

**BLUEPRINT FOR BUILDING EVIDENCE-BASED
COMMUNITY PARTNERSHIPS IN CORRECTIONS**

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Community Partnerships and the Mission of the California Department of Corrections and Rehabilitation

Community partnerships are a core component of the May 2005 re-organization of what is now called the California Department of Corrections and Rehabilitation (CDCR). Partnerships between the Department and community organizations that support the rehabilitation side of corrections are included both in CDCR's organizational values and strategy. In fact, community partnerships are mentioned specifically in SB 737, the legislation that created this re-organization.

Both common sense and science strongly support this emphasis. Criminology research shows that true criminal desistance must include informal social support and community involvement - in fact, these are the *only* factors consistently related to desistance outcomes (Laub & Sampson, 2001; Maruna, 2001; Petersilia, 2003). Community partnerships can increase such support and involvement for a variety of re-entry activities, as well as for services provided inside institutions by nonprofit organizations or volunteers (Solomon et al, 2004).

Thus, even with its large budget and staff, to reach its goals of increased public safety and reduced recidivism, the Department needs partnerships with nonprofit service agencies, educational institutions, faith organizations and other community groups. Related objectives like meeting citizen needs for restorative justice, and encouraging a more active role for crime victims and community leaders, also require close ties to community organizations through partnerships.

The Department has recognized this part of its organizational mission not only through language and operational commitments, but also through creating a new Division of Community Partnerships, with a new Assistant Secretary to head it. CDCR convened a major conference (January 2005), bringing together Corrections leaders with some of the likely community partners. A second conference, held in July 2005, provided opportunities for continuing this dialogue - including a session on community partnerships, for which this paper was a background document.

However, common sense and available science also make it clear that creating and maintaining community partnerships is *extremely challenging*. Some of the challenges are specific to legal, organizational and social/environmental aspects of the corrections field. Others represent universal difficulties of getting people and organizations to partner in meaningful, successful ways. That community partnerships *can* positively affect CDCR's hoped-for outcomes of reduced recidivism and improved public safety, etc. is no guarantee that they *will*.

The research evidence for the effectiveness of partnerships in all realms of community life is mixed. But there is both a research and experience base about how to create and operate these community partnerships, so that they have maximum chances for success. The purpose of this paper is to identify those validated strategies for community partnerships, and to suggest a structure by which such strategies could be put to use ... including careful identification of challenges, resolution of internal issues within CDCR, and mobilization over time of the community resources to support these activities. If the challenges are confronted honestly, and the hard work invested up front in creating an infrastructure for this purpose, there is a genuine chance for success.

What's in this Paper

To create and sustain a larger number of effective partnerships with community organizations, CDCR needs to undertake certain specific actions, coordinated by its new Division of Community Partnerships. This paper constitutes a “blueprint” for eight actions that need to be taken. It starts from two overarching assumptions:

1 - just as corrections practice needs to be evidence-based, so the *process* of developing and operating partnerships can and should be evidence-based - drawing from science, and from well-documented experience; and

2 - creating an infrastructure to support this process requires looking honestly at the difficulties inherent in creating and sustaining community partnerships in corrections, then carefully shaping this infrastructure to address such difficulties.

Each of the eight action steps presented for the Department to consider comes from the science and experience base summarized in the paper's initial sections, including examples from the criminal justice field. There also is a brief discussion of how the term “partnership” is defined, and a description of three levels of partnerships relevant to CDCR's activities.

The paper is intended primarily to provide a platform for discussion about how to create healthy, sustainable partnerships between CDCR and community organizations. Detailed implementation awaits strategic planning by the new Division of Community Partnerships. The challenges of partnerships, both those specific to corrections and those more general to community work of all sorts, are presented candidly. Gaps in the current evidence base are discussed, as is forthcoming research that may help close those gaps.

There also is a candid discussion of metrics, and how they might be applied to evaluate success with these activities. Strategies and instruments for evaluating community partnerships still are in a relatively early stage of development, in part because there are still significant gaps in the evidence base about whether partnerships are effective and under what circumstances. But there is enough evidence to develop a strategy for implementation and workable metrics for initial evaluation - both to improve partnership operations and to justify the investment in them.

Finally, the paper contains brief sections about special issues related to partnership activities in corrections, and about some of the expected outcomes of this effort. These too are presented to stimulate discussion and more detailed plans of action, as the work of the CDCR Division of Community Partnerships unfolds.

Three Levels of Partnerships

Community partnerships can be created by CDCR on three levels:

- *Macro-Level Partnerships* - these will be with other state agencies, the California legislature and

other statewide bodies, and will focus on policy issues.

- *Intermediate-Level Partnerships* - these will be with statewide and regional associations of transitional homes, job placement programs and drug rehabilitation agencies, among others - which will work together on pilot activities, coordinate shared responsibilities with their memberships, etc.

- *Local Partnerships* - these will be with individual organizations, some of which already have local relationships with prisons and juvenile facilities.

Efforts at all three levels will need to be coordinated as part of the Division's strategic planning. While the research and experience base summarized below offers little guidance about how each level may need to be addressed uniquely, it is reasonable to assume that there will be some differences between partnerships at the level of state bureaucracy, and those that involve local community organizations. Work at all levels already has begun, so a first step will be to look at existing partnerships, to learn about relevant successes and challenges at each level.

Overview of Research on Partnerships

Defining the term Briefly defined, partnerships bring together two or more groups or organizations (and sometimes individuals as well) at the local, state, or national level to achieve some common purpose of systems change (Backer & Norman, 1998, 2000). Partnerships involve the sharing of goals, activities, responsibilities and resources. The relationship can be temporary or permanent, informal or structured through contracts or other legal agreements, and can be very limited or quite broad in scope. However, partnerships maintain the basic legal and fiscal independence of the member organizations. They are usually voluntary, at least in principle (though perhaps not in practice, due to requirements of funders, or other factors). For many people, "partnership" and "collaboration" are equivalent; the word "partnership" will be used exclusively in this paper.

The organizational members of partnerships may include nonprofit organizations (e.g., community health or social service providers), grassroots groups, intermediary organizations (such as technical assistance organizations that support or provide training for nonprofit groups in a community), funders (foundation, corporate or government), policymaking bodies (City Councils, County Boards of Supervisors, etc.), businesses, public schools, colleges and universities, or professional and trade organizations. The life of the partnership is often facilitated by meetings of representatives from these member organizations.

Two critical dimensions by which partnerships differ are the *degree of formality or informality of their organization*, and the *degree of mutual accountability vs. separate accountability in how the organizational members relate to each other*. In fact, these dimensions provide a way by which we can think about how partnerships as a type of social organization, contrasted with other groups:

target audiences, to increase efficiency and mission accomplishment. Mergers usually are intended to be the most permanent of these working arrangements, though recent experiences in corporate America show this is not always the case!

