

Summer 2008

**Piloting a Community Approach to Healthy
Marriage Initiatives in Three Sites:
Chicago, Illinois,
Boston, Massachusetts,
and Jacksonville, Florida**

Prepared for

**Office of Planning, Research and Evaluation
Office of Child Support Enforcement**
Administration for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade, SW
Washington, DC 20447

Prepared by

Pamela Joshi
Natasha Pilkauskas
Anupa Bir
Bob Lerman

RTI International
1440 Main Street, Suite 310
Waltham, MA 02451-1623

and

The Urban Institute
2100 M Street NW
Washington, DC 2003

RTI Project Number 0208957.513



Acknowledgments

This report documents the results of implementation research in three of the Office of Child Support Enforcement Community Healthy Marriage Initiative pioneer sites: Boston, Massachusetts, Jacksonville, Florida, and Chicago, Illinois. As such, it could not have happened without the support of many people. We especially thank the families—predominantly low-income women with children—whose lives are represented in the statistics and stories throughout this report. We hope that the report reflects their experiences and contributes to policy decisions that will improve their lives and opportunities.

We are particularly grateful for the many kinds of support we received from the leadership in each of the initiatives.

In Boston, Relationships for Real Life's Jan Quiram and Nancy Smith's assistance were invaluable in setting up and arranging interviews, planning our time onsite and helping us to fully understand their activities, plans, and challenges. Richard Claytor of the Child Support Enforcement Department was also very helpful to us in gathering information and working to set up and transfer program data that is analyzed in this report. Jessica Pearson and Center for Policy Research staff also helped compile program data. Many other members of the RRL staff, the ACF Regional officers and other staff at CSE generously shared their expertise with us, and we appreciate their contributions to this profile of their efforts.

In Jacksonville, Jacksonville Network for Strengthening Families' Robyn Cenizal was instrumental in planning all site visit activities including arranging a comprehensive set of interviews, class observation and attendance at a graduation ceremony. Her time and effort are greatly appreciated. Denise Simpson at DOR and staff at the Duval County Child Support office helped us gather information about program activities and constructed the child support data files for this report. Many other JNSF staff, facilitators and coalition members along with ACF regional officers shared their program experiences with us, and contributed greatly to our understanding of program implementation.

In Chicago, IHRMI's Patricia Godfrey readily took the time and effort to set up interviews in various locations, gather program documentation and provide insight into site operations. Karen Newton Matza of CSE shared her insights and helped put together the child support data files, and Octavia Powell at Catholic Charities compiled the program participant data file. Many other staff from organizations affiliated with IHRMI and ACF regional staff participated in the site visit and shared their insight and knowledge with us. Their time and expertise are reflected in IHRMI's profile.

We received helpful feedback throughout the process from Mark Fucello, Nancye Campbell, and Naomi Goldstein of the Office for Planning, Research, and Evaluation at the Administration for Children and Families. Their guidance is evident in this report and is much appreciated. The report also benefited from the helpful comments received from Myles Schlank, Eileen Brooks, and Margot Bean of the Office of Child Support Enforcement at the Administration for Children and Families. Within our project team, we appreciate the efforts of Mai Nguyen and Valentina Akhmerova in arranging data transfers and creating analytic files, and Danny Occoquan for taking meticulous notes on the healthy marriage site update calls. Elaine Crider, of Crider Associates, assisted in interviewing and writing up program activities in Florida and Illinois. The Lewin Group, as the contractor for Technical Assistance to CHMI sites, has been very helpful to us and to the site. We appreciate their collaboration.

Lastly, the views presented are those of the authors and do not necessarily represent the official position of the U.S. Department of Health and Human Services or its agencies.

The Authors

Contents

Section	Page
EXECUTIVE SUMMARY	ES-1
ES.1 Illinois Healthy Relationships and Marriage Initiative	ES-2
ES.2 Relationships for Real Life	ES-3
ES.3 Jacksonville Network for Strengthening Families	ES-5
ES.4 Comparing the Initiatives	ES-6
1. Piloting Community Approaches to the Healthy Marriage Initiative	1-1
1.1 The Community Healthy Marriage Initiative Demonstration and Evaluation	1-1
1.2 Methods for Obtaining Information	1-3
2. Illinois Healthy Relationships and Marriage Initiative; Chicago, Illinois	2-1
2.1 Introduction	2-1
2.2 Illinois Healthy Relationships and Marriage Initiative: Background, Planning, and Early Implementation.....	2-2
2.2.1 Project Goals	2-2
2.2.2 Birth of IHRMI: Built on Experience and Strong Working Relationships	2-3
2.3 Organization and Implementation of IHRMI	2-4
2.3.1 Illinois Policy Environment	2-4
2.3.2 Organizational Structure.....	2-4
2.4 Initial Operations and Services of the IHRMI	2-7
2.4.1 Recruitment Strategies: Roseland WIC Food and Nutrition Center.....	2-7
2.4.2 Recruitment Strategies and Site Selection: Diversey WIC Food and Nutrition Center	2-10
2.4.3 Intake and Screening.....	2-12
2.4.4 Curriculum and Programs	2-12
2.5 Linkages With Other Service Providers	2-15
2.5.1 Child Support Services	2-16
2.5.2 Employment Services.....	2-16
2.5.3 Domestic Violence Referrals.....	2-19
2.5.4 Media Campaign and Community Outreach	2-19
2.6 Participant Information	2-19

2.6.1	Workshop Participant Information	2-19
2.6.2	Management Information System (MIS) Data Highlights of Participant Characteristics	2-20
2.6.3	Participants' Involvement in the Child Support System.....	2-23
2.6.4	The Employment, Earnings and Unemployment Insurance Benefits Patterns Among IHRMI Participants.....	2-24
2.6.5	Perspectives of Selected Participants.....	2-32
2.7	Conclusions.....	2-35
3.	Relationships for Real Life; Boston, Massachusetts	3-1
3.1	Introduction	3-1
3.2	Relationships for Real Life: Background, Planning and Early Implementation	3-2
3.2.1	Project Goals	3-2
3.2.2	Birth of RRL: Drawing on Organizational Strengths and Strong Working Relationships.....	3-2
3.3	Organization and Implementation of RRL	3-3
3.3.1	Massachusetts Policy Environment	3-3
3.3.2	Restructuring the Initiative	3-3
3.3.3	Implementing the New Initiative.....	3-4
3.3.4	Organizational Structure.....	3-5
3.4	Initial Operations and Services of RRL	3-10
3.4.1	Recruitment Strategies.....	3-10
3.4.2	Intake and Screening.....	3-11
3.4.3	Curriculum and Programs	3-12
3.5	Links With Other Service Providers	3-15
3.5.1	Child Support System	3-15
3.5.2	Domestic Violence	3-15
3.5.3	Referrals to Other Services	3-17
3.5.4	Media Campaign and Community Outreach	3-17
3.6	Participant Information	3-18
3.6.1	Participant Characteristics and Experiences	3-18
3.6.2	Management Information System (MIS) Participant Data	3-19
3.6.3	Participants' Involvement in the Child Support System.....	3-23
3.6.4	Participant Experiences	3-25
3.7	Conclusions.....	3-25
4.	Jacksonville Network for Strengthening Families; Jacksonville, Florida	4-1
4.1	Introduction	4-1

4.2	Background, Planning, and Early Implementation.....	4-2
4.2.1	Project Goals	4-2
4.2.2	Birth of JNSF: Building a Coalition from the Ground Up	4-3
4.3	Organization and Implementation of JNSF.....	4-5
4.3.1	Florida Policy Environment.....	4-5
4.3.2	Organizational Structure.....	4-6
4.3.3	Organizational Changes.....	4-11
4.4	Initial Operations and Services of JNSF.....	4-12
4.4.1	Recruitment Strategies.....	4-12
4.4.2	Intake and Screening.....	4-14
4.4.3	Curriculum and Programs	4-14
4.5	Linkages with Other Service Providers.....	4-19
4.5.1	Child Support System	4-22
4.5.2	Domestic Violence	4-23
4.5.3	Media Campaign and Community Outreach	4-24
4.6	Participant Characteristics and Experiences.....	4-25
4.6.1	Workshop Participant Information.....	4-25
4.6.2	Management Information System (MIS) Data Highlights of Participant Characteristics	4-26
4.6.3	Participants' Involvement in the Child Support System.....	4-31
4.6.4	Participants' Employment, Earnings, and Receipt of Unemployment Insurance Benefits.....	4-35
4.6.5	Perspectives of Selected Participants.....	4-42
4.7	Conclusions.....	4-44
5.	Implementation Considerations and Lessons Learned	5-1
	References	R-1

Tables

Number		Page
Table 2-1	IHRMI—Exploring Relationships and Marriage with Fragile Families: Couples Curriculum.....	2-13
Table 2-2	Selected Characteristics of Individuals Participating in IHRMI Between July 2005 and October 2006	2-21
Table 2-3	Baseline Employment Status and Income Status of IHRMI Participants From July 2005 Through October 2006	2-22
Table 2-4	Baseline Household, Family, and Partner Relationships of IHRMI Participants from July 2005 Through October 2006.....	2-23
Table 2-5	Paternity Establishment Among IHRMI Participants from July 2005 to October 2006.....	2-24
Table 2-6	Child Support Orders Among IHRMI Participants from July 2005 to October 2006.....	2-25
Table 2-7	Summary of IHRMI Program Participants Match in National Directory of New Hires, 2005 - 2006	2-26
Table 2-8	IHRMI Participants' Employment Participation Patterns in 8 Quarters Between 2005 and 2006.....	2-27
Table 2-9	Negative Binomial Model Predicting the Number of Quarters of Employment Between 2005 and 2006 for IHRMI Participants	2-29
Table 2-10	Employed Participants' Average Wages Received by Demographic Characteristics 2005-2006 (in 2005 Constant \$)	2-31
Table 2-11	OLS Regression Models Predicting Change in Annual Wages (in Constant 2005 Dollars) Between 2005 and 2006 for IHRMI Participants.....	2-32
Table 3-1	RRL: Exploring Relationships and Marriage with Fragile Families	3-13
Table 3-2	Baseline Demographic Characteristics of Individuals Participating in Relationships for Real Life from October 2005 through August 2006.....	3-20
Table 3-3	Baseline Employment Status, Income and Benefit Status of Participants in Relationships for Real Life from October 2005 through August 2006	3-20
Table 3-4	Baseline Household, Family, and Partner Relationships of RRL Participants from October 2005 through August 2006	3-21
Table 3-5	Description of Children Characteristics and Economic Support of Children for RRL Female Participants who are in Relationships from October 2005 through August 2006.....	3-22
Table 3-6	Description of Children Characteristics and Economic Support of Children for RRL Male Participants who are in Relationships from October 2005 through August 2006.....	3-22
Table 3-7	Paternity Establishment of RRL Participants from October 2005 through September 2006	3-23
Table 3-8	Child Support Involvement of RRL Participants from September 2005 through October 2006	3-24
Table 4-1	JNSF Organization Affiliations of Advisory Board Members	4-7

Table 4-2	JNSF List of Network Partners.....	4-9
Table 4-3	The 7 Habits of Successful Families in Jacksonville	4-16
Table 4-4	The 8 Habits of a Successful Marriage.....	4-18
Table 4-5	Facilitators Trained by JNSF, 2004 - 2006	4-19
Table 4-6	Selected Characteristics of Individuals Participating in JNSF from October 2005 through September 2006	4-27
Table 4-7	Interaction of Participants with JNSF Program from October 2005 to September 2006	4-28
Table 4-8	How Participants Found Out About the "7 Habits" Classes by Gender, Race, and Marital Status for Participants Enrolled in the JNSF Program from October 2005 to September 2006.....	4-29
Table 4-9	Stressful Family Events that Occurred During the 12 Months Prior to Course Enrollment for Participants Enrolled in the JNSF Program from October 2005 to September 2006	4-30
Table 4-10	Post Assessments of JNSF Participants Enrolled from October 2005 September 2006	4-31
Table 4-11	Paternity Establishment of JNSF Participants from October 2005 through September 2006.....	4-32
Table 4-12	Child Support Involvement of JNSF Participants from October 2005 through September 2006.....	4-33
Table 4-13	Child Support Involvement of JNSF Participants Reported in MIS System from October 2005 through September 2006	4-34
Table 4-14	Summary of JNSF Program Participants Matched in National Directory of New Hires: Information from 2005 and 2006	4-35
Table 4-15	JNSF Participants' Employment Participation Patterns in Seven Calendar Quarters in 2005 and 2006	4-36
Table 4-16	Effects of JNSF Participant Characteristics on Quarters of Employment between 2005 and 2006	4-38
Table 4-17	Employed JNSF Participants' Average Earnings Received by Demographic Characteristics 2005-2006 (in 2005 Constant Dollars)	4-40
Table 4-18	OLS Regression Models Predicting Change in Annual Wages (in Constant 2005 Dollars) between 2005 and 2006 for JNSF Participants.....	4-41

Figures

Number		Page
Figure 2-1	IHRMI Organizational Chart.....	2-6
Figure 2-2	Example of Integrated Service Delivery Approach for Low-Income Couples Illinois Healthy Relationships & Marriage Initiative	2-17
Figure 2-3	Percent of IHMRI Participants Employed in Each Quarter Between 2005 and 2006 Broken Down by Program Completion Status	2-28
Figure 3-1	RRL Organizational Chart	3-6
Figure 4-1	JNSF: Organizational Chart	4-6
Figure 4-2	JNSF Follow-Up Services for Class Participants	4-20
Figure 4-3	JNSF Participants' Employment Participation Broken Down by Marital Status in 2005 and 2006	4-37

EXECUTIVE SUMMARY

The Community Healthy Marriage Initiative (CHMI) is a key component of the healthy marriage demonstration strategy of the Administration for Children and Families (ACF) to determine how public policies can best support healthy marriages and child well-being. The community healthy marriage demonstrations discussed in this report are funded through waivers granted by the Office of Child Support Enforcement (OCSE) under authority of Section 1115 of the Social Security Act.¹ 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 marriage 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 lead to positive outcomes for families, individuals and couples as a direct result of 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 section 1115 healthy marriage waiver initiatives are to achieve child support objectives through healthy marriage activities.

This report focuses on the implementation of three OCSE funded Section 1115 CHMI projects: the demonstrations in Boston, Massachusetts; Jacksonville, Florida; and Chicago, Illinois. CHMI projects generally involve local coalitions that aim to provide their communities with marriage education, relationship skills training, media messages, and other related activities. 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.

This report focuses on three initiatives' roles in supporting healthy marriage and child support activities and presents a description and analysis of the early implementation of these OCSE waiver demonstrations. It examines three different approaches to implementing a healthy marriage initiative and shows how various organizations leverage their strengths and abilities to get their projects up and running. In Boston, Massachusetts, an existing

1 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. Throughout the report the term "grant" is used to refer to this waiver funding.

initiative focusing on supporting fathers, The Father Friendly Initiative, who has partnered with the Department of Revenue on other projects, has used the grant funding to expand its services and partners. Their program, called Relationships for Real Life, includes relationship skill enhancement for couples. In Jacksonville, Florida, the grant helped the City of Jacksonville and State Child Support to form the Jacksonville Network for Strengthening Families. This community-wide coalition focuses on giving perspective and hope for a positive future using relationship-enhancing training like Covey's *7 Habits of Successful Couples*. In Chicago, Illinois, the Illinois Healthy Relationships and Marriage Initiative, overseen by the Division of Child Support Enforcement, delivers services through WIC centers run by Catholic Charities. This report does not address the question of impacts of the initiatives on marriage or child support outcomes of participants or others in the community, but aims to describe the various approaches that initiatives have taken. A short summary of each initiative follows.

ES.1 Illinois Healthy Relationships and Marriage Initiative

The Illinois Healthy Relationships and Marriage Initiative (IHRMI) is a Chicago-based program that provides relationship-enhancement and marriage-education classes, referrals to employment and other services, and education and assistance with child support and paternity establishment. The primary goals of this initiative are to promote family and child well-being by supporting healthy marriage and family relationships, and encouraging emotional and financial support of children. The target population includes low-income couples who are primarily unmarried and have children. The project targets two low-income neighborhoods in Chicago—one predominately black or African-American and the other predominately Hispanic or Latino.

The IHRMI project was awarded a 3-year Section 1115 waiver in October 2004. Federal financial participation is authorized up to \$819,009 over the life of the waiver, and the State of Illinois is providing matching funds from the general revenue fund in the amount of \$476,850. IHRMI began offering services in July 2005.

Leadership for IHRMI is provided by two organizations with an extensive history of collaboration. These organizations include a state social services agency, the Illinois Division of Child Support Enforcement (DCSE) within the Illinois Department of Healthcare and Family Services, and a large non-profit social services agency, Catholic Charities of the Archdioceses of Chicago, the Division of Community and Outreach Services. IHRMI offers classes and referral services at two community-based WIC (Women, Infants and Children Special Supplemental Nutrition Program) Food Centers that are operated by Catholic Charities and overseen by another state agency, the Illinois Department of Human Services (DHS).

WIC Food Centers are well-established multi-service community centers that provide services for low-income parents and children up to the age of 5. Also serving the broader community, the WIC Food Centers include grocery stores that accept WIC coupons, health centers, case management services, drop-in child care, as well as various education programs that include parenting and nutrition classes. These centers are frequented by couples with young children and offer opportunities for recruitment and service delivery. The target group for this initiative primarily includes unmarried couples who at the outset may or may not be interested in marriage, and some married couples who want to improve their relationships.

The *Exploring Relationships with Fragile Families* curriculum is provided onsite at the WIC centers. Experienced married couple facilitators provide the weekly classes in both English and Spanish over an 8-week period (recently expanded to 10 weeks). A key component of this program is providing all interested participants with access to employment services on site after they complete three marriage classes. In addition to the employment program, program participants are offered comprehensive case management to provide wraparound services to participants.

Rather than developing an extensive city-wide community coalition, this initiative's approach is to engage a small number of well-known service providers in two targeted locations and does not include a media campaign. As of June 2007 IHRMI had graduated 95 couples. The project plans to serve 150 couples over the course of the 3-year grant.

ES.2 Relationships for Real Life

Relationships for Real Life (RRL) is a relationship skill-building initiative intended to encourage healthy relationships and improve child support outcomes among a targeted group of low-income families in Boston, Massachusetts. The project's goal is to improve the lives of low-income families by promoting paternity establishment, child support, healthy marriage and family relationships, and economic independence through a series of marriage education and relationship-building workshops. RRL is a program run by the Father Friendly Initiative (FFI), a one-stop service provider that offers comprehensive case management services to "low-income-earning potential fathers."² FFI targets their services to fathers but they also work with men without children. RRL was developed because FFI recognized that most of the men they serve are in relationships and that working with them in conjunction with their partners, could improve their relationships and the outcomes of their families.

The Massachusetts Department of Revenue received the grant of an OCSE Section 1115 waiver in January 2005. FFI is part of the Boston Public Health Commission that is a subcontractor with the Massachusetts Department of Revenue, Child Support Enforcement

2 <http://www.bphc.org/programs/initiative.asp?b=1&d=4&p=13&i=162>

Department (CSE) to provide the RRL services. The 1115 waiver grant is for \$977,502 over a 3-year period. Matching funds of an estimated \$503,562 come from the Massachusetts Department of Revenue. FFI began providing the RRL services in October 2005.

The Relationships for Real Life initiative is one of many programs run by FFI. FFI's mission is "to deliver a holistic approach to enrich the health and well-being of men by providing a culturally sensitive environment and network of services."³ With the Section 1115 waiver award, FFI has started to provide healthy marriage and relationship education services, which are the first services they have been able to offer to women. FFI helps men access services they need through intensive case management and an extensive referral network. FFI provides individual counseling services and assists clients with child support and custody issues and hosts classes to help promote father's self-development by addressing issues around attitudes, gender, coping skills and parenting practices.⁴ FFI also connects men to substance abuse counseling, anger management counseling, and other support groups and assists men with finding housing, food and employment (these activities are not supported by the funds of this grant).

RRL is run and organized by FFI. Relationship skills classes based on the curriculum "Exploring Relationships with Fragile Families" are provided at FFI and at a number of partner organizations. Partner organizations recruit participants from their clientele and include a range of community organizations, from halfway homes to health clinics and schools. Facilitation of the classes is done by FFI facilitators or by trained facilitator partners. Classes are held at partner sites as well as at FFI.

RRL classes are weekly, 2-hour sessions held over an 8-week period. Couples and individuals are recruited for classes, and participants may or may not currently be in a romantic relationship. Classes can be organized with a mix of different type of participants; however, classes usually consist of participants from a particular organization, such as youth from the Roxbury Youthworks partnership or mothers and their partners from the Entre Familia program.

The RRL initiative does not have a media campaign. Recruiting through their clientele and partner organizations has been successful. As of April 2007, RRL has completed 21 classes and is running or has scheduled a number of additional classes. Through December 2006, 204 participants attended at least one RRL class in the first 20 sessions.

RRL aims to serve 600 individuals over the life of their grant. The initiative focuses on serving economically depressed areas in Boston including: Roxbury, Dorchester, Mattapan, Hyde Park, South End, and Jamaica Plain. FFI works mainly with men who have been recently released from prison, are dealing with substance abuse issues, anger management

3 Leaflet gathered at site visit.

4 http://www.bphc.org/bphc/ffi_curriculum.asp

issues, or who are unemployed. As a result, much of RRL's focus is on underserved and disadvantaged families. RRL works with many different community partners who work with different populations, but RRL differs from other community healthy marriage initiatives in its strong connection and emphasis on men.

ES.3 Jacksonville Network for Strengthening Families

The Jacksonville Network for Strengthening Families (JNSF) is a large-scale, community-wide initiative that engages an extensive number of partner organizations to provide marriage and family strengthening educational programs including child support education, and access to other family support services for Jacksonville's families. JNSF's core approach is described by staff as providing an inside-out approach to strengthening one's family. The focus is to change their participants' mindsets and then connect them with any services that might be needed to address specific issues that may be affecting their lives. The project's aim is to help participants see their lives and prospects differently and to help people define what a successful family would look like.

The Florida Department of Revenue, Child Support Enforcement Program was awarded a Section 1115 waiver in October 2005. This 3-year award is subcontracted to the City of Jacksonville, which houses the JNSF program. The 1115 waiver grant is for \$1 million over the 3-year period. Matching funds of \$500,000 have been provided by the City of Jacksonville.

This initiative uses a three-pronged approach to serving clients. First, JNSF trains staff at social service agencies and other community organizations as well as interested professionals and community members to facilitate a specialized healthy relationships and lifestyle curriculum, the *7 Habits of Highly Effective Families*, developed by Franklin Covey. Included in the class presentation is information about paternity establishment and child support issues. Second, JNSF provides participants with links to service providers that address other issues such as child support, employment preparation, financial literacy, asset development and mental health. JNSF refers participants to services and follows up with them at several points to ensure that participants receive the services they need. Third, JNSF is conducting a media and outreach campaign to promote positive family messages and to inform potential participants of how to obtain services that can help renew and improve family relationships. By raising awareness, changing mindsets, teaching practical skills, and hosting events, JNSF's goals are to encourage healthy marriages and family relationships, improve paternity establishment and child support payments, improve parenting and child well-being, and foster financial self-sufficiency.

Once participants graduate from the "7 Habits" workshop, taught by pairs of facilitators, in 2.5-hour sessions twice a week for two weeks, they are eligible for two other course offerings: the *8 Habits of Successful Marriages* and *Before You Tie the Knot*. The "8 Habits"

course is for couples who are interested in how to enhance their relationships, learn about the successful components of marriage, and explore whether marriage is for them. The *Before You Tie the Knot* Workshop is specifically for couples who intend to marry.

JNSF engages various service providers in Jacksonville to facilitate the curriculum, host classes, recruit participants, and provide additional services if needed. Service providers include social service agencies, faith-based organizations, and secular community organizations. JNSF has a train-the-trainer approach and facilitators are carefully selected through an interview process.

Reflecting the JNSF core philosophy that all families can potentially benefit from their approach, the initiative targets a wide range of Jacksonville families including unmarried singles or couples, married couples, and parents. The target area to be served under this grant is Duval County, Florida, which includes the City of Jacksonville.

The JNSF coalition started delivering services before receiving any Federal funding because it received initial seed funding in mid-2004 from the Office of the Mayor of the City of Jacksonville, a strong supporter of this effort. These funds helped JNSF defray planning costs. JNSF served 400 participants before receiving any Federal funding. JNSF aims to serve 1,000 participants a year or 3,000 over the life of the grant. As of March 2007, JNSF had served 1,203 participants, with 981 graduating, representing an 82 percent graduation rate.

ES.4 Comparing the Initiatives

The three initiatives illustrate the local diversity in program operations that can arise through a bottom-up, community process aimed at achieving broadly common goals. Two are small programs with a limited number of partners. Boston's RRL built a program initially designed to reach 600 individuals with a focus on fathers, although it has expanded to include as many women as men. Chicago's IHRMI program initially planned to serve 300 individuals recruited and trained in relationships skills at WIC centers. In contrast, Jacksonville's JNSF program planned to recruit from a broader segment of the community and to operate at a substantially larger scale, both in terms of the number of participants (3,000) and the number of local partners.

Notwithstanding these differences, all three sites provide 10-12 hours in training that emphasizes relationship skills and other attributes of successful couples and families. All have a graduation that participants can achieve by attending 10-12 hours of training. All provide referrals to other agencies for problems ranging from employment and housing to drug rehabilitation and education. They differ in terms of direct support services, with Boston placing most emphasis on site direct services.

The three initiatives all build on other local programs. The benefits of this approach are clear. Each CHMI sponsor began with partners, community contact and support, and an understanding of the grant requirements. Each had experience with recruiting and delivering services to the community. Even with these advantages, all three initiatives took considerable time to start serving people and all involved changes in partnerships and some altered their program model. Each site is nonetheless making progress toward its goals and has served at least one third of the total number of participants it proposed to reach.

Although all three programs are reaching low-income individuals and couples and at least two thirds of participants are black or Hispanic, the strategies vary widely. Relationships for Real Life in Boston has built on a program focused on fathers to include relationship skills. Unlike many other grantees, recruiting men has not been as challenging because of the ongoing relationship and trust that fathers put in the umbrella organization, the Father Friendly Initiative. Hiring additional staff and accessing more time from the facilitators have been challenges that have limited the number of participants to 200 as of April 2007. Of the RRL participants, two thirds are male, two thirds are black, many have been incarcerated and a number are in concurrent treatment for substance abuse.

In Illinois, the program is reaching low-income, minority men and women in equal proportions. Virtually all participants are black or Hispanic. Most have children in the home and some have children living outside the home. Nearly two thirds had some involvement in the child support system. About 40 percent had no job at all in a typical quarter and half had incomes below \$20,000 per year. Considering the extensive recruiting and class locations at WIC centers, however, it is surprising that 40-50 percent of participants have incomes above the \$20,000 level.

Jacksonville's JNSF is reaching a broader segment of the population than the other two programs, often via referrals from other programs. About half of JNSF are married couples and about one third are white, figures well above the proportions in Boston and Chicago. The number of participants served in JNSF was about six times the levels in Boston and Chicago. JNSF accomplishes these high enrollments by partnering with a very large number of agencies and by offering a low intensity intervention.

Involvement with the child support system was significant but the precise proportions varied across sites. By matching data on individuals from MIS systems to child support administrative records, it is possible to determine whether participants received or paid child support or had a child support order. The percentages of participants with child support involvement range from 27 percent at RRL, to 36 percent at JNSF, and all the way up to 64 percent at IHRMI. Rates of paternity establishment are over 60 percent across the initiatives, with IHRMI having a rate of 84 percent, perhaps due to previous paternity establishment programming in the same site.

Employment and earnings records confirm that participants generally have low employment rates and low earnings. Matching participant data to the National Directory of New Hires yielded data on employment and earnings by calendar quarter, the number of jobs, and the use of unemployment insurance. For the two initiatives for which labor force outcomes were matched—Illinois and Florida, about 40 percent of participants were not working in a typical quarter. Well under half (37 percent of JNSF participants and 25 percent of IHRMI participants) were employed through the 7-quarter reporting period. If the earnings for these quarters are annualized, only 42 percent of the participants in JNSF and 29 percent of those in IHRMI earn more than a full-time, minimum wage worker. Use of unemployment insurance any time during 2005 or 2006 differed markedly, at five percent of JNSF participants and 27 percent of IHRMI participants.

The fact that all three initiatives managed to use partnerships that are a trusted part of the community facilitated recruitment into these new programs. The three initiatives managed to train instructors, hold classes, teach relationship skills to many individuals and couples, and provide referrals for necessary support services. They are continuing to build partnerships and to reach additional constituencies, including employers in Jacksonville.

Judging from the comments of small groups of participants interviewed by the evaluation team, the level of satisfaction with the classes was high in all sites. Participants generally stated they were learning skills that would be very useful in relationships and marriages. Both men and women gave examples of how the skills provided in the classes were helping them achieve more from couple and family relationships.

One central difference among the programs is scale. JNSF is well on its way toward its goal of reaching 3,000 individuals, while RRL and IHRMI are planning to serve 600 and 300 individuals, respectively. Although we are not measuring program effects in this report, given that the classes in each of the sites are similar in scope and duration, one would expect that any effects on behavior and relationship outcomes will reach far more people in Jacksonville than in Boston and Chicago. At the same time, the added support provided and tighter targeting in Boston and Chicago might allow these demonstrations to achieve better outcomes per participant, partly offsetting the benefits of scale achieved in Jacksonville.

1. PILOTING COMMUNITY APPROACHES TO THE HEALTHY MARRIAGE INITIATIVE

1.1 The Community Healthy Marriage Initiative Demonstration and Evaluation

The decline in marriage and associated two-parent families in the United States continues to complicate efforts to reduce child poverty. One third of all children live in one-parent families, and nearly 40 percent live away from at least one biological parent. Over 50 percent of poor families with children under 18 are headed by single women.⁵

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 study reported living together and/or being romantically involved with the baby's father at the time of birth and reported a high likelihood of marrying. However, very few of the unwed couples were married 1 year later. 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 to improve the long-term stability of their relationships. In addition, there is a research base showing that marriage education can strengthen the relationships of married couples, yielding improved relationship quality and stability (Carroll and Doherty 2003).

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 (DHHS), began a major program of research and demonstrations 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. One of the projects that originated from this initiative is the Community Healthy Marriage Initiative (CHMI).

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 a demonstration project that is designed to improve the financial well-being of children or otherwise improve the operation of the child support program. As part of the Community Healthy Marriage Initiative, the ACF Office of Child Support Enforcement awarded Section 1115 waivers to provide grantees with financial assistance to support healthy marriage and address family structure issues. The recipient is required to provide matching funds. Specifically, the Section 1115 CHMI projects are designed to leverage efforts of local communities to develop

5 http://pubdb3.census.gov/macro/032006/pov/new03_100_01.htm

programs that support healthy marriage; healthy family functioning; and child support enforcement objectives, including parental responsibility and the financial well-being of children. 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.

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. 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 mobilize not only 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 participants 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.

The goal of this study is to describe the nature of the OCSE Section 1115 CHMI demonstrations. This study will inform ACF about the development and implementation of community approaches to healthy marriage programming, the characteristics of these initiatives, recruitment and outreach strategies, targeting efforts, and innovative approaches for linking child support with marriage support activities. This research is aimed at better understanding these pilot initiatives to inform the implementation of other healthy marriage education efforts around the country. This report focuses on the implementation of three pilot CHMIs.

Characterizing the community approach in CHMI pilot sites with respect to healthy marriage, healthy family, and child support activity is a challenge. Each demonstration is unique because it emanates from a participative community process and program structure. This report presents a description and analysis of the implementation of three Section 1115 waiver demonstrations in Chicago, Illinois; Boston, Massachusetts; and Jacksonville, Florida. In this section we provide information on how the data were collected for this report, and

additional background information on 1115 CHMIs. Section 2 describes the Illinois Healthy Relationships and Marriage Initiative in Chicago, Illinois. Section 3 includes a detailed description of Relationships for Real Life in Boston, Massachusetts, and Section 4 describes the Jacksonville Network for Strengthening Families in Jacksonville, Florida. Section 5 highlights some of the key distinctions between the initiatives as well as similarities in approaches toward implementing a CHMI. We conclude with a description of key considerations in implementing a CHMI.

1.2 Methods for Obtaining Information

To examine how each of the 1115 demonstration projects became operational, how each formed and maintained community coalitions, and how each began operations, project staff collected information from a variety of sources. The primary qualitative methods included:

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

A two-person team conducted the site visits to Boston, Jacksonville, and Chicago. The Boston site visit was conducted in mid-September 2006 and the Jacksonville visit was conducted in late September 2006. The Chicago site visit took place in early November 2006. Semi-structured qualitative interviews were completed with a number of individuals involved in each of the projects—from the founding members to the leadership team and direct service providers. In addition, RTI staff interviewed marriage education facilitators and participants to obtain information about the curriculum and classroom dynamics.

Site visitors used prepared discussion guides to conduct the interviews. The semi-structured 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 and visual materials relevant to the planning, implementation, and ongoing operation of the demonstrations. Staff also learned about ongoing site activities by participating in monthly project calls led by ACF staff.

Quantitative data on participants came from each site's Management Information System (MIS). Tabulations from the MIS data provide a quantitative portrait of the demographic characteristics, education, sex, marital status, and service use of project participants. In

cooperation with the child support enforcement agencies in Massachusetts, Florida, and Illinois, we obtained information on participants with children who had child support involvement. With this information, we report 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 addition, for Florida and Illinois, and through the Office for Child Support Enforcement's assistance, we were able to match participant data with data from the National Directory of New Hires.⁶ This matching allows some analysis of the labor force attachment of participants, including a description of their earnings, number of jobs, and whether they were covered by Unemployment Insurance.

