Evaluation of the Community Healthy Marriage Initiative Implementation Study

Office of Management and Budget Clearance Package and Data Collection Instruments

Continuation of Implementation Study (OMB No: 0970-0283)

Prepared for

Office of Planning, Research and Evaluation
Administration for Children and Families
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A. JUSTIFICATION

1. Circumstances of Information Collection

Background

The Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is conducting an evaluation of selected Community Healthy Marriage Initiative (CHMI) projects. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) included the formation of two-parent families and the reduction in the share of children born outside marriage as explicit legislative goals. As part of the CHMI, the Office of Child Support Enforcement (OCSE), through waivers authorized under Section 1115 of the Social Security Act, and the Office of Family Assistance, through direct grants, has awarded funding for marriage-education services for demonstrations in over 80 communities. These projects are designed to promote child support enforcement objectives including parental responsibility and the financial well-being of children through the provision of marriage-education services.

The CHMI projects generally involve local coalitions that aim to saturate their communities with marriage education, relationship skills training, media messages, and other related activities and in so doing, increase the number of healthy marriages, reduce divorce, and change the norms in the communities to be more supportive toward 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 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 to generate benefits for children as well as couples.

These efforts to support healthy marriages and parenting to improve child well-being are based on an evolving literature that links unmarried parenthood to a range of negative outcomes for children and adults. Over half of poor families with children are not headed by a married couple. Chronic poverty is even more concentrated among families headed by unmarried parents. The economic and other disadvantages related to the absence of a parent often hurt children's academic performance and limit their long-term economic and social well-being (e.g., see McLanahan and Sandefur, 1994). Unfortunately, the share of children living with married, biological parents has declined dramatically over recent decades, especially in low-income and minority communities.

Married-couple families with children have much higher living standards and are less poor than other families. Even among poor and near-poor families with children, married couples are better able to avoid material hardship than families headed by unmarried parents (Lerman, 2002; Lerman, 1996; Thomas and Sawhill, 2001, Lichter, Graefe, and Brown, 2001). Among couples with the same earnings capacity, the economic advantages of marriage over cohabiting remain significant (Lerman, 2001). Among the plausible reasons for economic advantages of married couples relative to similar cohabiting couples are support from family members and a heightened incentive to earn, sometimes called the marriage premium.

Striking new evidence from the Fragile Families and Child Well-Being Study reveals that many individuals who become and remain unmarried parents initially plan to marry but do not. Unmarried parents of newborn children cite financial concerns, relationship problems, and timing issues as the most common obstacles to marriage (Gibson, Edin, and McLanahan, 2003). These and other findings suggest that many couples who have recently had children or who have not yet had children might benefit from a mix of marriage-related activities and services of the type implemented under Community Healthy Marriage Initiative (CHMI) demonstrations. In addition, there is a research base showing that marriage education can strengthen the relationships of married couples, yielding improved relationship quality and stability.

The Evaluation of the Community Healthy Marriage Initiative

In addition to providing communities with resources to implement CHMI activities, ACF is sponsoring an eight-year evaluation of CHMI. The evaluation has two main components: (1) an implementation study that will assess and document project outcomes and the ways in which marriage education and child support activities are implemented in CHMI, and (2) an impact study that will estimate community-level effects on marriage, child well-being and child support outcomes in CHMI and comparison sites. **The purpose of this information collection package is to continue collecting data for the implementation study under the protocols previously approved by the Office of Management and Budget (OMB No: 0970-0283).**

The Evaluation of the Community Healthy Marriage Initiative project is one component of a research strategy aimed at testing the efficacy of individual service and community efforts to promote healthy marriages. Two other components (Building Strong Families and Supporting Healthy Marriage) involve random assignment experiments to estimate the impact of a specified set of marriage education services on the specific target populations. *The focus of CHMI is on the community.* The community approach hypothesizes that healthy marriages should be supported not only through direct services used by individuals and couples but also through the broader local environment, including the messages delivered by media, pastors and other opinion leaders, and the experiences of peers and family members.

The marriage-related services offered as a part of the CHMI demonstrations constitute a mix of interventions. Some are premised on an increase in the access in low-income communities to services that support marriage. Access to marriage preparation and enrichment classes, communication skills and related services can offer specific assistance to people in various stages of a relationship. Simultaneous community events and media efforts are intended to increase the understanding within the community of the benefits of marriage and the potential for marriage education to improve the chances of a healthy, stable marriage.

