

**A Mixed-Method Exploration of Functioning in
Safe Schools/Healthy Students Partnerships**

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Abstract

This paper presents a mixed-method approach to measuring the functioning of Safe Schools/Healthy Students (SS/HS) Initiative partnerships. The SS/HS national evaluation team developed a survey to collect partners' perceptions of functioning within SS/HS partnerships. Average partnership functioning scores were used to rank each site from lowest to highest. Sites with the *most favorable perceptions of partnership functioning* were defined as having average scores in the top 10% ($n = 10$) and sites with the *least favorable perceptions of partnership functioning* were defined as having average scores in the bottom 10% ($n = 10$). Qualitative data for these 20 sites were inductively open coded for emergent themes and analyzed for patterns using grounded theory approach. Six themes emerged that distinguished sites reporting the most favorable and least favorable perceptions of partnership functioning: partner engagement, facilitators, barriers, shared decision making, partnership structure, and sustainability. Sites reporting the most favorable perceptions of partnership functioning effectively utilized collaboration processes that facilitate coalition building, such as shared decision making, effective communication, and developing a clearly defined structure. Qualitative themes from this analysis provide evidence of validity for the partnership functioning scale used and illustrate distinguishing features between sites with the most favorable and least favorable perceptions of partnership functioning.

Key Words: collaboration, coalition functioning, community partnerships, mixed methods, coalition functioning scale

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1. Introduction

1.1 What is known about partnership functioning

The widespread support for the use of community collaboration models to tackle health and social problems is grounded in the understanding that those problems are inextricably linked to their social context (Stokols, 1992; Trickett, 1984) and best addressed by ecologically valid programs (Foster-Fishman, Berkowitz, Lounsbury, Jacobsen, & Allen, 2001), which target multiple contextual levels, such as family, school, and policy settings (Bronfenbrenner, 1979; Hawkins, Catalano, & Miller, 1992). Assumption is made that organizations in collaboration are better suited than a single organization to address complex health and social issues (Butterfoss, Goodman, & Wandersman, 1993) and effective, efficient, and sustainable outcomes are more likely when organizations collaborate (Lasker, Weiss, & Miller, 2001).

Collaboration through coalitions, however, can be challenging (e.g., Fodayemi, 2001). Organizations that previously might have competed with each other for resources must develop a common vision, share funding, and integrate services. Further, organizations, such as mental health and law enforcement that use fundamentally different approaches to address social problems, must learn the policies, procedures, and language of partner organizations. Given this context, the process of building a coalition and creating synergy (i.e., creating an entity that is greater than the sum of its parts; Weiss, Anderson, & Lasker, 2002) has been identified as an outcome in and of itself (Butterfoss, Cashman, Foster-Fishman, Kegler, & Berkowitz, 2001), yet

this process is also theorized as essential to accomplishing long-term outcomes (Butterfoss & Kegler, 2009; Weiss et al., 2002).

Weiss et al. (2002) posited that coalition functioning is a factor that influences the creation of synergy. Coalition functioning describes the degree to which coalition-building processes have been well implemented (Zakocs & Edwards, 2006). Examples of the internal processes included in measuring coalition functioning are: communication (Kegler, M. C., Williams, Cassell, Santelli, Kegler, S. R., et al., 2005), leadership (Allen, 2005), governance (Weiss et al., 2002), member involvement (Feinberg, Greenberg, & Osgood, 2004), and influence in decision making (Kegler, Steckler, McLeroy, & Malek, 1998b). Coalitions with higher internal functioning could be more likely to achieve desired community-level outcomes (Zakocs & Edwards, 2006). High internal coalition functioning is positively associated with perceived coalition effectiveness (Feinberg et al., 2004), perceived accomplishments (Kegler et al., 2005), perceived impact of the coalition on the prevention system (Hays, C.E., Hays, S.P., DeVille, & Mulhall, 2000), number of prevention activities implemented (Kegler, Steckler, Malek, & McLeroy, 1998a), and adoption of evidence-based practices (Jasuja, Chou, Bernstein, Wang, McClure, & Pentz, 2005). These results are evidence for the importance of examining partnership functioning when evaluating community coalitions and their outcomes.

To date, studies of coalition functioning have primarily used quantitative methods—surveys in which coalition leaders and members rate their agreement with statements about coalition characteristics such as communication, leadership, and member involvement. Butterfoss et al. (2001) argued that qualitative methods are necessary to further examine coalition functioning because qualitative data often better represent the community's experience and avoid reducing complex phenomena to simple constructs. For example, qualitative methods

would provide a deeper understanding of the effects of barriers, such as turnover in leadership and key staff, on coalition functioning (Butterfoss et al., 2001).