Much of the information presented in this report is based on the reports and information gathered on the site visits in 2006; however, where information is available we have updated the report to reflect the more recent activities in the sites. It is important that readers view this report as providing a snapshot of the constantly evolving and developing community initiatives. Each section of the report has a similar structure and addresses the following aspects of each initiative:

- Background, Planning, and Early Implementation
- Organization and Implementation
- Initial Operations and Services
- Linkages With Other Service Providers
- Participant Information with data from site, state and Federal databases

A final section of the report highlights lessons learned and challenges in early implementation and attempts to integrate the lessons from the three models presented.

⁶ To ensure participant confidentiality, data transferred to RTI does not include any identifying information.

2. ILLINOIS HEALTHY RELATIONSHIPS AND MARRIAGE INITIATIVE; CHICAGO, ILLINOIS

2.1 Introduction

The Illinois Healthy Relationships and Marriage Initiative (IHRMI) is a Chicago-based program that provides relationship enhancement and marriage education classes, employment, and financial literacy training to couples after they enroll in marriage education classes, education and assistance with child support and paternity establishment, and referrals to other services. The primary goals of this initiative are to promote family and child well-being by supporting healthy marriage and family relationships, and encouraging emotional and financial support of children. The target population includes primarily low-income couples who are mostly unmarried and have children. The project targets two low-income neighborhoods in Chicago—one predominately black and the other predominately Hispanic.

The IHRMI project was awarded a 3-year Child Support Enforcement Demonstration Section 1115 waiver in October 2004. After local funding was secured and partnerships solidified, IHRMI began offering services in July 2005. The project plans to submit a time extension request to the waiver to deliver services until June 2008. Federal financial participation is authorized up to \$819,009 over the life of the waiver, and the State of Illinois provided matching funds from the general revenue fund in the amount of \$476,850.

Leadership for IHRMI is provided by two organizations with an extensive history of collaboration. These organizations include a state social services agency, the Illinois Division of Child Support Enforcement (DCSE) within the Illinois Department of Healthcare and Family Services, and a large non-profit social services agency, Catholic Charities of the Archdioceses of Chicago, the Division of Community and Outreach Services. IHRMI offers classes and referral services at two community-based WIC (Women, Infants and Children Special Supplemental Nutrition Program) Food Centers that are operated by Catholic Charities and overseen by the Illinois Department of Human Services (DHS). WIC Food and Nutrition Centers are well-established multi-service community centers that provide services for low-income parents and children up to the age of five. Also serving the broader community, the WIC centers include the ability for participants to obtain WIC food products, onsite health services, case management services, drop-in child care, as well as various education programs that include parenting and nutrition classes. These centers are frequented by couples with young children and offer opportunities for recruitment and service delivery.

The Project Director of IHRMI is an employee of Catholic Charities who manages the day-to-day operations of the program at the two WIC centers and has input into the program's overall direction. The Family Ministries of the Archdiocese of Chicago provide experienced

facilitators who are married couples. A key component of this program is providing all interested program participants with access to employment services onsite after they complete three marriage classes. Rather than developing an extensive city-wide community coalition, this initiative's approach is to engage a small number of well known service providers in two targeted locations. Most providers have previously worked together to help nurture low-income couples' relationships, connect couples with jobs, and make referrals for additional services within the broader WIC Food and Nutrition Service Center, Catholic Charities social services, and outside providers if needed.

2.2 Illinois Healthy Relationships and Marriage Initiative: Background, Planning, and Early Implementation

2.2.1 Project Goals

In the Chicago area, encompassing Cook and Lake Counties, the percentage of children who are born to unmarried parents is highest among black and Hispanic families. In 2002, 77 percent of births to black mothers, 42 percent of births to Hispanic mothers, and 20 percent of births to white mothers occurred out of wedlock.⁷ Of the 43,971 births to unmarried women in 2002, nearly eight percent of them were to teenagers.⁸ Given the high rates of unmarried parenthood, this initiative targets couples in order to foster healthy relationships between parents, improve parents' employment prospects, and promote and support marriage for those who are interested. At the outset of the project, they set broad goals including the following:

- Increase the number of low-income children raised in stable married families with healthy relationships;
- Increase the number of healthy marriages in the Chicago area; and
- Support child support enforcement goals:
 - (1) improve compliance with support obligations by non-custodial parents when needed;
 - (2) increase paternity establishment for low-income children born to unwed mothers;
 - (3) collaborate with court agencies to ensure support for children for whom child support is requested;
 - (4) Improve direct intervention with two-parent intact and single but co-parenting households to emphasize the importance of financial and emotional support for children.

7 Chicagoland Marriage Resource Center, http://www.chicagolandmarriage.org/marriage_statistics.htm

8 Chicagoland Marriage Resource Center, http://www.chicagolandmarriage.org/marriage_statistics.htm

The project plans to serve 150 couples over the course of the 3-year grant. Services will include healthy marriage workshops; assistance with employment, financial literacy, and child support and paternity establishment; and case management services. Additional referrals will be provided to Catholic Charities and other community service providers as needed.

2.2.2 Birth of IHRMI: Built on Experience and Strong Working Relationships

Unlike many other sites in the Community Healthy Marriage Initiative that cast a wide net to form brand new coalitions and enter brand new territory, the lead agencies in IHRMI, the Division of Child Support Enforcement, Catholic Charities, and WIC centers decided to build on their extensive experience working together in starting up demonstration projects. To accomplish the child support goals, this project built on the Division of Child Support Enforcement's experience with designing paternity establishment demonstration projects at local birthing hospitals in Chicago. The IHRMI also built on an existing strong relationship between DCSE and the WIC centers operated by Catholic Charities. These organizations collaborated to establish the Paternity Establishment Project (PEP). In PEP, targeted staff members at each WIC center were trained to follow paternity establishment procedures used by county clerks and hospitals to help educate and encourage paternity establishment among unmarried parents. These staff members are called PEP representatives. The PEP project initially operated as a pilot project in four WIC centers and then expanded to all 18 WIC centers in 1998 after receiving a Special Improvement Project grant from the Federal Office of Child Support Enforcement.

Because DCSE, Catholic Charities and the WIC centers had been able to collaborate, negotiate, and implement effective child support education and establishment procedures, it was a natural extension to develop a pilot project to add relationship enhancement and marriage education program components to the WIC centers' service mix.

Early on these agencies recognized that employment services were an important component in strengthening couples' relationships and decided to bring in a partner to provide employment services. This partner, the Mayor's Office of Workforce Development (MOWD) had not worked extensively with these agencies before, but they had established links through personal contacts between agency heads. Family Ministries, located at the Archdioceses of Chicago, was brought in to provide class facilitators and help select a curriculum. Catholic Charities' Division of Community and Outreach Services and Family Ministries are both based at the Archdioceses of Chicago, yet these divisions had not worked together before. They were brought together for IHRMI because a DCSE staff member had connections with both.

The IHRMI goal of adding marriage education and employment services to a well-established program model was supported by two key state human services agencies, the

Illinois Department of Healthcare and Family Services, which oversees the Division of Child Support Enforcement, and the Illinois Department of Human Services, which oversees the WIC program. With this high level of state support, Catholic Charities, who had extensive experience in writing proposals and preparing budgets for Federal grants, worked with the DCSE to write the IHRMI child support demonstration project grant. The grant was submitted to the Federal Office of Child Support Enforcement at the Department of Health and Human Services in August 2003.

2.3 Organization and Implementation of IHRMI

2.3.1 Illinois Policy Environment

The IHRMI was approved for a Section 1115 waiver in October 2004. During the time that had elapsed between the planning of the initiative for grant submission in 2003, and the funding of the grant in 2004, the governor of Illinois changed, resulting in some implementation challenges for the initiative. As is often the case with a newly elected governor, the change in political leadership brought with it changes in state human services agency leadership. These leadership changes led to some delays in securing state matching funds because the state contracting system had changed; however, eventually the matching funds were secured through the state's general revenue fund. The additional time spent securing state funds delayed the startup of the program's operations until July 2005. Although the delay created some uncertainty about when the program could become operational, DCSE and Catholic Charities' program staff felt it also gave them more planning time to solidify decisions about service delivery structure, network partners, hiring of appropriate staff, and selection of a curriculum.

2.3.2 Organizational Structure

Around the same time leadership changed at the state level, one of the original coalition partners decided to leave. Initially the Chicago Mayor's Office of Workforce Development (MOWD) was selected as a partner who would deliver the employment services. The DCSE quickly brought in another employment partner, the Chicago Area Project (CAP). They had worked with CAP on past projects targeting services to non-custodial parents. CAP is a community-based non-profit organization that has been operating in low-income Chicago communities for 75 years. They have dedicated state funding to conduct needs assessment and tailor programs to meet Chicago residents' needs. CAP program staff have a strong belief that economic security is essential to strong family relationships and saw a natural fit between IHRMI and their job training and placement programs.

Despite the initial funding challenges and the replacement of one of the initial partners, the original service delivery plan to provide marriage education, employment preparation and job placement, and case management services to couples at WIC Food and Nutrition Centers remained intact. The project planned to begin by targeting service delivery at one

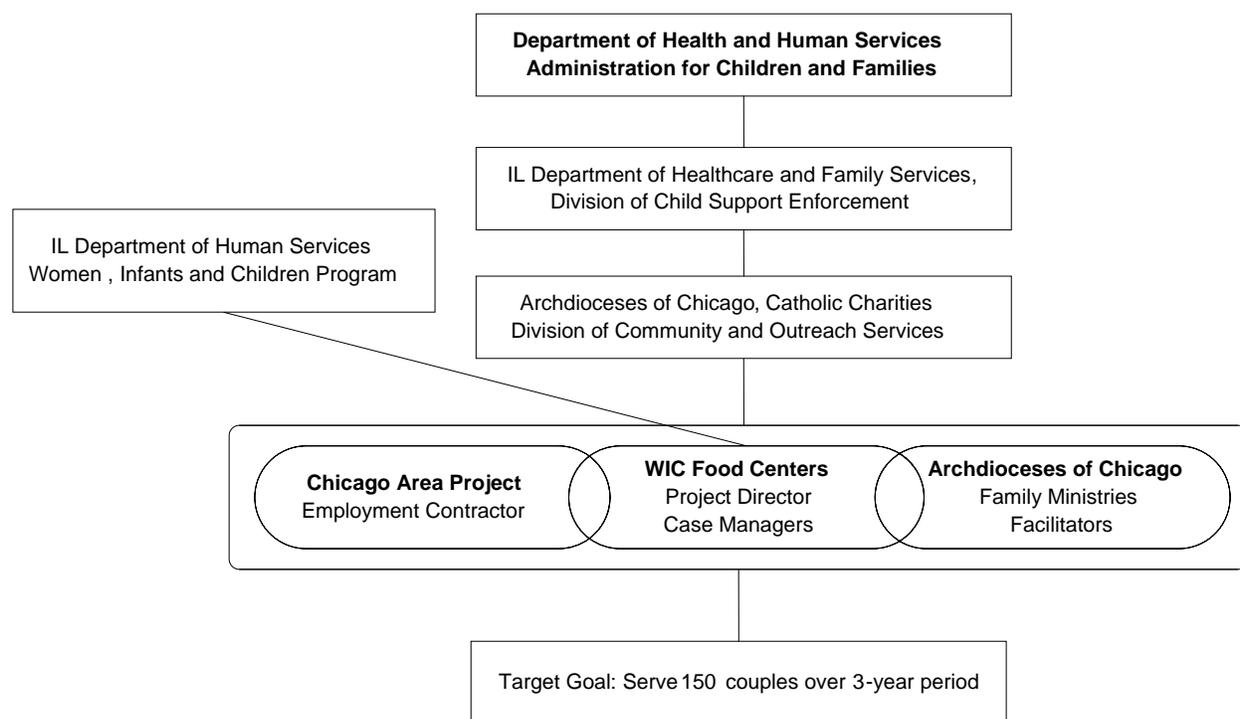
of the Catholic Charities–run WIC Food and Nutrition Centers serving the south side of Chicago, The Roseland WIC Food and Nutrition Center, where neighborhood residents are predominantly black and unemployment is high. After establishing the program in Roseland, the second stage of the project included moving north to select a second WIC Food and Nutrition Center serving a predominately Hispanic neighborhood. Local hospitals located near the two WIC Food and Nutrition Center sites would also be contacted to help recruit couples for classes.

The Chicago WIC centers are distinct from WIC centers in other cities, as they provide wraparound services and food distribution centers in one location. As a result, parents do not generally come to the center alone, but as a couple. This makes the WIC center uniquely suited to provide services to couples with children. In addition, many couples who come to the WIC center are not married, providing a reason why the DCSE’s PEP program was established at the WIC centers.

A visual representation of the overall IHRMI organizational structure is provided in Figure 2–1. The Department of Health and Human Services, the Administration for Children and Families provides the Federal funding that was matched by funds from the State of Illinois out of their general revenue fund. The DCSE is the primary Federal grantee and also oversees both the Federal and state funds. The DCSE is responsible for the overall budgetary decisions, and also provides expertise in achieving the project’s child support goals by engaging in activities such as coordinating recruitment efforts with paternity establishment programs based at local hospitals. The Illinois Department of Human Services (DHS) monitors the administration of the WIC program at the WIC centers but does not take a lead role in IHRMI program implementation. The role of Catholic Charities, the Division of Community Outreach Services, is to provide oversight for program operations at the WIC Food and Nutrition Centers. They also consult with the facilitators at Family Ministries about the content and structure of the classes, monitor the activities, and confer with program staff at the Chicago Area Project.

With the main partners solidified, the next step was to hire and train project staff who would recruit participants, schedule classes, and provide case management services at the WIC centers. Two key staff members were hired from within Catholic Charities to work at the Roseland site, the Project Director and the Project Coordinator. The Project Director has been at Catholic Charities since 1999 and designed and implemented a broad array of programs including monitoring the WIC contract as well as providing case management. The full–time project coordinator had previously worked as Manager of the WIC Paternity Establishment Program (PEP). Both staff members have extensive experience delivering services within the Catholic Charities system and are especially helpful when making client referrals. These strategic hiring decisions proved to be important to ensuring buy–in from the broader staff at the Roseland WIC Food and Nutrition Center site and eased the transition of launching a new set of services that targeted couples’ relationships.

Figure 2–1 IHRMI Organizational Chart



The next step was to design classes that would achieve the program’s target goals by recruiting facilitators, and selecting a curriculum that would be suitable for the target population, primarily unmarried black and Hispanic low-income couples. Family Ministries from the Archdiocese of Chicago was brought in as a partner because of their prior experience in working with the black and Hispanic communities through their marriage ministry. The IHRMI approach hired married couples who were experienced facilitators of the Catholic pre-marital curriculum (pre-CANA) from Family Ministries to facilitate the new curriculum. They had extensive experience with providing premarital assessments called *Facilitating Open Couple Communication, Understanding and Study (FOCCUS)*⁹ with engaged couples and also facilitating pre-marital and marital workshops. Very early on, Family Ministries recognized that the curriculum had to be adapted to meet IHRMI’s program needs, as they were accustomed to working with a more affluent population. Initially, Family Ministries thought they would design their own curriculum, but after learning about multiple new curricula developed for low-income unmarried parents, they decided not to duplicate efforts. They selected the *Exploring Relationships and Marriages with Fragile Families* curriculum¹⁰ because it was geared toward low-income black couples, similar to their initial target population at the Roseland site. It also could be offered free of

9 The marriage preparation inventory, FOCCUS, was developed in the mid 1980s by three marriage and family therapists. For more information, see <http://www.foccusinc.com/>.

10 This curriculum was developed by the Center for Urban Families in consultation with experts under the direction of the State of Louisiana. For more information, <http://www.cfuf.org>.

charge. One of the potential drawbacks of this curriculum was the time it would take to adapt this curriculum for Hispanic couples and translate it into Spanish when the second WIC Food and Nutrition Center site was chosen.

Some CHMI sites that work directly with faith-based initiatives had experienced difficulties convincing church leaders and religious organizations to become involved with programs that support secular teaching about marriage. In contrast, Catholic Charities, the largest non-profit social service provider in the Midwest, has a long history in delivering wraparound social services and educational programs to low-income families. These programs do not include any religious content.

In conclusion, having a well developed service delivery model at the outset helped IHRMI withstand the changes in the state's political and policy climate and delays in the release of state matching funds. The delay in the program start up turned out to provide much needed planning time to solidify the coalition, hire the right staff, and make curriculum decisions. The project saved valuable resources by having the time to learn about existing marriage curricula for low-income couples instead of starting from scratch. The program also was strengthened by having an existing service delivery infrastructure, strong experience recruiting couples, and the extensive buy-in by WIC center staff.

2.4 Initial Operations and Services of the IHRMI

After project staff were hired and the first WIC center site was selected, the IHRMI team turned to developing recruiting strategies and beginning service delivery. Adding a new program to an existing menu of services at the WIC centers required staff to anticipate which of their existing clients would be interested in marriage education and employment services. WIC staff were fortunate because they had success engaging couples and building enough trust through the PEP program to talk about sensitive issues such as child support and paternity establishment. The project also started to build other recruitment sources for couples at birthing hospitals and the broader community living around Roseland's WIC Center. After starting up the program at the Roseland WIC Center, the IHRMI also had to select and start up operations quickly at a second WIC center, located in a predominantly Hispanic community.

2.4.1 Recruitment Strategies: Roseland WIC Food and Nutrition Center

Centrally located on Michigan Avenue, a main shopping street and thoroughfare, the Roseland WIC Food and Nutrition Center has high traffic flow—approximately 7,000 families per year. Recruiting for the marriage and healthy relationship classes mainly occurs within the WIC center, which has proved to be ideal for recruiting couples. The demand for services is high and IHRMI had to start a waiting list for classes held at Roseland. In fact, the recruiting and interest in the classes was so strong that the program hired another couple to be facilitators for a second class at the Roseland site.

After walking in the front door of the main lobby of the Food Center, families see a sign for the Illinois Healthy Relationships and Marriage Initiative along with signs for other programs housed within the Center. There are flyers and brochures for the classes posted at the self-service kiosk and the information desk. There are two organizations that make referrals and engage in recruiting efforts from programs that operate within the WIC Center—The Roseland Community Hospital and Jadonal E. Ford Center for Adolescent Pregnancy. Specific duties of these organizations include:

- **The Roseland Community Hospital** runs the WIC program providing intake and distributing WIC coupons for families. Hospital employees work at the on-site health center to provide immunizations, vision screening programs, and other medical services.
- **Catholic Charities' Jadonal E. Ford Center for Adolescent Parenting** also housed with the Roseland WIC Center runs five programs for adolescent parents. Their services include case management of medical services for pregnant young women, and their infants and children up to 6 years of age to ensure that young mothers receive prenatal and postnatal care, and children receive immunizations and other medical services. Other programs for adolescent parents include: parenting education groups, home-based services, and various screening, and doula services.

WIC program intake and case workers from the Roseland Community Hospital as well as Catholic Charities staff at the Ford Center for Adolescent Parenting received training from IHRMI staff that included a script and fact sheets to help screen families for interest in healthy marriage and relationship classes as well as child support services (PEP program). Staff members also make announcements about IHRMI classes in nutrition counseling groups as well as adolescent parenting groups. If interested, these couples are referred to the IHRMI program's on-site case manager and IHRMI project director for intake and screening.

Recruiting is also done by the IHRMI project director and case manager who go in to the waiting rooms of the health center and the WIC program and talk about the program with couples who are waiting for appointments. The IHRMI offices are adjacent to the waiting room so they are accessible and visible to the clients. IHRMI program staff feel that to "motivate and encourage...is key" and by being located on-site at the WIC Center, IHRMI staff are accessible, can easily nurture relationships, establish rapport and build trust with the clients they see.

According to key stakeholders and program staff, the WIC Center in Roseland proved to be ideal for recruitment, particularly for couples, because:

- There are captive audiences in the waiting rooms for appointments with WIC intake workers and doctors;
- Men are actively involved in the food shopping and WIC appointments;

- When children are infants and toddlers, parents make time to go to their appointments together;
- WIC Centers provide prenatal services so they attract couples before the birth of a child;
- Services include comprehensive case management that provide wraparound services to participants;
- There are several educational programs located within the Center that also target parents;
- Clients frequently come into the WIC centers;
- Roseland WIC Center is a centrally located neighborhood institution;
- There is onsite child care;
- Recruiting brochures can be placed in the customer service kiosks in the WIC centers and are also available to participants in the waiting room;
- There is tremendous staff buy-in around the Roseland WIC Center; staff believes that this program is filling a community need.

Other recruitment sources include participants' recommendations to family and friends, and through flyers that are distributed all over the neighborhood including stores on Michigan Avenue, the Department of Human Services local office in Roseland and other local social service providers. To a much smaller extent, recruiting occurs through hospitals near the Roseland site. The DCSE helps to recruit couples by sending out letters and IHRMI flyers to everyone who signs paternity establishment forms at three nearby hospitals. This method has yielded some participants, but far fewer than direct recruiting at the WIC centers. IHRMI staff has noted that many families in their target population move soon after having a baby so recruiting letters are returned undelivered because the addressee has left no forwarding address. Also, many local couples expecting babies do not go to local hospitals such as Roseland Community Hospital but instead go to larger birthing hospitals that are located downtown.

Other services that draw couples into the program include: provision of on-site child care, meals for both parents and children, small gift bags that include coupons for couple activities such as "movie night," and transportation subsidies such as bus tickets that are provided after classes start. The program had originally considered offering monetary incentives for participation but found that they were unnecessary and therefore, they were dropped.

2.4.2 Recruitment Strategies and Site Selection: Diversey WIC Food and Nutrition Center

Given the successful program model established at the Roseland WIC Center site, project staff anticipated easily replicating the program at a second WIC Center. The Diversey WIC Food and Nutrition Center in the Logan Square neighborhood was added as a service center in February 2006 and is located in a predominantly Hispanic neighborhood. The space for the IHRMI became available at the Diversey site when a Catholic Charities program for the elderly moved to a bigger location. The location of this WIC Food and Nutrition Center is in a busy strip mall where there is plenty of parking.

Similar to the Roseland WIC Food and Nutrition Center, the Diversey WIC Center includes a grocery store, health center, and on-site child care. In contrast, this Diversey WIC Center does not provide an array of educational programs targeted toward adolescent parents. The WIC program and health center at Diversey is staffed by the Cook County Economic Development Association (CEDA), a large social service and community action agency that runs multiple WIC programs around metropolitan Chicago. Many of the staff members at this site speak Spanish in order to serve their clientele. As a result of the high numbers of Spanish-speaking couples, all the classes at the Diversey site are conducted in Spanish.

The recruiting approach used at the Diversey site is similar to that of the Roseland site: the IHRMI project director and case manager began by identifying potential participants in the waiting room at the WIC center. CEDA employees who conduct the WIC intake and work in the health center also recruit for the program. Flyers are distributed within the WIC Center at the self-service kiosk and also placed in all stores in the mall. As with the Roseland site, DCSE sends out letters to couples who established paternity at three local hospitals near the Diversey site. The same set of program incentives is offered: on-site child care, transportation subsidies, gift bags as well as referrals, case management and employment services. Initially these recruitment strategies, however, did not generate as much interest in the program as in the Roseland site.

Some of the recruiting challenges identified at the Diversey site include:

- IHRMI staff were not fluent Spanish speakers;
- The IHRMI project director and case manager are split between two sites so they are not always present to do recruitment and intake;
- Hispanic men have been resistant to participating in the classes: staff believe it is because they did not like talking about their personal problems in a group setting;
- There is less program visibility because the project offices are not located right in the WIC center. Instead, there is a separate entrance for the IHRMI project offices and no sign, making the program hard to find;

- The location in the strip mall makes walk-ins less likely;
- The Diversey site does not offer other educational services for adolescent parents.

Practices that have been developed and plans in the development stages to address recruiting challenges at Diversey site include:

- Alter the start time of classes. Classes were starting at 4:30 pm because the WIC child care workers leave when the Center closed at 7 pm. The program plans on hiring their own child care workers and start classes later so that participants have time to get there.
- Hire another staff member who speaks Spanish to help with recruitment and outreach. IHRMI hired a CAP employee who helped translate the curriculum and conduct outreach.
- Hire another case worker so that there can be full-time case managers at both sites. IHRMI hired two full-time case managers.
- Hire another Spanish-speaking couple to facilitate and increase the number of classes.
- Mail program flyers (translated into Spanish) to members of CALMA (Chicago Alliance for Latino Marriages) in targeted zip codes near the Diversey site.
- Recruit from another WIC Food and Nutrition Center that serves a Hispanic population that is close to Diversey site such as the Armitage WIC Food and Nutrition Center.
- Recruit from local churches. Program staff from the Diversey site plan on making presentations to local churches in Logan Square near the WIC Center.
- Add a workshop for married couples. Project staff noted that many couples interested in the workshops are married. They are thinking about running one workshop for married couples only. After this workshop is completed, staff will gauge whether married couples' interests vary greatly from those of unmarried couples and whether they will combine both married and unmarried couples in future workshops.

As the classes become more popular at the Diversey site and waiting lists grow at the Roseland site, the issue of diversity of families served will need to be addressed. As one young black mother interviewed during the site visit commented, "This class would be good for young people too. It would also be good for same-sex couples, since a lot of the girls in our school were same-sex couples." One same-sex couple did apply, was admitted to the program, but decided not to pursue the program. Some project members felt unsure about whether the workshop curriculum and classroom dynamics would have to be significantly altered in order to take into account different ages, cultures, and lifestyles.

2.4.3 Intake and Screening

When one or both members of a couple express interest in the IHMRI program, an intake interview is scheduled at the WIC Food and Nutrition Center. The full program including workshops, employment services and case management is called Families United Through Understanding Relationships and Empowerment (FUTURE). If one member of the couple is undecided, project staff will call to follow-up and explain the program in more detail. For the intake interview, couples are required to attend together. Couples undergo a comprehensive 60- to 90-minute intake interview that includes assessments of their needs both as a couple and individually, whether they need any assistance with child support, and whether they will need any follow-up services. The intake process includes a domestic violence (DV) screen that was developed in consultation with experts. Two members of the project staff interview the partners separately and then switch partners in order to cross-check the information given. After the intake interview, the two project staff members confer and agree on whether the couple would be suitable for the course. Prior to couples' acceptance into the workshop, they also go through an additional screening process by DCSE against their databases for reports of domestic violence and for existing child support orders that could be modified if the couple is living together. Once the couples are accepted into the workshops, participants receive a phone call and a letter in the mail.

If DCSE uncovers any DV reports, couples are referred to a domestic violence counseling agency or shelter to address the issues. Once these issues have been addressed and case managers have conducted additional assessment, they may come back and participate in the workshop. If DV is suspected during the workshops, each member of the couple is pulled aside and asked about physical violence or substantial mistreatment in the home. If a member of the couple admits to struggling with DV issues, they are referred to Catholic Charities domestic violence program or another appropriate agency and withdrawn from the program.

2.4.4 Curriculum and Programs

The healthy relationship workshops are based on the *Exploring Relationships and Marriage with Fragile Families* curriculum developed by the Center for Urban Families for the State of Louisiana. (See Table 2–1 for further information about curriculum content.) The curriculum is primarily based on African culture and had to be modified to reflect the Latino/Hispanic culture and language. One CAP staff member in the WIC center helped to translate the “Exploring Relationships with Fragile Families” handouts into Spanish. When needed, facilitators include supplemental material and draw on their own personal relationships to help couples understand the concepts offered in class.

Table 2–1 IHRMI—Exploring Relationships and Marriage with Fragile Families: Couples Curriculum

The Couples Curriculum is geared to the needs of adult learners. The curriculum includes research–based instructional strategies that reflect African cultural traditions, a growing influence on social and educational interventions targeting African American populations. This world view promotes cooperation, integrity, and personal responsibility as a means of developing character—the true goal of human development. The program for couples is designed for couples that are in a relationship that they want to last. This curriculum targets a very diverse group of participants including:

- **New/first–time parents** or expectant parents that are romantically attached and who express interest in a long–term commitment
- **Parents who have more than one child** with the same partner and view themselves as potentially having a long–term commitment as a couple
- **Parents who have one or more child with different partner(s)**, but also have a child in common with their current partner; they are romantically attached and share an interest in a long–term commitment
- **Parents who are seriously involved with a partner** who has children that they are willing to raise as their own

The Couples Curriculum has eight parts. Each two-hour session has a specific goal and all start with an opening and end with a closing ceremony that aim to both provide cultural relevance and to help prepare people for class. Classes allow couples to share experiences and knowledge, so that everyone may draw their own conclusions about how to relate to one another. At the close of the session everyone fills out a short survey to give feedback on the session.

- Part 1) Advanced Relationships Today**, is the first class and it tries to set a welcoming tone and create a space for sharing feelings. Couples express qualities that they appreciate about their partners and work through identifying problems that make it difficult to maintain personal relationships.
- Part 2) Healthy Relationships**, focuses on understanding what values and qualities are needed in a relationship to be committed and healthy. The goal of the class is to help the couples understand the work involved in a relationship and to better understand the health of their relationship.
- Part 3) Mind on Marriage Mountain**, works to have participants discuss and discover their feelings towards marriage and relationships, and to create a dialogue about marriage and the benefits it provides to couples and children. Couples take an extensive survey about marriage to better understand their own attitudes towards marriage and how they define marriage.
- Part 4) Conflict Control Room**, works on developing couples communication skills to help de–escalate conflicts. Couples are encouraged to use their own language to resolve conflicts.
- Part 5) Weather Storm Safe–Station**, looks at common causes of relationship problems and discussion of how to try and solve them through the use of case studies about couples who are facing problems.
- Part 6) Sweet Truth Talk Shop**, focuses on the developing couples’ language and communication styles to reduce tension and improve positive communication.
- Part 7) The Real Thing Spa**, is a class that looks at love and how to express it. It is designed to have participants look into the future and to try and envision how their relationship will change.
- Part 8) Rings, Wings and Reason to Wait Center** focuses on having couples start to discuss the level of commitment they would like to have in the future. The group also creates a map of resources in their community that can help them with their relationships.

The program is offered in eight two-hour modules, each module offers couples different strategies for strengthening relationships. IHRMI added a segment on the importance of child support that generally occurs in the latter part of the workshop (between the fifth and eighth sessions) and is facilitated by DCSE staff. Workshops culminate in a graduation ceremony. Starting in 2007, the project decided to expand the curriculum from 8 weeks to 10 weeks.

The mentor couple from Family Ministries who has been with the project since its inception, helped to choose the curriculum and trained new facilitators as demand for services increased. Although the mentor couple teaches pre-Cana through the Catholic Archdioceses, they also have extensive experience in teaching a variety of marriage curricula so project staff did not foresee any problems with their facilitating a secular curriculum. In fact, the mentor couple was drawn to the Fragile Families curriculum because of the universal themes about marriages and relationships, the Afro-centric images, and the inclusion of relevant examples for couples with low-incomes. The mentor couple attended training sessions to be certified in teaching the Fragile Families curriculum to couples as well as to train other facilitators.

The core project staff and facilitators interviewed during the site visit view the curriculum as a means to empower couples to help them gain control of their lives through skill-building, increasing communication and enhancing relationships. Staff believes that it is essential to work with both partners. For example one staff member commented, "...it helps couples when they come together in a [relationship] workshop. They become empowered as a couple, and learn about themselves. They understand that people have similar problems." Another staff member feels that this program is fulfilling a community need. She hears couples say, "We don't have the finances. We need someone to help us...We are at the end of our rope."

The curriculum is popular with participants. Two modules of the eight-module curriculum specifically address marriage. The facilitators of both the English and the Spanish classes are married couples and continually draw on their own experiences in marriage. One couple facilitating workshops has been married for more than 25 years. They are also instructors with the Archdioceses pre-CANA program. All program facilitators are highly educated professionals. For example, one facilitator has a Master's degree in social work and works as a senior high school counselor. Another facilitator has a Master's degree in public administration and holds a civilian position in the police department. These facilitators are also instrumental in recruiting other facilitators.

Project staff reports that overall participant retention has been relatively high, although there was initially some concern about couples dropping out. During the 8-week workshop, the project director or case manager calls participants each week to make sure they have no obstacles to attending, and also work with them on employment and other case

management services. When one of the members of a couple cannot attend the class, decisions about whether one person can attend are made on a case-by-case basis. For example, the male partner in one couple became quite ill but had attended four classes. The female partner came by herself and the male partner returned for the last class. Project staff reported that it is unusual for one partner to drop out—usually if there is a drop out, both members of the couple leave the program. In general, participants must complete at least five classes to graduate, although six to eight classes are encouraged. Some of the reasons given for why couples drop out include:

- Feelings that problems were insurmountable;
- Couples were not invested in the program;
- Couples moved;
- Relationships broke up;
- Couples did not want to change.

In addition to classes, all participants are offered case management. Case management may start at any point during the program depending on clients' needs, which are evaluated and placed in one of three levels of case management. The most inclusive level of case management, termed "comprehensive" involves assisting the participants with a host of needs including preparation for employment. The second level of case management termed "monitoring" is usually used for participants with one or two needs and the third level termed "tracking" is for those who need the least case management and who are simply contacted periodically to ensure their success.

2.5 Linkages With Other Service Providers

A key component of the IHRMI program is the linkages with other service providers to provide a comprehensive set of skill-building opportunities for couples. This is accomplished through an understanding of the inter-connected issues of child support, employment, healthy relationships and marriage, and financial literacy. Thus, in addition to providing marriage and relationship workshops, couples are offered education in employment, child support and financial literacy. They are also referred to other service providers within the Catholic Charities social services system and other organizations to meet additional needs.

