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**Perceptions of Skills Needed to Engage in Collaborative Community Problem Solving:
Implications for Community Psychology Practice and Training**

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Perceptions of Skills Needed to Engage in Collaborative Community Problem Solving: Implications for Community Psychology Practice and Training

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Abstract

This paper provides a brief review of the results of a survey of Family and Children First Council Coordinators in Ohio. Sixty-eight (68) local Coordinators responded to a survey regarding their perceptions of skills needed to facilitate collaborative community problem solving. The authors argue that Council Coordinators fill a critical role in the collaborative community problem solving process. They refer to this role as “community support.” Analysis of survey data provided an opportunity to consider the skills Council Coordinators felt were important to their community support roles. In addition, the community support role and its importance are described. The authors also suggest that community psychology practitioners are ideal candidates for assuming such roles. Finally, implications for training community psychology practitioners are addressed.

Introduction

This paper summarizes selected results of a survey conducted with individuals responsible for facilitating community collaborations convened to address local youth and family development issues at the county level in Ohio. These individuals are referred to as “Family and Children First Council Coordinators” and the local collaborations are referred to as “Family and Children First Councils (FCFCs).” Family and Children First Councils exist in all of Ohio’s 88 counties as a result of 1993 Ohio legislation that states that local FCFCs are required to develop and implement an annual interagency process to evaluate and prioritize services, fill gaps and invent new approaches to achieve better results for families and children (Ohio Family and Children First, 1993). All but one of Ohio’s 88 FCFCs also has a Council Coordinator (or in some instances an individual with another job title) who engages in a variety of professional activities in support of the mission of FCFCs.

Overview

The authors argue that FCFC Coordinators fill a critical community problem solving role. This role involves a number of activities that might be referred to as “community support.” In this section, titled “Overview,” the authors define community support and suggest that this role is essential to the delivery of coordinated, effective and efficient health and social services interventions. In the remainder of this paper, the authors elaborate on the community support role based on responses to the survey noted

above. Survey responses provide detailed information about technical and administrative activities thought critical to FCFC functioning. Finally, the authors suggest several implications for community psychology practice and training.

The Community Support Role and Community Psychology Practice

Facilitating community collaborations might be described in terms of what Wandersman and colleagues (Wandersman, Duffy, Flaspohler, Noonan, Lubell, Stillman, Blachman, Dunville & Saul, 2008) refer to as “prevention support.” They argue that three roles are necessary to provide effective prevention programs. These roles are performed by the “Prevention Synthesis and Translation System,” “Prevention Delivery System” and “Prevention Support System.” The Prevention Synthesis and Translation System develops, evaluates and disseminates model programs and other innovations.

The Prevention Delivery System takes actions necessary to implement innovative interventions while the Prevention Support System focuses on “innovation specific” and “general” capacity building. Innovation specific capacity building is provided with the intent of implementing a specific innovation such as an evidence-based program. General capacity building focuses on the infrastructure, available skills and motivation of an organization. The Prevention Support System and related capacity building efforts are of particular importance to community problem solving efforts.

Table 1. Skills Consistent with the Community Support Role.

Skill	Scott (2007)	Julian (2008)	Wolff (2001, 2010)
Advocating for change	X		X
Using data for assessment purposes/research	X	X	X
Developing effective organizations	X	X	X
Communicating/consulting/capacity building in culturally relevant manner	X		X
Facilitating large and small groups	X		X
Planning and decision making		X	X
Intervening to produce results	X	X	X
Leading problem solving groups	X		X
Accessing resources		X	X
Mobilizing constituencies		X	X
Implementing/sustaining recommendations		X	X
Managing the problem solving process		X	X
Evaluating the impact of interventions	X	X	X

General capacity building as described by Wandersman et al. (2008) is similar to what the authors of this paper refer to as community support. The community support role involves an array of actions conducted by or on behalf of the community such as needs assessment, resource acquisition, resource allocation, facilitation and program evaluation. Thus the community support role can be conceptualized in terms of the application of tools, procedures and related technical assistance to support communities in conducting activities that support the delivery of direct services. The authors of this paper contend that communities require access to general capacity building or community support on an on-going basis and innovation specific capacity building on an as-needed basis, for example, when implementing particular evidence based programs. Community support and related capacity building activities might also define a conceptual model for community psychology practice.