However these definitions play out, and whatever are the overlaps in the research and wisdom literature about them, the most important matter is that the people working in a partnership, or those evaluating it or funding it, *agree amongst themselves* about what the term means. That may include saying what it does *not* mean, through discussion of some of the above alternatives.

Experience base for partnerships Partnerships have always existed informally in communities (Winer & Ray, 1994), and in their more informal states are roughly equivalent to the grassroots organizations called "coalitions," for which there is a distinct literature (e.g., Kass & Freudenberg, 1997; LaBonte, 1997; Wandersman, Goodman & Butterfoss, 1997). Community partnerships or coalitions have been especially prominent in fields like public health (Butterfoss, Goodman & Wandersman, 1993), but also have occurred with some frequency in criminal justice (see examples below).

In the substance abuse prevention field, more than 250 partnerships, each with multiple public and private groups involved, have been supported by the Federal government through the Center for Substance Abuse Prevention (Yin et al, 1997). The Robert Wood Johnson Foundation for more than ten years funded the "Fighting Back" coalitions in 14 cities. RWJ also supports "Join Together," a national coordinating center for community substance abuse prevention which provides technical assistance to coalitions, as does the Community Anti-Drug Coalitions of America (CADCA) organization (Backer & Norman, 2000).

Partnerships also figure in work on diffusion of innovations (Rogers, 2003), and on program planning and evaluation (Greenberg & Kreuter, 2005, as part of their well-known Precede-Proceed Model of health program planning and evaluation). These more conceptual works integrate a great deal of behavioral and management science knowledge about how partnerships function.

In the corrections field, community partnership approaches have had some success in juvenile prevention programs, community policing efforts, and specialized drug/mental health/re-entry courts (Petersilia, 2003). Among the examples of recent partnership activities in the corrections field are the following (this list is intended to be illustrative, not comprehensive):

1 - Young, Taxman & Byrne (2002) conducted a formative evaluation of the national Re-entry Partnerships Initiatives (RPI), which involved creation of partnerships between criminal justice, social service and community groups to develop and implement a re-entry process. Funded by the Federal Office of Justice Programs (OJP), these partnerships were implemented in eight demonstration sites across the country. Related efforts also were funded by OJP, organized around (a) "Re-Entry Courts," modified drug courts that focused on ex-inmates; (b) Weed and Seed-based re-entry partnerships; and (c) programs oriented to serious and violent offenders.

The evaluation showed that for many of the sites, development of the partnership fostered discussions in areas that had long been considered "off limits, or as having limited opportunities for success. These included: targeting offenders for services, overcoming societal barriers to re-entry,

envisioning roles and responsibilities of key agencies and staff, and using informal social controls along with formal criminal justice methods.

Evaluation results also confirmed that creating these partnerships involved complex organizational challenges, as well as those involved with finding a useful role for community members in the RPI activities. Three main types of roles were developed for community members - as “sponsors,” helping the ex-offender deal with the day-to-day difficulties of re-entry; as “monitors,” tracking compliance with the legal requirements of release, and responding to that compliance with rewards or sanctions; and as “facilitators,” promoting positive growth in offender attitude and behavior.

2 - Funded by the National Institute of Corrections, Abt Associates coordinates a multi-state Transition from Prison to Community Initiative (TPCI), which promotes adoption of evidence-based best practices in various aspects of prisoner re-entry. Each state involved in TPCI plans and implements reforms through a multi-agency partnership that engages corrections, releasing and supervision authorities and criminal justice and human services agencies in collaborative problem-solving. Neighborhood organizations, faith-based groups, crime victims and the general public are also involved in these partnerships, now implemented in nine states.

3 - The Center for Effective Public Policy recently produced (2005) *Collaboration: A Training Curriculum to Enhance the Effectiveness of Criminal Justice Teams*. As the title suggests, this is a multi-media curriculum designed to assist multi-disciplinary criminal justice teams in establishing or enhancing truly collaborative relationships, drawing on theory and practice from the fields of group dynamics, teamwork, adult learning and organization development.

4 - *Outside the Walls*, a 2004 Urban Institute report (Solomon et al, 2004), provides descriptions of a broad array of prisoner re-entry activities across the country - focused on employment, health, housing, family, faith and public safety. The descriptions highlight partnerships by which these re-entry programs operate, and also offer evidence of positive outcomes. The report was designed to provide background for the Re-Entry National Media Outreach Campaign (funded by the Annie E. Casey Foundation), which supports the work of community- and faith-based organizations through offering media resources to facilitate local discussion and decision-making about solution-based re-entry programs (these resources also include a series of public television programs on the subject).

5 - The 2001 issue of *Topics in Community Corrections* (NIC, 2001) presents an array of successful community-based partnerships in the justice field, dealing with issues from victim support to changing offender behavior through involvement of fathers. The thread that runs through these programs is that they are all intended to produce the synergism that comes from an effective, positive partnership.

6 - Lane, Turner & Flores (2004) discuss researcher-practitioner partnerships in corrections. They emphasize how funding agencies now generally require that correctional research projects include a community-focused evaluation component as part of their grant, though there are no clear guidelines to help researchers and practitioners work together once funding is awarded.

7 - In the domestic violence area, partnerships have been created among criminal justice and community agencies. Porter & Hall (2001) assert that as the criminal justice system has adjusted

to changes in the law and the zero tolerance climate, it has become apparent that the work of service providers and practitioners in allied fields needed coordinating. As a result, partnerships were formed in many areas around the country. Research on the effectiveness of adopting a coordinated response in a locale is sparse. Porter & Hall explored a coordinated community response to domestic violence, by asking early participants to discuss what it was like to get the process off the ground, and how alliances are forged between key constituencies in community collaboration efforts.

8 - The Office of Substance Abuse in the California Corrections agency coordinates networks of providers, whose experiences might provide insights for the creation of Corrections partnerships with substance abuse agencies, as well as other kinds of community partners (Drs. David Farabee and Michael Prendergast at the UCLA Integrated Substance Abuse Program have evaluated these activities).

9 - The California Corrections agency also has been a participant in the Police and Corrections Team (PACT) program, a partnership between state and local law enforcement agencies to create safer communities and reduce parolee involvement in criminal activity. With sites in Oakland, Sacramento, and San Bernadino, and other community sites planned, this program brings together multi-agency partnerships that attempt to maximize available resources both for improving public safety and promoting positive re-entry for parolees.