A unique aspect of IHRMI model is the staggered approach to providing educational curricula and referrals. IHRMI participants who begin the relationship classes are offered employment assistance and education but these services are not available immediately, participants must first come to three of the relationship classes. By beginning the employment modules after starting the healthy marriage curriculum, the project helps to ensure that participants can complete the relationship module before finding a job,

therefore minimizing the likelihood that they will not complete the curriculum. Spreading out the educational course offerings is seen as key to participants' retention, tracking progress, and minimizing the risk of couples left without needs met. Figure 2–2 depicts these linkages and the staggered timing of the services. This integrated educational approach, in combination with the comprehensive referral system, helps to ensure that couples receive wraparound services and lessens the likelihood that they fall through the cracks.

2.5.1 Child Support Services

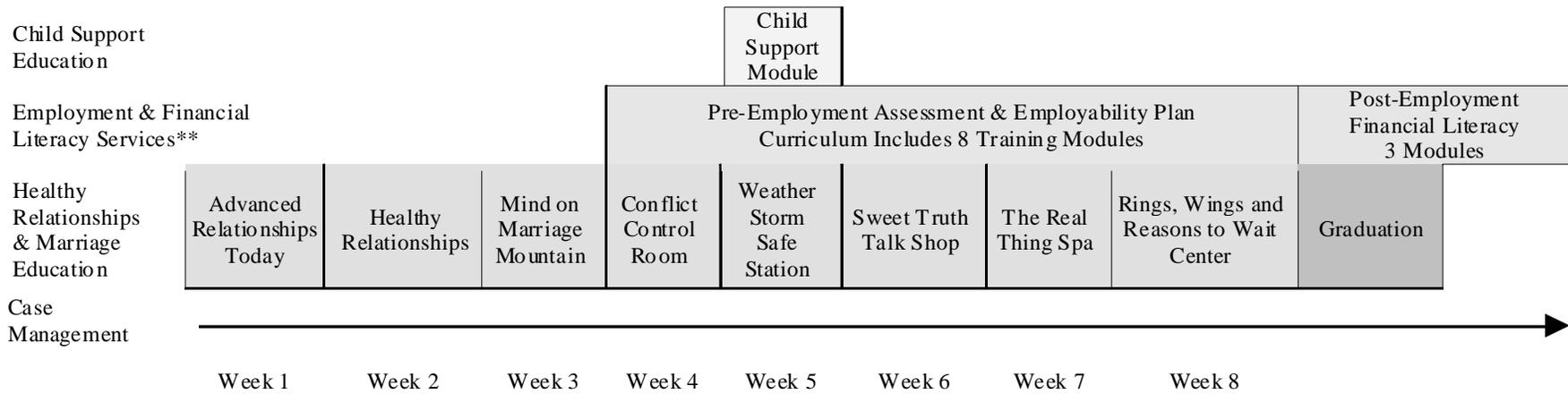
Encouraging unmarried parents to think about how to financially support their children by establishing paternity, complying with and modifying their child support orders as needed, and dealing with arrears is one of the key roles of the DCSE. Therefore, DCSE plays an active role in recruiting unmarried couples from local birthing hospitals and helps with identifying and rectifying child support issues at program intake. PEP representatives working at WIC Centers also talk to couples about paternity establishment and child support orders. They refer cases to DCSE many times to help modify their orders if couples are living together or have had a change in employment status. DCSE staff provide child support education during one of the relationship workshops. Increasing awareness about child support payments, arrears, and paternity is a key component of the IHRMI approach.

2.5.2 Employment Services

As described above, after the completion of the first three modules of the *Exploring Relationships with Fragile Families* curriculum, IHRMI participants are eligible for specialized employment and financial literacy services provided by the Chicago Area Project (CAP). These services are provided onsite at the WIC Centers and are offered exclusively to IHRMI participants. These services are seen as an incentive to encourage participation in the healthy relationship and marriage workshops. A CAP staff member will make a short presentation in the third week of class, followed by referrals made by the case manager for participants interested in the CAP program. The program expects that approximately half of the couples they are targeting will participate in the services. As of November 2006, there had been approximately 31 job placements and 59 individuals served by CAP's educational component. One advantage of participating in employment services offered by IHRMI is that these clients receive more aggressive and sustained case management targeted toward both family and employment issues, rather than just focusing on employment alone similar to a one-stop career center.

CAP has a long history of providing personalized employment and training services to Chicago's low-income families. Their program is called Mentoring, Training and Employment Program in which participants sit down one-on-one with a counselor to take a basic skills test, and a personal assessment. This data is used to develop a Personal Individualized Employability Plan. CAP provides pre-employment services, transportation, clothes, a

Figure 2–2 Example of Integrated Service Delivery Approach for Low–Income Couples Illinois Healthy Relationships & Marriage Initiative*



* This diagram has been created for this report to provide a visual representation of the programs' educational components.

** Not all clients participate in employment and financial literacy services. For those who choose these services, they start after the fourth class. These services are tailored to meet each participant's needs. For example, all 8 employment modules may not be necessary for each client. Some clients may even repeat modules more than once.

mentoring club, and post–employment retention services. Similar to the IHRMI program, CAP provides eight training modules before job placement and then follows up with three additional modules after job placement. The pre–employment modules address issues such as resume writing, career planning, and interviewing skills. CAP does not require participants to attend all pre–employment sessions if they do not need the services. Also, some participants may repeat modules if they wish based on their needs.

According to staff, the majority of IHRMI participants requires the full number of sessions and also repeat some of the sessions. A smaller number have been able to skip modules. Many of the IHRMI participants served needed help deciding on the most appropriate career path. Some, initially, have very unrealistic expectations of their career options. After completing the pre–employment training, if the individuals are not ready for employment, CAP connects them with the services they need. Individuals with mental health or substance abuse problems are referred to appropriate treatment services within Catholic Charities. These individuals may continue with the training modules, but must complete treatment before they are matched with employment opportunities.

The CAP program selects companies willing to work with their participants. Prior to sending participants out for interviews, participants are asked about their work schedule preferences, background and criminal activity, and any past or current drug use. They target employers in the hospitality, customer service, construction, janitorial, and security industries. If needed, the CAP program provides participants with uniforms, transportation assistance, and other support services to ensure their success. Previous CAP employment participants are used as mentors to provide support to current program participants.

Once employed, CAP also provides help with mentoring and financial literacy. This assistance comes in the form of three financial literacy modules based on the *Your Money and Your Life* financial curriculum¹¹ that are given after participants obtain jobs. The three modules include budgeting and establishing bank accounts to begin to create financial stability, explaining employment taxes and other deductions from paychecks, and information about different health insurance options that may be offered by employers. IHRMI follows up by hosting local community banks to give financial literacy seminars and opportunities to open bank accounts. CAP staff has found that many participants that have gone through IHRMI seem confident and better able to communicate after they have completed the Fragile Families curriculum. CAP staff believes that a supportive spouse or partner is a key work support for low–income families. All staff interviewed believed that the employment services also help to build finances, which will in turn help couples' relationships.

11 This curriculum is developed specifically for families with limited resources by the Department of Consumer and Family Sciences, University of Illinois Extension Department. For more information see: <https://pubsplus.uiuc.edu/ACE-4-CD.html>

2.5.3 Domestic Violence Referrals

Both project staff and the mentor couple facilitators completed domestic violence training workshops. The Project Director and Project Coordinator who conduct intake assessments with couples went through 40 hours of domestic violence training. The mentor couple from Family Ministries attended a day-long domestic violence seminar. The other facilitator couples have not attended formal domestic violence training through the IHRMI project; however, they work with families and children in their professional positions and have awareness and in some cases formal training about domestic violence issues.

The domestic violence protocol was developed in consultation with experts in the field. It has been finalized, staff has been trained, and the protocol is in use. As was described in the intake section, the site carefully screens for domestic violence issues among its participants. This site is unique in its approach because the state child support data includes information about domestic violence. The site checks against DV-related information contained in its child support enforcement database to screen out potential DV cases. The protocol will be revisited each year. Catholic Charities has a domestic violence unit where staff refer clients.

2.5.4 Media Campaign and Community Outreach

The project funds have not been used yet to conduct a media campaign. There was originally included a small budget for a media campaign, but the project has since changed strategy. In 2006, another local marriage initiative launched a media campaign including radio and television ads in English and Spanish. IHRMI partners decided that the funds would be better used to serve families. Aside from a brief description of the program in the Catholic Charities' publication, "Family, Become What You Are!" that provides a description of programs encouraging self-sufficiency and healthy family relationships in low-income families, publicity has been limited in print or on the internet. Although the initiative has not formally publicized workshops or events, one couple that went through the workshops and got married was featured on a local television program.

2.6 Participant Information

2.6.1 Workshop Participant Information

As of October 2006 the project had a total of 50 couples graduating from workshops at the Roseland and Diversey locations. By the end of 2006 this number increased to approximately 63. In Fall of 2006, the project had enough participants at Roseland to begin offering two courses there at the same time; in October 2006 there were 16 couples participating in these two classes. Demand for classes at Diversey has not been as great, but approximately 15 couples have graduated from workshops held there as of October 2006. In August 2006 the project reported that about 10 paternities had been established to date as a result of the project's efforts. According to the project at the time of the site visit,

one marriage has resulted. More recent numbers indicate that as of June 2007, 95 couples completed the IHRMI workshops.

2.6.2 Management Information System (MIS) Data Highlights of Participant Characteristics

Catholic Charities, a large social service agency, has an extensive client tracking Management Information System (MIS) that was developed by the Software Engineering Department. The system includes three components to track clients' progress: demographic information, specific case information, and service activity information related to both staff effort and the services received by the client. The IHRMI case workers use this system and input participants' information from the intake, assessment, and case management forms into the MIS system. An MIS system expert extracts the IHRMI data from the system into an ACCESS database to track enrollment and completion rates. In the first year of program operations between July 2005 and October 2006, data from the MIS indicated that 157 individuals (79 couples) were served and 109 (55 couples) completed the program, and one person remained active in the program. This represents a 70 percent graduation rate.

The IHRMI program targets services toward black and Hispanic couples living in two high-poverty neighborhoods in Chicago. The first column of Table 2–2 indicates that half of the program participants were male and half were female. Very few of the participants were under the age of 20 (6 percent). One-third (34 percent) of the participants were between the ages of 20 and 24, 39 percent were between 25 and 34, and 21 percent were 35 and older. During the first year of program operations, most of the couples served were non-Hispanic black (83 percent) and 16 percent were Hispanic. The predominant language spoken at home was English (88 percent), followed by Spanish (6 percent) and other languages (3 percent). Post-secondary educational attainment was relatively high given the economic disadvantage of the population of couples served. Over 50 percent of participants had some post-high school education, 24 percent graduated from high school or attained their GED, and 20 percent did not graduate from high school.

Columns two and three of Table 2–2 present demographic data for participants who completed the program compared to those who did not. There are some differences between the groups with respect to human capital characteristics. Non-completers were much younger than participants who graduated from the program. For example, among participants under age 25, 66 percent left the program compared to 29 percent who graduated. Another key difference between participants who completed the program and those who did not is education. A much higher proportion of completers graduated from high school or attained post-secondary education (88 percent) compared to non-completers (61 percent). In addition, a greater percentage of participants who spoke English left the program compared to participants who completed the program.

Table 2–2 Selected Characteristics of Individuals Participating in IHRMI Between July 2005 and October 2006

Characteristics	Total Participants* (n=157) Percent in Each Category	Participants Completing the Program (n=109) Percent in Each Category	Non-Completers (n=47) Percent in Each Category
Client gender (n=157)			
Male	50	50	51
Female	50	50	49
Client age (n=157)			
Under age 20	6	3	11
Between 20 and 24	34	26	55
Between 25 and 34	39	46	23
Between 35 and 44	17	20	11
Age 45 and older	4	6	0
Client race and ethnicity (n=156)			
Non-Hispanic or Latino White	1	0	4
Non-Hispanic or Latino Black or African-American	83	81	85
Hispanic or Latino (Includes White, Black and Other Race)	16	18	11
Predominant language spoken at home (n=157)			
Not supplied	3	3	4
English	88	84	96
Spanish	6	8	0
Other	3	5	0
Education completed (n=157)			
Not supplied	1	1	0
No formal schooling	0	0	0
8 th grade or less	3	4	2
Some high school	17	8	36
High school diploma	20	21	15
GED	4	4	6
Some college or 2-year degree	41	47	30
Technical or trade school	8	8	6
Bachelors Degree	5	6	4
Graduate or Professional School	1	2	0

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

Source: IHRMI management information system.

* 157 participants includes 109 completers, 47 non-completer and 1 active case.

The MIS data indicates that most participants served by the IHRMI program are economically disadvantaged. Column one of Table 2–3 indicates that almost two-thirds of participants were not working when they started the program. Of those participants who were employed, a slightly greater percentage of participants worked full-time (21 percent) compared to those who worked part-time (14 percent). Participants also had low household incomes (no income: 4 percent; incomes under \$20,000: 36 percent; incomes between \$20,000 and \$40,000: 29 percent). Only 9 percent had household incomes over \$40,000. One fifth of participants indicated that their incomes were unknown. Although most program participants were economically disadvantaged, participants who did not complete the program were even more so. Columns two and three of Table 2–3 show that a much greater proportion of non-completers did not work and had lower household incomes compared to those who completed the program.

Table 2–3 Baseline Employment Status and Income Status of IHRMI Participants From July 2005 through October 2006

Characteristics	Total Participants* (n=157)	Participants Completing the Program (n=109)	Non-Completers (n=47)
Employment status (n=157)			
Full-time	21	26	11
Part-time	14	14	11
Receiving unemployment	0	0	0
Not working	65	60	79
Household income (n=157)			
None	4	3	9
\$1–\$5,000	8	8	9
\$5,001–\$10,000	5	4	9
\$10,001–\$15,000	8	7	11
\$15,001–\$20,000	15	20	4
\$20,001–\$30,000	18	17	21
\$30,001–\$40,000	11	16	2
Over \$40,000	9	9	9
Unknown	20	16	28

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

Source: IHRMI management information system.

Column one in Table 2–4 indicates that more than two-thirds of IHRMI participants had never been married and 21 percent were currently married prior to taking the classes. Only 8 percent were divorced. Three-quarters of participants had children who lived in the household compared to one quarter who had children who did not reside with them. Columns two and three demonstrate that a greater percentage of completers were married (26 percent) compared to those who did not complete (11 percent). A greater percentage of participants who completed the program had children living in the household (79 percent) compared to participants who dropped out (67 percent). In contrast, a larger proportion of participants who did not complete the program (36 percent) had children who did not live

Table 2–4 Baseline Household, Family, and Partner Relationships of IHRMI Participants from July 2005 Through October 2006

Measures of Relationships	Total Participants* (n=157)	Participants Completing the Program (n=109)	Non- Completers (n=47)
	Percent in Each Category	Percent in Each Category	Percent in Each Category
Marital Status (n=157)			
Not supplied	1	0	2
Married–not separated	21	26	11
Never married	69	66	77
Separated	1	0	2
Widowed	1	1	0
Divorced	8	7	9
Number of children living in the household (n=157)			
0	25	21	32
1	39	39	40
2	22	26	15
3 or more	13	14	12
Number of children not living in household (n=157)			
0	72	75	64
1	19	16	28
2 or more	9	10	8

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

Source: IHRMI management information system.

with them compared to 26 percent of completers. It may be that the presence of children living in the household motivates couples to stay with the program until completion.

2.6.3 Participants' Involvement in the Child Support System

Of the 157 participants who had data entered into the Management Information System, 100 matched in the state child support records system. Therefore, 64 percent of the IHRMI caseload had open child support cases (Table 2-5). For the 100 cases that matched in the child support system, 57 percent of parents were the custodial parent for their youngest child, while 43 percent were non-custodial parents. Half of the paternity establishments that took place occurred during the project. Almost all (90 percent) of the paternity establishments occurred at the hospital, while 5 percent occurred through signing the voluntary acknowledgment forms, and 5 percent were established judicially.

Table 2–5 Paternity Establishment Among IHMRI Participants from July 2005 to October 2006

Statistic	System total
Total number of child support records matched in the child support system	100
Percentage of total participants matched in child support system (n=157)	64%
Client is the Custodial Parent for youngest child (n=100)	
Yes	57%
No	43%
Paternity established for youngest child (n=75)	
No	16%
Yes	84%
Paternity for youngest child established during project (n=63)	
No	49%
Yes	51%
Manner in which paternity for youngest child was established (n=63)	
Hospital	90%
Voluntary Acknowledgment	5%
Judicial	5%
Administrative	0%

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

Source: IV D records for IHMRI participants with any child support involvement for all their children

Although IHRMI participants matched in the Illinois child support system had high levels of paternity establishment, there were fewer child support orders established compared to paternity. One reason is that Illinois does not pursue child support orders when unmarried parents live together. Internal program data reveal that a high proportion of the unmarried couples served by IHRMI are living together. Table 2–6 indicates that 20 percent, or 14 participants, had child support orders for their youngest child, with over half occurring during the project. Over two-thirds of the child support orders were established by administrative ruling. The amount of child support orders varied. One-quarter of participants had child support orders that totaled less than \$200 monthly, one-third had orders between \$201 and \$300, 8 percent had orders between \$401 and \$500, and one-third had orders between \$501 and \$600. Making full payments consistently over a 6-month period was clearly difficult for IHRMI participants; none of the participants were able to pay the full amount but three-fifths were able to make at least a partial payment.

2.6.4 The Employment, Earnings and Unemployment Insurance Benefits Patterns Among IHRMI Participants

A close look at the employment and earnings of IHRMI is important for two reasons. First, information on their job market patterns is relevant to judging the extent to which JNSF is targeting individuals with low earnings. Second, after the completion of the IHRMI program’s healthy marriage classes, participants are offered referrals to participate in job training and financial literacy courses provided by their network providers. To what extent

Table 2–6 Child Support Orders Among IHRMI Participants from July 2005 to October 2006

Statistic	System total
Total number of child support records matched in the child support system	100
Percentage of participants matched in child support system	64%
Support order for youngest child (n=70)	
No	80%
Yes	20%
Support order for youngest child established during project (n=11)	
No	45%
Yes	55%
	<i>Missing N=3</i>
Manner in which order established (n=13)	
Administrative	69%
Judicial	31%
	<i>Missing N=1</i>
Consistently paying full child support order amount for youngest child in each of past 6 months (n=13)	0%
Made partial payments toward child support order for youngest child in the past 6 months (n=12)	
No	39%
Yes	61%
	<i>Missing N=1</i>
Amount of the child support order for the youngest child (n=12)	
\$0	8%
\$1–\$100	8%
\$101–\$200	8%
\$201–\$300	33%
\$401–\$500	8%
\$501–\$600	33%
	<i>Missing N=2</i>

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

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

are employment services necessary for this population? Do participants generally work? If they do work, how much do they earn? To understand the participants in healthy marriage initiatives it is important to characterize their economic and employment status. With data from the National Directory of New Hires (NDNH) matched to the records of participants, we are able to determine their employment and earnings experience by calendar quarter as well as their use of unemployment insurance (UI) benefits.¹² The NDNH data come from 2005 and 2006 records submitted by the State Directories of New Hires (SDNH), quarterly wage and unemployment insurance data from the State Employment Security Agencies (SESAs), and new hire and quarterly wage data from federal agencies. As a result, the NDNH data provide a comprehensive picture of all jobs that individuals hold in multiple states.

12 To ensure participant confidentiality, data transferred to RTI does not include any identifying information.

A successful match between participant information from the MIS program data and data from NDNH requires valid demographic information and some record of an individual's employment or use of UI. As shown on Table 2-7, of the 157 total IHRMI participants who had data entered into the Catholic Charities' Management Information System, 146 participants (83 percent), had valid demographic information that could be matched to the NDNH. Only 7 percent of total participants were rejected from data matching with NDNH. Ten percent of IHRMI participants did not match in NDNH and therefore were not employed or did not receive UI benefits.

Of the 146 participants that could be matched with NDNH, 86 percent had quarterly wages reported in 2005 or 2006, and 68 percent had some W4 information.¹³ A much smaller percentage of participants matched in the UI benefits database (27 percent) during the two year period.

Table 2-7 Summary of IHRMI Program Participants Match in National Directory of New Hires, 2005 - 2006

All program participants (n=157)	
Rejected from NDNH for invalid name/social security number	7%
No match in NDNH	10%
Matched in NDNH	83%
Program participants with valid name/social security number (n=146)	
Matched in quarterly earnings database	86%
Matched in W4 database	68%
Matched in UI database	27%

Source: NDNH data for IHRMI participants.

Over 80 percent of IHRMI participants were employed in at least one quarter during the eight quarter period of project activity (Table 2-8), but less than one quarter of the employed participants worked all 8 quarters. Approximately 40 percent of participants worked one to four quarters. About one in four (27 percent) drew unemployment insurance during the two year period. About two-thirds of participants started a job in the 2005-2006 and thus were matched with a W4 record. This group of 100 participants averaged 2.3 jobs.

13 There are 2 potential reasons for the difference between the percentage of participants who matched in quarterly wages database and the percentage that matched in the W4 database. First is that the W4 data system only contains information for jobs that were started during the reporting period. A second reason is due to differences in the data submission schedules. W4 information has to be reported within 30 days of being hired. However, state and federal agencies have a longer reporting period to report wages. They can be reported by state payroll agencies within 4 months of the end of the quarter, or within one month of the end of the quarter for federal payroll agencies. It is possible that employment may have stopped and reported within 30 days, while wages could be reported in later quarters.

Table 2-8 IHMRI Participants' Employment Participation Patterns in 8 Quarters Between 2005 and 2006

<i>Employment Status*</i> (n = 146)	
% Employed in any quarter	86%
Of the Employed population (n=125):	
% Employed in all 8 quarters	22%
% Employed in at least 5-7 quarters	37%
% Employed in 2-4 quarters	32%
% Employed in only 1 quarter	9%
<i>Unemployment Insurance</i>	
% Participants received UI in any quarter (n = 146)	27%
Of the participants receiving UI: (n=40)	
% Received UI in all 8 quarters	0%
% Received UI in at least 4-7 quarters	13%
% Received UI in at least 2-3 quarters	55%
% Received UI in only 1 quarter	15%
% Received UI in 0 quarters	18%
<i>Number of Jobs **</i> (n = 100)	
Average number of jobs	2.3
% Employed in 1 job	42%
% Employed in 2 jobs	29%
% Employed in 3 jobs	12%
% Employed in 4+ jobs	17%

Source: NDNH data for IHRMI participants.

*Employment defined as quarterly earnings of at least \$1.

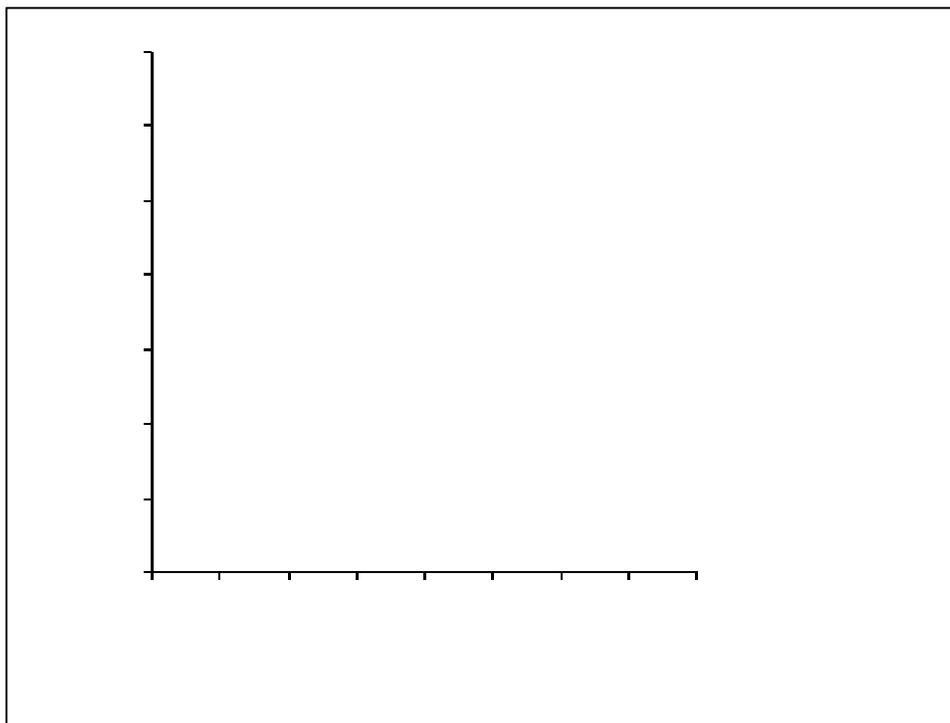
** Job is defined by W4 record on file.

Approximately 40 percent maintained one job during 2005 and 2006 while almost one quarter had three or more jobs.

During the IHRMI program's healthy marriage classes, participants are offered the chance to participate in a second level of service which includes employment and financial literacy classes. Some of these services may have influenced employment and earnings outcomes of participants. Understanding employment patterns of participants over 2005 and 2006 offers insight on the need for additional employment services.

Data from the quarterly earnings records reveal low employment rates for participants with low educational levels and for non-completers (Figure 2-3). About 60 percent of participants who had completed post-high school education were employed in a typical quarter, with the rate increasing from 51 percent in the first quarter of 2005 to 66 percent in the last quarter of 2006. In contrast, participants who did not graduate from high school started the period

Figure 2-3 Percent of IHMRI Participants Employed in Each Quarter Between 2005 and 2006 Broken Down by Program Completion Status



with less than 40 percent employed. While the employment rate rose initially, it fell to about 30 percent in the last quarter of 2006.

Participants who completed the program experienced a steady increase in employment over the 2 year period while non-completers reduced their employment levels. While the two groups began 2005 only about 9 percentage points apart, the advantage for completers over non-completers increased to 20 points by the end of the period. The data reveal employment differences between participants who completed and who did not complete the program. However, these descriptive results do not imply any causal role for the program. The reason is that any observed correlation between length of participation and employment may be related to differences between completers and non-completers on unmeasured characteristics, such as motivation, that are related to both completion and employment. Thus, if completers are more motivated than non-completers in the immediate pre-program period, the fact that they spend more time in the program and do better in the job market may have nothing to do with the program itself.

There were few observable differences in employment trends by other characteristics such as race, gender or marital status.

Another test of the relationship between participant characteristics and employment outcomes relies on multivariate analysis to estimate the determinants of the number of quarters of employment.¹⁴ One focus is on how program completion relates to employment outcomes, conditional on other participant characteristics. In a model that looks only at completion as an influence on employment (Model 1 in Table 2-9), completion is associated with a higher number of quarters of employment worked during the two year period. This relationship is statistically significant.

Table 2-9 Negative Binomial Model Predicting the Number of Quarters of Employment Between 2005 and 2006 for IHMRI Participants

	Model 1		Model 2		Model 3	
	Parameter Estimate	Standard Error	Parameter Estimate	Standard Error	Parameter Estimate	Standard Error
Intercept	1.25 ***	0.12	1.08***	.16	.60***	0.87
Complete program	0.30*	0.14	.23+	.14	0.20	0.15
Age					0.04	0.05
Age squared					-0.0004	0.0008
Married					-0.13	0.17
Separated, Divorced, Widowed					0.14	0.23
Male					-0.11	0.14
Black					-0.05	0.16
Has any children living in the home					-0.11	0.16
High school diploma/GED			.08	.20	0.08	0.20
More than high school			.32+	.17	0.30 +	0.19
Log likelihood	326				317	
N	146		143		143	

Source: NDNH data for IHRMI participants.

***p<.001 **p<.01 *p<.05 +p<.10

However, the completion effects dissipate in Models 2 and 3. Controlling for education (Model 2), completion remains positive and significant, as do higher education levels. When participants' race, gender, age, and children are entered into the regression in Model 3, the completion effect becomes statistically insignificant while participants' higher education level still has a modest positive effect on the number of quarters employed. Surprisingly, age, race, sex, and marital status exert no observable differences over a 2-year period.

With only about 60 percent of participants working in a typical quarter, one might expect to observe relatively low quarterly earnings. Since IHRMI participants consist primarily of low-

14 There is evidence of overdispersion wherein the estimated mean of the distribution of the quarters of employment is higher than observed variance; therefore a negative binomial distribution was estimated instead of a Poisson distribution.

income couples that live in high poverty neighborhoods and participate in means-tested social programs such as WIC, it is no surprise that overall earnings were low. In 2005, participants averaged \$10,800 annually in earnings, over \$2,000 below the annual wages of a full-time full-year minimum wage worker in Illinois. Only 29 percent of IHMRI participants earned more than a minimum wage salary. In part, these low annual earnings are a function of the age of participants. Among participants over age 23, earnings ranged from \$12,000-16,000 in 2005 and from \$16,000-21,000 in 2006. It is interesting that participants who completed the program earned about \$3,000 more than participants who did not complete the program in 2006. Married participants averaged more than \$3,000 in annual earnings than participants who had never been married. Not surprisingly, age was also associated with higher earnings. Women earned more than men in both years and Hispanic participants earned higher annual wages than Black participants.

Several groups experienced notable increases in earnings. Between 2005 and 2006, employed participants' annual wages adjusted for inflation increased by 32 percent. Both completers and participants raised their earnings substantially. The gain was especially notable for non-completers at 57 percent. Average earnings of black participants increased by 36 percent, or three times the 12 percent increase experienced by Hispanic participants. Black participants probably comprised the majority of participants in the employment component of the program. Perhaps, the training blacks received helped generate their 36 percent increase in earnings. Growth in earnings varied little by gender, marital status, education and age groups 24 and over. However, earnings growth was minimal for participants who were under 24.

Despite low average annual wages in 2005, there are several notable increases in wages over time. In 2006, employed participants' annual wages, adjusted for inflation, increased by 32 percent to approximately \$14,300. Table 2-10 describes other wage changes between the first and last quarters observed.

In order to examine whether wage growth is associated with employed participants' work efforts, program completion status, and demographic characteristics, ordinary least squares regression models were estimated to examine the increase in annual wages between 2005 and 2006. These multivariate models provide more detail on the descriptive wage results by isolating one variable's correlation with wage growth, conditional on the role of other variables. As with the employment analysis, one cannot treat these relationships as causal because unmeasured differences between long and short duration participants may affect both duration in the program and wage growth. The specific regressions estimated the factors related to the increase in annual wages between 2005 and 2006. Table 2-11 presents the results for Model 1 that controls for the initial annual wage in 2005, whether the participant completed the program, and the number of quarters worked during the reporting period (ranging from 1 to 8 quarters). Model 2 includes these variables plus demographic characteristics. Model 1 shows that a higher initial wage level in 2005 is

Table 2-10 Employed Participants' Average Wages Received by Demographic Characteristics 2005-2006 (in 2005 Constant \$)

	% Earning Above Annual Minimum Wage Salary in 2005* (n=112)	% Earning Above Annual Minimum Wage Salary in 2006 (n=109)	Total Mean Wages 2005 (n = 112)	Total Mean Wages 2006 (n = 109)	Percent Change in Wages from 2005 to 2006
Total Sample	29	44	10,861	14,317	32
Completed Program					
Yes	34	51	12,153	15,132	25
No	19	25	7,632	11,960	57
Gender					
Male	29	44	10,029	13,186	31
Female	30	44	11,788	15,556	32
Race					
Black	28	43	10,184	13,871	36
Hispanic	37	50	14,845	16,572	12
Age Groups					
<24 years old	8	13	5,034	5,563	11
Between 25 and 35	36	50	12,058	16,239	35
35 and over	50	86	15,968	21,162	33
Marital Status					
Married	35	71	13,205	16,506	30
Never married	27	37	10,258	13,792	34
Education Level					
Less than high school	25	31	6,715	9,176	37
High school or GED	17	39	7,096	10,021	41
More than high school	36	49	13,526	17,054	26
Children live in home					
Yes	28	42	11,509	14,110	23
No	33	52	10,321	15,013	45

Source: NDNH data for IHRMI participants.

* Annual minimum wage salary is calculated by multiplying the 2005 minimum wage in Illinois (\$6.50) by 40 hours and then multiplying the total by 52 weeks in a year which equals an annual salary of approximately \$13,000.

Table 2-11 OLS Regression Models Predicting Change in Annual Wages (in Constant 2005 Dollars) Between 2005 and 2006 for IHRMI Participants

	Model 1		Model 2	
	Parameter Estimate	Standard Error	Parameter Estimate	Standard Error
Intercept	1512	1766	-30715*	11953
Annual wage in 2005	1.2***	.07	0.74***	0.11
Complete program	-365	2009	391	2009
Number of quarters employed	393	498.081	1032*	486
Age			1762*	745
Age Squared			-23*	11
Married			-899	2512
Separated, Divorced, Widowed			-2460	3174
Male			378	2060
Black or African-American			605	2408
Has any children living in the home			-98	2235
High school diploma/GED			-1449	2913
More than high school			60	2735
N	125		125	

Source: NDNH data for IHRMI participants.

***p<.001 **p<.01 *p<.05 +p<.10

associated with greater annual income in 2006. While this effect is statistically significant, the magnitude is quite low. Program completion and the number of quarters of employment are not associated with statistically significant increases in wages over time. When demographic characteristics are controlled in Model 2, the association between participants' initial wages in 2005 and their wages in 2006 remained statistically significant. The number of quarters employed is positively associated with wage growth over the two periods. Age and age squared are statistically significant, indicating that the relationship between age and changes in wages is curvilinear and age is positively associated with increases in wages until it peaks at some point during middle age. There are no significant differences in wage growth over the two periods by demographic characteristics of whether participants completed the program.

