

PILOTING A COMMUNITY APPROACH TO HEALTHY MARRIAGE  
INITIATIVES IN FIVE SITES: MINNEAPOLIS, MINNESOTA; LEXINGTON,  
KENTUCKY; NEW ORLEANS, LOUISIANA; ATLANTA, GEORGIA; AND  
DENVER, COLORADO

EXECUTIVE SUMMARY

OPRE Report 2011-6

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# PILOTING A COMMUNITY APPROACH TO HEALTHY MARRIAGE INITIATIVES IN FIVE SITES: MINNEAPOLIS, MINNESOTA; LEXINGTON, KENTUCKY; NEW ORLEANS, LOUISIANA; ATLANTA, GEORGIA; AND DENVER, COLORADO

## EXECUTIVE SUMMARY

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## EXECUTIVE SUMMARY

In 2002, the Administration for Children and Families (ACF) instituted the Community Healthy Marriage Initiative (CHMI) evaluation to document operational lessons and assess the effectiveness of community-based approaches to support healthy relationships and marriages and child well-being. A component of the CHMI study involves implementation research on demonstrations approved by the Office of Child Support Enforcement (OCSE) under authority of Section 1115 of the Social Security Act.<sup>1</sup> The goals of the demonstrations are to achieve child support objectives through community engagement and service delivery activities related to healthy marriage and relationship (HMR) education programs.

A series of reports is being produced on the implementation of the Section 1115 projects. A total of 14 programs are included in the CHMI evaluation implementation study. Earlier reports covered the implementation of demonstrations in five locations: Boston, MA; Chicago, IL; Grand Rapids, MI; Jacksonville, FL; and Nampa, ID. This report focuses on the demonstrations in Minneapolis, MN; Lexington, KY; New Orleans, LA, Atlanta, GA; and Denver, CO.<sup>2</sup> The report examines community engagement efforts, the design and implementation of service delivery (HMR training workshops and related services), and links with child support. It does not present estimates of program impacts or effectiveness. The report is based on site visits conducted from November 2008 to June 2009, a time when the sites were in various stages of program implementation—demonstrations in Denver and Minneapolis were each in the last year of funding, whereas the other three demonstrations were in earlier stages of implementation.

### Demonstration Sites and Their Program Models

Applications for funding under Section 1115 were submitted by the State agency responsible for administration of the child support program. Funding authority and waivers provide recipients with Federal matching funds for the costs of approved demonstration activities. Recipients are required to provide the State share of funding. The length of funding is specified for each demonstration, but typically is for either 3 or 5 years.<sup>3</sup> Each of the five demonstrations included in this report was led by a partnership between a nonprofit

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<sup>1</sup> Section 1115 of the Social Security Act authorizes the U.S. Department of Health and Human Services to award waivers of specific rules related to State child support programs 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 of the Act for approved demonstration programs, but it does not permit modifications in the child support program that would have the effect of disadvantaging children in need of support. Throughout the executive summary and accompanying report, the term “grant” is used to refer to this waiver funding.

<sup>2</sup> Demonstrations in Georgia and Colorado were not confined to the Atlanta and Denver metropolitan areas; they were spread throughout various counties in each State.

<sup>3</sup>Some grantees received time extensions to compensate for initial delays; the total funding available did not change.

organization and a State child support enforcement office. Table ES-1 provides duration and funding amounts for each demonstration.

**Table ES-1. Duration and funding amounts for each demonstration site**

<b>Site</b>	<b>Waiver recipients</b>	<b>Length of waiver</b>	<b>Funding amount (including match)</b>
<b>Minneapolis</b>	University of Minnesota	April 2004– September 2009 (5 years)	\$989,999
<b>Lexington</b>	Department of Income Support, Division of Child Support Enforcement	March 2005– June 2010 (3 years)*	\$1,000,000
<b>New Orleans</b>	Louisiana Department of Social Services, Support Enforcement Services	April 2004– June 2010 (5 years)*	\$924,000
<b>Atlanta</b>	Georgia Department of Human Resources, Office of Child Support Enforcement	March 2005– June 2011 (5 years)*	\$960,000
<b>Denver</b>	Colorado Department of Human Resources, Office of Self Sufficiency, Child Support Enforcement Program	September 2005– December 2008 (3 years)	\$830,000

\*These sites received no-cost waiver extensions.

