October 2005

Piloting a Community Approach to Healthy Marriage Initiatives: Early Implementation of the Healthy Families Nampa Demonstration

Prepared for

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RTI Project Number 08957.218

Acknowledgements

This report represents the culmination of the exploratory phase of implementation research on the Community Healthy Marriage Initiative pioneer sites. 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 of the Healthy Families Nampa initiative. Tammy Payne, Connie Swanson and Randi Bristol in particular were very generous with their time and expertise and helped us to arrange interviews, fully understand their activities, plans, and challenges, and set up and transfer program data that is analyzed in this report. Other members of the Healthy Families Nampa coalition also shared their expertise with us, and we appreciate their contributions to this profile of their efforts. As participants in our exploratory effort of their pioneer effort, we appreciate the insight and flexibility that was demonstrated by all.

We received helpful feedback throughout the process from Mark Fucello and Richard Jakopic of the Office for Policy, Research, and Evaluation at the Administration for Children and Families. Their guidance is evident in this report, and is much appreciated. Within our project team, we appreciate the efforts of Mai Nguyen in arranging data transfers and creating analytic files and Danny Occoquan for taking meticulous notes on the healthy marriage update calls. Pamela Holcomb and Laudi Aaron, of the Urban Institute, developed the interview protocols for the qualitative data collection during the site visit. Elaine Crider, of Crider Associates, arranged, conducted and analyzed focus group activities with participants in Healthy Families Nampa classes. Mike Fishman and Mary Farrell of The Lewin Group, as the contractor for Technical Assistance to Healthy Families Nampa and other CHMI sites, have been very helpful to us and to the site. We appreciate their collaboration.

Within RTI, Katy Dowd and Susan Mitchell provided valuable oversight to the implementation analysis as a whole, including overseeing IRB activities within RTI. Matt Stagner played a similar role at the Urban Institute. Adele Monroe edited the report and Roxanne Snaauw prepared it for publication. The efforts of the entire CHMI team are appreciated.

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EXECUTIVE SUMMARY

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

This report focuses on the role of community coalitions in supporting healthy marriage activities and presents a description and analysis of the early implementation of the section 1115 child support waiver[1] demonstration in Nampa, Idaho, a city of nearly 70,000 people. This report provides evidence that a local community coalition can leverage sufficient resources to stimulate a substantial amount of marriage-related and family relationship activities at a modest cost. This report does not address the question of impacts on marriage or child support outcomes of participants or others in the community. Healthy Families Nampa's initial operations should be viewed as a pilot of community approaches to healthy marriage that, given time and available funding, could develop into a full-scale community healthy marriage initiative (CHMI).

The Nampa community initiative, called the Healthy Marriage, Responsible Fatherhood Nampa Community Demonstration Initiative, was awarded a Child Support Enforcement Demonstration Section 1115 Federal waiver in May 2003 and began operations shortly thereafter. Healthy Families–Nampa (HFN) is the coalition of faith-based and other community partners that is running the initiative. To examine how the Nampa community initiative became operational, how it formed and maintained community coalitions, and how it began operations, RTI/Urban Institute staff collected information from several sources, including a site visit in January 2005, monthly project status update calls, a focus group

[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.

with recent recipients of local marriage- and parenting-education services, and data on individuals referred to HFN services (drawn from HFN's Management Information System [MIS]). Because HFN is still at a relatively early stage of operation, and some of the report's material is based on operations as of January 2005, readers should view this report as providing a snapshot of the constantly evolving and developing community initiative.

Developing the HFN Coalition

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

HFN began with community leaders who had prior experience in community coalitions to improve child and family well-being. In addition, several local secular and faith-based organizations had already been working to prepare couples for marriage and to support healthy marriages and responsible fatherhood before the 1115 waiver funding materialized. During the initial design and grant-writing phase, HFN drew on these and other partners including the Idaho Department of Health and Welfare (IDHW). Even before receiving a 1115 waiver, HFN developed and gained support from pastors for a community agreement that members of the clergy would support healthy relationships, families, and marriages and agree to marry only couples who had participated in premarital counseling.

HFN developed into a coalition that currently includes approximately 50 active members, representing churches, state and local government agencies, secular nonprofit institutions, a hospital, and local media. The ability to attract a large number of unpaid coalition members indicates considerable success in mobilizing community involvement. Potential coalition members are therefore recruited for membership both because of the diversity of their community perspectives and because of their organizational resources and linkages to populations the coalition hopes to serve. The coalition has devoted considerable effort to recruiting churches with a high percentage of Spanish speakers and to working with the Idaho Migrant Council, an umbrella organization that provides Head Start and other programs for seasonal agricultural workers. Finally, in an effort to address the child support goals of the 1115 waiver demonstration, HFN has managed to create strong linkages with the child support system.

During the first year and a half of the initiative, the coalition worked hard to raise money to secure the required local matching funds and recent efforts to generate funds have been

successful. In Fiscal Year 2004 HFN raised $37,143 in individual donations, business and corporate support, community events (such as a fundraising banquet and community yard sale raffle), and from donations from faith based organizations. For Fiscal Year 2005 HFN hopes to raise between $50,000-$75,000 in local match funds. Fundraising efforts consume a considerable amount of administrative effort.

Types of HFN Services and Partnerships

HFN's approach to providing marriage, relationship, and parenting services involves multiple components and has evolved over time. Its three basic approaches are (1) identifying and expanding existing marriage and parenting services; (2) selecting and offering marriage skills curricula and facilitating their diffusion; and (3) developing other program components, such as in-hospital paternity acknowledgment and prisoner reentry mentoring that complement HFN's goals. The coalition selected Prepare/Enrich, a premarital education and counseling inventory tool, and later selected *Family Wellness: Survival Skills for Healthy Families* (hereafter *Family Wellness*) as its core curricula. HFN made the curricula available by providing training for instructors. Two trainings have been conducted using Prepare/Enrich, and more than 40 pastors and lay ministers were trained. Family Wellness instructor training was offered to representatives from partner agencies who, in turn, conduct sessions at various locations. As of September 2005, partner organizations had offered ten *Family Wellness* classes (7 more are currently underway) and many Nampa area pastors use Prepare/Enrich as the basis for their premarital education. Approximately 50 pastors have been trained in the curriculum, and 25 reported providing services. Service data from faith based providers has been difficult for HFN to collect.

HFN is implementing other programs as well. Working with Nampa's only hospital, HFN designed an in-hospital paternity acknowledgement program to educate unwed parents about the paternity acknowledgement process and its benefits for children, and to inform parents about HFN marriage education services. At the time of this implementation review, the program had been in operation for approximately one year. HFN has been collaborating with the Idaho Department of Corrections and several faith-based organizations to develop an offender reentry and family reunification program. A pilot program to businesses involves providing employees of local businesses with information and training to help fathers be more effective and responsible at home and at work. Other activities focusing on responsible fatherhood include the March for Fathers Campaign and a new access and visitation program for divorced or separated parents. In accordance with a requirement of the 1115 waiver, HFN has worked with domestic violence service organizations to address the potential for domestic violence among participants or applicants for services.

A major part of HFN's community initiative is to communicate its goals and activities to the local population. In attempting to accomplish this objective, HFN has solid, generous, and enthusiastic support from members of the media that serve the Nampa community. KTVB,

the television station with the top market share in the area, has worked closely with HFN to deliver messages about healthy families, healthy marriages, and responsible fatherhood. In addition to media outreach, HFN has reached out to the community with its sponsorship of Father's Day events; Operation Yellow Ribbon, an event honoring military personnel serving overseas and their families; and Celebration of Marriage Week. HFN has also established a Web site (http://www.healthyfamiliesnampa.org/) to provide information about events, programs, and services.

Delivering HFN Services

Recruiting potential participants is an important step in delivering services such as *Family Wellness* and other classes. Both public agencies and private institutions have assisted HFN in the recruitment process. During HFN's first year of operation, about two-thirds of HFN's 365 referrals came from IDHW's child support (IV-D) and Temporary Assistance for Needy Families (TANF) (IV-A) agencies. After referrals are relayed to the IDHW HFN referral liaison, this dedicated case manager screens potential participants, notes clients' choice of faith-based or secular services, and assesses the nature of the services they are requesting. All referrals are screened for domestic violence and substance abuse.

Over half of these referrals were to secular programs, leaving 42 percent for referral to faith-based organizations. The HFN partner organizations provide premarital education and counseling; marriage education, counseling, and enrichment programs; parenting education and counseling; and fatherhood education and mentoring. Some are one-on-one counseling, and others are in group classroom settings. Since its inception, the HFN coalition has offered training sessions for clergy and other counselors on the Prepare/Enrich curricula, a premarital education and counseling inventory tool that offers one-on-one counseling in 4 to 6 sessions. HFN also provides training in Family Wellness, a course that teaches families how to function in a healthier manner and is presented in six 2-hour sessions. Faith-based providers do not receive payment for the services they provide to individuals referred through HFN. Rather, they see provision of these services as part of their mission as church leaders. HFN established relationships with four secular providers as well.

The coalition stimulates the availability and delivery of *Family Wellness* classes on an ongoing basis. HFN's approach includes training the trainers in the expectation that they will deliver one of the curricula within their organizations, often at no additional cost to HFN. Seven Family Wellness classes were delivered through July 2005, and three additional classes began in August and September 2005 (10 total completed classes). HFN's diffusion strategy generates class activity but makes it difficult to track participation and to assure quality. Through July 2005, 117 individuals were recorded in HFN's MIS as having been referred to HFN and having attended at least one service. However, the site conducted a review with its community partners and found that an estimated 1,095 individuals received an HFN service but were not recorded in the MIS, as many faith based providers are not

accustomed to carefully tracking participation. HFN is working with faith based providers to better track participation.

Referred and participating individuals have varying education levels, ethnicity, marital status, employment status, and numbers of children. The majority of referred and participating people are parents and white; 37 percent are Hispanic. Married individuals make up nearly half of referrals and nearly 60 percent of participants, while men account for over one-third of referrals and 40 percent of participants. Only 8 percent of those referred from the child support agency are recorded as having used a service; the participation rate among those referred from TANF is more than double this rate, but still a low 19 percent. On the other hand, of those who are referred from nongovernmental organizations or are self-referrals after hearing publicity about HFN, two-thirds use an HFN service. The overlap between HFN services and involvement in the IV-D program is substantial. Fully 57 percent of officially referred individuals have cases in the IV-D system.

Leveraging Resources

Recognizing the importance of leveraging, HFN has developed an effective strategy for enlisting a large number of organizations, public agencies, and faith-based institutions to promote its objectives. The coalition developed through HFN now involves over 50 organizations and has linkages with 15 to 20 pastors in churches. With all of these partners, HFN has managed to engage individuals and couples in services at low costs to the Federal government, even at this early stage of implementation. With only about $110,000 per year in Federal funds, HFN has managed to serve at least 117 individuals (those listed in the MIS) and as many as 1,095 individuals (the numbers reported by partnering organizations). Using various assumptions and a conservative, intermediate figure for participants, one finds that costs per participant have been only about $222 based on Federal outlays (this figure assumes that approximately 1/3 of participants, 361, not included in the MIS were served by HFN, as well as the 117 participants in the MIS). Leveraging emerged in other important ways as well, particularly in the media area, where donated television spots alone have provided HFN with the equivalent of an additional $98,000 in support services.

Early HFN Successes and Challenges

HFN leaders focused from the outset on building a broad-based coalition with a wide range of participants and potential providers, including groups that had not generally collaborated. With regard to the delivery of classes and counseling, HFN has pursued a diffusion strategy—providing training in both premarital curricula (Prepare/Enrich) and marriage and relationship curricula (*Family Wellness*) to other organizations and churches so that their staff and volunteers can offer these programs to community members they work with. This approach appears to be to be taking hold, allowing HFN to spur and facilitate the delivery of marriage and relationship education and other services into many areas of the community,

well beyond that which its own staff could provide. Finally, HFN successfully engaged the Nampa media to provide significant amounts of free publicity and public service announcements.

Despite struggles to raise its local funding match, HFN has moved forward, making significant progress in a relatively short period of time. It has set up a recruitment and referral process through IDHW; developed an MIS; identified, recruited, and established procedures with secular providers; selected core curricula; provided training in *Family Wellness*; and established a paternity acknowledgement component. In addition, HFN has achieved some success in integrating child support objectives, through linkages with the IV-D system and through its collaboration on in-hospital paternity acknowledgement program. The coalition also seems to have increased contact with local domestic violence service providers. Despite HFN's energy in generating activities, raising the local funding match presents an ongoing challenge.

Overall, HFN's ability to leverage resources and draw on others to deliver services has been impressive. However, the potential for replicating this approach is unclear. It will be important to follow the progress of the HFN demonstration, both from its role as a community initiative and its ability to reach a large share of the target populations. As noted above, the financial sustainability of the initiative is an open question. Also, as the initiative begins to cover increasing numbers of people in Nampa, information about the services is likely to spread. Whether, as is likely, people recommend friends and family to take advantage of classes or whether word of mouth recruiting stalls remains to be seen. Another development worth watching is the ability of HFN to retain its focus while extending the coalition to schools and to other institutions. Will HFN be able to embed the healthy family/healthy marriage agenda into the institutions of Nampa or will the initiative fail to sustain its early energy?

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

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

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

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

individuals. A third approach, the Community Healthy Marriage Initiative (CHMI), recognizes that community programs to encourage healthy marriages may generate important spillover effects, which involve impacts on those not directly receiving a service, and may offer the most realistic methods for expanding services.

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

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

The pilot CHMI projects, which are in their early stages, generally involve local coalitions that aim to provide their communities with marriage education, relationship skills training, media messages, and other related activities. In so doing, they hope to meet child support objectives including increasing financial support for children from noncustodial parents through increased paternity and child support collections, increase the number of healthy marriages, reduce divorce, and change the norms in the communities to be more supportive of healthy marriages. Although each site has its specific mix of services, all attempt to engage a coalition of public and 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, improve child support outcomes, and thereby generate benefits for children as well as couples.

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

1.1 Provisions and Funding of the Pilot Community Healthy Marriage Efforts

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

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

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

Each waiver, along with its objectives and proposed activities, is subject to specific terms and conditions that guide its development. Many of these conditions are very simple, but they are useful to understanding the common context within which initiatives operate. There are Federal requirements relating to the use of funds and reporting on the use of funds. The Section 1115 waivers require that a non-Federal source of funds be used to match Federal funds on a one-for-two basis; that is, for every $1 of non-Federal funds available to the site, it can access $2 of Federal funds. As a result, a site must not only mobilize local institutions, but also local matching funds to gain access and use the Federal funding awarded in their grant.

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

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

1.2 Specific Approaches Used in CHMI Demonstrations

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

The defining elements of this approach are

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

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

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

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

The goal of the evaluation is to answer three broad questions:

1. Did CHMI sites develop and implement a communitywide program of healthy marriage, healthy family relationship, and child support services?