1.2 Safe Schools/Healthy Students Initiative

The Safe Schools/Healthy Students (SS/HS) Initiative requires a partnership between the school district(s), mental health, law enforcement, and juvenile justice agencies in grant recipient communities. Frequently, the partnership includes representatives of other community organizations (e.g., early childhood and youth development, faith-based, government, health care, behavioral health treatment services) as dictated by local needs. The national evaluation team's program theory model conceptualized SS/HS partnership functioning as contributing to short- and long-term outcomes (author et al., this issue). The national evaluation team used a mixed-method approach to illustrate the internal processes associated with the lowest and highest ends of the distribution of partnership functioning scores. Quantitative data represent partners' perceptions of their partnership's internal functioning; qualitative data capture partners' experiences in collaboration and grant implementation. This paper presents results of analyses using both datasets to examine whether SS/HS partnerships with low or high scores on a partnership functioning measure demonstrated characteristics qualitatively similar to other partnerships in the same low or high score category.

2. Methods

Sites with the most favorable and least favorable perceptions of partnership functioning were determined by deriving Year 2 partnership functioning scores from the 32-item self-report partnership inventory survey for all sites in the 2005, 2006, and 2007 cohorts ($n = 86$). Beginning in the second grant year, the national evaluation team administers the partnership inventory

survey annually to partners from each SS/HS site to obtain their perspectives of their site's SS/HS partnership.

Partnership functioning scores derive from 12 items asking partners to rate aspects of their partnership including communication, commitment, level of participation and resource contribution among partners, demonstrated degree of shared vision, a feeling of synergy, a sense of excitement, effective leadership, shared responsibility and decision making, goal achievement, and the respondent's overall satisfaction with the partnership and perception of the partnership's value to the project. Respondents rate items using a 5-point scale ranging from strongly agree (5) to strongly disagree (1). Reliability for the 12-item partnership functioning scale was calculated using survey results from the 2005 cohort, Years 2, 3, and 4; the 2006 cohort, Years 2, 3, and 4; the 2007 cohort Years 2 and 3; and the 2008 cohort, Year 2. Cronbach's alpha was .90 with all item-total correlations above .30 ($n = 1578$ partners from 175 sites).

Analysts generated a site-level average partnership functioning score that included all of the partners except for the project director for each site in the three cohorts. Partnership functioning scores could range from 12 to 60 (actual range 35-59). The mean Year 2 site-level average partnership functioning score across the three cohorts was 52 and the standard deviation was 4.2. The relatively high mean score suggests that nearly all of the partnerships perceived that they were functioning at a relatively high level. The distribution of Year 2 partnership functioning scores for all three cohorts was used to define sites with average partnership functioning scores in the top 10% ($n = 10$) as having the *most favorable perceptions of partnership functioning* and sites with partnership functioning scores in the bottom 10% ($n = 10$) as having the *least favorable perceptions of partnership functioning*. The top and bottom 10%

represented natural breaking points in the distribution and equated to slightly more than one standard deviation above and below the mean (see Figure 1).

[Insert Figure 1 about here]

To identify emergent themes among sites, two analysts independently reviewed qualitative data from Years 1 and 2 describing partnership functioning characteristics for one-third of the sites identified with the most and least favorable perceptions of partnership functioning. The analysts then coidentified codes for use in a systematic analysis. All qualitative data were inductively open coded for emergent themes and analyzed for patterns using grounded theory approach (Glaser & Strauss, 1967; Pidgeon, 1996). Throughout the coding process, analysts constantly compared data samples to generate conceptual theories about the meanings and interrelationships of emergent themes. Themes were only considered if they emerged with supporting evidence for at least 7 of the 10 sites with least favorable perceptions of partnership functioning and 7 of the 10 sites with most favorable perceptions of partnership functioning.

3. Results

Six themes emerged that distinguished the 10 sites reporting most favorable perceptions of partnership functioning from the 10 sites reporting least favorable perceptions of partnership functioning: (a) school and community partner engagement; (b) facilitators; (c) barriers; (d) shared decision making; (e) partnership structure; and (f) sustainability. At least one example for sites with least favorable perceptions of partnership functioning and one example for sites with most favorable perceptions of partnership functioning accompanies the description of each theme to illustrate how themes manifested for sites in both categories.

3.1 School and community partner engagement

Sites with the most favorable perceptions of partnership functioning reported successfully obtaining school or community buy-in or both. The majority sought school buy-in prior to grant award by including school-level administrators in multiple aspects of the pre-grant planning process (e.g., developing the plan and logic model and choosing programs). For example, the project director from one site met regularly with district superintendents and principals to develop the logic model during the planning process. Several community coalitions helped determine project needs as part of an annual community assessment process. In a second example, the project director led the grant writing and planning effort but was also supported by a grant writer. The project director met regularly with the district superintendents and building principals, and several other partners, outside of the school district, were involved in the needs assessment. The community actively participates in an annual community assessment process and the grant-writing process coincided with this assessment process. At a third site, the project director said that all of the required partners participated in the grant-writing process, which was facilitated by the fact that the partners had been working together since 2003 as part of a community action group to guide and monitor programs and services. Successful preexisting collaborations between partner agencies and schools facilitated buy-in for sites with the most favorable perceptions of partnership functioning.