Each of the applicants applied for and received funding authority on the basis of its specific plan to achieve the CHMI and child support objectives. Because the organizations varied in nature and aimed to serve different populations, in terms of both number and demographics, the five demonstrations discussed here and in the accompanying report represent a variety of implementation approaches.

The next section and accompanying tables describe each of the programs examined in this report. We then highlight key program variations.

### **Minneapolis: Family Formation Project**

The Minnesota Healthy Marriage and Responsible Fatherhood (HMRF) Initiative’s Family Formation Project (FFP) is a partnership between the University of Minnesota’s Department of Family Social Science and the Minnesota Department of Human Services’ Child Support Enforcement Division (CSED). The FFP aimed to improve child well-being, child support outcomes, and healthy marriages and relationships among couples who were unmarried when they enrolled in the program, were in committed relationships, had recently had a child and established paternity, and lived in the Minneapolis/St. Paul metropolitan area. The program developers chose to target unmarried parents identified as “fragile families”

because, despite their initial interest in maintaining their relationships, once their child is born, research shows that these couples are at high risk of breaking up.

In December 2005, the FFP began recruiting couples to participate in the program and began service delivery in January 2006. The program aimed to serve 100 couples using an in-depth approach that delivered services to participating couples for 1 year.

The FFP service approach involved intensive, in-home healthy marriage and relationship education and coaching services, provided by facilitators who were University of Minnesota graduate students with degrees in social work or marriage and family therapy. Facilitators chose from multiple curricula<sup>4</sup> made available through the program. Facilitators also conducted needs assessments and made referrals to other services to address couples' needs, including employment, housing, couples counseling, domestic violence, and child support services. In addition to the one-on-one services, the FFP also offered couples monthly group educational events. The program model did not set standards or minimums for the number of hours of service couples were to receive.

A final component of the demonstration was the establishment of two groups of mentor couples. One group was the "partnership couples group," consisting of four married couples from the community who met with project staff monthly to advise on program design issues. The partnership couples group also worked directly with FFP participants by providing one-on-one couple mentoring when requested. The other group, the "participant leadership couples group," was a group of about 10 participating couples nominated by project staff to provide advice on improving the program and input to plans for the monthly group educational events.

### **Lexington: The Bluegrass Healthy Marriage Initiative**

The Bluegrass Healthy Marriage Initiative (BHMI) is a partnership between the University of Kentucky's Department of Family Studies; the Kentucky Cabinet of Health and Family Services Department of Income Support, Division of Child Support Enforcement; and IDEALS of Kentucky, a nationally known marriage education provider. The BHMI aimed to improve family stability and child well-being by increasing access to marriage and relationship education, promoting awareness of the importance of healthy marriages and relationships among a coalition of community organizations, and improving child support outcomes among program participants. BHMI operators planned to serve 1,000 individuals in eight counties in or around Lexington, KY. A diverse group of individuals and couples in many relationship arrangements was targeted, including those who were dating, cohabiting, engaged, married, and separated or divorced. The project began service delivery in fall 2007.

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<sup>4</sup> These curricula included the Family and Democracy Model; PREPARE, components of PREP, and educational materials developed by John Gottman.