2. Did the initiative lead to a change in family structure, child, and child support outcomes?

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

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

1.3 Context and Early Implementation

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

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

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

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

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

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

1.4 Methods for Obtaining Information

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

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

The main site visit to Healthy Families–Nampa (HFN) was conducted by a three-person team during January, 2005. Semistructured administrative interviews were completed with

a number of individuals involved in the HFN project—from the founding members to the leadership team to direct service providers.

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

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

One focus group session was held with individuals who were receiving or had recently received marriage/relationship education services through HFN. The focus group discussion was designed to provide critical insights into the perspectives of selected participants on marriage and relationship issues generally, as well as their experiences with CHMI interventions. Quantitative data on participants came from HFN's Management Information System (MIS). Tabulations from the MIS data can provide a quantitative portrait of the demographic characteristics, education, sex, marital status, service use, and referral sources of participants referred to and/or using HFN services. In cooperation with the Idaho IV-D agency, we obtained matched information on variables drawn from the MIS with information on the child support involvement of participants. With this information, one can learn how many participants have established paternity for their youngest child, what percentage have child support orders, and what the payment history on those orders has been. In the future, additional information on the earnings profiles of participants will be available through matching MIS information to data from the National Directory of New Hires. Future analyses using the matched data will reveal the evolution of child support activity, employment, and earnings of participants.

1.5 Qualifications Concerning This Report

Much of the information presented in this report on the early implementation of HFN reflects the program's status in Nampa as of January 2005, when staff conducted the intensive site

visit. The report does use quantitative data and other material provided through the middle of 2005. However, unless specifically noted, the reader should view the operational patterns examined in the report to reflect the realities in Nampa as of January 2005. To illustrate the dynamic nature of this demonstration effort, the way in which specific issues raised in January have played out over the subsequent months will be presented. This newer information has been provided by the HFN site when not addressed in monthly calls.

Another qualification is the absence of solid data on participation of individuals and couples in many church-based activities that were stimulated by HFN. HFN has provided counts of these participants based on their phone calls to faith-based groups collaborating with HFN. However, such data should be taken as only approximations of the actual figures.

It is critical that readers view this report as providing a snapshot of the constantly evolving and developing community initiative. Future studies will analyze how HFN performed over several years.

1.6 Road Map of Report

Chapter 2 in this report presents the main description and analysis of the background the led to HFN, the planning for HFN, and the early implementation of HFN. The goal is to provide both the historical context and the distinctive approach used by local sponsors of HFN. Chapter 3 includes data on which groups referred individuals to a HFN class, counseling session, or other activity and what share of people referred appear to have actually participated in an HFN program. Chapter 4 deals specifically with the ability of HFN to leverage time and resources from other organizations and the implications for the Federal costs of the efforts per participant. We conclude with a discussion of the key challenges for HFN and the lessons learned, with implications for the future of HFN and for the implementation of pilot CHMI efforts in other communities.

2. HEALTHY FAMILIES–NAMPA: BACKGROUND, PLANNING, AND EARLY IMPLEMENTATION

The Healthy Marriage, Responsible Fatherhood Nampa Community Demonstration Initiative is led by a coalition of faith-based and other community partners as part of Healthy Families–Nampa (HFN). This coalition aims to improve the emotional and financial well-being of children in this Boise, Idaho, suburb by strengthening marriages and encouraging responsible fatherhood. The site was one of the first to be awarded a Child Support Enforcement Demonstration Section 1115 waiver. Nampa received its 5 year award in May 2003, kicked off the initiative shortly after, and received the first referrals from the Idaho Department of Health and Welfare (IDHW) in January 2004 and began offering services. As of the writing of this report they are half way through their demonstration. The distinctive character of HFN's overall design and its service activities—a reliance on numerous faith and secular providers both directly funded and indirectly supported, loosely structured and still evolving—is rooted in the nature of this community coalition and its history.

HFN's overall strategy is to establish a community environment that supports healthy relationships, marriages, and families through the development and coordination of an array of knowledge- and skills-building services, activities, and other interventions for all Nampa residents. The menu of direct services is designed to help couples prepare for and sustain healthy marriages, encourage responsible fatherhood, and help fathers and mothers become more effective parents. It is offered by faith-based and secular partners with strong ties in the community and covers four core areas:

- premarital education and counseling;
- marriage education, counseling, and enrichment;
- parenting education and counseling; and
- fatherhood education and mentoring.

In addition to providing and facilitating direct services, HFN has established linkages with local media and has sponsored numerous community events as part of an extensive outreach campaign designed to attract program participants and change the attitudes and norms of the community.

HFN is led by a 52-member community coalition that plans, coordinates, and oversees all HFN activities and operations, organizes community events, and develops new resources. While the coalition was initiated and is anchored by its core faith-based partners, since its inception it has expanded to include members from a broad cross section of the community. These additional members include secular service providers; state and local government agencies; media; and minority, education, and other community and business leaders.

With a population of 68,000, Nampa is the second largest city in Idaho. It is one of several suburbs of Boise that comprise an area referred to as Treasure Valley. Nampa is not a particularly low-income or high unemployment community. The child poverty rate as of 1999 was 13.7 percent, below the national average of 16.1 percent.[2] As of early 2005, Nampa's unemployment rate was 5.4 percent. Still, 60 percent of births in Nampa are paid for by Medicaid, and 34 percent are to unwed parents. About 20 percent of the area's population is Hispanic; otherwise it is largely non-Hispanic white. Coalition members characterize Nampa as a very close-knit, child-focused, family-oriented, conservative community with a "huge" faith contingency. HFN's target population includes couples prior to marriage, married couples anticipating children, and single and married parents. Because of the growing number of Hispanic families in the area, HFN is making a special effort to include the Hispanic community in its planning and program implementation activities.

2.1 HFN's Model

Several critical factors have contributed to the development of HFN's overall approach. Coalition members had experience with collaborative activities intended to improve the lives of children, youth, and families. They share a belief that healthy marriages, relationships, and families and responsible fatherhood are central to the well-being of children. This consensus meant that a program to promote all of these objectives, including both marriage and child support, was not particularly controversial. The coalition was able to propose meeting the Federal requirements for Section 1115 waivers that emphasize improving child support outcomes.

As a long-term initiative aiming to achieve communitywide change, HFN's goals are broad-based, comprehensive, and ambitious. The initiative's mission statement describes as its fundamental goal "promot[ing] the emotional and financial well-being of all families and children through the coordination and delivery of faith-based and community services that support healthy relationships, strong marriages, and responsible fatherhood" (Healthy Families Nampa [HFN], n.d.). Table 2-1 outlines HFN's specific goals, which include creating a community coalition and establishing community norms to support healthy marriage, helping participants build the knowledge and skills necessary for healthy marriages and families, reducing the number of divorces and nonmarital births, and improving child support enforcement in various ways.

For HFN, the link between healthy marriage and child support enforcement objectives is that the services offered for premarital and married couples will "help improve relationships, thereby preventing divorce and reducing the need for child support services and other social service support programs," including child support enforcement (HFN, n.d.). In the case of divorce, HFN aims to provide services that will increase the likelihood of responsible,

[2] These data come from the 2000 U.S. Census and refer to related children under 18 in families.

involved parenting, including at a minimum the payment of child support. When marriages do not take place or end in divorce, HFN will try to improve cooperation in establishing paternity, obtaining support orders, and attaining compliance (Idaho Department of Health and Welfare [IDHW], 2003).

Table 2-1. HFN Initiative Objectives and Goals

HFN Marriage and Family Objectives

- Build knowledge and skills for healthy marriages, fatherhood, and parenting
- Create a community coalition to build and sustain healthy marriages
- Establish community norms in support of healthy marriages
- Reduce the number of divorces in the Nampa area
- Reduce the number of out-of-wedlock births in the Nampa area
- Provide professional premarital instruction
- Develop a community marriage policy for clergy to encourage healthy marriages
- Promote marriage enrichment and couple-to-couple mentoring
- Increase involvement of faith- and community-based organizations in healthy marriage promotion activities

HFN Child Support Enforcement Goals

Taken together, achieving the above marriage and family objectives is intended to support the following child support enforcement goals:

- Improved compliance with support obligations by noncustodial parents
- Increased paternity establishment for low-income children born to unwed mothers
- Collaboration with court agencies to assure support for children for whom child support is requested
- Direct intervention with two-parent intact and "single but coparenting" households to emphasize the importance of financial and emotional support for children.

Source: Nampa, Idaho, Waiver Terms and Conditions.

To implement these goals, HFN has developed a model that allows for a loosely structured, evolving coalition that builds on existing resources in the community and also seeks to expand the premarital, marriage, parenting, and fatherhood education and counseling services available. The initiative is focusing on reaching all members of the Nampa community, including making services available to the low-income population. HFN leaders see the possibility that HFN-related services will equip participants with preventive tools that will diminish their future need for social services (IDHW, 2003).

The specific activities HFN is sponsoring and/or facilitating are discussed in greater detail in Chapter 3. Overall, the activities are characterized by a breadth of strategies, a wide range of providers, an extensive outreach effort, and a flexible approach that allows for continuing program evolution as coalition members learn from their experience and respond to changing needs and opportunities.

HFN's role in reaching individuals and couples involves coordinating existing marriage-education and family support activities and working to expand both the types and availability of services by such means as instructor training sessions for community-based facilitators. HFN initially identified and recruited into the coalition members of the faith community who were already providing premarital and marriage enhancement services and others who were interested in offering these services. The coalition provided train-the-trainer activities to these local clergy so they could offer better and/or expanded services. In addition, HFN sought out and contracted with secular providers offering premarital, marriage enrichment, and parenting education and counseling (or who were interested in doing so). Finally, after a lengthy research period, HFN selected *Family Wellness: Survival Skills for Healthy Families* (hereafter *Family Wellness*), a comprehensive curriculum focused on family health and well-being, as its "core" program curriculum (Family Wellness Associates, n.d.). By summer 2005, HFN had both offered *Family Wellness* to participants directly and conducted *Family Wellness* train-the-trainer activities for community leaders and service providers so that the curriculum would reach out into the community to increase the program's availability.

In addition to facilitating and providing services, HFN has developed an extensive local outreach campaign. It has established relationships with local media outlets, including the Nampa community newspaper and a local television station, and has pursued other methods to increase community education and awareness. HFN also sponsors events and campaigns each year to raise public awareness of the importance of healthy families and responsible fatherhood, focus attention on family issues, and provide educational opportunities for the public.

2.1.1 The Birth of HFN: Building on Existing Community Linkages

Many of the community actors central to the formation of HFN had previous experience developing community coalitions aimed at improving child and family well-being. The opportunity to apply for Federal CHMI waiver funding allowed coalition organizers to create a new entity to pursue healthy marriage and relationship efforts with greater focus and intensity than would otherwise have been possible. (Appendix B provides a timeline of HFN's development.)

Although a number of Nampa's community organizations, in particular churches and other faith-based organizations, had been involved for some time in independent efforts to prepare couples for marriage and support healthy marriages and responsible fatherhood, there had been no formal communitywide coordination of these activities prior to the decision to apply for a Section 1115 child support waiver. However, the community did have a history of successful collaborations, both within the faith-based community and between other partners. In particular, two prior community coalitions organized to improve the lives of Nampa's children, youth, and families preceded the formation of HFN and set the stage

for its development. Several coalition members attributed much of the early success of HFN to the "solid base" built by those past collaborations.

The Healthy Nampa Healthy Youth (HNHY) coalition was formed in 1995 to focus on creating a positive, healthy environment for youth in the community. From this early initiative, several members of HNHY who later became involved with HFN gained valuable experience in program design, planning, and implementation, as well as developing strategies for changing community norms.

The second coalition effort entailed a 3-day symposium in 2001 for faith-based leaders and government officials seeking ways for churches to become more involved with public service agencies to address Nampa's social needs, particularly those of children and families. Described by one symposium participant as an opportunity to explore ways "to take the church outside of its four walls to serve the community," the meeting helped participants develop strategies for forming partnerships between faith-based organizations and the public sector. A major outcome was the commitment of many participants to pursue further collaborative efforts to improve the well-being of the community's children and families.

In 2002, staff from the public welfare agency, the IDHW, presented information about the potential availability of Federal 1115 waiver demonstration funding to the Nampa Ministerial Association (NMA), a social services/community activities organization comprised of members of the faith-based community. A core group of NMA members, some of whom had participated in the two earlier collaborations, recognized the link between the goals of the 1115 waiver demonstration and their own commitment to improving family well-being. They convened a group of community partners that took the lead with IDHW staff to apply for a Federal waiver grant. Some participants in the early planning of HFN said they saw a healthy marriage initiative as a logical extension of their work to establish positive community norms and practices in support of families and youth. The team also viewed the launch of a healthy marriage initiative as an opportunity to address both the increasing divorce and out-of-wedlock birth rates in Nampa. In addition, there was a sense that receiving Federal waiver funds would not only provide them with much-needed financial assistance but would also legitimize their efforts and garner additional local support, hopefully resulting in increased communitywide interest and involvement.

During the initial design and grant-writing phase, the core NMA planning team brought in additional partners whose commitment and participation were considered essential, including those from other faith- and community-based organizations, and state and local government agencies. IDHW offered technical assistance and support during this phase by providing a grant writer and a facilitator for a series of community focus groups. These groups were convened to assess key community members' perspectives on existing premarital, marriage, parenting, and fatherhood services available in Nampa and to decide how best to design the initiative's framework. Team members also contacted staff from

existing marriage programs in Grand Rapids, Michigan; Seattle, Washington; Chattanooga, Tennessee; and Oklahoma to draw on their experiences in designing and implementing similar community initiatives.

One of the first efforts of the coalition, begun prior to the award of the waiver, was the development of the Community Marriage and Family Agreement (CMFA). This was a statement stipulating that members of the clergy would support healthy relationships, families, and marriages and agree to marry only couples that had participated in premarital counseling. Over 26 faith leaders signed this agreement at the HFN kickoff event in summer 2003, and by mid-2005 more than 52 faith leaders had signed the CMFA, representing over 60 percent of Nampa churches. HFN leadership also discussed working with Nampa justices of the peace to obtain a similar agreement for civil weddings, although as of September 2005 no formal agreement had been established.

The design of the HFN model that emerged from these initial meetings was a product of both the requirements of the waiver and the various perspectives of the team. While many of the initial coalition members were affiliated with religious organizations operating in a strongly faith-oriented community, the planners recognized they needed to recruit secular partners to secure widespread buy-in from the community. In addition, concern about the important role of fathers in fostering child well-being also led the team to include a responsible-fatherhood education component.

To secure and use Federal funds, the team needed to find a fiscal agent and to develop a plan for the waiver's local match funding requirement. The team decided that the City of Nampa would act as the fiscal agent for the initiative, in part because the Mayor felt strongly about maintaining city involvement in the project. Although the state government supports the project by covering certain administrative and operational costs (described below), neither the state nor city government provided the match for accessing Federal funds. Instead, HFN had to expend administrative time and effort to meet the required local match through contributions from private sources, such as churches, community organizations, businesses, foundations, and other private donors. Reaching out for contributions may have added to HFN linkages a large array of local individuals and groups, particularly businesses.

