

A Briefing Paper

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# **Implementation of Community Partnerships:** *Lessons Learned*

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Published by:  
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July 1997



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## IMPLEMENTATION OF COMMUNITY PARTNERSHIPS: LESSONS LEARNED

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The last decade has seen an emphasis on initiatives designed to increase the capacity of local communities to address social problems through community-wide collective action. This movement has gained momentum through a variety of recent trends, including increased recognition of the importance of public-private partnerships to address complex social problems, the recognition that social problems are embedded in local conditions, and recognition of the need for more coordination in a fragmented helping services system.

The current interest in encouraging community-wide collective action is manifest in numerous public and private funding initiatives (Action, 12/92; Join Together, 5/92; Klitzner, et al, 5/93; Join Together, 1996). The Community Partnership Demonstration Program funded by the Center for Substance Abuse Prevention (CSAP) is one of the most ambitious of these initiatives, funding close to 250 community interventions for five year grant periods (Roehl et al, 5/95). More recently, CSAP has broadened the scope of community-wide collaboration to include multi-jurisdictional representation. However, the goals remain the same — coordination and collaboration is seen as appropriate mechanisms to increase efficiency in planning and delivery of ATOD services.

This proliferation of coalition-based community initiatives has provided an unprecedented opportunity to learn about how to effectively organize and implement community interventions that can significantly impact local conditions (Springer & Phillips, 1994). Some of the funding programs, notably the CSAP demonstration, have required evaluation of funded programs providing extensive documentation of this large base of experience. Fully utilizing this data will be an extended undertaking, and this brief discussion of lessons is one step in that direction. The lessons here do not represent a full and systematic review of the complete documentary record on coalition-based community interventions in recent years. Neither does space or format permit discussion of specific examples or evidence for the broad lessons offered here. The review does represent a summary of recurring findings and themes from more than a dozen evaluations of coalition-based interventions the authors have conducted, and from participation or review of evaluation activities and findings in many more. These lessons are offered to stimulate discussion of practical issues of program design and implementation.

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◆ **LESSON ONE** ◆

***Unclear purpose is a major impediment to successful collective action by voluntary coalitions***

While coalition-based interventions typically rally around shared goals such as reducing substance abuse, tobacco cessation, reducing family problems, or reducing risk for youth, the agreed upon objectives often remain general. They may not extend to the level of specific, operational outcome objectives, or agreement on the best organizational arrangements or action strategies to achieve specific outcomes. Lack of specificity in purpose allows varying interpretations (or simply confusion) in roles and responsibilities, dilutes motivation and energy for many participants, and contributes to fragmentation and reduced effectiveness of efforts. This general issue has numerous sources and manifestations in the operations of coalition-based interventions. Some of the prominent issues across communities include the following.

**COMPETING MODELS OF COALITION STRATEGY**

Coalition-based interventions are motivated partly by the perceived need for alternatives to current strategies for addressing complex social problems embedded in local communities. To change current operating assumptions and established procedures for a diverse set of actors requires a clear articulation, discussion, and acceptance of a better alternative that addresses acknowledged weaknesses in current approaches. For community coalitions, several alternative models of overarching strategy compete — with very different implications for how a coalition will operate (Phillips & Springer, 8/94).

**1) Comprehensive Service Coordination.**

Fragmentation, gaps, and redundancies in service delivery are one important impetus to coalition-based community initiatives. Comprehensive service coordination is a “top down” approach to ameliorating these problems through improved networking and communication between relevant organizations, joint cooperative planning, and increased coordination and collaboration in service delivery processes (Warren, 1975). This strategy has been strongly implied in many funding programs for community coalitions (e.g., it was strongly reflected in the coalition elements required in the first round of requests for applications for the CSAP Community Partnerships Demonstration).

**2) Citizen Mobilization.**

The citizen mobilization strategy is based in the tradition of community activism that emphasizes voluntary cooperation, self help and mutual aid among residents of a locale. This strategy focuses on mobilizing and organizing the indigenous resources of a community, rather than dependence on professional helping services from outside the community (Christenson, et al, 1989). This largely “bottom up” approach has been the (at least implied) preferred model for some funding sources. Much of the CSAP training and technical assistance for these initial Community Partnership grantees emphasized this approach.

