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# **Piloting a Community Approach to Healthy Marriage Initiatives: Early Implementation of the Healthy Marriages Healthy Relationships Demonstration - Grand Rapids, Michigan**

Prepared for

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## EXECUTIVE SUMMARY

The Community Healthy Marriage Initiative (CHMI) is a key component of the demonstration strategy of the Administration for Children and Families (ACF) to determine how public policies can best support healthy marriages. Two concepts underlie the CHMI strategy. One is that community coalitions can be an effective vehicle for developing a range of healthy marriage and healthy family activities, including classes that build relationship skills, partnerships with clergy and others, celebration days, and media messages about the value of marriage and healthy families. The second is that communities with a critical mass of such activities can exert positive family impacts on individuals and couples directly through their participation in classes and other services and indirectly through their interactions with friends, family, and others in the community who were themselves influenced by a local marriage-related activity sponsored by the local coalition. The goals of the 1115 healthy marriage initiatives are to achieve child support objectives through healthy marriage activities.

This report focuses on the role of community coalitions in supporting healthy marriage activities and presents a description and analysis of the early implementation of the section 1115 child support<sup>1</sup> waiver demonstration in Grand Rapids, Michigan, a city of nearly 190,000 people. This report provides evidence that a local community coalition can leverage sufficient resources to stimulate a substantial amount of marriage-related and family relationship activities at a modest cost. This report does not address the question of impacts on marriage or child support outcomes of participants or others in the community. Healthy Marriages Healthy Relationships' initial operations should be viewed as a pilot of community approaches to healthy marriage that, given time and available funding, could develop into a full-scale community healthy marriage initiative.

Healthy Marriages Healthy Relationships (HMHR) is a community-based initiative that delivers relationship skills-building services intended to encourage healthy relationships between parents, and between parents and their children, and to further the objectives of child support enforcement by increasing the financial well-being of children in a low-income, urban area of Grand Rapids. The HMHR Project in Grand Rapids was awarded a Child Support Enforcement Demonstration Section 1115 waiver in June 2003 and began operations in October 2003. To examine how HMHR became operational, how it formed and

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<sup>1</sup> Section 1115 of the Social Security Act authorizes DHHS to award waivers of specific rules related to state child support programs in order to implement an experimental, pilot, or demonstration project that is designed to improve the financial well-being of children or otherwise improve the operation of the child support program. The waiver authority allows states to claim federal financial participation under title IV-D for approved demonstration programs but does not permit modifications in the child support program that would have the effect of disadvantaging children in need of support.

maintained community coalitions, and how it began operations, RTI/Urban Institute staff collected information from several sources, including a site visit in December 2004, monthly project status update calls, a focus group with recent recipients of local marriage- and parenting-education services, and data on individuals participating in HMHR classes (drawn from HMHR's Management Information System [MIS]). Because HMHR is still at a relatively early stage of operation, and some of the report's material is based on operations as of December 2004, readers should view this report as providing a snapshot of the constantly evolving and developing community initiative.

## **Developing the HMHR Project**

Any section 1115 community child support healthy marriage initiative is likely to face several challenges. The local sponsor must convince potential community partners that HMHR-sponsored activities related to marriage, relationships, and child support are worth pursuing. In addition, local sponsors must raise sufficient local resources to match Federal funds; consult with domestic violence organizations; establish healthy marriage and child support objectives; stimulate the supply of and demand for HMHR classes; and publicize the initiative in the media, through political leaders, and with special events.

HMHR developed in the context of prior work in Grand Rapids on marriage and relationship education services. The Grand Rapids area has a longstanding Community Marriage Policy that promotes premarital education and sponsors relationship skills-based education. The preexisting initiative, called Healthy Marriage Grand Rapids (HMGR), has been a visible presence in the community since 1997 and represents the first community coalition effort to encourage marriage and healthy relationships in the Grand Rapids area. Through this pre-HMHR initiative, Grand Rapids had already developed resources for supporting healthy marriages including expertise, research, and relationships with key leaders in the community and experience in offering trainings on healthy relationships curricula to churches as well as professionals. HMHR, building from the coalition, support, and experience of HMGR, focused marriage education efforts on the low-income community within Grand Rapids.

Implementing the HMHR initiative required building new networks, engaging new leaders, and creating new models of service delivery. The participation of partners from the target communities was considered essential, as was building the trust necessary for an effective effort. Project designers recognized that although HMGR had substantial resources and experience in developing a healthy marriage network, City Vision, a local intermediary organization, provided the essential access to key people and organizations from the target communities that HMHR needed. The core partnership between HMGR and City Vision was based on a shared trust and common goals, and the relationships to be built with community partners were also to be founded in trust. The partner organizations are called Institutions of Trust (IOTs). This reflects not only the trust that the partners share as

organizations, but also the fact that the community-based organizations have the trust of their community, which facilitates the connection between ideas that come from outside the community and their potential relevance to the communities. All 10 partner IOTs are faith-based institutions.

In addition to building relationships with the 10 partner institutions, the focus of the initiative in its first year and a half has been on developing a menu of service options with the partners, recruiting participants, training facilitators, and beginning and tracking service delivery for the chosen services.

### **HMHR Recruiting and Participants**

Initially, HMHR relied on the 10 IOT partner organizations to recruit participants from within their clientele. Local partner site directors and site coordinators, as they became invested in and aware of the various services available, began to see specific needs for these skills within their neighborhoods and clients. Word-of-mouth recruitment from someone known to the potential participant was seen as crucial for new program offerings, particularly those relating to relationships. The MIS data reveals this strategy has been successful. As of September 2005, participants reported hearing about HMHR from three major sources: pastor of their church (32 percent), a community or neighborhood agency (22 percent), or a friend or family member (20 percent).

The success of this strategy over 5 years should enable HMHR to reach its goal of 2,500 participants. In order to maintain participation levels HMHR also has broader recruitment efforts. These efforts have led to discussions with several local public service agencies under the Department of Human Services like the Family Independence Agency and Child Welfare who provide services to HMHR's target population. Potential participants, who may not already be affiliated with one of the 10 community partners, will be linked with the IOT nearest to where they live or have previously sought services. In addition to direct recruitment, referrals and outreach to other agencies, HMHR is planning a comprehensive media campaign to be implemented by a private communications firm. By using a targeted media strategy, HMHR will build upon the word of mouth and service agency recruitment strategy to increase knowledge about marriage and relationship services.

The HMHR target population is low-income population, which is generally hard to reach. The IOT recruitment strategy has allowed HMHR to successfully provide services to their stated target population. To date, HMHR has registered a total of 687 people for classes, out of which there were 51 couples. As of September 2005, 645 of those registered had taken at least one class. Only 25 percent of clients reported being married, implying a high proportion of single parents being served by HMHR. Approximately 78 percent of clients served by HMHR were female, and 59 percent of clients were between 25 and 44 years of age. More than half of the participants reported having at least a high school diploma, and

80 percent of clients reported being a parent of a minor child. Nearly 53 percent of clients served by HMHR were “not working” at the time of intake. This proportion was less for men; only 40 percent reported “not working.” Given such a high proportion of unemployed clients, it is not surprising that 60 percent of the population also reported household earnings of \$15,000 or less per year (half reported an income less than \$5,000). Of all HMHR participants, 283 (approximately 44 percent) were identified in the child support data base as having some involvement with the child support system.

## **HMHR Services and Delivery**

Recruiting potential participants is an important step in delivering services such as Family Wellness and other classes. Developing a reputation within the community and having participants refer their friends to HMHR activities is also very important. Therefore, HMHR places a great deal of emphasis on developing strong services that are relevant to participants. HMHR contracts with class facilitators, whom they train and monitor. Class facilitators currently offer classes through the 10 partner institutions. HMHR has four main service offerings at this time. The initial service offering was Family Wellness: Survival Skills for Healthy Families (Family Wellness Associates, n.d.). Currently, following the 6-week Family Wellness session, follow-up and coaching is available. This follow-up was developed after partner sites reported that Family Wellness participants were requesting more services. Parenting Wisely, a curriculum on CD-ROM, is used in partner organizations with groups of people who are interested in improving their parenting skills but who may be unable to commit to 6 weeks of class. A recently adapted version of How to Avoid Marrying a Jerk(ette)<sup>2</sup> is being offered to help participants make better choices of partners. This curriculum has been especially effective with younger participants.

Reducing barriers to participation in services has been a serious focus of HMHR. Specific actions taken that demonstrate the value that HMHR places on the time of the participants include providing food, child care, and transportation as needed. The tailoring of each curriculum, the menu of service options available, and the constant dialogue with the partners has been a key to the support HMHR has garnered. When partner organizations report a need in the community, HMHR has been particularly successful in adapting to meet those needs.

Efforts to reduce barriers to participation and to make classes relevant to participants appear to have been effective. Six hundred and forty five participants took at least one class and the average number of classes attended was approximately four per person. Fifty-seven percent of participants have completed the 6-week session, although this figure may be an underestimate as many participants in the data are currently engaged in a session that is ongoing.

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<sup>2</sup> This program is more formally known as the Premarital Interpersonal Choices & Knowledge (PICK or P.I.C.K.) Program (Van Epp, 2005).

The services HMHR provides have resonated with participants. Feedback from participants has been very positive. Participants in Family Wellness said the class content had a lot to offer and they found them very useful and relevant to their lives. One said enthusiastically, “I think this is an excellent program and more people should do it.” In particular, they found the classes that addressed communication to be the most helpful. Communication; listening skills; and negotiation between partners, parents and kids, and among extended family members are key lessons in the Family Wellness curricula. One participant said he had started a family night—when all members of his household gather to talk—as a result of participating in the program. Others said they thought they had become more active listeners since attending classes.

In order to address the terms of their waiver grant and to ensure that participants have access to services that they need, HMHR has made a concerted effort to develop relationships with other community service providers. HMHR works with the state Family Independence Agency and with the project officer for the Section 1115 waiver to help address child support goals. Relationships with local hospitals and in-hospital paternity establishment staff have been developed to facilitate referrals to HMHR. The local Friend of the Court (FOC) partnership was established to help provide participants with a way of addressing child support needs. The FOC pilot links program participants that have certain kinds of child support-related problems with a liaison from FOC who can answer questions and help to work toward solutions.

Building relationships with local domestic violence organizations has also been a part of the early implementation of the project, to assure that, to the extent possible, relationships being developed are healthy ones. HMHR project leaders forged relationships with two local domestic abuse organizations; Safe Haven Ministries, and the YWCA. Safe Haven Ministries has provided assistance in training class moderators and developing protocols for how to assess and discuss domestic violence with participants.

## **Leveraging Resources**

The ability of lead organizations to leverage community resources is a critical aspect of the CHMI and of the evaluation. Cooperation among community actors is vital for reaching sufficient numbers of people to affect community norms. With the assistance of churches, neighborhood nonprofit organizations, state and local government agencies, and volunteer couples, the CHMI can recruit and provide marriage-related services to many individuals and couples and can publicize messages about the value of healthy marriages and family relationships and good parenting.

Recognizing the importance of leveraging resources, HMHR has developed an effective strategy for reaching large numbers of participants within low-income neighborhoods of Grand Rapids. The coalition developed through HMGR also supports HMHR, and the partners

have created their own network within the community. With their partners, HMHR has managed to engage individuals and couples in services at low cost to the Federal government, even at this early stage of implementation. With only about \$198,000 per year in Federal funds, HMHR has managed to serve at least 645 participants directly. Using various assumptions and a conservative figure for participants, cost-per-participant has been only about \$300 based on Federal outlays. This figure includes many initial start-up costs, like training and setting up recruitment, and will decrease over time as more participants are served. Further, community resources, once mobilized, may enhance the likelihood that the program is sustained after the project period ends.

Drawing on a variety of community resources, obtaining in-kind contributions from the IOTs delivering services and from Pine Rest's Family Institute, and managing in ways that limit costs, HMHR has been able to provide classes and other services at a very modest cost. While initial indications of potential benefits are promising, and even a modest impact on individuals and couples is likely to yield benefits that outweigh program costs, rigorous analyses of the impacts of services on the community and participants is still needed. As HMHR seeks to improve and increase services and participation, their ability to leverage financial, as well as community resources will be important to their sustained success.

### **Early HMHR Successes and Challenges**

The HMHR demonstration is undertaking the ambitious goal of strengthening marriages and family relationships in low-income areas of Grand Rapids, Michigan. HMHR's distinctive strategy involved collaboration between an organization with experience in helping middle-class families improve their marriage and relationship skills and 10 community organizations (IOTs) that work closely with low-income populations but have little experience in marriage education and relationship skills training. HMHR used an intermediary organization, City Vision, to build a bridge between HMHR and the IOTs.

This strategy was risky. It required organizations that had little experience dealing with each other to learn to communicate and trust each other in accomplishing a complicated array of tasks, such as choosing a curriculum and developing approaches to make sure that the initiative did not worsen domestic violence. It put a great deal of responsibility on the recruitment and operational capabilities of the IOTs. It meant using facilitators that were not yet trained and not employees of either HMHR or the IOTs. It involved reconciling healthy marriage goals with the goal of making all family relationships healthier, including those with nonresident fathers. It required working with the Title IV-D agency so that HMHR would pursue child support goals in addition to healthy marriage and relationship objectives.

Above and beyond the complications of this collaboration are questions about the underlying strategy. Would individuals and couples actually participate and use the services or would they find the marriage and relationship skills services not especially beneficial? Would the

demonstration's link with child support drive away neighborhood organizations and potential participants? Could a sensible curriculum be developed that worked well for a low-income, mainly minority audience?

## **Successes**

Working with City Vision, HMHR has managed to establish a close working relationship with 10 community organizations in low-income neighborhoods. Gaining consensus on curricula, training, and other issues has been sufficient to allow the development of a number of HMHR classes and other services. For this effort to materialize, HMHR had to listen carefully and sensitively and adapt their strategy based on what the partner organizations reported back. One important example is in choosing and adapting a curriculum, such as the How to Avoid Marrying a Jerk(ette) curriculum.

Bridging the different perspectives has not been easy. In particular, the funding agency's focus on marriage and child support was not a natural fit with expected community views in neighborhoods serviced by the IOTs. Still, the project leadership has been highly committed to taking the range of perspectives seriously and negotiating among them as effectively as possible. HMHR's emphasis on process rather than simply outcome was apparently important in achieving these goals.

The IOTs' connections to other services are important, especially to HMHR's ability to recruit participants. Potential recruits may come in for other services, like job placement, but end up also accessing marriage/relationship services because of the ease of using services housed in these preexisting organizations. The result is that recruiting becomes a bit more fluid. If an organization like Jubilee Jobs is known in the community and has many people coming to access their services, then this facilitates recruiting. The built-in advantages in recruiting has made it possible for HMHR not to focus on their media campaign (like billboards and radio) as much and instead to focus on a more concerted effort of providing fliers in meetings and various locations and to encourage a less expensive, word-of-mouth effort.

As a result of these and other efforts, the IOTs and HMHR program have been able to generate a number of Family Wellness classes and attract almost 650 people to at least one class, with most participants attending at least four sessions. Moreover, the participants who start generally continue, an indication that participants find the classes useful. These are striking indicators of success at early implementation.

## **Challenges**

Efforts to incorporate child support objectives have been challenging. Most HMHR leaders and partner staff consider child support to be an important support for children and families, but they have been concerned with appearing to be part of the child support enforcement

system. The strong fear of and negative perception associated with the child support system that many people in the Grand Rapids community have could engender distrust in the underlying purpose of the initiative, reduce program participation, especially of men, and threaten the goals that HMHR had set out to accomplish. The Friend of the Court partnership is seen as a way to provide child support assistance to participants who are seeking help. To date, HMHR's approach to incorporating child support has been gentle, yet effective.

While the income and education targeting have been surprisingly good for a program with no income or asset test to determine eligibility, only 22 percent of participants are men, and only one-sixth attend as couples. Attracting more men and couples to the classes will be challenging, since the participant population reflects the neighborhood demographics. For social programs of this kind, retention has been fairly high. However, many participants still do not complete the courses (attend 4 out of 6 classes). It is important to do more to find out why some people do not graduate and whether program improvements might enhance the experience of participants.

HMHR has been very successful in recruiting through IOTs but as the initiative seeks to grow in size it will be very important to concentrate efforts in other recruiting areas. While HMHR has plans to incorporate other local service providers and initiate a media campaign to increase recruiting, these new recruitment spheres are likely to pose individual and unique challenges.