Analyzing employment and earnings data drawn from the NDNH shows that for the average participant, there is growth in employment and wages over the 8 quarters between 2005 and 2006. Similar to the MIS analysis of participants' self-reported income and employment at enrollment, the analysis of NDNH confirms that IHRMI participants have low incomes and that a high proportion of participants are not working. In addition, it is apparent from the NDNH analysis that many participants do not receive any unemployment insurance to fill in employment gaps—only 1 quarter received any UI during the 2 years. Descriptive analysis highlights that employment participation and wages increased from the initial quarter to the last but there was little variation by demographic group or whether participants completed

the program. Similar to national studies, greater human capital was associated with better employment outcomes. These results were confirmed in the multivariate analysis. Higher education levels were positively associated with more employment over the 2 years, and age was positively associated with wage increases.

Overall, the data point to a pool of participants with only modest employment stability and low but rising earnings. In a typical quarter, about 40 percent of participants had no earnings at all in jobs included in the UI quarterly earnings records. While over 40 percent had no earnings records for at least 3 quarters, only 27 percent received unemployment insurance. Despite low starting points and considerable non-employment among participants, earnings jumped by 32 percent for all participants with any earnings. Whether program activities contributed to these gains is unclear, and the evaluation design does not measure program impacts. While earnings did rise substantially over the period during which participants took part in program activities, the gains were larger for non-completers than for completers.

2.6.5 Perspectives of Selected Participants

In the small group interviews, all participants shared that their expectations of the classes were met or exceeded. Some couples talked about not really knowing what to expect but being pleasantly surprised once they were involved in the IHRMI program. Many of the men talked about their initial skepticism in participating in the workshops. They attended because their female partners wanted them to participate. However, they all agreed that once they became involved in the program they were committed to continuing.

One black male participant commented:

"I did not want to come to the class. Only came because she wanted to come. Then I could not miss it. I am a sports fanatic, and I missed the games so I could come to the class."

All participants interviewed were excited about their participation in the classes and felt that the workshops were valuable and helped with their relationships. Most couples agreed that the classes assisted them with learning to communicate with their partners in more positive ways. One Latina mother commented, "We learned how to listen and how to fight fair." One young couple who attended with their infant felt that they previously just did not know how to communicate. The father noted, "[We] learned how to communicate—stopped yelling and started talking." The mother followed up by saying, "We learned how to agree and disagree."

Participants discussed how these improved communication skills can translate into positive benefits for their relationships with children. A black father summed up his view, "We want our children to emulate our relationship, so we need to know how to have a better

relationship.” Some participants have noted that the communication skills also help them on the job. Another father went on to comment, “We can use these skills anywhere.”

The facilitators at both sites received high marks. One female black participant commented that the “Facilitators were encouraging, did not take sides.” Participants also felt that they were able to relate to the facilitators and could identify with some of the personal stories shared by the facilitators about their own relationships. They liked that the facilitators were real people who also struggled at times with their relationships. In addition, most participants seemed to like each other. Many felt that everyone in the program cared about them and regretted the end of the program and the loss of the friendships that had developed during the program. A black male participant said, “We felt that everybody in the class was family, they really cared about us.”

One of the most difficult parts of the program noted by participants was sharing their feelings and talking about their experiences without knowing what the reception would be. Some of the issues brought up in the class are deeply personal such as money management, substance abuse, and dishonesty. One Latina mother commented that the program “helped us to deal with infidelity, bad habits and lack of trust.” Participants agreed that the facilitators helped to create a supportive environment and that although talking about their personal and family issues is difficult, it could be done with the facilitators’ help.

While the couples interviewed felt the program was excellent, they also offered the following suggestions when we asked about ideas on how to improve the program:

- include money management content;
- increase the length of time for the classes or the number of sessions;
- limit the size of the group to six couples;
- include a discussion of spirituality that does not have to be religious;
- offer additional referral sources such as couples counseling at an affordable price;
- organize a reunion of participants;
- identify activities to bring people back together;
- make workshops more available/accessible to others outside WIC;
- advertise more in the community;
- offer refresher course/check–up to those that have graduated;
- sponsor couples outings;
- recruit younger facilitators;

- require the course before marriage;
- introduce the program in schools.

2.7 Conclusions

Building on an existing collaborative partnership between the Illinois Department of Child Support Enforcement, Catholic Charities, and WIC Food and Nutrition Centers, the IHRMI successfully added a new healthy marriage and couple relationships educational program into an existing menu of services delivered at two WIC Food and Nutrition Centers in Chicago. Drawing on partners with longstanding working relationships and extensive experience in starting up demonstration projects allowed the IHRMI to develop creative approaches to delivering multiple services to couples. In their previous experiences with child support demonstration projects such as the paternity establishment program (PEP), these partners started small and then over time brought the successful program to scale. IHRMI decided to take the same approach and start smaller, so they scaled back their initial target goals from 300 to 150 couples during the 3-year grant. The project also targeted two different racial and ethnic groups—black and Hispanic couples to see what program features worked the same or differently in these two communities.

The target group for this initiative primarily includes unmarried couples who at the outset may or may not be interested in marriage, and some married couples who want to improve their relationships. Recruiting couples has often been difficult for many HMI programs because employment, parenting and other family responsibilities can limit the time parents spend together as a couple. However, early on the IHRMI partners recognized that many parents came in together or with other partners to WIC Food and Nutrition Centers. Couples would take children to doctors' appointments, attend nutrition and parenting classes, meet with WIC program staff and shop for food at the Food Centers with WIC coupons. These centers are open later in the evening (until at least 7 p.m.) and on Saturdays. WIC Food and Nutrition Centers proved to be excellent recruitment sources because they are unique community anchoring institutions in Chicago.

Program staff pointed out that this approach may not be replicable in other cities where WIC Centers operate in different community contexts. Indeed, even within Chicago, recruitment varied initially between the two WIC Food and Nutrition Center sites that both served economically disadvantaged families but who had different racial and ethnic backgrounds. The program had to be flexible to appeal to different groups and try out different strategies, such as recruiting from churches and translating the curriculum into Spanish. Local context and existing relationships within communities are quite important in determining successful program implementation.

Another early success of this program was the recruitment of an experienced group of highly qualified staff members and facilitators who resonate with the couples they serve.

Couple facilitators are seen as dynamic and trustworthy enough to help couples improve their communication skills, clarify their expectations, and think about their future relationships. The program also offers a combination of program incentives such as child care, transportation and food that helped couples stay in the program. The lessons drawn from the curriculum are appealing to most participants. Couples and facilitators seemed to benefit from listening and learning from each other about “additional tools to put in the tool belt,” how to actively listen, to think deeply about what a healthy marriage is, whether it is achievable, and how to get there if that is what each partner decides.

To keep couples engaged in the program and to establish long-term case management relationships, the program offers multiple curricula including the required healthy marriage and child support components, combined with the additional course offerings of employment and financial literacy. This combination of workshops can address multiple barriers to the development of long-term family and economic stability. Beginning with marriage workshops and then staggering the employment and financial literacy courses helps target couples who are serious about working on their relationships and retain couples in the program so that they do not fall through the cracks.

Adding a new set of services for couples in an existing social service delivery system was effective in bringing couples together and working on relationships. The biggest challenge for IHRMI has been to bring in couples that live in the low-income communities around the WIC Food and Nutrition Centers but do not receive or are not eligible for WIC services. Recruiting from hospitals has brought in some other couples from the local communities and word of mouth among family and friends has also increased. From a program cost standpoint, serving couples who are not part of the social service system could also produce cost savings in the long run if these couples come in as part of a prevention program that may decrease the need for social services in the future.

3. RELATIONSHIPS FOR REAL LIFE; BOSTON, MASSACHUSETTS

3.1 Introduction

Relationships for Real Life (RRL) is a healthy marriage and relationship skill-building initiative intended to encourage healthy relationships among a targeted group of low-income families in Boston, Massachusetts. The project's goal is to improve the lives of low-income families by promoting paternity establishment, child support, marriage, healthy family relationships, and economic independence through a series of relationship-building workshops. RRL is a program run by the Father Friendly Initiative (FFI), a program of the Boston Public Health Commission in Boston, Massachusetts, a one-stop service provider that offers comprehensive case management and clinical services to "low-income-earning potential fathers."¹⁵ FFI targets their services to fathers but they also work with men without children. RRL was developed because FFI recognized that most of the men they serve are in relationships and that working with them in conjunction with their partners could improve their relationships and the outcomes of their families.

The Massachusetts Department of Revenue (DOR), Child Support Enforcement Department (CSE) was granted the Section 1115 Federal Office of Child Support Enforcement (OCSE) waiver in January 2005. CSE subcontracts service delivery to the Boston Public Health Commission's Father Friendly Initiative. FFI began providing the RRL services in October 2005. The Section 1115 waiver grant is for \$977,502 over a 3-year period with matching funds of an estimated \$503,562 from the Massachusetts Department of Revenue. In February 2007, RRL started the process to formally request a no-cost extension of the grant to continue to provide relationship services through 2008.

The Relationships for Real Life initiative is one of many programs run by FFI. FFI's mission is "to deliver a holistic approach to enrich the health and well-being of men by providing a culturally sensitive environment and network of services."¹⁶ FFI helps men access services they need through intensive case management assisting men with finding housing, employment, food, health insurance, and an extensive referral network. FFI provides individual and group counseling services, support around child support and custody issues, and hosts classes to help promote fathers' and men's self-development by addressing issues around health attitudes, gender, coping skills, and parenting practices.¹⁷

With the Section 1115 waiver award, FFI has started to provide healthy marriage and relationship services for the first time to both men and women. However, FFI works mainly

15 <http://www.bphc.org/programs/initiative.asp?b=1&d=4&p=13&i=162>

16 Leaflet gathered at site visit.

17 http://www.bphc.org/bphc/ffi_curriculum.asp

with men of color who have been recently released from prison, are dealing with substance abuse issues, anger management issues, or who are unemployed. As a result, much of RRL's focus is on underserved and disadvantaged families. While RRL works with many different community partners who work with different populations, RRL differs from other community healthy marriage initiatives in its strong connections and emphasis on men.

3.2 Relationships for Real Life: Background, Planning and Early Implementation

3.2.1 Project Goals

The project is targeted at economically depressed areas in Boston neighborhoods including: Roxbury, Dorchester, Mattapan, Hyde Park, South End, and Jamaica Plain. The total population in the City of Boston is 589,141, of which 55 percent is white, 25 percent is black, and 8 percent is Asian. Approximately 14 percent of the population is Latino and 20 percent of the population lives at or below the Federal poverty level. Thirty-four percent of the adult population is married and 7 percent is divorced (U.S. Census, 2000).

Approximately 27 percent of all children are born outside of wedlock in Massachusetts,¹⁸ one of the lowest levels in the country. Massachusetts also has the lowest divorce rate in the country.

The initiative set forth a number of goals in their proposal including:

- Increasing the number of low-income children raised in married households;
- Increasing the number of healthy marriages;
- Improving compliance with child support obligations;
- Increasing establishment of paternity;
- Collaborating with court agencies;
- Providing intervention to two-parent households.

The project plans to serve 100 couples per year for each of the three years to serve a total of 300 couples, or 600 individuals.

3.2.2 Birth of RRL: Drawing on Organizational Strengths and Strong Working Relationships

The waiver application was developed by the Massachusetts Department of Revenue (DOR), Child Support Enforcement Department (CSE). CSE had long supported family-building services and had strong links with the domestic violence community and the Massachusetts Fatherhood Commission. CSE officials saw this project as a natural extension of the work

18 Division of Vital Statistics, National Center for Health Statistics.

CSE does with families. The decision to apply for Federal healthy marriage funding came from a convergence of leadership interest, a recognized need for services geared towards both mothers and fathers, and strong ties between the applying agencies. Lead staff decided to gauge the interest of potential partnering organizations in providing relationship services before applying for the Section 1115 waiver grant. They held a focus group with key staff members who worked at potential partnering organizations and determined that there was interest in providing services to couples. Staff members who interacted with families cautioned about using the word “marriage” to describe the services because they thought it would not appeal to their clients. It was recommended that the program be described as focusing on relationships. These staff members believed that their clients would not be averse to discussions of marriage but would not want to attend “marriage” workshops. With this basic premise in mind, the group decided to apply for the Section 1115 waiver grant.

FFI felt this grant was an important step for their organization by expanding their services to women. Before this grant, FFI provided services to men only, but women often came with their male partners to appointments and sometimes requested services. This grant provided FFI with the opportunity to offer services to women and to take more of a couples-based approach to service delivery.

3.3 Organization and Implementation of RRL

3.3.1 Massachusetts Policy Environment

The Massachusetts CSE has been a national leader in child support and fatherhood initiatives, including efforts to enhance the ability of fathers to pay child support. CSE staff have a past history of working with organizations such as FFI that work with male clients in order to develop awareness about the differences between men who can afford to pay child support but avoid payment and fathers who cannot afford to pay child support. Generally, men who cannot afford to pay child support often accumulate huge arrears and risk going to jail because of their failure to pay sufficient child support. In Massachusetts, CSE amended their regulations to consider back child support payments or arrears on an individual case basis and to implement a process that will forgive arrears or minimize the payments depending on the family circumstances.

3.3.2 Restructuring the Initiative

As the process of implementing RRL began, the project experienced three key changes: the reorganization of the lead agency, the departure of the project director, and changes in partner organizations. These changes contributed to the restructuring of the initiative. Nevertheless, the strong support of the CSE agency helped move the process forward and ensure the delivery of services.

FFI is part of the Boston Public Health Commission (BPHC), which runs many health initiatives that concentrate on vulnerable populations. At the time of the grant application, FFI was part of the Child, Adolescent and Family Health Bureau of the BPHC along with a program called Boston Healthy Start Initiative (BHSI) that focuses on funding community partners who serve mothers pre- and post-child birth. In the original plan for the healthy marriage initiative, FFI was to recruit men and BHSI was to recruit women, including many from community health centers.

Around the same time that FFI received the Section 1115 waiver grant in mid-2004, it received a large grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide services, particularly substance abuse programming to young men who are being released from the South Bay Jail. Partly as a result, the Boston Public Health Commission decided to move FFI into the Substance Abuse Services Bureau of the Commission. This move did not affect the FFI's provision of services but it meant that FFI operated under a different bureau and reported to a different supervisor than BHSI. At the same time, the director of FFI left for another job. The reorganization of the BPHC departments, the departure of FFI's director, and startup issues around grant management and funding led the BHSI to pull out of the initiative. One final setback occurred when another partner in the original grant application, the Pastoral Counseling Center (PCC) at Trinity Church, also left the initiative. Not surprisingly, the result of all these administrative changes was a slow start up of the project's service delivery. Despite these challenges, RRL provided their first set of classes in October 2005, about a year and a half after grant award.

3.3.3 Implementing the New Initiative

In May 2005, FFI hired a new interim project director who had strong connections with other divisions in the Boston Public Health Commission as well as the community. She helped FFI create a new service delivery plan that focused on how to get women involved in services. The new project, renamed Relationships for Real Life, required FFI to shift the organization's paradigm. FFI had always provided referral services for female partners of their male clients, but now they were seeking to recruit women to their classes.

Once the new project director was hired and a curriculum was identified, the project was ready to begin service delivery. FFI was staffed with individual social workers and counselors experienced in delivering curricula and therefore did not have to find facilitators and further delay start up. The project also had a relationship with an external facilitator who was trained in the *Marriage and Parenting* curriculum. As a result, they decided to provide classes in that curriculum while they evaluated other options. The project eventually decided to use the *Exploring Relationships and Marriage with Fragile Families for Couples* described in Section 3.4.3.

Without direct access to women through the BHSI-funded community health centers, the initiative had to find new means of recruiting women and setting up new partnerships. Rather than delay start up, the new director recognized that FFI had a large base from which to initially recruit. The first classes of RRL were held with men and their partners who were receiving other FFI services, while FFI sought out other partnerships that could help them with recruiting women and provide additional space to hold classes.

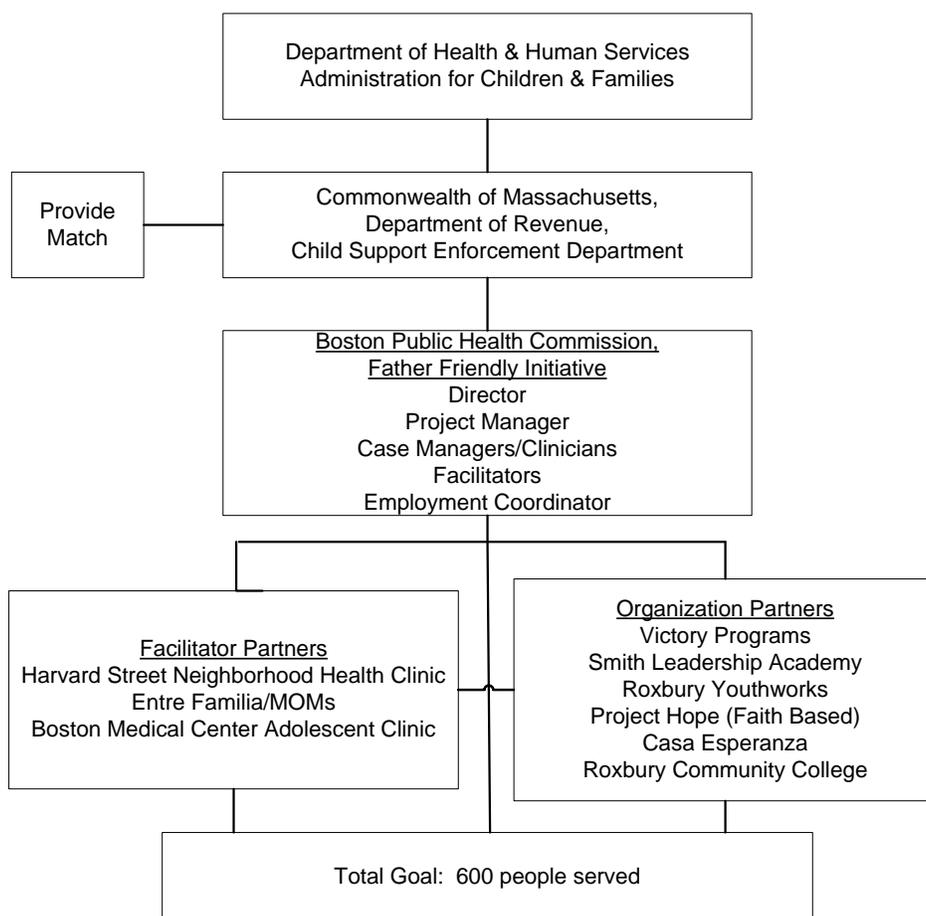
3.3.4 Organizational Structure

There are a number of organizations involved in the grant administration. The State Child Support Enforcement Department is the grantee of the Section 1115 waiver grant and subcontracts the implementation of the project to FFI. FFI has primarily a reporting relationship with the Administration for Children and Families (ACF), Federal Office of Child Support Enforcement (OCSE), who administers the grants, and a cooperating relationship with the ACF Office of Planning, Research and Evaluation (OPRE), which oversees the national evaluation.

FFI works closely with the ACF regional staff based in Boston. The regional staff have been an important resource for RRL because they have long-standing relationships with the Department of Revenue and one staff member is an expert on marriage curricula. Her input has been integral as the initiative has made decisions about what types of classes to offer. The director of the Substance Abuse Service Bureau of Boston Public Health Commission has been supportive of RRL by helping forge partnerships with other initiatives in the Bureau to bring on new project partners. The project has also developed and continues to develop linkages with other community organizations involved in improving the well-being of low-income families. We describe each partner and relationship in more detail in the next section.

A visual representation of the organization of RRL is provided in Figure 3-1. The Section 1115 waiver funds were granted to the Commonwealth of Massachusetts, Department of Revenue, Child Support Enforcement Department (CSE), and the matching funds are provided by CSE. CSE contracts with the Boston Public Health Commission, Substance Abuse Bureau, of which FFI is a part, to implement the project.

Figure 3-1 RRL Organizational Chart



FFI staff includes an employment coordinator who assists FFI participants with finding jobs; a project manager/administrative assistant who coordinates the classes and performs many administrative duties; case managers who help FFI participants obtain necessary services; clinicians who provide the marriage education classes as well as counseling and psycho-educational groups as part of other grants; and the interim project director who manages the organization. One case manager and the case manager supervisor serve as child support specialists. Staff members work on other FFI grants in addition to the RRL project and can refer RRL participants to these services when appropriate.

FFI has two large grants in addition to their Healthy Marriage grant. These grants include a SAMHSA grant that funds a program called the Reentry Assistance Program (RAP). This program provides funding to FFI to provide reentry services to 18 to 24-year-old men who are leaving the South Bay House of corrections. FFI also has two small employment grants. The first is an empowerment zone grant that provides funding to assist approximately 100 men a year with employment services. The second grant is from the Department of Revenue to assist men in finding jobs. Approximately 10 percent of their caseload comes from the Department of Social Services and mandated court referrals. Men who are required

to access certain services such as anger management or psycho-educational classes can be referred to FFI.

For the RRL program, FFI has a number of partnerships that fall into two general categories. The first, and more common partnership, is with *organization partners* that provide services to low-income populations. These partners recruit participants for RRL classes from their clientele and most hold the workshops at their locations. Originally RRL planned to hold all of their classes onsite at partner organizations; however, space is not always available at partner sites, so classes recruited at partner organizations are sometimes hosted at FFI, located near downtown Boston across from the Boston Medical Center, the main low-income hospital. Organization partners are not paid to host classes nor do they provide facilitators themselves. Instead, FFI finds facilitators to run classes at organization partner locations.

The second type of partnership includes *facilitator partners*. Facilitator partners represent an organization as well as a facilitator who is a paid consultant of FFI. These facilitator partners are professional social workers or nurses that work in organizations that provide services to low-income populations. The facilitator partners recruit participants from their caseloads (for example, the mothers who go to the Harvard Street Health Clinic or women in the substance abuse clinic, Entre Familia), and then host the RRL class themselves at their organizations. Both organization partners and facilitator partners recruit participants from their organization's clientele; the difference is that with facilitator partners, classes are co-conducted by the facilitator partner and a staff person from FFI. One organization, such as Entre Familia, has two facilitator partners so they can run classes themselves, while all other organizations, like the Boston Medical Center, have only one facilitator partner. FFI finds additional facilitators to run those classes where a second facilitator is needed.

Some facilitator partners run workshops only at their host organization, while others host workshops both at their organization and with other organization partners. Facilitator partners are paid for the classes they facilitate, regardless of where they conduct the class (at their organization or another). In addition to the facilitator partners, FFI relies heavily on its own staff to facilitate classes and regularly trains new facilitators from their internal staff. Seven FFI staff members are trained to provide RRL classes and they have four partner facilitators. As of June 2007, there were a total of 14 RRL facilitators.

FFI staff have been working in the community for a number of years, so most of the partnerships are built upon long-standing relationships. The organizations that FFI is partnering with are drawn to the RRL courses because they think the families they serve will benefit from the curriculum and that the RRL services will effectively address longstanding family issues. For example, one partner organization staff member mentioned that women addressing substance abuse problems need to think about their relationships and how they will need to be altered once they achieve sobriety. The RRL curriculum allows women to

focus specifically on how to improve relationships with their partners and therefore fulfills a missing component of treatment programs.

Below is a brief description of the grant partners. The first four organizations provide facilitator partners including:

- **Harvard Street Neighborhood Health Center.** This facilitator partner is a clinician and midwife at the Harvard Street Health Clinic and was FFI's first non-staff facilitator. Harvard Street is a comprehensive health delivery organization serving the Boston neighborhoods of Roxbury, Dorchester, and Mattapan.¹⁹ The partner facilitator recruits women from her client base at the clinic and the women bring their partners with them to classes held at the clinic. This facilitator is also assisting with classes outside of Harvard Street.
- **Entre Familia.** This organization is part of the Boston Public Health Commission, Substance-Abuse Services Bureau. Entre Familia is a residential treatment program for Latina women with substance abuse histories and their children. Entre Familia's services also include a 12-month aftercare and relapse prevention program as well as extensive case management and other support services.²⁰ Women who are part of Entre Familia are invited to participate in the RRL classes with their partners. Groups at Entre Familia are generally facilitated by two facilitator partners, one who works at Entre Familia and one who works at MOM's project. One of the original facilitators for RRL was loaned to FFI, so they have a strong relationship.
- **MOM's Project.** This partner organization is also part of the Boston Public Health Commission, Substance Abuse Services Bureau. The Mom's Project is a comprehensive community-based program designed to improve the health, well-being, parenting and life success of pregnant women with substance abuse histories. The project provides a link between clients and an existing network of prenatal and other medical services, mental health counseling, substance abuse treatment centers, housing and more.²¹
- **Boston Medical Center Teens and Tots Clinic.** This organization is an academic medical center that emphasizes community-based care. RRL works with the Teens and Tots program that offers a 10-week course to teenage mothers and their partners that covers topics such as prenatal care, nutrition, breast-feeding, family planning, newborn care basics and other issues.²² The RRL class immediately follows the prenatal classes. At the time of the site visit, FFI staff was facilitating the classes at the Teens and Tots clinic, but recently RRL has started to train one of the case managers who works at the Teens and Tots clinic to become a facilitator partner herself.

19 http://www.harvardstreet.org/who_we_are.html

20 <http://www.bphc.org/programs/program.asp?b=6&d=8&p=105>

21 <http://www.bphc.org/programs/program.asp?b=6&d=8&p=107>

22 <http://www.bmc.org/>

The next six organizations represent organization partners. They include:

- **Victory Programs Inc.** This partner organization is a multi-service agency providing individualized treatment programs to people recovering from alcoholism and drug addiction, particularly those with psychological and medical problems including AIDS and HIV disease. Victory Programs provides that environment in acute, long-term, transitional, and permanent settings. Victory programs has 11 residential housing locations in Jamaica Plain, South End, Dorchester, and Mattapan. RRL has had participants from a few of those locations.²³ Classes held with people referred from the Victory Programs partner are usually held at FFI.
- **Roxbury YouthWorks.** This partner is a community-based non-profit organization that combats the roots of juvenile delinquency in the inner-city neighborhoods of Boston by providing innovative support services to court-involved and other youth up to 21 years of age. Roxbury YouthWorks has 10 programs focused on youth who are involved with the Department of Social Services, juvenile court, Department of Youth Services treatment facilities, and at-risk youth. Participants in RRL have come from a few of those programs.²⁴
- **Smith Leadership Academy.** This organization is a college preparatory middle school for 6-8th graders. The academy serves inner-city students in an academically rigorous setting. Parents are expected to take an active participation in their child's education. RRL is providing a class to the parents of students at Smith Leadership Academy.²⁵

Since the site visit in September 2006, RRL has started working with three new partner organizations – Project Hope, Casa Esperanza, and Roxbury Community College. Casa Esperanza has already held a class and classes are scheduled at Project Hope and Roxbury Community college for later this year.

- **Project Hope.** This faith-based organization is a multi-service agency in Boston that provides low-income women with children access to education, jobs, housing, and emergency services; fosters their personal transformation; and works for broader systems change.²⁶ Classes will be held at Project Hope.
- **Casa Esperanza.** This organization provides services to help men, women and families overcome issues related to substance abuse. RRL is working with the “Latina y Niños” (Women and Children) program at Casa Esperanza. This program is a 6- to 12-month residential program founded with the goal of addressing the cultural and language barriers to accessing treatment for substance abuse. Women who are part of this program are pregnant or have recently given birth and the program works on recovery while helping women retain custody of their children. RRL has already held one class onsite at Casa Esperanza.²⁷

23 <http://www.vpi.org/aboutus/>

24 <http://www.roxburyyouthworks.org/>

25 <http://www.smithleadership.org/>

26 <http://www.prohope.org/about.htm>

27 <http://www.casaesperanza.org/>

- **Roxbury Community College.** Early on in the initiative, a few students from Roxbury Community College participated in an RRL class. The students were very receptive to the classes and this new partnership was born out of relationships set up in that class. Classes will be offered to interested students at Roxbury Community College and will be held onsite at the college.

In addition to the existing partnerships, RRL has communicated with several other organizations about possible partnerships. At the time of the site visit, RRL was considering partnering with the Children's Trust Fund because a former RRL facilitator now works there. They have also approached Head Start and Early Head Start as potential partners. RRL has also approached other potential partners, including the Whittier St. Men's Clinic, Children's Hospital, Martha Eliot Health Center, and the Family Nurturing Center (a non-profit organization that works to build healthy families), Dimock Community Health Center and the North End Health Center.

The matching funds provided by CSE vary a great deal from year to year; the amount of match money available to RRL decreased in the first years of the project. The variation in match monies available imposes implementation challenges because it is difficult to plan service delivery from year to year. FFI must be conservative in the number of facilitators they hire and the number of classes they schedule because they could run out of funding if matching funds decrease more than expected. In addition, FFI has a centralized management model which means that the number of classes that can be run with any ease must be somewhat limited in scope because they are organized by a single individual.

3.4 Initial Operations and Services of RRL

3.4.1 Recruitment Strategies

FFI recruits men and couples primarily from their own client base, but relies heavily on partner organizations and other sources to recruit women and teens. RRL program staff believe that participants are more likely to be dedicated to coming to the classes if they come from existing FFI clientele or from their partner organizations' clientele rather than if they are recruited off the street. For example, at the Boston Medical Center they recruit participants from their Teens and Tots program, and at Roxbury YouthWorks youth are recruited from several programs they offer. Occasionally people come to classes because they saw a flyer at FFI or at another community organization. RRL posts fliers around FFI as well as other organizations to recruit participants.

Initially, RRL participated in recruiting events in order to get participants. These events included fatherhood days, and neighborhood development annual parties. At the site visit, RRL staff expressed that recruiting through their existing clientele and their partner organizations' clientele was not difficult. They felt that they had enough clients to manage without needing to invest time in further recruiting in the community. Generally facilitators only have time to run one class at a time, so there are limitations on the number of classes

that can be held at a given time. Approximately four classes are run at a given time, which is the maximum number budgeted.

3.4.2 Intake and Screening

A man who comes to FFI services goes through a complete intake and assessment with a case manager to determine what services he is requesting and needs. This intake form includes questions regarding demographic information, criminal history, and family information to most accurately determine the level and type of services needed. At this time, case managers focus on assisting their clients in accessing basic needs such as health insurance, food stamps, housing, and/or food as needed. Once someone has basic necessities, they are provided with additional services and all men who come to FFI are offered the opportunity to attend RRL, regardless of whether they are in a romantic relationship or not. Men are screened for any active restraining orders or domestic violence histories, in which case if they have an order, they will not be offered RRL services. Many of the men who come to FFI are in relationships and their partners are invited to attend RRL. FFI focuses on recruiting men from their client base and they have found that these men can be quite successful in getting their partners to participate in the groups with them.

If a woman or a man who has not previously done a FFI intake to RRL groups comes themselves, they are provided with a short intake form. This one-page form gathers basic information about the participants and asks them if they need assistance with accessing other services such as employment, substance abuse, health care, or other services.

Partner organizations are not required to conduct an intake interview with the RRL participants before classes start; instead, referral forms are forwarded to FFI's project manager for workshop formation and pre-workshop assessments are completed at the first session of class and collected by one of the facilitators. Originally the project manager would go to the beginning of all RRL classes to administer the intake forms, to collect information on the participants, and to distribute incentives; however, they have changed this format to have one of the facilitators at each class be in charge of administrative duties as part of their role in the group in addition to facilitation.

In addition to the intake form, all participants are asked to fill out a pre-workshop assessment form. This form is used to gather additional information for research purposes such as attitudes toward marriage, relationship quality, and information on domestic violence. This tool is used to screen for domestic violence issues and is described in further detail in Section 3.5.2 of this report. If a domestic violence problem is identified, facilitators take steps to ensure that the class environment is safe for all participants and that appropriate care is received.

3.4.3 Curriculum and Programs

RRL provides classes in two-hour sessions for eight weeks to men and women. Couples and single people are included in classes together but classes are sometimes all men, all women, or all teenagers depending on the target population of the organization that recruited participants. RRL has found that participants are happy with this format as they find it educational to learn about the point of view of both sexes and people of different ages. RRL provides *Exploring Relationships and Marriage with Fragile Families for Couples*, designed by the Center for Fathers, Families and Workforce Development for the State of Louisiana Department of Social Services. This curriculum was developed to target low-income, never married, African-American parents and is structured to help parents or couples build knowledge about healthy relationships that may prepare them for marriage. The curriculum incorporates African and African-American traditions and world views and provides facilitators with tips on making the class culturally applicable to varying races and ethnicities. The curriculum is described in Table 3-1.

Every class also includes one session on child support, usually during the fourth week of class. One of FFI's child support experts comes in to the session to provide participants with information. They have found that participants often have misconceptions around child support and that they are very receptive to this session. FFI has also encountered many potential partner organizations staff with little or no information on child support who have appreciated getting information and have invited FFI staff on later occasions for staff and participant presentations.

Initially, RRL was using the *Marriage and Parenting* ("Ma and Pa")²⁸ curriculum along with the "Exploring Relationships" curriculum. The "Ma and Pa" curriculum is 10 sessions and costs \$600 for the full set of sessions for 20 participants. RRL determined that the "Exploring Relationships" curriculum better fit the needs of their clientele, offered a shorter class (8 weeks), and was available free of charge. RRL has been providing services to youth and has been considering adapting *How Not to Marry a Jerk/Jerkette* curriculum by John Van Epp. FFI has also adapted "Exploring Relationships," incorporating information more relevant to young participants.

Classes have all been provided in English; however, RRL recently ran a bilingual group that included a mix on Spanish and English. Three of the facilitators are Spanish-speaking as is the interim FFI director. Initially RRL expected to provide classes in Spanish to *Entre Familia*, but they found that many of the partners of the women at *Entre Familia* did not speak Spanish and therefore provided the class in English. In a recent class at *Casa Esperanza* they have been providing classes in a mix of both Spanish and English. RRL has been unable to locate a Spanish translation of the "Exploring Relationships" curriculum and

28 <http://www.nurturingfathers.com/MaPa.htm>

Table 3-1 RRL: Exploring Relationships and Marriage with Fragile Families

This curriculum consists of three distinct parts; one aimed at parents or couples who are romantically involved, one at mothers, and another at fathers. RRL uses an adaptation of the couples version of the program in their initiative as they serve both couples and single people in integrated classes.