The availability of the Section 1115 waiver funding for healthy marriage initiatives was a major impetus for the development of Nampa's Healthy Marriage, Responsible Fatherhood Community Demonstration Initiative. In another pilot CHMI site, waiver funding stimulated the expansion of preexisting, organized marriage education efforts. As one HFN coalition member noted, this initiative "… is not something [preexisting] that reinvented itself." Once the design and grant-writing process were underway, however, a consensus developed among the coalition members that they had sufficient interest and momentum to continue

to move a healthy marriage initiative forward, even if they were to fail to receive grant funding (see Appendix C for a list of coalition members).

2.1.2 Program Funding, Costs, and Outlays

HFN received a waiver award allowing the state to spend up to $554,400 in Federal funding over a 5-year period, or about $111,000 per year. Since a local match of $1 is required for every $2 of Federal funds, the total local funds necessary to use the entire Federal allocation is $285,600.[3] HFN began obtaining sufficient matching funds to start drawing down Federal funds in February 2004. As noted, the funds came not from state or local governments, but instead from donations from churches, community organizations, businesses, foundations, and other private sources.

During the first year and a half of the initiative, the coalition struggled to raise money. Fundraising was a major concern and led to the creation of a comprehensive development plan. Efforts to secure the total match requirement through a private foundation grant were unsuccessful. The coalition established a fundraising committee and recently hired a new executive director to, among other duties, focus on fundraising efforts and implement the development plan. Recent efforts to generate funds through special community activities (such as a fundraising banquet and a community yard sale/raffle) and donations (from the local Chamber of Commerce and other sources) appear to have been successful, and additional efforts are underway. While some coalition members suggested that additional funds would allow them to improve their marketing efforts, others indicated that funding constraints were not limiting or delaying their ability to provide program services.

HFN's major direct costs are the executive director's salary, contracts for services offered by the secular providers, a contract for media support, and purchase of *Family Wellness* and other curricula.[4] It is important to note, however, that waiver funds pay for only a portion of the services HFN offers. HFN has been very successful in collaborating with community partners that provide services to participants at reduced or no cost to the project (described further in Chapter 5. For example, no waiver funds are used for services provided by the many faith-based providers, or by one of secular providers, the Nampa School District.

2.2 Building and Organizing HFN

2.2.1 The Coalition Guiding HFN

The HFN coalition plans, coordinates, and oversees all HFN activities and operations; organizes community events; and develops new resources. Although still anchored by its

[3] The waiver's terms and conditions stipulate that funding from private sources constitute the match for federal funds.

[4] These were the major direct costs by January 2005 at the time of the national evaluation team's site visit.

original faith-based leadership team, the coalition currently includes a strikingly large number (approximately 50) of active members, representing a diverse cross-section of the community.[5] It is governed by an 8- to 12-member Executive Committee, elected by the coalition as a whole, that includes representatives from both the city government and state IDHW. A salaried executive director, who is responsible for day-to-day management of HFN, reports directly to the Executive Committee, although he is a city government employee. The coalition meets monthly and generally has about 25 to 30 members in attendance at each meeting. Again, the ability to attract such a large number of unpaid members to monthly meetings indicates a considerable success in mobilizing community involvement. Figure 2-1 illustrates the organization of HFN.

The original HFN coalition has continued to reach out to additional faith-based and other community organizations to expand its reach and the service delivery capabilities. Current members include representatives of about 20 churches or wards from a range of largely Christian denominations, city government, state government (including IDHW, Idaho Department of Corrections, and the Idaho Department of Vocational Rehabilitation), Mercy Medical Center, local media (both print and television), domestic violence service providers, Northwest Nazarene University, the Western Idaho Community Action Program (WICAP) Head Start program, Idaho Migrant Council, Nampa School District, the Nampa Police Department, the Salvation Army, and other relationship education and counseling service providers (Appendix C provides a complete list of coalition members).

A distinction is made between (1) the core coalition members, which include those organizations that are involved in the provision of services, attend trainings, and/or volunteer regularly at events and (2) the broad coalition members, which include those members that send representatives to monthly meetings and provide support for the project's goals but are not necessarily involved in week-to-week activities. Over time, organizations may shift roles.[6]

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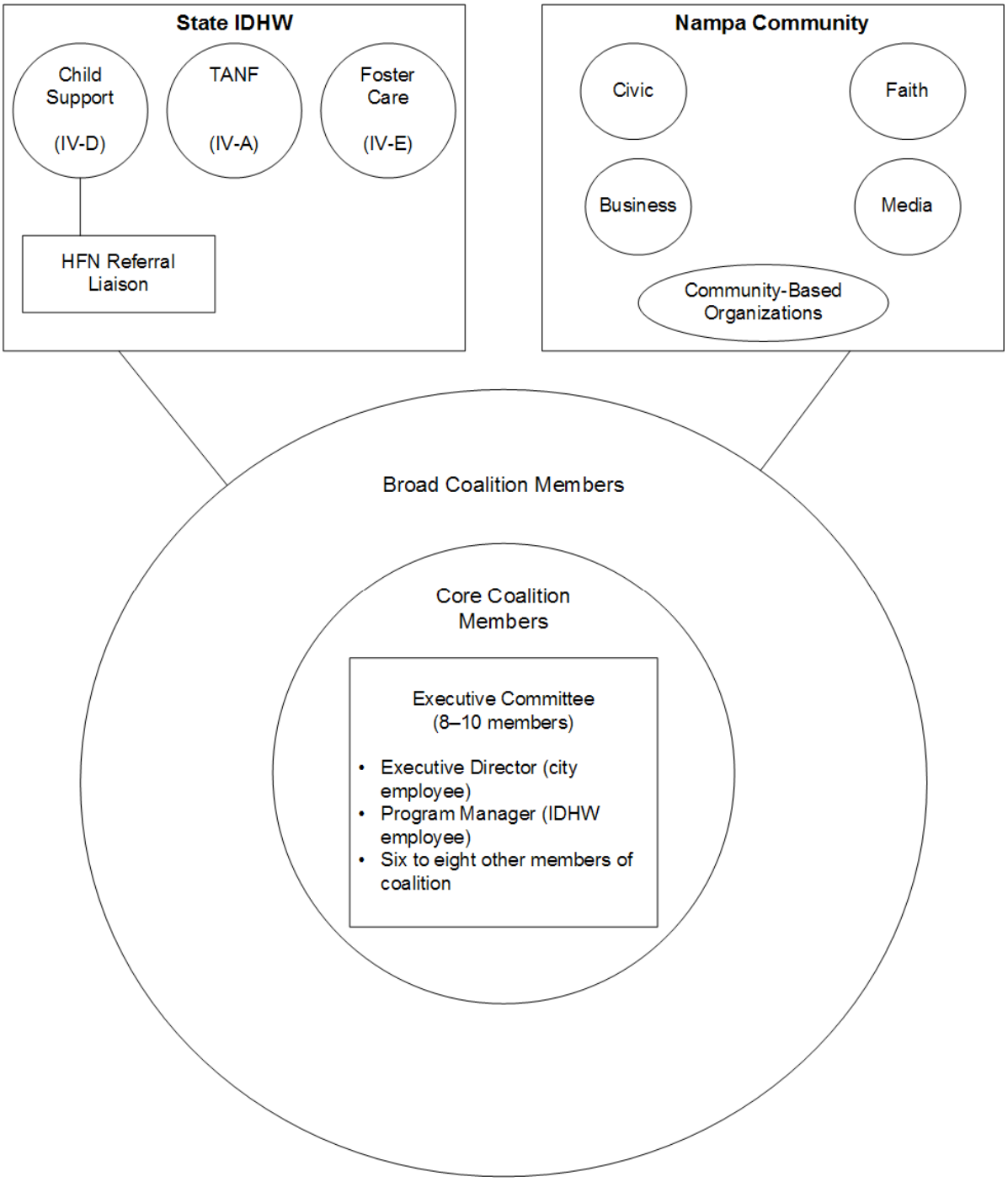
[5] Active members are defined as those individuals and/or organizations who attend two or more coalition meetings and/or functions in a 6-month period. Many additional faith-based organizations in the Nampa community appear to consider themselves members of the HFN coalition despite the fact that they do not regularly attend meetings.

[6] For example, Mercy Medical Center was initially a member of the broader coalition, but became a core member when a paternity acknowledgement component of the initiative was instituted and the hospital became a service venue and provided staff time for this new program.

Figure 2-1. HFN Organizational Chart



HFN aims to "connect couples and families in the community with existing faith-based and secular services" and "create new programs to meet currently unmet needs and reach more isolated segments of the population" (Families Northwest, n.d.)."[7] Potential coalition members are therefore recruited for membership both because of the diversity of their community perspectives and because of their organizational resources and linkages to populations the coalition hopes to serve. For example, the core team identified and targeted for recruitment secular service providers, such as Montgomery Counseling, to expand the coalition's reach by providing parenting and marriage education services that are not faith-oriented, thus complementing services available through local churches. The WICAP Head Start program was recruited because of its links with low-income parents. It also assisted the coalition in providing instructor-training sessions focused on the *Family Wellness* curriculum. Representatives of the media are also considered essential members of the coalition. Nampa's community newspaper, the Idaho Press Tribune, provides valuable support by running biweekly columns authored by HFN coalition members. KTVB, an NBC affiliate, is another media supporter of coalition activities, providing public service announcements promoting the coalition's mission and extensive coverage of HFN events and activities.

In addressing the needs of Nampa's Hispanic population, the coalition has devoted considerable effort to recruiting churches with a high percentage of Spanish speakers and to working with the Idaho Migrant Council, an umbrella organization that provides Head Start and other programs for seasonal agricultural workers. *Family Wellness* classes in Spanish are offered by facilitators from the Idaho Migrant Council. Ongoing recruitment of new members, such as these with linkages to key target populations and valuable resources, is seen as essential to HFN's continued growth and success.

According to several members, the coalition now includes solid partnerships among this diverse array of organizations and government agencies. These relationships have evolved over time. Early on, coalition members reached out to secure the cooperation of leaders from a range of groups, including some that had collaborated previously and others that had not. Initially, some churches were reluctant to become involved with a program that included government agencies as partners and, in fact, a few declined to participate for this reason. Coalition leaders said they worked hard to facilitate effective relationships among a variety of faith partners, some of whom had not collaborated previously.

Some representatives of secular organizations hesitated initially to become involved with a faith-based initiative, but several indicated that they were won over by the coalition's success in bringing such a variety of organizations together, by the importance of HFN's goals, and by a sense that the coalition could ultimately be effective. One member noted

[7] Families Northwest, Northwest Marriage and Family Movement, "Healthy Families-Nampa," http://www.familiesnorthwest.org. Downloaded 12 August 2005.

that the breadth of the coalition's membership "legitimizes the efforts of HFN in the community" and that key participants have given HFN particular credibility because they were well respected and familiar to many community members.

2.2.2 Establishing Linkages with the Child Support System

Given that funding for the Section 1115 waivers authorizing the community initiative efforts comes from the Federal OCSE, the CHMI's success will depend at least in part on its ability to improve linkages with local and state child support systems. In an effort to accomplish this goal, HFN has managed to create strong linkages between the HFN coalition and the child support system. IDHW, the state agency responsible for child support and welfare programs, is HFN's lead administrative agency and has been involved with project activities from the initial stages. IDHW provided significant technical assistance to HFN during the design, grant-writing, and early implementation phases. Critically, IDHW now loans staff to the coalition, including the former deputy administrator for the child support (IV-D) and TANF (IV-A) programs as HFN's contract monitor/program manager. The program manager is a key member of the coalition's Executive Committee and provides guidance on all aspects of the project, including integration of the child support objectives. Another IDHW employee, the HFN referral liaison, is responsible for facilitating and monitoring the recruitment and referral process. The child support and TANF programs are major sources of participants, linking the coalition to the child support system at the programmatic level. Finally, the in-hospital paternity acknowledgement program at Mercy Medical Center constitutes another linkage between HFN operations and the child support system (recruitment and in-hospital paternity are discussed in more detail below).

Overall, coalition members have accepted the inclusion of child support objectives, noting that HFN's guiding mission is "to help support children financially and emotionally." In the words of one service provider and coalition member, "We're trying to help fathers to be responsible, trying to help strengthen couples and what's happening with kids, and you can't separate child support from the strength of couples. We didn't see that as problematic."

Despite general acceptance among the coalition members of the integration of child support and HFN's other goals, some respondents expressed concerns about the role of the child support agency as HFN's lead agency. They suggested that it may limit the range of options available to the coalition since ultimately child support goals must be addressed. One respondent noted that in considering possible program options, the coalition "is challenged to create a link [with child support] or [it must] not use waiver funding for that piece of business."

2.3 Developing HFN's Services and Activities

After spending much of 2003 forming the coalition, building the infrastructure, and developing visibility and garnering support through community outreach and media coverage, HFN staff focused on making arrangements for provision of direct services. Table 2-2 summarizes HFN service providers and the types of resources each one provides.

Table 2-2. HFN Service Providers and Resources

Names of Providers	Premarital Education	Family & Marriage Wellness Counseling	Mentoring Services	Parenting & Family Education Classes	Fatherhood and Paternity Acknowledg-ments
Catholic Charities (HFN Contract)	✓	✓		✓	
Church of the Brethren	✓	✓			
Church of Jesus Christ of Latter Day Saints	✓	✓	✓	✓	✓
Crosswalk Counseling	✓	✓			
Families ETC (HFN Contract)	✓	✓		✓	
First Christian Church	✓	✓	✓	✓	
First United Presbyterian Church	✓	✓	✓	✓	
Greater Life Church	✓	✓			
Hope's Door					
Idaho Migrant Council				✓	
La Trinidad Church of the Nazarene	✓			✓	
Lifeline Pregnancy Care Center	✓			✓	✓
Mercy Medical Center					✓
Montgomery Counseling (HFN Contract)	✓	✓		✓	
Nampa First Church of the Nazarene	✓	✓			
Nampa First United Congregation	✓	✓			
Nampa School District				✓	
Real Life Community Church	✓	✓			
Salvation Army	✓	✓		✓	
St. Paul's Catholic Church	✓	✓	✓	✓	
Valley Crisis Center					
Victory Christian Church	✓	✓			
WICAP Head Start	✓			✓	✓

2.3.1 HFN's Mixed Service Approach

HFN's approach to providing marriage, relationship, and parenting services involves multiple components and has evolved over time. The menu of services and programs has grown significantly since the early planning period, but it has generally taken three basic approaches:

- identifying and helping to improve and expand existing relationship and parenting services within the community, especially to members of HFN's target populations.
- selecting and offering a core relationship-skills curriculum and facilitating its diffusion throughout the community by training instructors from other organizations.
- working with community partners to pursue other initiatives such as in-hospital paternity acknowledgment and prisoner reentry mentoring that generally complement HFN's goals and provide other sources of referrals.

