

# Standing Capacity: A Case Study of the Oklahoma Marriage Initiative

## Objective

This Case Study examines the “Standing Capacity” model operated as part of the Oklahoma Marriage Initiative (OMI). The term Standing Capacity refers to a marriage and relationship education (MRE) service which operates at the same time and place in a community on an on-going basis. Most community-based healthy marriage initiatives offer workshops on an as-needed or as-requested basis at various

locations throughout the community.

Standing Capacity differs in that services are scheduled on a



regular basis within the same organization. This strategy solved an issue among volunteer-based service delivery systems: having a high quality service available to accept referrals.

The Standing Capacity model has been operational in Oklahoma since 2004. It relies on:

The Standing Capacity model has been operational in Oklahoma since 2004. It relies on:

1. Multiple community-based organizations acting as referral sources to direct couples to services;
2. Community sites offering marriage education on a regularly scheduled basis (to ensure that on-going MRE is offered at the same time in the same location);
3. Metropolitan communities with a large enough population to sustain demand for services; and
4. Volunteer workshop leaders to maintain a consistent schedule of services.

1. Multiple community-based organizations acting as referral sources to direct couples to services;
2. Community sites offering marriage education on a regularly scheduled basis (to ensure that on-going MRE is offered at the same time in the same location);
3. Metropolitan communities with a large enough population to sustain demand for services; and



4. Volunteer workshop leaders to maintain a consistent schedule of services.

This model is based on the research of one party and was first successfully implemented in Tulsa, Oklahoma, at Family & Children's Services.

## Methodology

Interviews were held with the OMI Director of Service Delivery, the OMI Technical Assistance Coordinator and two OMI Community Relations Specialists who coordinate standing capacity workshop options for couples and individuals in their areas. Various OMI reports and proposals which addressed the Standing Capacity model were also reviewed for purposes of this case study. Based on these sources, this Case Study describes the components of the Standing Capacity model and provides an overview of lessons learned to offer practitioners strategies for replicating this model.

## Background

In 1999 the State of Oklahoma launched the Oklahoma Marriage Initiative (OMI) to strengthen marriages. At the time, Oklahoma had the third highest divorce rate in the U.S. Then Governor Frank Keating was interested in lowering the state's divorce rate and strengthening marriage. The OMI was established by the Oklahoma Department of Human Services (OKDHS) to provide MRE throughout Oklahoma through a volunteer-based service delivery system. Its purpose is to deliver ongoing

MRE services to a large number of Oklahoma residents, particularly those who are economically disadvantaged.

Early on, the OMI selected an evidence-based marriage and relationship education curriculum that was appropriate for a variety of settings such as churches, government service providers and the workplace). After reviewing many curricula and

After reviewing many curricula and consulting with various authorities, the Prevention and Relationship Enhancement Program (PREP®) was selected. The OMI worked with the curriculum developers to adapt the PREP® curriculum for various target populations such as persons who are incarcerated, Temporary Assistance for Needy Families (TANF) recipients, Native Americans, students, African Americans, Latinos and others as the service delivery system grew.

consulting with various authorities, the Prevention and Relationship Enhancement Program (PREP®) was selected. The OMI worked with the curriculum developers to adapt the PREP® curriculum for various target populations such as persons who are incarcerated, Temporary Assistance for Needy Families (TANF) recipients, Native Americans, students, African Americans, Latinos and others as the service delivery system grew.

The OMI began training workshop leaders across the state to deliver the PREP® curriculum. MRE was being offered in many communities, typically to relatively small groups, based on the availability and initiative of the volunteer workshop leader.

This strategy resulted in a significant number of MRE workshops being delivered, however it led to inconsistency in the number of workshops held and lack of confidence among referral sources in the availability of services. In consultation with OKDHS Director Howard Hendrick the concept of the Standing Capacity model emerged to serve the larger populations of Oklahoma City and Tulsa, Oklahoma.

## Program Model

One of the first Standing Capacity sites to emerge was located at Family & Children's Services (F&CS) in Tulsa. F&CS provides an array of family services and comprehensive mental health services for adults and children with an emphasis on meeting the needs

Family and Children's Services had been involved with the OMI since its early years and staff attended curriculum training sessions as the program was being implemented across the state. Leadership saw a connection between the services being provided to Tulsa families and the MRE programming offered by the OMI. Plans followed to incorporate MRE into the array of services available at Family and Children's Services.

of low-income, high risk children and families. F&CS had been involved with the OMI since its early years and staff attended curriculum training sessions as the program was being implemented across the state. Leadership saw a connection between the services being provided to Tulsa families and the MRE programming offered by the OMI. Plans followed to incorporate MRE into the array of services available at F&CS.