Little has appeared in the literature related specifically to skills or competencies necessary to practice community psychology. Scott (2007) defined eleven competencies that have generated discussion about specific skills necessary to engage in community psychology practice. Julian (2008) compared the skills defined by Scott to specific skills taught in a collaborative community problem solving curriculum called "Partnerships for Success" and found a high level of correspondence. Wolff (2001, 2010) has written extensively about coalition building and implies a similar set of skills. A cursory review of these authors' perspectives suggests some skills that might define the community support role and a model for community psychology practice.

Skills consistent with those suggested by Scott, Julian and Wolff are highlighted in Table 1.

Importance of the Community Support Role

The importance of the community support role cannot be over-emphasized. Most definitions of applied community psychology (Julian, 2006) revolve around activities consistent with the notion of community support. Elias (1994) proposes a professional role for community psychology practitioners focused on conceptualizing and reflecting on change processes within specific settings. This role implies that the community psychology practitioner is an active participant in community settings and is engaged in the process of change. Julian, Hernandez and Hodges (2003) suggest that community practice is composed of four distinct functions: community mobilization, planning, implementation and evaluation. These functions are highly consistent with the community support role as defined above and are major components of many community problem solving efforts. There is growing evidence that suggests that community support type activities are directly related to the effectiveness of coalitions.

Zakocs and Edwards (2006) conducted a comprehensive review of the empirical literature published between 1980 and 2004 related to coalition effectiveness. Twenty-six (26) studies met their inclusion criteria. These authors suggested that formalization of processes, leadership style, member participation, member diversity, collaboration and group cohesion were associated with successful community coalitions. Other factors related to coalition effectiveness are identified in case studies and the theoretical literature. The systems change

literature might also offer a useful perspective. The authors of this paper contend that communities function in much the same way as complex systems.

Commentary based on case studies and theory suggest that community readiness (Feinberg, Greenberg & Osgood, 2004), participation (Fetterman, 2001); leadership capacity (Foster-Fishman, Cantillon, Pierce & Van Egeren, 2007), management (Feinberg, Greenberg & Osgood, 2004); and knowledge of effective practices (Weist et al., 2005) are critical factors predicting the success of community collaborations. Kreger, Brindis, Manuel and Sassoubre (2007) suggest that community context, involvement of key partners, commitment to evaluation, competent planning, working within and across sectors and leveraging resources are important elements related to successful system change efforts.

The Current Study: Coordinators' Perceptions of the Community Support Role

The body of evidence summarized above suggests that "community support" functions are critical aspects of successful coalitions and are linked to effective community problem solving. Family and Children First Councils provide a key community support mechanism and are charged with addressing the well-being of youth and families at the local level in Ohio. County commissioners in Ohio are required to establish FCFCs and may invite representatives of any public or private agency to participate.

Required membership includes family members and the directors or designees of local alcohol and drug addiction services; mental health; physical health; children's services; developmental disabilities; school districts; government; and the Ohio Departments of Youth Services and Jobs and Family Services. Approximately half of Ohio's FCFCs have been trained to use a formal process referred to as "Partnerships for Success" to facilitate collaborative community problem solving (Partnerships for Success Academy, 2007). Some Ohio counties have developed other planning processes that effectively meet state requirements and local needs. In any case, FCFCs and Council Coordinators appear to play important roles in collaborative community problem solving.

Methods

In the spring of 2007, the Association of Ohio Family and Children First Council Coordinators conducted a survey of Coordinators across Ohio. The survey was designed to identify tasks performed by Coordinators

and assess the skills they believed necessary to function effectively in the Coordinator role. The Association's primary motivation for conducting the survey focused on gaining understanding of common and unique training needs across counties and ultimately to procure relevant training and technical assistance. In addition, results of the survey yielded critical information about the community support role as applied to collaborative community problem solving related to youth and family well-being in Ohio.

A word or two about the data summarized in this paper are in order. First, it is important to note that these data were not collected as part of a formal research project. Rather representatives of the Association of Ohio Family and Children First Council Coordinators collected these data as part of their efforts to develop training and technical assistance for Association members. The authors of this paper were part of a university based team housed at the Center for Learning Excellence at Ohio State University that historically provided training and technical assistance to FCFC Coordinators.

The Association asked the authors to analyze these data and develop a report regarding training needs as a technical assistance activity. The authors also sought and received Institutional Review Board (IRB) approval to review the results of the Association's survey effort and develop this paper because the survey data appeared to provide insight into a critical community problem solving role relevant to community psychology practice. The authors' review of the survey data was guided by the premise that community problem solving is a critical concern for community psychology practitioners. The primary research questions guiding the review of data summarized in this paper focused on the perceptions of skills necessary to effectively support community problem solving coalitions and the extent to which community psychology practitioners might be positioned to support such problem solving efforts.