Initially, in 2004, the coalition built on existing marriage and family services by networking with faith-based and secular community partners to identify available individual counseling services and group programs. Coalition members reviewed partners' counseling approaches, curricula, and class offerings to determine which were most suitable for addressing the needs of HFN target participants and meeting HFN's goals. At the same time, HFN worked closely with some providers to expand and improve their services by suggesting new classes or additional appropriate curricula, and, in some cases, providing training to staff or volunteers. The coalition also created a referrals coordination system to facilitate participation in these services by people who might not have had access to them previously.

Key coalition members conducted a lengthy search for a core relationship skills-building curriculum and ultimately selected *Family Wellness*. HFN plans to make this program available throughout the community by providing training for instructors from partner agencies who, in turn, conduct sessions at various locations. HFN conducted initial train-the-trainer sessions in December 2004. HFN coalition members began providing group relationship-skills classes using the *Family Wellness* curriculum in January 2005. Presented in six 2-hour sessions, the *Family Wellness* course teaches families how to function in a healthier manner. Each class consists of coaching and demonstrating skills and practicing the new skills through role play and activities. Families are trained in such areas as practical life skills aimed at strengthening, supporting and empowering families; conflict resolution, problem solving, ways to support and encourage one another; effective disciplining; how to build on family strengths and bring out the best in each other; alternatives to physical punishment; and tools to encourage self-esteem and confidence in both children and parents. The classes also address issues related to marriage. As of summer 2005, approximately 25 faith-based and 3 secular providers were providing counseling and/or classes to HFN families, couples, and parents in English and in Spanish. Participants in Family Wellness sessions are offered modest refreshments, and HFN uses incentives to

encourage attendance at Family Wellness classes - including raffles with prizes for attending, such as matching watches, microwave ovens, and children's toys. As of September 2005 10 Family Wellness classes have been provided. Participants in the focus group noted, however, that the provision of child care would also be helpful.

HFN is developing and/or has implemented a number of other programs to meet the objectives of the CHMI. The in-hospital paternity acknowledgement partnership is directly tied to the child support goals of the CHMI, whereas the offender reentry mentoring program and the fatherhood initiative are aimed at improving how individuals function with their families but can indirectly lead to improved child support outcomes. Although these programs are continuing to evolve, it is useful to examine their early development.

- **In-Hospital Paternity Acknowledgement**. HFN designed and implemented the in-hospital program paternity acknowledgement program through a partnership with Mercy Medical Center (MMC), Nampa's only hospital. The program was designed to educate unwed parents about the paternity acknowledgement process and its benefits for children, and about HFN services. It was expected to be an additional referral source for other HFN services, such as *Family Wellness* classes. HFN coalition members presented the program concept to MMC administrators. They recognized that *The Power of Two*, the OCSE film describing the paternity acknowledgement process and its advantages, presented much of the information its nursing staff was already required to share with new unwed parents, thus potentially simplifying their work. All new unwed parents are now shown *The Power of Two* and provided with additional information on the paternity acknowledgement process.[8] At this time, parents are also informed of the marriage education services offered by HFN coalition members. This is a notable achievement of the Nampa CHMI. Additional efforts to strengthen paternity acknowledgement have been made through delivering *The Power of Two* video and program to WIC, Head Start, and Lifeline Pregnancy Care Center partners.

  Unwed parents are given information about HFN parenting and marriage education services. Those who are interested fill out a referral form, which is collected weekly by HFN staff. This program has been operational for more than 6 months. As of summer 2005, about 15 new parents had indicated interest in HFN services, but after HFN staff followed up with them, they withdrew their interest. Some concerns about parents misunderstanding the referral form to be part of the birth certificate process are being resolved.

  HFN is considering having a Spanish speaker follow up with the relatively high number of Hispanic parents who initially expressed interest in services. Although this initiative has not yet proven effective in recruiting HFN participants, it may have affected paternity establishment. Efforts are underway to obtain state vital statistics

[8] Implementation of this was somewhat delayed. Because of the high percentage of Hispanic births in the hospital, MMC would not agree to show the film until a Spanish language version was available. In addition, technological complications delayed installation of DVD players in all hospital rooms on the maternity ward. Recently, several other community partners such as Lifeline Pregnancy Crisis Center and the Head Start program have indicated interest in incorporating both the English and Spanish versions of the *The Power of Two* into their programs, and HFN has received inquiries from other hospitals and organizations locally and throughout the state and region that are interested in implementing a similar program in their hospitals.

data to compare the number of completed paternity acknowledgements for the first period of program operations with an equivalent time period for the prior year to provide evidence about a possible HFN impact.[9]

- **Offender Reentry Program**. HFN has been collaborating with the Idaho Department of Corrections and several faith-based organizations to develop an offender reentry and family reunification program. The goal is for offenders to achieve a successful transition back into their families. HFN is attracting support and tools from the community in an effort to reach this goal. Under the current plan, teams of trained mentors from participating churches and wards will coach offenders identified by Department of Corrections staff and their family members, meeting with them beginning 6 months prior to release and continuing the mentoring relationship until 6 months after release. These participants will take *Family Wellness* classes and will also receive employment assistance. HFN has held mentor training sessions, and the program will be implemented once appropriate program leadership and participants are identified. A search for a project coordinator to manage this initiative is currently underway.

- **Fatherhood Initiative**. Although still in the early stages, HFN is also collaborating with the National Fatherhood Initiative to develop a pilot program that involves working with local businesses to help them become more family- and father-friendly, while becoming more productive. Using the *Family Wellness* curriculum, HFN will provide employees of local businesses with information and training in an effort to help fathers be more effective and responsible at home and at work. This is an example of an approach designed to improve family functioning which might have the important byproduct of improving how people function at work. The curriculum teaches skills required at home and work, such as communication and problem-solving skills. Other activities focusing on responsible fatherhood include the March for Fathers Campaign, including collaboration with KTVB, and the annual Fathers' Day events, which are described in more detail below.

- **Access to Visitation Operation**. Started in June 2005, this program was constructed in cooperation with the Family Courts Coordinator in Idaho to provide a neutral space for families to meet. The program is designed to provide a child-friendly environment where absent parents can visit their children through supervised or semisupervised exchanges. The program is mainly aimed at families going through divorce; for them, the provision of a neutral space to meet and discuss difficult issues may be particularly beneficial. Educational opportunities on both healthy parenting and marriage will also be offered to parents. The hope is that the program will encourage absent parents to remain involved in parenting even if they are no longer married.

2.3.2 Linkages with Providers of Domestic Violence and Other Supportive Services

HFN works with three domestic violence service providers with a range of experience in the Nampa area: the Valley Crisis Center (a longtime community provider), Hope's Door (established in mid-2004), and the Nampa Family Justice Center (which received a $1

[9] MMC staff indicated that they are also training more administrative staff as notaries to make the completion of acknowledgement forms more convenient for new parents.

million grant in 2005 from the U.S. Department of Justice to set up a domestic violence services "one-stop" center). All three organizations are members of the HFN coalition.

One central requirement of the waiver demonstration is development of a protocol for addressing the potential for domestic violence among participants or applicants for services. These three local domestic violence service providers participated in this process, working with HFN staff, coalition members, and staff from the Lewin Group[10], the Federal technical assistance provider, to develop the protocol for identifying and referring cases of domestic violence. The protocol was finalized in spring 2005 after being reviewed by all three domestic violence service partners and all members of HFN's Executive Committee. HFN shared the protocol with all coalition members so that they could incorporate any appropriate awareness and screening procedures into their own organizations.

The process of developing the protocol involved negotiation and managing philosophical and other differences between some coalition members. One domestic violence provider expressed concern that the initial protocol was inadequate to protect victims. Some coalition members, including both domestic violence and faith-based service providers, also indicated concern that faith-based providers may be too slow or unwilling to recognize the signs of domestic violence, and that they risked damaging families if they encouraged some couples to stay together. One provider said her organization had offered to conduct training in domestic violence issues for coalition members, particularly faith-based members, but noted that interest was weak. Despite these concerns, another coalition member noted that HFN staff had done a good job of keeping the domestic violence community involved in development of the protocol and the initiative as a whole.

HFN's screening for domestic violence is conducted by the IDHW referral liaison and other caseworkers at the point of referral. If they suspect domestic violence, the applicant is offered a referral to one of the domestic violence service providers and is not sent on for HFN services. Cases where domestic violence referrals have been made are flagged in the HFN MIS system. In the initial screening process, only a small proportion self-identify for domestic violence. Given that the screening process cannot catch all cases of domestic violence (victims may identify themselves later, after building a relationship with a provider), the service providers are attuned to looking for signs of domestic violence and can themselves refer victims to domestic violence services at any point.

With regard to linkages with other support service providers, coalition members noted that several partnerships with other coalition members have made them more aware of the range of services available in the community and more likely to refer to other providers

[10] The Lewin Group provides technical assistance to CHMI sites to support the development, implementation and evaluation of the demonstrations. Lewin assists sites with developing their management information system, with strategic planning, guidance on coalition building, as well as providing information on funding, experts in the field and capacity building.

cases they are not equipped to handle. For example, one secular service provider noted that she had received a referral from a faith-based provider who realized that one of his clients had more serious issues that needed a professional counselor. One area they have not addressed is jobs and job training. As of mid-2005, HFN had not established formal linkages with employment service providers, except for the TANF work program to which TANF recipients would be referred even in the absence of HFN.

2.3.3 Media and Outreach Efforts

Media messages about healthy marriages and healthy families are a way of reaching the community above and beyond provision of marriage education and relationship support services. An essential component of HFN is its extensive media and outreach campaign.

HFN has solid, generous, and enthusiastic support from members of the media that serve the Nampa community. Representatives of local newspapers and television stations are not only active members of the HFN coalition but are also significant partners in its efforts to raise awareness and share information about healthy marriages and families and to change community norms in Nampa and surrounding communities.

The coalition has adopted a multipronged outreach strategy, focusing on building its name recognition and raising its visibility in the community and on disseminating information about HFN's marriage and family education services for recruitment purposes. In addition, media partners play a major role in sharing information about the importance of healthy parenting relationships and healthy marriages to the well-being of families and children.

The KTVB Media Group is a key supporter of the HFN initiative. Among its outlets is KTVB News Channel 7, which serves a 13-county area that includes Nampa. It is the top-rated television station in the area in terms of market share. A second television station in Twin Falls, a 24/7 cable news channel, is also a member of the KTVB media organization. KTVB has a longstanding history of public service involvement; a prior KTVB campaign focused on drug abuse prevention. KTVB's mission statement indicates the overlap between its goals and those of HFN, "We will be the catalyst for meaningful public service campaigns targeted to building stronger families and children in Idaho."

In March 2004, KTVB worked closely with HFN members to launch "March for Fathers," a month-long campaign to promote responsible fatherhood. Featuring public service announcements (PSAs) with news anchors and other local personalities describing their views on the importance of fathers, the campaign also included Sunday "Viewpoint" programs with Dr. Roland Warren, president of the National Fatherhood Initiative, and with HFN coalition members, as well as related news stories. Station executives and coalition leaders estimated that KTVB donated the equivalent of over $90,000 in PSA production and airtime, Internet promotion, and news and public affairs programming during the 30-day period. Through its various media outlets, KTVB executives claim to have "reached an

estimated 90 percent of households in the Boise designated market area, with a frequency of 30 times."

A similar campaign, "March for Healthy Families," devoted to promoting healthy families, was conducted in March 2005. Throughout the month of March, HFN's healthy family message was promoted through biweekly newspaper articles, several daily PSAs, and a seminar with Gary Smalley entitled "DNA of Relationships."

Because of KTVB's expansive reach across the state, information about HFN's mission and its message reach well beyond the Nampa community. Although HFN has a small contract with KTVB for direct services such as advertising, these costs are matched many times over by the value of the additional coverage the initiative receives.

Print media coverage is provided by the Idaho Press Tribune newspaper, which covers local issues in Nampa and the surrounding Treasure Valley area. Coalition members write biweekly articles, focusing on issues related to the initiative such as domestic violence prevention or responsible fatherhood. The paper also provides extensive coverage of coalition-sponsored outreach events such as Operation Yellow Ribbon, honoring and supporting military families. An initial site-sponsored survey of the community indicated that in fall 2004, of those who had heard of Healthy Families Nampa, 38 percent had heard about HFN through television, 30 percent through newspaper media, and 18 percent through word of mouth.

In June 2005, the coalition launched the first phase of the HFN Web site (http://www.healthyfamiliesnampa.org). Although still evolving, the Web site is designed to serve as both a resource tool and an outreach mechanism. Currently, the site provides information about the mission of the coalition and its available services. Visitors to the site can sign up for online classes, and an e-mail feature helps interested individuals contact the IDHW web manager directly to inquire about classes or other services. The site also provides information about upcoming coalition-sponsored events, as well as links to related sites such as an IDHW site providing instructions for paternity establishment. HFN intends that in the future the Web site will also be capable of collecting donations online.

In addition to the outreach efforts supported by the local media, HFN has sponsored and participated in community outreach events and activities in order to support healthy families generally and to provide information about HFN and its services. These events have occasionally included fundraising activities. Examples include

- **Father's Day Event**. HFN sponsors an annual community picnic and fair that provides educational and entertainment activities for fathers and their children. This event provides HFN with community visibility and the opportunity to share educational information about healthy marriage, parenting, and effective fatherhood.

- **Operation Yellow Ribbon**. This event honors military personnel serving overseas and their families. At the event held in September 2004, the week's activities

included a free public concert, a community car wash, a free family picnic, and food distribution to families. More than 400 people participated. HFN distributed family-education information and invited families to contact HFN for additional services. The coalition repeated this event in September 2005.

- **Celebration of Marriage Week**. HFN is an active participant in National Celebration of Marriage Week, held during the second week of February. The celebration was officially proclaimed by Idaho's Governor Kempthorne and Nampa's Mayor Tom Dale and included festivities and press coverage honoring area couples with the long and successful marriages, and special services held in local churches. This year luncheons and weekly activities took place all week, with a marriage celebration at the end of the week where marriage ambassadors were selected and honored at the celebration.

- **Addressing Gang Violence**. In December, HFN sponsored a roundtable "Reclaiming the Family Turf: Building Strong Families" with the Hispanic Cultural Center of Idaho to address how stronger families can help reduce gang violence. The goal of the roundtable was to discuss the increasing gang-related violence in Nampa. George Doub, cocreator of *Family Wellness*, was invited to speak about how families can get involved with their children to diminish the likelihood of their involvement with gangs and violence.

Finally, HFN has mobilized political leaders to attract their public support for healthy marriage and healthy family programming. HFN has worked with Idaho legislators to help pass House Concurrent Resolution No. 21, sponsored by Senator Patty Ann Lodge and Representative William Deal. The legislation recognizes the importance of high divorce rates; the value of a healthy marriage; and the ability to learn skills to have better, healthier relationships. It aims to improve public awareness about the value of a healthy marriage, promote the well-being of children, and encourage healthy marriage standards when developing new public policies. In addition, the legislation states that it will "encourage public programs to reduce the disincentives to marriage in means-tested aid programs and social service programs."