The curriculum has eight sessions. Classes allow participants to share experiences and knowledge, so that everyone may draw their own conclusions about how to relate to one another. RRL encourages participants to check in at the start of each class to discuss issues participants are having around their relationships.

Session 1) Advanced Relationships Today, aims to set a welcoming tone and create a space for sharing feelings. The group works through identifying problems that make it difficult to maintain personal relationships specific to them as well as identifying stereotypes and problems that are specific to African-Americans in relationships.

Session 2) Healthy Relationships, focuses on understanding what values and qualities are needed in a relationship to be committed and healthy. The goal of the class is to help the people understand the work involved in a relationship and to better understand the health of their relationships.

Session 3) Mind on Marriage Mountain, works to have participants discuss and discover their feelings towards marriage and relationships. Participants take a survey to better understand their own attitudes towards marriage and how they define marriage.

Session 4) Conflict Control Room, works on communication and developing skills to help de-escalate conflicts.

Session 5) Weather Storm Safe-Station, looks at common causes of relationship problems and discusses how to try and solve them through the use of case studies about couples who are facing problems.

Session 6) Sweet Truth Talk Shop, works on communication skills, adjusting your own language and styles to reduce tension and to consider your partner when choosing your communication methods.

Session 7) The Real Thing Spa, is a class that looks at love and how to express it. It is designed to have participants look into the future and to try and envision how their relationships will change.

Session 8) Rings, Wings and Reason to Wait Center, focuses on having participants start to discuss the level of commitment they would like to have in the future. The group also creates a map of resources in their community that can help them with their relationships.

they are considering translating it themselves. Recently the Chicago CHMI site provided RRL with translated copies of the handouts for participants.

Literacy is a requirement of program participation. The curriculum is structured so that individuals must read forms, take surveys, and provide feedback. While issues around literacy were not cited as a challenge by any of the facilitators, it could potentially exclude individuals who might otherwise partake in these services.

Many of the facilitators at RRL have been providing classes for many years. FFI provided classes to men through a previous grant which funded the development of violence prevention program for men. This 16-session curriculum was structured to help men's self development by working on understanding their roles as men, fathers and partners. Classes covered topics on personal development and self esteem, gender and expectations in relationships, cultural attitudes, parenting practices, fathering experiences and patterning, as well as the stages of child development.²⁹ As a result of the experience with this curriculum, FFI found training facilitators to provide the "Exploring Relationships" was straightforward. There was some discussion initially around requesting formal training from the developers of the *Exploring Relationships with Fragile Families* curriculum, however RRL determined that staff expertise was sufficiently high and formal training was unnecessary. New facilitators must sit in with a group for an entire session to learn to become a facilitator and to watch seasoned facilitators run groups. After the full sequence of classes the new facilitator is paired with a seasoned facilitator to facilitate their own class.

Every class is facilitated by staff or consultant facilitators. RRL does not generally train partner organizations to provide services themselves; however, they recently started training an individual from the Boston Medical Center to conduct classes. All classes are taught by two facilitators, a man and a woman. This is a slight adaptation from the original "Exploring Relationships" program which suggests that a married couple lead the curriculum, to serve as mentors. In addition, one of the facilitators is usually a clinician and RRL feels that this is particularly important. They reported that clinicians are more likely to be able to identify any issues or needs that arise during a class. If an individual needs assistance with substance abuse or anger management, the clinician can identify that issue and discuss it with the individual after class and help guide service acquisition as necessary.

The "Exploring Relationships" program also encourages facilitators to think of themselves as resources, rather than marriage experts, who guide participants through an exploration of their relationship. RRL facilitators said that they like to use the curriculum as a guideline and to adapt the classes to the group's needs.

Participants are provided with incentives to attend classes. All classes offer food and participants are provided a transportation subsidy (two transit passes per session to ride the

29 http://www.bphc.org/bphc/ffi_curriculum.asp

subway or bus). After participants come to three sessions in the first month they are given a transit pass for the second month. At graduation, participants receive a \$20 gift card. In order to graduate, participants must attend six of the eight sessions. Despite these incentives, participant retention has been mixed, but staff report that participants sometimes drop out for good reasons such as job placement. Other reasons for attrition include scheduling conflicts with other services and medical appointments.

As of the end of December 2006, just over one year after service provision began, RRL completed 18 classes. In January-February 2007, another three classes were completed. Three more classes are scheduled for early spring 2007 and they have started to schedule classes for later on in the year. The majority of classes have been held at FFI, including participants recruited from FFI as well as Victory Programs. Project Hope will be hosting its first class in May 2007. Casa Esperanza has held one class and another class is scheduled for the fall 2007 at Roxbury Community College.

Classes are all scheduled by RRL/FFI staff. Sometimes this has been a challenge for the project as they find participants are not always available when facilitators are available to teach classes. Initially a number of classes were held during the day, but staff found that did not work for some participants' schedules. RRL now offers a mix of classes during the day and evening.

3.5 Links With Other Service Providers

3.5.1 Child Support System

As an organization that works closely with the Child Support Enforcement Department, FFI works closely with their clients to help them address child support issues and navigate the child support system. FFI specifically targets their programming to help men who have custody/visitation or child support issues and, as part of the intake process, discusses these issues in depth with their clients. FFI has child support experts on staff that provide these services to clients in all of their programs. These child support specialists also attend one session of the RRL classes to provide instruction to RRL participants on child support rules and issues. Boston Medical Center, one of RRL's partners, also works on paternity establishment with unmarried parents, and they refer many of the male partners to FFI for services.

3.5.2 Domestic Violence

Section 1115 waiver healthy marriage grantees must put in place a domestic violence protocol in order to address any issues of domestic violence that program participants may disclose. RRL has taken several steps to incorporate domestic violence awareness into program activities and address domestic abuse among program participants, including

developing a domestic violence screening protocol and holding domestic violence awareness training sessions for staff and facilitators.

FFI staff has been addressing issues of domestic violence for many years. As part of the *Men of Color* grant, FFI assisted in developing a 4-session domestic violence addition to their FFI men's curriculum and then provided those classes to their clients. Staff from the Domestic Violence Program at the Boston Public Health Commission provided a 2-hour training session on domestic violence and abuse issues. The class covered topics including:

- Power dynamics;
- Information about identifying violence;
- Impacts on health and social well-being;
- Reviewing definitions of perpetrators and victims and the complexity of the issues;
- Examples of control and abuse;
- Understanding the spiral and course of abuse;
- How to identify warning signs and red flags that they might see;
- How providers might respond and assist victims;
- How to avoid making the situation worse; and
- Referral sources.

RRL developed a DV protocol in the fall of 2005 and finalized the *Relationships for Real Life, Father Friendly Initiative, Domestic Violence Protocol* in April 2006.

The written protocol defines domestic violence and outlines, in broad terms, the assessment and referral process that RRL staff should follow. It indicates that all intakes should be centralized at FFI and all participants should complete a pre-workshop assessment in order to assess specific domestic violence indicators. Although all participants do not go through an intake process at FFI before starting the RRL program, FFI staff administers a short intake form as well as a pre-workshop assessment form on the first day of class that covers domestic violence issues. If a domestic violence issue is identified, facilitators take appropriate steps to ensure that the issue is addressed and a referral is made. The protocol outlines how to respond to disclosures and how to protect the confidentiality of participants. All of RRL's organization partners receive copies of the domestic violence protocol and have been invited to future trainings on domestic violence.

A few referrals have been made to domestic violence programs since the program started. If the issue of domestic violence comes up during a class where a couple is participating, the

couple is asked to attend different classes separately and both are provided with information about seeking assistance with their domestic violence issue. This intervention is done so that participants can feel free to speak openly about their relationship and feel safe. If an individual who is not participating with a partner mentions or alludes to a problem with domestic violence, the facilitators will address that individual outside of the classroom setting and provide them with information on accessing services and/or refer them to domestic violence organizations.

3.5.3 Referrals to Other Services

Men who are part of FFI receive a number of other services such as job placement, financial counseling, anger management, mental health, substance abuse, child support, food stamps, or housing placement. FFI helps men get access to health care through Medicaid.

Participants in RRL who are not part of FFI's men's programming are referred to other services as necessary. When an issue comes up in classes, or if a facilitator is approached by a participant in the class who needs additional services, the facilitator works to connect that participant with the appropriate referral. Many library resources including pamphlets and articles are made available after topics or needs emerge. Over the years, FFI has set up an extensive referral network for its participants and has also developed referral systems for women who come to FFI seeking services. If a woman comes into FFI looking for housing or substance abuse assistance, FFI will refer them to a service provider that serves women.

RRL staff reported that one person in almost every group needs some additional services, such as anger management, mental health services, or domestic violence counseling. When a participant expresses a need either in the intake form or during class, the RRL facilitator will make sure to speak with that participant after the class and help connect them to the services they need.

Occasionally, individuals are referred to RRL for services by other community organizations around Boston. RRL has a one-page referral form that can be faxed to FFI, though this is a somewhat rare occurrence.

3.5.4 Media Campaign and Community Outreach

The initiative originally planned to have a small media campaign. However RRL shifted priorities to engaging with their community partner organizations rather than creating a larger public messaging campaign. In part, key stakeholders feel that a communications campaign would not be useful because there is some public controversy that surrounds the laws governing same-sex marriage in Massachusetts. In addition, stakeholders feel communications campaigns are not particularly effective historically with the target population of low-income residents.

Initially FFI recruited participants at the community level by doing outreach at community events, and posting fliers in public locations and around FFI. Now people are recruited to classes through fliers posted at FFI or at partner locations. FFI has no plans to do a more widespread recruiting effort or media campaign as they report no difficulties in recruiting individuals to classes. FFI's service model of providing comprehensive wraparound services for men means that they must limit the number of individuals they serve. Facilitators and staff felt their target number of 200 individuals a year was all they could reasonably handle.

3.6 Participant Information

RRL aims to reach 600 people over the life of the project, which includes approximately 200 people a year. During the first year of program activity, approximately 150 individuals attended classes. Participants included individuals from FFI programs, youth teen programs, halfway houses, community clinics, youth outreach programs, as well as people from the community at large. As of spring 2007, a total of 21 classes have been completed and another four are set to be held in the coming months.

3.6.1 Participant Characteristics and Experiences

RRL is working with an out-of-state evaluator, the Center for Policy Research, who is assisting them with gathering and analyzing data on participants. CPR helped RRL develop their intake forms as well as post-assessment forms to monitor participant satisfaction. Currently all of the intakes are done on paper and the project administrator periodically sends the forms to CPR to be input into a database.

CPR issued a report titled "An Analysis of Participant Attendance Patterns in Relationships for Real Life" in March 2007 that consisted of an analysis of 204 participants who attended at least one session of RRL from the first 20 groups that had started since the inception of classes in October 2005 through December 2006.

Attrition from classes was quite a challenge in that period but has shown some improvement for females over time. Participants who attended six out of eight sessions in a class were considered graduates of the class. The report shows that of the first 20 classes, the graduation rate is approximately two-thirds for women and 56 percent for men. The graduation rates significantly improved over time for female participants. For women, the graduation rate for those attending the first five RRL classes was 44 percent. The corresponding graduation rate for female participants attending classes in mid- to late-2006 was 79 percent. For male participants, graduation rates went down and then increased to the same level from which they started.

RRL facilitators said that many of their participants have to leave for good reasons including finding a new job or starting school. One facilitator mentioned that the scheduled class time was another reason people were dropping out of class. Daytime classes had the advantage of limiting the need for childcare since children are in school. However, this timing does not

work for employed participants. The facilitator felt that if child care could be provided, more individuals would participate.

Although more than half of RRL participants were not in a romantic relationship at the time of the data collection, most were parents. Furthermore, the initiative has a clear-cut focus on improving relationships within a marriage based on the curriculum which is Exploring Relationships and Marriage with Fragile Families. One facilitator mentioned that RRL helps their participants figure out and define their relationship with other partners. Some participants may say they are not in a relationship, but may be co-parenting. This class offered them an opportunity to look at their level of commitment or romantic involvement with another person and find a way to describe that relationship.

RRL is generally serving a disadvantaged population, individuals in halfway homes, delinquent youth, and parenting teens. However, FFI staff report that the population they serve is dealing with similar relationship issues as do other populations. A facilitator mentioned that individuals who are recovering from substance abuse must also learn to keep away from bad relationships and how to choose a good relationship, and that the education they receive at RRL will help them through their recovery. This perspective permeates FFI, the philosophy that anyone could be in the position of their clients, and that while some may feel relationship skills classes are not an immediate need, everyone benefits from learning how to have healthier relationships.

3.6.2 Management Information System (MIS) Participant Data

In the first 11 months of program operations from October 2005 through August 2006, the project collected data for 158 participants who enrolled in RRL classes. The MIS data for the first year of program operations shows that RRL participants were economically disadvantaged and mostly black, with some variation in age, educational attainment, family composition, and employment. Table 3-2 highlights selected demographic characteristics of individuals participating in the RRL program. Two of three RRL participants were male, mirroring the composition of FFI clientele. The average age of participants who provided their birth date was 32. However, almost a quarter of participants were teenagers and almost one half were over 35. Over two-thirds of participants were black and 14 percent were Hispanic; only 12 percent were white. RRL participants averaged low levels of education. Forty percent of RRL participants did not have a high school degree and only 18 percent completed more than a high school diploma or GED.

Only about one in four participants were working full- or part-time (Table 3-3). However, one-third reported being self-employed and another 5 percent said they had intermittent jobs. Since a high proportion of RRL participants are recruited from FFI job training programs, halfway houses, and residential substance abuse programs, it is not surprising that over one third of RRL participants are not employed at baseline and many receive public benefits and other services to meet their needs. Almost 50 percent of participants

Table 3-2 Baseline Demographic Characteristics of Individuals Participating in Relationships for Real Life from October 2005 through August 2006

Characteristics	Percent in Each Category or Average Level
Client gender (n = 158)	
Male	64
Female	36
Client age (n = 101)	
Under age 20	22
Between 20 and 24	7
Between 25 and 34	26
Between 35 and 44	28
Age 45 and older	18
Average age of client (n=101)	32
Client race/ethnicity (n = 134)	
Hispanic or Latino	14
White	12
Black or African-American	68
Asian	0
Native American or Alaska Native	1
Other	5
Education completed (n = 120)	
Less than high school degree	40
High school degree or GED	43
Technical/AA degree or some college	12
4-year college degree	6

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

Source: RRL management information system.

Table 3-3 Baseline Employment Status, Income and Benefit Status of Participants in Relationships for Real Life from October 2005 through August 2006

Characteristics	Percent in Each Category
Employment status (n =128)	
Employed full-time	17
Employed part-time	10
Work at odd jobs off and on	5
Do not work	35
Self-employed	33
Receipt of benefits	
TANF (n =110)	8
Food Stamps (n =116)	47
Unemployment (n = 109)	3
Worker's compensation (n = 108)	1
Veterans (n = 108)	2
Mass Health (n = 108)	34
SSI (n = 112)	21
EAEDC (n = 49)	16
Section 8 housing/public housing (n = 50)	16
Substance abuse treatment (n = 33)	36
Other benefits (n = 107)	6

Note: Respondents can indicate multiple benefit receipt.

Source: RRL management information system.

collect food stamps, one third receive substance abuse treatment services, one third obtain medical benefits through the Mass Health program, and over one fifth receive SSI benefits. Very few participants receive any employment-related benefits such as unemployment insurance or worker’s compensation.

Table 3-4 indicates that many RRL participants are noncustodial parents; 70 percent have a child but only 11 percent live with their children. Moreover, only one in five live with a spouse or partner, though one third report being in a romantic relationship. Nearly one in five was expecting a baby with their partner when they started RRL. Very few RRL participants lived alone (11 percent). The highest proportion of RRL clients (24 percent) lived with their parents or foster parents.

Table 3-4 Baseline Household, Family, and Partner Relationships of RRL Participants from October 2005 through August 2006

Measures of Family Characteristics	Percent in Category
Number of children under 18 (n =127)	
0	30
1	35
2	20
3	8
4 or more	8
	<i>Missing N = 31</i>
Client is married (n=144)	
No	89
Yes	11
	<i>Missing N = 14</i>
Client is in a romantic relationship (n=141)	
No	67
Yes	33
	<i>Missing N = 17</i>
Client is expecting a baby with partner (n =113)	
No	81
Yes	19
	<i>Missing N = 45</i>
Whom do you live with? (n =131)*	
Live alone	11
Boyfriend/Girlfriend	15
Spouse	5
Parents or foster parents	24
Brother/sister	10
Other relatives	5
Friend	2
Your children	11
Your partner’s children	1
Group home/treatment facility	5
Other	18
	<i>Missing N = 27</i>

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

Source: RRL management information system.

* Respondents can indicate up to 3 living arrangements.

For women who are in romantic relationships, 91 percent had at least one child with their current partner at the time of the baseline survey (Table 3-5). Tables 3-5 and 3-6 indicate that these children are generally supported economically more by cash assistance than formal child support payments. Of the 23 RRL women participants in a current relationship with the father of the child, almost half receive money for diapers, clothes, rent, or furniture

Table 3-5 Description of Children Characteristics and Economic Support of Children for RRL Female Participants who are in Relationships from October 2005 through August 2006

Child Characteristics and Economic Support (for women who are in relationships only)	Percent in Each Category
How many children do women and their current partners have together? (n = 23)	
0	9
1	48
2	22
3 or more	22
During the past 12 months, did the youngest child's father give you money for things like diapers or clothes, rent or furniture? (n =23)	
Yes	48
No	48
Don't Know	4
Is the youngest child's father supposed to pay child support? (n =22)	
Yes	18
No	73
Don't Know	9

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

Source: RRL management information system.

Table 3-6 Description of Children Characteristics and Economic Support of Children for RRL Male Participants who are in Relationships from October 2005 through August 2006

Child Characteristics and Economic Support (for fathers only)	Percent in Each Category or Average Level
Youngest Child's Paternity Established (n = 25)	
Yes	40
No	60
Pay Child Support for Youngest Child (n = 30)	
Yes	23
No	71
Don't know	3
N/A	3

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

Source: RRL management information system.

from the youngest child’s father. In contrast, 18 percent of fathers are required to pay these mothers child support for the youngest child. Similarly, among RRL fathers who responded to the program’s child support questions, 23 percent reported paying child support for the youngest child but 60 percent did not even establish paternity and 73 percent were not obligated to pay support.

3.6.3 Participants’ Involvement in the Child Support System

Of the 158 participants who had data entered into the Management Information System, 42 matched the IDs in the RRL Management Information System. Therefore, 27 percent of the RRL caseload had child support cases. For the 42 cases that matched in the child support system, 20 had multiple child support records. The analysis reported on Table 3-7 includes all records for each child support case. Reflecting the significant proportion of males in the RRL caseload, 57 percent of parents were the non-custodial parent for their children while 38 percent were custodial parents. Five percent were both custodial and non-custodial parents. About 50 percent of parents had one child associated with their child support case, almost 40 percent had two or three children, while 10 percent had four or more children. A high proportion of the cases who met the eligibility criteria for paternity establishment had paternity established (61 percent) for all of the children or some of their children (17 percent) associated with their child support case. More than one third of the paternity establishments that took place occurred during the project.

Table 3-7 Paternity Establishment of RRL Participants from October 2005 through September 2006

	Percent in Each Category or Total N
Number of participants with open child support case*	42
Percentage of total participants matched in IV-D	27
Custodial or Non-custodial Parent on All Records (n = 42)	
Custodial	38
Non-custodial	57
Custodial and Non-custodial	5
Number of children associated with open child support case (n = 42)	
1	52
2	21
3	17
4 or more	10
Established paternity for children in multiple records (n = 41)	
Established for all children	61
Did not establish	22
Established for some children but not all	17
Established paternity during the project in any record (n = 26)	
Yes	35
No	65

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

Source: RRL management information system data matched with State IV-D records.

* 20 out of 42 participants have multiple child support cases.

RRL participants matched in the MA child support system had high levels of paternity establishment and many also had child support orders established. Table 3–8 indicates that 45 percent or 19 participants had child support orders for any of their children associated with their child support record. Over two-fifths of these child support orders occurred during the project. The average monthly child support obligation for RRL participants was \$250. One-third had child support orders that totaled less than \$200 monthly while another third had orders between \$201 and \$300, one-quarter between \$301 and \$500, and only 5 percent between \$501 and \$600. Although the average child support order was relatively low, paying consistent full payments was clearly difficult for RRL participants—11 percent of the participants were able to pay the full amount for at least half the year and only 16 percent were able to pay at least a partial payment over a 6–month period.

Table 3-8 Child Support Involvement of RRL Participants from September 2005 through October 2006

Statistic	System Total
Number of participants with child support record*	42
Percentage of total participants matched in IV-D	27%
Any child in record covered by a child support court order (n = 42)	
No	55%
Yes	45%
Any child support order established for any child during project (n = 23)	
No	47%
Yes	53%
For participants with an active child support order (n= 19), amount of child support obligation:	
\$50 - \$100 monthly	21%
\$101 - \$200 monthly	16%
\$201- \$300 monthly	37%
\$301 - \$400 monthly	5%
\$401 - \$500 monthly	16%
\$501 - \$600 monthly	5%
Average monthly child support order obligation (n=19):	\$251
Average monthly child support arrears obligation (n=24):	\$109
For participants who make arrears payments (n=28), amount of monthly arrears payment	
\$1 – 50	25%
\$51-100	42%
\$101-200	13%
\$200-\$300	17%
\$301-\$400	4%
Consistently paid any child support** (n=19)	16%
Total payments made as ordered** (n =19)	11%

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

Source: RRL management information system data matched with State IV-D records.

* 20 out of 42 participants have multiple child support cases. ** Paid 6 out of 12 months.

3.6.4 Participant Experiences

In addition to interviewing project staff and facilitators, the evaluation team interviewed several RRL participants from different classes. Overall, participants were very pleased with the services they received from RRL and happy about the classes. Participants came to classes from a variety of outreach avenues, including seeing flyers posted around FFI and other local organizations, while others were informed about the program from their case managers. People came to the classes for different reasons. One participant mentioned a desire to be in a serious relationship, another was recently divorced, and one man said he did not understand women and was hoping to gain some knowledge to help his relationships.

One participant interviewed said, "It's not just about romantic relationships, it's also about knowing your relationship about yourself, to find out who I am." Another said: "It's about relationships and a lot more."

All participants interviewed felt that the workshops were valuable and helped with their relationships. Participants discussed extensively how the skills they learned in these classes not only related to their romantic relationships, but also to their relationships with other family members. Several interviewees mentioned the challenge of opening up and discussing sensitive issues in a group setting. Participants seemed to like that they could discuss issues they were having with other members of the group and get feedback on their behaviors. A number of people mentioned that it was very educational to hear about other people's experiences, including the facilitator's experiences. In addition, participants said they really liked having both men and women in their classes because it gave them more perspective on relationship issues. One man said that having women in the class helped him to understand how women think.

Participants were asked to make suggestions to RRL on how they could improve their programming or the class. Almost all participants said they would recommend the class to others; however, they felt it was not long enough. They felt the length of the initial series was not sufficient and that they should extend the series for more than eight weeks. In addition, participants requested a second part to the series of classes to include additional classes about relationships, as one participant mentioned that you are only just starting to learn about relationships when the classes end. RRL is looking into the possibility of hosting an alumni group for those individuals.

3.7 Conclusions

Despite some start-up and initial implementation challenges, FFI restructured their initiative to get the project up and running, and they are on track to reach their goal of serving 600 individuals by the end of the contract. Once FFI was selected as the key organization to implement the project, a number of things helped get the project going. By hiring an experienced interim director, with ties to the social service community, FFI avoided further

delaying project start up. Under her leadership, RRL restructured its original plans and strategies to capitalize on FFI's strength in the fatherhood community and to use those clients and connections to their full advantage. Rather than waiting to get all the partnerships in place, RRL moved ahead with serving the current client base at FFI. This allowed the program to get rolling, work out kinks in managing schedules and curricula while simultaneously working on finding partners to help them recruit women. This has meant that RRL is continually evolving.

Building on pre-established relationships with other social service organizations and individuals was key to the implementation of RRL. Working with organizations who have long-standing relationships with women and other target populations has allowed FFI to provide RRL to segments of the population with whom they do not traditionally work. FFI recognized that as a men's service organization they would not have credibility to work with women without strong community partners. RRL has had to work to shift their paradigm of exclusively serving men toward including women: and unlike other initiatives around the country; they have had an easier time recruiting men than women.

The strength of FFI's existing relationships was another key component to their ability to implement RRL. FFI has strong community name recognition, both among the client population and the social service community. This has made the development of partnerships and recruiting of participants relatively easy. Further, the site reported being approached by other organizations to become involved in the RRL initiative.

Partnerships and relationships with CSE have also been important. The staff at CSE was instrumental in planning and ensuring that the initiative was implemented. FFI already had a strong history of providing education on child support to its clients as a contractor to CSE, thus, adding a child support component to RRL's curriculum was straightforward. As a project funded by the 1115 child support waiver, RRL helps educate families about child support, arrears, custody and other issues, with the goal of improving child support outcomes among their target population.

FFI's experience dealing with domestic violence issues was a strength of the initiative. Their experience tailoring the domestic violence component of the *Men of Color* curriculum as well as facilitating this curriculum meant that their staff was already familiar with identifying and dealing with domestic violence. In addition, this meant that staff had experience with facilitating classes and many of those skills were transferable to the new curriculum. As a result, FFI did not have to wait to get individuals trained as facilitators and could quickly start providing services.

Despite the many successes and strengths of FFI and RRL, not everything has been an easy process. Scheduling classes has proven to be a bit of a challenge as finding times that work for participants and facilitators while ensuring there are sufficient numbers of participants in each class has been somewhat difficult. Some facilitators mentioned that the timing of

classes affected the ability of participants to access childcare. The initiative looked into getting child care but found that insurance costs and requirements were prohibitive. The project administrator continues to work hard to schedule participants in classes that will work with their schedule.

Attrition from classes has also been quite high, as only about half of participants graduate from classes. As staff report, many of their participants leave due to “positive” reasons, such as finding a new job or starting school. In addition, their clients are often in other programs that require them to attend a number of appointments, which can also be a barrier to class attendance and retention. CPR, their evaluator, has been doing some research into trying to better understand the differences between participants who graduate and those who drop out.

While women are offered training in the curriculum (Exploring Relationships and Marriage with Fragile Families), FFI had found it somewhat challenging to integrate women into their programming. As a result, FFI had to set up an extensive referral network for women who sought additional services, such as employment assistance.

Another issue that is both a challenge and a success is the fact that most participants in FFI programming, and now RRL programming, continue to use FFI as an ongoing resource for assistance. Staff mentioned that the case management approach they take toward their participants means that clients rarely come to FFI for one class or problem; their relationship with FFI is ongoing. This relationship demonstrates FFI’s success in providing meaningful services and building trust, but it also poses a challenge as resources are finite. FFI does its best to help people when they come in or to refer them to services.

As with all community healthy marriage initiatives, RRL’s model of service provision is unique in a number of ways. RRL’s target population is quite varied, though most of the partner organizations, and FFI itself, work with highly disadvantaged populations. These populations include individuals in substance abuse treatment, teen parents, and juvenile delinquents. RRL recognized the need to offer relationship skill-building services to the populations they serve because all people are engaged in relationships and can benefit from this education. Adding RRL to FFI’s menu of services was a natural extension in dealing with promoting family stability.

Another unique feature of RRL’s model is the use of clinicians as facilitators. RRL feels that clinicians are better trained to spot issues or problems that may arise in a class and therefore tries to ensure that a clinician is present in every class. Since FFI has a number of counselors and clinicians on staff this model is feasible for their initiative. FFI’s desire to have a counselor and/or clinician in each class may be driven by their understanding of the populations they work with and the needs of those individuals.

Unlike other healthy marriage initiatives which define their community as the entire geographical area, or broadly as all low-income families, RRL's definition of community is narrower. RRL sees their initiative as a means to providing relationship services to the community of men who access FFI services, as well as the communities served by RRL partners. RRL is not running a widespread media campaign about healthy marriage. This approach emphasizes RRL's definition of community as the clients they serve.

The curriculum focuses on how to have healthy relationships, how to communicate in a healthier manner, and how to make better choices around relationships. RRL's belief that all people can benefit from learning how to have better relationships and how to make better choices means they serve individuals in all stages of life; they work with parents, teenagers, college students, and men and women in halfway homes, and have so far been successful in engaging clients in program services.

4. JACKSONVILLE NETWORK FOR STRENGTHENING FAMILIES; JACKSONVILLE, FLORIDA

4.1 Introduction

The Jacksonville Network for Strengthening Families (JNSF) is a large scale community-wide initiative that engages an extensive number of partner organizations to provide marriage and family strengthening educational programs and access to other family support services for Jacksonville's families. This initiative uses a three-pronged approach to serving clients by: training staff who work at social service agencies and other community organizations, as well as interested professionals and community members, to facilitate a specialized healthy relationships and lifestyle curriculum developed for Jacksonville; providing a gateway to access social services and other programs available in the community; and conducting a mass media and outreach campaign to promote positive family messages as well as how to obtain services that can help renew and improve family relationships. By raising awareness, changing mindsets, teaching practical skills, and hosting events, JNSF's goals are to encourage healthy marriages and family relationships, increase paternity establishment and child support payments from non-custodial parents, improve parenting and child well-being, and foster financial self-sufficiency. Reflecting the JNSF core philosophy that all families can potentially benefit from their approach, the initiative targets a wide range of Jacksonville families including unmarried singles and couples, married couples, and parents.

In February 2003, JNSF applied for a three-year Child Support Enforcement Demonstration Section 1115 waiver which was awarded in May 2005. The lead agency awarded the grant is the Florida Department of Revenue, Child Support Enforcement (CSE), and the subcontractor is the City of Jacksonville, which houses the JNSF program. The final contract between the Federal Office of Child Support Enforcement and the Florida Department of Revenue, CSE was signed by all parties in October 2005. Up to \$1 million in Federal funds over the three-year period is authorized to the project, and matching funds of \$500,000 over three years have been provided by the City of Jacksonville. In addition, the Office of the Mayor of the City of Jacksonville, a strong supporter of this effort, provided initial seed funding early on to help defray planning costs and start-up service delivery. Therefore, the JNSF coalition started delivering services over a year before receiving any Federal funding.

4.2 Background, Planning, and Early Implementation

4.2.1 Project Goals

The primary objectives, as stated on JNSF's website home page³⁰ are to foster:

- Healthy, harmonious marriage and family relationships;
- Financial self-sufficiency;
- Effective parenting and child-rearing skills;
- Involvement of non-custodial parents in children's lives;
- Protection from domestic violence, child abuse and neglect;
- Personal stability and well-being;
- Family and marriage renewal and enjoyment.

Specifically, fostering the involvement of non-custodial parents includes providing assistance with paternity establishment, establishing child support orders, and improving payments on existing child support orders.

JNSF's organizational mission, as stated on the website³¹ is:

to provide training, services and support to Jacksonville families in an effort to increase prepared marriages, reduce divorce rates, and increase financial and emotional support of Jacksonville's children.

The target area to be served under this grant is Duval County, Florida, which includes the City of Jacksonville. The total population in Duval County is 778,897 of which 66 percent is white, 28 percent is black, and 3 percent is Asian. Four percent of the population is Hispanic. Twelve percent of the population lives at or below the Federal poverty level. An estimated 51 percent of the population is married and 13 percent is divorced (U.S. Census, 2000). The proportion of live births to unmarried women in Duval County was 42 percent, ranging from 28 percent for whites to 62 percent for non-whites (Florida Department of Health, 2003).

JNSF's approach is described by staff as providing an inside-out approach to strengthening one's family. The focus is to change their participants' mindsets and then connect them with any services that might be needed to address specific issues that may be affecting their lives, whether it is more in depth work on couple relationships, child support, parenting, employability, or financial issues. For instance, the JNSF approach is to ask participants;

30 <http://www.coj.net/Departments/Childrens+Commission/Parents+and+Caregivers/JNSF/default.htm>

31 <http://www.coj.net/Departments/Childrens+Commission/Parents+and+Caregivers/JNSF/Mission.htm>

“What would it look like to have a loving, caring, financially stable spouse in the picture?” Once success has been defined by individuals, then the questions are asked “What might you need to do differently to get there?” and “How can you behave differently so that you get different results from what you’ve gotten in the past?”

In order to serve as a gateway for helping participants to become empowered to reach out for what they need for their family and then helping them connect to those services, initially JNSF targeted distressed 2-parent families who were unmarried or married as well as single parents who may or may not be in a relationship. Their target goals have evolved as they discovered the universal appeal of the curriculum across Jacksonville’s families. The project’s aim is to provide services to 1,000 participants a year for the three years. By the time service delivery officially began in October 2005 after the Federal agreement was signed, the project had already served 400 participants.³²

4.2.2 Birth of JNSF: Building a Coalition from the Ground Up

The JNSF is the outgrowth of an initial coalition of approximately 20 non-profit organizations, social service agencies, churches, and local government agencies. The coalition was first convened in 2002 by two dynamic community leaders, a minister and his colleague who worked at the City of Jacksonville’s Community Services Department in the Office of Volunteer Services. To help address increasing out-of-wedlock births and divorce rates, these leaders became interested in developing creative community solutions that encouraged positive family relationships. The impetus for the convening of the initial group was agreement that there was a community need for an innovative program that encouraged positive family behavior. The curriculum developed by Dr. Stephen R. Covey called *7 Habits for Highly Effective People* had been used by the city government and the local Chamber of Commerce to train managers. The coalition believed that providing this curriculum to families would help build healthy relationship skills in Jacksonville and the availability of a new source of Federal funding that encouraged diverse groups to come together to help deliver these services would work in Jacksonville.