**3) Community Linkage.**

A third, and possibly predominate, model is really an amalgam of the previous two. It is based on the idea that service agencies need strong links to communities to gain access and relevance, and that community and citizen-based efforts need the resources and technique of service organizations (Chavis & Florin, 1991; Chavis, Florin, & Felix, 1991). The need is to build vertical linkages between formal and informal organizations in the community.

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#### 4) Coalition of Coalitions.

A fourth model emerged from the experience of CSAP in funding the initial community partnerships. This model consists of a central agency or organization linking a number of independent and separate partnerships into an overarching coalition. This partnership of partnerships approach has different operational procedures and goals than the more localized community partnership. Providing leadership, advocacy on public issues involving ATOD, and implementation of technical assistance and training workshops rather than providing or directing local prevention planning and service delivery makes this coalition model very different from the three models discussed above.

Each of these models can provide operational guidance to the design and function of a coalition-based community intervention. Each is appropriate for some purposes in some settings. Coalition-based interventions struggle, however, when there is not a clear, shared understanding of the coalition model. Many interventions draw in a piece meal fashion from all three models (and possibly others) with no clear understanding of how organization, strategy and purpose work together.

Clear purpose also requires outcome objectives that are focused and specific. Many coalitions adopt broad statements of purpose that are not operationally linked to specific community conditions that can be changed and monitored. These kinds of goal statements do not provide operational guidance for the development of action programs (e.g., target population, specific problem behavior or outcome to be changed, method of intervention). Without focused, outcome-based statements of the problem to be addressed, purpose cannot be linked directly to programmatic action. As reiterated below, focused programmatic action is a key to successful interventions.

#### ◆ LESSON TWO ◆

##### *Membership configuration must be appropriate to shared purpose and strategy*

Coalition-based interventions are based on the inclusion of diverse organizations and actors that have come together to facilitate collective action for a shared purpose. The configuration of members in a coalition lies at the core of its definition and capacity, and membership is naturally seen as a core element of coalition strength. Coalition size and diversity (inclusiveness) have often been seen as indicators of strong coalitions.

The experience of coalition-based interventions, however, suggests that the key to effective membership is in the appropriateness of members for the specific purposes and strategies that define a coalition. Broad inclusiveness of organizations, for example, may serve purposes in some coalition settings, and dilute purpose or the ability to act in another. While the appropriateness of membership must be worked out in each coalition, some general observations are possible.

◆ If organizations are expected to be key contributors and actors in a coalition-based intervention, organizational leaders need to be involved, an observation that is particularly important for coalitions following the coordinated service delivery strategy. Many coalitions are made up of middle-level representatives of organizations who do not have systematic means of communicating coalition issues to, or of involving, organization leadership (Springer, 9/96).

◆ Grassroots activists and community citizens must have prominent leadership positions in coalitions that pursue a citizen mobilization strategy (Edelman & Springer, 10/95).

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◆ Linkage models in many ways pose the most difficult membership problems because they require a mix of formal and informal organization members (EMT, 1994). As noted below, the expectations and operating assumptions of diverse membership groups diverge, creating the potential for conflict, role confusion, and lost purpose.

Appropriate configurations of membership also depend on specific purpose and action strategies. Members must bring the resources and expertise necessary to the action programs that operationalize the coalition model. Clarity of purpose is the precondition for identifying appropriate membership, and is particularly essential in complex coalitions of diverse members such as those appropriate to linkage strategies.

### ◆ LESSON THREE ◆

#### ***Maintaining active participation depends on meeting the participation needs of members***

Coalition-based interventions often experience difficulty in maintaining active participation. Analyses of participation patterns in coalitions and their committee structures indicate a common pattern of heavy dependence on a few core members and volunteers, with larger numbers of persons and organizations with minimum involvement. To maintain more widespread active involvement, coalition activities must meet the participation needs of members -- the benefits or purposes they expect to gain through coalition participation (Phillips and Springer, 12/96).