10 - Baker, Sigmon & Nugent (2001) describe a demonstration program for truancy reduction, funded by OJJDP and the U.S. Department of Education's Safe and Drug-Free Schools Program. The program requires partnerships of public agencies, community organizations, and concerned individuals that interact with and provide services to truant youth and their families. An evaluation was designed to determine whether or not the programs reduce truancy, and to describe the role and processes of the community-based partnerships driving the local programs. The partnerships' efforts also are being evaluated to help other sites in their implementation plans.

11 - The National Center for State Courts reports that their Research Division is conducting research on ways to improve public trust and confidence in the courts, by (a) identifying existing models of partnership between courts and the public, (b) distilling the critical elements of successful collaboration, (c) developing strategies for enhancing court and community relations, and (d) disseminating what is learned to those who work in the nation's state courts (ncsconline.org, 2005).

12 - The Council of State Government's Re-Entry Policy Council, a diverse group of 100 key community and government leaders, has produced a report (2004) which emphasizes the importance of collaborations between non-traditional partners in supporting re-entry programs of all sorts. Such partnerships need to include not only corrections personnel, but also public health workers, housing providers, state legislators, workforce development staff, and others.

13 - The Urban Institute's Re-Entry Roundtable brings together prominent academics, practitioners, community leaders, policymakers, advocates and former prisoners to "push the envelope of research and practice." Each meeting of the Roundtable focuses on developing new thinking about prisoner re-entry, including community partnership issues amongst the range of agencies which must be involved in any successful re-entry program.

Thus, in the corrections field, future work to create community partnerships will not start at “ground zero,” as these examples make clear. Building new programs on the experience base of those that come before it will help to mobilize a growing community partnership effort in California, spearheaded by the CDCR Division of Community Partnerships.

Evidence base for partnerships Strategies for creating and sustaining community partnerships have been studied in education (Knight, 1996; Kochar & Erickson, 1993; Tushnet, 1993), mental health (Center for Improving Mental Health Systems, 1995), health communication (Backer & Rogers, 1993), youth violence prevention (Backer, 2001), and other fields (Kaye & Wolff, 1997; Mattessich & Monsey, 1992; Schneider, 1994; Backer, 2002). Most of this research has involved case studies, and cross-site comparisons using primarily qualitative, process-oriented data. Some limited research also has been conducted in corrections, as already outlined above.

Some research now is being conducted on the training and resource infrastructure that supports partnership development. For instance, under funding support from the Stuart Foundation, Floyd Brown of the University of Washington surveyed California and Washington community partnerships to determine what kinds of training and technical assistance they have received, and how successful these interventions have been (Brown, 1998).

To give a few more specific examples, Bibeau et al (1996) found that a community coalition was instrumental in increasing the ability of a local clinic to provide health services to the poor. Schacht (1998), in a study for The California Wellness Foundation, evaluated grants made to community collaborations of county health clinics which, in turn, gave grants to individual clinics and supported association-wide infrastructure development. Using these partnerships as intermediaries for a grantmaking program generally seemed to be successful. In two cases, the grantmaking actually helped develop a partnership in a county that didn't have one before (and there were many challenges in getting the 60 health clinics in Los Angeles County to come together for this purpose!). The evaluation found that stronger infrastructure boosts clinic productivity, so there were direct health outcomes from this program as well.

Margerum & Rosenberg (2003) discuss community partnerships dealing with environmental issues (specifically watershed management) Their findings raise concerns about the effectiveness of partnerships in achieving results “on the ground.” Too often, efforts to achieve collaboration engage only a limited number of social groups and individuals, and fail to build representation across a broader range of groups within socially diverse communities. The extent to which a community based partnership is able to encourage adoption in this population is an important intermediate measure of their effectiveness.

Feinberg, Greenberg & Osgood (2004) examined whether community readiness, prevention knowledge, coalition functioning, and identified barriers are linked to perceived effectiveness of community prevention coalitions. Interviews were conducted with 203 key leaders in Communities That Care prevention boards in 21 Pennsylvania communities. Results indicated that the strong link between readiness and perceived effectiveness was mediated by internal coalition functioning. The study concludes that community readiness is an important condition for success of a prevention coalition.

Based on his many years work in this area, Wolf (2005) identified six key components of effective partnerships: (1) engaging a broad spectrum of the community, especially those most directly affected; (2) encouraging true collaboration as the form of exchange; (3) practicing democracy and promoting active citizenship and empowerment, as part of the partnership effort; (4) employing an ecological approach that emphasizes the individual in his/her setting, and builds on community strengths and assets; (5) taking action by addressing issues of social change and power based on a common vision; and (6) aligning the goals with the process. In areas like mental health, violence prevention and public health these approaches have proved useful despite very different goals, community environments and types of participants.

Some more recent work has moved beyond individual research studies or syntheses of individual experiences, to the level of meta-analysis - searching across a number of studies for common themes that can be provided to the field in the form of practice guidelines. For example, Foster-Fishman et al (2001), in a review of 80 articles, chapters and practitioners' guides focused on partnerships, looked for elements of a framework that define the core competencies and processes that partnerships need to be successful.

Their meta-analysis revealed four main factors: *member capacity* (the skills and knowledge of individual members), *relational capacity* (the climate, vision and working process of the partnership), *organizational capacity* (the leadership, work procedures, communication style, resources and improvement orientation of the partnership), and *programmatic capacity* (the objectives and goals of the collaboration, as they relate to defined community needs). This focus on collaboration capacity is in keeping with current funder and nonprofit community emphasis on nonprofit organizational capacity building (Backer, 2001).

In perhaps the first meta-analysis in this field, Mattessich & Monsey (1992) reviewed the research literature on partnerships in health, social science, education and public affairs. They identified a total of 19 factors from 133 studies examined. These 19 factors, divided below by specific characteristics, provide a good synthesis of critical factors in successful collaboration, supported in large measure by subsequent studies:

Environmental Characteristics

- history of collaboration or cooperation in the community
- partnership entity seen as a leader in the community
- political/social climate is favorable

Membership Characteristics

- mutual respect, understanding and trust among the members
- appropriate cross-section of members
- members see partnerships as in their self-interest
- ability to compromise

Process/Structure Characteristics

- members share a stake in both process and outcome
- multiple layers of decision-making
- flexibility

- clear roles and policy guidelines are developed
- adaptability

Communication Characteristics

- open and frequent communication
- established informal and formal communication links

Purpose Characteristics

- concrete, attainable goals and objectives
- shared vision
- unique purpose

Resource Characteristics

- sufficient funds
- a skilled convener

Lasker & Weiss (2003), in a comprehensive review of the experience and empirical literatures on community partnerships, identified three proximal outcomes - what partnerships need to accomplish in the short term to be effective:

* *individual empowerment* - an increased ability of people to make decisions and have control over forces that affect their lives

* *bridging social ties* - the development of relationships and networks that (1) bring people together across society's dividing lines, (2) build trust and a sense of community, and (3) enable people to provide each other with various types of support

* *synergy* - increased breakthroughs in thinking and action produced collectively by a partnership

Based on their review, Lasker & Weiss assert that leaders of a community partnership need to do the following four things to achieve these outcomes:

**** Promote broad and active participation***

(1) make the process a valuable resource for participants; (2) modify attitudes that lead to "filtering"; (3) provide orientation and mentoring; (4) address logistical barriers; (5) match roles/responsibilities to participants' interests/skills; (6) make good use of participants' resources and time; (7) maximize benefits/minimize drawbacks; (8) relate to organizational participants at multiple levels; (9) give participants credit for the partnership's accomplishments.