The BHMI had both a research and an educational service delivery component. For the research component, University of Kentucky research staff developed a survey of marriage and relationships to be administered to individuals and couples recruited from organizations that were members of the BHMI community coalition. Survey results were then summarized and provided to the partner organizations so they had better information about various aspects of their members' marriage and family relationships. The organizations then used the information to develop or refine services that better addressed the circumstances and needs of their members. The educational component was initially a train-the-trainer model through which partner organizations trained staff to deliver marriage and relationship education. However, this model did not routinely result in those trained actually facilitating marriage education workshops within their organizations. As a result, project leadership elected to revise their approach and utilize a direct service-delivery model through one partner, IDEALS of Kentucky. Curriculum choices were limited to two programs developed by this organization: Mastering the Mysteries of Love for couples and Love's Cradle for lower-income unmarried parents. IDEALS facilitators delivered the curricula in 16 hours over a 2-day period, although they were flexible and adapted the schedule for organizations that requested it.

BHMI did not conduct needs assessments or provide client referrals to other services. Information about child support was distributed at the beginning of each class. In addition, the facilitators distributed a brochure about domestic violence, and participants watched a 10-minute video on the topic. The facilitators did not conduct an upfront assessment of domestic violence before class enrollment, but if class participants disclosed domestic violence, the facilitators informed them about support services, such as crisis counseling and safe housing.

### **New Orleans: Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative**

The Louisiana Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative is a first-time partnership between the Louisiana Department of Social Services, the Office of Family Support, Support Enforcement Services, and Total Community Action (TCA) of New Orleans, LA. TCA is a nonprofit, community-based agency providing multiple services to low-income families. The partners worked together to develop and launch "Families Matter!" (FM) that was operated and staffed by TCA.

The Families Matter! program used a case management model to provide marriage and relationship educational classes and access to TCA's other comprehensive services and referrals. The program aimed to serve 300 parents or expectant parents who lived in New Orleans or Jefferson Parish and had incomes under 200 percent of the Federal poverty line. Implementation of the program was delayed because Hurricane Katrina destroyed TCA

facilities. Once TCA's facilities were rebuilt in 2008, the full program of case management and educational services was implemented.

The service delivery approach combined in-depth case management, a specialized education curriculum, and referrals to other services to address the needs of the married and unmarried parents. The education component used the Fragile Families curriculum, taught by TCA staff members trained as facilitators. Three types of group classes were held—for couples, fathers, or mothers—and each consisted of eight 2-hour weekly class meetings. In addition to education workshops, TCA case managers offered participants access to other services the agency provided, if needed, including early childhood education (Head Start), after-school tutoring, dropout prevention, drug court services, housing assistance, employment assistance, and financial planning. Case managers also provided referrals to appropriate agencies when domestic violence and child support issues arose. TCA staff relied on existing relationships with other community organizations rather than establishment of new coalitions for demonstration purposes.

### **Atlanta: The Georgia Healthy Marriage Initiative**

The Georgia Healthy Marriage Initiative is a partnership between the Georgia Department of Human Services, Division of Child Support Services, and the Georgia Family Council, which is a nonprofit research and education organization based in Atlanta, GA.

The primary aim of the demonstration was to develop a large-scale community saturation effort to provide HMR education services in six geographically dispersed communities to singles and to married and unmarried couples. The partners focused on building the capacity of faith- and community-based organizations and government agencies to form coalitions and to train an extensive volunteer workforce to deliver program services. The program set a goal of having 750 certified trainers and providing HMR education to 7,500 participants over the course of 5 years, starting in January 2006.