With some overlap, members of coalitions can be classified in four large groups:

***Community Leaders*** are elected officials, prominent citizens, business leaders, etc. who are in positions of leadership in some component of the community. These members sometimes participate as representatives of organizations.

***Professionals*** are persons employed or practicing in the many helping or service agencies and organizations that are involved in the broad problem areas being targeted by the coalition. These members often participate as representatives of an organization.

***Citizen Activists*** are active members of the grassroots community, who have experience in collective action efforts. These members may participate as representatives of grassroots organizations.

***Citizen Members*** are newly mobilized community members who have a particular interest in solving the problem(s) being targeted by the coalition. They typically do not have prior experience in collective citizen action.

Members of these groups have very different motivations and expectations. Community leaders and professionals, for example, often reflect specific organizational interests, or expectations related to career or professional accomplishment. They receive rewards through the organizational aspects of the coalition, and through the distribution of resources. Coalitions without active roles and rewards for organizations represented by these groups have trouble maintaining strong participation.

Citizen activists or members, on the other hand, often have expectations of making a difference, and are looking for useful application of their time in a socially rewarding environment. It follows that citizen activists and members get their rewards from participation in program activity, not in planning or other activities related to organizational maintenance. Coalitions without strong programmatic activity have trouble maintaining participation of these groups, a pattern that relates to points under subsequent lessons.

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◆ LESSON FOUR ◆

*Inappropriate organization can impede collective action by voluntary coalitions.*

As collectives of organizations and individuals that do not habitually work together, coalition-based community interventions tend to devote a lot of effort, at least initially, to developing organizational structure and procedures. The experience of community interventions suggests that much of this attention to building an organizational structure (e.g., designation of committees, task forces, roles and responsibilities) is ephemeral or even counterproductive. Too many coalitions spend significant amounts of their resources initiating and revising organizational charts rather than focusing on purposes and program activities to accomplish them. This tendency can be exacerbated in coalitions with professional staff who have experience in organizations because they tend to emulate traditional organizational structures, e.g., standing committees, that do not perform well in community intervention settings.

The experience of community coalitions has indicated that elaborate committee structures are not productive. Evaluations of coalition participation have indicated that standing committees devoted to planning or organizational maintenance tasks are particularly prone to poor participation (Springer, 1/94; Edelman & Springer, 10/95). Committees or task forces with specific purposes or responsibility for specified programmatic activity sustain membership participation more effectively. Again, the importance of purposeful programmatic activity for coalition health is paramount. Simply put, coalitions will be more successful if they focus on outcome-oriented programmatic activity rather than organizational structure as the backbone of their collective efforts.

◆ LESSON FIVE ◆

*Planning is important, but it must be adapted to coalition purpose, organization, and membership.*

Planning is part of the fundamental expectations of coalition-based interventions. Coordination of the activities of diverse organizations in a comprehensive, community-based strategy is expected to require careful planning. Indeed, the creation of a written plan is often proposed as a measure of coalition strength and capacity. At the same time, planning has been problematic in coalition-based community interventions. As noted above, when planning is delegated to coalition subunits they often have trouble sustaining interest and participation. When plans are produced, they may have little linkage to subsequent intervention actions, often because they are not operationally specific enough to clearly imply action programs. Frustration with “*planning*” rather than acting is a frequently heard concern of coalition members and volunteers who are oriented toward action.

The major lessons concerning the role of planning in coalition-based interventions concern the development of appropriate forms and applications of planning (Phillips & Springer, 9/93). Too often, planning stays at the level of goals and objectives, possibly related to different structural components of the coalition. To be useful, planning must be more closely linked to the development and monitoring of specific action programs within the coalition. More specific lessons related to this general conclusion include the following.

◆ Effective planning for community coalitions must begin with clear understanding of the specific goal-related problems that the coalition is seeking to change. Conventional “*needs assessments*” are

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not sufficiently operational to generate useful outcome-based objectives. The reliance on this general methodology in many coalitions is one explanation for disappointment in planning. Specific outcome-based problems are best generated first through the consensus of coalition members and then validated through available empirical evidence (Phillips & Springer, 12/96).