**** Assure broad-based influence and control***

(1) involve a broad and diverse array of participants in all decision making; (2) make all leaders, staff, lead agencies and fiscal agencies formally accountable to the decision-making body of the partnership process; (3) develop a diversified resource base, including commitments of financial and in-kind resources from many different participants; (4) prevent powerful participants from dominating meetings and activities; (5) highlight the value of different kinds of knowledge and contributions.

** Facilitate productive group dynamics*

(1) make sure there is a group process and that enough time is allotted for it; (2) provide a variety of ways for participants to get to know each other; (3) promote meaningful discourse by giving everyone an opportunity to speak, encouraging different ideas and points of view, helping participants appreciate the value of listening, helping the group develop a commonly-understood language, and encouraging people to communicate their ideas in comfortable ways; (4) relate and synthesize the knowledge/skills/resources of different participants so the group, as a whole, can be creative and look at things differently and develop understanding/take actions that go beyond anyone's preconceived notions.

** Extend the scope of the process*

(1) build incrementally; (2) establish group processes at multiple levels; (3) make functional connections across levels and between planning and action projects; (4) provide training and technical assistance.

This model directly addresses the complex human dynamics of partnerships, already identified in Backer (2003) and others as essential to success. It pays particular attention to the human needs within partnerships to address the fears and resistances people have about the changes partnerships will require, and to promote an active sense of ownership and participation in the partnership process itself.

Challenges of community partnerships Not all of the limited number of meta-analyses that have been performed to date have encouraging results to report. For instance, Roussus & Fawcett (2000) reviewed 34 studies of 252 partnerships and concluded that the “findings...are insufficient to make strong conclusions about the effects of partnerships on population-based outcomes.” In a review of 68 studies of health changes based on collaborative interventions, Kreuter, Lezin & Young (2000) could find only six examples clearly documenting that change had occurred.

These reviewers suggest that partnerships sometimes simply prove to be inefficient mechanisms for bringing about community change, particularly if they are not carefully planned at the outset. For instance, because partnerships often are poorly resourced, and staffed by volunteers, they simply may not have the resources needed to match interventions and strategies to long-term outcomes.

However, other possibilities are that real systems change does occur due to partnership activities, but is difficult to measure because of methodological or resource limits on evaluation. Or funders and communities may simply have unrealistic expectations about what partnerships can “deliver” – they may be better suited to bringing diverse groups in a community together, and then need to be followed by more intensively structured (and funded) interventions to create the desired change.

In the end, many partnerships are not successful in meeting their self-defined goals, or at least are not sustained over time - despite continuing need for assistance in creating the systems change they provide. The reasons for this are numerous, according to research on this topic (Backer & Norman, 1998, 2000; Kaye & Wolff, 1997; Kreuter, 1998; Kreuter & Lezin, 1998).

Turf and competition issues often arise, and there is often "bad history" in the community from past partnerships that have failed. Sometimes the collaboration becomes more interested in sustaining

itself than in doing the work it was originally created to do. And many such groups have endless planning meetings that don't lead to action. The size of the partnership also may have a bearing on its style and method of operations – large, community-wide efforts have many complexities which, if not carefully managed, can limit their effectiveness.

Lasker & Weiss (2003) concluded that much of the frustration and lack of effectiveness with partnerships is due to the *limited involvement of the people who are most directly affected by the problems the partnership is trying to address*. In spite of all of the rhetoric about community engagement in partnerships, these people rarely play an influential role in determining which problems are important, how they came about, how they should be tackled, and what success means.

All too often, the facilitators of partnerships are hoping to implement a solution they've already defined to a problem they've already defined. Thus partnerships frequently lack the valuable experiential knowledge that is needed to understand and solve complex problems, and also are unable to develop the sense of community ownership and commitment that is required to sustain them over time.

There is, as a result, some skepticism about the current fervor for partnerships, both in the literature on this subject and among those involved in such activities in communities. Former Surgeon General Jocelyn Elders put it humorously, but pointedly, in an address to the Rosalynn Carter Mental Health Symposium several years ago: "Collaboration has been defined as an unnatural act between non-consenting adults. We all say we want to collaborate, but what we really mean is that we want to continue doing things as we have always done them while others change to fit what we are doing." (Backer & Norman, 1998).

At the least, this means that partnerships are (rightly) not regarded as something inherently good in themselves! They are vehicles for creating desired change that work well in some circumstances, and not so well in others.

Evaluation of partnerships represents another set of issues, which will be covered more extensively later in this paper. The total amount of resources, including dollars and time, invested in partnerships is extensive. Yet, the evaluation of these entities remains sporadic at best, and the results unclear. Kegler et al. (1998) noted that "given the major role of coalitions in community health promotion as it is currently practiced in the United States, it is surprising how little is known empirically about this approach."

In a recent review of healthy community coalitions in Massachusetts, Berkowitz & Wolff (2000) surveyed 40 coalitions on their evaluation practices. Even though 89% reported involvement in some form of evaluation of their work, these evaluations were "irregular, partial and nonsystematic." Berkowitz noted that, "very few initiatives took part in regular, formal, planned evaluation over an extended period of time." The experience of these coalitions seems to be representative of coalitions across the country.

Other resources may help to meet some of these deficits in terms of how partnerships have been studied in communities and among nonprofit or government organizations. For instance, Backer & Rogers (1993) draw attention to the management science literatures of inter-organizational

networking and strategic alliances (Gage & Mandell, 1990; Tichy, 1984), where considerable empirical research has identified principles for beginning and sustaining partnership-like arrangements. In the business world, major conferences and management magazine articles on strategic alliances are commonplace. This literature has seldom been used in the creation of nonprofit or government partnerships, however, even though the two types of activity appear to have much in common.