In addition, most sites actively sought school buy-in after the grant was awarded using a variety of strategies including information dissemination; data sharing; training; relationship building; hiring a well-respected, district employee as the project director; and hosting communitywide SS/HS project kickoff events to raise awareness and garner support. For example, the project director and local evaluator from one site conducted an orientation for

principals and other school district staff, visited all secondary schools, and sent the SS/HS project's social worker to meet with elementary school staff after the grant was awarded. These presentations and meetings with school and district staff focused on disseminating school and district baseline student data, explaining how SS/HS goals and plans would address needs revealed in baseline data, and articulating the roles of SS/HS staff assigned to school campuses. At a second site, partners described a process for continuing to gain community buy-in. Partners at the site said that the project director "is constantly out in the community, getting SS/HS on community partners' agendas." For this site, tailoring the grant activities to the needs of partner agencies and individual schools helped promote success.

Sites with the least favorable perceptions of partnership functioning reported multiple barriers to obtaining school or community buy-in, including school staff wary of new, seemingly temporary initiatives; school and district administrators afraid of real change; school staff feeling territorial about partner agencies providing services on campus; and high turnover rates for district and school administrators. These sites showed little evidence of school staff or administrator involvement in the pre-grant planning process beyond participation in grant writing. For example, the local evaluator at one site collaborated with only the school district superintendent to conduct the needs assessment and develop the logic model. Partners were not consulted about programs or activities during pre-grant planning. Similarly, in another site, the local evaluator developed and wrote the entire grant application, and the required partners simply reviewed the application prior to submission. The majority of these sites did not report utilizing engagement strategies to garner school or community buy-in prior to grant award.

3.2 *Nature of facilitators*

Sites with the most favorable perceptions of partnership functioning reported multiple facilitators including active engagement of school and community partners, support from one or more key school district administrators (e.g., the superintendent), strong partnership history, and necessary infrastructure to facilitate implementation (e.g., systematic data collection procedures and preexisting policies for administering a large grant). Sites discussed the importance of hiring a project director who was familiar with the school district and the community as a facilitator to implementation of grant activities. For example, one site said that their project director's strong relationship with the schools, which was largely due to the fact that the project director was an administrator in the district prior to the grant award, was a facilitator to implementation and led to high partner involvement. The partners also described the site's management team as a facilitator to implementation because of its effective problem solving and decision making. At a second site, a partner responded that "there is an incredible piece of accountability built in from all agencies," which facilitates implementation and collaboration. The partner elaborated that the partners' collaborative ability to identify needs in the community and "selflessly get out of the way when their role is not applicable to the issue" has kept him engaged in the site's preexisting community partnership. The majority of these sites discussed facilitators to both implementation and collaboration and demonstrated an understanding that the two types of facilitators are related. For example, interviewees from one site reported using strategic planning techniques to increase partner buy-in, which in turn facilitated program implementation. At another site, the school district had existing relationships with each of the required partner agencies prior to the SS/HS grant. The school district had previously collaborated with each agency to implement programs and services in the schools.

Sites with the least favorable perceptions of partnership functioning reported few or no facilitators and did not demonstrate an awareness of the relationship between implementation facilitators and collaboration. These sites often cited a facilitator to implementing a program activity (e.g., school staff enthusiasm and support facilitated program implementation), but partners rarely discussed the ways that program implementation facilitators contributed to improved collaboration.

3.3 Nature of barriers

Sites with the most favorable perceptions of partnership functioning reported few barriers; those cited were manageable (e.g., minor staffing issues, finding time to meet regularly, and negotiation of partner roles). Of the sites that reported barriers, partners articulated strategies for addressing them, which primarily included timely and effective partner communication and partners' willingness to compromise. For example, partners from one site stated, "When barriers arise, we get on the phone with one another and email one another. If there is an issue it is dealt with immediately; it doesn't wait until our next meeting." During discussions of barriers, these sites tended to focus on problem-solving strategies and often reported that collaborating to overcome barriers strengthened their partnership.