Under the leadership of Executive Director, Gail Lapidus and Program Director, Claudia Anthrell, F&CS adjusted their schedule of weekly programs and classes to include MRE workshops. The organization began offering MRE workshops on a weekly basis for two hours at a time for a period of six weeks. After the six-week workshop ended, a new workshop began. F&CS staff coordinated directly with their regional OMI Community Relations Specialist to schedule trained volunteer workshop leaders to facilitate each of the workshops throughout the year. These facilitators are both from the community as well as individuals who became interested in MRE through their affiliation with F&CS in another capacity. F&CS continues to offer MRE workshops at their facility throughout the year but

has now extended each session to eight weeks to accommodate revised curriculum needs.

F&CS is a trusted organization in the community, and many social service practitioners affiliated with other agencies refer to F&CS for services they may not provide.

In addition to recruiting from their pool of clientele, F&CS has been able to use its positive reputation and established network of referral sources to recruit enough participants to support weekly services. Having a consistent schedule of workshops has also helped with word-of-mouth recruiting as the community knows that if one workshop is full, another will start shortly thereafter. F&CS frequently has a waiting list of participants interested in attending MRE services.

## Lessons Learned

### 1. Large Communities Are Best for Establishing Standing Capacity

Standing Capacity is a component of a volunteer, statewide healthy marriage program. It is best operated in a community that is large enough to make logistics, recruitment, and unit cost much more cost effective.

### 2. A Passionate Community Leader (with an available facility) is Essential.

Leadership of Tulsa's Family & Children's Services was passionate about helping families. The work of the OMI fit within the scope of the organization's mission which states that it will "promote, support, enhance and strengthen the development of family life, and the well-being and mental health of families, children and individuals." In addition to matching the mission, F&CS's facility was well known in the community, staff time was allocated to coordinate logistics and each meeting space provided the necessary audio/visual equipment. This combination of factors contributed to its success as a standing capacity site.

### 3. Set Clear Boundaries

The local healthy marriage initiative, in this case the OMI, was responsible for:

- Training workshop leaders
- Providing workshop materials
- Developing recruitment partners

Workshop leaders were responsible for:

- Delivering workshops

- Getting workshop materials from the OMI
- Making sure the space was set up (in coordination with F&CS)
- Tracking workshop attendance and submitting it to the OMI

The local site (F&CS) was responsible for:

- Managing and setting up the space
- Informing other community-based organizations of the services and promoting the services within their own organization

### 4. Have a Reliable Pool of Workshop Leaders

If you have a passionate community leader, a good curriculum and a nice facility, the final component of a reliable Standing Capacity model is access to quality MRE facilitators. Providing curriculum training to agency staff is an excellent way to ensure the site has access to workshop leaders and can support ongoing workshops within their own programming.

As of the close of FY 2009 (ending date of June 30, 2009) the OMI served 2,049 people in Tulsa and Oklahoma City through the Standing Capacity model.

### 5. Develop Referral Sources to Support the Site

Although sites volunteer to host workshops, they cannot be expected to devote staff resources to

recruiting participants. The site's commitment is to handle the logistic of the workshop, the community healthy marriage initiative is responsible for building a referral network to identify couples for services.

## **6. Healthy Marriage Initiative Coordinators are Key to Standing Capacity Success**

As of the close of FY 2009 (ending date of June 30, 2009) the OMI served 2,049 people in Tulsa and Oklahoma City through the Standing Capacity model. A local healthy marriage initiative must dedicate staff time both to establish the sites and provide on-going support. This model is not successful if the expectation is "if we build it, they will come." OMI regional Community Relations Specialists facilitated agreements between sites and their referral partners and were responsible for creating the site's marketing strategy. In addition, the coordinators ensure workshop quality control by training and supporting the workshop leaders and observing presentation styles prior to scheduling facilitators at standing capacity sites.

## **Conclusion**

Community based agencies who are considering offering Standing Capacity should be located in urban or suburban areas where there is a sufficient population to access on-going services. While the program goals will generally remain the same, there may need to be adaptations based on local community variables. Standing Capacity sites should be trusted in the community and already have experience providing services to the target population. Standing Capacity facilitators must be a good match for both the community served as well as the standing capacity organization. Healthy marriage initiative coordinators must be available to

provide ongoing support and training to ensure quality services are delivered.

***The National Healthy Marriage Resource Center (NHMRC) would like to thank Ilena Varner and Kendy Cox of the OMI for sharing their experience and contributing to this case study. We would also like to thank Charles Sauro, MSW and Leah Rubio of the Resource Center for their contributions. This is a product of the NHMRC, led by co-directors Mary Myrick, APR, and Jeanette Hercik, PhD, and project manager, Patrick Patterson, MSW, MPH.***