Funders are beginning to explore both the strengths and limits of collaborations, with recent essays in the philanthropic literature. For example, Kitzi (1997), in a *Foundation News and Commentary* article on partnerships, reflects that most foundations find it easier to require partnerships among their grantees than to create them within philanthropy!

At a February 1998 Grantmakers in Health conference, Kellogg Foundation CEO William Richardson said: "A central function of any partnership" must be to "give tools for decision making ... and influencing ... [to] local people." The McKnight Foundation (1991) offered the following well-balanced commentary on partnerships for an initiative to help families in poverty: "Collaboration results in easier, faster and more coherent access to services and benefits and in greater effects on systems. Working together is not a substitute for adequate funding, although the synergistic effects of the collaborating partners often result in creative ways to overcome obstacles."

Shortcomings in the evidence base As the above review makes clear, while there is a considerable amount of qualitative evidence about partnerships and their effectiveness, there are few well-controlled studies with carefully collected, prospective data and with intervention designs based on theory. Moreover, the meta-analyses of this evidence base, while revealing a number of important practice components (on which the action steps presented in this paper are based, in part), also present evidence that partnerships often don't work very well, and that hard evidence of their success is difficult to come by at present.

Finally, there is a dearth of well-designed metrics related to partnership process and outcomes, as will be addressed directly below. The metrics that do exist come from practice wisdom, not from controlled research outcomes that have identified critical variables for success in partnership that hold up across types of partnering activities and environments.

This state of affairs presents both a challenge and an opportunity for CDCR and its new Division of Community Partnerships. On the one hand, it means that the evidence based which can be cited to support investment in partnership activities is, though present, somewhat muted by the above-expressed concerns. On the other, there is an important opportunity to contribute to the state of the science through innovative practice, and qualitative and quantitative outcome research with Corrections-community partnerships.

And there is enough consistent evidence of reasonably effective practices across a wide variety of topical areas and communities to create a set of action steps for partnership practice in the corrections field. These will be rough approximations of practice guidelines by their nature, and subject to much modification as they are evaluated, but they are a place to begin.

Challenges specific to community partnerships in corrections As was emphasized at the beginning of this paper, and in the examples of corrections partnerships given later, there are some special challenges corrections partnerships face at all stages of their life cycles:

* *Conflicting and internally contradictory outcomes* - It is common for partnerships to founder on differences between different stakeholder groups in what they believe the purpose of the partnership should be. But for partnerships in corrections, it often isn't clear whether an outcome to be measured (e.g., new arrests) represents success or failure. Higher re-arrests could mean a success (better detection of parole violations when they occur), or a failure (underlying behavior wasn't changed). Unless outcomes and their inherent contradictions are discussed candidly at the beginning of a partnership, mis-trust and conflict among stakeholder groups can result, despite shared good intentions.

* *Influence of laws and policies* - Again, it is common for partnerships to be troubled by laws and regulations governing the areas in which they function; partnerships for community health deal with both laws and policies affecting health care institutions and those concerning public health, for instance. But in corrections there are often rigid, highly-codified standards regulating the behavior of some of the partners (at least, all of those on the corrections side), with some of these having wide impact on their ability to relate to other partners.

In many cases, partnerships have functioned well until something happened that was out of the control of the corrections-side members, such as a major change in public policy regarding ex-offenders. Community partners often believe that their corrections colleagues have more ability to influence these matters than they do, and bad will may be generated as a result - so this too needs to be examined up front.

* *Lack of a formal system* - The "criminal justice system" of courts, police and corrections isn't intended to be a system in conventional terms, but rather represents a set of checks and balances to each other. Community partners may assume that there is communication and cooperation among these different system elements when in fact there is not. That again can generate bad will among the community partners, making early discussion imperative.

Forthcoming research Shortcomings in the evidence base about partnerships may be remedied, in part, by completion of two in-process large-scale, controlled research studies. One, conducted by the New York Academy of Medicine, is concerned with a range of community problems (environmental pollution, community development for poor communities, etc.) The other, conducted by a research consortium at Iowa State University and Pennsylvania State University, is focused currently on youth substance abuse prevention, but has a larger mandate to create systems that can contribute to youth problem solving across a number of behavioral problem areas.

The *Pathways to Collaboration* Workgroup is organized by the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine, and is funded by the W. K. Kellogg Foundation. The Workgroup has brought together seven successfully-operating partnerships (selected from a field of 800 applicants) that have many of the characteristics of successful partnerships outlined in Lasker & Weiss (2003) and, as a result, are making important and lasting improvements in their communities.

Unlike the vast majority of community partnerships in the United States, these partnerships are set up to enable community residents to use their experiential knowledge in making a difference about things in the community they care deeply about. The partnerships are organized and run by the people who live in the community.

They look at problems from the perspective of the community residents who are directly experiencing those problems, and the community organizations that are actively involved in addressing those problems. Their collaborative process gives these residents and organizations a central and influential role in determining which community problems are important, how they came about, how they should be tackled, and what success means. As the partnerships continually bring diverse people, organizations, and resources together, they are becoming an ongoing resource in their communities.

In January 2004, the *Pathways to Collaboration* partnerships began working with each other and with a support team of people with additional technical skills to explore what they are doing in unprecedented detail. By December 2006, the Workgroup aims to: (1) document what can be accomplished through this kind of people-oriented, community-driven collaboration; (2) describe what it takes (at the most practical level) to initiate, run, and sustain such a collaborative process; and (3) develop reliable measures that can determine the extent to which such a collaborative process is actually happening in a community.

PROSPER (Promoting School-Community-University Partnerships to Enhance Resilience) is a rigorously-designed system that helps prevention programs succeed (Spoth & Greenberg, in press; Spoth, Greenberg, Bierman & Redmond, 2004). Based in Iowa and Pennsylvania, its tightly-focused partnerships brings together public schools, Extension, community groups and prevention researchers with parents and youth. *PROSPER* evaluates the long-term effectiveness of partnerships in producing positive youth and family outcomes through evidence-based interventions, and learns what factors are important in partnership effectiveness and especially sustainability.

A six-year, \$21 million grant from NIH's National Institute on Drug Abuse supports a controlled study of "evidence-based implementation," bringing the same rigor to *PROSPER*'s implementation strategy as has come to developing the interventions themselves. Unlike most other research on partnerships, which occurs typically just at the descriptive or case level, or concentrates only on process, *PROSPER*'s research design zeroes in on the interaction between process and outcomes.

