Case Study: Coalition Building

California Healthy Marriages Coalition

September 2010

Objective

Community healthy marriage initiatives have developed throughout the past decade with different goals and objectives.[1] Most are spearheaded by a community- or faith-based leader who brings like-minded people together with the common goal of strengthening marriage in their community. This Case Study examines a statewide approach to delivering healthy marriage and relationship education (MRE) through a coalition-based model and discusses the successful strategies used to manage this endeavor. One entity that uses this model is The California Healthy Marriages Coalition (CHMC). The CHMC is a statewide initiative that joins together a network of coalitions made up of community- and faith-based organizations to deliver a variety of MRE services across the state.

Methodology

Interviews were conducted with the CHMC Vice President of Operations and Media Relations. Various project summaries and presentations were also reviewed for purposes of the Case Study. Based on these sources, this Case Study describes how CHMC was formed and provides an overview of lessons learned to inform other organizations and community stakeholders who may be interested in creating a statewide healthy marriage coalition.

Background

CHMC was established in 2005 to expand upon the models of two community-based healthy marriage coalitions (the Orange County Healthy Marriage Resource Center and the Sacramento Healthy Marriage Project) and to create the organizational structure for expanding into a statewide coalition. CHMC was set up with the objective to saturate California with healthy marriage and relationship education programs and to strengthen families through MRE; this objective remains the same today. The CHMC mission is to bring MRE into all the major institutions across the state so that relationship skills are taught in schools, churches, health care centers, community mental health centers and within many other organizations. The hope is that MRE will become as commonly taught as other skills, such as driving a car or balancing a checkbook.

The first priority for CHMC was to become an incorporated entity and to obtain funding to support its efforts. Within the same week in 2005, CHMC filed the necessary paperwork to become a nonprofit organization and submitted a proposal for an intermediary grant from the Compassion Capital Fund (CCF) through the Office of Community Services in the Administration for Children and Families (ACF). CHMC was awarded a 17-month CCF grant to build their capacity. Through this grant they hired the first two full-time staff and two founders who had, until that time, contributed time/leadership as volunteers. This small staff began to focus on bringing other coalitions under the umbrella of CHMC to establish a "coalition of coalitions." A conference was held to create and nurture interest in the development of new coalitions across the state. Thus, under the CCF grant, CHMC grew from two to approximately 15 coalition partners and established a solid foundation for coordinating MRE services in various parts of the state. Throughout the remainder of this Case Study, the term "partner" will be used when referring to CHMC member coalitions.

A federal grant was awarded to CHMC in 2006 for a total of $11.9 million over five years from ACF, Office of Family Assistance. While the funding would enable CHMC to expand its work significantly, it was

1 A community may be defined geographically, by racial/ethnic group or another common link.

still a relatively small amount to support a statewide effort across a large state such as California. CHMC leadership had to take measures to meet goals and objectives in a cost-effective way. They did this by continuing the tradition of working through partners that were coalitions of numerous organizations (rather than funding just one individual organization providing direct services). CHMC used half of its federal dollars to fund coalitions that consisted of 10 or more member organizations providing MRE in their communities. This strategy, which is still used to date, gives CHMC access to many more service providers and increases the reach of MRE services across the state. The other half of the funding was and is used for media/public awareness, training and technical assistance for partners to deliver effective services. The public awareness campaign coupled with the strong partnerships built across the state has resulted in 37,000 Californians participating in MRE services between 2006 and 2010.

Program Model

CHMC offers services in 33 counties across the state and uses funding to hire staff, provide curricula training, purchase curricula materials, and design and implement a media campaign. The goal of CHMC, as mentioned above, is to saturate the entire state with MRE services. One way that CHMC is working toward this goal is by reaching out to various partners within the faith-based community. To date, the CHMC partner coalitions are made up of organizations from the faith sector including Catholic, Apostolic Assemblies, Church of God in Christ, Methodist, and Episcopal groups. CHMC is also working to partner with minority focused groups (including but not limited to Hispanic, Korean, African American, Persian, and Armenian groups), as well as universities, counseling centers and several geographically-focused coalitions.