- ◆ Planning concepts must be utilized throughout coalition activities on a continuing basis. Effective planning is not a one time thing that results in a static, central document. It is a process of setting outcome-based objectives, justifying specific action programs that are expected to attain those outcomes, and developing specific action plans (steps and tasks) to put those programs in place.

- ◆ Planning should not occur as an extended period of activity independent of action program development. Community interventions depend on action programs to involve participants, gain visibility, and produce effects in the community. Protracted planning meets none of these needs, and is a counter-incentive for many potential members and volunteers.

### ◆ LESSON SIX ◆

#### ***Leadership can take different forms, but it is essential***

A core lesson follows from the discussions in lessons one through five. Conveying purpose, motivating members, and establishing action programs depends upon creating clear, well-defined opportunities for action that suit the participation needs and resources of members and volunteers. The essential job of leadership in coalition-based community interventions is to provide, or facilitate provision of, these opportunities. Again, the core function of leadership is to ensure the timely creation of specific action programs and projects that allow members to achieve a sense of satisfaction and accomplishment. A fatal error in many coalitions

is to approach the community and ask that they develop and plan the action programs for the community intervention without sufficient clarification or guidance. This lack of leadership underlies instability and stagnation in many community interventions.

This core function of leadership can be achieved through different avenues.

- ◆ Effective leadership in some coalitions can reside in a dynamic or visionary individual. A person with a clear vision of coalition purpose, and concrete ideas about the strategies that are necessary to get there, can exercise effective leadership in a coalition. Simple charisma or motivational ability may generate enthusiasm and support, but clear creation of opportunities for effective participation of the targeted coalition membership is the key to leadership that can produce positive coalition outcomes.

- ◆ Effective leadership does not have to reside in the individual. The traditional problem with personal leadership is that it is not transferrable. However, clearly understanding that effective leadership in coalitions focuses on the creation of clear opportunities for satisfying and effective participation allows development of other ways to fulfill this core leadership function.

More specifically, the need for clear definition of opportunities can be achieved through a leadership of "*ideas*." Coalition members and volunteers need guidance on *how* to use and coordinate their efforts to achieve their shared purposes. They need well articulated action programs that meet their purposes and that are appropriate to their community and its resources. Effective leadership will provide "*blueprints*" (or alternative blueprints from which participants can collectively choose) for effective and appropriate action. These blueprints can be most concretely seen as well developed programmatic and policy strategies with clear definition of the tasks and roles required to carry them out (Edelman & Springer, 10/95).

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◆ The development and communication of these blueprints requires expertise in prevention theory and practice. It follows that effective leadership in coalitions requires people that are more focused on prevention and community action than on organizational design, management, and maintenance.

◆ Growing knowledge about effective prevention programming increasingly shows that effective strategies are often subtle, demanding, and not intuitively obvious (see Lesson Eight below). Thus, technical assistance and dissemination of alternative blueprints can be an important support for coalition-based community interventions.

### ◆ LESSON SEVEN ◆

#### ***Coalitions often gravitate toward strategies that are not sufficient to the nature of the problem***

Community interventions are based on a deep appreciation for the importance of local involvement and authority in choosing and carrying out collective action to solve shared problems. This basic commitment is embodied in the concept of “*empowerment*.” In an extreme manifestation, this idea has been articulated as the belief that the community holds the solutions, and that professionals must follow the community lead. This is an extreme interpretation of the concept of “*the paradigm shift*” espoused by some trainers and spokespersons for the community intervention movement (Office for Substance Abuse Prevention, 1991). This interpretation has been a major barrier to effective coalition action in many communities.