Strategic partnerships are at the heart of *PROSPER*. The local partnership teams include teachers, other school staff, students and their families, and representatives of community organizations. These teams have focused intervention goals, are helped to grow through an initial readiness assessment and ongoing needs assessments, and receive pro-active technical assistance about their overall operations. This includes planning early on in the partnership's life cycle for its long-term sustainability - an aspect of systems change that often gets missed or taken for granted.

The teams work hard to maintain high-quality program implementation. They solve problems, find resources needed to make local activities successful, and use findings from the research to improve the system they've created. As mentioned, the teams also work actively to sustain themselves, both during the years of *PROSPER*'s initial operation, and into the future.

PROSPER involves more than 11,500 students in 28 school districts in Iowa and Pennsylvania, brought in to PROSPER as they became sixth graders. These interventions already are showing evidence of success. Proven programs have been locally implemented, and structure set up to share research results with local teams, to help in maintaining high quality implementations. Already, all 14 experimental communities (there are also 14 control communities) have secured at least some independent funding for their program to continue after the end of the NIH-supported research intervention.

Metrics

As the above research review makes clear, much remains to be done in determining the impact and long-term success of community partnerships. Similarly, the metrics by which partnerships can be evaluated, either to justify the investment in them or to improve their operation, are at this stage limited in scope and precision. The first major work on this subject was only published two years ago (Backer, 2003). That work, *Evaluating Community Collaborations*, included a chapter presenting a series of measures that community implementers can use to gather data on partnerships, and also chapters on dealing with the multicultural aspects of collaboration, and the complex human dynamics of partnerships (given such importance in the review and model developed by Lasker and associates at the New York Academy of Medicine, and in many of the other studies cited here).

As discussed by Backer (2003), some of the early work on evaluation measures for partnerships still has relevance. Florin, Mitchell & Stevenson (1993) report a methodology for measuring the training and technical assistance needs of community-based partnerships, an early element of evaluation which can have significant bearing on future success. Fawcett et al (1997); Francisco, Paine & Fawcett (1993); Gabriel (2000); and Gillies (1997) all present methods for monitoring and evaluating partnerships once they have been implemented.

Partnership strategies, their impact, and ways of measuring that impact also have been discussed in the healthy communities movement (Minkler, 1997). Francisco et al (2001) describe an online “Community Tool Box,” which includes approaches and instruments specific to evaluation of community partnerships.

Roussos & Fawcett (2000) identify larger context variables that evaluators need to consider in designing and carrying out evaluations of partnerships:

- community social and economic factors
- social capital
- context in which the partnership was created, and in which it operates
- amount of community control in agenda setting

Fawcett et al (1993) have developed a model for evaluation which emerged from the work of the Work Group on Health Promotion and Community Development at the University of Kansas. It assumes that partnerships are evaluated in order to understand and improve their *process* (the pattern of actions taken to bring about change), *outcome* (changes in community policies, programs and practices) and *impact* (actual changes in community-level indicators of individual behavior or

community quality-of-life). Evaluation data are collected to address five key questions:

- Was the community in fact mobilized through the partnership?
- What changes in the community resulted from the partnership?
- Is there a change in reported individual behavior of target audiences?
- Is there a change in reported behavior of the community as a whole?
- Is there a change in the quality-of-life or functioning of the community overall?

Fifteen measures are taken under this model, ranging from who participates in the partnership, to goals of the partnership, to community-level indicators of impact (e.g., for an alcohol-oriented collaboration, archival records of single-nighttime vehicle crashes). The model was tested on Project Freedom, a community substance abuse prevention partnership in Wichita, Kansas.

Gabriel (2000) presents some of the challenges evaluators face in working with partnerships:

- an ever-changing array of interventions
- difficulty in specifying the target populations precisely
- the unavailability of traditional no-treatment control groups
- poor, or at least under-specified, connections between the immediate outcomes of the intervention the partnership is promoting, and the ultimately desired impact

One potentially useful framework for thinking about some of these complexities is provided by Yin et al (1997) in their work on the CSAP Community Prevention Partnerships evaluation. The Community Partnership Evaluation Framework has eight variables:

- characteristics
- capacity
- community actions
- immediate process and activity outcomes
- target population outcomes
- community outcomes
- target population and community impacts
- contextual conditions

Yin & Ware (2000) discuss some of the options for using both archival and survey data to develop evaluation research designs that address these variables. The strategies they outline could readily be adapted to other fields.

One on-line assessment tool also is available. The *Partnership Self-Assessment Tool* (which may be accessed at www.partnershiptool.net) enables a partnership to assess how well its collaborative process is working, and what it can do to make the process work better. Based on a national study (Weiss, Anderson & Lasker, 2002), the Tool measures partnership synergy, a key indicator of a successful collaborative process. It identifies the partnership's strengths and weaknesses in areas that are known to be related to synergy – leadership, efficiency, administration and management, and sufficiency of resources.

The Tool also measures partners' perspectives about the partnership's decision-making process, the benefits and drawbacks they experience as a result of participating in the partnership, and their overall satisfaction with the partnership. Acting on this information can help partnerships be more successful in recruiting and retaining a broad array of partners.

Eight Action Steps for Creating Evidence-Based Community Partnerships

Based upon all of the research and practice wisdom presented in this paper, following are eight action steps the California Department of Corrections and Rehabilitation can take in creating effective, evidence-based community partnerships:

- 1 - Identifying challenges up front**
- 2 - Clearly defining membership**
- 3 - Assessing readiness for partnership and change**
- 4 - Setting initial guidelines for full participation**
- 5 - Implementing partnerships using evidence-based strategies**
- 6 - Integrating with other partnership efforts**
- 7 - Evaluating partnership activities**
- 8 - Promoting long-term sustainability**

These steps apply both to the creation of an individual partnership with one or more community agencies in order to meet a particular purpose; and to the entire partnership effort being coordinated through the Division of Community Partnerships.

1 - Identifying challenges up front

Before taking any steps to plan or implement a community partnership, the challenges it is likely to face (both within CDCR and with all of the participating partners) need to be pinpointed, and their potential impact assessed. In some cases, the challenges may be so severe that the right decision is *not* to move forward with a particular partnership. In others, strong remedial steps may be taken to deal with whatever the challenges are before any real planning or action has occurred.

For instance, it may be necessary to define clearly what the objectives of the partnership are, including potential contradictions and conflicts, before moving ahead. If the partners can agree up front to a more complex, realistic set of goals, then it will be easier to measure outcomes as well as to minimize later conflict over the purposes of an activity.

Also, the changes that any partnership requires by all partners need to be analyzed in the context of other changes happening in their environments at the same time. Within CDCR, there are concerns about how much change in the agency is already taking place, and whether some "brakes" may need

to be put on partnering activities until other administrative and programmatic changes have been made.

