessments as part of their asylum claims with culturally and linguistically competent mental health providers. Further, the university garnered a reputation as an institutional support for the community, and not just an educational island. Ultimately, the UCC provided a mutual benefit and opportunity for growth and learning among all stakeholders.

Although the resources and knowledge base required for the GIS mapping project were significant, due to the nature of the collaboration, the monetary cost of the UCC was low. This is notable because CIMH is a newly established grassroots and virtual organization that is not funded. However, the fruits from the UCC have contributed to organizational sustainability as a critical and relevant source of information, as well as resources to pursue a 501(c)(3) non-profit status so that CIMH can begin to seek funding. The relationships already established within DePaul University have led to an update of the GIS mapping following updates to the directory itself, ongoing support and technical assistance with community convenings that have been held virtually, as well as social media and website development. Optimizing the often-untapped skills of students (and mentoring faculty) in the areas of GIS, health communications, public and mental health, computing and digital media, etc. have provided CIMH with support it would not have had and reciprocally, the opportunity for students (often immigrants or children of immigrants themselves) and other invested community members to hone, develop and showcase their skills and contributions. In this way, the UCC has been transformative for all stakeholders.

This UCC highlights how effective resource mobilization requires partners to clearly define goals that are measurable and time specific. The scope of the work that CIMH defined was in line with the skill set and timeline DePaul University's GIS mapping course could accommodate. The parameters of what each stakeholder would contribute and provide were defined before the project started. This ensured that the work did not grow beyond the skill set and timelines of different stakeholders. The success of the UCC also required partners to have complementary skills for the purposes of achieving a mutually beneficial set of goals.

In line with community psychology's values of fairness and justice (Tebes, 2017), it is crucial to discuss the importance of compensating stakeholders for their time. For example, leveraging the scholarship that compensated Ms. Hasan for the internship allowed her to develop the initial resource list associated with the directory. Her sustained support was essential for the project's success. This approach is more sustainable for students than the typical practice of unpaid internships or volunteer "opportunities," especially for students from historically oppressed communities who may not have the option to provide free labor. Other stakeholders also had time allocated through their places of employment to work on these types of collaborations, such as Mr. Álvarez Silva's position in the Steans Center where he devotes time to building connections both with community organizations and the faculty interested in incorporating service-learning into their teaching.

LIMITATIONS AND FUTURE DIRECTIONS

Additional work remains. We have identified the need for a national level map directory, and we have begun to discuss ways in which we can work collaboratively to make this happen. Further, although significant time was devoted to developing a directory of mental health services, we have not evaluated its impact. This is a large gap within the literature on UCCs and coalitions; the effectiveness of this collaborative work is often not evaluated (Drahota et al., 2016). In future work, it is important to understand what aspects of the directory are most used and whether there are additional forms of information that community stakeholders need. It is unclear whether sufficient advertisement/community education has taken place to ensure that the directory's existence is widely known within the Chicago immigrant service sector. Future collaborations to expand the directory or evaluate its effectiveness could include a similar process of seeking technical assistance.

Similarly, although the structure provided by the Steans Center helped in developing the collaboration in the first place, it was a challenge to continue the ongoing relationship after the GIS course ended. We found a need for ongoing relationships/collaborations with this type of initiative to be able to continually update resources and GIS mapping. Recently, several GIS students were selected to receive financial support from DePaul University to continue this work. Moving forward, Mr.

Álvarez Silva and Dr. Ferrera plan to continue to partner with service-learning courses, such as conducting a grant writing course to expand funding opportunities for CIMH.

CONCLUSION

Through a collaborative writing process, we highlighted the roles of key stakeholders in a UCC focused on increasing access to immigrant mental health resources. This article highlights how UCCs can mobilize resources and technical assistance to address community needs. These collaborations can be done in equitable ways that do not exploit the labor of vulnerable populations, such as students.

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COMPETING INTERESTS

The authors have no competing interests to declare.

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REFERENCES

Alvidrez, J. L., & **Barksdale, C. L.** (2022). Perspectives from the National Institutes of Health on multidimensional mental health disparities research: A framework for advancing the field. *American Journal of Psychiatry*, *179*(6), 417-421. https://doi.org/10.1176/appi.ajp.21100969

Campbell, R., & **Morris, M.** (2017). Complicating Narratives: Defining and Deconstructing Ethical Challenges in Community Psychology. *American Journal of Community Psychology*, *60*(3–4), 491–501. https://doi.org/10.1002/ajcp.12177

Collins, T., Stradtman, L. R., Vanderpool, R. C., Neace, D. R., & **Cooper, K. D.** (2015). A community–academic partnership to increase PAP testing in Appalachian Kentucky. *American Journal of Preventive Medicine*, *49*(2), 324–330. https://doi.org/10.1016/j.amepre.2015.04.028

Cruz Nichols, V., LeBrón, A. M., & **Pedraza, F. I.** (2018). Spillover effects: Immigrant policing and government skepticism in matters of health for Latinos. *Public Administration Review*, *78*(3), 432-443. https://doi.org/10.1111/puar.12916