Sites with the least favorable perceptions of partnership functioning reported multiple and significant barriers including ineffective communication among partners, lack of partner buy-in and engagement, and significant staffing problems. For example, half of these sites experienced staff turnover of key grant or school district staff (e.g., school district superintendent, project director, local evaluator), which partners cited as a significant barrier. Barriers reported often predated the SS/HS grant and were not easily or feasibly resolvable by partners. Examples of preexisting, irresolvable barriers included high partner agency staff turnover; severe classroom

discipline problems throughout the district that impeded implementation of school-based SS/HS curricula; partners' inability to communicate due to insufficient cell phone towers in the area; and a lack of school district procurement policies for administering federal grants. An example of barriers that were not easily or feasibly resolvable was offered by the required partners at one site, "The grant could not have come at a worse time." The community was in an economic crisis and 4,000 jobs had been lost, which affected staffing for the grant. The superintendent also abruptly resigned, and the school district had experienced multiple changes in superintendents since that time. At another site, partners said that they struggled to understand the logistics involved in "getting the project off the ground," such as remembering to get approval from the school board, defining and writing SS/HS job descriptions, and figuring out pay scales. Sites with the least favorable perceptions of partnership functioning rarely articulated strategies for addressing barriers.

3.4 Shared decision making

Sites with the most favorable perceptions of partnership functioning described using a participatory, consensus-based decision-making process in which partners were highly engaged and invested. For example, one site initially included SS/HS program staff and required partners in management team meetings to obtain buy-in from all individuals involved in the initiative. By the end of Year 1 two separate entities had developed: the management team of agency decision makers and the evaluation team composed of program staff and guided by the local evaluator. The management team made decisions for the project based on the evaluation team's reports and input from the project director and local evaluator. Partners described their decision-making process as collaborative and consensus-based. In response to a question about decision making, partners at another site said that they were actively involved in partnership meetings, which have

focused on partnership functioning and implementation issues. The partners reported using a participatory decision-making process with open communication among the partners. At a third site, partners were involved in a preexisting community collaborative that had been engaged in shared decision making for several years. The partners said that their management team makes all the final decisions as a group, and the advisory board helps guide and consult with the management team on decisions. The partners saw the project director's job as facilitating communication across all partners but felt that management of the grant was shared across the four required partners.

In contrast, the majority of sites with the least favorable perceptions of partnership functioning demonstrated no evidence of shared decision making. For example, at one site with the least favorable perceptions of partnership functioning, the project director responded in Year 1 that she made most of the partnership's decisions and felt uncomfortable in her role. In Year 2, the project director had left her position and partners said that in the future they would not have project director-led initiative because the approach did not work for their site. At a second site, the partners reported that they were only able to meet when the project director was present, and that all decisions were made by the project director without input from the partners.

Sites with the least favorable perceptions of partnership functioning often reported engaging in shared decision making in response to the interview question about decision making. Data in response to other questions (i.e., barriers to collaboration and partnership organization), however, was contradictory for these sites, indicating low partner engagement, lack of partner buy-in, and difficulty collaborating with certain key partners. For example, when asked about decision making, partners from one site stated that they have always practiced consensus-based decision making and that establishing a working relationship among partners was not difficult.

Yet during discussion about partnership organization in Year 1 partners were unable to articulate their roles. The project director stated that partners were trying to figure out their roles in the grant. At Year 2, the project director continued experiencing difficulty getting all of the partners to attend management team meetings.

3.5 Partnership structure

Sites with the most favorable perceptions of partnership functioning were more likely to describe a clear partnership structure. Seven of the 10 sites included an advisory board or executive steering committee in their partnership structure. For the other three sites, the management team was the main structural component and acted as the primary decision-making body of the partnership. A common theme across all 10 sites was the development of partnership structures that functioned effectively in their local community contexts. These sites articulated the roles of particular partner agencies in addition to the shared vision of their partnership, indicating partnership synergy. For example, partners from one site clearly articulated their partnership structure and reported that the SS/HS partnership has been a “step up in collaboration from the past.” The required partners had a prior history of collaboration, and through the SS/HS initiative they incorporated additional community partners, which reportedly increased their capacity to achieve goals. At another site, during Year 1 the management team was the main structural component of the partnership; the small partnership structure worked well for the small community. In Year 2, however, the partnership added a parent advisory board to involve parents in the project.

In contrast, sites with the least favorable perceptions of partnership functioning were less likely to have established a partnership structure or to include an advisory board in their structure. In response to interview questions about partnership structure, these sites focused on

partners' roles in relation to program implementation responsibilities (e.g., the law enforcement partner will implement the Gang Resistance Education and Training program) and rarely described a shared vision or goals for collaboration. For example, each of the partners from one site discussed the programs they planned to implement, but did not discuss how their management team was organized or operated. The partners noted that their partnership was still under development, which was also true for half of these sites and apparently associated with limited partnership history. At a second site, the partners said that there had not been any partner meetings during Year 2 and that no committees or subcommittees were established. Further, the partners said that they did not have a clear sense of what their roles in the grant were. Partners described the partnership in Year 2 as still developing. Sites with the least favorable perceptions of partnership functioning were more likely than their counterparts to have limited partnership histories.

