A mixed-method exploration of functioning in Safe Schools/Healthy Students partnerships

Marina L. Merrill a,*, Nicole L. Taylor a, Alison J. Martin a, Lauren A. Maxim a, Ryan D’Ambrosio a, Roy M. Gabriel a, Staci J. Wendt b, Danyelle Mannix b, Michael E. Wells c

a RMC Research Corporation, 111 SW Columbia Street, Suite 1200, Portland, OR 97201, United States
b U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1 Choke Cherry Road, #6-1108, Rockville, MD, 20857, United States
c U.S. Department of Education, Office of School Turnaround, 400 Maryland Avenue SW Room 3W233, United States

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, Lounsbery, 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., Folayemi, 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

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internal processes included in measuring coalition functioning are: communication (Kegler 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, 1998). 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, Hays, DeVille, & Mulhall, 2000), number of prevention activities implemented (Kegler, Steckler, Malek, & McLeroy, 1998), and adoption of evidence-based practices (Jasuja, Chou, Bernstein, Wang, McClure, & Pextz, 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

![Figure 1](image-url)  
**Fig. 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.
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