Sample

Sixty eight (68) out of 87 local FCFC Coordinators responded to the survey, representing a response rate of 78.2%. Two-thirds of the sample (67.6%) worked full-time while almost a quarter (23.5%) were employed part-time. These data are summarized in Table 2. Many Council Coordinators (32.4%) were employed by local county commissioners. Other organizational entities that employed FCFC

Table 2. Employment Status of Family and Children First Council Coordinators in Ohio.

Work Status	Number	Percent	Average Hours Worked
Full -Time	46	67.6	39.7
Part-Time	16	23.5	24.4
Contracted ¹	9	13.2	21.5

coordinators included Educational Services Centers² (13.2%), Boards of Health (10.3%) and the Ohio Department of Jobs and Family Services (10.3%). The average years of experience as a FCFC Coordinator was 4.9. However, 40% had between 10 and 20 years of related experience.

Slightly over two-thirds of respondents (66.2%) reported that they supervised other staff members who were engaged in supporting local FCFCs. Almost half (44.2%) of FCFC Coordinators had Master's degrees (see Table 3). One in ten had completed course work beyond the Master's degree. As indicated in Table 4, social work was the most frequently cited educational background (30.9%) followed by "Other" (29.4%) and psychology (20.6%). "Other" included a range of disciplines from family studies to political science to nursing. Annual salaries for Coordinators ranged from \$17,000 to more than \$100,000. Almost one third of Council Coordinators reported annual salaries in the \$30,000 to \$49,000 range.

Measures

The final survey was made available on-line. It consisted of almost 100 forced-choice and several open-ended questions. The survey questions were developed by a small team of Coordinators based on their knowledge and experience. The survey was divided into several sections. The first section was designed to assess demographic characteristics of respondents and collect basic employment information. The second section posed a series of questions focused on responsibilities for various work related tasks within four broad domains.

These questions asked respondents to identify the person or group responsible for 44 specific tasks. Domains included: organizational management (11 questions); services and programming (9 questions);

¹ Contracted employment encompasses both full and part time employees.

² Educational Service Centers are part of regional systems in Ohio designed to provide services to state and local educational institutions to improve school effectiveness and student achievement.

organizational leadership (14 questions); and community development and capacity building (10 questions). Response options included "Not Applicable-Council does not do"; "FCF Council Coordinator/Director"; "Project Director"; "Support Staff"; "FCF Council Chairperson"; or "Individual/Entity not listed above."

Questions in the third section of the survey, required respondents to rate 15 challenges associated with the application of various skills thought necessary to engage in the FCFC Coordinator role. For example, "project management," "integrating planning and implementation efforts," and "facilitation" were potential challenges. Challenges were rated on a scale from 1 to 3 where 1 meant "moderately challenging," 2 meant "very challenging" and 3 meant "extremely challenging." The fourth section consisted of three open-ended questions concerning professional skills and professional development needs.

Procedures

Local Coordinators were sent a letter and instructed to complete the survey by March 9, 2007. Reminder e-mails were sent to local Coordinators periodically through the data collection phase of the project. All data were collected by the Association of Ohio Family and Children First Council Coordinators. Staff from the Center for Learning Excellence managed the data tabulation process through the "Survey Monkey" utility (2007) and generated basic descriptive statistics using SPSS. Formal Center for Learning Excellence data management policies which were developed in accordance with Ohio State University human subjects review policies were followed in handling data and data analyses.

Results

Results suggested that Council Coordinators engaged in a number of critical community problem solving roles. For example, FCFC Coordinators participated in meetings, authored reports and responded to proposals. Such activities appeared to represent day-to-day operations. Council Coordinators also engaged in highly technical activities such as planning, ensuring service coordination and conducting evaluations. In aggregate these activities represented what the authors of this paper have described as the community support function.

Roles in Local Collaborative Problem Solving

Table 5 provides a list of activities that occupied the professional time of the majority of FCFC Coordinators who responded to the survey. Almost all Coordinators said they participated in state and

regional meetings (97.1%); completed and submitted state reports (97.1%); represented FCFC at various meetings (97.1%); carried out the RFP (Request for Proposal) process (94.1%); collected, interpreted and disseminated data (92.6%) and facilitated strategic planning (92.6%). Almost nine out of ten Coordinators ensured service coordination (89.7%); conducted and/or reported outcome evaluations

(88.2%); wrote and monitored contracts (86.8%); involved themselves in non-Council community initiatives (86.8%); secured and administered grants (85.3%); and engaged in social marketing activities (82.3%). These highlights are supplemented by an array of other problem solving activities as indicated in Table 5.