As HMHR continues to grow, build on its menu of services and provide assistance to more people, it will be challenging to maintain a strong feedback mechanism. One of HMHR's key strengths has been its ability to listen to providers and to adapt to the needs of the community. It will be difficult but important to maintain and upgrade the quality of the classes while expanding recruitment efforts to continue to cover large numbers of potential participants. Learning what is working for individuals will require contacting and listening to the individuals and couples who have used the program.

# **1. PILOTING A COMMUNITY APPROACH TO THE HEALTHY MARRIAGE INITIATIVE: EXAMINING A NEW POLICY FOR DEALING WITH FAMILY STRUCTURE AND FAMILY FUNCTIONING**

The decline in marriage and associated two-parent families in the United States continues to complicate efforts to reduce child poverty. Although the 30-year trend away from two-parent families has slowed in recent years, the share of children living outside married-couple families remains high. About one out of three children live in one-parent families, and nearly 40 percent live away from at least one biological parent. Families headed by unmarried women account for over 70 percent of chronically poor individuals living in families with children.

Many policymakers took the family structure problem seriously, but until recently most saw at best a limited role for government in affecting family structure, such as through reducing the financial disincentives to form and maintain marriages that are embedded in public programs. A common assumption was that most low-income unmarried mothers and fathers were not interested in marriage and, thus, were unlikely to respond to policies that encouraged healthy marriages. However, striking evidence from the Fragile Families and Child Well-Being Study has revealed that many individuals who become and remain unmarried parents initially plan to marry but do not. More than 80 percent of the mothers in this 12-city study reported living together and/or being romantically involved with the baby's father at the time of birth. About 55 percent reported that their chances of marrying were "pretty good" or "almost certain." However, in a follow-up survey with these mothers 1 year later, less than 10 percent of the unwed couples had married each other, and romantic involvement had declined by 30 percentage points. Unmarried parents of newborn children cited financial concerns, relationship problems, and timing issues as the most common obstacles to marriage (Gibson et al., 2003). These and other findings suggest that many couples who have recently had children or who have not yet had children might be influenced by a mix of marriage-related activities and services. In addition, there is a research base showing that marriage education can strengthen the relationships of married couples, yielding improved relationship quality and stability.

Building on these findings and recognizing the importance of healthy marriages and parenting, the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, has begun a major program of research and demonstrations all aimed at determining the potential effectiveness of offering an array of marriage-related activities, especially those aimed at teaching individuals and couples the skills necessary for a healthy marriage and healthy relationship. The ACF strategy includes a portfolio of demonstrations, two of which use random assignment to focus on how specific services affect particular individuals. A third approach, the Community Healthy Marriage Initiative (CHMI), recognizes

that community programs to encourage healthy marriages may generate important spillover effects, which involve impacts on those not directly receiving a service, and may offer the most realistic methods for expanding services.

Full-scale CHMIs may create impacts partly through direct service provision and partly through indirect effects stimulated by a community-wide coalition. As marriage and relationship issues become a larger part of conversations and are infused into local public and private institutions, CHMIs may exert effects on those who have not received direct services. These effects may come about as community members discuss marriage and relationship issues with friends or relatives. They may also happen as a result of media messages that attempt to influence the model for appropriate behavior.

Under the 1115 CHMI waiver, the Federal government provides the waiver recipient with some financial assistance to deal with family structure issues, and the recipient is required to also find some private sources of funding. Specifically, the CHMI projects are designed to leverage efforts of local communities to develop programs that support healthy marriage; healthy family functioning; and child support enforcement objectives, including parental responsibility and the financial well-being of children. By September 2005, 13 pilot CHMI projects had already been funded.

The pilot CHMI projects, which are in their early stages, generally involve local coalitions that aim to provide their communities with marriage education, relationship skills training, media messages, and other related activities. In so doing, they hope to meet child support objectives including financial support for children from noncustodial parents through increased paternity and child support collections, increase the number of healthy marriages, reduce divorce, and change the norms in the communities to be more supportive of healthy marriages. . Although each site has its specific mix of services, all attempt to engage a coalition of public, private, secular, and religious organizations to sponsor their own activities and thereby promote the overall goals of the initiative. All are trying to implement community-level strategies to encourage healthy marriages and parenting and improve child support outcomes, thereby generating benefits for children as well as couples.

In addition to awarding communities with some resources to implement these programs, ACF is sponsoring a 7-year evaluation of the CHMIs. One major component of the evaluation project is an implementation study to describe and analyze the nature of the community activities and their evolution over time. This study will inform ACF about the development and implementation of community approaches to the healthy marriage initiative, the characteristics of these initiatives, recruitment and outreach strategies, targeting efforts, and innovative approaches for linking child support with marriage support activities. Before discussing the evaluation itself, it is useful to present a brief description of the CHMI.

## **1.1 Provisions and Funding of the Pilot Community Healthy Marriage Efforts**

The pilot CHMI efforts embody several worthwhile objectives, including increasing the number of healthy marriages, the well-being of children, and the proportion of noncustodial parents making appropriate child support payments. This mix arises partly out of the fact that the Federal funds used to support all current pilot CHMIs come through Section 1115 waivers from the Federal Office of Child Support Enforcement (OCSE) in ACF. This funding mechanism allows for the waiver of specific rules related to state child support programs in order to implement an experimental, pilot, or demonstration project.

The goals for the child support program include improving such child support outcomes as paternity establishment, obtaining legal awards, and compliance by noncustodial parents in paying their obligations. The Section 1115 child support waiver awards are granted to the states, who are responsible for funding and overseeing the activities of the local demonstration site.

Because of the policy interest in community approaches that saturate or blanket a community with services and messages, waiver sites all proposed the creation of broad-based community coalitions, a variety of marriage education programs, and media messaging aimed at stimulating the demand for marriage education services and positive attitudes toward marriage. The basic idea behind the emphasis on education was that skills to improve the quality of relationships, and thereby increase the stability of marriages and family well-being, could be learned. The idea of emphasizing community is that the impact of interventions may depend as much on the community setting as on the specific services provided.

Each waiver, along with its objectives and proposed activities, is subject to specific terms and conditions that guide its development. Many of these conditions are very simple, but they are useful to understanding the common regulatory context within which initiatives operate. Federal requirements relate to the use of funds and reporting on the use of funds. The Section 1115 waivers require that a non-Federal source of funds be used to match Federal funds on a one-for-two basis; that is, for every one non-Federal dollar available to the site, it can access two Federal dollars. As a result, a site must not only mobilize local institutions, but also local matching funds to gain access to and use the Federal funding awarded in their grant.

Another waiver condition is that Federal funds may not be used to support inherently religious activities, such as worship or religious instruction. Materials produced with Federal funds or used in Federally funded sessions must also be neutral with respect to religious beliefs and practices. Sites are instructed to ensure that any religious activities are offered separately, in time or location, from the programs and services funded with direct Federal financial assistance. Participation in programming must also be voluntary.

Because of the interface with many social service providers and the need to promote healthy relationships, all entities funded under the waiver are required to screen for domestic mental or physical abuse and make appropriate referrals to agencies providing treatment and counseling services and state and local child abuse/neglect and domestic violence services. Each site is required to submit a description of its approach to domestic violence screening to OCSE.

## **1.2 Specific Approaches Used In CHMI Demonstrations**

While this report focuses on the early implementation of a pilot CHMI, it is important to consider what a full-scale CHMI would entail. Although the 1115 waiver funding is modest in relation to goals of saturating the community, it is important to look at the early stages of community initiative building, as they are essential prerequisites before any initiative can go to scale. For a community to be saturated enough to detect an impact, it would have to offer a mix of services with sufficient volume and intensity, essentially saturating a community with services and messages in multiple ways. Approaching community saturation requires large-scale delivery of services to individuals and couples, sometimes through train-the-trainer approaches, public messaging, and overlapping networks of providers, target populations, and interventions. Still, each community coalition is likely to make its own distinctive set of choices for programs and delivery models, and sites will vary in the way they address pathways between marriage-related services and outcomes. At the same time, a set of common conditions, activities, and outcomes are likely to form the “core” CHMI approach.

The defining elements of this approach are

- a focus on a limited geographic area,
- planning through a broad-based coalition,
- multiple service providers embedded in or connected to various other service agencies,
- leveraged resources from organizations in the community,
- multiple services and audiences,
- train-the-trainer approaches,
- public messaging involving media,
- celebration events,
- social interaction, and
- spillovers.

Initial information indicates the pilot initiatives are clustering toward two domains of activity: (1) increasing the supply of marriage education services and (2) increasing the demand for such services. The supply-related approaches include train-the-trainer efforts; funding marriage education, parenting, and Family Wellness classes; reducing barriers to education services by providing free services, child care, and transportation; and incorporating marriage education within other service delivery structures (such as WIC distribution centers). Efforts to increase the demand include marriage celebration events, media messaging, referrals by public and private coalition partners, and efforts by participants to recruit others who may benefit from services. Ideally, the CHMI will help produce effective interactions between service availability, service receipt, and satisfaction with relevance of services to participants' lives, all at a high intensity within a community.

Reaching high intensity in a community can involve several dimensions. First, there is direct service delivery. Here, the local sponsor, along with other community organizations, chooses and adapts activities, such as curricula for marriage education classes or counseling. By funding classes or other services directly or by stimulating them through partner organizations, the CHMI can potentially exert broad community effects by making services widely accessible and widely utilized. If large enough numbers of people participate and take home new skills, healthy relationships and marriages may increase significantly in the community. A second dimension is media messaging. The pilot CHMI sites all plan to use the media and celebration events to increase public awareness of marriage, community efforts to enhance marriage, and the importance of parental responsibility. These kinds of messaging efforts have been used to achieve other goals, such as reducing smoking and the use of illegal drugs. Messaging and community mobilization efforts within CHMIs are also intended to increase awareness and accessibility of service use.

A third and indirect dimension of the CHMIs is the ability to stimulate social interactions about healthy marriages and relationships among friends, family, attendees at religious institutions, and neighbors in communities. Achieving such interactions might result from conversations about marriage enhancement activities within the faith-based and secular organizations delivering services, from within the family and social circle of those who participate directly in services, or even from statements by public officials and local leaders about the importance of healthy marriages.

RTI and the Urban Institute are undertaking the 7-year evaluation of the CHMI. The ultimate goals of this implementation study and ultimate impact evaluation will be to answer three broad questions:

1. Did the CHMI sites develop and implement community-wide programs on healthy marriage, healthy family relationships, and child support services?
2. Did the initiative lead to a change in family structure, child, and child support outcomes?

3. Did the initiative alter community norms toward marriage, either through public discussion, other social interaction, or behavior change from service participation?

As of this report, even the pilot CHMI sites that are operational are in their early stages of development. Sites for studying impacts have not been selected, and Questions 2 and 3 are not considered in this report. Still, Question 1 is of great interest. It is useful to consider what has taken place so far with respect to developing coalitions, raising local funds, and planning and implementing services and other activities since these steps are crucial to the eventual feasibility of a full-scale CHMI effort.

### **1.3 Context of Early Implementation**

In analyzing early implementation of the CHMI pilots in any site, it is important to recognize an array of challenges that local sponsors are likely to face. Without any consideration of the context within which CHMI the development of a community initiative must take place, achieving some tasks may look misleadingly easy. Since facts never speak for themselves, even a straightforward description of the pilot efforts must be viewed in the context of issues surrounding community mobilization and debates about healthy marriage policies. Given this context, one can easily expect potential obstacles in building an effective community initiative.

First and most basic, the local sponsor must convince a significant number of partners and members of the local community that the types of activities envisioned under the 1115 waiver - related to marriage, relationships, and linkages with child support - are worth pursuing. While such activities might seem uncontroversial, the debate over the wisdom of investing Federal and local resources in a marriage initiative makes clear that achieving a consensus in this arena is not necessarily easy. It is certainly true that applications for the 1115 waiver will have included support from various local organizations. However, personnel changes and possible local opposition can erode such support at the implementation stage. Public differences over the interaction between faith-based and secular organizations might limit a local sponsor's ability to mobilize the community. A key concern is resolving any tensions that can arise over the interaction between the goals involving healthy marriages and relationships on the one hand and those involving child support compliance on the other. A related possible tension is how much to focus almost exclusively on healthy marriage and how much to emphasize healthy families more broadly, with healthy marriage serving as one mechanism for creating and sustaining healthy families.

A second serious challenge is raising sufficient local resources to match Federal funds. Priorities of local actors expected to provide the necessary funding can change and imperil the local match. Even if funds are potentially available, local sponsors may have to devote considerable administrative resources to make the match a reality. Third, differences between organizations might complicate implementation efforts. A local sponsor might

encounter difficulties coming up with an agreement with domestic violence organizations or with the child support (IV-D) staff. Another possibility is that the local sponsor and some groups delivering services may be unable to agree on specifics, such as the curriculum for classes dealing with marriage and relationship skills. Local sponsors may find that partner organizations with little funding are lax in following through—referring few participants and providing few classes or other services. Finally, the pilot community efforts might suffer from a common pattern in social programs in which individuals and families who might benefit from the services choose not to participate or do not complete the courses.

Characterizing the community approach in Grand Rapids and in other CHMI pilot sites with respect to healthy marriage, health family, and child support activity is a challenge. Each site will be unique because it emanates from a participative community process and program structure. The potential synergy between direct service, social interaction, and media messaging (as well as other efforts that spring from the community's experience) will be important to examine. And leveraging of resources aimed at achieving improvements in family well-being at low costs is a hallmark of these initiatives.

This study of initial implementation in Grand Rapids, Michigan, will examine how the local sponsor has been dealing with these and related challenges, from attracting local support for the pilot CHMI agenda to reconciling child support and healthy marriage goals, obtaining the local match, achieving a consensus over the operation of classes and other activities, resolving issues relating to domestic violence, ensuring referrals, and attracting participants.

#### **1.4 Methods for Obtaining Information**

To examine how the Grand Rapids demonstration became operational, how it formed and maintained community coalitions, and how it began operations, RTI/Urban Institute staff collected information from a variety of sources. The primary qualitative methods included

- semistructured, in-person interviews conducted during site visits with individuals involved in the support and operation of site activities;
- ongoing documentation of implementation based on regular monthly phone calls initiated by ACF with core project staff and HMHR site staff to provide project status updates; and
- review of written and audiovisual materials relevant to the planning, implementation, and ongoing operation of the demonstrations; and
- focus groups with current and recent participants in sponsored marriage-education services.

A three-person team conducted the main site visit to Healthy Marriages Healthy Relationships—Grand Rapids (HMHR) in December 2004. Semistructured administrative

interviews were completed with a number of individuals involved in the HMHR project—from the founding members to the leadership team to direct service providers.

Site visitors used prepared discussion guides to conduct the interviews (Appendix A). The guides are an outline of topics with sample questions that were intended to elicit the information needed to document details of the HMHR and efforts in the community to support healthy marriage. The guides covered such topics as program design and goals, program context, start-up and ongoing implementation issues, funding, target population, recruitment and targeted outreach efforts, content of services, client flow, organizational and partner linkages, scope and intensity of services, outreach and public information campaigns, and coalition-building activities. The semistructured nature of the interview guides was designed intentionally to allow site visitors maximum flexibility in tailoring their discussions during specific interviews to the different perspectives of respondents while still ensuring that all key topic areas of interest were addressed.

In addition to the site visit, staff reviewed written, visual, and audio materials relevant to the planning, implementation, and ongoing operation of the demonstrations. RTI/Urban Institute staff obtained documents about HMHR and other background information about Grand Rapids. Staff also learned about ongoing site activities by listening in on already scheduled monthly project calls led by Federal staff.

One focus group session was held with individuals who were receiving or had recently received marriage/relationship education services through HMHR. The focus group discussion was designed to provide critical insights into the perspectives of selected participants on marriage and relationship issues generally and their experiences with HMHR's interventions. While this group provided good anecdotal evidence it is not intended to be a representative sampling of participants.

Quantitative data on participants came from HMHR's Management Information System (MIS), which was developed with the assistance of The Lewin Group, the technical assistance provider for the pilot CHMI sites. The Lewin Group supports sites in developing their management information system, with strategic planning, guidance on coalition building, as well as providing information on funding, experts in the field and capacity building. Tabulations from the MIS data can provide a quantitative portrait of the demographic characteristics, education, sex, marital status, and service use of participants referred to and/or using HMHR services. In cooperation with Michigan's IV-D agency, we obtained information on participants with children who had child support involvement. With this information, one can learn how many participants have established paternity for their youngest child, what percentage have child support orders, and what the payment history on those orders has been. In the future, additional information on the earnings profiles of participants will be available through matching MIS information to data from the National

Directory of New Hires. Future analyses using the matched data will reveal the evolution of child support activity, employment, and earnings of participants.