Thinking about the social and economic challenges faced by families in Jacksonville, and their positive experiences with the Covey curriculum, the coalition decided to apply for Federal funding. They wanted to develop a community-wide initiative to provide a new set of educational skills-building classes that would promote healthy family relationships, and further connect participants who learned these new skills with available community services that could help address family economic and social needs. One of the conveners of the coalition who worked for the City (and later became the Executive Administrator for JNSF) took the lead in applying for the grant, partnering with the State of Florida’s Department of Revenue, Child Support Enforcement, and articulating the coalition’s vision for Jacksonville.

32 For this report, these initial 400 participants are not counted in the number of participants served.

According to key members of the coalition interviewed during the site visit, adapting the “7 Habits” curriculum for Jacksonville’s families was the approach thought by coalition partners to be the most effective to help encourage positive changes and address challenges faced by Jacksonville families. While families experiencing acute economic and social crises may already be participating in social programs, coalition members believed the JNSF program would be unique because it had the potential to expose families to a new way of thinking that would help reinforce what they were learning in other programs. Even more motivating for some coalition members was the potential to reach a broad group of families outside the social service delivery system who were not in crisis but wanted to learn a new set of skills to improve their relationships that could also lead to positive family outcomes such as marriage, better parenting, and improved outcomes for children.

In the words of one of the coalition partners:

“...we expected to be able ...to assess people then connect them with the resources they were missing. They might come in for one thing, you talk with them, learn their situation and then are able to connect them to a service or an experience they didn’t know was out there, but you can definitely see that it’s needed. Like you go through anger management. I’m angry because I can’t pay my bills, so let us help connect you with some budgeting classes or some counseling. I think we wanted to be able to be an umbrella and cover the city with resources. I think we wanted to be a change agent also in the sense that we didn’t want to replicate or duplicate existing resources, but we wanted to force existing resources to work collaboratively and not be so constrained by turf. That’s a process that is [ongoing].”

During 2003, as the coalition partners were negotiating their organizational structure, designing their service delivery model, and writing the Federal waiver application, the JNSF was bolstered by political backing from the Mayor of Jacksonville. The Mayor provided initial seed funding that was crucial to the planning process as well as brought the coalition’s initiative into city government. Strong support from the Mayor allowed the JNSF to move forward without being sidetracked by potential funding disagreements or having to incorporate as a separate non-profit organization. Another key to success was securing FranklinCovey’s commitment to provide an in-kind donation to train 100 trainers and revise and tailor their “7 Habits” curriculum based on Jacksonville families’ needs. With the strong local coalition secured, JNSF brought in the state and county child support agencies that supported their family strengthening efforts. In December 2003, JNSF submitted the application for a Section 1115 waiver to the Office of Child Support Enforcement, Administration for Children and Families at the Department of Health and Human Services.

Despite funding from the city, the program could not become fully operational or develop their infrastructure by hiring fulltime staff members to manage the project without additional funding. According to interviews with the advisory board members, the coalition

continued to meet monthly and plan service delivery for nearly two years without any Federal funding because of their collective passion to participate in the unique service delivery model, the chance to work with multiple partners who knew each other but had not worked together before, tremendous buy-in from the city, and the vision of the JNSF co-leaders that the program would help fill a community need. Although all parties interviewed agreed that building the coalition was worthwhile, one of the lessons emphasized by all was that the amount of time and effort it takes to build and sustain representative community coalitions is substantial.

4.3 Organization and Implementation of JNSF

4.3.1 Florida Policy Environment

During the time that elapsed between JNSF's application in December 2003 and the grant award in May 2005, there were some policy changes that both bolstered efforts to startup program operations and posed implementation challenges. First, in 2003 there was a new mayor elected who firmly supported the core philosophy of JNSF. According to interviews with key informants, the goals of JNSF fit into the new mayor's overall vision for the city, "The Blueprint for Prosperity," an economic development agenda that focused on building wealth and stabilizing families. The JNSF was seen by local officials as using a strategic and holistic approach to serving families. As one stakeholder commented, "[JNSF is] as close as anything the city has to case management for families."

The support of the new mayor helped JNSF stay financially solvent by providing additional city funds that allowed for the continued development of service delivery and program planning while waiting to hear about Federal funding. State funds were also provided by the District 3 Office of the Florida Department of Children and Families. In mid-2004, the Mayor decided to develop a city Office of Faith and Community-Based Partnerships, the first in the country formed at the city-level modeled after the similarly titled Federal office.³³ This office supplied technical assistance to help faith-based organizations leverage grants and resources to meet community needs. The Mayor hired the minister who initially co-convened the JNSF coalition to be his Chief Community Officer (CCO) in 2003 and he became responsible for overseeing the Office of Faith and Community-Based Partnerships. It was decided to house the JNSF program within this newly created office and a staff member was loaned to the project on a part-time basis to help manage operations. Overall, because the CCO reported to the mayor directly, this organizational structure put JNSF in a strong position to innovate.

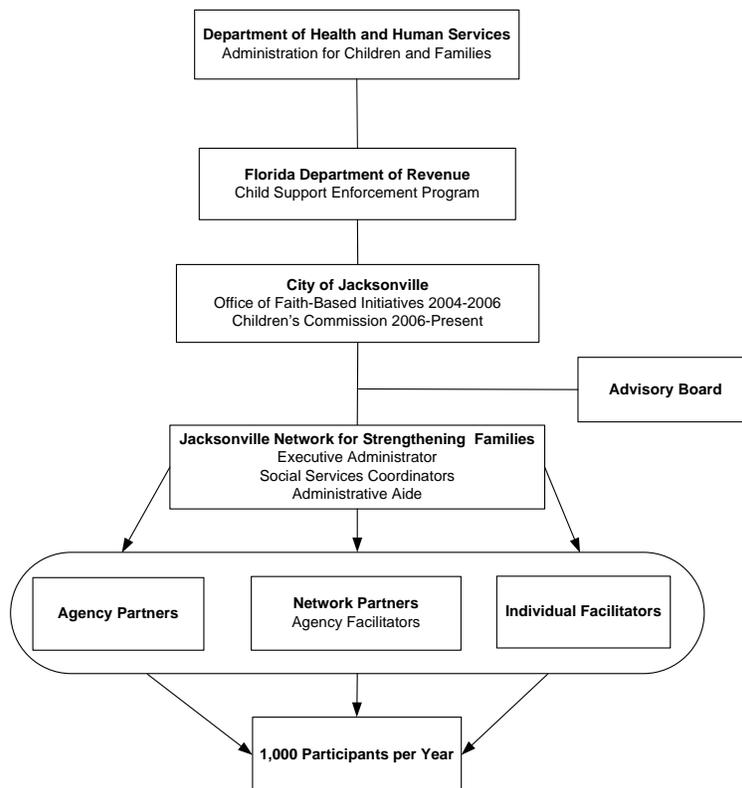
33 <http://www.religionandsocialpolicy.org/news/article.cfm?id=2713>

4.3.2 Organizational Structure

Although it was risky, JNSF decided to move forward with the implementation of their proposed service delivery model before securing any Federal funding. Before and after the receipt of Federal funding, the main service delivery approach and core leadership team remained intact. The JNSF implemented the plan they submitted in their grant proposal, which was to adapt the *7 Habits of Highly Effective Families* into a skill-building class for a diverse set of Jacksonville families, train facilitators, provide referrals for other services, and formulate a community media and outreach campaign.

Figure 4-1 displays a visual representation of the overall organizational structure of the initiative. The Department of Health and Human Services, the Administration for Children and Families provides the Federal funding that was matched with funds from the City of Jacksonville. The Florida Department of Revenue, Child Support Enforcement (CSE) is the primary Federal grantee and has fiscal oversight over the project. The state office of CSE is located in Tallahassee therefore it is the Duval County CSE staff that participates in service delivery in Jacksonville. The Florida DOR CSE subcontracts service delivery to the City of Jacksonville. The City of Jacksonville’s Office of Faith and Community-Based Partnerships initially housed JNSF and oversaw program operations for more than two years. In October 2006 the program moved to the City of Jacksonville Children’s Commission. (See Section 4.3.3 for a more detailed description of this move.)

Figure 4-1 JNSF: Organizational Chart



A driving force of JNSF's approach is a strong community coalition that includes social service agencies, community groups, and churches. In order to keep coalition members engaged and draw on members' expertise, one of the first steps in program design was the creation of a formal advisory board. Composed of the most active coalition partners, Board members were instrumental in early program planning and implementation by helping define a clear mission statement, setting target goals, assisting with finding network partners, and providing input into curriculum development. The Board meets regularly and provides input about service delivery and program implementation. Table 4-1 provides a list of Board members' organizational affiliations.

Table 4-1 JNSF Organization Affiliations of Advisory Board Members

<ul style="list-style-type: none">▪ Christ Tabernacle Baptist Church▪ Duval County Extension Service▪ Florida Department of Children and Families▪ Crossroad Church▪ Project Reach▪ Freshministries▪ Florida Community College of Jacksonville▪ Lifeworks▪ Daniel▪ JCC

Source: <http://www.coj.net/Departments/Childrens+Commission/Parents+and+Caregivers/JNSF/Mission.htm>

One of the original co-conveners of the community coalition became the Executive Administrator of the JNSF program. The Executive Administrator is primarily responsible for the overall direction of the project that includes implementing the program, developing a public relations strategy, building relationships with potential partnering agencies, soliciting corporate sponsorship, and seeking additional funding sources. The Executive Administrator oversees three other JNSF staff members. There are two social service coordinators, one who is primarily responsible for scheduling workshops and coordinating facilitators, and the other who provides follow-up services and referrals for participants. Both coordinators work on putting together a monthly graduation ceremony. The administrative assistant manages the client database and prepares materials for facilitators. Each staff member is a highly

qualified professional, and each has completed the “7 Habits” course. Based on their experiences, all staff attest to the ability of the curriculum to help change mindsets of families who take the workshops. They also found that the “7 Habits” workshops benefited them directly with their organizational and communication skills at work and at home.

JNSF engages various service providers in their community coalition to facilitate the “7 Habits” curriculum, host classes, recruit participants, and provide additional services if needed. Each month JNSF hosts a networking meeting for all its partner organizations, which includes relevant speakers and topical discussions. JNSF has a train-the-trainer approach and facilitators are carefully selected through an interview process. Facilitators must submit a resume and be interviewed by JNSF staff before being accepted into the training program. Each facilitator is required to enroll in a 3-day FranklinCovey curriculum training held once a year. After the training, facilitators must complete a “teach back” to receive certification.

The JNSF’s extensive community coalition is comprised of over 50 organizations and several individuals who are professionals in a variety of settings ranging from schools to social services. There are three different types of coalition members. First, the bulk of organizations comprising the coalition are termed *network partners*. Network partners are organizations that add the “7 Habits” workshops to their existing menu of services. Table 4-2 provides a list of JNSF’s network partners that are drawn from churches, social service agencies, and city departments. Some new partners that host classes are private businesses. Network partners allow their staff members time away from their jobs to be trained in the “7 Habits” curriculum; have facilitators conduct workshops as part of their job duties; recruit participants into the workshops from their caseloads and networks; hold workshops at their locations; and provide meals and a space for child care for workshop participants. Network partners generally sign Memorandum of Understanding (MOU) agreements with JNSF to formalize their commitment to provide facilitators, hold workshops, and help recruit and refer clients to workshops. Recognizing that some agencies may not have the staff or space available to meet all these criteria, some organizations are network partners although there is no formal MOU signed and they are not listed on the JNSF website.

Network partner organizations do not receive payment for running “7 Habits” workshops. According to key stakeholders interviewed, there are several advantages to organizations that become network partners that outweigh the direct costs. Network partners’ staff receive training in the “7 Habits” curriculum at no cost. Therefore, facilitators who work at network partners (termed “agency facilitators”) can upgrade their skill set at their job at a particular organization whether it is a social service agency or a business. This training adds to the quality of the partnering agency’s workforce and may contribute to facilitators’ increased productivity on the job. Training key staff in the “7 Habits” curriculum allows social service agencies to add marriage- and relationship-education classes to their menu of

Table 4-2 JNSF List of Network Partners

A	G
American Heart Association	Goodwill Job Junction
A.P.E.L. Health Services	H
B	Housing Partnership of Jacksonville
Big Brothers Big Sisters of Jacksonville	Hubbard House
Bridge the Gap	In Him Ministries
The Bridge of Northeast Florida, Inc.	Jewish Family and Community Services, Inc.
C	L
Campus Crusade for Christ/Here's Life Inner City	Lifeworks Jacksonville, Inc.
Catholic Charities Bureau, Inc.	M
Character Counts! In Jacksonville,	MADDADS/JAX
Children's Home Society of Jacksonville	Marriage for Life, Inc.
City of Jacksonville Victim Services	N-O
City Rescue Mission	Northeast Florida Community Action Agency Inc.
Communities in Schools	Northwest Behavioral Health Services
Community Connection of Jacksonville	Oasis of Peace, Inc.
Community Rehabilitation Center, Inc.	P
D	PACE Center for Girls
Daniel Inc.,	Project Reach Foundation
Department of Children and Families	Project SOS
Duval County Cooperative Extensive	S-T
Duval County Health Department	San Jose Church of Christ
E	Salvation Army
Early Learning Coalition of Duval, Inc.,	Second Chance Help Center
F	Sisters Connection International Network
Family Foundations	Thormic
Family Farm	U-W
Family Support Services of North Florida	United Congregation for Communities & Youth
First Coast Family Center	The Women's Center
Forward March	
FreshMinistries	
Full Services Schools of United Way	

SOURCE: <http://www.coj.net/Departments/Childrens+Commission/Parents+and+Caregivers/JNSF/Network+Partners.htm>

services to clients. Similarly, businesses can offer the workshops as a benefit to employees. Course materials are also provided at no cost to the agency. The direct costs to the agency include the staff member's time, the use of a room to hold class, food for participants, and the use of a room to provide child care if needed.

The second type of coalition member are the *individual facilitators*. This group includes interested community members who are employed in various professional positions such as nurses or teachers who generally work directly with families and children and have communication skills that allow them to excel in facilitating classes. JNSF staff organizes the participant groups and the independent facilitators teach the "7 Habits" workshops. Individual facilitators teach classes at a variety of locations including churches, community centers, schools, correction centers, or low-income housing developments around the city.

Individual facilitators receive a \$200 stipend for teaching a complete set of workshops. The stipend is not intended to pay facilitators for their time, but to offset their expenses for travel and other incidentals. JNSF reports that many of the independent facilitators do not take the stipend because they want to volunteer their time. All agency and individual facilitators must sign a three-year commitment to teach for the project, and agree to use the guidelines provided to them by JNSF that specify, among other things, that they may not modify the curriculum to include a religious component.

Lastly, there are organizations that participate in the community coalition that are referred to as *agency partners*. These organizations actively participate in recruitment activities and will provide services for free or at discounted rates to JNSF participants who are referred to their agencies. These organizations do not provide any facilitators or host classes at their locations. Examples of agency partners that are part of the JNSF referral network include the Family Counseling Services, which will offer a limited number of family counseling sessions for free and then at discounted rates to JNSF workshop participants. Agency partners do not allow staff to facilitate “7 habits” workshops as part of their job duties. However, some interested staff working at an agency partner organization decided to become individual facilitators on their own time. This means that they facilitate classes outside of their work hours and offsite. For example, some individual facilitators work during the day but facilitate “7 Habits” workshops on their own time in the evenings at local churches or public housing complexes. One individual facilitator interviewed worked at night, but found time to teach several workshops during the day in a variety of locations such as a halfway house and a juvenile detention center.

JNSF’s community coalition includes a mix of secular and faith-based organizations. JNSF found that faith leaders in communities like to offer the course to their church parishioners, particularly in low-income areas where churches may not have the money to offer expensive marriage retreats. One example includes a church that brought in the “7 Habits” course as an additional service along with its empowerment program for young people ages 18 to 20 that provides assistance in obtaining their GED. Faith leaders of churches are not facilitators but they may assist as mentors or coaches if they choose to do so. Some faith leaders and their spouses have been workshop participants and have recommended the course to their congregations and to other faith leaders in the community.

JNSF staff have instructed facilitators not to incorporate religious content or prayer into the curriculum, and to go by the premise “when in doubt, leave it out.” Program staff and facilitators interviewed agreed that the curriculum does not include any specific religious content and offers a variety of helpful activities, examples, and exercises to reinforce the subject-matter under discussion.

4.3.3 Organizational Changes

In mid-2006, the Chief Community Officer and co-convenor of JNSF left his position in city government and returned to the ministry. Around the same time it was decided to move the JNSF within city government to a different department. JNSF moved from the Office of Faith and Community-Based Partnerships into Jacksonville Children's Commission. The Children's Commission was created by the City in 1994, has a dedicated funding stream, and staff are experienced in raising money from private sources and foundations. The head of the Commission reports directly to the Mayor. The Commission provides resources to help families promote positive child development practices. They provide free programs and services in the areas of: parenting/family, health, child care and early learning, after school and youth development, and special needs. The Commission focuses its resources on primary prevention and early intervention activities.

Key stakeholders interviewed cited several reasons for the organizational changes. First, JNSF and the Commission have similar missions to improve the lives of caregivers and children and often serve the same families. Moving JNSF into the Children's Commission could help enhance the program's sustainability by taking advantages of their similarities and jointly writing grants instead of competing for scarce funding. The Commission's programs were also seen as good recruiting sources for parents who attend one of the many Children's Commission programs.

Some stakeholders interviewed expressed concerns about the move. These concerns include: questions about how well positioned JNSF would be within the Children's Commission to innovate; a new bureaucracy could contribute to delays in program implementation; and whether JNSF would lose influence with their partnering agencies, especially churches when moved out of the Office of Faith and Community-Based Partnerships. Although these concerns were expressed, the project has seen increased recruiting from Children's Commission programs such as Healthy Start.

In conclusion, strong buy-in and the ensuing seed funding from the City of Jacksonville were essential in facilitating initial startup of the JNSF program operations before the receipt of Federal funding. The mission of JNSF was a natural fit with the newly elected mayor's platform to build the economic as well as family infrastructure of Jacksonville. Hiring one of JNSF's co-convenors as the city's Chief Community Officer gave the initiative high visibility, a direct line of communication with the Mayor, and helped bring in social service agencies and faith-based partners. Securing an in-kind donation from FranklinCovey to tailor the "7 Habits" curriculum and providing facilitator training attracted several diverse partners to the coalition. The tremendous buy-in from the community coalition, a clear service delivery model, and highly qualified program staff and facilitators ensured the successful startup of program operations. The move to the Children's Commission also seems to have added new recruiting sources.

4.4 Initial Operations and Services of JNSF

4.4.1 Recruitment Strategies

JNSF primarily recruits participants from network partners, which consist of a group of several organizations originating from social service, faith-based, local government, education, business, and other community organizations; therefore, there are many potential avenues for recruitment. The project also recruits through staff members' presentations, mass mailings, and community outreach efforts. Over time, as more and more families have been served, word of mouth and self referrals have become increasingly important. Described below are several examples of JNSF's extensive community-wide recruitment efforts.

Social Service Agencies: In order to reach out to Jacksonville families who could benefit from family strengthening while working on other issues, JNSF has recruited from a wide range of social service programs such as employment, financial literacy, foster care dependency programs, Head Start, halfway houses, and substance abuse programs. For example, the city rescue mission's Life Builder program has been an effective recruitment source for men. This is a faith-based, 18-month drug and alcohol treatment rehabilitation program. Life Builder participants are recruited for participation in JNSF's workshops after completing about a year in that program, after they are clean and sober and are preparing to re-enter society and be reunited with their families.

Events and Outreach Efforts: JNSF hosted and participated in several local events to raise awareness about their family strengthening initiative, promote the services of their network partners, and recruit for classes. Staff set up tables and booths at events to recruit families into the program. In addition, they sent out flyers in a mass mailing to targeted zip codes. The JNSF also has a user-friendly website that provides information about the program, locations of upcoming classes and also allows for online registration.

Shands Hospital: JNSF works with a local hospital that is the area's largest indigent care facility. The staff from JNSF recruits from baby showers held quarterly for expecting parents. JNSF does not recruit from paternity establishment records from the hospital because couples' names and contract information are not released.

Word of Mouth: Over time JNSF staff has found that word-of-mouth recruiting of neighbors and friends is providing an increasing stream of participants. In addition, they have found other family members who accompany participants to graduation decide to enroll in classes. The project reports that word-of-mouth referrals are the second largest source of recruiting participants after referrals from partner organizations.

Juvenile/Criminal Justice System: Recruiting through the corrections system resulted in a successful set of workshops for young incarcerated fathers. The facilitators were so impressed with the youth that they started a book club at the detention center. Parents of juvenile offenders also have been recruited for services. Recent state legislation approved a pilot project that

allows parents of juvenile offenders to take the “7 Habits” course instead of paying a fee for secure detention or home detention.

Churches: Several churches participate in the initiative and offer classes to their congregations. These classes are secular and are solely taught by the trained facilitators. In one case, a pastor and his wife participated in the workshop. One church has a local TV talk show and conducted an interview with JNSF’s executive administrator during which they encouraged people to attend the workshop with them.

Employers: The “7 Habits” curriculum was popular with Jacksonville City government employees; therefore, JNSF has recruited several class employees to become facilitators and also to attend the family strengthening workshops. JNSF also targeted local companies to provide “lunch & learn” opportunities to their employees in order to increase awareness of the program. Partnerships have been established with Ever Bank, NE Florida Builders Association apprentice program, Health Ease and United Healthcare. The project also reached out to the U.S. Naval Air Station in Jacksonville and trained facilitators to run workshops for military families. When talking to businesses, the program emphasizes that promoting healthy family relationships and decreasing stress for employees can help reduce absenteeism and work injuries.

Schools and Family Literacy: As part of an overall effort to focus on family literacy, which means increasing parental involvement in children’s schooling and improving communication among parents, JNSF targets several schools and youth programs to recruit parents. For example, facilitators conducted classes on Saturdays at an elementary school for the parents of kids participating in a 6-week study program intended to help parents stay engaged in their children’s education. While the children participate in their program, the parents are offered various activities at the school, including the Jacksonville healthy marriage initiative’s workshops. JNSF started offering evening classes to parents whose middle school children are enrolled in “7 Habits for Healthy Teens” classes. JNSF staff mentioned that some parents and teenagers took the “7 Habits for Successful Families in Jacksonville” course together to build communication skills and healthy family habits.

JNSF provides several services to aid families’ participation in the program. These include child care, meals, and transportation. JNSF does not offer any monetary incentives for participation. Almost all classes are open to the public except in instances when the classes are held at residential institutions such as halfway houses or juvenile detention centers.

While the JNSF project has engaged a wide variety of coalition partners across Jacksonville to recruit families, the initiative also faced some recruitment issues during early implementation. Initially recruiting couples and fathers was a challenge, so program staff adjusted their strategies. They began working with local fatherhood initiatives, and recruiting from local athletic programs. They also have involved more fathers by establishing a solid referral partnership with the Jacksonville Urban Leagues’ employment and Head Start programs. Part of this adjustment in recruitment strategy was to move away

from using phrases such as “at risk” because some families felt that they must have serious problems in order to enroll in classes. Instead the initiative focused on positive language such as “making good marriages better.” Program staff found that some families do not want to admit that they might have problems, or do not want to see themselves as “at risk,” and therefore may shy away from program participation when positive messages are not promoted.

Some of the recruitment issues are more challenging to address. These are faced not only by JNSF, but also by all large-scale community efforts that engage a large group of coalition members and serve diverse clients. One recruitment issue is how to keep coalition partners accountable for recruiting participants when there is no enforceable contracting agreement or funding provided. An unanticipated recruiting challenge discussed by JNSF coalition members is that some churches approached for the project did not want to use a secular curriculum with their congregation members. Churches were anticipated to be a large potential source of recruitment for couples. It has been difficult to find another source, although the move into the Children’s Commission has potential to increase couple recruitment because JNSF will have access to parents whose children participate in the Commission’s services.

4.4.2 Intake and Screening

All individuals who are interested in signing up for the JNSF program must complete a registration form. This form is available on the internet, provided by network partners or can be requested and then sent out via mail. The registration form asks participants demographic information and provides a checklist of issues that the individual or his/her family identify as stressful and causing disruption in the past year. Participants submit the form online, by mail, or by fax. If a potential participant checks off any issue, the social service coordinator contacts participants to discuss any immediate service needs and, if appropriate, confirms registration. If any domestic violence issues are identified at this point, the social services coordinator will make an immediate referral to one of five network partners that provide domestic violence related services.

On the first day of class participants also fill out a Family Information Form that asks more detailed questions about services they are currently receiving, how involved they are with their children, and whether they pay child support. Since classes are open to the public and advertised widely, the program also accepts walk-in participants on the first day of the workshop as long as they fill out a registration form.

4.4.3 Curriculum and Programs

JNSF’s curriculum is a customized version of the popular book *The Seven Habits of Highly Effective Families* by Stephen R. Covey called *The 7 Habits of Successful Families in Jacksonville*. The Board and JNSF staff worked with staff from FranklinCovey to conduct

focus groups to obtain a baseline assessment to gauge community need and interest. Staff also tested reading levels of selected participants to gauge how the language and examples from the Covey curriculum, “7 Habits of Highly Successful Families,” would need to be adapted to serve all interested families in Jacksonville. The JNSF and the Board members put much time and effort working with Covey staff to modify the curriculum to a 6th grade reading level and were quite happy with the curriculum development process and the end product.

“We had focus groups that actually went through to see how they would relate to the language, the scenarios, were they relevant. And I think [families] appreciated being included in the process. Just not someone coming pushing this down on me. I’m getting an opportunity to be involved.”

The course is taught by pairs of facilitators in 2.5-hour sessions twice a week for two weeks. However, this is flexible depending on families’ needs, and may consist of more, shorter sessions given over a longer period, or fewer, longer sessions given over a shorter period. According to project staff, the ideal class size ranges from 12 to 20 participants. Other than facilitators and participants, the only other people who are allowed in the classes are referred to as “Table Coaches.” These are usually volunteers from the community who want to be part of the workshops but are not trained facilitators. Their role is to help participants engage in the workshop activities and to provide support if needed. Sometimes facilitators who are in training or who want to refresh their skills may volunteer as Table Coaches to experience firsthand the classroom environment.

The curriculum is based on seven healthy family habits, described in Table 4-3. When learning about each habit, participants are provided with activities and worksheets to help them develop an understanding of why each habit is important and how it applies to their lives. Examples include creating a family mission statement and family calendar. Practicing these habits in the classroom can help participants focus on developing their individual and family goals, enhance communication skills, formulate concrete steps to achieve these goals, and think about ways to sustain success.

Table 4-3 The 7 Habits of Successful Families in Jacksonville

With FranklinCovey, the Jacksonville Network for Strengthening Families developed the 7 Habits of Successful Families in Jacksonville. The 7 healthy habits that are key to successful families are:

1. *Be Proactive.* The first habit of successful families is to take control by saying “I can do it,” rather than saying “I can’t do it.” You can’t control everything that happens to you, but you are in control of you. Steps to take control of you are defined as: (1) Pause: stop what you are doing and pause, (2) Think: think about what you should or should not be doing, and (3) Do: do what you should do.
2. *Begin with the end in mind.* The second habit of successful families is to decide what is important and what is wanted in life. Unsuccessful families, in contrast, don’t know what’s important in their lives. Think about what is important to you, and remember that the things you believe in and care about the most are your values.
3. *Put first things first.* The third habit of successful families is to spend time doing that which is best for the family, while unsuccessful families spend time doing what is not good for the family. Putting things first means to define the most important things for you to do such as: pay bills, get a job, spend time with your family, get an education or skill, and clean your house. Less important things for you to do are: go out with friends, watch TV, chat with friends on the phone, play video games, and read a good book. A goal is something you want to accomplish. This is done by: (1) set a goal, (2) write down steps to reach your goal, (3) pick a date to reach your goal, and (4) do it!
4. *Think win-win.* The fourth habit of successful families is to think that everyone can win in relationships, whereas the unsuccessful families think that if someone wins, then someone else must lose in relationships. When you do kind things for people, you are giving to your “relationship balloon.” These kind things are called, “Gives.” People trust you more when you build up your “Gives.”
5. *Listen first, talk second.* The fifth habit of successful families is to listen first and talk second. Unsuccessful families, on the other hand, talk first and listen second. Successful families work together as a team, while unsuccessful families do not work together as a team. Three steps of listening are: (1) make eye contact, (2) look for body language, and (3) listen first, talk second. Three steps of talking are: (1) use body language, (2) use appropriate words, and (3) speak with an appropriate tone of voice.
6. *Synergize.* Working together as a team constitutes the sixth habit of successful families. Each family member is different, but you need each person to make your family complete. Focus on the positive things that make your relationship better. Recognize the advantages of working as a team: two can do more than one, and this is called synergy.
7. *Sharpen the Saw.* The seventh habit of successful families is to take care of the individual and the family. When you take time to take care of yourself in the four areas of body, brain, heart, and soul, you are sharpening the saw. Caring for yourself in this manner allows you to take care of your family.

In addition, the curriculum includes specific discussions of child support and marriage issues. For example, Habit 2 is called *Begin with the End in Mind*. During class time, when discussing this habit, participants set a goal or determine where they see themselves in the future, and then work towards that goal. This habit is discussed in the context of the participants’ relationships that can include their partners/spouses, children, and social networks. During the presentation of Habit 3, *Putting First things First*, the Office of Child Support Enforcement video, *Power of Two: Voluntarily Acknowledging Paternity*, is shown. This video provides a discussion of the importance of paternity establishment, meeting child support obligations, and father involvement in children’s lives. These issues tie directly into the lessons learned in Habit 3, which are to focus on meeting important obligations first and not let smaller issues get in the way.

An innovative feature of the JNSF approach is the development of supplementary material so that facilitators can provide contextualized examples of the “7 Habits” depending on the class audience. Examples include a discussion of different health, education, economic, and relationship issues that families face. Families with low-incomes may be facing an immediate crisis such as eviction. Other families may be developing long-term plans for home ownership. The examples developed for facilitators give real life examples that they can draw from when talking to participants from different socioeconomic groups about how they can apply the “7 Habits” to their own lives. JNSF believes that the curriculum must be made relevant to the diverse group of families that they are serving and are constantly adapting their supplementary material to address family needs.

While parents attend classes, their children can participate in JNSF’s Character Building Children’s Program. This program teaches a curriculum that uses stories, constructive play, role-play, games, arts and crafts, and a variety of other techniques to teach core ethical values called the *Six Pillars of Character*. These pillars include trustworthiness, respect, responsibility, fairness, caring, and citizenship to children of varying ages. The Character Building Children’s Program partners with adult volunteers who provide supervised play and character-building activities to children ranging in age from 3 to 12 years. Teen volunteers ages 15 to 18 may also assist with children’s activities in exchange for credit towards community service hours.

Participants must complete all sessions in order to graduate. If a participant misses a particular session, they are offered the opportunity to make up that session at an upcoming workshop. There is a graduation ceremony within 21 days after the program is completed at which social service agency representatives are present and introductions can be made for graduates who need support from the particular agencies. The timing of the graduation is based on the FranklinCovey premise that it takes 21 days for individuals in their courses to develop a habit.³⁴ Graduations are large events hosted at City Hall in the past and now at the Children’s Commission. Each graduate receives a diploma. Some individuals and organizations donate their services or gifts to graduates. For example, at one graduation a photographer donated his time and equipment to take family pictures. Some facilitators also attend the graduation and describe the experience as quite emotional because some participants have not graduated from school before.

Once participants graduate from the “7 Habits” workshop, if they are interested in continuing to build couple relationship skills or decide to marry, they are eligible for two other course offerings: *The 8 Habits of Successful Marriages*, and *Before You Tie the Knot*. The “8 Habits” course is for unmarried or married couples who are interested in how to enhance their marriage and relationships, learn about the successful components of marriage, and explore whether marriage is for them. The “8 Habits” course, which is based

34 <http://facilitators.franklincovey.com/facilitators/21day/index.jsp>

on the “7 Habits” but geared toward couples, also includes an additional habit specifically for couples. Table 4-4 describes this curriculum. This course is offered by JNSF once a quarter and is taught by one of three certified facilitators trained specifically in the “8 Habits” curriculum.

Table 4-4 The 8 Habits of a Successful Marriage

To build a healthy marriage, it is first necessary to understand the structure of marriage. The “8 Habits” curriculum teaches couples that the healthy structure of marriage involves unselfish companionship, effective communication, and high-trust character. Stable relationships, like healthy homes, are built on a foundation of trust. This strong foundation creates a safe environment which promotes and supports a framework of effective communication. With these in place, the protective roof of service-oriented, unselfish companionship can be achieved.