Table 3. Educational Credentials of Family and Children First Council Coordinators in Ohio.

Educational Status	Number	Percent
Doctoral/Ph.D.	1	1.5
Master's + Hours	7	10.3
Master's	22	32.4
Bachelor's + Hours	16	23.5
Bachelor's	10	14.7
Associate's	3	4.4
Other	3	4.4
Working toward Degree	2	2.9
None	3	4.4

Table 4. Concentration of Academic Study Reported by Family and Children First Council Coordinators in Ohio.

Concentration	Number	Percent
Social Work	21	30.9
Other	20	29.4
Psychology	14	20.6
Business Administration	13	19.1
Counseling	12	17.7
Education	12	17.7
Sociology	10	14.7
Communications	5	7.4
Public Policy	5	7.4
Corrections	3	4.4
Health/Public Health	1	1.5

Major Challenges Limiting Community Collaboration

Table 6 lists the major issues FCFC Coordinators identified as challenges. As noted above, the questionnaire divided Coordinator work tasks into four categories: 1) organizational management; 2) services and programming; 3) organizational leadership; and 4) community development and capacity building. The challenges identified in Table 6 represented challenges identified across these four domains. It is important to note that respondents could identify more than one challenge. Slightly more than one-third of Coordinators (33.8%) identified recruiting and engaging family members in the community problem solving process as a challenge. Exactly one-quarter (25.0%) identified fiscal administration and almost one-fifth (19.1%) identified fund raising. Collecting and interpreting

data were identified by 14.7% of Coordinators as a major challenge and responding to RFPs by 14.7% of Coordinators.

At a later date, Center for Learning Excellence staff invited Council Coordinators to identify and elaborate on their technical assistance needs via e-mail and/or in face-to-face conversations. This activity occurred after the survey project was completed. Suggestions were received from representatives of 59 counties. While this process was rather informal and not part of the project described here, it appeared to corroborated survey results. The most frequently requested types of assistance were in developing and using “logic models” to support community planning; defining meaningful outcomes for programs; collecting and using data to support decision making; and using evaluation as a management tool. Other types of

Table 5. Activities in Which Most Family and Children First Council Coordinators were Engaged.³

Activity	Number Engaged	Percent
Participate in state/regional meetings	66	97.1
Complete and submit state reports	66	97.1
Represent Council at various state/federal meetings	54	97.1
Represent Council at required meetings	66	97.1
Carryout RFP process	64	94.1
Collect, interpret and disseminate data	63	92.6
Facilitate strategic planning	63	92.6
Ensure service coordination	61	89.7
Plan state and local meetings	61	89.7
Act as liaison to enhance working relationships	61	89.7
Conduct and/or report outcome evaluations	60	88.2
Write and/or monitor contracts with vendors	59	86.8
Pay/approve Council invoices	59	86.8
Support/be involved in other community initiatives	59	86.8
Enhance Council networks through personal involvement	58	85.3
Avenue of communication for new initiatives	58	85.3
Secure and administer grants	58	85.3
Prepare Council budgets	57	83.8
Conduct social marketing about collaboration	56	82.3
Serve as catalyst for community efforts	57	83.8
Oversee service coordination mechanism	57	83.8
Recruit, train and engage family representatives	57	83.8
Serve as information clearing house/resource coordinator	56	82.3
Conduct social marketing related to awareness of issues	56	82.3
Convene and facilitate Council meetings	55	80.9
Orchestrate/maneuver others in the interest of services	55	80.9
General fiscal administration	54	79.4
Maintain relationships with stakeholders	53	77.9
Information and referral agent	53	77.9
Mobilize the community	52	76.5
Facilitate service coordination	52	76.5
Identify training needs of Council and providers	50	73.5
Serve as new program incubator	49	72.1
Hire/supervise personnel	48	70.6
Administer programming	43	63.2
Serve as evidence based practice expert	43	63.2
Prepare Council purchase orders	45	66.2
Provide general administrative support	45	66.2
Support parent participants	40	58.8

Table 6. Area Identified as Greatest Challenges Impacting Community Practice Role.

Challenge	Number	Percent
Recruiting, engage and train family representatives	23	33.8
Fiscal administration	17	25.0
Fund raising	13	19.1
Collecting, interpreting and disseminating data	10	14.7
Carry out RFP process for grants	10	14.7
Parent advocacy	9	13.2
Expert/gatekeeper to support evidence based practices	9	13.2
Facilitate service coordination	9	13.2
Social marketing to communicate need for collaboration	9	13.2

³ Tasks in which less than half of Coordinators were involved are not included in Table 5.

requested assistance focused on identifying effective programming to address specific community needs, information about social marketing techniques and strategies for engaging families in community problem solving.