## **1.5 Qualifications Concerning This Report**

Much of the information presented in this report on the early implementation of HMHR reflects the realities in Grand Rapids as of December 2004, when staff conducted the intensive site visit. The report does use quantitative data and other material provided through the middle of 2005. However, unless specifically noted, the reader should view the operational patterns examined in the report to reflect the state of the Grand Rapids pilot CHMI as of December 2004. To illustrate the dynamic nature of this initiative, the way in which specific issues raised in December have played out over the subsequent months will be presented. This newer information has been provided by the HMHR site when not addressed in monthly calls. However, it is critical that readers view this report as providing a snapshot of the constantly evolving and developing community initiative. Future studies will analyze how the community initiative as implemented in Grand Rapids, Michigan, performed over several years.

## **1.6 Road Map of Report**

The next chapter in the report presents the main description and analysis of the background that led to HMHR, the planning for HMHR, and the early implementation of HMHR. The goal is to provide both the historical context for HMHR and the distinctive approach used by local sponsors of HMHR. Chapter 3 describes implementation activities including recruitment and retention, choices and adaptation of curricula, and efforts made to build linkages with other local organizations. Chapter 4 addresses the characteristics and experience of HMHR participants, including data from the project's MIS that offer a profile of participant characteristics in relation to program completion and child support involvement. Chapter 5 deals specifically with the ability of HMHR to leverage time and resources from other organizations and the implications for the Federal costs per participant in the initiative. We conclude with a discussion of the key challenges for HMHR and the lessons learned from HMHR for the future of HMHR and for the implementation of the pilot CHMI efforts in other communities.



## **2. HEALTHY MARRIAGES HEALTHY RELATIONSHIPS— GRAND RAPIDS: BACKGROUND, PLANNING, AND EARLY IMPLEMENTATION**

Healthy Marriages Healthy Relationships—Grand Rapids (HMHR) is a community-based initiative that delivers relationship skills-building services intended to encourage healthy relationships between parents, and between parents and their children, and to increase the financial well-being of children in a low-income urban area of Grand Rapids, Michigan. The HMHR project was awarded a Child Support Enforcement Demonstration Section 1115 waiver in October 2003. The Federal funding required a non-Federal match, and HMHR received a private grant from the Grand Rapids Community Foundation in November 2003. Community needs assessment, recruitment, and relationship building with partners and service delivery planning led to the delivery of relationship skills-building services starting in June 2004.

The HMHR initiative provides services through a distinctive delivery structure that combines the leadership of the HMHR project director; the guidance of the Healthy Marriage Grand Rapids (HMGR) executive director, who brings experience with local marriage-related efforts; access to community organizations via City Vision; and a network of 10 partner community-based organizations (CBOs). These partner organizations provide the relationship-strengthening services identified by the HMHR program and adapted with the partners to meet the needs of the target population. The partner organizations have long-standing relationships with people in the community because they have been providing other services including financial counseling, first-time home buyer programs, Individual Development Accounts (IDAs), and child care. City Vision, an intermediary organization that provides capacity-building services to community organizations, was the key conduit between project staff and the community organizations in the recruitment of the 10 partner organizations. City Vision and the 10 partners, with the HMHR project director, determine the directions that the initiative takes, for example, in selecting and adapting curricula for delivery through HMHR. Partner involvement is seen as the key to delivering relevant services and enabling meaningful changes in participants' lives. Building capacity in the community organizations, their staff, and participants is paramount to this effort.

### **2.1 Project Goals**

The HMHR project proposes to reach at least 2,500 people over 5 years with direct family-strengthening activities such as training in parenting and relationship skills. The initiative has established goals that are broad-based and comprehensive—they encompass improving couple relationships and the parenting skills of low-income parents in the community. Ultimately, HMHR aims to “enhance the financial and emotional well-being of children”

(Health Marriages Grand Rapids [HMGR], 2004a; Health Marriages Grand Rapids [HMGR], 2004b). The specific goals of the initiative are to

- increase the number of prepared healthy marriages among low-income couples in Kent county.
- decrease the divorce rate among low-income couples in Kent county.
- increase the active, healthy participation of noncustodial fathers in the lives of their children.
- increase the responsible and effective coparenting skills of married and unmarried parents to include improvement of the relationship between low-income adults parenting children.
- facilitate, in Kent county, the measurable increase in agreement with the perspective that healthy marriages, healthy relationships between parents, and responsible parenting are critical to the financial well-being of children.

Taken together, achieving the above objectives are intended to support the following Title IV-D child support enforcement goals:

- Improve compliance with support obligations by noncustodial parents, when needed.
- Increase paternity establishment for low-income children born to unwed mothers (HMGR, 2004a; HMGR, 2004b).

The HMHR initiative is targeted to serve a low-income urban area in Kent County, Michigan. With a population of approximately 575,000, Kent County is the fourth largest population center in Michigan. The city of Grand Rapids, the county seat, has a population of 187,000. According to 2004 estimates, approximately 83 percent of the residents of Kent County are white, 10 percent are African American, 2.5 percent are Asian, and 2.5 percent are American Indian or Alaska Native (U.S. Census Bureau, 2004). Nearly 9 percent of the population is Hispanic, which represents a 25 percent increase in the Hispanic population since 2000. Approximately 52 percent of the population over age 15 in Kent County is married, and 13 percent is separated or divorced (U.S. Census Bureau, 2004). In 2003, 33.8 percent of births in Kent County were to unwed mothers (Michigan Department of Community Health, Division of Vital Records and Health Services, 2003). This proportion is slightly lower than the average for Michigan (34.6 percent) and similar to the proportion for most of the surrounding counties.

## **2.2 Birth of HMHR: Building on Existing Community Linkages**

HMHR developed in the context of prior work in Grand Rapids on marriage and relationship education services. The Grand Rapids area has a longstanding Community Marriage Policy that promotes premarital education and sponsors relationship skills-based education. The preexisting initiative, originally called the Greater Grand Rapids Community Marriage Policy

(GGRCMP) and later renamed Healthy Marriage Grand Rapids (HMGR), has been a visible presence in the community since 1997 and represents the first community coalition effort to encourage marriage and healthy relationships in the Grand Rapids area. Through this pre-HMHR initiative, Grand Rapids had already developed resources for supporting healthy marriages, including expertise, research, and relationships with key leaders in the community, and experience in offering trainings on healthy relationships curricula to churches as well as professionals.

Unlike many other community marriage policy initiatives across the nation, which are led by religious leaders and focus on marriage-strengthening programs through congregations, the founders of GGRCMP/HMGR set out to erect a “large civic tent” to raise awareness of the importance of marriage in the community. To accomplish this, GGRCMP/HMGR involved leaders from different sectors of the community (e.g., religious, business, political, and legal-judicial). Activities sponsored by HMGR resulted in an increase in premarital training before religious and court marriages. For example, in March of 2004, Kent County started a requirement that couples who wished to have a judge preside over a secular marriage ceremony would have to attend a 4-hour marriage preparation class. This class costs \$30 per couple and addresses issues including anger management and communication skills building. Before making this class mandatory, 550 participants had already gone through this class, and the majority (75 percent) were already expecting a child. In addition, bills have been introduced in the Michigan legislature that would require couples that would like to get married to take a premarital education class, or else wait to receive their license.

The HMGR coalition is led by the executive director of the Family Institute of Pine Rest Christian Mental Health Services, the largest provider of direct behavioral health care in Western Michigan. The Family Institute was created in 1997 to set up programs to support and strengthen marriages and families through prevention, education, and research. HMGR and Pine Rest have engaged in many successful collaborative efforts to develop, sponsor, and conduct rotating classes, workshops, and certificate programs related to improving family and couple relationships.

Research requested by the Family Institute and conducted by Calvin College showed that the urban, low-income neighborhoods in Central Grand Rapids had some of the highest divorce rates in the Greater Grand Rapids area (HMHR, 2003). They found that the areas with the highest divorce rates and out-of-wedlock births were predominantly African American and Hispanic districts with many low-income residents. Discussions with other community leaders on how the work of HMGR and the Family Institute could more effectively reach low-income individuals resulted from these findings. Around the same time, another local organization, the West Michigan Christian Foundation (WMCF), brought together several community groups, including City Vision (a local intermediary

organization), to discuss similar issues. These discussions resulted in a relationship and marriage initiative that would reach low-income families funded through a Federal Section 1115 waiver grant.

### **2.3 Organization and Implementation of HMHR**

When the site received approval of the Section 1115 waiver grant in June of 2003, the vision was to adapt HMGR activities to a lower income population with the cooperation of City Vision and \$990,000 in grant funding over the 5-year period. A private matching grant of \$510,000 from the Grand Rapids Community Foundation was the final piece to the funding puzzle, and this was obtained shortly after the Federal grant was awarded. The goal of HMGR and City Vision was to establish an initiative that would be community- and neighborhood-oriented and incorporate avenues for grassroots leadership, knowledge, and continuous feedback.

City Vision was uniquely positioned to bring grassroots organizations to the relationship skills-building effort, and vice versa. Founded in 1998 by its current director, City Vision is the only intermediary organization in Grand Rapids, and was specifically started to help develop networks and build capacity for organizations that serve the low-income urban population in Grand Rapids. City Vision is a well-respected community group with the knowledge and technical expertise to implement large-scale programs using small-scale community groups. Its founder is a long-term resident of the community with close ties to other community leaders and an understanding of many of the implementation issues that may arise in using small, community-based organizations.

Implementing the HMHR initiative required building new networks, engaging new leaders, and creating new models of service delivery. The participation of partners from the target communities was considered essential, as was building the trust necessary for an effective effort. Project designers recognized that while HMGR had substantial resources and experience in developing a healthy marriage network, City Vision provided the essential access to key people and organizations from the target communities. The core partnership between HMGR and City Vision was based on a shared trust and common goals, and the relationships to be built with community partners were also to be founded in trust. The community partners are called Institutions of Trust (IOTs), which reflects not only the trust that the partners share as organizations but also the fact that the community-based organizations have the trust of their community, which facilitates the connection between ideas that come from outside the community and their potential relevance to the community.<sup>3</sup>

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<sup>3</sup> The IOT framework was originally developed by Edmonds Verley, the head of one of the partner community-based organizations in Grand Rapids.

The HMHR initiative's philosophical commitment to partnering with IOTs to plan, design, select, and provide services is one of its most distinctive features. The IOT model is based on the philosophy that the best way to accomplish behavioral change among often isolated, distressed, low-income urban populations is by engaging recognized, trusted CBOs within this population's own neighborhood. Local CBOs and leaders that are already providing other social services are viewed as having the experience to know what messages resonate with people living within their neighborhoods and community and how to best deliver services to those individuals and families. The IOTs are located in areas that have a high concentration of low-income residents, and are already serving many potential participants. Figure 2-1 (HMGR, 2004a) shows the service areas of each of the 10 IOTs. As the map shows, the majority of the service providers are located in areas where there are many low-income people<sup>4</sup>.

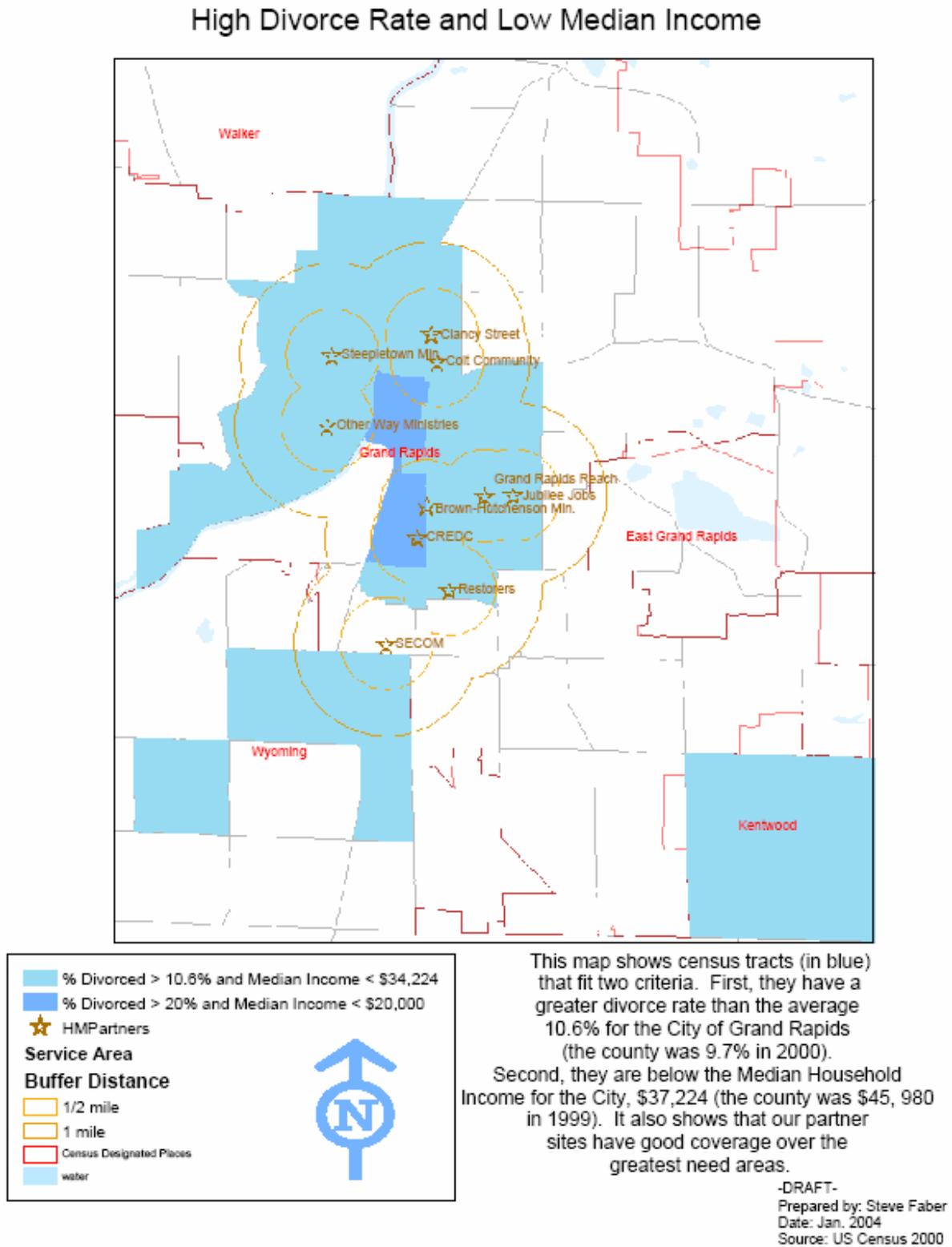
The first steps in operationalizing the vision of HMHR included hiring a full-time project director, contracting with City Vision, and recruiting and entering into partnering agreements with the IOTs. The HMHR project director, HMGR, City Vision, and partner organizations engaged in an active planning process that sought to shape and refine the program model design based on the IOTs' experience with and knowledge of their community. Those involved in the planning process reported that its participatory nature proved to be very important. It gave the key players the time and opportunity to become truly vested in the project, forge a group identity, and establish a sound foundation for ongoing communication, decision making, and collaboration. The context and structure of the HMHR project is illustrated in Figure 2-2.

The project includes many cooperating partners. The 10 IOT partners provide relationship skills-building services through facilitators hired and trained by HMHR. Each organization has a coordinator who participates in the monthly partner meetings and is responsible for HMHR services in their organization. The lead agency for the grant is Pine Rest Christian Mental Health Services, and the core leadership team of HMHR includes the executive directors of HMGR and the Family Institute of Pine Rest (the same person), the project director of HMHR, and the director of City Vision. The State Office of Child Support (part of the Family Independence Agency) has assigned a project officer to oversee the activities of the Section 1115 waiver grant, since the Federal grant uses the state as a fiscal agent. To fully understand the context of the initiative, the multiple relationships with Federal staff must be recognized. HMHR has primarily a reporting relationship with the ACF OCSE and a cooperating relationship with the ACF Office of Planning, Research and Evaluation (OPRE), which oversees the national evaluation. The project has also developed and continues to develop linkages with the local Friend of the Court office, two local domestic violence groups, three hospitals, and other community groups involved in improving the well-being of low-income families. We describe each partner and relationship in more detail below.