This focus on coalition capacity-building set this demonstration apart from most other Section 1115 projects. The coalition partners and their volunteers took full responsibility for service delivery. Volunteers attended training in various marriage education curricula and, upon completion, became certified trainers, responsible for organizing, recruiting, and facilitating classes in their respective communities. This approach results in wide variation in the classes offered, including curriculum, service delivery format (e.g., weekend, 1-day, weekly classes), and graduation requirements. Leaders at each local organization decided which of 14 approved curricula<sup>5</sup> best met the needs of families in that specific community

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<sup>5</sup> The curricula are Couple Communication; Facilitating Open Couple Communication, Understanding and Study (FOCCUS) Inventory; African-American Marriage Enrichment; How to Avoid Marrying a Jerk; A Black Marriage Education Curriculum: Basic Training for Couples; PREPARE/ENRICH Inventory; Practical Application of Intimate Relationship Skills (PAIRS)—Passage to Intimacy; 10 Great Dates to Energize Your Marriage; 8 Habits of a Successful Marriage; Smart Steps for Adults and Children in Stepfamilies; Survival Skills for a Healthy Family; LINKS: Lasting Intimacy through Nurturing, Knowledge and Skills; and 10 Rites of Passage.

and their volunteers were then trained and certified to teach or facilitate the selected curricula.

The local organizations typically did not provide formal linkages to other services for individuals and couples who enrolled in the HMR education classes. The teachers/facilitators were provided with information about domestic violence to hand out to participants, as well as a referral list of domestic violence social service organizations, but they were not formally trained in domestic violence. The program discourages participation from those who are experiencing domestic violence, although there is no formal screening process.

### **Denver: Colorado Healthy Marriage and Responsible Fatherhood (HMRF) Community Demonstration Initiative**

The Colorado Healthy Marriage and Responsible Fatherhood Community Demonstration Initiative is a first-time partnership between the Colorado Department of Human Services, the Office of Self Sufficiency, the Child Support Enforcement Program, and the Family Resource Center Association (FRCA). The FRCA is a statewide network of 24 community-based Family Resource Centers (FRCs). The coalition launched the “Partner Up” program to add healthy relationship and marriage education services and access to child support services, to the services offered at five FRCs—two in the Denver metropolitan area and three in other parts of the State. Staff began delivering services in October 2006. The program aimed to serve 300–400 unmarried parents as well as individuals interested in developing healthier relationships.

Partner Up service delivery was based on a decentralized, case management model that allowed each FRC to tailor programming to fit within its current structure and meet the needs of local couples and individuals. Each FRC made its own decision on the relationship and marriage education curricula taught and the class format. All FRCs offered either CORE Communication for singles or Couples Communication for couples; two FRCs offered both curricula. Additionally, two of the FRCs offered the Fragile Families curriculum designed for low-income, unmarried parents. Class formats differed across FRCs according to the needs of the local community and the curricula selected; classes met from 1.5 to 3 hours per session for 1–10 weeks. Each FRC also set its own definition of graduation; some FRCs had no graduation requirements, some allowed participants to miss one or two classes, and some required participants to complete all class sessions.

The FRCs offered a wide range of other existing services, including paternity referrals, prenatal counseling, employment referrals, Even Start programs, and parenting classes; these services were also available to Partner Up participants. Staff were provided with a domestic violence protocol that assessed whether there was any past or present domestic violence of participants and established procedures to make referrals to services when needed. Because Partner Up was added into an existing social service infrastructure with

linkages to other service providers in the community, the project partners decided not to form new community coalitions.

## Characteristics of Participants

Data presented in this section reflect the characteristics of participants involved in the first 2–3 years of the five demonstrations.<sup>6</sup> Each approved demonstration proposed targets for the number of individuals or couples it aimed to reach. At the time of the site visits, the sites had served populations of varying sizes, ranging from 96 couples (182 individuals) in Minneapolis to more than 2,100 individuals in Atlanta.

The racial and marital status of participants served during the period covered by the data also varied across demonstration sites, influenced by differences in the populations and geographic areas targeted by each site. As shown in table ES-2, Black participants as a share of all participants ranged from 96 percent in New Orleans to 18 percent in Lexington and 8 percent in Denver. In both Lexington and Denver, the majority of participants were White (69 percent and 58 percent, respectively). The participants in Minneapolis were the most racially diverse, with 34 percent Black, 14 percent Hispanic, and 49 percent White. The marital status of participants when they entered the programs varied widely as well, from 0 percent married in Minneapolis, to 17 percent in Atlanta, 25 percent in New Orleans, 39 percent in Denver, and 50 percent in Lexington.