CHMC sub-contracts with and funds coalitions across the state to provide MRE services. During the first year of CCF funding, CHMC held a conference and recruited potential partner coalitions. As a result of the conference approximately 15 partnerships were established. These partner coalitions have changed over the years and will continue to change. In 2010, CHMC worked with more than 25 coalitions across the state, and other organizations regularly contact CHMC expressing interest in partnering. Interested coalitions submit a concept paper to CHMC outlining their goals and service delivery potential. CHMC leadership makes decisions on coalitions to fund based on these goals and funding availability.

All CHMC partner coalitions receive funding, although the level of funding differs based on the expected number of participants served and/or hours of service provided. Partner coalitions receive funding for one year, and funds may be renewed based on performance and availability. CHMC provides funding to partner coalitions in two ways. A key criterion for determining which sub-contract approach to use with

a partnering organization is how best to provide cost-effective service delivery. The two funding options are:

1. “Fee for service” - CHMC pays a set amount for each person who receives 8 hours or more of a federally approved MRE curriculum (i.e. 100 people receiving 8 hours of curriculum = $5,000 paid to the coalition or $50/person).
2. “MESH” (Marriage Education Service Hour) - CHMC pays for each service hour provided, up to $100,000 for 50,000 MESH (i.e. For a 10-hour program, $100,000 will provide services for 5,000 people).

Fee for Service

CHMC uses a fee for service funding model with smaller-scale partners and with those who are highly motivated by a direct reward linked to the number of participants served. The benefits of this model include:

- Simplified paperwork for partners, as payments are based on the number of participants served in each class rather than by monthly reporting and reimbursements
- Flexibility for CHMC to provide incentives for serving specific target populations

Drawbacks and challenges of this model are:

- Fiscal planning by partners is challenging due to variability of month-to-month income stream and can distract from focusing efforts on providing services
- Marketing and outreach for services may not be prioritized by some partners as the fee paid is tied to the number of participants served and not to outreach activities

Marriage Education Service Hour (MESH)

CHMC uses the MESH funding model with larger-scale partners and for those with projects involving significant innovation or unique challenges which make Fee for Service less attractive. The benefits of this model include:

- Steady monthly payments allow for yearly budgeting
- Increased opportunity for partner organizations to invest in marketing efforts to recruit participants

Drawbacks and challenges of this model include:

- Heavier paperwork load to complete and process due to monthly reporting and reimbursement requests
- Necessity of additional accountability measures to ensure partner organizations perform according to participant number goals for their funding level
- Less flexibility to make swift changes in target populations served

Curricula

The breadth of its partner coalitions, both geographically and in areas of focus, enables CHMC to reach diverse populations across the state. In order to effectively serve such diverse groups, it was important for CHMC to offer their partners choices around which curricula to use. CHMC offers a number of research-based MRE curricula that partners can use to target specific audiences. When selecting which curricula to offer its partners, CHMC narrowed its search to those with a strong research base. Cost

effectiveness was also a high priority, so identifying curricula with a "train-the-trainer" model was essential. Additionally, CHMC staff assists partner coalitions in selecting curricula to meet the needs of their target population.

Staffing

CHMC staff consists of 20 full- and part-time positions. Four senior level staff provide strategic planning, program management and implementation oversight as well as technical assistance to partner coalitions. Mid-level staff also provide technical assistance, including training related to curriculum and coaching during service delivery. Administrative staff is responsible for managing attendance sheets and reports. All 20 CHMC staff members are located in different areas of the state to coordinate services.

The staff remain in frequent communication with the partners. CHMC holds bi-monthly staff meetings over

CHMC Curricula by Target Population

Youth (High School Age and Above)

Connections: "Dating and Emotions"

Connections: "Relationships and Marriage"

Love U2: "Relationship Smarts PLUS"

Active Relationships for Young Adults

PAIRS for PEERS

Singles

PICK a Partner (a.k.a. How to Avoid Marrying a Jerk/Jerkette)

Ready for Love

Active Relationships: Active Adults

Engaged Couples

Mastering the Mysteries of Love

FOCCUS Inventory (when paired with one or more skill-building curricula)