3. INITIAL OPERATIONS OF THE HFN COMMUNITY HEALTHY MARRIAGE INITIATIVE

The ultimate purpose of all the planning and early development of HFN described in Chapter 2 is to help individuals and couples build healthy marriages and improve family functioning and to increase compliance with child support provisions while reducing the need for formal child support by increasing the share of children growing up with both parents. Although this study cannot determine HFN's impact on these goals, this report can offer an initial look at the actual provision and utilization of services. The focus of this chapter is on classes, counseling, and related services to individuals and couples provided directly through the HFN coalition, both in faith-based and secular organizations. Before presenting the specifics of the services offered, we begin with the strategy for recruiting people to the provider organizations.

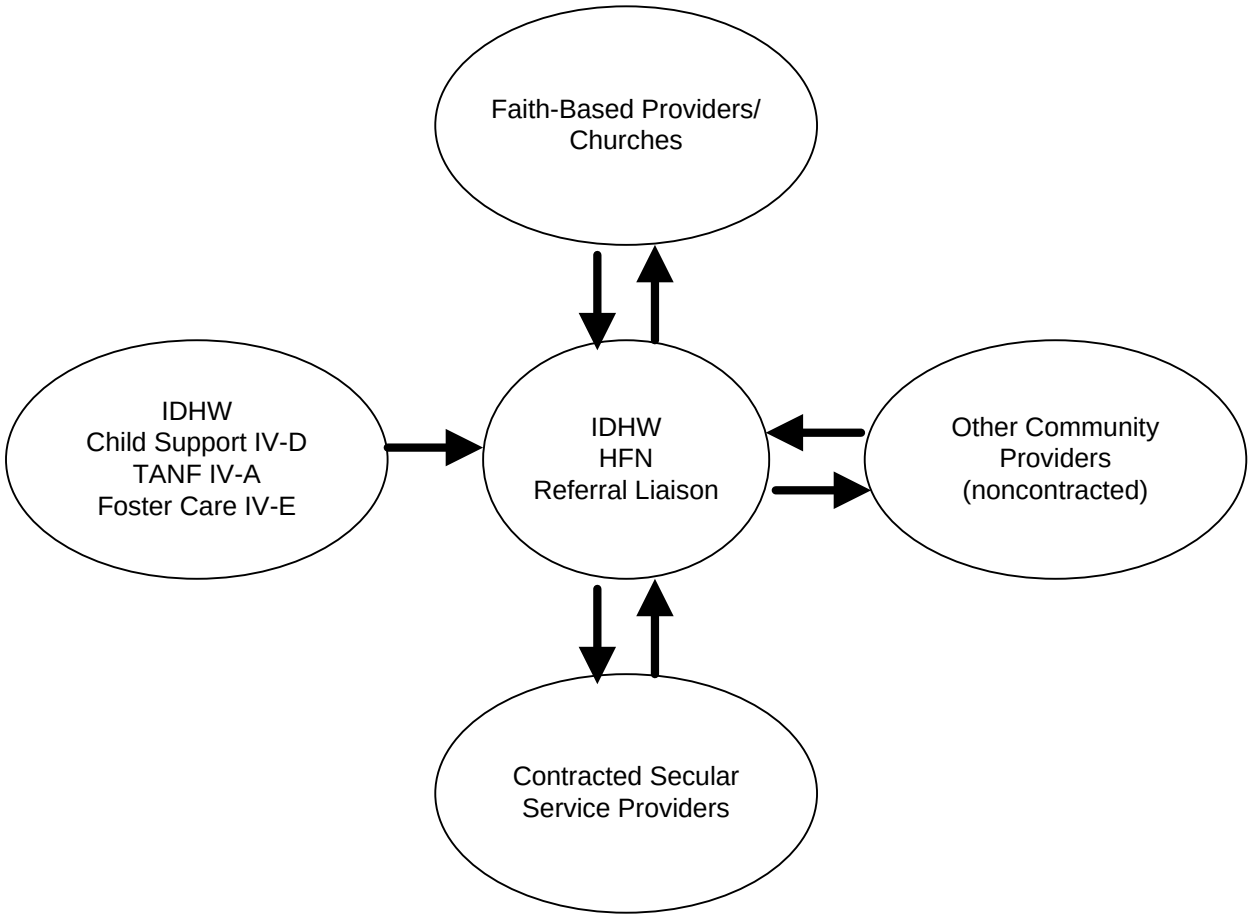
3.1 Participant Recruitment

An important step for most voluntary social programs is effective recruiting of participants. Frequently in social programs, individuals and families who are eligible for a payment or service often end up not applying for or claiming benefits, even cash benefits (Currie, 2004). As a result, reaching out and recruiting potential participants is often an important program component. In the case of HFN, the primary recruitment sources to classes and other services are IDHW's child support (IV-D) and TANF (IV-A) programs. Other sources of recruitment include private organizations such as churches and the Title IV-E child welfare program. In some cases, individuals come on their own after hearing about the programs from friends or media. While the focus of HFN is the entire community of Nampa, because IDHW is the principal source of MIS referrals, HFN is able to serve Nampa's low-income population, a group that had limited access to marriage and parenting programs. Participants recruited through IDHW programs include people receiving not only TANF or child support services but also some receiving only food stamps, Medicaid (largely pregnant mothers), or foster care (IV-E) services. Figure 3-1 shows the participant flow between different elements of HFN.

The first referrals to HFN were made through the child support program in January 2004 and later expanded to include TANF clients in April 2004. More recently, the majority of HFN referrals are coming through the TANF program. HFN implemented the referrals process in a staggered fashion to allow for any necessary adjustments.

IDHW case managers working with TANF and child support clients have been trained to present information about HFN services to all potential participants**.** Clients are eligible for voluntary participation in classes or counseling if they (or their partner or family member)

Figure 3-1. HFN Participant Flow Chart



are a Nampa resident. An HFN information sheet is attached to each program application so that clients can note interest and refer themselves to the program if they choose. Case managers may also initiate a discussion about the availability of HFN services if they sense that clients could benefit from them.

After referrals are relayed to the IDHW HFN referral liaison, this dedicated case manager screens potential participants, notes clients' choice of faith-based or secular services, and assesses the nature of the services they are requesting. All referrals are screened for domestic violence and substance abuse. If a problem is detected through the screening process, clients are referred to one of three domestic violence service providers or to substance abuse treatment and do not continue through the HFN referral process at that time. If no domestic violence issue arises, the referral liaison then makes appropriate referrals to service providers based on the participants' preferences, individual and family needs, and the availability of program space. All client-level information for the referrals that IDHW makes is entered into a Web-based MIS created for HFN.

Other area agencies and service providers may also refer potential participants to the HFN referral liaison. For example, referrals from the court system are to the IDHW referral liaison, who enters that information into the MIS. In addition, some people learn about the program though community outreach efforts such as public service announcements and articles in the newspaper and inquire to HFN directly. Some of these independent inquiries come to the HFN executive director, who passes them on to the HFN referral liaison for processing. HFN expected referrals through the paternity acknowledgement initiative at Mercy Medical Center, but as of September 2005, few participants have entered through such referrals. HFN is currently working on improving the in hospital paternity initiative, including making efforts to make the purpose of the referral form clearer, and by hiring a Spanish-speaking liaison to call parents who filled out the referral form to follow-up. HFN continues to pursue additional avenues for recruitment, including through partnerships with Head Start, WIC, and other organizations.

During the HFN's first year of operation, about two-thirds of the 365 referrals came from just two sources—the IDHW IV-A and IV-D programs (see Table 3-1). Churches and courts referred only two each. Still, a large but minority share of referrals came from other sources outside IDHW. These individuals might have heard about the program from the media, friends, or other programs or organizations.

Table 3-1. Number and Percent of Individuals in the MIS by Referral Agency: January 2004–July 2005

Referring Agency	Number of People Referred	Percent of People Referred
Benefits (IV-A)	155	42.5
Child Support (IV-D)	86	23.6
Churches	2	0.6
FACS (IV-E)	12	3.3
Justice	2	0.6
Military	1	0.3
Other Outside DHW	106	29.0
Total	365	100.0

Over half of these referrals were to secular programs, leaving 42 percent for referral to faith-based organizations. Before presenting the destinations of these referrals in detail, it is useful to examine the main organizations providing services.

3.2 HFN Classes, Counseling, and Mentoring Activities

HFN's primary services cover four core areas:

- premarital education and counseling;
- marriage education, counseling, and enrichment;
- parenting education and counseling; and
- fatherhood education and mentoring.

Services in each area are available to participants through faith-based or secular providers, some through one-on-one counseling and others in group classroom settings. As of September 2005, about 15 faith-based and three secular providers were providing counseling and/or classes to HFN families, couples, and parents. In addition, some of this service provision involves teaching relationship skills through the *Family Wellness* curriculum. Various services address family relationships broadly but also emphasize issues related to marriage. HFN is trying to extend these services models to develop complementary programs for ex-offenders and through fatherhood initiatives.

3.2.1 Services Provided by Faith-Based Providers

Members of the clergy in the Nampa area offer premarital counseling and education; marriage counseling, enrichment, and mentoring; parenting classes and education; and/or fatherhood education and counseling in a variety of formats for those HFN participants who choose faith-based services. Although the list of pastors and ministers who provide services has changed and continues to change over time, those participating represent a cross-section of Nampa's religious community. They include, for example, leaders from the Church of the Nazarene, the Presbyterian Church, the Church of the Latter Day Saints, the Episcopal Church, and the Church of the Brethren. As part of the coalition's ongoing effort to engage and serve the area's growing Hispanic population, several churches with predominantly Latino congregations have also been recruited into the program.

Since its inception, the HFN coalition has provided a number of training sessions for members of the clergy, lay ministers and other counselors on the Prepare/Enrich curricula and methodology.[11] Prepare/Enrich is a premarital education and counseling inventory tool that explores relationship issues for both premarital and married couples, and it is generally conducted in one-on-one sessions. A trained counselor or lay minister administers the inventories with couples and follows this session with four to six individual discussion sessions.

[11] To date, the Coalition has provided Prepare/Enrich training for approximately 50 partners. The initial training sessions were funded by a community grant.

While some of the participating pastors and ministers use Prepare/Enrich for their counseling and education services, they also use a variety of other tools and methods, some as required by their particular faith. Key coalition members reported that they reviewed the strategies and curricula these providers employ to determine that they contained "the core elements" (such as communication and conflict resolution) and to ensure that they are consistent with HFN's goals. The duration and number of sessions or classes faith-based providers offer varies by provider, although these sessions tend to be conducted on a one-on-one basis rather than in groups. In some cases, counseling sessions continue for an indefinite period if the needs of the couple or family indicate this.

Faith-based providers do not receive payment for the services they provide to individuals referred through HFN. Rather, they see provision of these services as part of their mission as church leaders. They deliver these services in addition to those they offer to members of their own congregation or to people referred from other community sources. For many church leaders, the HFN participants—who are often economically disadvantaged—expose them to community members with somewhat different experiences and service needs than the higher income people they typically serve.

3.2.2 Services Provided by Secular Providers

As of January 2005, HFN had also established relationships with three secular providers and has since then begun using a fourth secular partner. Two of the original group—Families ETC (Education, Training and Counseling) and Montgomery Counseling—operate under contract with HFN and are compensated from waiver funds for the services they provide. A third, the Parent Education Center of the Nampa School District, is funded through a U.S. Department of Education grant and makes its services available at no cost to HFN. The most recent provider, Catholic Charities, is operating without funds. The providers and the services they provide are described below.

- **Families ETC (Education, Training and Counseling)** is a community-based, not-for-profit marriage and family counseling center affiliated with Northwest Nazarene University (NNU). It was established in February 2004 with the goal of meeting the needs of Nampa's underserved individuals and families. Counseling services are provided by graduate student interns who are enrolled in NNU's masters-level counseling program and practice under the clinical supervision of licensed counselors. Although its menu of services is still evolving, Families ETC staff collaborated with HFN and other community partners during the initiative's early implementation period to create specific programs for Nampa's underserved residents.

  Families ETC offers premarital, marriage enrichment, parenting, individual, couples, and family counseling, as well as education support groups, in both one-on-one and classroom settings. During the first year of HFN program operations, participants were most likely to be referred for individual or couples counseling, or for participation in an 8-week "life skills" group session. The life skills program used a curriculum developed by a local nonprofit organization (Love, Inc.) that was modified

by threading parenting, marriage, and family themes throughout the topics. Families ETC sponsors a "Family Talk" speakers bureau that draws on the graduate students on staff to provide informational sessions at sites throughout the community on various relationship topics (specific examples include, "Loving the Mother of Your Child" and "Renewing the Love for Couples and Singles"). These presentations are important for HFN because they may draw new participants to one of the HFN programs. The life skills curriculum is eight sessions of 1.5 hours each and individual counseling sessions last 50 minutes with the number of sessions depending on the individual's or family's needs.

- **Montgomery Counseling** is a private counseling group that provides premarital, marriage, and parenting counseling and classes to individuals and couples referred through a variety of community sources, including HFN and the court system. During the first year, some HFN referrals to Montgomery Counseling participated in Prepare/Enrich premarital and marriage counseling sessions. Other HFN participants enrolled in a once-a-week parenting and family education class called "Love and Logic," a six-session program that provides instruction in techniques to help adults develop and maintain healthy relationships with their children. The Love and Logic sessions are approximately 1.5 hours per week. The center's contract for individual or family counseling calls for six sessions but it may vary.

- **Parent Education Center of the Nampa School District** offers a parenting class using the "Parents Who Care" curriculum. It is facilitated by a licensed social worker who is an employee of the Nampa School District and who also provides parenting, drug and alcohol, and marriage and family counseling services though a variety of community partnerships. The "Parents Who Care" class, which can be conducted on a one-on-one basis or in a group setting, consists of a series of 1- to 1.5-hour video- and workshop-based modules designed to help parents and teens work together to enhance communication, decrease conflict, and improve family relations. It is available to HFN participants in both English and Spanish. It typically takes 4 to 6 weeks for families to complete the curriculum (the number of modules completed per session may vary). The center also conducts Family Wellness classes.

- **Catholic Charities of Idaho** is a faith based organization that provides social services to build communities, strengthen family life, and assist people in need. Catholic Charities offers a number of services to the community including assistance with immigration and naturalization, religious and other educational services, a young mothers program that includes both pregnancy and parenting support, a Latino youth program, and various counseling services which include several services to strengthen the family and marriage.

During its first year providing and sponsoring services, coalition members came to recognize that HFN's ability to expand capacity required a shift in the service delivery approach toward less costly approaches and continued forging of new community partnerships, including the involvement of additional organizations that can provide services. Because one-on-one counseling is more labor and time intensive, and therefore more costly, the coalition has moved to shift more services to group or classroom settings and thereby achieve "more bang for the buck."