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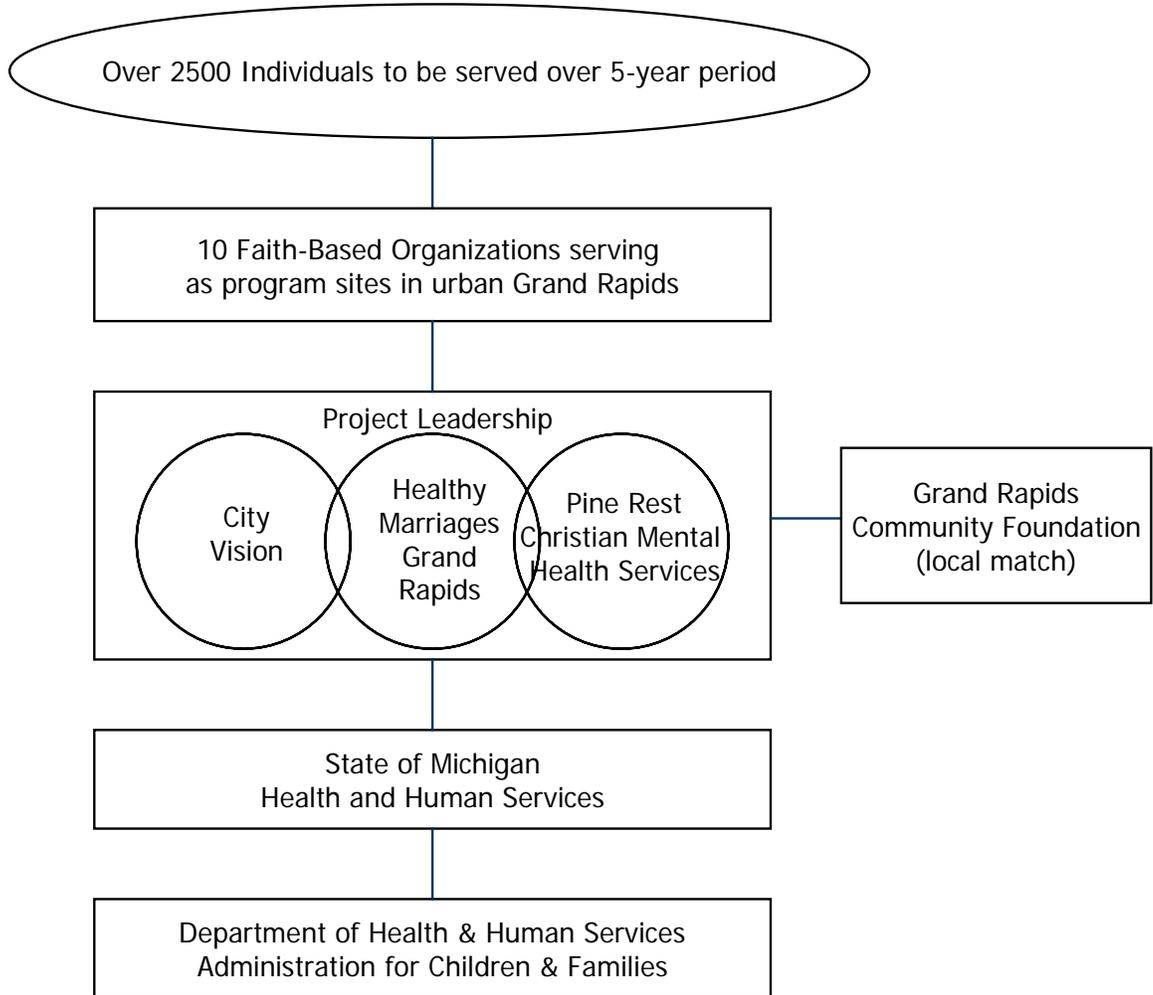
<sup>4</sup> CREDC is no longer an IOT.

Figure 2-1. Map of the Grand Rapids Target Community



Source: Healthy Marriages Grand Rapids, 2004a.

Figure 2-2. HMHR Organizational Chart



Source: Healthy Marriages Grand Rapids, 2004a.

The participants recruited and served through the 10 partner organizations are at the top of the project's organizational chart, reflecting the priority placed on the partners and participants. A profile of the project's current participants and information on their participation is presented in Chapter 4.

During preparation of the Section 1115 proposal, City Vision reached out to 20 CBOs within a targeted urban area of Grand Rapids to explore their potential interest and willingness to participate in the initiative. The organizations were chosen from among City Vision's own network of contacts and affiliates. About half of the organizations contacted were interested in participating in the HMHR initiative. After the waiver was approved, City Vision and the HMHR project director followed up with interested organizations and secured contracts with 10 organizations.

Organizations that declined to participate in the initiative mentioned several reasons: limited capacity to expand their outreach or services, concerns about working with the government or receiving government money with its concomitant bureaucratic burdens and reporting needs, and/or concern about the level of government invasiveness that participation would bring. For some groups, the HMHR project just did not fit with their organizational goals or plans. Others cited insufficient financial incentive to join.

Of the participating organizations, all referenced the crucial intermediary as making their participation possible. "I think City Vision gained the trust initially of the community partners; so I think our organization was more likely to step into the water knowing that City Vision is our representative." Partner directors unanimously echoed that they trust City Vision as an intermediary organization and that it will represent their views. The experience and resources City Vision brings to the project helps the partners feel less intimidated and more equipped to deal with the challenges of dealing with government, especially for such a large-scale project. Another director said that he considers City Vision part of their community and suggested that familiarity with City Vision as a key leader of HMHR is part of the reason why City Vision was able to bring the IOTs together.

*It's good to know you're working with folks like those at City Vision. It is tremendously helpful because they have expertise we don't have. What we can do together is something the majority of community partners would never attempt on our own.*

City Vision's technical assistance at this stage of project implementation has encompassed the following activities:

- preparing organizations for accounting procedures required for keeping track of HMHR expenditures,
- helping organizations fulfill and document the requirements necessary to receive government funds,

- helping organizations internally monitor HMHR program implementation or outcomes, and
- providing referrals for other needed services.

This assistance has built the skills and capacity of the local organizations for future and ongoing efforts. All partner organizations said City Vision’s technical assistance has been very important to help them run the project. City Vision is known for “speaking the language of government,” and several partner directors said they feel less intimidated and more equipped to deal with the challenges of working on a government-funded project, especially of this scale. One director said, “Having City Vision remain focused on the task is crucial to a contract of this magnitude.” Another said, “those of us directors wear 5 to 6 different hats or more; we’d lose things if we had to do what City Vision has done.” Because of this help, most partner staff said they feel very able to maintain their participation and fulfill their roles within HMHR.

### **2.3.1 The 10 Partners**

The community-based IOTs are key to HMHR’s goal of providing services to the target population in Grand Rapids. The 10 IOTs involved in HMHR are a geographically linked network of small-to-moderate size faith-based, nonprofit organizations within a 3-mile radius in central Grand Rapids. All 10 organizations already provided a range of social services to the target population. Some of these activities include job referrals and placement, child care referrals, IDAs, financial education, men’s and women’s groups, counseling, youth programs, religious classes and ministry, among others. A few organizations already offered relationship skills-building classes, but felt that HMHR’s program would enhance other services delivered. In addition, the services the IOTs already offered, like job counseling, or child care assistance, can also significantly enhance relationships.

Although the IOTs differ widely in terms of the size of the service population, budgets, mix of services, culture, race and ethnicity of staff and clients, available space, and level of resources and infrastructure, they all focus their efforts in low-income communities and are strongly guided by faith. Below is a brief description of the 10 IOTs.

- Brown-Hutcherson Ministries, Inc., is a church community strongly involved in building up people holistically to help them better their lives and relationships.
- Clancy Street Ministries aims to empower people through a number of developmental programs specifically targeting the Belknap neighborhood of Grand Rapids.
- Colt Community CRC is a multiethnic church with the vision to empower all people toward faithful and responsible living.
- Jubilee Jobs is a Christian nonprofit organization serving individuals desiring greater economic self-sufficiency and stability. Jubilee Jobs seeks to provide economic

development and employment assistance to low-income core city residents of the Grand Rapids Metropolitan Area.

- The Other Way Ministries is a grassroots Christian outreach that seeks to respond to critical human needs in the Westown neighborhood of Grand Rapids. The organization provides crisis intervention for families in need; hospitality for neighbors; and programs for children, teens, men, women, and families.
- Grand Rapids R.E.A.C.H., Inc. (Reach Everyone Administer Care and Help) is a grassroots African-American faith-based organization. R.E.A.C.H. provides many programs and services such as a child development center; programs for school-age children, senior food distribution, senior medication assistance, parenting, male support, and mentoring; and Christian counseling. The organization also has a community awareness division.
- Restorers aims to promote long-term sustainable changes in families and neighborhoods through unified committed relationships between the community and churches. Restorers runs a number of different programs, including crisis assistance, financial freedom classes, IDAs, house rehabilitations, teen mentoring programs, and a partnership with the neighborhood elementary school.
- Steepletown's mission is to promote "neighbor helping neighbor live with dignity and hope." Steepletown offers emergency financial assistance and mentoring to households facing a loss of housing or utilities. It also provides various youth leadership initiatives including the PEACE Club, the Youth Employment Strategies Project, and Inner City Outings.
- SECOM (South End Community Outreach Ministries) serves Kent County's low-income residents, with a food pantry store, personal development programs, and health programs. SECOM's programs aim to reduce hunger; care for and support seniors; encourage and support the development of stable, healthy families; nurture a positive developmental environment for children; and champion a peer environment where everyone's contribution is valued. SECOM's programs include two parenting classes (one for teenage mothers), an innovative client volunteer initiative, aerobics classes, and an access to health care program. Free childcare is provided during most personal development programs.
- The United Methodist Community House (UMCH) was added as a partner organization in June 2005, to replace the Community Revitalization and Economic Development Center (CREDC).<sup>5</sup> UMCH offers the Effective Family Formation (EFF) program that targets young unmarried couples that have recently had a child and aims to help them form a healthy family. EFF is a 6-week program that discusses paternity and child support as well as effective parenting and how to build an effective relationship between the father and newborn child. Although UMCH encourages marriage, it stresses the importance of involving both parents in the raising of a child. EFF has been fairly successful in recruiting fathers and may offer some insight to HMHR. UMCH also receives referrals to EFF from the Michigan Department of Human Services (DHS).

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<sup>5</sup> One of the original IOTs, CREDC, was replaced by UMCH in the summer of 2005. CREDC's fragile funding and infrastructure threatened its viability to deliver HMHR services; thus, the partnership was dissolved in spring 2005. The UMCH, a much larger and well established faith-based organization serving a similar population, became the new HMHR partner.

All of the partner organization directors were enthusiastic about HMHR and believe that the project's focus on relationships and marriage skills-building is a service that is needed in the low-income population they serve. A few directors echoed that, even as their organizations continue to work on improving their clients' economic situation, many peoples' "fractured lives" and "unhealthy relationships" impact their situation and well-being. One director said, "Ultimately, I can't help you get a job if your household is upside down." Another director said, "We deal with families and crisis, and relationship issues are some of the barriers people are challenged by—especially when they have children and many parenting arrangements and cohabitation. But there's no support there; it's gone." All of the directors view the HMHR initiative, and the Family Wellness classes in particular—with their emphasis on the family as a whole, as helping them provide a more holistic approach to helping low-income families.

Finally, although all directors recognized the need for family-based, relationship/marriage skills-building services, several noted a lack of these services offered at low or no cost in the surrounding community.

### **2.3.2 The Local Site Coordinators**

Each partner organization that provides services as a part of HMHR recruits a site coordinator, who is trained with the assistance of City Vision. The site coordinator manages the service offerings and participates in the monthly partner meetings that steer the initiative. The partner meetings also provide a forum for site coordinators to share their questions and concerns, discuss implementation challenges, and learn about new program developments. Site coordinators noted that these regular monthly meetings, along with City Vision's external guidance, were very beneficial and helped them clarify their roles and prioritize their responsibilities. Site coordinators are budgeted to work on the HMHR activities approximately 10 hours per week. Partners either used a portion of their HMHR funds to pay existing staff for undertaking this additional work or hired a new individual to work on the project. There are nine site coordinators, since one works as a site coordinator for two sites.

Site coordinators are responsible for

- recruiting class participants,
- collecting information from participants to enter into the MIS,
- entering other outcome information into the MIS,
- referring participants out in domestic violence-related cases, and
- planning the logistics of the classes (i.e., setting up the room, copying handouts, arranging for food and child care, providing transportation for participants when necessary, and sometimes cleaning up after classes.)

### **2.3.3 The Core Leadership Team**

The director of City Vision, the executive director of HMGR (who also serves as the executive director of the Family Institute at Pine Rest), and the project director for HMHR are the core leadership team for the initiative. Through a participatory process, they bring suggestions to the monthly partner meetings that steer the initiative. The project director oversees the management and implementation of the project initiative, working closely with the IOTs and City Vision to refine the program design and resolve implementation barriers, and serving as the point of contact for Federal staff and the state project officer. The executive director contributes a portion of his time to HMHR and provides oversight and guidance related to marriage education efforts as needed. To date, the core leadership team has been responsible for proposing curricula for discussion and adaptation by the partners. Current service offerings include Family Wellness, Family Wellness Coaching, How to Avoid Marrying a Jerk(ette),<sup>6</sup> and Parenting Wisely. Recruiting, training, and monitoring the facilitators are also major responsibilities of the core leadership team.

*“The executive director and project director are the primary intermediary to the macro (i.e., state and Federal level); City Vision is the primary intermediary to the micro (i.e., partner CBOs, their staff, and issues).”*

#### *Trained Class Facilitators*

Facilitators are hired by the HMHR project to conduct classes on site at the 10 partner organizations. They are trained in the services that they will offer, either by HMHR or by the developer of the specific curriculum, as was the case for Family Wellness (George Daub). Class facilitators include teachers, social service professionals, and graduate students, among others. After the first group of classes in summer 2004, HMHR began pairing male and female facilitators for all sessions. HMHR staff observed that the dynamics of the classes are different and more conducive to improving relationships when a male facilitator is present. A similar observation was made by the staff of the Family Connections program in Alabama (Dion & Strong, 2004). Another perceived advantage of using a male cofacilitator is that it helps attract and retain male participants. Whenever possible, facilitators and participants are matched based on race/ethnicity. Some participants commented that a married couple as cofacilitators provided a clear model for respectful communication that was a very useful addition to the class content. In May 2005, the HMHR had 20 trained facilitators.

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<sup>6</sup> This program is more formally known as the Premarital Interpersonal Choices & Knowledge (PICK or P.I.C.K.) Program (Van Epp, 2005).

## **2.4 Maintenance of a Dynamic Partnership**

Once the initial recruitment of partner organizations was complete, the project director and City Vision began to involve partners more intimately in the planning process. The feedback and ideas they received from the partners were carefully incorporated into program implementation. The project director interviewed the directors and other community experts from each partner to educate the core project leaders on the specific characteristics, service approaches, and demographic make-up of the staff and clients of the partner organizations.

City Vision assumed the ongoing role of facilitating communication on a range of issues between the IOT partner organizations and the core leadership team. For example, City Vision organizes a committee of site coordinators. Given the attention to grassroots participation, City Vision uses this committee not only to inform partner staff of project decisions, but also to hear feedback from the partners—their perspectives and experiences regarding how the project is run, and what direction the project should move in. In addition, partner directors said that City Vision communicates frequently with them via telephone and e-mail about different aspects of the project, ranging from curricula to MIS issues. A separate meeting of the partners occurs monthly and is facilitated by the HMHR leadership.

As a result of the collaborative process that characterized the early formation and ongoing implementation of the initiative, HMHR enjoys almost unanimous buy-in to the community-based IOT model, from staff at every level. Site directors said they feel very included in decisions about the direction of the project on matters small and large. The process has also meant that stakeholders at every level are committed to the project and feel a sense of ownership of the goals of HMHR. Given the lack of enthusiasm for participating in large, Federally funded projects, that several CBOs expressed initially, this is a major accomplishment.



### **3. INITIAL OPERATIONS OF THE HMHR COMMUNITY HEALTHY MARRIAGE INITIATIVE**

After working relationships were developed with participating IOTs, the planning process turned to recruiting and serving participants. This chapter describes the efforts undertaken to date, and provides some descriptive statistics from the HMHR MIS to illustrate the results of the focus on communication with the partners, recruitment, and participation. Because the best curricula are of very little use to the project if there are barriers to recruitment, the project focused a great deal of its early implementation energy on recruiting and retaining participants. Other essential project activities developed early on, such as linkages with child support and domestic violence groups, planning for a media campaign, and data collection and evaluation, are also detailed in this section.

#### **3.1 HMHR Recruitment Strategy**

An important step for most voluntary social programs is effective recruitment of participants. Frequently in social programs, individuals and families who are eligible for a payment or service often end up not applying for or claiming benefits, even cash benefits (Currie, 2004). As a result, reaching out and recruiting potential participants is often an important program component.