PREPARE/ENRICH Inventory (when paired with one or more skill-building curricula)

Married Couples

Active Relationships

Couplehood: A New Way to Love

Family Wellness – The Strongest Link, the Couple

Hold Me Tight: Conversations for Connection Relationship Education & Enhancement Program

Mastering the Mysteries of Love

PAIRS Essentials

Relationship Enhancement

10 Great Dates

The Ultimate Relationship Divorce Prevention Program

World Class Marriage

Expectant Couples

Bringing Baby Home

Step Families

Mastering the Mysteries of Stepfamilies

Smart Steps

Divorce-Reduction Programs

The Third Option

Mastering the Mysteries of Love with skills coaching or combined with The Third Option

Pillars of Hope

a period of two days where all staff members travel to a face-to-face meeting for strategic planning and to set specific goals for staff during the next eight-week period. Weekly teleconferences are also held between the face-to-face meetings to provide updates on progress made on goals. CHMC staff members utilize electronic shared files to track progress of staff over an eight-week period of time. The electronic files are viewable by all CHMC staff and help guide the weekly teleconference discussions.

Data Collection/Reporting

For each workshop offered through CHMC's federal grant, partnering organizations submit a standardized form to notify CHMC about the MRE service. CHMC mails the partner organization a pack which includes all relevant class documentation to be completed by the facilitator and participants. Facilitators and participants complete attendance sheets, registration forms (which collect participant contact information), and outcome evaluation surveys. All forms are returned to CHMC through Business Reply Mail. CHMC administrative staff members enter participant contact information into a database. CHMC administrative staff process attendance sheets from all classes and enter data into a spreadsheet that records pertinent information about the class (name of partner organization, location, facilitator, dates) and the number of participants served for that class. From this compiled information, reports are provided to senior staff at least every other month showing CHMC's overall progress toward achieving target numbers and recording each partner organization's progress toward their individual participant goals for the year.

Evaluation

CHMC is engaged in a multi-program, multi-site, multi-year outcome evaluation study utilizing four instruments to assess the impact of MRE on participants. Data are collected on participants via surveys at the start of the first class session, at the completion of the course, 1-month after completion and 6-months after completion. CHMC's surveys evaluate relationship satisfaction, problem solving, relationship adjustment and the use of communication tools. The survey also asks about participant satisfaction with the class instructor. Specific staff members are tasked with collecting evaluation data from the various service providers, entering the data collected, and performing statistical analyses on the data to assess the impact of a particular course on participants. The evaluation data help CHMC determine which curricula are most effective at specific points in a relationship and which are most effective overall. Further, instructors are tasked with providing information about class structure, topics covered, and presentation styles used during the class (i.e. lecture, open discussion, role play, etc.) via a standardized form. These forms provide important qualitative information that provides CHMC with insight into which service delivery strategies are most successful.

Partner Management

In order to build relationships with the partner coalitions and to provide targeted technical assistance, each partnering coalition is assigned to a CHMC Technical Assistance Consultant (TAC). Each partner has a specific contact person at CHMC to help answer questions, and "TAC groups" (similar partner coalitions receiving TA in a group format via 1.5 hour conference calls biweekly) provide opportunities for the partners to learn from one another and to form relationships. It is also an avenue for pooling resources and leveraging relationships to more effectively reach the community.

CHMC encourages peer-to-peer learning in other ways as well. Monthly "Coffee with the Coalitions" conference calls are held with members from each partner coalition. These calls are an opportunity to share with the other partners what their coalition has been doing in the community and to share new ideas. *Statewide Best Practices Conferences* have also been coordinated in the past as a way for successful organizations to share their lessons learned and build relationships with the other coalitions and service providers. These strategies help the partners, who are scattered across the state of California, feel connected and like they are part of a larger effort. It is also an opportunity for CHMC to notify the partner coalitions of new program information and provide training.