3.2.3 Stimulating the Delivery of Family Wellness Classes

To supplement the education and counseling services already provided by existing community organizations, HFN undertook a lengthy search to select the core curriculum for the initiative. After exploring several curricula used by other marriage initiatives across the country, HFN selected *Family Wellness*, codeveloped by George Doub. Key coalition members were drawn to this curriculum because it was designed to work well with a range of populations and ethnic groups and because its lessons can be easily applied to day-to-day living. In the words of one coalition member, the *Family Wellness* curriculum could provide an "easy introduction into … [the idea of] … marriage being the best environment for … [raising] … a child."

Coalition partner WICAP Head Start received a Federal Head Start Early Learning grant that paid for slots for up to 30 individuals to be trained in the delivery of the *Family Wellness* curriculum; the Head Start program made 12 of these slots available to HFN coalition members. George Doub led this train-the-trainer session, which took place in December 2004. The first *Family Wellness* class session for couples and individual participants followed soon after this training, in January 2005. The HFN Program Manager and the Coalition Chair facilitated this session. The class was held at a local church and attracted 18 participants.

The coalition aims to stimulate the delivery of *Family Wellness* on an ongoing basis throughout the community by training instructors from coalition-member organizations that, in turn, provide *Family Wellness* sessions themselves. Two other *Family Wellness* sessions took place spring 2005, including one for Spanish-language speakers led by staff from Catholic Charities and the Idaho Migrant Council. The Parent Education Center of the Nampa School District was scheduled to conduct a subsequent session. HFN plans to have a new series of *Family Wellness* classes offered in the community every 6 weeks. It is developing a master schedule of all *Family Wellness* classes being offered by the range of organizations, thus facilitating referrals for community residents who would like to participate.

In May 2005, HFN sponsored a training retreat focused on *Family Wellness*, Prepare/Enrich, and new Prepare/Enrich components that permit instruction in group settings. A total of 15 representatives from community service providers received training in Prepare/Enrich, and 35 received training in *Family Wellness*. Participants included staff from WICAP Head Start, Lifeline (a pregnancy crisis counseling center), domestic violence service providers, and local school districts, as well as seven bilingual and bicultural facilitators. Participants in these train-the-trainer sessions were asked to conduct a session in their organizations within 3 to 6 months of participating.

While this diffusion strategy helps generate provision of the *Family Wellness* curriculum (as well as other services) throughout the community, HFN staff noted that it also makes it difficult to track the number of participants who take the class or receive other HFN-facilitated services and to gauge accurately the extent of this activity. Active coalition

partners who conduct the sessions are more likely to fill out paperwork that can be entered into the database, but those who are not active members of HFN provide only aggregate data.

HFN leaders and providers said they have deliberately sought classes and other approaches that emphasize positive elements of family relationships, given their view that people generally do not like to admit to problems in their lives. HFN leaders suggested they like the *Family Wellness* curriculum in particular because it focuses on the strengths of families instead of starting from the premise that participating families have major problems. By emphasizing strengths, the classes meet HFN's goal of enhancing relationship with couples in all types of relationships, including married couples who already have positive qualities.

3.2.4 Relative Emphasis on Marriage in Education and Skills-Building Activities

While HFN's focus is on children, healthy families, and healthy marriages, several HFN leaders said that they understand that not everyone is interested in marriage nor necessarily should be. Many of the referrals from the child support and TANF programs may be emerging from a difficult divorce, may have a history with domestic violence, or may not be interested in marriage education for some other reason. HFN "makes every effort to meet people where they are," according to one key respondent. Where participants are clearly not interested in marriage, the focus is on building a healthy and effective relationship with the other parent for the benefit of their children.

Still, some people who are reluctant or uninterested in marriage education may eventually be open to a discussion of marriage in another context. Several respondents said that HFN sometimes attracts participants through parenting classes initially, and provides marriage education services later. This can mean first referring potential participants to parenting classes, and later bringing them into discussions of relationships and marriage issues. "When we've got them in there for *Family Wellness* or parenting, we can introduce marriage education," noted one HFN leader. Of course, some participants are clearly interested in marriage preparation and enhancement from their first contact with HFN. For this group, both church-related and secular providers offer services focused explicitly on marriage relationships. Finally, *Family Wellness* also includes a discussion of marriage in the third session, "Adult Relationships: Couples in Healthy Families."

3.3 Participation and Referral Activity in the First Year of Implementation

A major question for any pilot CHMI site is the degree to which sponsored community activities reach individuals and couples in the community, especially the primary target groups. Although some activities involve services, classes, or counseling for participants, others will reach people through media messages, celebration days, sermons by pastors

who are partnering with the coalition, or staff at local agencies in a local coalition. Only a broad-based community survey would be able to identify all those touched by the program. In the case of HFN, data are available on individuals through several coalition partners, including those referring and delivering services. However, some participation in HFN-induced classes can be difficult to identify because some of the HFN-trained instructors may be giving classes in churches, other institutions, or on their own and not reporting to HFN.

This section draws on the available data to describe the first year's HNF referral participation activity that was captured through the HFN MIS. It offers a picture of those referred and participating who are in the official records. Before examining the characteristics of recorded referrals and participants, we describe the MIS data.

3.3.1 The Management Information System (MIS) and Child Support Matching

HFN coalition members worked closely with IDHW technical staff during the early implementation period to develop a relatively simple Web-based MIS. It collects basic demographic information on participants, as well as information on the nature of their referrals and service use completion. In a case notes field, service providers can include follow-up information describing whether contact was made and what services the participant received. Both IDHW staff and service providers received training on the use of the MIS Web site and a detailed handbook. Overall, service providers using the MIS Web site did not report difficulties in understanding and navigating it; most described it as straightforward and intuitive.

The MIS currently collects information only on HFN participants who are referred through the IDHW HFN referral liaison. The result is to exclude a significant number of individuals and couples receiving marriage and family education and counseling services through churches and other organizations linked to HFN. HFN is trying to encourage partner churches and other organizations serving people who may be eligible for HFN to "refer back" information on their participants to the IDHW referral liaison so they can be included in HFN data. Montgomery Counseling, for example, has referred back to HFN those clients the organization has encountered through court system referrals. In addition, as noted above, HFN recently implemented a new procedure requesting that faith and community providers fill out a survey tallying the services they have provided over a certain period, in hope of providing aggregate data to the coalition.

Another major challenge to accurate participant tracking is that many of the service providers, particularly the faith-based providers, do not consistently update the Web site information on the participants they serve that are in the MIS. Consequently, information about participants served by faith-based providers through HFN is rarely captured in the MIS. Reluctance to use and/or update the Web site was attributed to several factors. Some coalition members felt it was simply a matter of busy providers with too little time, while

others suggested that members of the clergy were reluctant to share information about members of "their" congregations.[12] Others attributed it to discomfort with using new technology.

The evaluation mounted an effort to determine the involvement of referred and participating individuals in the child support system. To assist the evaluation in this objective, Idaho's IV-D agency matched records in the MIS with information on eligibility for and receipt of child support. Using these data, we can examine the characteristics of referrals and participants with respect to four measures of child support: (1) the percent of cases where paternity has been established, (2) the percent with child support orders, (3) the percent with any child support payment, and (4) the percent with payments in full compliance with the support order.

3.3.2 Individuals Referred to and Participating in HFN-Sponsored Activities

The MIS records individuals referred to HFN activities from several sources. Of those referred, only some who actually attend a class or a counseling session are recorded in the MIS. Because some providers do not forward individual information on participants, those referred but not recorded as participants may or may not have taken advantage of an HFN-sponsored service. This section counts as participants only those who are listed in the MIS as having attended at least one class or counseling session.

The tabulations in Table 3-2 show the diverse characteristics of the 365 people referred to an HFN service and the 117 known to have participated in an HFN service as of July 2005. The ages of individuals referred to HFN vary widely, with about 20 percent under age 25, and 20 percent over age 40. Referred and participating individuals have varying education levels, ethnicity, marital status, employment status, and numbers of children. The majority is parents and white; 37 percent are Hispanic. Married individuals make up nearly half of referrals and nearly 60 percent of participants, while men account for over one-third of referrals and 40 percent of participants.

Additional tabulations reveal that both men and women participants were equally likely to be married or unmarried. One might have expected that the men in HFN would have a higher likelihood of being married, given reports that men are more likely to be brought to HFN programs by their wives. Most Hispanics referred to HFN (58 percent) were not married, but two of three Hispanic participants were married.

Slightly more than half of HFN's referrals requested secular programs as opposed to faith-based services (57 percent versus 42 percent). More participants received referrals for parenting education than marriage education (67 percent versus 32 percent). However, HFN

[12] For example, one respondent indicated that LDS ward leaders have national rules against sharing such information with people outside the church.

Table 3-2. Selected Characteristics of Referred and Participating Individuals in HFN-Sponsored Activities

	Referred to Services		Received Services	
	N	%	N	%
Age				
Under 15 years	8	2.2	2	1.7
15 to 19 years	20	5.5	3	2.6
20 to 24 years	71	19.5	17	14.5
25 to 29 years	74	20.3	24	20.5
30 to 34 years	66	18.1	19	16.2
35 to 39 years	53	14.5	21	18.0
40 to 44 years	36	9.9	21	18.0
45 years or more	37	10.1	10	8.6
Total	***365***	***100.0***	***117***	***100.0***
Average Age	*31.3*		*33.3*	
Sex				
Male	124	34.0	47	40.2
Female	241	66.0	70	59.8
Race				
White	281	94.6	70	95.9
Black	4	1.4	1	1.4
American Indian/Alaska Native	8	2.7	2	2.7
Asian	4	1.4	0	0.0
Ethnicity	*Missing=68*		*Missing = 44*	
Not Hispanic/Latino	279	76.4	74	63.3
Hispanic or Latino	86	23.6	43	36.8
Marital Status				
Married	156	45.8	62	59.1
Divorced	48	14.1	11	10.5
Separated	39	11.4	8	7.6
Single	52	15.3	13	12.4
Cohabitating	46	13.5	11	10.5
Average Number of Years Married	8.4		9.1	
Education	*Missing=24*		*Missing= 12*	
Junior high school	57	19.1	13	14.9
High school	165	55.2	43	49.4
Vocational school	29	9.7	11	12.6
College	48	16.1	20	23.0
	Missing = 66		*Missing = 30*	

(continued)

Table 3-2. Selected Characteristics of Referred and Participating Individuals in HFN-Sponsored Activities (continued)

	Referred to Services		Received Services	
	N	%	N	%
Employment Status				
Employed, full-time	125	37.1	44	42.7
Employed, part time	38	11.3	13	12.6
Seasonally employed	2	0.6	2	1.9
Not employed	172	51.0	44	42.7
	Missing = 28		*Missing = 14*	
Number of Children				
No children	28	7.7	10	8.6
1 or 2	203	55.6	48	41.0
3 to 5	125	34.2	57	48.7
6 or more	9	2.5	2	1.7
Average Number of Children	2.1		2.3	

Source: Tabulations from the Nampa MIS.

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

coalition members suggested that neither type of class is “pure”; important elements of marriage education are woven throughout the parenting classes, and marriage education classes by necessity address parenting issues. To some extent, the program also uses parenting classes to bring participants in who might later be open to marriage education.

The patterns of participation among those referred are of considerable interest. As noted above, the figures in the MIS are likely to understate participation substantially, especially among those who use faith-based and/or church-related services. Only two individuals were referred from the church community. Since there are over 20 faith-based providers involved in the HFN coalition, the two church referrals in the MIS are very unlikely to reflect the actual number individuals who come to and utilize services through an HFN member of the faith-based community. According to separate HFN coalition estimates not part of the MIS, coalition members have provided services to well over 1,000 individuals since the program began; however, the MIS data show only 117 participating in a HFN service and 365 total referrals. Thus, if the estimate from a separate survey of HFN coalition members is accurate, the MIS includes at most 36 percent of those involved in HFN.

The MIS data still offer some revealing outcomes. As Table 3-3 shows, only 8 percent of those referred from the child support agency are recorded as having used a service; the participation rate among those referred from TANF is more than double this rate, but still a low 19 percent. On the other hand, of those who were referred from nongovernmental

organizations or were self-referrals after hearing publicity about HFN appear to be more motivated to participate as almost two-thirds used an HFN service. These results suggest one of two possibilities. The first is that IV-D offices and to a lesser extent IV-A offices are referring a large number of people to services they choose not to use. A second possibility is that some referrals from these two agencies attend a session at faith-based organizations but are not recorded as having done so. While about half of the IV-A referrals and 38 percent of IV-D referrals were to faith-based organizations, participation rates were about as low, whether the IV-A and IV-D referrals were to secular or faith-based organizations.

Table 3-3. Percent of Individuals Referred Observed Participating in at Least One HFN Service, by Referral Agency

Referring Agency	Number of Referrals	Percent of Referrals Who Participated
Benefits (IV-A)	155	19.3
Child Support (IV-D)	86	8.0
FACS (IV-E)	12	66.7
Health, Criminal Justice, Military	4	50.0
Churches	2	100.0
Other	106	63.2
Total	**365**	**32.4**

Source: Tabulations from the Nampa MIS.

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

Another perspective on referral and participation patterns comes from grouping people by the type of service to which the individual was referred. As Table 3-4 shows, most referrals were to secular parenting classes (43 percent) or faith-based parenting classes (26 percent). Referral to a parenting class led to higher participation rates than referral to a marriage class (38 percent vs. 22 percent). About 60 percent of referrals went to secular organizations, with the remaining 40 percent going to faith-based organizations. Secular referrals involved a higher participation rate than did faith-based referrals (37 percent vs. 22 percent).

3.3.3 Involvement of Referrals and Participants in Child Support System

In addition to supporting families, increasing healthy marriages, and promoting responsible fatherhood, another important goal of HFN is to improve child support outcomes.

Since the IV-D system is an important source of referrals, one would expect a considerable overlap between HFN referrals, HFN participants, and those with some involvement in child support. However, the evidence from the participation rate analysis indicated that only a small percentage of referrals from the IV-D agency actually participated in an HFN activity.

Table 3-4. Referral and Participation Patterns by Type of Service Referral

	Referred to Services		Participated in HFN Service	
Service	**N**	**%**	**N**	**%**
Domestic violence	1	0.3	0	—
Faith-based fatherhood	3	0.8	0	—
Faith-based marriage maintenance	31	8.5	7	6.0
Faith-based marriage mentoring	2	0.6	0	—
Faith-based parenting	94	25.8	30	25.6
Faith-based premarital	12	3.3	0	—
Secular fatherhood	1	0.3	0	—
Secular marriage maintenance	48	13.2	15	12.8
Secular marriage mentoring	2	0.6	0	—
Secular parenting	157	43.0	63	53.8
Secular premarital	14	3.8	2	1.7
Total	**365**		**117**	
All Referrals to Faith-based Services	142	38.9	37	31.6
All Referrals to Secular Services	222	60.8	80	68.4

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

Tabulations from the matched MIS and child support data help to illustrate the relationship between HFN and IV-D. Of all individuals in the Nampa MIS (referrals), 56 percent, or 206 people, have cases in the IV-D system (see Table 3-5). Of those with cases, only one-fourth attended the service to which they were referred. The participants with child support cases mostly attended secular parenting classes. Of the 53 IV-D cases referred to faith-base parenting classes, only seven are reported to have received a service.