3.6 Sustainability planning

Sites with the most favorable perceptions of partnership functioning had articulated a commitment to sustain programs in Year 1 and most had described concrete plans for sustaining programs by Year 2. The majority had begun implementing the sustainability plan in Year 2. Partnerships for four of these sites were well established and had been successfully sustained prior to receiving SS/HS grant funds; each had developed a committee devoted to sustainability by Year 2. For example, in Year 1 one site began actively working toward sustaining programs and services by leveraging matching funds from community organizations and developing a formal partnership agreement with the public health department to provide a school-based public health nurse who could register families for the state Medicaid program and therefore extend mental health services beyond grant funding. In Year 2 this site reported seeking nonprofit status

to increase eligibility for grant funding and had secured commitments from 2 partner agencies to sustain programming beyond grant funding. At a second site with the most favorable perceptions of partnership functioning, the partners reported that most of the services would remain after the grant ended as the mayor and mental health agencies had committed to sustaining positions, and the site had elected to train district staff and to purchase curricula to facilitate district staff implementing programs selected for the grant. Partners at a third site planned to use data from SS/HS to apply for future funding opportunities. The partnership had created a sustainability subcommittee devoted to sustaining activities begun under SS/HS and identifying funding opportunities. Each of the partners cited active, concrete steps they had taken to sustain program activities.

In comparison, sites with the least favorable perceptions of partnership functioning articulated a commitment to sustain programs in Years 1 and 2 but did not consistently describe concrete plans for achieving sustainability. For example, although partners from one site discussed the importance of sustainability in Year 1, they did not describe any plans or strategies for sustaining programs. In Year 2 the project director expressed a hope to sustain programs but was unclear how the partnership could achieve sustainability with diminished staffing when grant funds ended. Partners continued to note the importance of sustainability without providing examples or evidence of plans to proactively sustain the partnership or programs. At a second site with the least favorable perceptions of partnership functioning, in Year 2 the partners expressed a desire to sustain programs but were unable to articulate a plan. The project director said that they planned to begin discussing sustainability in Year 3. As a third example, one site said they were unable to plan for sustainability because they had not received any local evaluation data related to programs or heard any feedback from the district. Two sites were

unable to discuss sustainability efforts at all because they were experiencing significant barriers. Both sites were operating without project directors, which resulted in program implementation delays and uncertainty about the future direction of the grant.

4. Discussion

The national evaluation of the SS/HS Initiative used a mixed-method approach to obtain deeper insight into the functioning of SS/HS partnerships. Results of the thematic analysis revealed that sites with the most favorable perceptions of partnership functioning shared qualitatively similar characteristics, as did sites with the least favorable perceptions of partnership functioning. Further, these characteristics effectively differentiated sites with the most and least favorable perceptions. Partnership operational processes (engaging partner members, shared decision making, and the ability to jointly problem solve and compromise) and partnership structural clarity, as highlighted in these qualitative data, mirror processes and structural characteristics associated with better coalition functioning (Emshoff, Darnelle, A. J., Darnelle, D.A., Erickson, Schneider, & Hudgins, 2007; Kegler et al., 1998a).

The current thematic results differentiating sites with the most and least favorable perceptions of functioning also provide evidence of validity for the national evaluation team's use of its partnership functioning scale. Qualitative data are often used to triangulate the findings from quantitative measures (Marshall & Rossman, 1995; Miles & Huberman, 1994; Patton, 2002). The thematic analysis corroborated the scale's differentiation of sites based on key characteristics of partnership functioning. The scale's strong psychometric properties point to its utility for multivariate analyses relating partnership characteristics to long-term grant outcomes.

The emergence of sustainability planning as a theme differentiating sites with the most and least favorable perceptions of functioning is noteworthy as sustainability has been identified

as a coalition outcome resulting from a variety of high internal functioning and implementation characteristics (Butterfoss & Kegler, 2009). Extant literature suggests that clear coalition structure, community buy-in, and sustainability planning—themes that emerged from this analysis—contribute to the sustainability of coalitions over time (National Opinion Research Center, 2010). Further, findings from one of the few empirical studies of coalition sustainability showed that sustainability planning and internal functioning were associated with short-term coalition sustainability (Feinberg, Bontempo, & Greenberg, 2008). Future empirical study of the relationship between coalition processes and sustainability would benefit the community coalition knowledge base.

The mixed-method approach used for this analysis demonstrated the utility of incorporating qualitative data into the study of community coalitions. For example, the qualitative data provided an opportunity to learn about the *types* of challenges partnerships experienced in addition to *how* partnerships negotiated these challenges. This knowledge might serve as one source to inform technical assistance provided to grantees and lends support to the assertion that qualitative data are able to more fully represent a coalition's experience than quantitative data (Butterfoss et al., 2001).