Sustainability

In order for CHMC to obtain its goals, services must be financially supported long-term. CHMC has worked to educate community stakeholders on the benefits of MRE by developing six booklets that summarize research, impacts and outcomes of MRE in a number of areas including child well-being, fatherhood, physical health and mental health. Additionally, CHMC is working toward support at the state level by sponsoring a resolution to raise awareness in the state legislature (CHMC hopes it

CHMC's Healthy Marriages Booklet Series

- Healthy Marriages, Healthy Lives (English/Spanish) http://www.camarriage.com/content/resources/50193ac3-8c7b-4abd-8c37-0335fdaac71f.pdf (English)

  http://www.camarriage.com/content/resources/225de468-5521-4680-b126-4811abbf32bd.pdf (Spanish)
- Healthy Marriages, Healthy Society http://www.camarriage.com/content/resources/1f250f81-d24d-4937-9ce1-595464e2b6c8.pdf
- Healthy Marriages, Healthy Children http://www.camarriage.com/content/resources/3a77fa16-7f58-4a3c-8cad-d1f373e50b7c.pdf
- Healthy Marriages, Healthy Children 2010 http://camarriage.com/content/resources/2a01d63c-65bd-4811-a240-8910a3121616.pdf
- Healthy Marriages, Healthy Women and Girls http://www.camarriage.com/content/resources/aa49b2c4-af4d-43e7-9765-edbd80321fc4.pdf
- Healthy Marriages and Mental Health http://camarriage.com/content/resources/7b8690b0-784f-46e7-af7d-438a9b064557.pdf
- Healthy Marriages, Responsible Fatherhood http://camarriage.com/content/resources/16aedc8f-d9a5-494a-b3d0-6672034f8b9f.pdf

will ultimately serve as the foundation of a future bill allocating funding for MRE services).

Lessons Learned

1. Identify and Maintain "Natural Partnerships."

In order to establish a statewide coalition, it is helpful to identify naturally existing coalitions of organizations with similar missions and goals that already have relationships in communities across the state (i.e. Catholic dioceses, Hispanic organizations, and statewide headquarters of faith- and community-based organizations). These groups can capitalize on the track record they have established in the community and provide the greatest capacity to change the culture.

Initially CHMC wanted its partner coalitions to represent specific geographic regions. However, it was later realized that this was a less efficient approach than working with already established coalitions representing a wide spectrum of communities across the state. A variety of coalition partnerships have been tried and not all work out. Even for existing coalitions, training and technical assistance was necessary to ensure services delivered were of a high quality. Since its inception CHMC has utilized different strategies to identify/select partner coalitions, train them, and gather information from them. For example, the two distinct performance-based funding strategies were created in response to the varying needs of different partner organizations. Similarly, different oversight strategies have been implemented to ensure partners had the resources they needed and to make sure CHMC was receiving the quality and quantity of services it desired. Some of the specific oversight strategies CHMC implements include:

1. Signed Memorandum of Understanding (MOU) between CHMC and all organizations and facilitators involved with delivering services
2. Training for all program staff, partner organizations and facilitators on project regulations, curriculum and federal legal safeguards related to religious content and cost allocation of federal funds
3. Quality assurance site visits to observe services
4. Group and individual technical assistance consultation to partner organizations (weekly, bi-weekly or monthly)
5. Mid-year reviews by CHMC senior staff of each partner organization's project
6. Ongoing data collection from each partner organization for CHMC's Outcome Evaluation

2. Finding the Right People Matters

Working with organizations and hiring staff that are the right fit for a statewide effort is essential to its success. It is possible to provide effective training, but seeking out and engaging the right partners and staff who understand the vision is crucial. Due to the fact that CHMC provides services across the state, requiring staff to work remotely in varied locations, CHMC seeks out intelligent individuals who are self-motivated and highly dependable. It is also desirable for staff to be knowledgeable about MRE curricula and to be committed to using MRE skills in their everyday relationships.

3. Training, Training, and More Training

As a result of its initial CCF grant, CHMC learned early on the importance of preparing staff and partners to deliver services across an entire state. CHMC found that partners must receive quality training on a frequent and ongoing basis as well as have opportunities to share their promising practices with the field and other partners. New partner

orientations, curriculum facilitation training, weekly individual technical assistance, monthly peer-to-peer support, and annual group conferences/trainings are all strategies that help develop a partner's ability to provide quality MRE services across the state. This series of training opportunities has developed over time to meet the various needs of CHMC partner organizations and maintain curriculum fidelity.