Discussion

The community support role appears to be a critical component of community problem solving efforts. Most FCFC Coordinators engaged in administrative and technical activities that might be described as supportive of direct service delivery consistent with the community support role. Almost all Coordinators said they participated in regional and state meetings, completed and submitted reports, represented their FCFCs at various meetings, secured and administered grants, prepared budgets, provided information and, in general, facilitated the community problem solving process. Coordinators also engaged in a variety of technical activities including collecting and interpreting data; facilitating strategic planning; ensuring service coordination; and conducting and reporting outcome evaluations.

Challenges to effective collaborative problem solving included difficulties in engaging family members, fiscal administration, collecting and interpreting data and acting as the community expert regarding “evidence based” practices. In follow-up conversations, many Coordinators indicated the need to develop enhanced technical skills related to the development and use of logic models and program evaluation. The types of administrative and technical activities and barriers perceived by FCFC Coordinators provided some insight into the community support function as practiced by Coordinators in Ohio. This discussion also provides some insight into the more general processes through which effective and efficient interventions might be implemented at the community level.

Implications for Community Psychology Practice and Training

Collaborative community problem solving provides a formal process through which problems are identified, solutions implemented and progress evaluated. Local FCFC Coordinators in Ohio are charged with facilitating local community collaborations designed to address issues that impact youth and families. It can be argued that FCFC Coordinators have adopted key community support roles. Such roles may provide viable career options for graduates of community psychology training programs who are interested in the application of skills to identify and solve community problems.

Many of the FCFC Coordinators who participated in the survey project described in this paper were full time employees of local government or social service agencies. They received significant compensation in the form of salaries and benefits and performed tasks consistent with the community support role. Many had advanced degrees and approximately one-fifth had degrees in psychology. Family and Children First Council Coordinators often supervised other staff involved in the community support role and many had been engaged in collaborative community problem solving in one form or another for more than 10 years. Given FCFC Coordinators emphasis on technical skills such as evaluation, it can be argued that advanced training in evaluation and research, group facilitation and community planning will be requisites to the future provision of community support.

The community support role would seem to be an ideal fit for community psychology practitioners. Most community psychologists are well versed in theories of behavior change and intervention science. Community psychologists understand the distinction between prevention and treatment and like public health practitioners are oriented toward large scale, population based, change strategies. Such individuals are trained in research methodology and many have considerable knowledge of the program evaluation process. Most are well prepared to translate scientific knowledge into a form that might be consumed by community problem solvers.

There would appear to be significant opportunities for community psychology practitioners to engage in practice in the form of facilitating local problem solving efforts similar to the roles adopted by FCFC Coordinators. Given the number of community collaborations convened and operated over the last few decades, one might argue that there are many employment opportunities for well trained individuals able to facilitate such activities. It is equally clear that such roles are consistent with the values of community psychology.

The Society for Community Research and Action (<http://www.scra.27.org/>) indicates that community psychologists build collaborative relationships with community members, groups and organizations to solve social problems. In addition, community psychology is described as influencing public policy, oriented toward social action, supporting community strengths and respecting diversity in the interest of promoting well-being. Practicing community psychology in a manner consistent with the community support role would appear to be highly consistent with the values of community psychology.

Training for individuals interested in assuming community practice roles might include those skills identified by FCFC Coordinators including course work in group processes; facilitation; research and evaluation; planning; budgeting; communications; and social marketing. For the most part, these skills are highly consistent with the skills identified by Scott (2007), Julian (2008) and Wolff (2001, 2010). Thus trainees might enter a community psychology training program and gain the skills necessary to support collaborative community problem solving efforts.

A graduate of such a program would be prepared to engage community members in the process of assessing needs and conditions; developing and implementing interventions to address identified needs; and evaluating progress toward community goals. Experience suggests that facilitating such processes requires a great deal of skill and training. Applied across an entire community and in a coordinated manner such efforts might provide the opportunity to eliminate duplication in services; allocate services where most needed; reallocate resources from ineffective programming to more effective programming; and generally provide for more effective and efficient systems to address human needs. Community psychology can be in the forefront of the effort to promote social change through the application of community practice skills in support of community problem solving. However, training programs must assure that graduates who choose to be practitioners have access to a curriculum and experiences that provide the opportunity to acquire the community practice skills noted above.

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