Similar to most research on community coalitions, this study has several limitations. First, the analysis sought to comprehensively examine sites at the highest and lowest ends of the partnership functioning score distribution in Year 2 of the grant cycle. The characteristics of partnerships at either end of the partnership functioning score distribution might not generalize to partnerships that (a) have more moderate levels of perceived partnership functioning, (b) are at different points in their grant cycle, or (c) were formed for purposes other than that of SS/HS partnerships. Second, partnership functioning data represent the time period of data collection

and do not describe functioning for the entire grant year. Third, although extant literature has identified leadership as an important coalition functioning attribute (e.g., Zakocs & Edwards, 2006), it did not emerge as a theme in this analysis, perhaps because the interview protocols lacked explicit questions about leadership. The national evaluation team plans to include questions about SS/HS leadership in future qualitative data collections.

Despite these limitations, this investigation of the functioning of SS/HS partnerships, a distinctive collaboration among four required community partners (juvenile justice, law enforcement, mental health agencies, and the school district) administered jointly by the Departments of Education and Health and Human Services, has contributed to the empirical literature of community coalitions in multiple ways. Findings reiterated coalition processes important to coalition functioning and identified potential overlap in characteristics important to both functioning and sustainability. Results also validated the content of the partnership functioning scale used by the national evaluation team. Future studies of coalition functioning that use a mixed-method approach would further contribute to extant literature by advancing understanding of coalition development and may help to elucidate factors that underlie the sustainability of coalitions.

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References

- Allen, N. E. (2005). A multi-level analysis of community coordinating councils. *American Journal of Community Psychology, 35*(1/2), 49-63.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Butterfoss, F. D., Cashman, S., Foster-Fishman, P., Kegler, M., & Berkowitz, B. (2001). Roundtable discussion and final comments. *American Journal of Community Psychology, 29*(2), 229-239.
- Butterfoss, F. D. & Kegler, M. C. (2009). The community coalition action theory. In R. J. DiClemente, R. A. Crosby, & M. C. Kegler (Eds.), *Emerging theories in health promotion practice and research* (2nd ed., pp. 237–276). San Francisco: Jossey-Bass.
- Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health Education Research, Theory, & Practice, 8*(3), 315-330.
- Emshoff, J. G., Darnelle, A. J., Darnelle, D. A., Erickson, S. W., Schneider, S., & Hudgins, R. (2007). Systems change as an outcome and a process in the work of community collaborative for health. *American Journal of Community Psychology, 39*, 255-267.
- Feinberg, M. E., Greenberg, M. T., & Osgood, D. W. (2004). Readiness, functioning, and perceived effectiveness in community prevention coalitions: A study of Communities That Care. *American Journal of Community Psychology, 33*(3/4), 163-176.
- Feinberg, M. E., Bontempo, D. E., & Greenberg, M. T. (2008). Predictors and level of sustainability of community prevention coalitions. *American Journal of Preventive Medicine, 34*(6), 495-501.

- Folayemi, B. (2001). Case story #1: Building the grassroots coalition. *American Journal of Community Psychology, 29*, 193-198.
- Foster-Fishman, P. G., Berkowitz, S. L., Lounsbury, D. W., Jacobsen, S., & Allen, N. A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology, 29*, 241-261.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64-105.
- Hays, C. E., Hays, S. P., DeVille, J. O., & Mulhall, P. F. (2000). Capacity for effectiveness: The relationship between coalition structure and community impact. *Evaluation and Program Planning, 23*, 373-379.
- Jasuja, G. K., Chou, C. P., Bernstein, K., Wang, E., McClure, M., & Pentz, M. A. (2005). Using structural characteristics of community coalitions to predict progress in adopting evidence-based prevention programs. *Evaluation and Program Planning, 28*, 173-184.
- Kegler, M. C., Steckler, A., Malek, S. H., & McLeroy, K. (1998a). A multiple case study of implementation in 10 local Project ASSIST coalitions in North Carolina. *Health Education Research, Theory, & Practice, 13*(2), 225-238.
- Kegler, M. C., Steckler, A., McLeroy, K., & Malek, S. H. (1998b). Factors that contribute to effective community health promotion coalitions: A study of 10 Project ASSIST coalitions in North Carolina. *Health Education & Behavior, 25*(3), 338-353.