These eight habits of healthy marriage may be grouped into the three components: unselfish companionship, effective communication, and high-trust character. The first three habits of healthy marriage – being proactive, beginning with the end in mind, and putting first things first – all contribute to the development of high-trust character. The next three habits, defined as thinking win-win, listening first and talking second, and synergizing, are essential to effective communication. Unselfish companionship, the third main component of healthy marriage, is achieved in part through sharpening the saw, and lifting yourself by lifting others. Specifically, the 8 Habits include:

1. *Be proactive* – Being proactive builds a foundation of trust. A marriage built without trust is not a marriage built to last.
2. *Begin with the end in mind* – It is important to set goals for each of the four cornerstones of marriage – to live, to love, to learn, and to leave a legacy. In order to build a healthy marriage, it important to think about how you want to live, love, learn, and leave a legacy together.
3. *Put first things first* – In marriage, put the big rocks, the things that are most important to your marriage such as spending time with your spouse, first. Put the little rocks, those less important things such as watching TV, last. You will find that if you put your big rocks first, you will have a healthier, more fulfilling marriage.
4. *Think win-win* – When your thinking includes a “lose” for either you or your spouse, it becomes a “lose” for your relationship. A lose in any form fosters feelings that are not part of an healthy marriage.
5. *Listen first, talk second* – It is important to make eye contact, look for body language, and avoid “door slammers.” When you are trying to listen to understand, put a zipper on your mouth...an industrial-size zipper.
6. *Synergize* – Synergy – creative couple teamwork – occurs when you follow two simple rules: value one another, and recognize strengths. When you have a conflict or want to brainstorm a project, it is important to clearly identify the problem or opportunity, try to understand his or her needs, share your needs and ideas, celebrate your differences and value one another’s ideas, and find the best solution for the two of you and your marriage.
7. *Sharpen the saw* – Each of you has a body, a heart, a mind, and a spirit. If you are not sharpening the saw in any one of these four areas, you are neglecting the needs of the whole person.
8. *Lift yourself by lifting others* – Words are only part of service to your partner. When you do things for your spouse, you are giving to your “relationship balloon” and building unselfish companionship.

The Before You Tie the Knot Workshop is specifically for couples who intend to marry. There are two workshops covering four topics including communication, conflict management and resolution, financial responsibility and spending plans, and parenting responsibilities. The course is taught by a JNSF facilitator who also offers the course through the Duval County Cooperative Extension Service. Couples must attend both sessions in order to receive a completion certificate. Legislation passed by the State of Florida states that if couples complete the workshop (or a similar premarital workshop) before they marry, they will receive a discount of \$32.50 on their marriage license fee. The child support messages are not presented in the “8 Habits” or *Before You Tie the Knot* workshops because couples are encouraged to think about successful marriages.

Interviews with program staff and the advisory board highlight the importance of the facilitators as key to the successful retention of participants and the popularity of the program. After a JNSF social service coordinator sets up the groups, facilitators call all program participants before the course starts. As shown on Table 4-5, as of September 2006, JNSF trained a total of 73 facilitators from 2004 through 2006. Over time JNSF has increased the numbers of agency facilitators that they train each year from four in 2004, to 21 in 2006. In 2006, JNSF stopped training the individual facilitators. Because agency facilitators are affiliated with an organization that can host classes, it is a more economical investment for the program to have facilitators responsible for recruitment and referrals of participants.

Table 4-5 Facilitators Trained by JNSF, 2004 - 2006

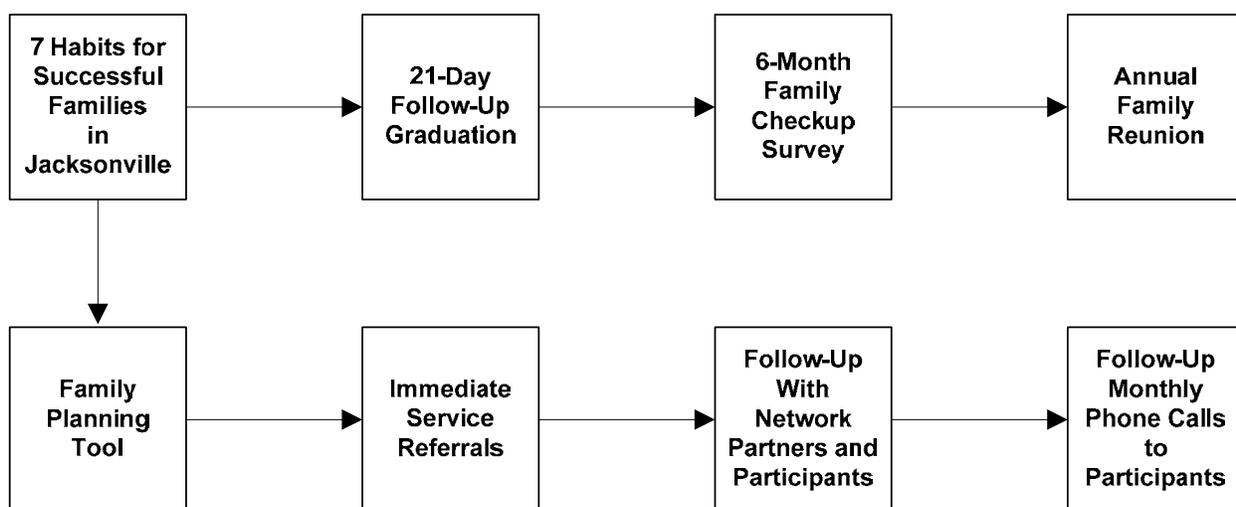
	Individual	Agency	Total
2004	16	4	20
2005	9	23	32
2006	0	21	21
Total	25	48	73

Source: Jacksonville Network for Strengthening Families as of September 2006.

4.5 Linkages with Other Service Providers

Key components of the JNSF approach include helping participants’ individual and family needs that will help them reach their full potential. Changing participants’ mindsets is the first step—providing a linkage to service providers to address issues that they want to work on is the second. On the first day of class, participants receive a comprehensive resource packet filled with materials about services available in Jacksonville. During the course and after completion, there are several points of follow-up to make sure participants are receiving the services that they request. Figure 4-2 highlights the follow-up services provided by JNSF staff.

Figure 4-2 JNSF Follow-Up Services for Class Participants



JNSF follows up directly with participants starting on the last day of the “7 Habits” course. The JNSF social services coordinator attends the last class, makes a short presentation about the availability of services in Jacksonville, and passes out the Family Planning Tool. The Family Planning Tool first provides a description of a number of issues that families face, after each issue there is a checklist of services that they can request. Participants check off the services that they are interested in. There are 10 issues identified on the Family Planning Tool, including the following:

- uncontrollable anger, physical or emotional abuse;
- couples communication;
- child custody or child support;
- loss of a loved one;
- teen issues;
- children’s issues;
- alcohol and/or substance abuse;
- incarceration of self, spouse or other family member;
- job loss or employability issues;
- eviction or displacement; and
- participants may list any other issues they may be experiencing.

Participants are asked to identify services that may assist themselves or their family members deal with a particular issue. At the end of the Family Planning Tool, participants

are asked to list the two services that they feel are the most critical that they need right away. The project generally waits to refer participants to additional resources until the end of the class when they fill out the family planning tool so that they prioritize the issues that they have been thinking about and want to work on. However, if it is clear that someone has a critical issue the project tries to connect them with needed services immediately. There are several services provided by network or agency partners to which JNSF staff can refer participants. Services may include the following:

- family, child, couple and individual counseling;
- anger and stress management;
- “Before You Tie the Knot” premarital workshop or “8 Habits of a Successful Marriage:”
- support or assistance with child support issues including custody cases, establishing paternity, or payments;
- assistance, support with substance abuse issues;
- job readiness preparation/employability skills;
- temporary shelter and affordable housing opportunities;
- parenting classes including co-parenting after divorce;
- educational preparation, tutoring and support; and,
- financial literacy training and Individual Development Accounts (IDA)s.

Once facilitators submit participants’ Family Planning Tool forms to JNSF, the social services coordinator initiates discussion with each participant and then matches the services requested by the family with an appropriate network partner. The social service coordinator contacts the network partner and also sends a letter to the family with the network partner’s contact information. The original plan was that network partners would contact JNSF to tell them that they followed up with a family, but agencies, due to small staffs, did not have time to follow through. To address this issue, one social service services coordinator changed her work schedule so that she can stay later in the evening to make phone calls to families when they are more likely to be at home to make sure that they have followed up with agencies. In the opinion of the advisory board, the ability of program staff to adapt to families’ needs is “monumental.”

The social services coordinator also makes follow-up contacts monthly to determine families’ status and progress. Workshop participants who live in institutionalized environments such as residential substance abuse programs cannot be contacted until their release. Families are followed for one year after graduating. Staff reported that one challenge to providing

follow-up services is that some participants they serve are quite transient and often move, making it difficult to keep track of them because letters are returned and phones are disconnected. Although follow-up with families who change locations can be challenging, network partners interviewed during the site visit were quite impressed with the level of JNSF's follow-up. As one social service agency staff member commented,

"I get enough calls from the [JNSF] staff here for information on a specific client who calls them to know that it's starting to take root. That someone would be going through the program and a couple months later they're in crisis and they call the staff here. And [the client's problem] will be of such a nature that has something to do with [name of agency] or me so they ask, does this make sense, can you check into this, who can I contact?"

Opportunities for follow-up by JNSF staff and network partners occur at several points after the workshops end. Representatives of several partner service agencies attend the monthly graduation ceremony, held for graduates of all workshops during that month, so that interested participants can connect with them. The project identifies which partners can most benefit the graduating families and invites those partners to be at the graduation for families to connect with them right then, which helps to minimize the risk of families not receiving services. JNSF also reconnects with families by sending out follow-up surveys six months after graduation and by hosting an annual family reunion.

Staff report that participants have been particularly interested in receiving information about opportunities for employment training and financial literacy education. One financial resource the project connects participants with is an agency called Fresh Ministries, which provides guidance through the eligibility process for IDA, a government matched individual savings account for low-income working families that allows them to save up to purchase a small business, a first home, or to fund their education. If it turns out they are not eligible for IDA, the project can connect them to a number of other partners for financial literacy education. The project refers participants to the Urban League which provides an employability training program, and provides its clients with resume tips, job search assistance, and access to jobs programs through its partner organizations. Some coalition members interviewed reported that the referral piece was difficult to develop initially, because organizations were wary of a new initiative, but as they have begun working with partners the project has developed good relationships.

4.5.1 Child Support System

Addressing child support issues with families occurs several times during the "7 Habits" workshops. First, participants can indicate on the workshop registration form if they need help with an open child support case. They will be immediately referred to the local Child Support Enforcement office for assistance. On the first day of class, participants receive a resource packet which includes copies of brochures answering a range of child support

questions. Child support and paternity establishment are then progressively discussed during the course, and the *Power of Two* video is shown during a class. Participants are instructed to let project staff know if they have special issues with child support that need to be resolved. The project staff give their contact information to the local Duval County CSE representative, who contacts the participant and looks into any issues that they can help resolve.

Participants are made aware during the child support component of the workshop that a representative from the local child support office will be present at graduation who can speak with them about their specific child issues. This gives participants the opportunity to ask detailed questions or to seek advice on the specifics of their case in more depth than the facilitator was able to cover during the workshop. Local CSE staff noted that they talk with a number of people at graduation about their child support cases.

The Duval County CSE staff provides training and child support materials to the JNSF facilitators, including information on the benefits and procedures of establishing paternity, and child support orders. JNSF has also provided overviews of its project and programs to the local CSE staff during meetings with them to familiarize the local child support staff with the program and to answer their questions. Any child support clients who come into the local office and could use the program's services are referred to it. In addition, personnel from the local CSE work with staff at Shands Hospital to distribute information about the JNSF program to unmarried parents who have established paternity. Recently Duval County child support staff appeared on a local radio program to discuss child support issues.

4.5.2 Domestic Violence

The project worked with local organizations that address domestic violence (DV) in developing its DV protocol. JNSF reports a close relationship with these agencies. These organizations represent an extensive community network for making DV referrals. JNSF's network partners address a wide spectrum of DV issues, from safety planning to temporary housing, to strategy intervention. The project's definition of DV includes physical, mental, and emotional abuse. One of the most powerful pieces of their curriculum is reported to be talking about the "circle of control," when people can start to recognize if they have any control issues with their partner, which can be a form of emotional abuse. In discussions about marriage and what they might want a marriage to look like, facilitators are careful to center the dialogue on the idea that a marriage should first of all be safe and healthy. To distinguish a good relationship and marriage, they talk about different concepts, like control, and the fact that no one should have control over anyone else. During those discussions there are opportunities to talk about controlling personalities, which in some cases may identify a violent or potentially violent situation and therefore may raise a red flag with facilitators.

If a DV situation comes to light, the response depends in part on the situation. The JNSF staff and all facilitators are trained by one of the facilitators who works at a domestic violence agency that is a network partner. The first question is whether there is threat of harm to the child because of DV. If so, facilitators have been advised that if a situation requires immediate attention they should contact JNSF staff, who will contact the family for an immediate referral. The project has made some DV referrals. One referral was of a mother identified through the registration form's assessment as having moved to Jacksonville to escape a DV situation. She was referred to a partner with a DV counseling support group, which was what she felt she needed now that she was in a safe place and starting life in a new city. Other referrals have been made by facilitators based on issues that participants raised in workshops.

4.5.3 Media Campaign and Community Outreach

Key components of JNSF's media and outreach approach include hosting public events, attending community outreach events and engaging in a media campaign. The project engages in three types of activities. First, JNSF sponsors city-wide events for the City of Jacksonville. Second, JNSF attends related community events, staffs booths and recruits families to attend workshops, and makes marketing presentations to potential network partners. Lastly, the project has conducted a media campaign. These activities are described in detail below.

From 2004 to 2006 JNSF hosted an annual event called the Family Summit, which consisted of plenary speakers and a series of workshops led by agency staff and other community providers about a wide range of topics pertaining to families. For the most recent summit in 2006, they partnered with Shands hospital and provided a health fair for families. Workshops are held to help educate families about a variety of health, economic, and child issues. Another goal is to reach out to professionals to give them ideas about how to engage more volunteers and to work with diverse families. Some examples of workshops include: "Dads Do Matter!," "Parenting Counts!," "Economic Self-Sufficiency," "Working with Teens Today," "Road Map for Healing: Assessment for the Development of Thinking and Life Skills," "Domestic Violence, Assisting the Ogre! And The Belief System Challenge," "Public Relations for Non-Profits," "Building Capacity Through Volunteers," and "Working With Diverse Populations."

In 2007, instead of holding an annual Family Summit at the convention center, the project decided to hold four, smaller community events. The first event was called "Fathers Make a Difference Fun Day." JNSF promoted the event by distributing fliers for parents at over 900 day care centers and through their partner organizations, as well as some radio spots and morning TV shows. One radio station aired a regular show, "Dad Connection," live from the event. Over 1950 people attended the event, which included speakers on topics framed around 10 ways to be a better dad, fun activities dads and their children could participate in

together, and a resource area where about 30 resource providers shared information on a broad range of services.

Other outreach approaches to raise community awareness about JNSF and promote family strengthening include staffing booths at large events at the Jacksonville convention center, such as the Black Expo, World of Nations, Women’s Ministry Conference, the Hip Hop Symposium, and Evening with the Mayor. JNSF also partners with churches and other agencies to sponsor smaller events. For example, they partnered with First Coast Christian Outreach on the “Dads that Matter Breakfast” that was attended by 600 people. They also partnered with the Health Department on their annual Health Symposium that provides mental and physical health information and services to approximately 2,500 individuals from low-income communities. The project team, along with FranklinCovey, hosted a luncheon for about 30 local businesses who were interested in family-friendly policies.

JNSF staff serve on several conference panels. For example, staff presented a panel at the “Boys to Men” conference sponsored by the Health Department. The project team presented a workshop at the H.E.R.I Conference for Home School families. The workshop focused on the importance of family strengthening and parent modeling of positive behavior as foundational to student success. The project team served as guest presenters at a conference for local Spanish-speaking churches. The conference provided an opportunity to reach out to pastors representing the Hispanic community.

JNSF conducted several media campaigns that included distribution of brochures, radio advertisements, and Public Service Announcements. Thinking strategically about when and whom to target, JNSF ran two different media campaigns around the winter holiday season to promote positive family messages, including spending time with children rather than thinking solely about buying gifts. The project also has paid for commercials that run before specific events like the Family Summit and the Women’s Ministry Conference. Some of the campaigns have been more successful than others. One that had more limited success included a mailing of brochures in targeted zip codes consisting of approximately 500 homes in that area. This effort resulted in 7 or 8 calls from people wanting to register for workshops.

4.6 Participant Characteristics and Experiences

4.6.1 Workshop Participant Information

From October 2005 to January 2007, JNSF held 62 workshops. There were 959 participants registered and 782 graduated. This represents an overall retention rate of 82 percent. These numbers do not count the approximately 400 workshop participants who went through the program before the Federal grant.

4.6.2 Management Information System (MIS) Data Highlights of Participant Characteristics

JNSF has a state-of-the-art Management Information System that was created by the Information Technologies Division of the City of Jacksonville. All data from the registration and assessment forms are entered into the MIS by JNSF's administrative assistant. Once the data is entered, detailed reports can be generated, and JNSF can keep high quality records of participants' enrollment and graduation rates. In the first year of program operations from October 2005 to September 2006, a total of 464 participants completed the program. Participants' data is sent to the Florida Office of Child Support Enforcement and matched to open child support cases using participants' Social Security Numbers.

Table 4-6 highlights selected characteristics of all individuals who have participated in the JNSF program during the first year of operations. The program attracted nearly equal proportions of men and women – 52 percent of respondents were male and 48 percent were female. A plurality of participants was middle-aged, with 41 percent between the ages of 25 and 44 years. Eighteen percent of participants were under the age of 20, and 36 percent age 45 and older. The majority of participants (64 percent) identified themselves as black and 27 percent of participants identified themselves as white. The other 9 percent of participants reported their race as either Asian, Pacific Islander, Native American, Alaska Native, or Other. Of all 464 participants, only 2 percent identified as Hispanic.

Just over one-half, or 53 percent, of the participants were married, 5 percent were in couple relationships but unmarried, and 42 percent were single at the time of data collection. None of the 464 participants responded that they were divorced. Of 275 participants who answered the question on number of children, 45 percent had 0 children, 23 percent had 1 child, 20 percent had 2 children, and 12 percent reported having 3 or more children.

Table 4-6 Selected Characteristics of Individuals Participating in JNSF from October 2005 through September 2006

Characteristics	Percent in Each Category
Client gender (n = 464)	
Male	52
Female	48
Client age (n =464)	
Under age 20	18
Between 20 and 24	5
Between 25 and 34	16
Between 35 and 44	25
Age 45 and older	36
Client ethnicity (n = 464)	
Not Hispanic or Latino	98
Hispanic or Latino	2
Client race (n = 464)	
White	27
Black or African-American	64
Asian or Pacific Islander	3
Native American or Alaska Native	1
Other	5
Marital status (n = 464)	
Married	53
Unmarried Couple	5
Divorced	0
Single	42
Number of Children in HH Under 18 (n =275)	
0	45
1	23
2	20
3 or more	12

Source: Jacksonville Network for Strengthening Families as of September 2006.

In Table 4-7, we find results from the MIS questions on the interaction of participants with the program in terms of whether their children attended and how they found out about the program. Of 464 participants, when asked if a child attended the program, 4 percent of respondents answered “yes,” 1 percent “no,” and the remaining 95 percent did not answer this question. In the first year of JNSF operations, 75 percent of participants heard about JNSF through referrals from other agencies. The next largest source of information about the program came from word of mouth (16 percent). During the first year of operations, 8

percent of participants heard about the program through media sources such as websites (4 percent), direct mail (1 percent), and radio (3 percent).

Table 4-7 Interaction of Participants with JNSF Program from October 2005 to September 2006

Interaction of Participants with JNSF Program	Percent in Each Category
Did Child Attend Classes (n = 464)	
No Answer	95
Yes	4
No	1
How Did Participants Find Out About Program (n = 464)	
Website	4
Direct mail	1
TV	0
Radio	3
Referred by agency	75
Friend	16

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

Source: JNSF management information system.

Table 4-8 shows some interesting gender differences in how program participants hear about the program. A greater percentage of female participants hear about the program through friends (20 percent) compared to male participants (13 percent). More men hear about the program through agency referrals (81 percent) than women (70 percent). There are also differences by marital status in how participants hear about the program that are worth noting. A higher proportion of unmarried couples tend to hear about the program through friends and media sources rather than agency referrals compared to married or single participants. For example, 21 percent of unmarried couples hear about the program through friends compared to 17 percent of married and 14 percent of singles. Similarly 13 percent of unmarried couples hear about the program through various media sources compared to 8 percent of married and 8 percent of single persons.

Table 4-8 How Participants Found Out About the “7 Habits” Classes by Gender, Race, and Marital Status for Participants Enrolled in the JNSF Program from October 2005 to September 2006

Characteristics	Heard About the Program Through Friends	Heard About the Program Through Media*	Heard About the Program Through Agency Referral
Gender			
Male (n= 239)	13	7	81
Female (n=225)	20	11	70
Marital Status			
Married (n=245)	17	8	75
Unmarried Couple (n=24)	21	13	67
Single (n=195)	14	8	77

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

Source: JNSF management information system.

* Includes website, direct mail, television, and radio.

Some JNSF participants reported events which caused stress or disruption during the year prior to course enrollment (see Table 4-9). The largest sources of family stress for JNSF participants in the past year were due to alcohol or substance abuse, domestic violence, or loss of a loved one. Eighteen percent of the 464 participants reported substance abuse issues in the past year. Of all respondents, 16 percent reported uncontrollable anger, physical or emotional abuse in the past year, and 16 percent reported loss of a loved one due to death, divorce, or separation. Other stressful events included loss of a job due to personal matters (10 percent), child support or custody hearing (8 percent), and 6 percent each reported incarceration of spouse, non-custodial parent or family member, eviction from dwelling or property loss due to repossession, and removal of a child from the home by the Department of Children and Families (DCF). Other stressful family events reported by less than 5 percent of total respondents included truancy or juvenile delinquency, unplanned pregnancy, pregnancy of a minor child, and loss of a job due to downsizing.

Table 4-9 Stressful Family Events that Occurred During the 12 Months Prior to Course Enrollment for Participants Enrolled in the JNSF Program from October 2005 to September 2006

Events Which Caused Stress or Disruption During Past Year (n = 464)	Percent in Category
Uncontrollable Anger, Physical or Emotional Abuse	16
Alcohol or Substance Abuse	18
Incarceration of Spouse, Non-Custodial Parent or Family Member	6
Eviction from Dwelling or Property Loss Due to Repossession	6
Loss of a Loved One Due to Death, Divorce, or Separation	16
Removal of a Child from the Home by Department of Children and Families (DCF)	6
Child Support or Custody Hearing	8
Truancy or Juvenile Delinquency	3
Unplanned Pregnancy	2
Pregnancy of a Minor Child	2
Loss of a Job Due to Downsizing	3
Loss of a Job Due to Personal Matters	10

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

Source: JNSF management information system.

In order to gauge changes in attitudes over time, JNSF staff administer a pre-assessment when they start the workshops and a post-assessment including the same questions when they complete the classes. In Table 4-10 we find answers to two post assessment questions reported by participants in the JNSF program who completed the program. The majority of participants who completed the "7 Habits" course said that they will always or almost always encourage their child to have a positive relationship with the other parent. Specifically, of 390 respondents, 55 percent said they will always encourage their children to have a positive relationship with the other parent and 21 percent said they will almost always do so. Fourteen percent that they will never encourage their children to have a positive relationship with their other parent and the remaining 10 percent that they will seldom or sometimes encourage their children to have such a positive relationship. Of the participants who provided a response to the question about whether learning the "7 Habits" made a positive difference in their life, 93 percent responded "yes." Slightly more married participants responded that the class made a positive difference (95 percent) compared to

single participants (89 percent). While the positive response appears overwhelming, there were many participants (three quarters) who did not provide a response to this question.

Table 4-10 Post Assessments of JNSF Participants Enrolled from October 2005 September 2006

Positive Outcomes	Percent in Category
I will encourage my children to have a positive relationship with their other parent (n =390)	
Never	14
Seldom	3
Sometimes	7
Almost Always	21
Always	55
	<i>Missing N = 74</i>
Learning the "7 Habits" has made a positive difference in my life (n = 112)	
Yes	93
No	7
	<i>Missing N = 352</i>

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

Source: JNSF management information system.

4.6.3 Participants' Involvement in the Child Support System

Table 4-11 presents data on the paternity establishment of Jacksonville participants. A total of 165 participants had open child support cases. Therefore, 36 percent of all JNSF participants were matched to the IV-D agency records. Sixty-three percent of participants matched in the child support system were identified as custodial parents. Of the 165 participants with an open child support case, 63 percent of participants had 1 child associated with an open case, 28 percent had 2 children, and 9 percent reported having 3 or more children. Sixty-four percent of the 165 participants with open child support cases reported having established paternity for the youngest child. Of the 106 participants who had established paternity, 9 percent reported that they had done so during the first year of JNSF program operations, while the remaining 91 percent establishing paternity prior to program participation.

Table 4-11 Paternity Establishment of JNSF Participants from October 2005 through September 2006

	Percent in Each Category or Total N
Number of participants with open child support case	165
Percentage of total participants matched in IV-D (165/464)	36%
Custodial Parent (n= 165)	
Yes	63%
No	36%
Number of children associated with open child support case (n = 161)	
1	63%
2	28%
3 or more	9%
	<i>Missing N= 4</i>
Established paternity for youngest child (n = 165)	
Yes	64%
No	36%
Established paternity during the project (n = 106)	
Yes	9%
No	91%
	<i>Missing N=59</i>

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

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

Table 4-12 presents statistics on the child support involvement of the participants at the Jacksonville site. Of 165 participants with open child support cases, 27 percent reported having a youngest child covered by a court order for child support (44 cases). Of the 44 participants with court orders, 30 percent reported that the order for the youngest child was established during the first year of JNSF program operations. Seventy percent of the clients had a child support order for their youngest child established before the program began.

Table 4-12 indicates that the amount of child support payments varies. More than 75 percent of payments were above \$500 monthly. A small percentage (7 percent) made over \$2000 in payments monthly (\$501 per week multiplied by 4.4 to convert to monthly units). Of the 38 participants who made monthly payments, almost 80 percent indicated that they made at least 1 child support payment throughout the 12-month period. Over three fifths (63 percent) of participants made any payments at least half the year (a minimum of 6 months out of a 12-month period). A smaller percentage of participants made child support

payments as ordered. Sixty-three percent made child support payments as ordered in at least 1 month during a 12-month period while only one quarter made payments as ordered for at least half of the year. Thirteen percent made arrears payments.

Table 4-12 Child Support Involvement of JNSF Participants from October 2005 through September 2006

	Percent in Each Category or Total N
Number of participants with child support record	165
Percentage of total participants matched in IV-D (165/464)	36%
Youngest child covered by a court order for child support (n = 165)	
No	73%
Yes	27%
Child support order established for youngest child during project (n= 44)	
No	70%
Yes	30%
Amount of child support payment (n=43)	
\$101 - \$300 weekly	35%
\$301 - \$500 weekly	16%
\$501 or more weekly	7%
\$201 - \$250 bi-weekly	5%
\$251 - \$500 bi-weekly	5%
\$501 or more bi-weekly	7%
\$101 - \$300 monthly	12%
\$301 - \$500 monthly	7%
\$501 or more monthly	7%
	<i>Missing N=1</i>
For participants who make arrears payments (n=21), Amount of monthly arrears payment	
\$1 – 50	71%
\$51-150	19%
\$151 or more	10%
Made any payments in at least 1 out of 12 months (n=38)*	79%
Made any payments in at least 6 out of 12 months (n=38)	63%
Made payments as ordered at least 1 out of 12 months (n=38)	63%
Made payments as ordered at least 6 out of 12 months (n =34)	26%

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

* 5 cases are missing because their child support order was inactive and did not pay child support payments across the 12-month period.

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

Table 4-13 displays additional descriptive statistics on the frequency of non-custodial parent visitation, and types of financial support based on participant reports. Of 29 participants who responded to this question, over sixty percent reported non-custodial parent visitations at least once a week or every other week, 31 percent less than once a month, and the remaining 7 percent reported no contact. Of 275 respondents to the question on type child support provided, 90 percent reported no support. Only 7 percent reported formal child support, 2 percent reported direct support from parent, and the remaining 1 percent reported receiving TANF.

Table 4-13 Child Support Involvement of JNSF Participants Reported in MIS System from October 2005 through September 2006

Statistic	System Total
Frequency of Non-custodial parent visitation (n = 29)	
At least once a week	38%
Every other week	24%
1-2 times a month	0%
Less than once a month	31%
No contact	7%
Type of child support (n = 275)	
TANF	1%
Formal child support through Child Support Enforcement	7%
Direct from parent	2%
Informal support	0%
None	90%

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

Source: JNSF management information system.

4.6.4 Participants' Employment, Earnings, and Receipt of Unemployment Insurance Benefits

An analysis of the job market experience of JNSF participants enriches our understanding of the targeting of JNSF and the need for the type of employment services offered to participants in the second level of service. As with IHRMI, we draw on data for JNSF participants matched with data from the National Directory of New Hires (NDNH) during 2005 and 2006. A successful match between participant information from the MIS program data and data from NDNH requires valid demographic information and some record of an individual's employment or use of UI. As shown in Table 4-14, of the 464 JNSF participants who had data entered into the Jacksonville Management Information System, two-thirds, or 377 participants, had valid information that could be matched to the NDNH. About one in five participants (19 percent) did not match with NDNH because of invalid information. Sixteen percent of JNSF participants did not match in NDNH, apparently because they were not employed in a formal job and did not receive UI benefits. As a result, the match yielded employment, earnings, and UI receipt data on about one-third of participants, or 377 out of a total of 464. Nearly all of the matches involved employment, based on information drawn from UI wage records and the W4 new hire database.

Table 4-14 Summary of JNSF Program Participants Matched in National Directory of New Hires: Information from 2005 and 2006

All program participants (n=464)	
Rejected from NDNH due to invalid name/social security number	19%
No match in NDNH	16%
Matched in NDNH	66%
Program participants with valid name/social security number (n=377)	
Matched in quarterly wages database	75%
Matched in W4 database	54%
Matched in UI database	10%

Source: NDNH data for JNSF participants.

How much did the matched participants work? Table 4-15 demonstrates 75 percent were employed in at least 1 quarter during 2005 and 2006. However, only 37 percent of the employed participants worked for 7 quarters, while 35 percent worked for 4 to 6 quarters, 17 percent worked for 2 to 3 quarters, and 11 percent worked for just 1 quarter during the 2-year period. On average, employed participants worked about 4.9 quarters during the 7 quarters examined.

Table 4-15 JNSF Participants' Employment Participation Patterns in Seven Calendar Quarters in 2005 and 2006

<i>Employment Status*</i> (n = 377)	
% Employed in any quarter	75%
Of the Employed population (n=275):	
% Employed in all 7 quarters	37%
% Employed in at least 4-6 quarters	35%
% Employed in 2-3 quarters	17%
% Employed in only 1 quarter	11%
<i>Unemployment Insurance</i>	
% Participants received UI in any quarter (n = 377)	10%
Of the participants receiving UI: (n=19)	
% Received UI in all 7 quarters	0%
% Received UI in at least 4-6 quarters	2%
% Received UI in at least 2-3 quarters	26%
% Received UI in only 1 quarter	50%
<i>Number of Jobs **</i> (n = 205)	
Average number of jobs	2.7
% Employed in 1 job	40%
% Employed in 2 jobs	21%
% Employed in 3 jobs	12%
% Employed in 4+ jobs	27%

Source: NDNH data for JNSF participants.

*Employment defined as quarterly wages of at least \$1.

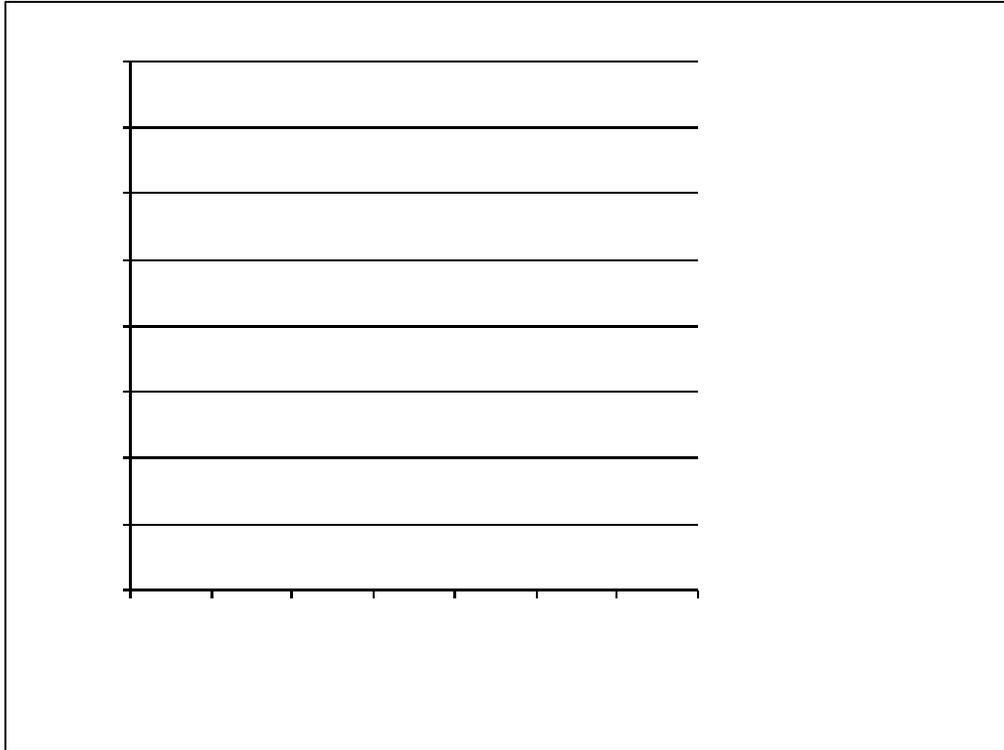
** Job is defined by W4 record on file.

Approximately 10 percent of the matched sample came from the match with UI benefits, indicating they had received UI at some point. About 43 percent of those receiving UI did so for one quarter and 53 percent for 2 or more quarters.

Job turnover was common among the participants matched in the W4 system over the reporting period. On average, participants held 2.7 jobs during 2005 and 2006. Approximately 40 percent maintained one job during 2005 and 2006, while 39 percent had three or more jobs.