Initially, HMHR relied on the 10 IOT partner organizations to recruit participants from within their clientele. Local partner site directors and site coordinators, as they became invested in and aware of the various services available, began to see specific needs for these skills within their neighborhoods and clients. Word-of-mouth recruitment from someone known to the potential participant was seen as crucial for new program offerings, particularly those relating to relationships. In order to maintain participation levels HMHR also has broader recruitment efforts. These efforts have led to discussions with several local public service agencies like WIC and Head Start who provide services to HMHR's target population. Potential participants, who may not already be affiliated with one of the 10 community partners, will be liked with the IOT nearest to where they live or have previously sought services. In addition to direct recruitment and referrals and outreach to other agencies, HMHR is planning a comprehensive media and outreach campaign to be implemented by a private communications firm. By using a targeted media strategy, HMHR will build upon the word of mouth and service agency recruitment strategy to increase knowledge about marriage and relationship services.

The enthusiasm of partner organizations and participants to date has been instrumental in the recruiting success to date. Without focusing on participants that are not already connected with the 10 partner organizations, participation has come from community members at large. Broadening recruitment efforts, though not needed to attain initial

targets for participation, is part of HMHR's plans for the immediate future. A part-time recruitment coordinator position is currently envisioned to expand the referral sources into the broader community and establish linkages with new partners.

As of our site visit in December 2004, staff thought that the ability of HMHR to attract and retain participants was a function of the program's deliberate decision to use trusted institutions in the community to recruit potential participants and provide the setting in which services were delivered. Many also credited HMHR participation and retention levels to the participants' positive reactions to the content and quality of the Family Wellness curriculum, especially its positive orientation and interactive format. Site coordinators reported that establishing and maintaining relationships with program participants was essential to retaining participants.

Reducing barriers to participation has been a serious focus of HMHR. Specific approaches demonstrate the value that HMHR places on the time commitment of participants.

- **Food.** The provision of food was considered the most effective incentive for eliciting participation and retention. Meals are served at all locations prior to Family Wellness sessions, which are typically held in the early evening (some sites offer afternoon sessions). In addition to assisting families with food costs, providing food on-site helps avoid a meal-time juggle for families interested in attending classes and promotes rapport among participants. The meals are substantial, as project staff realized snacks are not sufficient, especially for the children, given the timing and length of the sessions for the duration of the classes. Meals are usually prepared by partner organization volunteers; sometimes businesses donate the food. As one site coordinator described, "Families already have difficult enough schedules. Providing dinner even allows for whole families to dine together who do not usually do so."
- **Child care.** On-site child care is available to young children whose parents are attending Family Wellness classes. Volunteers care for children under 8 years of age, because children 8 years and older can attend most Family Wellness classes with their parents' permission. Participating with a child has been very helpful to some participants.
- **Transportation.** Transportation to and from class sessions is available for those who need it, although most participants provide their own transportation. Fewer than half of the site coordinators reported occasionally driving participants to classes or arranging for a vehicle owned and operated by the site to provide this service. The placement of services in the communities in which participants live is also important.
- **One-time gifts/prizes.** Partner organizations generally provide gift prizes to individuals who complete a class (attend four out of six Family Wellness classes). Gifts may include gift certificates to area stores. During the summer of 2005, the incentive included a chance to win an air conditioner donated by an area business.

HMHR project staff reported relative success in their efforts to recruit and retain male participants; MIS data indicate that approximately one-quarter of participants are male. The use of paired facilitators was generally viewed as highly effective for recruiting and retaining male participants. It was also noted that although males might be initially resistant or

uninterested in attending marriage and relationship classes, recruiting females to attend these classes may, in fact, pave the way for higher male/couple participation. Project staff noted that sometimes a single person (typically a female) initially attended a Family Wellness class, which, in turn, motivated them to encourage their partners to attend subsequent classes. One of the assignments from the first Family Wellness class is to bring friends to the second class.

*We've got to woo people. Developing relationships with participants is a huge issue, and is necessary to do the program well. You have to have continuity in the relationship. That's the big piece before class begins—maintaining contact.*

During the first 6 months of program activities, site coordinators indicated that they spent the bulk of their time on recruitment activities and promoting the program among their partner organization's clients. Some site coordinators noted that maintaining recruitment levels over the next few months and years might prove increasingly difficult. However, most said they expect that the time they dedicate to recruitment may wane as participants who have had a positive experience spread the word about the classes. When services were first delivered, concerns were raised about the burden of managing the needs of participants and families after the classes. These concerns have been diminished substantially by HMHR's clarification of the role of the site coordinators, increasing opportunities for exchange among site coordinators, and increasing the time that site coordinators will have for next year.

### **3.2 Services**

Recruitment efforts in HMHR are helped enormously by the participants' positive reactions to the services delivered. Partner organizations mentioned a perceived stigma or bias against behavioral services among low-income people, especially minorities and men. In a small community, providing services that are not engaging or relevant is the fastest way to have recruitment problems. Word of mouth can help or hurt this type of initiative, and the partners have ensured that the services delivered are engaging, meaningful, and of value to participants.

HMHR employs an evolving menu of services, most of which consist of group classes aimed at both couples and single parents. The HMHR initiative chose Family Wellness, a relationships skills-building program, as the core curriculum for the project. They have since expanded to include a set of additional classes aimed at particular populations. Each of the classes is offered intermittently about four times a year at almost every partner organization by trained facilitators. In addition to classes, partner organization staff maintain relationships with class participants and provide referrals to additional services participants may need within or outside of the partner organizations.

Selecting curricula has been a very deliberate, collaborative process. Nearly all leaders at every level believe that the content of the programs should focus on building and improving

healthy couple and family relationships, including but not limited to those in the context of marriage. Second, a great deal of attention has been placed on using programs that are appropriate for the culture, race, ethnicity, and educational level of the target population, including making substantial effort to adapt curricula as deemed necessary. Finally, there is broad consensus that group classes are preferable to one-on-one services for addressing relationship and marriage issues.

### **3.2.1 Family Wellness**

Family Wellness, described by one site director as the “crown jewel of HMHR services,” is the core relationship and marriage curriculum offered by the initiative. Family Wellness was selected as the first curriculum offered because it involves the entire family. The HMHR community partners stated that in order to recruit to a “marriage and relationship” program, it is important to include the children. Once the parents are comfortable with the presenters, the group of participants, and the teaching method, the last sessions focus on the adult relationships. This “back-door” approach was considered essential for recruitment.

Family Wellness has an international reputation as an effective model and has been developed especially for low-income communities. Because Family Wellness has been developed and used in Hispanic communities, teaching materials are available in Spanish. This facilitated the delivery of classes to Spanish speakers in Grand Rapids, and the classes have been popular in both English and Spanish.

The curriculum consists of a 6-week course with weekly 2-hour classes, each focusing on different topics. All classes are very interactive; participants are continuously invited to join in the discussion, give examples of issues from their own lives, provide feedback to facilitators, and interact with other class participants. Participants are also asked to participate in role play, where they act out lessons or work through conflict-escalating situations. Children 8 years of age or older are allowed to participate in most classes. Site staff and class facilitators report that optimal class size is about 20 participants, although larger groups can be accommodated. Participants who attended four out of six classes in a course are considered graduates.

The Family Wellness curriculum, developed by George Doub, is a family-centered, relationship-focused program. The curriculum includes topics on building healthy relationships with all family members, including children, grandparents, and the parents or couples themselves. The modules for each class are as follows:

- Parents in Healthy Families
- Children in Healthy Families
- Adult Relationships: Couples in Healthy Families
- As Children Grow: Change in Healthy Families

- Solving Family Problems
- Sex, Drugs, and You: Passing on Your Values to Your Children

George Doub has also provided 4-day training sessions and 1-day refresher courses for facilitators who have been selected by the HMHR project. HMHR also asked Doub to develop new content to strengthen the marriage-specific focus of the program. This new module, called *The Strongest Link: The Couple*, was introduced in Grand Rapids in November 2004 and was included in all subsequent sessions.

Family Wellness provides the basic skills that couples need to improve their marriages and their relationships, that is, communication, negotiation, and conflict resolution. It teaches these skills in practical ways, using role play and examples from the participants' own situations. The skills are practiced at home during the week, and progress is reported at the next session. This practical approach enhances learning and often provides immediate success for parents. Participants have reported numerous success stories with their adult relationships and with their relationships with their children. This success has enhanced recruitment and retention in the program. At the end of the sixth session, many participants wanted to continue with additional review of the skills and coaching for their own situations.

### ***3.2.2 Family Wellness Follow-up and Coaching***

HMHR staff realized shortly after implementing the Family Wellness classes that many participants wanted and could benefit from follow-up sessions. As a result, Family Wellness Follow-up and Coaching was added to the menu of services in fall 2004. The sessions were designed as an extension of Family Wellness for those participants who want to continue exploring Family Wellness themes and practice what they learned in the basic class. Couples and single individuals can attend these classes. As with all new HMHR programming, the course was pilot tested, evaluated, and refined. The Follow-up and Coaching classes are now set up as regular, informal group discussions for a small number of participants. The classes are conducted by a trained Family Wellness facilitator over four 1-hour sessions.

### ***3.2.3 How to Avoid Marrying a Jerk(ette)***

HMHR revised John Van Epp's "How to Avoid Marrying a Jerk(ette)" curriculum to specifically target an urban, low-income, mixed-ethnicity audience. HMHR recognized the need for this community to better understand what to look for in a life partner. This revision effort was predicated on the idea that knowing how to start a healthy relationship and appropriately choose and evaluate a potential mate will lead to more long-term marriages. While the No Jerks program is primarily targeted to single people wanting to understand how to start a healthy relationship, married people have attended classes and reported finding it valuable for their relationship. The use of this curriculum was piloted in May 2005.

Unlike the highly skills-based Family Wellness curriculum, the No Jerks program is focused more on self-evaluation. It forces participants to think about their past patterns in relationships and what to look for in the future. The curriculum looks at relationships as a series of stages that you can progress through time. First you must gain knowledge about a potential partner (personality, family background, etc.). After you start to know about your partner, you can develop trust and then start to increase your reliance on that person. Once your partner has shown to be trustworthy and reliable, you can increase your commitment to each other and, lastly, increase your physical intimacy. The classes are then structured to help participants better understand each of these areas. For example, to know your partner, you need to understand their attitudes about communication, family patterns, moods, relationship with their parents, your compatibility, information about past relationships, and relationship skills. Classes are taught through role play, group exercises, and discussions and last 60 to 90 minutes.

To date, the No Jerks curriculum is getting good participation, and participants seem to be carefully evaluating their relationship patterns. One program participant wrote HMHR a letter and said, "You understood us. You made it real." Due to the success of the No Jerks classes, HMHR plans on training more facilitators to provide this class.

### ***3.2.4 Parenting Wisely***

Parenting Wisely is an interactive CD-ROM program designed for families at risk with children from early elementary to high school age. The idea behind using a video program was that it might overcome illiteracy barriers and meet the needs of families who do not usually attend or finish parenting education. Parenting Wisely is based on social learning theory, family systems theory, and cognitive theory. Parenting Wisely seeks to help families enhance relationships and decrease conflict through behavior management and support. Through a self-administered, self-paced CD-ROM program, parents view video scenes of common family problems. For each problem, parents choose a solution, see it enacted, and listen to a critique. The video program covers communication skills, problem solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, supervising children hanging out with peers who are a bad influence, stepfamily problems, single-parent issues, violence, and others. The program, which takes 3 to 6 hours, can be used by a family together and has been shown in some evaluation efforts to build parental confidence and improve child outcomes.

The CD-ROM is available at partner organizations and is expected to help improve coparenting. It is expected to address the needs of participants who are not able to make a 6-week commitment to a Family Wellness session. Although intended to be a self-paced CD-ROM, it has been used by partner organizations as the focus of group sessions.

### **3.3 Linkages with Other Service Providers**

An essential part of building a community-wide initiative includes expanding beyond existing linkages and partners. HMHR has made a concerted effort to develop relationships with the state Family Independence Agency, including working with the project officer for the Section 1115 waiver to meet the goals of the project. Outreach efforts have been made with an in-hospital paternity program and with the local Friend of the Court to improve the understanding between HMHR participants and the child support agencies. Building relationships with local domestic violence organizations has also been a part of the early implementation of the project, to assure that, to the extent possible, relationships being developed are healthy ones.

The goals of the Section 1115 child support waiver include improving the financial well-being of children. State child support involvement in the HMHR project administratively and substantively links the project with child support goals. The Department of Human Services, Office of Child Support, assigned a project officer to oversee the grant contract and progress toward the IV-D goals. The responsibilities of the state project officer are handling state contract issues for the grant, facilitating child support data transfers to the national evaluation team, and facilitating communications with the Federal OCSE.

Although the original planning for HMHR was based on improving relationships and marriages, incorporating the child support goals into the project has been productive. In part because of media campaigns sponsored by the Office of the Attorney General in Michigan that addressed “deadbeat dads” and emphasized enforcement, the community participating in HMHR was generally wary of child support programs. All partners knew men who had been jailed because of problems with child support enforcement. It was a challenge for HMHR partners to find a way to constructively address child support goals in a community where mentioning child support would be an impediment to participation. More generally, the HMHR project and the state only realized the extent of child support involvement of HMHR participants after initial data had been matched in December 2004. The collaboration toward child support goals is growing, and a pilot project with the Friend of the Court, described below, is the cornerstone of that collaboration.

#### **3.3.1 Child Support System**

MIS data is collected from participants when they participate in their first class. Each participant can answer questions relating to their child support involvement. The answers are self-reports, and thus subject to recall and reporting issues. However, it is impressive that a high proportion of participants reports child support involvement—about 75 percent of HMHR participants reported they had established paternity for their youngest child, but only 31 percent reported having a child support order for that child (see Table 3-1). Of those reporting an order, the average amount was approximately \$144 per month. It is interesting to note that clients reported a higher average amount of child support being paid

(\$184) than was ordered, which could suggest recall issues or a certain amount of informal support.

**Table 3-1. Child Support Involvement of HMHR Participants (self-reported MIS data)**

Statistic	System Total
Established paternity (n = 519)	
No	25.1%
Yes	75.0%
Support order for the child (n = 531)	
No	68.4%
Yes	31.6%
Paying child support (n = 442)	
No	1.2%
Yes	18.8%
Average amount of the order (n = 181)	\$144.36
Average amount of the child support being paid (n = 94)	\$184.31

Note: Percentages may not sum to 100% due to rounding.

Data are also provided by the Office of Child Support based on IV-D records for HMHR participants with children. As shown in Table 3-2, a total of 283 participants had matches in the child support system at the time of this report. The match is done quarterly, and these matches may not be complete for the most recent quarter of data. Of the 283 matches, 59 records indicated whether or not paternity had been established for the youngest child of the participant—of these, about 51 percent had established paternity. In the child support system, the denominator for establishment of paternity may be the subset of participants having an out-of-wedlock birth. This is a possible explanation for the relatively small number of records with paternity establishment information for HMHR participants. A larger number of the 283 matched records provide information on whether they have a child support order for their youngest child. Of 240 records with this information, 57 percent have a child support order. Information on the amount of child support being paid is not available in the data from the state. However, we can tabulate whether a participant has been consistently making payments as ordered for the past 6 months. Of the 41 records with this information, 35 participants were not consistently making payments as ordered for January to July of 2005. Of the 41 records with payment history information, 16 show at least 1 month within the 6-month period for which a participant made a payment as ordered.

Further efforts need to be made to understand what the IV-D reports include and why so many records are missing information.

**Table 3-2. Child support involvement of HMHR participants**

Statistic	System total
Number of participants with child support record	283
Percentage of total participants matched in IVD (283/645)	44%
Established paternity (n=59)	
No	49.0%
Yes	51.0%
Support order for the youngest child (n=240)	
No	43%
Yes	57%
Consistently paying full child support order amount in each of past 6 months (n=41)	15%
Paid full child support order amount in one of past six months (n=41)	39%
Average amount of the order (n=38)	\$272.86

Note: Percentages may not sum to 100% due to rounding.

Source: IV D records for HMHR participants with child support involvement.

### **3.3.2 Friend of the Court**

HMHR leaders have made efforts to establish linkages with the local child support system to more directly address the project’s intended effects on child support outcomes in Kent County (see Appendix B: Goals of HMHR for IV-D). The challenge of implementing such a connection was particularly difficult because many low-income men in the community, and some of the HMHR partner staff, had a negative association with the child support enforcement system. Many HMHR partner staff said they believe, as do their clients, that the system is overly harsh and punitive. As an example of the punitive image of child support locally, several HMHR partner staff cited the large billboards in Grand Rapids, sponsored by the state Prosecutor’s Office, that threaten jail for men who do not meet their child support obligations.