- Kegler, M. C., Williams, C. W., Cassell, C. M., Santelli, J., Kegler, S. R., Montgomery, S. B., et al. (2005). Mobilizing communities for teen pregnancy prevention: Associations between coalition characteristics and perceived accomplishments. *Journal of Adolescent Health, 37*, S31-S41.
- Lasker, R. D., Weiss, E. S., & Miller, R. (2001). Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *Milbank Quarterly, 79*(2), 179-205.
- Marshall, C., & Rossman, G. B. (1995). *Designing qualitative research* (3rd ed). Thousand Oaks, CA: Sage Publications.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis. A sourcebook of methods* (2nd ed). Thousand Oaks, CA: Sage Publications.
- National Opinion Research Center. (2010, January 7). *Developing a conceptual framework to assess the sustainability of community coalitions post-federal funding*. Retrieved on February 1, 2011, from <http://aspe.hhs.gov/health/reports/2010/sustainlit/report.shtml>.
- Patton, M. Q. (2002). *Qualitative evaluation and research methods* (3rd ed.). Newbury Park, CA: Sage Publications.
- Pidgeon, N. (1996). Grounded theory: Theoretical background. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp. 75-85). Leicester: BPS Books.
- Rollison, J., Hill, G., Yu, P., & Murray, S. Evaluation of a complex, multisite, and multilevel grants initiative. *Evaluation and Program Planning*. (forthcoming, in this issue).
- Stokols, D. (1992). Establishing and maintaining health environments: Toward a social ecology of health promotion. *American Psychologist, 47*, 6-22.

Trickett, E. J. (1984). Toward a distinctive community psychology: An ecological metaphor for the conduct of community research and the nature of training. *American Journal of Community Psychology, 12*, 261-280.

Weiss, E. S., Anderson, R. M., & Lasker, R. D. (2002). Making the most of collaboration: Exploring the relationship between partnership synergy and partnership functioning. *Health Education & Behavior, 29*(6), 683-398.

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.

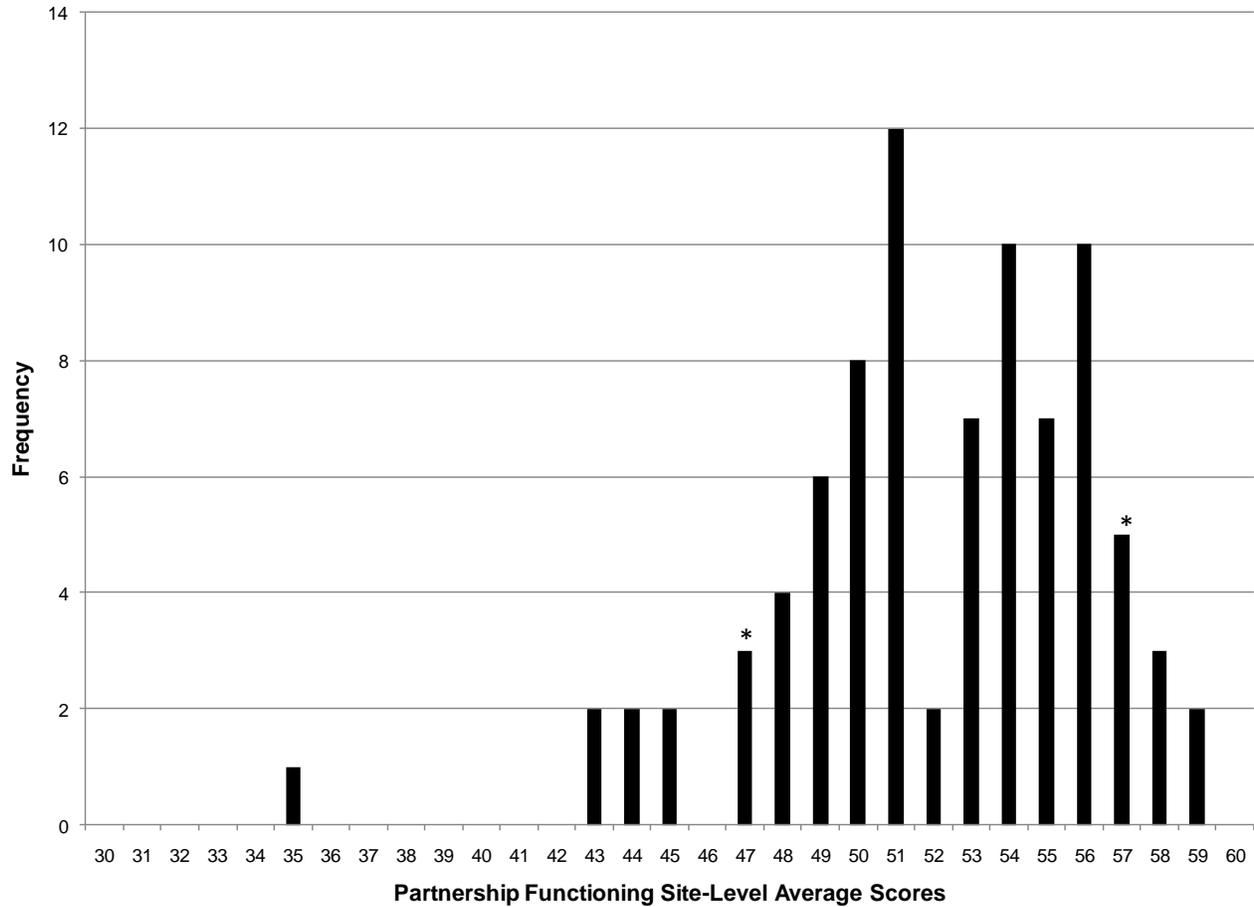


Figure 1. Frequency of Year 2 partnership functioning site-level average scores for the 2005, 2006, and 2007 cohorts. The distribution of Year 2 partnership functioning scores for all 3 cohorts was used to define sites with average partnership functioning scores in the top 10% ($n = 10$) as having the *most favorable perceptions of partnership functioning* and sites with partnership functioning scores in the bottom 10% ($n = 10$) as having the *least favorable perceptions of partnership functioning*. The top and bottom 10%, indicated by asterisks, represented natural breaking points in the distribution and equated to slightly more than one standard deviation above and below the mean.