The CHMI implementation study will describe the initiatives, document their implementation over time, and provide information about the initiatives that can be used as input variables for the future impact analysis. Among the topics covered in the implementation studies will be the formation, building, and dynamics of local coalitions, the design and goals of the local initiative, the mix of interventions and how they are delivered, the outreach and coverage of marriage-related activities, the composition and flow of participants into service programs, the public information campaigns, and the sustainability of the activities. Though we expect many common elements, each

initiative will be using its own strategy, and lessons from each will be instructive. Particularly important will be an analysis of whether and how CHMI changes the child support operations, including any increased linkages between child support and marriage-related activities. Combining information from all the sites will be useful for evaluating the variety of ways that a community may implement a program of this nature, and will provide an array of options for communities that may want to implement similar programs in the future.

Implementation studies will occur in 14 CHMI Section 1115 waiver sites, three OFA-funded sites selected for the impact study, and three comparison sites where no OFA-funded activity is underway. The implementation analysis will inform the impact study by providing a solid characterization of the marriage-related activity that is occurring in the communities. This characterization will go beyond the Federally funded activities to understand what premarital counseling may be provided by clergy or other community organizations that are not CHMI-affiliates. The implementation work is expected to guide and supplement efforts to catalog marriage-related activity. The specific information collected will be the location, accessibility, and extent of service delivery in each site. These data will provide the basis for the instrumental variables in econometric models used to assess CHMI impacts.

The Plan for the Implementation Study

In December 2006, ACF's Office of Family Assistance funded over 80 new grantees as part of CHMI. As mentioned, three sites were selected for the impact evaluation, along with three comparison sites. Three site visits will be made to each of the CHMI impact and comparison sites over the course of their demonstrations, and one site visit will be made to sites funded with Section 1115 waivers. Performance periods for the demonstrations range between 2–5 years.

Through the end of October 2007, we had completed one site visit to seven Section 1115 sites, and one site visit to each treatment and comparison site. Between September 2008 and September 2011, the period covered by this request for continuation, we expect to complete one visit to eight Section 1115 sites, and two visits to each treatment and comparison site (see Table 1). The site visits will be made by two people and will last three days in most sites (with fewer days and people in sites with smaller initiatives). To provide context for the impact study, site visits to impact and comparison sites will occur around the time that survey data is collected.

TABLE 1
Schedule of Site Visits

	LOCATION	CHMI Site	Site Visit 10/04 - 10/07	Site Visit 10/08-9/09	Site Visit 10/09-9/10
1	Idaho (Nampa)	1115	X		
2	Michigan (Grand Rapids)	1115	X		
3	Virginia (Roanoke)*	1115			
4	Illinois (Chicago)	1115	X		
5	Louisiana (New Orleans)	1115		X	
6	Massachusetts (Boston)	1115	X		
7	Minnesota (Minn / St. Paul)	1115		X	
8	Florida (Jacksonville)	1115	X		
9	Georgia (Multi-County)	1115		X	
10	Kentucky (Lexington)	1115		X	
11	Washington (Lakewood)	1115			X
12	Washington (Yakima)	1115			X
13	Colorado (Denver)	1115	X		
14	Ohio (Clark County)	1115			X
15	Indiana (Indianapolis)	1115			X
16	Missouri (St. Louis)	Impact	X	X	X
17	Texas (Dallas)	Impact	X	X	X
18	Wisconsin (Milwaukee)	Impact	X	X	X
19	Missouri (Kansas City)	Comparison	X	X	X
20	Texas (Fort Worth)	Comparison	X	X	X
21	Ohio (Cleveland)	Comparison	X	X	X

* Due to administrative problems, funding was cut. No plans to reapply.

The data will be collected through semi-structured administrative interviews with program staff and partners in the community. The exact number and type of individuals that will be interviewed will vary by site, depending on the specific project model, including its service delivery arrangements, use of partners and community-based coalitions. In general, it is planned that each site visit will include interviews of the CHMI core project staff, key community-based partner staff, and healthy marriage community coalition stakeholders. Most of the interviews will be conducted on an individual basis. In some cases, however, a small number of group interviews will be conducted if the number of similar types of respondents is too large to interview each separately without logistical inconvenience. The specific individuals to be interviewed in each of the CHMI sites will be determined during the pre-visit planning period, in consultation with the core project staff.