Drahota, A., Meza, R. D., Brikho, B., Naaf, M., Estabillo, J. A., Gomez, E. D., Vejnoska, S. F., Dufek, S., Stahmer, A. C., & **Aarons, G. A.** (2016). Community-academic partnerships: A systematic review of the state of the literature and recommendations for future research. *The Milbank Quarterly*, *94*(1), 163–214. https://doi.org/10.1111/1468-0009.12184

Florin, P., Mitchell, R., Stevenson, J., & **Klein, I.** (2000). Predicting intermediate outcomes for prevention coalitions: A developmental perspective. *Evaluation and Program Planning*, *23*(3), 341–346. https://doi.org/10.1016/S0149-7189(00)00022-7

Foster-Fishman, P. G., Berkowitz, S. L., Lounsbury, D. W., Jacobson, S., & **Allen, N. A.** (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology*, *29*(2), 241–261. https://doi.org/10.1023/A:1010378613583

Goodnough, K. (2014). Examining the potential of youth-led community of practice: Experience and insights. *Educational Action Research*, *22*(3), 363–379. https://doi.org/10.1080/09650792.2013.872573

Gupton, J. T., Sullivan, A. L., & **Johnston-Goodstar, K.** (2014). The role of university engagement in the community. *International Journal of Educational Reform*, *23*(3), 181–190. https://doi.org/10.1177/105678791402300302

Haidar, A., Khoei, A., Alex, S. E., Blick, C., Lopez, E., Wendt, S., Ghanta, R., Almohamad, M., Cousins, S., Noyola, J., Tien, J., Markham, C., & **Sharma, S. V.** (2021). Community-academic partnerships to promote health literacy and address social needs among low-income families during Covid-19. *Journal of Nutrition Education and Behavior*, *53*(1), 75–78. https://doi.org/10.1016/j.jneb.2020.10.003

Illinois Department of Human Services. (n.d.). *IDHS: List of community service agencies serving immigrants*. Retrieved July 22, 2021, from https://www.dhs.state.il.us/page.aspx?item=117419

Kerani, R. P., & **Kwakwa, H. A.** (2018). Scaring undocumented immigrants is detrimental to public health. *American Journal of Public Health*, 108(9), 1165. https://doi.org/10.2105/AJPH.2018.304596

McGirr, D., Kull, R., & **Enns, K. S.** (2003). Town and gown: Making institutional and community development work together. *Economic Development Journal*, *2*, 16–23.

Mueller, C. M. (1987). Collective consciousness, identity transformation, and the rise of women in public office in the United States. In M. F. Katzenstein & C. M. Mueller (Eds.), *The women's movement of the United States and western Europe* (pp. 89–108). Temple University Press.

Nelson, G. (1994). The development of a mental health coalition: A case study. *American Journal of Community Psychology*, *22*(2), 229–255. https://doi.org/10.1007/BF02506864

Olea, E.A. & **Ferrera, M. J.** (2021). *Overcoming barriers and empowering communities: The Immigrant Health Academy.* A collaborative report by The Center for Community Health Equity and The Illinois Coalition for Immigrant and Refugee Rights. https://www.icirr.org/theacademy

O'Neill, P. (1989). Responsible to whom? Responsible for what? Some ethical issues in community intervention. *American Journal of Community Psychology, 17*(3), 323–341. https://doi.org/10.1007/BF00931040

Pedroza, J. M. (2022). Making noncitizens' rights real: Evidence from immigration scam complaints. *Law & Policy*, 44(1), 44-69. https://doi.org/10.1111/lapo.12180

Salihu, H. M., August, E. M., Alio, A. P., Jeffers, D., Austin, D., & **Berry, E.** (2011). Community-academic partnerships to reduce black-white disparities in infant mortality in Florida. *Progress in Community Health Partnerships: Research, Education, and Action*, *5*(1), 53–66. https://doi.org/10.1353/cpr.2011.0009

Tebes, J. K. (2017). Foundations for a philosophy of science of community psychology: Perspectivism, pragmatism, feminism, and critical theory. In M. A. Bond, I. Serrano-García, C. B. Keys, & M. Shinn (Eds.), *APA handbook of community psychology: Methods for community research and action for diverse groups and issues, Vol. 2* (pp. 21–40). American Psychological Association. https://doi.org/10.1037/14954-002

Tolbert, J., Artiga, S., & **Pham, O.** (2019). Impact of shifting immigration policy on Medicaid enrollment and utilization of care among health center patients. *San Francisco: Henry J. Kaiser Family Foundation*, 500.

U.S. Census. (2021). QuickFacts: Cook County, Illinois; United States. https://www.census.gov/quickfacts/fact/table/cookcountyillinois,US/PST045221

Zakocs, R. C., & **Edwards, E. M.** (2006). What explains community coalition effectiveness? A review of the literature. *American Journal of Preventive Medicine*, *30*(4), 351–361. https://doi.org/10.1016/j.amepre.2005.12.004

Zhang, W., & **Logan, J. R.** (2017). The emerging spatial organization of the metropolis: Zones of diversity and minority enclaves in Chicago. *Spatial Demography*, *5*(2), 99–122. https://doi.org/10.1007/s40980-017-0033-0

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