**Table ES-2. Race/ethnicity and marital status of participants**

	Minneapolis	Lexington	New Orleans	Atlanta	Denver
Race/ethnicity					
Black	34%	18%	96%	13%	8%
Hispanic	14%	2%	0%	10%	16%
White	19%	69%	0%	1%	58%
Missing data	33%	11%	4%	75%	18%
Marital status					
Married	0%	50%	25%	17%	39%

A large share of participants had contact with the child support system. At the beginning of the demonstrations, 61 percent of participants in Minneapolis had a record in the child support system. For the remaining sites, perhaps driven in large part by the variation in the

<sup>6</sup> Several of the demonstration sites experienced challenges in collecting, entering, and storing participant data in their respective management information systems. Because of these challenges, and the fact that the data were collected before service provision had ended, the characteristics discussed in this executive summary cannot necessarily be considered representative of all participants.

populations served, the proportion with a child support record was 20 percent in Atlanta, 23 percent in Lexington, 31 percent in Denver, and 53 percent in New Orleans.<sup>7</sup>

## **Overview of Program Implementation**

In this section, we describe differences in how the sites (1) teamed with partners to engage the community in their demonstration activities, (2) differed in the scale and intensity of the services they provided, (3) delivered services, and (4) established relationships with State child support enforcement offices.

### ***Community Engagement and Partnerships***

Each of the five demonstration sites took a distinctive approach to engaging the local community in demonstration activities or goals, including achieving child support objectives. In all five demonstration sites, a partnership between a nonprofit organization and the State child support office oversaw the demonstrations. These initial partnerships were established to help organize and manage the program, but sites varied in the extent to which they formed and leveraged additional partnerships (see table ES-3 for details).

Some sites established broad-reaching coalitions with a number of partnering organizations and leveraged those partnerships to work toward their objectives. In the Lexington demonstration, for example, leaders were able to engage a large number of new community organizations into local coalitions focused on healthy marriage and relationship issues. The lead organizations hosted large-scale community events and conducted quarterly in-service training workshops attended by organization staff. In Atlanta, demonstration leaders also had a strong focus on community engagement efforts, resulting in community partnerships that attracted volunteers who were trained to conduct educational workshops, promote the objectives of the demonstration within the community, and serve as recruiters. In addition, these community partnerships participated in and supported community awareness campaigns on the relationship between healthy marriage and child well-being. In New Orleans, TCA, the lead organization, used existing relationships with various community organizations to enhance its ability to recruit participants and perform outreach and awareness activities.

Some sites were less active in engaging and establishing community partnerships or coalitions. Minneapolis's plan did not entail using community coalitions. Similarly, the Denver demonstration relied on existing linkages with other community service providers to support recruitment efforts, without establishing new or formal coalitions.

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<sup>7</sup> Data were drawn from the management information systems at each demonstration and matched with State child support IV-D records. With the exception of Minneapolis, sites were not able to match all records. As a result, the percentages shown here are based on a portion of participants that may not be representative of all participants.

**Table ES-3. Number of partners and nature of the partnerships for each demonstration site**

Site	Number of partners	Description of partnerships
Minneapolis	4 partners	This partnership was mainly between the Minnesota Department of Human Services Child Support Enforcement Division and the University of Minnesota's Department of Family Social Science.
Lexington	43 partners	This partnership was formed through signed agreements between the Bluegrass Healthy Marriage Initiative and partners.
New Orleans	31 partners	Total Community Action used existing relationships to build this partnership.
Atlanta	73 partners	Partnerships were developed across six sites statewide specifically for the Georgia Healthy Marriage Initiative.
Denver	No formal partners	This partnership relied on existing Family Resource Center networks of relationships for recruitment and referral.