Author Vitae

Ryan D'Ambrosio, M.A., is a Senior Research Associate at RMC Research Corporation. He applies his expertise in qualitative data collection and analysis to a variety of studies in the fields of health and education. Presently Mr. D'Ambrosio serves as a field research team member responsible for coordinating data collection activities, conducting qualitative data collection, and analyzing and synthesizing data into reports for several evaluations, including the Healthy Schools Program, the Safe Schools/Healthy Students Initiative, the Washington State Division of Behavioral Health and Recovery Strategic Prevention Framework State Incentive Grant, and the Addiction Technology Transfer Center Network.

Roy M. Gabriel, Ph.D., of RMC Research Corporation, has focused his research and evaluation efforts on the study of substance use and violence prevention in schools and communities since 1986. He is currently a senior member of the national evaluation of the Safe Schools/Healthy Students Initiative, and directs a study of the outcomes of Washington State's Strategic Prevention Framework State Incentive Grant. He also serves as Principal Investigator for the national evaluation of the Addiction Technology Transfer Center Network and provides review, consultation, and presentation services to the National Registry of Effective Programs and Practices.

Alison J. Martin, Ph.D., is the Subcontract Associate Project Director for RMC Research Corporation for the national evaluation of the Safe Schools/Healthy Students Initiative and has served in this capacity for over three years. Dr. Martin is a community psychologist, and her interests include evaluating community coalitions and other environmental strategies for health promotion. In addition working on the Safe Schools/Healthy Students evaluation, Dr. Martin is also a qualitative analyst for the Strategic Prevention Framework State Incentive Grant national cross-site evaluation (Cohorts III and IV). Recently, Dr. Martin designed a formative evaluation of the Healthy Schools Program online program and led an investigation exploring resources supporting the program's implementation.

Lauren A. Maxim, Ph.D., of RMC Research Corporation, is a clinical psychologist with research and evaluation experience and expertise in adult mental health, education, assessment and data collection, quantitative methods and design, and statistical analysis. Dr. Maxim participates in the design and implementation of a 5-year evaluation of the Striving Readers program administered by Portland Public Schools (Oregon). In addition, she is responsible for analyzing and reporting quantitative data for the national cross-site evaluation of the Safe Schools/Healthy Students Initiative, a 5-year project funded jointly by the U.S. Departments of Justice, Education, and Health and Human Services to promote safe school environments.

Marina L. Merrill, Ph.D., of RMC Research Corporation, has extensive experience in evaluation and early childhood education program and policy development. Her primary areas of expertise are early childhood development, research and evaluation design, data collection methods, and qualitative and quantitative research methods. Dr. Merrill is fluent in Spanish and has particular interest in education and social service programs that target underserved populations. Currently Dr. Merrill contributes to the national evaluation of the Safe Schools/Healthy Students Initiative by participating in refining data collection instruments and

collecting and analyzing data. Dr. Merrill also contributes to the evaluation of the Healthy Schools Program.

Nicole L. Taylor, Ph.D., of RMC Research Corporation, is an anthropologist with experience conducting health and education research and evaluation. Her areas of expertise include obesity prevention and policy, youth substance abuse and violence prevention, and qualitative, ethnographic, and mixed-method research. Dr. Taylor currently contributes to the national evaluation of the Safe Schools/Healthy Students Initiative by collecting and analyzing qualitative data and assisting in the reporting of data. Additionally, Dr. Taylor assists with qualitative data collection and analysis for the national evaluation of the Healthy Schools Program, which aims to reduce the incidence of childhood obesity by supporting the development of healthy school environments.

Staci J. Wendt, Ph.D., of RMC Research Corporation, is a social psychologist with several years of research and evaluation experience. Her areas of expertise include research and evaluation design, research design specific to substance abuse prevention and health promotion, and qualitative and quantitative data collection methods and analysis. Dr. Wendt currently applies her skills to the national evaluation of the Safe Schools/Healthy Students Initiative. Her responsibilities include collecting, analyzing, and reporting qualitative and quantitative data. Dr. Wendt is a lead member for the site teams collecting data from Safe Schools/Healthy Students sites in Alaska, California, and Montana.