Experience has shown that coalition-based community interventions emphasize education and awareness strategies to achieve prevention activities. Often these activities are delivered through one-shot or short duration events or

activities (e.g., Red Ribbon Week activities). These events serve purposes for mobilizing members because they have the advantages of clear and limited opportunities for participation, and result in shared accomplishments. They are non-controversial in the larger community, and meet common sense criteria for worthwhile action. However, these kinds of activities have not been shown to effectively attain prevention goals in themselves. They are partial or weak prevention strategies (Springer, 9/96; Phillips & Springer, 12/96, Phillips & Springer, 9/94).

These mobilization activities are an important and necessary first step in the process of increasing community involvement in local prevention practices. However, many individuals in the partnerships see them as the end product, rather than the precursor, of effective prevention strategies. Effective coalition programs must address the implicit question — mobilization for what? The ability to move beyond mobilization to prevention strategies such as building resiliency in youths, changing public or organizational policy, or modifying community norms depends on effectively addressing issues raised in prior findings.

Because many of the coalition partnerships have not systematically addressed the question of why they mobilize through planning, the specific prevention activities they do implement lack coherence. This lack of coherence is evident in several ways. First, there is little serious attention to whether partnership activities are or should be primary prevention or intervention. Similarly, programs combine activities aimed at producing individual change in knowledge, attitudes, or behavior and activities aimed at environmental change. Typically, none of these activities are systematically related to detailed target groups and their needs.

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The lack of a coherent plan means there is no framework within which to make these many decisions about program strategy, and activities are driven by opportunity and fragmented decision making. With respect to developing an effective package of prevention activities, the results of this *ad hoc* and fragmented pattern are unfortunate. Prevention and intervention research has shown that good results require intense and continuing efforts, and that the strategies that are most productive vary greatly between specific target groups (Gerstein and Green, 1993:2). The array of prevention activities in many of the partnerships produce a diluted soup of services that does not meet the requirements of intensity and continuity.

More effective strategies, such as intensive and focused programmatic activities for youth, or environmental change, are more complex to implement and/or more controversial in the larger community. They require focused and prolonged effort involving paid or volunteer staff. These kinds of strategies require clear, shared purpose and clear blueprints of opportunities for participation in action programs or projects. Lack of outcome-based purpose and related operational strategies results in a default to less effective events and awareness activities.

### ◆ LESSON EIGHT ◆

#### ***Facilitating community-based collective action requires appropriate roles for paid staff***

Funded community coalitions pursuing elements of citizen mobilization or linkage strategies have often used paid staff to carry out community organizing and community mobilization activities. Experience with this practice has proven it to be

highly problematic (Phillips & Springer, 12/96; Springer, 9/96). High turnover, lack of familiarity with the community, lack of organizing skills, and negative perceptions of paid organizing have limited the effectiveness of this approach. In some instances, sharp conflicts between procedural and personnel policies of implementing agencies and the needs of flexible work in the community have limited the effectiveness of paid community workers.

Paid coalition staff operate more effectively as resource providers, facilitators, and leaders through ideas than as direct community organizers. The most important functions for paid staff can be categorized in two major areas. First, paid staff can fill the essential clerical, coordination and communications functions that provide the essential glue to hold diverse coalitions together. In funded coalitions, these functions also include the need to meet administrative and reporting requirements of the funding agency. In fulfilling these functions, it is important that paid staff recognize that locally supported outcome objectives, strategies, and programmatic activities drive the success of the local coalition. Administrative relations with the funding agency must support these activities, not (mis)direct or constrain them (Edelman & Springer, 10/95).

A second appropriate and important function for paid staff is to provide leadership through expertise in strategies and programmatic activities that will effectively further coalition purposes (Edelman & Springer, 10/95). Previous lessons have emphasized the central role of effective programmatic action for coalitions, and the need for clear leadership and program blue prints to facilitate action with *proven effectiveness rather*

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*than common sense or procedural (ease of implementation) appeal* in the community setting.

Paid staff with expertise (or the ability to access expertise) in science-based knowledge about effective strategy (theory) and programmatic action in the coalition's target areas is an important way of strengthening this central element of effective coalitions. Funders of coalition-based community interventions should put a priority on encouraging this function for paid staff, rather than focusing on the process and dynamics of community coalition organization and community mobilizing. It follows that technical assistance and training should emphasize science-based knowledge concerning concrete strategies and programmatic action.