One key child support outcome is HFN's ability to encourage parents to establish paternity. As of July 2005, about 25 percent of individuals in the MIS reported having established paternity, whether the individual participated in an HFN service or not. This percentage is low because it includes individuals who may have been married and thus did not need to establish paternity. Restricting the sample to the proportion of HFN cases in which the youngest child was born out of wedlock, 81 percent involved in HFN services had paternity established.

HFN might play a role in establishing child support cases among individuals referred to HFN. Although the data cannot provide evidence on causation, it does provide information on the timing of the opening of IV-D and HFN cases. The results show that, of the 206 HFN cases with a IV-D case, 16.1 were opened after they became an HFN case.

Table 3-5. Child Support Involvement of HFN Referrals

Statistic	System total
Number of participants with child support record	206
Percentage of total participants matched in IVD (206/365)	56%
Established paternity – out of wedlock births only (n=102)	
No	18.6%
Yes	81.4%
Support order for the child (n=206)[13]	
No	42.2%
Yes	57.8%
Paying child support (n=206)[14]	
No	61.2%
Yes	38.8%
Average Amount of the order[15] (n=119)	$301.72
Consistently paying full child support order amount in each of past 6 months (n=206)	6.3%
Paid full child support order amount in one of past six months (n=206)	27.2%

Source: Tabulated data from HFN MIS, Nampa, ID

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

Another important indicator is the extent to which HFN cases pay child support. One outcome measures the percent of youngest children for whom *any* amount of support was paid or received in the last 6 months. The results show that 39 percent of cases referred to classes by HFN received some child support during the 6-month reporting period. Among those participating in HFN, the share paying or receiving child support was just over one-

[13] Support order was measured by the number of children for which any amount of child support was owed over a 6-month period.

[14] Paying child support was measured by the number of children for which any child support was paid of a 6-month period.

[15] For all orders that were greater than $0

third. These payments are not consistent, however. In any given month, only about one-fourth of the IV-D cases received any child support.

The extent to which noncustodial parents fully comply with the child support order captures how well IV-D agencies are able to collect legal obligations. Again, focusing on the youngest child in an HFN family also linked to a IV-D case, we examined the share of cases in which the full amount of the child support order was paid in the past 6 months. Records in which the child support order was $0 were excluded. Although 15 to 17 percent of the cases were paid in full in a typical month, the fully paid cases amount to only 6.3 percent of all relevant cases referred to classes by HFN. Thus, there is considerable room for improvement in the collection of child support for HFN cases.

3.3.4 Perspectives of Participants on HFN

To gain further perspective on HFN, the RTI/Urban Institute staff spoke with participants about their views of HFN activities during a focus group with seven HFN participants held in January 2004[16]. The discussion covered how they became connected to services, what they thought was most effective, and what they would change if given the opportunity. *Family Wellness* classes had not yet started at the time the focus group was convened. Therefore, the responses of participants in this group were based on their experiences in other classes and/or counseling sessions.

Several themes emerged. First, participants said they learned about the program from a variety of sources and participated for a variety of reasons. Some said they were seeking parenting information or classes that were referred by HFN, while others said they saw fliers about HFN and its services at the WIC center or at other human services offices. Still others said they had been seeking individual counseling and were referred to HFN.

Overall, participants were quite positive about the programs in which they participated. They indicated that the sessions on improving communication were most helpful. One participant noted that prior to attending, “I was a drill sergeant to my kids. They [the class] taught me to be a consulting parent. They taught me not to yell at my kids.” Another said, “They taught me to word things differently with my significant other. They taught me that responding in an emotional manner like a child only works in the short term.” Participants praised the manner in which the services were delivered. The class sessions and counseling were described as interactive, led by facilitators who engaged participants and also shared

[16] Focus group attendees were recruited by the National Evaluation Team, and the group was composed of five women and three men. Six were white, and one was Native American; five were married and two unmarried but in a relationship. Four had participated in a class only, whereas the other three had participated in marriage counseling (one had participated in both the class and counseling). The discussion lasted about 90 minutes and was taped, and participants received snacks and a $30 incentive payment. While we attempted to recruit a range of participants, the number is relatively small, and participants’ views may not be representative of the views of all participants.

in a helpful way from their own struggles with family life. “She made it fun,” one participant said of the facilitator, “if it isn’t fun, you aren’t going to remember things.” Another said, “It helped that the counselor was a parent. She was going through a divorce … she shared some personal stuff … she was not just lecturing us on how to do everything. I learned much more this way.”

Participants did suggest a number of ways to improve the services. Several said they would have liked more class time, indicating that 8 to 10 sessions would have been preferable. Several indicated they would like the classes to be scheduled more closely together, perhaps two sessions each week over 4 weeks rather than six weekly classes. A number of participants indicated that information on HFN’s classes and resources was not as accessible as it could be. Several said that offering babysitting on site during classes and other activities would be helpful. While they were instructed not to bring their children to sessions, many people did. They also suggested that they would like marriage counseling services to be more frequently available and more affordable. Finally, several said they would like information on counselors and facilitators that accepted Medicaid and served low-income participants.

The participants appeared to be committed to the services. Most said they only missed one class. The reasons included lack of transportation or gas, work conflicts, conflicts with other appointments such as those with court or probation officers, and forgetting the class or starting after the first class had been held.

Finally, all participants said that they had shared information with others about the ideas and issues HFN’s programs addressed. One participant, a day-care provider, said she discussed the program she participated in with the parents of the children in her care. Another suggested to her family members that they attend the program. In the words of one participant, “I guess I basically found out how much I was doing wrong. I knew there was another way, but just didn’t know how until now, [and] I’ve shared this with lots of people.”

4. LEVERAGING COMMUNITY ENGAGEMENT AND RESOURCES

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

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

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

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

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

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

4.1 Leveraging to Expand Marriage-Related Services

The first step in leveraging is obtaining matching funds from state or local governments and/or private organizations. These matching funds are necessary for HFN to draw on Federal funds. Each $2 of Federal funds requires $1 in local funds. In the case of Nampa, the Federal grant is $554,000 or about $111,000 per year of the program; thus the match that HFN must raise is about $55,000 per year.

Without a strategy to leverage other resources, HFN would be unlikely to serve a large number of individuals and couples and thus would have little chance to exert a community impact. Suppose HFN were to have access to only Federal funds, used 20 percent of the money for planning and administration and poured the remaining amounts into marriage and/or relationship skills classes. According to estimates from the pilot phase of upcoming experimental demonstrations, program costs can easily be in excess of $1000 per couple. If the cost of running marriage skills classes, including any outreach and counseling activities, were about $1,000 per couple, the program could reach only 88 couples per year and have no funds remaining for media outreach and community activities. Adding the matching funds of $1 for each $2 in Federal funds, the project would have enough for 122 couples per year. Reaching this number of couples might result in benefits that exceed the program's cost, but HFN would be unlikely to have a major effect on increasing the number of healthy marriages and exerting a significant community effect even in a place with the population of Nampa, Idaho.

Recognizing the importance of leveraging, HFN has developed an effective strategy for enlisting a large number of organizations, public agencies, and faith-based institutions to promote its objectives. The coalition developed through HFN now involves over 50 organizations and has close linkages with 15 to 20 pastors in churches. About 30

organizational members of the coalition attend monthly meetings, most of whom receive no compensation from HFN. Public agencies are willing to assist HFN with reaching prospective participants by referring many of their cases to HFN-related services. The main hospital in Nampa has been willing to work with HFN in encouraging unwed parents to establish paternity and to attend *Family Wellness* or other relationship classes. HFN has attracted many people from various organizations to undergo training in the *Family Wellness* curriculum and subsequently to offer classes in *Family Wellness* without being compensated. HFN has sponsored training for pastors in Prepare/Enrich for them to use in counseling and teaching couples considering marriage. The pastors receive no additional payments from HFN for the time they spend in training or delivering services to their members.

With all of these partners, has HFN been able so far to engage individuals and couples in services at low costs to the Federal government? Before citing the numbers, it is worth noting that this report covers Nampa and HFN during early implementation. In almost any project or investment, there are fixed start-up costs and learning curves that result in higher unit costs at the beginning than at later stages, as the project matures. In the case of HFN, many of the costs are clearly higher early than later in the project. Among them are the costs of establishing the coalition, selecting a curriculum, training the trainers, making connections and structuring contracts with providers, developing partnerships with public agencies, forging agreements with pastors, working with organizations dealing with domestic violence, collaborating with media to get the marriage/relationship skills messages into the community, and linking in-hospital paternity with outreach for *Family Wellness* and other HFN services.

Determining HFN's unit costs in the context of leveraging is not easy partly because of the need to allocate costs among activities and partly because of the uncertainties about the number of individuals and couples served, especially in faith-based settings. In estimating a unit cost figure, one must choose an approach for determining the costs that should be allocated to classes, counseling, and related HFN services. The first question is whether to begin with the Federal contribution or to include the local match as well. From the perspective of learning how much activity a Federal investment can stimulate, it is the Federal costs that are most relevant. Buttressing this perspective is the argument that HFN raised the local match as part of the project itself. Certainly, HFN has expended considerable energy in raising the local match. Thus, just as HFN might leverage community resources to provide services at low or zero costs, so too should the local match be incorporated into the leveraging generated by the Federal grant. The argument for counting the full HFN budget as the starting point for program costs is that this measures the direct spending required by HFN to generate a mix of services and other activities.

Given either the Federal or full HFN budget, the next step is to decide how much to allocate to the classes, counseling, and related services provided to HFN participants. One option is to use the entire HFN budget, or at least the Federal component, on grounds that all HFN

spending should be treated as inputs to achieving these services. Such an approach, however, takes no account of the Federal government's mandate that the CHMI address child support goals, such as increased paternity establishment. Since HFN responded to and allocated resources toward this objective, some HFN spending should be allocated toward improving child support activities. Other objectives served by HFN include programming for responsible fatherhood and ex-offenders and media messages to the broader public. To the extent that funds for these activities were directed toward other outputs unrelated to the recruitment and delivery for the service programs, the funding for such activities should not be counted.

A final problem is relating the timing of spending to the delivery of services. Budget figures provided by HFN show outlays of $98,750 during the year from October 2003 through September 2004, and projected outlays of $137,180 from October 2004 through September 2005 (net of a budget adjustment). The MIS figures on referrals and participation run from January 2004 through July 2005.

Because of these complications and ambiguities in the choice of an overall cost figure, the allocation of costs, and the timing of outlays and activities, the tabulations in this analysis should be viewed as providing an order of magnitude concerning unit costs and the role of leveraging in achieving low unit costs. The figures in the HFN 2004–2005 Annual Report show budget projections involving outlays of approximately $236,000 between October 2003 and September 2004. Allocating three-fourths of this 2-year spending to the January 2004 and July 2005 period, which corresponds to the MIS data, would imply a figure of about $177,000. Of this amount, only two-thirds or about $118,000 would have come from the Federal government. If 10 percent of these funds went for purposes other than direct or indirect services required to reach participants, the remaining amount of about $106,200 would represent the Federal costs allocated toward classes, counseling, and related services. Including the match component would raise the total amount to $159,300 directly related to costs to providing services.

The next step is to determine what figure to use to capture the number of participants served in one way or another by HFN-stimulated services. The data from the MIS reveal that at least 117 individuals participated in *Family Wellness* classes or other classes or counseling activities. However, separate estimates based on surveys of HFN partners indicate that over 1,095 have taken part in classes or counseling that were stimulated or influenced by HFN. Using the low estimate of participants (117) implies a unit cost of about $900 in Federal outlays per participant and $1,362 in total outlays per participant. On the other hand, the high estimate for participants (1,095 +117), together with the assumed cost figures, suggests unit costs of $88 based on Federal outlays and $131 based on total outlays. For an intermediate set of estimates, assume the total number of participants for the period is equal to (1) one-third of the 1,095 participants reported by partners but not reported in the MIS, plus (2) the 117 participants included in the MIS (total of 478). The

result would be costs per participant of about $222 based on Federal outlays and about $333 based on total outlays. It is worth noting that all of these figures incorporate the recruitment and initial training components as well as the service delivery components of the project.

Clearly, even at this early stage of implementation, the resource leveraging directed toward the delivery of classes, counseling, and related services has been substantial. One key question is whether the public agencies and private organizations collaborating with HFN will continue to provide services at low or zero costs to HFN. To the extent these partners see their contribution as a byproduct of their ongoing mission, their participation is likely to continue and possibly strengthen over time. For example, the referrals to HFN by a Title IV-A or IV-D office are likely to be integrated into standard practice; pastors may continue to see their provision of Prepare/Enrich as part of their jobs. On the other hand, if many partners experience significant costs that go beyond what they view as their job or primary activities, then the leveraging contribution to the low unit costs will be difficult to sustain.

A second question is whether the unit costs can remain low over the next several years for other reasons. Although HFN did not spend large sums on training, any fixed training costs for teaching providers will have already been expended, and this cost may not be as high in future years. An increase in demand resulting from continuing referrals, media announcements, and word of mouth might cause classes to come closer to capacity, thereby lowering unit costs.

A third issue concerns the ability of programs to maintain or increase quality. One might expect that over time organizations and instructors learn how to improve their classes and related services without spending more time and money. Some pure productivity gains are likely to accrue to the program as organizations gain experience. But it is not inconceivable that the freshness and enthusiasm among those taking early training might wear off and even reduce program quality.

Over the next few years, the evaluation will follow these open questions about leveraging, cost, and quality trends over time.

4.2 Leveraging Other Services

Leveraging efforts by HFN have yielded contributions beyond cash (mainly for the match), recruitment, and the provision of classes and counseling. One striking element of leveraging has come through the contribution of television and other media to publicize healthy marriage and healthy relationship messages. With the development of the community initiative has come the recognition that a media component is important for the initiative to reach the broader community and not simply a small number of individual participants. As part of HFN, over a 30-day period in March 2005, the KTVB MediaGroup donated $90,000 worth of resources in the form of public service production, public service airtime,

programming, promotion, Internet production, and news and public affairs relating to the March for Healthy Families campaign. These leveraged resources are almost equivalent to a full year of Federal grant funds to HFN. In addition to the television messages, HFN has generated a large number of newspaper articles that bring out messages relevant to achieving Nampa's Healthy Families/Healthy Marriages goals.

It is difficult to determine the impact and value of these media announcements on individuals and couples; it is even harder than examining effects of classes and related interventions on participants. However, information is available on the coverage of the media activity. The results show that the healthy marriage/healthy families messages were on stations that reached over 90 percent of households in the Boise area about 30 times over the relevant period.