In other cases, it may be necessary to surface and deal with resistances among some partners about the value of even tackling rehabilitation goals. Farabee (2005) has written a provocative, research-based monograph that critiques empirical research on rehabilitation, and concludes that there is currently little evidence of its efficacy. For those who agree with his conclusions (and many don't - see Byrne & Taxman, in press, for one alternative view), there will be a fundamental resistance to any partnership for which rehabilitation is part of the ultimate goal. Can participation in the partnership be real and supportive despite such a belief, perhaps by taking a "wait and see" attitude regarding partnership outcomes? Without at least considering such challenges the chances for success, if these resistances exist, are much reduced.

2 - Clearly defining membership

The research evidence is solid that broad, diverse representation is needed in a partnership to obtain the input and support of key stakeholders in a community. Determining who comes to the table is often a sensitive, potentially controversial process, since some potential participants may see being a partnership member as a desirable political or economic goal, as well as (or sometimes instead of!) having the chance to contribute to community change on behalf of ex-offenders and the community.

The Division of Community Partnerships will need to address this sensitive issue of "who comes to the table" with respect to formation of partnerships. What types of organizations or individuals will be included, and how will the determination be made of who "speaks for" certain groups of people in the community? As discussed in Backer (2003), sometimes the challenge is to determine whether a particular voice at the table is representative, or just louder than the other voices! Once this determination is made, a matrix of partners and eventually a complete roster can be created and disseminated by the Division - as living documents which can be added to and modified over time.

Even within CDCR, there are questions about "who comes to the table?" both with respect to forming and operating partnerships. For instance, the agency's unions have not yet been actively involved in discussing how community partnerships will be structured.

Work such as that of Lasker & Weiss (2003) suggests that it is particularly important to obtain and incorporate the experiential knowledge of three groups besides CDCR staff (and union leadership), and to promote robust dialogue among the members of those groups: (1) the prisoners and ex-prisoners the partnership is trying to rehabilitate; (2) the community organizations involved in that rehabilitation; and (3) the residents of the communities where the ex-prisoners will be living.

3 - Assessing readiness for partnership and change

Each time a partnership is about to be formed, the first question is whether the organizations, communities or groups from which the partnership will emerge are ready to mobilize, deal with issues involved in partnership formation (such as who is invited to the table and who is excluded), and interact with the Department of Corrections and Rehabilitation. Some form of structured readiness assessment is needed, both to help determine whether to move forward, and also to identify steps that might need to be taken if significant problems of readiness are identified.

Informal meetings or community convenings can be useful for this purpose. So can measuring instruments to gather information more systematically, whether focused specifically on partnership activities (e.g., Weiss, Anderson & Lasker, 2002) or more generally on readiness for change (Backer, 1995). Such assessments (which can be done by potential partners or by a third party), turns on the fundamental question of whether the circumstances under which the partnership is being created have the potential to lead to real change. If not, it may be better not to move towards a partnership and use those energies for some other objective.

Specific readiness challenges that may need to be dealt with include:

**** CDCR's own readiness to partner***

Particularly in the early stages of CDCR's more intensive focus on partnerships, internal readiness is likely to be an important factor. Some agency staff may be concerned that creating new partnerships will disturb ones they already have in the community, or that the resources used to make partnerships will be taken away from other agency operations (this is particularly an important matter to deal with in the near-term future, since the Division of Community Partnerships does not currently have its own budget; at the same time, there is a positive pressure to move forward with developing a strategic plan for partnerships, so that the Division's budget request can be prepared for 2006).

Related to these internal resource issues, the Division may wish to explore possible external funding strategies for some of its innovative activities. For instance, foundation support might be obtained for start-up of an expanded partnership with community nonprofits, to support bringing volunteers into prisons, including hiring of a volunteer coordinator for such an effort.

**** possible benefits of a "staging strategy"***

For reasons of both resource limits and psychological readiness to change, it may be desirable to focus the rest of 2005's partnership efforts on a limited objective, such as bringing volunteers into California prisons (e.g., to deal with the problems of idleness among prison inmates). Another possibility would be to identify one or two communities across the state where increased community partnerships focused on parolees could be explored. If such an initial or "pilot" activity is successful, the evidence of that success may encourage new partnerships out in the community, on programs directed at ex-offenders.

4 - Setting initial guidelines for full participation

As the partnership gathers together initially, the first step in its operation is to set the ground rules for participation - how will people be encouraged to speak up? How will conflicts be resolved, including conflicts over legitimacy of the voice and over amount of air time for a particular issue or person? How will outside political factors be dealt with as this initial structure is set? For some partnerships, these questions can be handled informally, and by mutual consent of all the partners. For others, it may be helpful to have the ground rules summarized in a kind of "Robert's Rules of Order" for the partnership's operation, then disseminated to all members.

5 - Implementing partnerships using evidence-based strategies

A number of evidence-based strategies for implementing community partnerships in corrections have been described in this paper. The four multi-faceted approaches set forth by Lasker & Weiss

(2003) are repeated here, as a summary of what both science and experience both say needs to be done in implementing a partnership effectively:

*** *Promote broad and active participation***

(1) make the process a valuable resource for participants; (2) modify attitudes that lead to “filtering”; (3) provide orientation and mentoring; (4) address logistical barriers; (5) match roles/responsibilities to participants’ interests/skills; (6) make good use of participants’ resources and time; (7) maximize benefits/minimize drawbacks; (8) relate to organizational participants at multiple levels; (9) give participants credit for the partnership’s accomplishments.

*** *Assure broad-based influence and control***

(1) involve a broad and diverse array of participants in all decision making; (2) make all leaders, staff, lead agencies and fiscal agencies formally accountable to the decision-making body of the partnership process; (3) develop a diversified resource base, including commitments of financial and in-kind resources from many different participants; (4) prevent powerful participants from dominating meetings and activities; (5) highlight the value of different kinds of knowledge and contributions.

*** *Facilitate productive group dynamics***

(1) make sure there is a group process and that enough time is allotted for it; (2) provide a variety of ways for participants to get to know each other; (3) promote meaningful discourse by giving everyone an opportunity to speak, encouraging different ideas and points and view, helping participants appreciate the value of listening, helping the group develop a commonly-understood language, and encouraging people to communicate their ideas in comfortable ways; (4) relate and synthesize the knowledge/skills/resources of different participants so the group, as a whole, can be creative and look at things differently and develop understanding/take actions that go beyond anyone’s preconceived notions.

*** *Extend the scope of the process***

(1) build incrementally; (2) establish group processes at multiple levels; (3) make functional connections across levels and between planning and action projects; (4) provide training and technical assistance.