◆ **LESSON NINE** ◆

***Effective collective action requires a willingness to change in order to achieve results***

Coalition-based community interventions are created to carry out strategies and achieve outcomes that have been elusive in communities. They are developmental and experimental by nature. However, to evolve toward greater effectiveness community interventions must focus on their strategies and programmatic actions, assess them from an outcome-based perspective (i.e., are they making reasonable progress toward the desired outcomes?), and make adjustments in strategy and activities.

Many coalition-based community interventions have experienced difficulty making planned changes in strategy and activity for several reasons (Edelman & Springer, 10/95). First, as noted in Lesson Four above, many coalitions

focus on organizational issues rather than on strategy and programmatic activity. Concerns about organizational maintenance inhibit change. Furthermore, when conditions make the need for change apparent, many coalitions focus on changing the organizational structure or design. This orientation is based on the mistaken assumption that coalition effectiveness is a function of organization rather than strategy and activity. Organization may need adjustment to improve effectiveness, but the necessary organizational configuration follows clear purpose and strategy, it does not precede it.

The importance of the ability to change is apparent in the documented histories of many coalition-based community interventions. Some interventions have experienced dramatic changes in vitality and output after fundamental changes in strategy (Edelman & Springer, 10/95; Springer, Phillips, & Edelman, 4/96; Nistler, 1/96).

◆ **LESSON TEN** ◆

***Clear purpose, appropriate planning, and a commitment to results will produce effective collective action***

The overall theme in this review has been that clear, outcome-based purposes and a focus on appropriate strategy and programmatic action are the cornerstone of effective coalition-based community interventions. There is significant scholarly and practitioner discussion about the most effective membership patterns, organizational structures and procedures, or leadership styles for coalition-based community initiatives. This review suggests that these are all secondary and contingent considerations in determining the success of community interventions.

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The central issues are clarity of outcome-based purpose, and a focus on strategy and action programs appropriate to these purposes. The importance of clarity in objective and procedure is abundantly demonstrated. The discretion allowed in the partnership program allowed local adaptation, but could not solve the problems encountered by local programs left to define their own purposes and strategies. The injunction to let the communities speak for themselves because they are the true experts is simply unrealistic. Sponsoring and supporting effective community involvement requires a strong *"enabling system"* that a) helps local programs establish the clear direction and focused program planning necessary to impact complex social problems and b) to provide training and assistance in skills relevant to

the planning, program maintenance, and program delivery tasks implicit to the difficult tasks of community-based prevention.

Coalition-based community interventions are expected to break the traditional bounds of organizational inertia and pathology. They will do this only if the primacy of purpose and action strategy is recognized, and all else is allowed to follow. The experience of the CSAP Community Partnership Demonstration and other coalition-based community initiatives provides a strong opportunity to demonstrate the lessons that follow from this core realization. If this lesson is heeded, the role of coalition-based community interventions in prevention and social policy can have a positive future.