4.3 Conclusions

At first glance, the contract between the Federal government and HFN looks reasonably large, at over $550,000. From another perspective, $110,000 a year is about the cost of two middle-range employees with overhead. For an intervention aiming at a community impact, such a figure looks small. To a remarkable degree, Nampa's HFN has managed to leverage these Federal resources and make a credible attempt to magnify the expected impact of a grant they received.

5. ASSESSMENT OF HEALTHY FAMILIES–NAMPA'S EARLY IMPLEMENTATION

5.1 Early Successes of HFN

HFN leaders focused from the outset on building a broad-based coalition with a wide range of participants and potential providers, including groups that had not generally collaborated. One member noted as an example that HFN brought new partners into a collaborative effort for the first time, something that had not occurred before despite the partners' previous contact through the National Ministerial Association. In less than 2 years, HFN has already engaged a variety of potential providers and partners and has gained community legitimacy for the initiative. This outcome was by no means assured. As noted in Chapter 1, an array of controversial issues, budget issues, and different priorities might have stopped HFN in its tracks and prevented HFN from reaching a significant level of healthy marriage/healthy families activity.

With regard to the delivery of classes and counseling, HFN has pursued a diffusion strategy—providing training in both premarital curricula (Prepare/Enrich) and marriage and relationship curricula (*Family Wellness*) to other organizations and churches so that their staff and volunteers can offer these programs to community members they work with. This approach appears to be to be taking hold, allowing HFN to spur and facilitate the delivery of marriage and relationship education and other services into many areas of the community, well beyond that which its own staff could provide. "We want to act as a catalyst" for other providers of marriage and family-related services in the community, according to one member. HFN has also acted as a coordinator of existing resources within the community.

HFN's leadership saw community media and outreach activities as a critical way to get its message out and has therefore developed an extensive outreach effort. As we noted, HFN has successfully engaged the Nampa media—both television and print—and has benefited from significant "free" publicity and public service announcements. The TV station's investment in HFN, in particular, has given the initiative a profile and reach it could not have purchased.

Despite struggles to raise its local funding match, HFN has moved forward, in part by persuading coalition members and others to contribute significant resources (thus leveraging its own efforts). Overall, HFN seems to be leveraging its efforts successfully and getting a lot of "bang for the buck." It appears to have been an effective catalyst for coalition members' and others' activities which, in turn, appear to have touched a wide range and large number of community members.

HFN made a significant amount of progress logistically and operationally in a relatively short period of time. It has set up a recruitment and referral process through IDHW; developed

an MIS; identified, recruited, and established procedures with secular providers; selected core curricula; provided training in *Family Wellness*; and established a paternity acknowledgement component. In addition, HFN has achieved some success in integrating child support objectives, through linkages with the IV-D system and through its collaboration on in-hospital paternity establishment. These steps have been taken despite the fact that most of HFN's core coalition members are volunteers with many other responsibilities and demands on their time.

5.2 Key Challenges to HFN's Success and Approach

Given HFN's modest level of funding relative to its ambitious goals, HFN had no choice but to pursue a leveraging and diffusion strategy. However, the breadth of services and number of service providers also means that HFN has little direct control over the actual delivery of these services. This approach complicates the potential objectives of achieving high levels of "fidelity" to the model programs and maintaining quality in the delivery of the model. For example, Family Wellness participants who also participated in the focus group suggested that making child care available would be important and improve recruitment. Though HFN realizes this, it is difficult to request of partner organizations who are delivering Family Wellness due to resource limitations.

The HFN coalition has at times added services and activities in ways that appear as piecemeal additions to their main focus. At the time of the January 2005 site visit, some members felt that they needed to step back, declare a moratorium on adding new components, and focus on getting what they had in place operating smoothly before moving on to add other components. One coalition member noted the need to be more "systematic, focused"—"we can't just implement whatever feels good."

The data collection and management system HFN is using makes it difficult to gauge exactly what services HFN "is responsible for." This is partly a reporting problem (getting adequate information from the wide range of providers and partners) and partly a definitional problem (it is not always clear what services HFN is, in fact, sufficiently responsible for to warrant "crediting" the initiative for their delivery). For example, some pastors point out that they were providing counseling before HFN's Prepare/Enrich classes; although they may counsel more effectively as a result of HFN, the activity itself was not new or induced by HFN.

HFN's MIS is not well-suited to gauging the extent of services for a highly diffuse initiative that includes a large number of unpaid partners. The MIS appears designed to measure service delivery in a more traditional program in which it is clear who is and who is not a participant and where most participants spend a considerable time receiving services. In the future, it may be possible to design a system that captures services in layers, from direct provision to the facilitating of services.

The key role of loosely affiliated church partners adds a level of complexity to the initiative and to articulating and implementing a consistent vision about marriage/relationships and marriage/relationship education. To some extent, different faiths appear to have different ideas of what appropriate marriage education and counseling services should be (and of what marriage should be). These different visions are likely to be seen by some as coming under the umbrella of HFN even if they are not entirely consistent with the vision and goals of the initiative's creators. As an example, at the time of the site visit one coalition member suggested that some faith-based organizations do not take domestic violence issues as seriously as they should.[17] Related to the large number of coalition partners, HFN recently has had some concerns around maintaining its focus, as demands for collaboration from other community organizations looking to partner with faith-based organizations to promote other initiatives have multiplied.

Although HFN appears to be moving forward energetically, the difficulty raising the local funding match presents an ongoing challenge. The site seems to have addressed funding needs for the time being, in part by establishing solid relationships with a wide range of other organizations and actors and by relying on many organizations for resources. However, this may be an area of future vulnerability. Funding to pay for secular services will be among their biggest challenges, although contracted services have been noted to be a more consistent source of services than volunteers with other full-time obligations. The problem of sustainability may well arise after the 5-year term of the Federal waiver ends and with it Federal funding. It remains an open question whether a model so reliant on leveraging will be too difficult to maintain.

HFN's ability to leverage resources and draw on others to deliver services is impressive, but the potential for replicating this approach is unclear. Such a coalition of the kind developed through HFN may work best in a relatively small and close-knit community and may not be possible in large communities.

5.3 Lessons Learned

The early experience of HFN offers a number of lessons for other community initiatives that require leveraging to succeed. It is apparently important to invest early on in developing close initial relations among coalition members and potential coalition members. This effort can be difficult, given that people and groups often have preexisting relationships, good or bad, especially in the context of an initiative that is complicated substantively and politically. In Nampa, the payoff has apparently been large. One coalition member noted

[17] The coalition seems to have increasingly involved local domestic violence service providers in its services and activities, and has recently developed, passed and trained the coalition members using a domestic violence protocol developed with the assistance of The Lewin Group. According to key coalition staff, a majority of coalition members now feel that they know how to safely refer to the local DV providers.

that it is important to leverage existing relationships and to "look for groups that already have good relationships" and that are the "most high functioning in the community." Building on prior community collaborations was worthwhile, even when they were not directly about marriage or relationship education. These prior collaborations helped establish relationships and ways of doing business that set the stage for HFN.

In the marriage and family arena, it makes sense to draw in organizations already providing similar services and encourage them to expand their reach and to upgrade their quality. Methods for accomplishing these tasks include sponsoring training, engaging leaders as partners in a communitywide enterprise, involving the faith-based community, and attracting help from the media. Success in these endeavors is likely to require that people recognize the centrality of healthy families for the future of their communities.

Like nearly all other social programs, participation in sponsored activities can be surprisingly low, even among those clearly eligible for benefits. The evidence strongly indicates that referrals especially from IV-D and also from IV-A agencies generally do not translate into participation. Follow-up is required to determine why people who would benefit from a healthy families and/or marriage skills program choose not to participate and whether incentives or making attendance more convenient can yield increases in participation.

Still, given the early investment in coalition-building and targeting groups that can expand services at low costs, it looks feasible to cover a large number of individuals and couples at a modest unit cost. However, documenting success in this area requires improved data collection and an MIS that captures services to community partners.

Finally, it will be important to follow the unfolding of the HFN demonstration, both from its role as a community initiative and its ability to reach a large share of the target populations. As noted above, the financial sustainability of the initiative is an open question. Also, as the initiative begins to cover increasing numbers of people in Nampa, information about the services is likely to spread. Whether, as is likely, people recommend friends and family to take advantage of classes remains to be seen. Another development worth watching is the ability of HFN to retain its focus while extending the coalition to schools and to other institutions. Strengthening relationships within the coalition and community to build further visibility and funding is the focus of HFN for the coming year. Will HFN be able to embed the healthy family/healthy marriage agenda into the institutions of Nampa or will the initiative fail to sustain its early energy?

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APPENDICES

APPENDIX A:
HFN TIMELINE

Table A-1. Healthy Families—Nampa Timeline

Activity	Date	Objective Addressed
I. Prior Community Collaboration		
Health Nampa, Healthy Youth coalition formed	January 1995	
B. Edgar Johnson Symposium	October 2001	
II. Waiver Application Activity		
Announcement of waiver grant opportunity	April 2002	
Healthy families coalition formation begins		
Waiver application submitted	September 2002	
Waiver awarded	May 2003	
III. Formal Coalition Activities		
First Referrals from IDHW	January 2004	Build knowledge and skills for healthy marriages, fatherhood, and parenting
Services provided by secular partner organizations	February 2004	Build knowledge and skills for healthy marriages, fatherhood, and parenting
March for Fathers campaign	March 2004	Establish community norms; build knowledge and skills for healthy marriages, fatherhood, and parenting
Strategy Meeting with Roland Warren, National Fatherhood Initiative, work with businesses to help fathers balance work and family	July 2004	Build knowledge and skills for healthy marriages, fatherhood, and parenting
New Spanish brochure published		Build knowledge and skills for healthy marriages, fatherhood, and parenting
Mercy Medical Center Trained on Power of Two, video and information to help in-hospital paternity establishment for unwed parents	August 2004	Reduce the number of out-of-wedlock births in Nampa
Operation Yellow Ribbon: A celebration for the families of Idaho military who are deployed.	September 2004	Create a community coalition
Community Family and Marriage Index Survey conducted in cooperation with the Treasure Valley Reading Foundation	October 2004	Establish community norms
Domestic Violence protocol developed		Create a community coalition
OCSE IV-D Commissioner Dr. Sherri Heller luncheon hosted by HFN		Increase involvement of faith- and community-based organizations in healthy marriage promotion activities.

(continued)

Table A-1. Healthy Families—Nampa Timeline (continued)

Activity	Date	Objective Addressed
III. Formal Coalition Activities (continued)		
Customer Service Satisfaction Survey mailed to program participants to assess quality of services.	November 2004	Build knowledge and skills for healthy marriages, fatherhood, and parenting
29 new instructors trained by HFN in Family Wellness curriculum		Build knowledge and skills for healthy marriages, fatherhood, and parenting
"Reclaiming the Family Turf: Building Strong Families" Roundtable sponsored by HFN. Aimed to educate the community on the role of a functional family in preventing and dealing with gang activity.	December 2004	Create a community coalition
HFN begins offering Family Wellness classes	January 2005	Build knowledge and skills for healthy marriages, fatherhood, and parenting
Second Official Marriage Week proclaimed by Idaho's Governor. Activities to celebrate marriage.	February 2005	Establish community norms
HFN cosponsors a marriage seminar with Real Life Community Church		Promote marriage enrichment and couple-to-couple mentoring
March for Healthy Families Media Campaign; month of messages and campaigns focused on healthy families and marriages	March 2005	Establish community norms
Marriage Resolution HCR21 passed and signed by House of Representatives strongly supports marriage. "…To encourage public programs to reduce the disincentives to marriage in means-tested aid programs and social service programs…"		Establish community norms
Community Family Wellness Fest, HFN distributed information and received funds from events proceeds.	April 2005	Create a community coalition
HFN Web site implemented		Build knowledge and skills for Healthy marriages, fatherhood, and parenting
Building Stronger Families Conference, HFN first annual training conference for community partners. 50 partners participated. Included training on mentoring programs.	May 2005	Build knowledge and skills for healthy marriages, fatherhood, and parenting; promote marriage enrichment and couple-to couple mentoring
HFN Executive Director Andrew Stinson hired		Create a community coalition
Pilot of Family Friendly Business Model presented to the Nampa Chamber of Commerce		Create a community coalition

(continued)

Table A-1. Healthy Families—Nampa Timeline (continued)

Activity	Date	Objective Addressed
III. Formal Coalition Activities (continued)		
Fatherhood and Family! Fundraising Dinner to raise awareness about the importance of fatherhood, families, and the community.	June 2005	Build knowledge and skills for Healthy marriages, fatherhood, and parenting
HFN coalition Executive Team elections		Create a community coalition
Smart Marriages Conference attended		Create a community coalition
Father's Day Event attended and information about HFN distributed	July 2005	Establish community norms
Access to Visitation operational, provides a safe neutral location for visits for families to interact and discuss children, in cooperation with the Children and Families in the Courts Coordinator.	August 2005	Collaboration with court agencies to assure support for children for whom child support is requested
Operation Yellow Ribbon: A celebration for the families of Idaho military who are deployed.	September 2005	Create a community coalition

Sources: National Evaluation Team site visit, January 2005; Healthy Families Nampa (2005, September). *Healthy Families Nampa: Annual Program Progress Report.* Report to the Office of Child Support Enforcement, Administration for Children & Families. Washington, DC: U.S. Department of Health and Human Services.

APPENDIX B:
LIST OF HFN MEMBERS

Healthy Families—Nampa Coalition Partners

Al-Anon of Idaho
All Saints Fellowship
Catholic Charities
Church of Jesus Christ of Latter Day Saints
Church of the Brethren
City of Nampa
College Church of the Nazarene
Crossroads Community Church
Crosswalk Counseling
Families, ETC
First Christian Church
First United Presbyterian Church
Grace Episcopal Church
Greater Life Church
Healthy Nampa/Healthy Youth
Hope's Door
Idaho Dept. of Correction
Idaho Dept. of Health and Welfare
Idaho Dept. of Vocational Rehab.
Idaho Migrant Council
Idaho Press Tribune
Iglesia de Nazareno Lakeview
Karcher Church of the Nazarene
Kin Care Grandparents as Parents
KIVI Six on Your Side
KNIN TV 9
KTSY Radio
KTVB News Channel 7
La Trinidad Church of the Nazarene
Life Line Pregnancy Center
Mercy Medical Center
Mission Media
Montgomery Counseling
Nampa Chamber of Commerce
Nampa First Church of the Nazarene
Nampa First United Congregational Church
Nampa Ministerial Association
Nampa Police Department
Nampa School District
Nampa Seventh Day Adventist Church
Northwest Nazarene University
Open Arms Baby Boutique
Real Life Community Church
Salvation Army
St. Paul's Catholic Church
Treasure Valley Reading Foundation
Valley Crisis Center
Victory Christian Church
WICAP Head Start