### ***Scale and Intensity of Services***

The number of participants served and the intensity of programming varied widely by site. The number of participants ranged from about 200 in Minneapolis and New Orleans to more than 2,100 in Atlanta. Because these demonstrations were intended to explore the promise of relationship-strengthening approaches to improving child support outcomes, each had its own specific approach. Some approaches involved a very intense, year-long engagement with a smaller number of couples (Minneapolis), whereas others involved shorter classes or workshops for a larger number of people (e.g., Atlanta). In addition, as is typical when implementing new approaches, some sites faced more challenges than others in recruiting and retaining participants.

In Minneapolis, there were no minimum hours of programming and facilitators conducted in-home coaching for a full year. In Lexington and Atlanta, the number of class hours per participant (16 hours) was approximately the same as in New Orleans, although the former two sites served significantly more participants. In New Orleans, the program involved an 8-week commitment of participating in 2-hour classes. In Lexington, participants could take 16 hours of classes over a 2-day period. Atlanta offered several different curricula, which differed in terms of hours and number of weeks. Denver, which served nearly 600 individuals, permitted partners to offer programs with a wide range of possibilities, some as little as 3 hours per week for only a few weeks.

### ***Service Delivery***

All five demonstration sites built in a flexible approach to their HMR training, with the curricula and personnel varying widely. Minneapolis, with its in-home coaching model, allowed facilitators to choose from several different curricula to address the needs of participants and did not require specific class formats. Denver's decentralized service approach allowed local FRCs to choose from several HMR curricula, which varied in the number of weeks per class and the number of hours spent with participants each week. Atlanta provided facilitators with training and access to 14 different curricula, but specified a minimum number of hours for each curriculum. Facilitators in Lexington used one of two curricula, but adjusted the class format depending on the needs of participants. Lastly, New Orleans used only one curriculum, but allowed facilitators flexibility to alter some components of the curriculum to better fit the needs and questions of participants.

Provision of referrals and wrap-around services also varied at each demonstration site, largely because of the capacities of the lead organizations. The demonstrations in Denver and New Orleans were both led by organizations that had the capacity to provide an array of additional support services. The design of the demonstration in Minneapolis was better-suited to providing referrals to other organizations that would provide additional support to participating couples. Although Lexington and Atlanta both established large community partnerships to help achieve HMR-related service delivery goals, both were challenged by the effort to leverage those relationships to ensure that their partners were able to refer participants to other necessary services.

### ***Links With Child Support***

The State child support agency was the official fiscal agent and administrative authority responsible for the demonstration in each location. Notwithstanding this formal designation, the five demonstration sites varied in the level and type of involvement with child support enforcement offices.

Throughout the program period covered by this report, the Minneapolis demonstration, which served unmarried parents, had a very close partnership with the State child support enforcement office. This partnership allowed facilitators to learn about child support issues and policies, effectively answer participants' child support questions. New Orleans, which also had a close working relationship with child support, used its assessment process to screen for child support issues and make any necessary referrals. In Atlanta, it was more difficult for the newly created nonprofits dispersed in multiple counties to establish strong partnerships with local child support agencies. As a result, facilitators primarily provided participants with general child support information. In Lexington, the dispersion of service delivery also may have contributed to a limited partnership with the local county attorneys' offices responsible for child support. Turnover in the position designated as the liaison between the demonstration staff and the child support enforcement office in the Denver

demonstration resulted in limited linkages with the child support system during the study period.

## **Summary**

The core services of each site are summarized in Table ES-4.

This review of the implementation of five Section 1115 demonstration sites found that local demonstration sponsors were able to mount sizable initiatives to teach individuals and couples healthy relationship and marriage education skills and provide related services. Large numbers of married couples and unmarried individuals and couples have attended classes and other activities to improve their relationships. The demonstration programs have, to date, served a racially diverse group of low- to moderate-income individuals.