*The billboards are the image people have of child support. Many men, through their own fault, circumstances, or system errors, accumulate such large sums of arrears that it becomes impossible to cooperate with the system. When that happens, instead of helping men in various ways meet their obligations, the system often imprisons them.*

Whereas most HMHR leaders and partner staff consider child support an important support for children and families, they were concerned that establishing a direct linkage with the child support system would create the impression that the HMHR initiative is an extension of the child support enforcement system. The strong fear of and negative perception associated with the child support system that many people in the Grand Rapids community have could engender distrust in the underlying purpose of the initiative, reduce program participation and threaten the goals that HMHR had set out to accomplish. HMHR leaders decided that a voluntary referral pilot program with the local Friend of the Court (FOC) would be the best way to begin to change attitudes about the local child support system and being to programmatically address child support in the context of the HMHR initiative.

The FOC is part of the Office of Child Support (OCS) within the Michigan Division of Human Services. In the family court division of the circuit court office, the OCS contracts with the FOC to handle enforcement, investigation, and dispute resolution with respect to child support, visitation, and child custody. Though the final decision in many respects in child support cases is with the family division judge to whom the case is assigned, the FOC has jurisdiction to provide a number of direct services to families. For example, the FOC can refer noncustodial parents to ASSETS, a Michigan Work First program. An HMHR partner agency, Jubilee Jobs, is a site for the Michigan Work First program and refers its participants into the HMHR program as part of their curriculum.

The FOC pilot links program participants that have certain kinds of child support-related problems with a liaison from FOC who can answer questions and provide a defined set of child support services. The pilot program is available to serve both custodial and noncustodial parents on a voluntary basis. In addition to answering questions and providing advice on their cases, the FOC liaison, where appropriate, may

1. change child support amounts owed,
2. change arrearage amounts owed when both parents agree, and
3. cancel bench warrants.

The pilot program is incremental and aims to achieve positive successes with up to 12 voluntary participants, after which it will be evaluated.

There is no routine, systematic referral system for the FOC pilot program; instead, referrals happen on an ad hoc basis. A site coordinator can bring up the issue of child support with

an HMHR program participant at any point, inform them of the services, and ask if they have any interest in speaking with the child support liaison. If the participant is interested in speaking with the liaison, either the site coordinator or site director will call the liaison to briefly discuss the case and any confidentiality issues involved. The partner organization contact may exchange the participant's phone number with the liaison, who then initiates a meeting or phone conversation with the participant to discuss their needs.

Key leaders emphasize that the FOC pilot program provides (1) a key first step to "begin a conversation" with program participants on child support issues and (2) a realistic strategy for building a more positive relationship between the disenfranchised target population and community organizations and the child support enforcement program. They believe that the FOC pilot program addresses child support enforcement requirements while also being responsive to the needs of the HMHR target population and participants.

To date, the pilot program has had few participants. As of September 2005, eleven cases had been referred to and participated in the FOC pilot program. During the site visit in December 2004, most site coordinators indicated that they had not yet mentioned or referred the service to participants they worked with. However, all of the cases that were forwarded to the liaison have reportedly gone very positively.

### ***3.3.3 Domestic Violence Services***

HMHR has taken several steps to incorporate domestic violence awareness into program activities and address domestic abuse among program participants, including holding domestic violence awareness training sessions for IOT staff and developing a domestic violence protocol.

In June 2004, HMHR project leaders sought the assistance of local domestic abuse organizations, Safe Haven Ministries, and the YWCA to discuss how HMHR might assess participants for domestic violence. In these discussions, both organizations raised concerns about having HMHR conduct specific screenings because they feared that a screening could endanger a victim further. This might be true especially if the perpetrator of abuse was in the room with the victim or in the vicinity. Thus, HMHR decided that it would be safer for participants if all of the facilitators, site coordinators, and site directors would be trained to identify potential cases of domestic violence and to refer a participant to services outside of their organization if they suspected a case of domestic violence.

To be better informed on issues of domestic violence, the project leaders attended a training conducted by Safe Haven Ministries to better assess what kind of training they would need to provide to their project partners. The Family Wellness curriculum training, which took place in May 2004, included a discussion on addressing domestic violence, how to identify domestic violence, and how to refer a participant to another service. In addition to this initial training, the project leaders created special training sessions for the partner

organization staff and facilitators that took place in September 2004. These training sessions were led by a director of a local domestic violence shelter. The second training session was mandatory for service providers who did not attend the first training session or who had not received domestic violence training in some other capacity; all new staff are required to attend a domestic violence training.

In addition to training all of the HMHR staff, posters about accessing domestic violence services have been posted at all the partner organizations in the bathrooms. In addition, HMHR distributed to provider staff a booklet entitled *The Healing Path* (compiled by providers in the community), which provides basic information on domestic violence—a definition of domestic violence, why it happens, and how to get help. The booklet also contains the contact information for Safe Haven and the YMCA.

HMHR produced the *Protocol for Domestic Abuse Assessment and Referrals* in February 2005. The protocol was developed by the project director and then reviewed by several advisors to the project, including the directors of Safe Haven and the domestic violence consultant from The Lewin Group, the organization contracted by the Federal government to provide technical assistance to pilot CHMI projects. In May 2005, a domestic violence expert reviewed the protocol and suggested some revisions, which may be incorporated into the protocol at the end of this year if they are deemed feasible.

The written protocol defines domestic violence and outlines, in broad terms, the assessment and referral process that HMHR staff should follow. The definition of domestic violence describes a pattern of abusive behavior used to control an intimate partner and recognizes that the abuse can be physical, emotional, and/or sexual. The protocol calls for raised awareness of domestic violence among partner organization staff while also putting the onus on victims to seek help when they are ready. If a staff member suspects abuse, the protocol recommends asking the participant if they feel safe at home and, if the participant does not feel safe at home, suggesting they seek help. It also encourages HMHR staff to take measures to protect the confidentiality and safety of the participant, such as using a private office or room without the suspected abuser present to ask the participant if they feel safe in the relationship.

### **3.4 Media Campaign**

Initially, HMHR had engaged Jones and Gavan as their media and public awareness firm. The firms' role was to work with the IOTs to learn about their roles and the markets they serve. In doing so, the goal was to establish a common way to communicate information about the project, while also tailoring the message appropriately to each partner organization. To do this well, HMHR developed a communication plan in August 2004.

The purpose of the media campaign is twofold: to expose residents of the target area to the message of healthy marriages and relationships and to generate increased participation in

the marriage and relationship education classes offered. The communication plan is to work with each of the 10 partner organizations to help them develop miniplans to facilitate recruiting in their communities.

HMHR submitted a media plan to the state, which was approved. The general goals are to help partner organizations increase outreach efforts, provide a process to work with the media, and promote the project to the larger organizations in the wider community. To use the media strategically, HMHR anticipates using localized media sources that will target their participants. Two to three times a year, HMHR will use selected radio spots and billboards located in neighborhoods of their partner organizations. As of September 2005, HMHR is working on creating “palm cards,” which are small cards with information about the project that participants can take with them to help spread the word about the classes.

HMHR terminated its contract with Jones and Gavan in May 2005 because the firm was not meeting their expectations, could not keep to the required timeline, and was experiencing a high turnover in staff. HMHR immediately started seeking a new firm and hired Hannon-McKendry in September 2005 to execute their communications plan.



## **4. PARTICIPANT CHARACTERISTICS AND EXPERIENCES**

The HMHR strategy is to emphasize the role of the partner IOTs, which are community organizations already providing services to and already trusted by residents of the surrounding neighborhoods. One advantage of this strategy is that recruitment to healthy marriage healthy relationship classes and other activities can take place in a natural and local context. People in the neighborhoods can see signs and hear by word of mouth about the services. Neither HMHR nor the IOTs have to rely heavily on public agencies such as child support or welfare offices for referrals to the classes and other services. As a result, the programs should be able to attract a broad segment of a low-income neighborhood and not simply those who rely on child support and welfare benefits.

To determine whether these expectations are materializing, this chapter examines the number and characteristics of people who participated in an HMHR-sponsored class or service. It summarizes the demographic characteristics of the participants, how they found out about the services, how many sessions participants attended, and how many completed the program and presents the impressions of a small number of participants. The data are from the Grand Rapids MIS. We begin by describing the MIS, then describe the participation and activity patterns, and finally present some participant stories from focus group and site visit reports.

### **4.1 The Grand Rapids MIS**

HMHR has been collecting information on its participants using a Web-based MIS developed in collaboration with The Lewin Group. Initially, HMHR had planned to analyze the MIS data to evaluate the outcomes of the project. Calvin College faculty and students were involved in the development of a local evaluation plan. As the scope of the national evaluation changed to include analysis of MIS data, the project leadership changed its plan and decided to collect qualitative as well as quantitative information about participant characteristics and the outcomes.

The commitment of HMHR to quality improvement using the MIS data is impressive. This approach has already led to insights about the delivery of curricula because many participants have trouble reading and writing. The commitment to understanding what changes participants make that improve lives has caused managers to expand their information gathering strategy. In collaboration with Calvin College, HMHR created a short survey instrument to assess attitudes toward marriage. In addition to this survey, participants fill out pre and post assessments of the classes they attend. Finally, site coordinators collect participant stories, which are also used to improve the program.

Tabulations from MIS data can provide a quantitative portrait of the demographic characteristics, education, sex, marital status, service use, and referral sources of participants referred to and/or using HMHR's services. For this report, HMHR provided

specific tabulations from the MIS. In the future, RTI/Urban Institute staff will analyze in more depth the relationships among MIS variables as well as additional information based on matched child support records and matched earnings records from the National Directory of New Hires. Future analyses using the matched data will reveal the evolution of child support activity, employment, and earnings of participants over time.

## **4.2 The HMHR Participants**

Participation levels were good as soon as HMHR-sponsored classes on healthy families and healthy marriage began. The IOTs started offering classes in June 2004 and they had attracted 115 participants by August 2004. About a year later, as of September 2005, the cumulative number of participants had reached nearly 700. During this period, the composition of participants became more African-American, more likely married, and slightly more female. In October 2004, 40 percent of participants were white, 40 percent were African-American, and 16 percent were Hispanic. By September 2005, the African-American share of participants had jumped from 40 to 63 percent, and the Hispanic share from 16 to 23 percent. Thus, minorities now make up over 86 percent of participants. The married share of participants also increased sharply, from only 10 percent in August 2004 to about 25 percent in September 2005.

Table 4-1 shows selected characteristics of all individuals who have participated in one of the HMHR-sponsored programs. Apparently, it has been easier to attract women than men. Nearly 8 of 10 participants have been women. About one-third of participants report that they expect their partners to participate in classes in the future; over half do not have this expectation. Participants were mostly middle aged, with nearly 60 percent between 25 and 44 years of age. Education levels were low for this age group; about one-third had not graduated from high school, and only about 10 percent were college graduates.

Table 4-2 shows that the participants were clearly drawn from a relatively disadvantaged population. Only 23 percent of participants were working full time when entering the program; even among men, only about one in three worked at a full-time job. Given this employment record, the low incomes and high use of benefit programs in participant households are not surprising. About 60 percent of the population reported annual household earnings of \$15,000 or less (half of this group reported an annual income of less than \$5,000). Only 18 percent of participant households had annual incomes over \$20,000. Nearly 30 percent were on Medicaid, and 23 percent reported receiving food stamps. Given their low earnings and high rate of parenthood, it is plausible that a sizable share obtained Earned Income Tax Credit (EITC) payments, although only 0.5 percent of participants report this. The data show that, even without using an income eligibility test, HMHR effectively targeted low-income and disadvantaged individuals at considerable risk of poverty and dependence on government benefit programs. This successful targeting is the result of

**Table 4-1. Selected Characteristics of Individuals Participating in HMHR Between July 2004 and September 2005**

Characteristics	Percent in Each Category
Client gender (n = 686)	
Not supplied	0.6
Male	21.6
Female	77.8
Client age (n = 669)	
Under age 20	13.2
Between 20 and 24	9.0
Between 25 and 34	32.9
Between 35 and 44	26.5
Age 45 and older	18.5
Client ethnicity (n = 686)	
Not supplied	15.9
Not Hispanic or Latino	60.5
Hispanic or Latino	23.6
Client race (n = 601)	
White	25.5
Black or African-American	63.9
Asian	1.8
Native American or Alaska Native	2.7
Other	6.2
Predominant language spoken at home (n = 686)	
Not supplied	2.5
English	81.8
Spanish	15.0
Other	0.7
Education completed (n = 686)	
Not selected	7.7
Less than high school	8.3
Some high school	24.3
High school graduate	30.5
Some college or trade school	17.6
College graduate	9.6
Post college	1.9
Partner is planning to participate (n = 686)	
Not supplied	11.1
No	57.7
Yes	31.2

Note: Percentages may not sum to 100% due to rounding.

Source: HMHR management information system.

**Table 4-2. Employment Status, Income and Benefit Status of HMHR Participants From July 2004 Through September 2005**

Characteristics	Percent in Each Category
Employment status (n = 686)	
Not supplied	6.3
Full time (at least 35 hours per week)	22.7
Part time (between 1 and 34 hours per week)	18.4
Not working	52.6
Employment status of men (n = 148)	
Not supplied	6.8
Full time (at least 35 hours per week)	31.8
Part time (between 1 and 34 hours per week)	21.6
Not working	39.9
Household earnings (n = 686)	
Not supplied	9.5
\$0	5.0
\$1–\$5,000	27.6
\$5,001–\$10,000	14.9
\$10,001–\$15,000	12.5
\$15,001–\$20,000	12.1
\$20,001–\$30,000	9.0
\$30,001–\$40,000	3.1
Over \$40,000	6.0
Percent with specific public benefits (n = 1,293)	
TANF (through the Family Independence Agency)	9.8
Cash Assistance	8.0
Food Stamps	23.1
WIC (Special Supplemental Nutrition Program for Women, Infants and Children)	12.8
Medicaid	27.8
EITC (Earned Income Tax Credit)	0.5
SSI (Supplementary Security Income)	9.1
Unemployment Insurance	0.8
Worker’s Compensation	0.4
Subsidized housing or housing voucher	5.7
Subsidized child care	1.9

Note: Percentages may not sum to 100% due to rounding.

Source: HMHR management information system.

HMHR’s decision to place the activities in neighborhood organizations that serve communities with high concentrations of low-income families.

Since the programs address family relationships and parenting as well as couple and marriage issues, it is interesting to examine the household and family patterns of participants. Table 4-3 shows that four out of five participants were parents of a minor child,

**Table 4-3. Household, Family, and Partner Relationships of HMHR Participants at Program Entry**

Measures of Relationships	Percent in Category or Average Level
Relationship of client to child (n = 686)	
Not supplied	0.3
I am a parent of a child under 18	79.9
I am not a parent, but am caring for a child under 18	7.0
I am neither a parent nor caring for a child under 18	12.8
Average number of children living in household (n = 686)	1.95
Average number of people living with client (n = 686)	3.68
Client has child living with him/her (n = 686)	
Not supplied	10.4
Yes	71.7
No	17.9
Client is expecting a baby (n = 686)	
Not supplied	10.5
No	85.3
Yes	4.2
Quality of relationship with partner (n = 608)	
Not supplied	5.4
N/A	51.8
We never talk to each other	1.3
We argue a lot	3.5
We argue sometimes	14.8
We get along pretty well	12.3
We get along very well	10.9
Client is married (n = 608)	
No	75.0
Yes	25.0
Male is in a relationship (n = 121)	
No	49.6
Yes	50.4
Months with partner (n = 608)	31.2

Note: Percentages may not sum to 100% due to rounding.

Source: HMHR management information system.

and about 10 percent of these parents were not living with their children. Put another way, 72 percent of participants had children living with them. Since only 25 percent of participants reported being married, HMHR programs were serving a high proportion of single parents. About 7 percent of participants were not parents of a minor child but were caring for some other parent's child. A small number (4 percent) of participants were expecting a baby at the time of the class. The households of participants averaged two children and 4.7 total members. At these fairly large household sizes, the reported household incomes are very low.

Over half of the participants (52 percent) responded in a way that suggests they did not consider themselves in a romantic relationship. Nearly half of those who did respond indicated their relationship involved getting along well or very well with their partner. Only 40 percent of participants in relationships reported that they and their partner argued a lot, argued sometimes, or did not talk with their partner. Males were as likely to see themselves in a partner relationship as others. About half the male participants said they were in a relationship.