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## BIBLIOGRAPHY

- Action, Office of Policy Research and valuation, Program Analysis and Evaluation, **Drug Alliance Program Activities in Neighborhood-Based Illicit Drug Abuse Prevention**. Washington, D.C. December, 1992.
- Chavis, D.M. and Florin, P.. "Community Participation and Substance Abuse Prevention: Rationale, Concepts, and Mechanisms" San Jose, CA: County of Santa Clara Department of Health, Bureau of Drug Abuse Services, Prevention Office 1991.
- Chavis, D.M., Florin, P., and Felix, M. "Nurturing Grassroots Initiatives for Community Development: A Systemic Approach," **Administration and Social Work**. 1991.
- Christenson, J. A., Fendley, K., and Robinson, J. W., Jr. (1989). "Community Development," in J.A. Christenson and J. W. Robinson (Eds) **Community Development in Perspective**. Ames, IA: Iowa State University.
- Cook R.F. and J.A. Roehl. *National Evaluation of the Community Partnership Program: Preliminary Findings. Drugs of the Community: Involving Community Residents in Combating the Sale of Illegal Drugs*. David, R.C.; Lurigio, A.J.; and Rosenbaum, D. J., eds. Springfield, IL: Charles C. Thomas, Publisher, 1993, pp. 225-248.
- Edelman, I. and J. Fred Springer. **University City Community Partnership Final Evaluation Report**. St. Louis, MO: EMT Associates, Inc. October, 1995.
- EMT Associates, Inc. *Building Communities of Commitment*. Evaluation Report to The Prevention Partnership of the City of St. Louis and St. Louis County, 1994.
- Florin, P. And Chavis, D. M. *Community Development and Substance Abuse Prevention*, San Jose, CA: county of Santa Clara Department of Health, Bureau of Drug Abuse Services, Prevention Office, 1991.
- Gerstein, D. R. and Green L. W., eds (1993). **Prevention Drug Abuse: What Do We Know?** Washington, D.C.: National Academy Press.
- Join Together. **Leading From the Ground Up: The Third National Survey of the Community Movement Against Substance Abuse**. Boston, MA: Join Together, 1996.
- Join Together. **Who Is Really Fighting The War On Drugs? A National Study of Community-Based Anti-Drug and Alcohol Activity in America**. Boston, MA: Join Together, May 1992.
- Klitzner, M., K. Stewart; D. Fisher, M. Carmona; G. Diggs;, A. Stein-Seroussi, and D. DesJarlais. **Final Evaluation Report on the Planning Phase of Fighting Back: Community Initiatives to Reduce the Demand for Illegal Drugs and Alcohol**. Reporting Period: February 1989-February 1989-February 1992, Bethesda, MD: Pacific Institute for Research and Evaluation sponsored by the Robert Wood Johnson Foundation, May 1993.
- Nistler, Mary. **Bering Strait Community Partnership Evaluation Report**. Sacramento, CA: EMT Associates, January, 1996.

- 
- Office for Substance Abuse Prevention (1991). **The Future By Design: A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach.** Rockville, MD: United States Public Health Service.
- Phillips, J. L., and J. Fred Springer. **Close Out Report Mendocino County CommunityWORKS A Community Partnership.** Sacramento, CA: EMT Associates, Inc. December, 1996.
- Phillips, J. L. and J. Fred Springer **Can Communities Take Charge? Emerging Evaluation Findings from Community Partnerships,** Paper delivered at the International Congress on Alcoholism and Addictions, Hamburg, Germany, August, 1994.
- Phillips, J. L., and J. Fred Springer. **California SB2599 Master Plan Process Assessment Final Report, Los Angeles: UCLA Drug Abuse Research Center,** September, 1993.
- Phillips, J. L. and Springer, J. F. (1994). *"Community Partnership Evaluations: Implications of the National Program Context."* Sacramento, CA: EMT Associates, Inc.
- Roehl, J. A., and H. Wong, C. Andrews, R. Huitt, and G. E. Capowich. **A National Assessment of Community-based Anti-Drug Initiatives: Final Report.** Pacific Grove, CA: Institute for Social Analysis, May 1995.
- Springer, J. Fred; J. L. Phillips; and I. Edelman. **Anchorage Partnership For a Healthy Community Interim Report and Evaluation Plan.** EMT Associates, Inc. April, 1996.
- Springer, J. Fred. **Prevention Partnership of St. Louis County and the City of St. Louis Final Report.** EMT Associates, Inc. September, 1996.
- Springer, J. Fred. **Drug Free San Marcos OSAP Community Partnership Demonstration Project Third Year Evaluation Report.** EMT Associates, Inc. January, 1994.
- Springer, J. Fred, and J. L. Phillips. *Policy Learning and Evaluation Design: Lessons from the Community Partnership Demonstration Program, Journal of Community Psychology, CSAP Special Issue,* 1994.
- Warren, R. L. (1975). *"Comprehensive Planning and Coordination: Some Functional Aspects," Social Problems.* Vol. 20: 355-364.