The demonstration leaders have involved many other organizations in support of their goals. They used existing networks or formed new coalitions of partners to help identify and refer individuals and couples for demonstration services or to meet the needs of individuals or couples referred to them by demonstration staff. Partners also supported community awareness campaigns on the relationship between healthy marriage and child well-being, and were a source of volunteers who served in various roles, including conducting classes and workshops.

Documentation of the approaches and experiences of the leaders and staff within these demonstration programs may provide useful guidance to others interested in implementing similar or different services with similar service delivery models.

**Table ES-4. Core services provided in demonstration sites**

Site	Model of service delivery	Curricula	Class dosage/ requirements	Additional services/referrals
<b>Minneapolis</b>	In-home coaching tailored to identified needs; monthly group meetings	<ul style="list-style-type: none"> <li>▪ Family and Democracy Model</li> <li>▪ PREPARE</li> <li>▪ PREP</li> <li>▪ John Gottman materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1 year in-home coaching</li> <li>▪ No minimum hours</li> <li>1. Monthly “Couples Connection” meetings</li> </ul>	<ul style="list-style-type: none"> <li>▪ Domestic violence screening</li> <li>▪ Needs assessment</li> <li>▪ Discounts for family therapy</li> <li>▪ Housing service referrals</li> <li>▪ Parenting education referrals</li> <li>▪ Child support referrals</li> <li>▪ Mental health referrals</li> </ul>
<b>Lexington</b>	Direct service delivery from IDEALS, which is a nationally known HMR provider	<ul style="list-style-type: none"> <li>▪ Mastering the Mysteries of Love</li> <li>▪ Love’s Cradle</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preference for 16 hours over 2 days, but facilitators are flexible</li> <li>▪ No minimum hours or format required</li> </ul>	<ul style="list-style-type: none"> <li>▪ Domestic violence awareness information</li> <li>▪ No formal needs assessments</li> <li>▪ Distribution of child support information</li> </ul>
<b>New Orleans</b>	Case management model provided through TCA	<ul style="list-style-type: none"> <li>▪ Fragile Families</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weekly 2-hour classes for 8 weeks</li> <li>▪ Attendance at 6 of 8 classes required for graduation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Head Start</li> <li>▪ Dropout prevention</li> <li>▪ Domestic violence prevention training</li> <li>▪ Housing/weatherization assistance</li> <li>▪ Asset building</li> <li>▪ Domestic violence referrals</li> <li>2. Child support referrals</li> </ul>
<b>Atlanta</b>	Train-the-trainer model to provide community partners with trained HMR facilitators	<ul style="list-style-type: none"> <li>▪ Access to 14 different curricula, tailored to the needs of the community</li> </ul>	<ul style="list-style-type: none"> <li>▪ From 6 to 8 hours to 16 to 18 hours, depending on the curriculum</li> <li>▪ Minimum of 6 hours</li> </ul>	<ul style="list-style-type: none"> <li>▪ Domestic violence protocol</li> <li>▪ No formal linkages to other services</li> <li>▪ Certified trainers are provided with information about other services, including financial assistance and addiction support groups</li> </ul>
<b>Denver</b>	Local FRCs manage service delivery and facilitate HMR classes	<ul style="list-style-type: none"> <li>▪ CORE Communication</li> <li>▪ Couple Communication</li> <li>▪ Fragile Families</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1.5–3 hours</li> <li>▪ 1–10 weeks, depending on location and curriculum</li> <li>▪ Graduation requirements differ across FRCs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Domestic violence screening</li> <li>▪ Even Start programs</li> <li>▪ Parenting classes</li> <li>▪ Paternity referrals</li> <li>▪ Prenatal counseling referrals</li> <li>▪ Employment referrals</li> </ul>

NOTE. FRC = Family Resource Center; HMR = healthy marriage and relationship; IDEALS = Institute for Development of Emotional and Life Skills; TCA = Total Community Action.