4. Peer-To-Peer Technical Assistance Is Valuable

Providing one-on-one support to service providers is needed, but creating frequent opportunities for partners to meet and discuss common challenges, share promising practices and encourage one another is an effective strategy for maintaining a statewide coalition. Initially, the Technical Assistance Consultants met with each partner individually, via telephone, for 1 hour each week. Over time, CHMC began grouping similar partner coalitions (i.e. Hispanic partners, Catholic diocesan partners, etc.) and facilitating group telephone conferences to encourage peer-to-peer guidance and sharing.

5. Quick and Easy Isn't Always Best

Although some "Teach-Out-Of-The-Box" (TOOB) MRE curricula are appealing, cost effective and allow service providers to implement programs immediately, they may not always have the long-term appeal/impact needed to create significant change in people's lives. In the long run, a curriculum which requires a more in-depth training for facilitators might be more effective. CHMC reviews outcome data related to which curricula appear to be most effective with which particular audiences. Those that don't appear to be as successful are de-emphasized. Initially, TOOB curricula appeared to be a cost-effective choice for programs across the state to get up and running quickly. However, preliminary data collected by CHMC is showing that programs using TOOB curricula may not have as strong an impact on relationships as other curricula and/or are not capturing the attention of the participants for the program's entirety.

6. Public Awareness Is Important

There is still a gap in public awareness about what MRE is. To educate the public about the benefits of MRE and for programs and services to gain traction across a state, it was important to invest funding in a multi-media public awareness campaign. This campaign includes: Public Service Announcements, billboards, internet/bus stop/ newspaper advertisements, television, radio, and social media (i.e. Facebook, Twitter, etc.). Utilizing multiple facets of media is important for a statewide effort because it allows for common, consistent messages to be presented across the state, reaching multiple audiences. CHMC has learned over time that various strategies for creating awareness are needed and that not every strategy is effective for every community. CHMC relies on its partner coalitions to provide guidance on what media outlets are most effective for their communities and to refine the messages delivered so they are relevant to specific populations (i.e. Hispanic, Korean, low-income, etc.).

7. Become an Expert and Establish Credibility for Your Work

Due to the general lack of knowledge about MRE, it is important to summarize and develop resources for policymakers, leaders and key stakeholders about the research around healthy marriage and healthy relationships and the impact of Marriage and Relationship Education for participants, including outcomes for various populations and aspects of life (i.e. children, fathers, women/girls, physical/mental health, etc.). Not only does research inform the implementation of MRE programs, but it is crucial for sustaining programs long-term. Potential funders want to know the hard data if they are going to provide financial support for services.

8. Quality is essential.

Because MRE is still relatively unknown, it is essential that service providers utilize promising practices, including the use of high-quality curricula and well-trained facilitators, as well as a cost-effective use of funds. To ensure that quality services are provided, CHMC has implemented an outcome evaluation study to capture information from both participants and instructors related to the services provided. The study initially focused on quantitative data collected from participants. However, during the year-long process of implementing the study across the state, CHMC realized that qualitative data from both the participants and instructors was also critical. Both quantitative and qualitative data are being collected to help CHMC adjust and refine the services provided to ensure that they are of the highest quality. Evaluating the quality of the program and the evaluation study itself is an ongoing process. CHMC continues to refine the process and data collection tools to make them more accessible to participants from diverse backgrounds (socioeconomic, educational and linguistic).

Conclusion

The experience of, and lessons learned by, the California Healthy Marriages Coalition enables it to provide important information for other states considering developing a statewide coalition for MRE services. For example, both the geographic diversity as well as the ethnic/cultural diversity of communities across the state should be considered. Partnerships should be sought out with naturally existing coalitions and organizations that already have roots in the community. A system for providing ongoing oversight, training and support to partners is necessary to ensure quality and consistent programming. Developing a plan to educate community stakeholders and obtain state support will help ensure long-term program sustainability.

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The Case Study presented here highlights operations at a point in time. The development of a Case Study does not indicate endorsement of the program model by the NHMRC or its funders.