One would expect differences among JNSF participants in attachment to the labor market, depending on demographic characteristics and marital status of participants. Figure 4-3 displays the higher rates of quarterly employment among married participants, as compared

Figure 4-3 JNSF Participants' Employment Participation Broken Down by Marital Status in 2005 and 2006



Source: NDNH data for JNSF participants.

to cohabiting individuals and single individuals who were not cohabiting. For all JNSF participants, the percent employed remains steady at about 50 percent, falls for one quarter to 40 percent, and then increases to 57 percent by the last quarter of 2006. Married participants have a similar pattern, starting at 61 percent in the first quarter of 2005 and rising to 68 percent in the last quarter of 2006, but with a dip to 50 percent in the second quarter of 2006. In contrast, unmarried couples started off in 2005 at approximately 50 percent, rose to 58 percent (reaching nearly the employment rate of married couples), then dropped significantly in the second quarter of 2006, but did not recover and fell to 47 percent by the end of 2006. The employment rate of single participants began at low levels, then dipped for a quarter, and subsequently recovered but only to a level slightly above 40 percent.

Multivariate regressions (negative binomial regression models) provide estimates of the relationship between participant characteristics and quarters of employment (ranging from 0 to 7) over the 2-year period, holding other forces constant.³⁵ In addition to standard independent variables such as age, race, gender, and marital status, the regression also included a 0-1 variable that equals 1 if participants experienced any of the following stressful events in the past year: domestic violence, substance abuse, incarceration of a family member, job loss, eviction, unplanned pregnancy, child support or custody hearing, loss of a loved one, and truancy or juvenile delinquency.

The results in Table 4-16 show that the age of participants and marital status each are independently related to the number of quarters of employment. Participants who are between the ages of 25 and 34 or 35 and older had significantly more quarters of employment compared to participants under the age of 25. Married participants also had more quarters of employment compared to single participants. Gender, race, and the occurrence of stressful events were not significantly associated with more quarters of employment.

Table 4-16 Effects of JNSF Participant Characteristics on Quarters of Employment between 2005 and 2006³⁶

	Model 1	
	Parameter Estimate	Standard Error
Intercept	0.30	0.16
Age between 25 and 34	1.0	0.17***
35 and older	1.0	0.15***
Married	0.20	0.11+
Unmarried couple	0.41	0.23
Male	-0.09	0.10
Black	0.09	0.10
Stressful events in the past year	-0.04	0.10
N	377	

Source: NDNH data for JNSF participants.

***p<.001 **p<.01 *p<.05 +p<.10

35 There is evidence of overdispersion wherein the estimated mean of the distribution of the quarters of employment is higher than observed variance; therefore a negative binomial distribution was estimated instead of a Poisson distribution.

36 Due to the large proportion of missing values (over 40 percent) for the variable measuring children, this variable is excluded from the model.

The matched data provide information on quarterly reported earnings of JNSF participants during 2005 and 2006. The data in Table 4-17 show that the average earnings of participants were low. Employed participants averaged \$4,115 in the first quarter of 2005, a figure only about \$1,000 above \$3,198 of earnings that would go to a full-time full-quarter (13 weeks) minimum wage worker in Florida. Only about 42 percent of JNSF participants earned more than the full-time minimum wage salary in their first quarter of employment.

One striking fact is that married participants averaged a \$3,400 earnings advantage over single participants or unmarried couples. However, the gap between married and unmarried couples narrowed over the two year period from about \$1,300 to about \$400. Participants with children earned about \$1,200 per quarter more than those without children. Older participants, who typically have more work experience, earned more than younger participants.

Despite low average initial wages in 2005, there are several notable increases in wages over time. In 2006, employed participants' annual wages adjusted for inflation increased by 9 percent from their initial level to approximately \$4450. Table 4-17 shows changes in wages by group between the first and last quarters observed.

Race, gender and age were important factors distinguishing differences in earning growth. Between the initial and last quarters of employment, average earning of black participants increased by 20% compared with a decline of 11% in average earnings in the White population. Male earnings started off lower than female earnings but then increased on average by 20 percent while female earnings stayed relatively constant across the two periods. Participants experiencing stressful events earned only about half of the earnings of other participants, but the average earnings of this group did increase by 20 percent between the first quarter of 2005 and the last quarter of 2006.

Table 4-18 presents the results for multivariate modeling of the relationship between demographic characteristics and wage growth. Model 1 controls for the initial wage, and the number of quarters worked during the reporting period (ranging from 1 to 7 quarters). Model 2 includes these variables plus demographic characteristics and stressful events. Model 1 shows that a higher initial wage level in 2005 is associated with greater annual wages in 2006. While this effect is statistically significant, the magnitude is low. When demographic characteristics are controlled in Model 2, the effect of participants' initial wage in 2005 remained statistically significant. The number of quarters employed is positively associated with wage growth over the two periods. Compared to participants who are younger than 24, participants who are older than 35 have significant and positive changes in wage growth. Notably, stressful events experienced the year prior to participation in the JNSF program is associated with a decline in wages over the two periods. There are no significant differences in wage growth over the two periods by race, gender or marital status.

Table 4-17 Employed JNSF Participants' Average Earnings Received by Demographic Characteristics 2005-2006 (in 2005 Constant Dollars)

	% Earning Above Annual Minimum Wage in Initial Quarter* (n=276)	% Earning Above Annual Minimum Wage in Last Quarter* (n=275)	Initial Quarter Mean Earnings (n=276)	Last Quarter Mean Earnings (n=275)	Percent Change in Earnings from Initial to Last Quarter
Total Sample	42	49	4115	4456	9
Gender					
Male	38	43	4085	4818	18
Female	46	55	4147	4101	-1
Race					
White	44	49	5254	4683	-11
Black	42	49	3704	4446	20
Other Race	38	54	3362	3841	14
Age Groups					
<25 years old	5	13	1040	1676	61
Between 25 and 34	40	39	3690	3646	-1
35 and older	51	60	4929	5336	8
Marital Status					
Married	53	59	5262	5421	3
Unmarried Couple	38	54	3934	5064	29
Single	27	34	2465	2984	21
Children Live in Home					
Yes	49	57	5187	5568	7
No	39	50	3865	4393	14
Stressful Events in the Last Year					
Yes	31	39	2793	3355	20
No	54	60	5621	5701	1

Source: NDNH data for JNSF participants.

* Annual minimum wage salary is calculated by multiplying the 2005 minimum wage in Florida (\$6.15) by 40 hours and then multiplying the total by 13 weeks in a year which equals a quarterly salary of approximately \$3,198.

Table 4-18 OLS Regression Models Predicting Change in Annual Wages (in Constant 2005 Dollars) between 2005 and 2006 for JNSF Participants

	Model 1		Model 2	
	Parameter Estimate	Standard Error	Parameter Estimate	Standard Error
Intercept	2811	277***	-673	831
Initial wage	0.38	0.04***	0.25	0.03***
Number of quarters employed	393	498	732	104***
Between the ages of 25 to 34			281	771
Older than 35			1471	708***
Married			466	482
Unmarried couple			1354	1064
Male			-260	442
Black			-22	459
Stressful events in the prior year			-1151	462*
Adjusted R squared			0.2839	0.4470
N			283	283

Source: NDNH data for JNSF participants.

***p<.001 **p<.01 *p<.05 +p<.10

Analyzing employment and earnings data drawn from the NDNH shows that for the average participant, there is growth in employment and wages over the 7 quarters between 2005 and 2006. However, a significant proportion of JNSF participants did not participate in the labor force. Many employed participants earned significantly lower than the minimum wage. It is apparent from the NDNH analysis that a small proportion of participants collect unemployment insurance to fill in employment gaps— less than one quarter received any UI during the 2 years. Descriptive analysis highlights that employment participation and wages increased from the initial quarter to the last but there was little variation by race and gender. Similar to national studies, age is associated with higher employment levels and wages among program participants. These results were confirmed in the multivariate

analysis. Stressful events experienced by families were associated with lower earnings over the 2 years, and age was positively associated with increases in earnings.

In sum, this analysis of participants' demographic data matched to employment, wage and unemployment insurance information from NDNH administrative records shows that the program was successfully able to collect valid social security number and name combinations from more than four fifths of program participants. Despite low wages, the average participant experienced considerable growth in employment and wages over the 7 quarters between 2005 and 2006. Although the real earnings gains for participants are impressive, they do not demonstrate a positive program effect because of the absence of a good estimate for how earnings would have evolved in the absence of program participation.

4.6.5 Perspectives of Selected Participants

To gauge the perspectives of program participants, evaluation team members completed a group interview with a small number of recent program participants, observed a "7 Habits" workshop, and engaged in several informal conversations with program graduates at a graduation ceremony. The participants we talked to all believed that the program elicited major changes in their lives and helped them develop a new way of thinking. These participants cited benefits from the program in that they learned the importance of the seven habits and how to relate these habits to their own lives and helped their relationships with their spouse, children, and other family and friends.

One participant felt that the curriculum influenced how she interacted with her children:

"As parents we think that we control our kids but we don't have control of their behaviors. You can discipline a child but you still cannot control that children...my big eye opener was the circle of control – realizing that I cannot control other peoples actions and that the only person I have control of is myself."

Another participant described how the workshop empowered her, and explained that she believes it helped her handle life and improved her listening skills:

"I felt myself to be a good listener but I was not always a good listener. But after I took the class I saw there is room for improvement and things that can be done. I thought I was a good listener, but after sitting there and taking the class, some of the examples that were used and some activities that we did, sometimes with my kids...I had a tendency to take the conversation over. I would assume where they are going and my daughters are in the class with me, so we just had an awesome time. It made me go back and think that, even if they are my children and I am their mother, I need to respect them by listening to everything that they are going to say."

Participants identified the classes that addressed control, listening and respect, and loving oneself as their favorite classes. They continue to use the tools, such as the calendar, and have integrated the habits into their everyday life. As one participant described:

"I have a calendar and say by Friday, I am going to do this. I write it down, and I set dates for things. I give myself a week to do certain things, and if it's already Thursday, I am telling you that by Friday I am going to accomplish 3-4 things before the weekends. Because I set goals, and I accomplish these things."

For one participant, taking control also meant recommending the course to her ex-husband and his new wife: *"My ex-husband and his new wife took the course and our attitudes had changed."*

The importance of being proactive and taking control was another important theme discussed in the workshop. As one participant commented,

"We learned about being proactive and taking control. I use this a lot, because you're confronted with people, whatever their personalities are, some people like to talk at you and at that moment you have to be listening and then speaking second. I'm able to keep myself in a place where I'm going to be respectful. Whatever their personality, I can face it, regardless of the situation. I use that every day. If there's a situation, instead of being negative, I am thinking positive. I am wondering why are they upset, and looking at what they are saying first, before I respond second."

Thinking win-win was also valued by the participants. As one participant described,

"I'm taking control of what I want to do and I'm not giving it up. For 17 years I've raised my children myself...I always thought what is it I can do to bring this family together...The class was so encouraging. I don't have a lot of friends, I have a lot associates, I have thousands. So I have to remember to think win-win, because it's not about getting what you want today, but thinking long-term wins where everyone wins."

According to these participants, their expectations were more than met by the workshops. The workshops represent a new beginning for some participants and they liked the emphasis of taking care of oneself first and then thinking about how to apply these lessons within their families. One participant offered that she decided to have a divorce and that she was going back to school as an example of taking care of herself first:

"I am still married but I am going through a divorce...being proactive about your life, and expecting each person as an individual, and understanding that people do have different choices...and goals in their life, you can be together, but you still have to remember that you're separate people. I believe that is why I am where I am at today, because I am being proactive now, and I've had to make a decision. Marriage

is beautiful, and I prefer it, and I adore it, but when another person's not going a positive way, you have to take control of that situation. Being proactive is why I had to make the decision of the divorce, because I am being proactive and beginning with the end in mind that I want a better and positive life for me and my children."

The participants felt that the workshops were good for people in crisis and that those in crisis could:

- Grasp the concepts;
- May need follow-up;
- Addressed issues that were important to the participants;
- Made participants feel valued and special; and,
- Gave participants a sense of worth, accomplishment and competition.

When asked for recommendations or improvements, the participants offered the following suggestions:

- Not enough time;
- Room size not always adequate;
- Should include part 2 of workshop (opening up, honesty, mentoring, pep talk, measuring progress and need for additional services);
- Would recommend classes become a requirement before marriage;
- Every workshop should have two different facilitators (either male and female, black and white) Preferably a couple to simulate family structure.

4.7 Conclusions

The JNSF initiative adds a new menu of services to the existing social service mix in Jacksonville, acts as a services gateway for participants from the community who may need help but are not sure where to turn, and keeps the coalition of diverse community groups, County Child Support office, churches and city agencies engaged and working together. With the strong political backing and initial seed funding investments from the City of Jacksonville, the JNSF has been able to create a community-wide effort to address a perceived community need to strengthen families. With the momentum and buy-in from diverse groups including the Mayor, city agencies, the County Child Support Office, several churches, non-profit social service agencies, domestic violence referral agencies, the Chamber of Commerce, and more recently private businesses, the project set laudable target goals at the outset, developed a strong service delivery model to achieve them and engaged in a community-wide outreach campaign.

The project's vision is to serve a broad group of Jacksonville families and expose them to a new framework which will encourage thinking strategically about setting goals and thinking long term for themselves as well as their families. To achieve these objectives, JNSF designed the lessons contained in the "7 Habits" workshops to have universal appeal and to assist participants whether they are in crisis or seeking self improvement. Thinking about relationships in the context of participants' lives and providing child support education is important to the JNSF approach. The program focuses on achieving healthy relationships and recognizes that for some participants, it may not be the right time in their lives for marriage, and that families may need help with understanding child support issues. Workshop participants are encouraged to think about relationships with their families and partners, what they want for their future relationships, and how to work together to address child support issues. Starting with the individual and then expanding to think about the relationships that individuals have helps broaden the appeal of the program beyond marriage education into family strengthening. As one facilitator described succinctly, "I was a strong woman before I entered marriage." The curriculum is well respected by several Jacksonville professionals who volunteer their time as facilitators to teach workshops at churches, halfway houses, schools, banks, or the naval base. The JNSF staff and community coalition clearly leveraged a broad group of facilitators and agencies to create a program with minimal financing that exposes families all over Jacksonville to a curriculum that can help strengthen family relationships and provide education and services to address child support issues.

For participants in the program who learn the "7 Habits" but need additional help on attaining the short-term and long-term goals they set for their families during the workshops, JNSF developed relationships with a variety of partners to work with program participants. From the point of view of referral agencies' staff, clients may be more receptive to assistance after being exposed to the "7 Habits" framework. In and around the Jacksonville professional community, there is tremendous buy-in to the "7 Habits" approach. It has permeated city government, the Chamber of Commerce and churches. Once clients, congregation members, or employees are exposed to thinking about their past family successes and failures and what they want their families to look like in the future, JNSF staff believe that participants may be more receptive to learning and taking in the messages during the next set of services they receive.

JNSF serves a large number of Jacksonville families and engages with several network partners in their community coalition. Similar to other large CHMI projects in other cities, several JNSF partners and staff commented on the challenge of sustaining a broad based initiative. Similarly, staff turnover at partner agencies means that JNSF loses a trained facilitator from that agency and at times the good will to participate in the network. As one individual commented,

"I think we've had and continue to have some difficulty getting some of the member organizations to fulfill their MOUs...It's still not where we would like it to be. I think also with recruiting families into the program, identify from their own audiences, potential clients or customers that can go through the training to get them in the system to be able to change their attitudes and behavior...I just don't think we have gotten the level of recruitment that we would desire...it takes a constant and conscious effort. And that takes time. It's a challenge, no question about it."

Some other challenges that JNSF faces are how to engage more unmarried couples to take workshops together that could spark specific conversations about their marriages, relationships, paternity establishment, and child support that may or may not happen outside of classes. If couples attended the "7 Habits" workshop together, they may be more comfortable following up and attending the next level of relationship services such as *8 Habits for Successful Marriage* or *Before You Tie the Knot*. There was also a concern expressed by stakeholders about how to reach out to families with diverse structures.

JNSF is creatively addressing the issue of recruitment and sustainability by pulling in new partners that can be new sources of couple recruitment and financial support if it is offered through their Employee Training programs. One bank that has offered several "7 Habits" workshops to employees is going to start offering the "8 Habits" course during the evenings. Also, an apprenticeship program is planning on providing the workshops for trainees and their spouses. Promoting employee health and decreasing stress can help make the workplace more safe and productive and also improve family functioning. Making changes and enhancements to the program fits into the overall approach of JNSF. The program is flexible enough to adapt the curriculum and service delivery structure to meet additional program goals as well as serve the changing needs of a diverse group of families who walk through their doors.

5. IMPLEMENTATION CONSIDERATIONS AND LESSONS LEARNED

In this section, we compare the three initiatives in their early implementation of their own Community Healthy Marriage Initiatives to look for key distinctions that may be of note to other grantees involved in similar programming.

Funding and Organization

	Massachusetts	Florida	Illinois
Lead Organization	Father Friendly Initiative	Jacksonville Network for Strengthening Families	Catholic Charities
Funding Amount	\$977,502 • \$503,562 matched	\$1,000,000 • \$500,000 matched	\$819,009 • \$476,850 matched
Prior Related Programming	Collaborative efforts between FFI and Child Support	City-funded pilot with 400 participants	Prior collaboration between DCSE and Catholic Charities around paternity establishment efforts
Waiver Grant Date	January 2005	October 2005	October 2004
Start of Service Delivery Date (Using Federal or Local funding sources)	October 2005	Approximately May 2004	July 2005

Each grantee designed its approach around an existing program and partnership network, which related to relationship skills in only one case (JNSF) prior to the OCSE waiver award. From father strengthening programs at FFI to paternity establishment efforts at WIC centers for IHRMI, each grantee had a proven starting point with access to its target group. The perceived needs of the target groups shaped service delivery in each case, with FFI providing clinicians as facilitators for RRL, JNSF offering both pre-marital classes and classes for married couples, and IHRMI focusing on young couples with children in a location they visit frequently for other family needs.

Although the 1115 waiver award amounts differ only slightly among grantees, the State matching funds for JNSF and Catholic Charities provide consistent streams for the life of the waiver. In Boston, however, matching funds come from undistributed CSE funds that must be used to fund child-support related outreach. As a result, FFI's matching funds may vary by year. This variability translates into a conservative approach to hiring. Although the length of funding and amount are similar, the participation goals diverge tremendously.³⁷

³⁷ Although the length of the each state's grant is three years, they can apply for extensions. Both Illinois and Massachusetts have been granted extensions.

Core Services

	Massachusetts	Florida	Illinois
Model of Service Provision	Mix of direct service provision onsite at FFI and at partner locations	Service provision at partner locations	Provision of services directly at WIC centers run by Catholic Charities
Child Support	<ul style="list-style-type: none"> • FFI staff member can help with paternity establishment on site • FFI staff member works directly with DOR to help with child support order modification and arrearages • Child support module added to curriculum 	<ul style="list-style-type: none"> • Referrals to Duval County Office of CSE for assistance with paternity establishment and with child support order modification. • Duval County Office of CSE staff member attends graduation to answer questions • Power of Two video and child support module 	<ul style="list-style-type: none"> • WIC Centers have staff members who can help with paternity establishment on site • CSE screens every participant to help with child support modification • Child support module added to curriculum • Screen for domestic violence using the state child support data system
Marriage Curriculum <ul style="list-style-type: none"> • Dosage • Graduation requirements 	<i>Exploring Relationships and Marriage with Fragile Families for Couples</i> <ul style="list-style-type: none"> • 2-hour sessions for 8 weeks • Minimum of 12 hours to graduate 	<i>The 7 Habits of Successful Families in Jacksonville</i> <ul style="list-style-type: none"> • 2.5-hour sessions twice a week for 2 weeks (flexible depending on family's needs) • Attendance at all classes is required to graduate (10 hours) 	<i>Exploring Relationships and Marriage with Fragile Families</i> (modified for Latino/Hispanic populations) <ul style="list-style-type: none"> • Eight 2-hour modules for 8 weeks (in 2007 extended to 10 weeks) • Minimum of 10 hours in order to graduate
Additional formal curricula	Child support <ul style="list-style-type: none"> • An adaptation of <i>Baby Smarts of the LoveU2</i> curriculum Youth services <ul style="list-style-type: none"> • Considering adapting the <i>How Not to Marry a Jerk/ Jerkette</i> curriculum 	Child care (children aged 3-12) <ul style="list-style-type: none"> • <i>Six Pillars of Character</i> Program alumni • <i>The 8 Habits of Successful Marriages</i> • <i>Before You Tie the Knot</i> 	Employment assistance (CAP) <ul style="list-style-type: none"> • <i>Your Money and Your Life</i> financial curriculum
Additional services on site	Housing Employment Food assistance Substance abuse counseling Anger management counseling Financial counseling Participation in child's education Domestic violence screening	Domestic violence screening Social services coordinator	WIC Case management Domestic violence screening Parenting classes for teenage parents Health care services
Referrals to other services	Prisoner reentry Employment Domestic violence Access to healthcare Housing Substance abuse Prenatal and newborn baby care Family planning Education services Employment Emergency services	Family, child, couple and individual counseling Anger/ stress management Premarital workshops Substance abuse Job preparation and employment skills Temporary shelter/ affordable housing Parenting and post-divorce co-parenting Educational preparation and tutoring Financial literacy training and IDAs Domestic violence	Employment assistance Mentoring Financial literacy Education Domestic violence

The variations in service provision reflect the different models of the demonstration programs. Services are provided either directly by the lead organization or indirectly through partners. Catholic Charities employs a direct model, providing services at WIC Centers under its own management. Partner locations provide services for JNSF while FFI uses a combination of its own sites and partner sites. The referral network of each site is extensive and it is clear that client needs are a priority. All sites provide additional curricula, direct services, and referrals in areas including employment assistance and education services. In Chicago, DCSE is especially active regarding child support as they recruit unmarried couples from local area hospitals to help identify and resolve child support issues. In each of the three sites, links to other service providers constitute an integral part of the process of stabilizing families. The large array of additional services and referrals supplies a comprehensive set of skills for participants.

Participant Data Overview

	Massachusetts	Florida	Illinois
Target Population	Previously focused exclusively on low-income men but recently focus changed to include women	All families: unmarried couples, singles, married couples, and parents	Low-income black and Hispanic couples with children
Number of People to be Served	600 Individuals	3,000 Individuals	300 Individuals
Number of People Served (2006)	158	959	157
Number of Participants with Child Support record (%)	42 (27)	165 (36)	100 (64)
Race/Ethnicity (% Black, % Hispanic, % White)	66, 14, 12	64, 2, 27	83, 16, 1
% Graduated	Approximately 75% of women; 56% men	83	69
% Pay child support*	45	27	20
% Paternity established*	78	64	84
% Married	11	53	21
% in Romantic Relationships	33	5	N/A
% Receiving TANF	8	1	N/A
% Not working	35	N/A	60

* For the Florida and Illinois sites, child support payments and paternity establishment are measured for participants' youngest child. In Massachusetts, child support payments and paternity establishment are measured for multiple children.

An important distinction among the demonstration programs involves the population targeted for services. FFI has largely been a resource for low-income men; however with the help of partner organizations, FFI has extended its focus to include low-income women. RRL's targeted effort plans to serve 100 low-income couples per year for each year of the project. The extent of FFI involvement with each RRL participant can be quite intense. It is not uncommon for some participants to receive case management and a number of services simultaneously. The Jacksonville initiative began by targeting low-income families; however, due to large successes in the early stages of the project, today JNSF targets all families and individuals with a goal of serving 3,000 Duval County residents. Unlike JNSF's community-wide endeavor, FFI and Catholic Charities focus on providing services to certain subgroups of the population or specific geographic areas. Although all three sites serve a predominately black population, Catholic Charities serves a Hispanic population at its Diversey WIC Center.

Regarding marital status, the percent of participants that enroll as married varies widely across sites. For example, the JNSF project notes that 53 percent of participants are married, whereas Catholic Charities and RRL see only 21 percent and 11 percent of married couples, respectively. Child support and paternity establishment also differ significantly across sites despite the fact that all sites work with local hospitals to increase paternity establishment. In the case of IHRMI, paternity establishment is particularly high at 84 percent due in large part to their use of paternity establishment representatives at the WIC Centers. Further, it is also important to note that of the clients who established paternity, half occurred during the course of the IHRMI project. Participant data varies slightly across sites in terms of what variables are being measured. JNSF includes data measuring outcome variables and stressful life events that occurred prior to the program that may have important implications for the initiative. RRL and IHRMI measure the percent of participants that are not working. For example, 35 percent of RRL participants are not working while 60 percent of IHRMI participants are not working, highlighting that these initiatives serve an economically disadvantaged population.

The type of facilitators employed and facilitator training differs across the grantee organizations. FFI employs and pays clinicians and individual facilitators to conduct classes and provide services to their participants. Although formal training only includes attending one training session, the clinicians are experienced in providing services to disadvantaged populations. Similar to FFI, Catholic Charities hires only experienced facilitators to conduct classes. The main differences being that Catholic Charities' programs use mentor couples to teach the curriculum and training is inherent to the program as the mentor couples are directly trained by Catholic Charities in the Fragile Families curriculum. Jacksonville's program differs from both FFI and Catholic Charities in that JNSF employs community volunteers and training consists of attending a 3-day intensive FranklinCovey training session to receive certification to teach the curricula.

Partners and Facilitators

	Massachusetts	Florida	Illinois
Facilitators <ul style="list-style-type: none"> • Types • Training 	Clinicians and individual facilitators <ul style="list-style-type: none"> • Training includes attending one training session 	Volunteer facilitators <ul style="list-style-type: none"> • Training includes attending a 3-day FranklinCovey training session 	Experienced facilitators <ul style="list-style-type: none"> • Only hire experienced facilitator couples
Number of Partners <ul style="list-style-type: none"> • Coalition • Built off of relationships 	CSE has long-standing support from family-building services, the DV community, and the MA Fatherhood Commission <ul style="list-style-type: none"> • 9 partners 	New coalition developed for project <ul style="list-style-type: none"> • 50+ partners 	Built off existing coalition between DCSE and Catholic Charities <ul style="list-style-type: none"> • 3 partners
Types of Partners <ul style="list-style-type: none"> • Faith-based/ secular/ mix • Delivering services • Compensation 	Secular Franchised control Organization Partners <ul style="list-style-type: none"> • Recruit participants for RRL classes • Hold classes at their locations • Not paid to host classes and do not provide facilitators themselves Facilitator Partners <ul style="list-style-type: none"> • Professional social workers/ nurses • Recruit participants from caseloads • Host RRL classes themselves • Trains new facilitators • Compensated financially 	Mix of faith-based and secular Decentralized control Network partners <ul style="list-style-type: none"> • Add curriculum to menu of services • Have facilitators conduct workshops as part of job duties • Recruit from caseloads and networks • Hold workshops • Provide child care and meals • Do not receive payment Individual facilitators <ul style="list-style-type: none"> • Community members • Teach classes • Receive a \$200 stipend (note: however many want to do this voluntarily) • Must sign a 3-year commitment to teach • Agency partners • Recruit participants • Additional referral services 	Mix of faith-based and secular Centralized control <ul style="list-style-type: none"> • Two locations at WIC Centers provide services • Archdioceses of Chicago provides facilitators • CAP provides employment services • DCSE is responsible for achieving child support goals • Compensated financially • Referrals within Catholic Charities

Another difference between the programs is the strength and size of their partner coalition and the manner in which their coalitions were formed. In Boston, FFI enjoys strong support from secular organizations including the CSE, family-building services, the DV community, and the MA Fatherhood Commission, in addition to others. The partnerships were established for almost a decade prior to this recent initiative. Similarly, the small but strong coalition between the DCSE and a faith-based organization, Catholic Charities, was a pre-existing partnership that this new initiative built upon. The JNSF program is unique in that its coalition formed exclusively for the purposes of this project. The coalition began with an active Advisory Board that burgeoned into a coalition containing a mix of over 50 faith-based and secular organizations.

Lastly, in terms of service delivery, the grantee organizations represent a range from very centralized control of partnerships services to highly decentralized control. For example, Catholic Charities has more of a centralized model of service delivery where all classes and

additional services are administered at two WIC centers. In Jacksonville, the JNSF program has a highly decentralized model where a multitude of over 50 network partners and individual facilitators are responsible for providing services to participants. The model in FFI is a combination of the JNSF and Catholic Charities' models. FFI has organization partners that hold classes outside of the main CSE location and individual facilitators conduct classes and recruit participants from their own, individual caseloads.

Recruitment and Outreach

	Massachusetts	Florida	Illinois
Outreach <ul style="list-style-type: none"> • Broad Media Messaging • Recruiting Media • Recruiting Events • Other Recruiting Strategies 	Recruit individuals from existing client base and partner organizations Flyers and brochures posted at FFI and partner locations Recruiting events <ul style="list-style-type: none"> • Fatherhood days • Neighborhood development annual parties 	Recruits from network partners <ul style="list-style-type: none"> • Social service providers • Faith-based organizations • Local government • Schools • Employers Staff member presentations Mass mailings Community outreach efforts Web sites Hosting public events Media campaign <ul style="list-style-type: none"> • Brochures • Radio advertisements PSAs	Case workers provide onsite recruiting in WIC waiting rooms Signs and brochures are located in WIC centers Flyers distributed to stores along Michigan Ave and local hospitals Participant recommendation Recruit in mall at Diversey WIC There is \$30,000 budgeted for a media campaign planned for the 3 rd year of operations.
Retention <ul style="list-style-type: none"> • Incentives • Strategies 	Food Transportation subsidies <ul style="list-style-type: none"> • 2 bus tokens per session • After 3+ sessions, participants are given a bus pass Graduation <ul style="list-style-type: none"> • \$20 Target gift card 	Onsite child care Meals Transportation Do not provide monetary incentives Discount on marriage license fee	Employment assistance Onsite child care, grocery store, and health center Meals for both parents and children Small gift bags that include coupons for couple activities Transportation subsidies Do not provide monetary incentives
Pitches/Messaging <ul style="list-style-type: none"> • Relationships vs. Marriage 	Focus on healthy relationships for singles and couples	Focus on families and marriage	Focus on healthy relationships and marriage for couples only

Recruitment strategies differ significantly across the grantee organizations. Generally, FFI and Catholic Charities recruit new participants from within their communities. In the case of FFI, clinicians target individuals and couples that are currently being serviced at health clinics and hospitals in their service area. Catholic Charities recruits onsite in WIC waiting rooms and local hospitals. Jacksonville began its outreach efforts to target low-income families; however, with the increased use of their varied network partners that include social service providers, FBOs, local government agencies, schools, and businesses, JNSF has been able to expand outreach efforts to include all Jacksonville families.

Challenges and Lessons Learned

Massachusetts	Florida	Illinois
<p>Challenges</p> <ul style="list-style-type: none"> • Scheduling classes • Childcare • Attrition • Integrating women • Community campaign <p>Lesson learned</p> <ul style="list-style-type: none"> • Extend the series • Alumni programs • Building on existing coalitions and relationships and name recognition • Experience with DV issues through the Men of Color curriculum • Using clinicians as facilitators 	<p>Challenges</p> <ul style="list-style-type: none"> • Sustaining a broad based initiative • How to engage more unmarried couples • Recruitment to couples only classes <p>Lessons learned</p> <ul style="list-style-type: none"> • Extend the series • Amount of time and effort to build and sustain coalitions is staggering • Using male and female facilitators • Try several different recruitment strategies 	<p>Challenges</p> <ul style="list-style-type: none"> • Recruitment of Hispanic couples • Community campaign <p>Lessons learned</p> <ul style="list-style-type: none"> • Alumni programs • Expand community outreach • Additional curricula • Improving recruitment at Diversey site by hiring additional staff, expanding overall recruitment to include new locations and strategies and improving class logistics

Some common challenges of the Community Healthy Marriage Initiative involve problems with class scheduling and recruitment. Scheduling can be particularly complicated as many of the participants and facilitators are often part of a greater system of programs and services. Recruitment was a common challenge with issues varying across locations that include difficulties in enrolling couples in the next level of services after completion of the first course in JNSF, recruitment of Hispanic couples in IHRMI, and trouble integrating women in to FFI. These challenges, along with participant suggestions and increasing experience since the start of the initiative, allowed each initiative to learn important lessons about successfully providing relationship, family, marriage and child support education services. For example, participants prefer having both a man and woman conduct classes. Participants were also interested in alumni programs including reunions and additional relationship classes. All sites experienced recruitment challenges and developed strategies to improve.

The overarching lesson from this group of grantees is that even with a solid foundation, or an existing partnership or program to build from, and entrée into the target community, providing marriage education, child support and relationship enhancement services to low-income communities is challenging. The feedback each grantee has received from its clients is positive, and each is confident that it is improving the stability of its families. Grant management challenges including the major issue of program sustainability rival challenges with recruiting and retaining participants. The critical understanding that grantees have of their target populations and the small-scale early implementation have improved the match between participant interests and programming offered. The grantees are now preparing for new challenges, whether expanding their pool of facilitators, offering services at a new WIC Center, or establishing education programs in private industry to broaden the case for healthy relationships in the community.

REFERENCES

- Carroll, J.S. and Dougherty, W.J. (2003). *Evaluating the Effectiveness of Premarital Prevention Programs: A Meta-Analytic Review of Outcome Research*. *Family Relations* 52 (2), 105–118.
- 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.
- Maternal & Child Health. Florida Department of Health: Office of Planning, Evaluation & Data. <http://www.floridacharts.com/charts/report.aspx?domain=03&IndNumber=0025>
- U.S. Bureau of the Census. 2000. "Profile of Selected Social Characteristics: 2000." Table DP-2, Census 2000 Summary File 3 (SF3). Available at www.census.gov.