### **4.3 Participant Involvement in HMHR**

HMHR's expectations about the recruitment of participants are consistent with participant reports from the MIS. Instead of hearing about and being referred to the program from a municipal or state agency, participants drew on their connections with pastors, family and friends, and neighborhood organizations (see Table 4-4). The single most prevalent source of information was churches and/or pastors, which provided information about HMHR to 32 percent of participants. About 22 percent of participants learned of the program from community organizations (mostly IOTs) and community events, and another 20 percent from word of mouth through friends and family. Only a small share of participants came to HMHR as a result of referrals from public agencies.

Participants largely took the classes seriously. Of those in the MIS, which includes anyone attending at least one class, well over half (57 percent) completed their session, (attended four of the six classes in a session). This is an underestimate, since it includes new participants who would not yet have had the chance to complete a session. The mean attendance was nearly four sessions. Over time, graduation rates have been increasing. Participants can complete a session by making up a missed class during a subsequent session offering. Although large numbers of participants have attended and completed relationship class sessions, only about one-sixth of the participants attended the classes as couples.

Participants unable to complete the program reported a variety of obstacles. Only 11 percent of participants lost interest, and 17 percent no longer had time. More mentioned scheduling conflicts, and others simply did not know why they did not complete the session.

**Table 4-4. Interaction of Participants with HMHR Program**

<b>Recruitment: How Client Learned About Program (n = 704)</b>	<b>Percent</b>
Community event	3.0%
Pastor/church	32.1
Health department or clinic	0.1
Community/neighborhood agency	21.6
Head Start	0.6
Friend or family member	20.2
FIA	7.5
Flyer	2.6
Another participant in the program	0.3
Other	12.1

<b>Class Attendance and Rating of Classes</b>	<b>Percent or Number</b>
Registered for a program (n = 687)	100.0%
Attended at least once (n = 645)	93.9%
Completed all classes (n = 394)	57.4%
Average number of classes attended	3.9
Average number of children brought to each class	0.6
Average rating given to each class	2.1
Number of couples participating	51.0
Number enrolled in two classes	67.0
Number enrolled in more than two classes	23.0

<b>Reasons for Not Completing the Program</b>	<b>Percent</b>
Do not know	22%
Moved away	4
Health issues	2
Lost interest	11
No longer had time	17
Scheduling conflict	27
Other	17

Note: Percentages may not sum to 100% due to rounding.

Source: HMHR management information system.

#### **4.4 Perspectives of Selected Participants**

In addition to interviewing HMHR leaders and staff, the evaluation team that visited Grand Rapids conducted a focus group, to hear participants' perspectives on program services. The objective was to learn more about how participants became connected to services, what they thought was most effective in the programs, and what they would improve if given the opportunity. A focus group was held with 11 participants during the December 2004 site visit. At the time, two rounds of Family Wellness had been conducted in most of the partner

sites. Participants' responses were based on their experiences in the Family Wellness classes to date but they should not be considered a representative sampling. Several themes emerged.

Most of the participants heard about Family Wellness classes from or at one of the partner organizations. One participant heard about the classes from the church affiliated with a partner. Some of the men said their wives had told them about the classes and that they wanted to attend together. Most said they became interested in taking the classes to learn how to improve their current or future romantic relationships, but they also mentioned that they were also encouraged to take it for its focus on the whole family unit.

Participants were very positive about the Family Wellness classes in which they participated. They said the class content was very useful and relevant to their lives. One said enthusiastically, "I think this is an excellent program and more people should do it." In particular, they found the classes that addressed communication to be the most helpful. Communication, listening skills, and negotiation between partners, parents and kids, and among extended family members are key lessons in the Family Wellness curricula. One participant said he had started a family night—when all members of his household gather to talk—as a result of participating in the program. Others said they thought they had become more active listeners since attending classes.

Some program-induced outcomes provide compelling examples of the importance of good communication skills. One involved a woman living with her 10-year-old daughter and her fiancé, who is not the girl's father. The father had not seen the daughter since she was three years of age. Because of the communication skills learned through a Family Wellness program, the mother has communicated with the father and is working on an agreement to reduce the child support arrearage in exchange for contact with the child. The father is now in contact with his daughter, and both parents are more comfortable dealing with their situation. A second example comes from a teenager who attended the Family Wellness sessions with his mother. The father of the teen had moved out of state to avoid child support payments. They have made contact with the father, who has begun traveling to and visiting with his teen, and the mother is working out an arrangement with the father to reduce his arrearages.

In addition to key skills-building lessons, participants enjoyed several aspects of how classes are conducted. They praised the interactive nature of the classes and the role-playing exercises that are used to convey lessons. They preferred this approach to what one called "being lectured to." They also pointed out that they appreciate that the program welcomes kids—both in the classes and by addressing parenting in the curriculum. One participant, a social worker, said she knows of various other classes in the community that are for and about single parents. "But what I like about this is it's [about] family," she said. Other participants found the program "very kid-friendly" and liked that the role plays

include the kids. Another said, “I like the fact that our kids felt open to share and discuss—the atmosphere is definitely welcoming.” This same participant suggested that the program should start a Family Wellness for kids.

Participants also emphasized that they appreciate that classes are facilitated jointly by a man and a woman, by both single and married people, and that they are culturally appropriate.<sup>7</sup> Some of the participants had attended a class led by a couple that has been married a long time. They said it was helpful to see a healthy husband-wife model, particularly since there is a lack of married role models in the community. One participant said, “It was great to have culturally sensitive facilitators; they may not have been ethnically and racially the same as participants, but they understood the culture. They also appreciate having intergenerational discussions in the classes among participants and with the facilitators. Several of the participants said that they do not feel like they benefited from the perspectives of their parents’ generation, particularly about marriage and raising children. They also thought that having a mix of married and single people in the classes enhanced the quality of the discussion.

Participants did suggest a number of ways to improve the services. Some said that they would like to spend more time role playing during classes. They benefited most from these components, which helped them understand and work through class lessons. They recommended continuing the teams of male-female facilitators and, when possible, having married couples lead the classes. One woman said that a couple she had recommended the class to decided not to participate because the questionnaire handed out to new participants asked questions that were too personal. She recommended removing some of the more personal questions so that more people would participate. Finally, when asked about the child support elements of the program, some participants noted that the aggressive state child support campaign in the area, especially the harsh billboard ads displayed in several places in Grand Rapids, were a real barrier to having more men participate in the program and become more involved with their families.

Overall, participants overwhelmingly endorsed the program for others. They said they had recommended the class to others or would do so. Some couples appeared to take the classes very seriously, but pointed out that some other participants only came for the incentives (food and child care) and were disruptive in some classes. Still, they hoped more people take advantage of the program.

Other participant stories, provided through site coordinators, highlight the potential benefits of integrating skill-building classes within IOTs. While recruiting through trusted sources is a large benefit of the HMHR strategy, there are other advantages. Some participants in HMHR

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<sup>7</sup> HMHR implemented such facilitator teams in the second session of the first year. Although not all classes are led by male-female teams (some are led by two women), most of the focus group participants came from classes that were.

programming face a number of barriers to healthy relationships, and the holistic approach of the IOTs can help to address more relationship skills in isolation. For example, for a married mother of two with mental health issues, an IOT was able to help her with access to health care and needed medication. To address a difficult home situation, she did the first session of Family Wellness by herself, and subsequently convinced her husband to also attend. The IOT is providing other services to the family, including employment search assistance for the mother.

Another example of this multifaceted approach relates to a couple who recently moved to Grand Rapids with two young children. The father was disabled due to a car accident, and the mother speaks little English. The father is involved with Friend of the Court to arrange support of children he had before the current relationship. The couple completed a Family Wellness session and volunteered to run the child care for the next session. They are now very involved in activities at the IOT, including job search assistance. The mother has become more conversant in English, and the father has graduated from a medical billing training program and serves on the board of a neighborhood association. The couple is interested in developing some Family Wellness lessons that could be delivered to the children while in childcare, and may be future facilitators for classes in Spanish.

#### **4.5 Assessment of Participation and Program Patterns**

The information in this chapter provides support for HMHR's expectation that an indigenous, neighborhood-based group of partners could recruit and serve substantial numbers of people. Word of mouth from pastors, friends, and family—along with signs and other information from a locally trusted institution—was enough to generate nearly 700 participants. Using this strategy not only led to a high level of participation without an extensive recruiting campaign by HMHR or public agencies, but it also resulted in a well-targeted and neighborhood-linked group of individuals and couples. The vast majority of participants were African-American or Hispanic, had low levels of education, and low household incomes. At least half were married or in a romantic relationship. Future recruiting attention might focus on increasing the relatively small number of couples and male participants.

Although the analysis is far too limited to make judgments about the net impact of HMHR on participants, the evidence from participation and the MIS suggests some positive signs. The most important is the high share of participants completing the classes. People must have valued the classes if they were willing to spend the time and incur inconvenience to participate in at least four of the six classes in a session. In addition, selected participants offered compelling stories of how the programs were improving the functioning of their families.

In a future report, RTI/Urban Institute will be able to enrich the analysis of participation and class patterns using data from the MIS and matched information from other sources. Yet, even at this early stage of implementation, it is clear that, working through IOTs, HMHR has been able to successfully stage the classes at the heart of HMHR's programming and attract sufficient numbers of participants who are eager and willing to improve their family skills.

The MIS data and participant stories highlight the ability of HMHR to keep the trust with the IOTs. Two results of the participative planning and responsiveness to participants are the recruitment success and positive participant reactions to date. Given the characteristics of the participants and families, HMHR is enabling skills to reach people who are difficult to reach. The participants are people for whom context and interactive approaches are necessary, and for whom the IOTs can provide other services and support to help improvements in communication skills translate into more stable family lives. Moreover, there are indications that the community focus of the demonstrations is leading to the types of interactions between participants and others in the community that organizers hoped for. People are talking to others about relationship issues, partly to encourage others to attend the Family Wellness classes.



## **5. LEVERAGING COMMUNITY ENGAGEMENT AND RESOURCES**

The ability of lead organizations to leverage community resources is a critical aspect of the CHMI and of the evaluation. Cooperation among community actors is vital for reaching sufficient numbers of people to alter community norms. With the assistance of churches, neighborhood nonprofit organizations, state and local government agencies, and volunteer couples, the CHMI can recruit and provide marriage-related services to many individuals and couples and can publicize messages about the value of healthy marriages and family relationships and good parenting. Given the modest Federal budgets provided to date, leveraging other resources is the only way to achieve broad community coverage of direct services and other activities aimed at encouraging a culture of healthy marriages and family relationships.

Leveraging non-Federal funds is built into the demonstration through the requirement that the pilot CHMI find a state or local match in order to access Federal funds. However, because of its community coalition and strategy, the organizers are likely to go well beyond this requirement. The coalition can encourage organizations to embrace family-centered goals and adjust their normal activities in a pro-marriage/healthy relationship direction, often at modest or zero costs. For example, birth classes already provided by hospitals could incorporate relationship skills and parenting skills and responsibilities. The willingness of other community actors to use resources to support the initiative is an indicator of how much they embrace the goals of the community initiative.

Involving many organizations could widen the social interactions between those benefiting from marriage education/relationship skills classes and others in the community. If, for example, developing marriage and relationship skills became an important theme of pastors or at Head Start centers, couples who learned lessons about how best to communicate and about the benefits of marriage would have more outlets by which to influence other couples.

A third consideration is the coalition's ability to deliver marriage-related services at a low incremental cost, even if the reach of the program does not extend broadly throughout the community. This point is critical in judging the likely success of community efforts from a cost-benefit perspective. A pilot program that is unable to change community norms may still be judged a success if the benefits of improved relationships and increased healthy marriages are sufficient to exceed the costs. The ability to deliver marriage-related services at low costs is highly relevant to the assessment of the community approach to healthy marriage initiatives. Unlike other demonstrations, these demonstrations offer a set of low-unit-cost services provided through community coalitions. How to generate such services is important to consider for replicating the program and for estimating the costs of extending access to high-quality, low intensity, marriage-related services throughout the country.

Another aspect of leveraging arises when participation in a marriage education or parenting class leads to referrals to other services. While a coalition often forms partly to encourage organizations and public agencies to refer people they encounter in various settings (such as hospitals, child support or welfare offices, and churches) to marriage-related services, the collaboration can stimulate movement in the opposite direction as well. Thus, the presence of the community initiative might lead to increased utilization of services not directly related to the initiative's main mission.

In what follows, we consider how the demonstration funds have been used directly for services, what local partners contribute, and how other funds have been generated. One focus is on how waiver funds and the coalition stimulate the use of other community resources both within marriage education providing organizations and in other community organizations. The second is to project the implications of leveraging and direct outlays for the ability of a community approach to serve couples at modest cost.

## **5.1 Leveraging to Expand Marriage-Related Services and Activities**

The first step in leveraging is obtaining matching funds from state or local governments and/or private organizations. These matching funds are necessary for HMHR to draw on Federal funds. In the case of Grand Rapids, the Federal grant is \$990,000 over 5 years, or about \$198,000 per year of the program. HMHR managed to obtain matching funds of \$510,000, or approximately \$100,000 per year, from the Grand Rapids Community Foundation. Thus, from the standpoint of the Federal government, each \$2 of Federal funds is stimulating \$1 dollar of additional funds aimed at stimulating more healthy marriages.

Before considering HMHR's actual use of funds, let us consider some possible strategies. Suppose HMHR were to have only Federal funds, used 20 percent of the money for planning and administration, and poured the remaining amounts into marriage skills programs. According to estimates from the pilot phase of upcoming experimental demonstrations, program costs can easily be in excess of \$1000 per couple. If the cost of running marriage skills classes, including any outreach and counseling activities, were about \$1,000 per couple, the program could reach only 158 couples per year and would have no funds remaining for media outreach and community activities. Adding the matching funds of \$1 for each \$2 in Federal funds, the project would have about \$238,000 per year available for direct services. Using the \$1,000 cost per couple as a benchmark, HMHR could serve about 238 couples per year.

Reaching such a small number of couples would be unlikely to have a major effect on healthy relationships among families with children at the community level. Consider the number of people who should be reached on an annual basis if dealing only with new parents. As of 2000, Kent County had nearly 19,000 families with a newborn in the last 5 years and no other children. Dividing by five implies a figure of 3,800 per year. Suppose

only 40 percent are born to couples in the target group (by income) and thus are potential candidates for improved parenting and relationship education. Reaching this group on an annual basis would require services for about 1,520 couples. However, this figure assumes that HMHR covers none of the backlog of parents with children in prior years. Using a similar procedure to cover all parents with newborns (including those with older children), the comparable figure rises to 2,800 per year.

HMHR proposes to reach at least 2,500 people over 5 years with direct family strengthening activities such as training in parenting and relationship skills. Since some couples will be represented by one partner and some by both partners, this might amount to about 1,500 couples over 5 years, or about 300 couples per year. Assuming the target group is about 40 percent of Kent County births, 300 couples represents about 20 percent of couples with newborns and no other children.

Given the limited Federal and matching funds for HMHR, even achieving this figure requires using one of four potential strategies for expanding their scale: (1) attract additional funds; (2) focus on a narrower target group; (3) reduce program costs by having a less intensive intervention; and/or (4) obtain in-kind or other contributions from organizations, including those providing services. In practice, HMHR has been able to draw on all four strategies in meeting its service objectives. Additional funds stimulated by the initiative have come almost entirely from the local match provided through the Grand Rapids Community Foundation and through considerable in-kind contributions to the administration of HMHR from the Family Institute at Pine Rest. The Family Institute does not charge HMHR for use of office space for the project director and project assistant, and provides some accounting support to the project. The executive director of both the Family Institute and HMGR is an important expert on marriage education and relationship skills policies. Pine Rest donates the time he dedicates to HMHR. Finally, the Family Institute contributed much of the cost of bringing Family Wellness founder George Doub to the area to conduct trainings. Another strategy, the narrowing of the target group, is taking place as HMHR focuses on neighborhoods surrounding the community organizations that are delivering the services. As noted in Chapter 4, HMHR's reliance on IOTs has meant low recruiting costs as well as effective recruitment and targeting of participants. HMHR has is using an intervention of moderate intensity, which includes access to classes and to a site coordinator in the organization.

With regard to other ways of maintaining low costs, the HMHR intervention helps participants gain access to services normally provided by the community organization, including job referrals, child care referrals, financial education, counseling, and youth programs. Another way expand the reach of the initiative has resulted from the ability of IOTs to deliver marriage-related and family wellness services at low cost. Although the IOTs do receive some funding for the services, their ability to offer an existing administrative infrastructure and space to the initiative lowers the net costs of reaching participants.