As already discussed, even though the science about partnership implementation strategies is mixed in terms of how effective they are, it is consistent in identifying activities such as these (which concentrate on the human dynamics of partnering) as critical to success when it does happen. Also fundamental to the effectiveness of partnerships is a motivational component - for example, nonprofits in the community want to participate in CDCR-initiated partnerships because doing so gives them access to prison inmates or parolees who are their defined clients, and because CDCR may be able to offer them contracts that help support their programs financially.

There are some important cautions about implementing these methods, as with any set of evidence-based practices. For instance, what works in one setting may not in another - CDCR’s Division of Community Partnerships will need to remain responsive to the diverse situations in which its partnership efforts will take place. Also, there is likely to be a *continuum* of effective partnership strategies, even within the same general circumstances; what works will often evolve over time.

Finally, the Division of Community Partnerships will need to develop its own infrastructure to support the science-based strategies it implements. Just as one example, the Division may need to refine approaches to structuring partnerships through contracts CDCR awards to community nonprofits, by examining what has worked for other organizations, such as County and State mental health agencies.

6 - Integrating with other partnership efforts

As already mentioned, other partnerships already are going on in California related to the Corrections system - how will these be addressed in a meaningful way as the new partnership moves forward? What input and resources can be obtained from these other partnerships? A matrix of related partnerships can be constructed that will summarize what other activities of this sort the CDCR effort most needs to examine.

Internally, the Division of Community Partnerships can provide information (and technical assistance if requested) to other units of CDCR that may already be engaged in partnership activities, and can centralize basic information about what these partnerships are and how they operate. It may also be desirable to set up a “governance committee” for CDCR partnerships, composed of CDCR staff from throughout the agency, and community representatives as well, to provide advisory input to the Division.

7 - Evaluating partnership activities

Some method needs to be set up and carried out to promote measurement of the results from partnerships, using both qualitative and quantitative methods, with reporting back both for program improvement and justification to stakeholders for investment of scarce resources in partnerships. The evaluation plan needs to address the five key questions posed by Fawcett et al (1993):

- Was the community in fact mobilized through the partnership?
- What changes in the community resulted from the partnership?
- Is there a change in reported individual behavior of target audiences?
- Is there a change in reported behavior of the community as a whole?
- Is there a change in the quality-of-life or functioning of the community overall?

It can be operationalized with actual evaluation instruments, such as those reproduced in Backer (2003), or described in other work reported here. Regular evaluation reporting can help identify results useful both for partnership improvement and justification to funders and policymakers. It also can provide the larger context of community social and economic factors, social capital, context in which the partnership was created, and degree of community control in agenda setting.

8 - Promoting long-term sustainability

Although some partnerships may deliberately be created for quite short-term purposes, most address ongoing needs and situations, and thus the investment in starting them may not be productive unless they continue over time. Research, including in-process studies such as the PROSPER project, suggests that sustainability can be promoted if addressed seriously from the beginning, and offers specific suggestions for how to strategize the effort (Spoth & Greenberg, in press).

Special Issues

In implementing these eight action steps, at least five special issues seem salient to the work the Division of Community Partnerships will be doing:

* *Culture and cultural competence* - Ethnicity, gender and geography all shape attitudes and experiences regarding partnerships, an approach to creating change which has widely varying history depending upon the group(s) involved. As in any other kind of systems change, lifting up these differences so they can be dealt with sensitively increases the chances for success. Organizational culture also is a significant factor, since CDCR and many of the nonprofits with which it might partner may have long-standing attitudes and beliefs about partnerships and their role in creating them - which can facilitate or hinder partnering efforts depending on how they are handled.

* *Restorative justice* - CDCR partnerships will need to include efforts to get the community (especially faith community organizations and advocacy organizations for crime victims) involved in developing programs for restorative justice, which is particularly important because increased emphasis on re-entry programming can create backlash among victims and communities.

* *Demonstrating benefit* - El Ansari & Phillips (2004) examined the degree of stakeholder participation in health and social partnerships in relation to people's perceptions of benefits, costs, satisfaction, commitment and ownership. Their results suggest that partnership initiatives need to explore the involvement "cut-off" point at which the costs (and satisfaction) might move away from favorable cost-benefit ratios; benefits need to be at least 60% more than the costs. Costs to communities may include the perception by poor people in a community who have not been in prison that limited resources are being diverted from them to ex-offenders.

* *Internal integration* - There is a need to integrate what else is going on within Corrections that about partnering activities but not the formal mandate of the Division of Community Partnerships, e.g., staff recruitment partnerships (a goal of the new CDCR strategic plan) and education partnerships. How will these activities be coordinated with those of the Division of Community Partnerships, including areas of potential synergy?

* *Technological aids to community partnerships* - There are now many software systems and related technological aids that can assist in the partnership process, and in the evaluation of outcomes. For instance, the Re-entry Mapping Network (RMN; www.urban.org) is a partnership among community-based organizations and the Urban Institute, designed to create community change through the mapping and analysis of neighborhood-level data related to re-entry and community well being.

RMN partners use mapping to pinpoint neighborhoods that experience high concentrations of returning prisoners and examine the extent to which such communities are equipped to handle the challenges that prisoner reentry presents. Analytical finds from data are then used to help mobilize community members and leaders to facilitate greater coordination among state and local agencies and community organizations, to address incarceration and re-entry-related challenges.

Expected Outcomes

CDCR's efforts to develop, implement and sustain community partnerships in corrections are worthwhile only to the extent that these efforts have measurable, significant outcomes. The first level of outcomes has to do with the purposes for which a partnership was created - to increase public safety and reduce recidivism, to address restorative justice, to promote education for ex-offenders, and to promote their community re-integration. At a higher level, partnerships are worthwhile to the extent they help meet CDCR's larger community goals, such as:

- 1 - increasing the *transparency* of CDCR's operations to the public and to the California legislature, by providing a way to share what CDCR is doing with community stakeholders;
- 2 - engaging community members, including both crime victims and ex-offenders, in a larger *dialogue* about the mission of corrections, and how both CDCR and the community can help shape that mission over time; and
- 3 - increasing the *corrections knowledge base*, for California and the nation, about partnership strategy and evaluation - and about ways to increase the effective implementation of evidence-based re-entry programs.

At the 2005 Investment in America Forum, convened at West Point by the Leader to Leader Institute, the Conference Board and the U.S. Army, author and systems change expert Jim Collins challenged the audience of nonprofit, business and military leaders by asking "*Are we now forming the alliances that will keep us great?*" Partnerships in all sectors are increasingly recognized as a potent strategy for organizational success - CDCR and its Division of Community partnerships can both learn from and contribute to this societal emphasis on partnership.

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