The funding for the 10 IOTs to carry out their part of the project has been \$10,000 per institution per year. The total of \$100,000 constitutes about 42 percent of the total annual budget of HMHR. Other direct costs of the classes delivered at IOTs include the training of facilitators and the funding of their services, both preparation and actual class time. Not all of the training should be allocated to the first year of activity, since once trained, facilitators should be less costly to upgrade for their delivery of second and subsequent year classes. The cost of paying facilitators to deliver the classes is likely to reach about \$700–800 per class annually. Finally, the costs of City Vision consulting and other activities are \$30,000 per year. The total of these enumerated costs is about \$165,000.

Another way to think about costs is to allocate all Federal expenditures to the delivery of classes and other services. This would involve applying the entire annual Federal grant of about \$198,000 per year, possibly deducting some amount for other activities, such as media messages, celebration days, and other activities. Taking account only of Federal costs might make sense because without the initiative no additional funds might have been forthcoming.

In addition to providing direct services, HMHR worked with sites to choose and gain access to the curriculum and train those who would be teaching. Still, even ignoring activities not involving direct services and using the full Federal cost figure, the cost per participant (who attended at least one class) comes to only about \$300. Thinking of participants who complete as the main outputs, one can ask how much spending was required to produce such outputs. The figure based on these assumptions turns out to be about \$500 per completer.

These figures may be overestimating the costs of the classes and related services for participants because HMHR is generating additional outputs beyond the teaching of Family Wellness and other skills. Moreover, some of the costs in the first year may not be required for future years and should represent investments allocated to several years. An alternative view is that the costs are understated because they do not include the outlays from matching funds. However, the exclusion of the private matching funds is appropriate if one wishes an answer to the question, how much does it cost the Federal government per participant to stimulate healthy marriage healthy relationship classes? Including the match will provide an answer closer to the full costs required for classes.

In any case, even at this early stage of implementation, the resource leveraging directed toward the delivery of classes, counseling, and related services has been substantial. One key question is whether the IOTs will continue to provide services at such low levels of cost to the overall program. Doing so will require a continuing inflow of participants so that classes are well attended. Site coordinators have expressed some concern about the sustainability of the participant flow. Another question concerns the ability of programs to maintain or increase quality of services. Perhaps over time, organizations and instructors

will learn to improve their classes and related services without spending more time and money.

## **5.2 Leveraging Other Services**

HMHR's approach has been to rely heavily on IOTs to recruit and deliver effective classes to participants and collaborate on other healthy family activities, including celebration days. The role envisaged for the site coordinators at IOTs was to organize the classes, ensure appropriate screening and referring of individuals for domestic violence services, and comply with administrative requirements (such as the MIS). These tasks, along with the effort to recruit and match participants to classes, require considerable effort. In practice, the HMHR-sponsored projects have turned out to provide a community service not directly tied to the healthy marriage healthy relationship operation. The additional service involves the site coordinator providing advice and appropriate referrals of participants to other community services. Although we do not have sufficient data to place a cost or a benefit on these services, it is clearly of some value to help participants gain access to needed services, especially services for which they are eligible but not claiming.

The effort to develop constructive improvements in child support is another way of leveraging to achieve a public goal at modest cost. Although only a small number of participants have been involved in a pilot project related to child support objectives, the potential exists to serve custodial and noncustodial parents in ways that can benefit children. The overall HMHR program helps parents who might wish to restructure child support obligations take advantage of the services of an FOC liaison. The link with HMHR should make the program more efficient. By linking access to child support help with HMHR service delivery, the FOC program can more easily target services toward a pool of families most likely to be eligible for the services. However, as noted in Chapter 3, few couples have taken advantage of these opportunities so far.

## **5.3 Leveraging and Outcomes**

The extensive leveraging of Federal resources, together with success in recruiting substantial numbers of participants, has helped HMHR deliver healthy marriage/healthy family services at a modest cost per participant. Drawing on a variety of community resources, obtaining in-kind contributions from the IOTs delivering services, and managing in ways that limit costs, HMHR has been able to provide classes and other services at no more than \$300 in Federal costs per participant, and well under \$500 per participant when counting matching funds and ignoring other outputs. At these low unit costs, even a modest impact on individuals and couples is likely to yield benefits that far outweigh program costs. However, although the indications of potential benefits are promising, rigorous analyses of the impacts on the community, including participants, will require follow-up research.



## **6. CONCLUSIONS ABOUT EARLY IMPLEMENTATION OF HEALTHY MARRIAGES HEALTHY RELATIONSHIPS**

The HMHR demonstration is undertaking the ambitious goal of strengthening marriages and family relationships in low-income areas of Grand Rapids, Michigan. HMHR's distinctive strategy involved collaboration between an organization with experience in helping middle-class families improve their marriage and relationship skills (HMGR) and 10 community organizations (IOTs) that work closely with low-income populations but have little experience in marriage education and relationship skills. HMHR used an intermediary organization, City Vision, to build a bridge between HMHR and the community organizations.

This strategy was risky. It required organizations that had little experience dealing with each other to learn to communicate and trust each other in accomplishing a complicated array of tasks, such as choosing a curriculum and developing approaches to make sure that the initiative's programs did not trigger episodes of domestic violence. It put a great deal of responsibility on the recruitment and operational capabilities of the IOTs. It meant using facilitators that were not yet trained and not employees of either HMHR or the IOTs. It involved reconciling healthy marriage goals with the goal of making all family relationships healthier, including those with nonresident fathers. It required working with the Title IV-D agency so that HMHR would pursue child support goals as well as healthy marriage and relationship objectives.

Above and beyond the complications of this collaboration are questions about the underlying strategy. Would individuals and couples actually participate and use the services or would they find the marriage and relationship skills services not especially beneficial? Would the demonstration's link with child support drive away neighborhood organizations and potential participants? Could a sensible curriculum be developed that worked well for a low-income, mainly minority audience?

In its early implementation, HMHR has been able to deal with most of these challenges. This chapter offers some tentative conclusions about the initiative 18 months into its 5-year life. It considers challenges as well as successes.

### **6.1 Early Successes**

Working with City Vision, HMHR has managed to establish a close working relationship with 10 community partner organizations in low-income neighborhoods. Though the leaders of HMHR and the constituency of the 10 IOTs come from different social classes, the groups are tied together in their link with faith-based organizations. Gaining consensus on a curriculum, training, and other issues has been sufficient to allow the mounting of a number of HMHR classes and other services. For this effort to materialize, HMHR had to listen carefully and sensitively and adapt their strategy based on what the partner organizations

reported back. One important example is in choosing and adapting a curriculum, such as the How to Avoid Marrying a Jerk(ette) curriculum. Another was to create a follow up Family Wellness coaching program.

Bridging the different perspectives has not been easy. In particular, the focus on marriage and child support by the funding agency was not a natural fit with expected community views in neighborhoods serviced by the IOTs. Still, the project leadership has been highly committed to taking the range of perspectives seriously and negotiating among them. HMHR's emphasis on process rather than simply outcome was apparently important in achieving these goals.

The IOTs' links to other service institutions and other services is important, especially to HMHR's ability to recruit participants. Potential recruits may come in for other services, like job placement, but end up accessing marriage/relationship services as well because of the ease of using services housed in these preexisting organizations. The result is that recruiting becomes a bit more fluid. If an organization like Jubilee Jobs is known in the community and has many people coming to access their services, then this facilitates recruiting. These built-in advantages in recruiting has made it possible for HMHR to focus not so much on their media campaign (like billboards and radio), but on a more concerted effort of providing fliers in meetings and partner organizations and encouraging a less expensive, word-of-mouth effort.

As a result of these and other efforts, the IOTs and HMHR program have been able to present a number of Family Wellness classes and attract nearly 700 people to at least one class, and most to at least four of six classes in a session. Moreover, the participants who start generally continue, an indication that participants find the classes useful. These are striking indicators of success at early implementation.

## **6.2 Challenges**

Because the State Office for Child Support was not involved in the initial planning for HMHR, this relationship is being developed. If incorporating child support messages becomes a more important component of the program, HMHR will face challenges bringing along the IOTs. In addition, turning more toward child support may deter many men, especially nonresident fathers, from participating in the skills classes or other activities.

While the income and education targeting have been surprisingly good for a program with no income or asset test to determine eligibility, only a small proportion of participants are men, and only one-sixth attend as couples. For social programs of this kind, retention has been fairly high. However, many participants still do not complete the classes. It is important to do more to find out why some people do not graduate and whether program improvements might enhance the experience of participants.

Follow-up or booster classes that continue to support participants over a longer time, as well as more cross-referral with other services like job search, health insurance and SSI applications may enhance the effect of the program on sustained life improvements for participants.

A final challenge will be HMHR's ability to build a process of continuous learning and adaptation into all organizational partners. It will be difficult but important to maintain and upgrade the quality of the classes, while expanding the recruitment to continue to cover large numbers of potential participants. Learning what is working for individuals will require contacting and listening to the individuals and couples that have used the program. To date, this has been a key strength of the HMHR initiative.



## 7. REFERENCES

- Currie, J. (2004, May). *The Take-Up of Social Benefits* (Working Paper 10488). Cambridge, Massachusetts: National Bureau of Economic Research.
- Dion M. R. & Strong, D. (2004, May) *Implementing Programs to Strengthen Unwed Parents' Relationships: Lessons from Family Connections in Alabama*. Washington D.C.: Mathematica Policy Research.
- Family Wellness Associates (n.d.). Web site. Retrieved September 29, 2005, from <http://www.familywellness.com/index.html>.
- Gibson, C., Edin, K., & McLanahan, S. (2003). *High Hopes But Even Higher Expectations: The Retreat From Marriage Among Low-Income Couples* (Working Paper #03-06-FF). Princeton, NJ: Center for Research on Child Wellbeing.
- Healthy Marriages Grand Rapids (2004a, April). *Six-Month Progress Report*.
- Healthy Marriages Grand Rapids (2004b, October). *Six-Month Progress Report*.
- Healthy Marriages Healthy Relationships (2005, February 14). *Healthy Marriages Healthy Relationships Project, Protocol for Domestic Abuse Assessment and Referrals*.
- Healthy Marriages Healthy Relationships (HMHR) (2002). Section 1115 waiver proposal to the Office of Child Support Enforcement (OCSE), p. 3.
- Healthy Marriages Healthy Relationships (HMHR) (2004a, August 20). *Healthy Marriages Healthy Relationships Project Communication Plan*. Updated August 20, 2004,
- Michigan Department of Community Health, Division of Vital Records and Health Services, (2003). *Selected birth characteristics*. Retrieved October 7, 2005, from <http://www.mdch.state.mi.us/pha/osr/CHI/Births/frame.html>.
- U.S. Census Bureau, (2004). *American Community Survey*, (Section 2.1). Retrieved October 7, 2005, from <http://www.census.gov/acs>.
- Van Epp, J. Pick a Partner Web site. Retrieved October 6, 2005, from <http://www.nojerks.com/>.



## **APPENDICES**



**APPENDIX A:  
TIMELINE**



Date	Activity
October 2003	HMHR project begins
December 2003	Recruitment of 10 partner sites completed
Mach 2004	Expert interviews conducted on how to best reach low-income populations
April 2004	Discussions with St. Mary's Spectrum Health and Metropolitan health about in-hospital paternity establishment
May 2004	Training for trainers on Family Wellness
June 2004	Two partners start providing Family Wellness classes Developing plans for post-Family Wellness training follow-up 90 days after sessions
August 2004	Meeting with Kent County Friend of the Court
September 2004	Second set of Family Wellness sessions begin HMHR applied for an AmeriCorps volunteer to assist with recruiting and referrals Pilot on follow-up coaching and mentoring takes place Pilot on FOCUS inventory for participants who are thinking about long-term commitments National OCSE conference presentation
October 2004	Domestic violence training was conducted by Safe Haven Ministries Purchased a parenting CD-ROM to provide coparenting skills Spanish Family Wellness class started, with about 35 participants HMGR Web site developed pro bono
November 2004	George Doub, cocreator of Family Wellness, provided certification training to facilitators 6-month progress report completed. MIS data entry training
December 2004	Presentation of data analysis of summer participants by Calvin University students MIS system operational, and HMHR working on matching it with child support data Meeting with the Friends of the Court about in-hospital paternity P.I.C.K a Partner program (a.k.a., How Not to Marry a Jerk(ette)) is added to the menu of services available

(continued)

Date	Activity
February 2005	<p>Started How to Avoid Marrying a Jerk(ette) curriculum adaptation to better reflect the needs of the community</p> <p>Domestic violence protocol draft is complete</p>
March 2005	<p>Follow-up coaching sessions for Family Wellness provided in English and Spanish</p> <p>Child support issues start being addressed in classes</p> <p>Meeting with three major hospitals and the Friends of the Court to work on paternity establishment</p> <p>Domestic violence posters and information available at all sites</p>
April 2005	All sites trained on domestic violence protocols
May 2005	<p>Final version of the domestic violence protocol distributed</p> <p>Americorps candidates interviewed</p> <p>Pilot of How to Avoid Marrying a Jerk(ette) curriculum and facilitators trained in the program</p> <p>CREDC site partner relationship terminated</p>
June 2005	<p>United Methodist Community House is made a new partner of HMHR; they already provide Effective Family Formations services in the community</p> <p>Meeting between City Vision and Friend of the Court; Friend of the Court offered to meet with site coordinators to improve the connection between the child support program and HMHR</p> <p>Meeting between City Vision and the Noncustodial Parent Program to brainstorm on how to work together</p> <p>Attended Smart Marriages Conference</p>
August 2005	Several Family Wellness sessions finishing and new ones starting
September 2005	<p>Working to hire a recruitment coordinator</p> <p>Reaching out to fatherhood programs; started to work with Head Start</p> <p>Contracted with Hannon-McKendry communications firm to handle their media component</p>

**APPENDIX B:  
HMHR CHILD SUPPORT GOALS**



# *HEALTHY MARRIAGES HEALTHY RELATIONSHIPS*

## **Impact on Child Support Payments and Enforcement—Working Document—February 2004**

The strategy of the project is to foster healthy relationships between parents to (1) increase the likelihood that unmarried parents will either marry or comply with existing or potential support orders and (2) avoid divorce among married parents, thereby preventing the need for child support enforcement services. Our focus is on the relationship between the parents; included in this is their mutual responsibility for the well-being of their children, including financial well-being. The potential impact on child support payments and enforcement is outlined below. This is a demonstration project and as such, additional interventions could be added as planning and implementation proceed. This document will be updated as the project proceeds.

<b>Child Support Enforcement Goals (IV-D)</b>	<b>Potential Recipients</b>	<b>Planned/Possible Programs/Interventions</b>	<b>Potential Impact on Child Support Enforcement</b>
Improved compliance with support obligations by noncustodial parents, when needed (Waiver Terms and Conditions 2.2.f.i)	Divorced or separated couples with existing child support orders; unmarried parents with child support orders	Conflict/communication training will include skill building in the areas of communication and conflict resolution. Effective dialogue will be modeled to promote mutual understanding of each parent's role.	Child support payments will increase as a result of noncustodial parents not acting out conflicts by withholding child support payments.
		Parenting/coparenting training will increase understanding of the needs of children for emotional and financial support from both custodial and noncustodial parents.	Child support payments will increase as a result of noncustodial parents recognizing the need for financial support for their child/children.
		All interventions combined.	The need for child support enforcement services will be reduced.
Increased paternity establishment for low-income children born to unwed mothers (WTC 2.2.f.ii)	Unwed mothers and fathers of newborns	Outreach to unwed mothers of newborns to establish paternity and promote healthy relationship services. Outreach to fathers of newborns.	Increase the percent of newborns who have paternity established.
Collaboration with court agencies to assure support for children for whom child support is requested (WTC 2.2f.iii)	Child Support Enforcement cases that have been challenging to the Friend of the Court staff	Specialized conflict management and communication training could be provided to a group of child support enforcement cases that have been challenging to the Friend of the Court staff. Parenting/coparenting training will also be provided.	A reduction in delinquent payment rates will occur among this group.
Direct intervention with two-parent-intact and single-but-coparenting households to emphasize the importance of financial and emotional support for children (WTC 2.2f.iv)	Married and cohabitating parents	Marriage enrichment/marriage preparation training for this group will include discussion of the emotional and financial needs of children, and divorce avoidance for those who are married.	Parents will recognize the need to provide financial support for child/children and, if divorced, provide child support payments. Divorce will be prevented and child support payments will not be needed.