Site visitors will use a prepared discussion guide to conduct these administrative interviews (see Appendix A). The guide is an outline of topics with sample questions and probes that is intended to elicit the information needed to document details of the CHMI projects and efforts in the community to promote marriage. The guide covers 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 semi-structured nature of the interview guide is purposively designed to allow site visitors maximum flexibility in tailoring their discussions to the different perspectives of respondents and the unique circumstances that prevail at each site.

The data collected through administrative interviews will be supplemented by information collected in small group interviews of current or recent CHMI participants who have received marriage/relationship education services through the demonstration. These interviews will generate insights into participants' experiences and perceptions with the CHMI interventions, as well their general perspectives on marriage and relationship issues. One small group interview consisting of about five individuals will be held in each site. The facilitator will use a discussion guide to moderate and direct discussion (see Appendix B). Similar to the discussion guide used for the administrative interviews, the protocols are intended to be flexible and adaptable but also ensure that the same kinds of questions are asked of all participants across sites. The group interviews will be recorded and transcribed. Participants will also be asked to complete an anonymous information form with questions about their race/ethnicity, age, gender, education, marital and relationship status, and the CHMI marriage/education activity in which they participated (see Appendix C). No statistical inferences will be drawn from these data but they will help ground the findings from the impact study by creating a profile of the characteristics of those participating in the interventions.

In addition to on-site visits, staff will conduct an ongoing review of written, visual, and audio materials relevant to the planning, implementation and ongoing operation of the demonstrations. This review will not place additional burden on respondents, other than at the initial request for information. Staff will obtain documents and other background information through web searches whenever possible. Staff will also document site activities between site visits by joining in as silent participants on already scheduled monthly project calls for Section 1115 sites led by Federal staff. For impact sites, quarterly calls with the project director to provide short updates on program activities will be scheduled.

The site visits conducted for the CHMI implementation study will be further supplemented with contextual area-level data and aggregate data provided from existing management summary reports generated by the site MIS systems. In CHMI sites funded under OCSE 1115 waivers, some MIS participant and service receipt data will be merged with child support administrative data to produce individual-level data on participants' child support outcomes. While changes in outcomes cannot be interpreted as being due to CHMI, tracking data on the types of people who seek services from CHMIs is important information for the targeting of future programs as well as for the design phase of the impact study.

The specific use of the sites' MIS data is to characterize the participants in CHMI activities. Given the new type of service that marriage education represents, understanding who participates, what draws them to participate, and what services they participate in, is interesting and new. The MIS data will provide a profile of participants in terms of their demographic characteristics, referral sources, and service use. Some sites are also collecting information on service satisfaction and client reports of behavior changes due to participation in CHMI.

2. How, by Whom, and For What Purposes Is the Information to be Used?

RTI International and its subcontractors, the Urban Institute and the Crider Group, are responsible for the data collection and analysis of this study for the U.S. Department of Health and Human Services, Administration for Children and Families. The data collected for the implementation study will provide valuable information and lessons for Federal, state and community level policy makers and stakeholders interested in learning how community healthy marriage projects can reach potential clients, provide services, and overcome implementation challenges. This information will inform ACF about the development and implementation of community healthy marriage initiatives, the characteristics of these initiatives, recruitment and outreach strategies, targeting efforts, and innovative approaches for linking child support with marriage education activities.

3. **Use of Automated, Electronic, Mechanical, or Other Technological Collection Techniques**

At present, it is not anticipated that the implementation study will use automated, electronic, mechanical, or other technological methods for the collection of information obtained through the semi-structured in-person interviews. When collecting background information on sites, staff will use web searches whenever possible to reduce potential burden on interviewees.

4. **Efforts to Identify Duplication**

The full CHMI evaluation is an important piece of ACF's large-scale research agenda aimed at testing the efficacy of individual service and community efforts to support healthy marriages and understanding how such initiatives and programs operate. The CHMI evaluation's focus on the community (as opposed to individuals or couples) is a unique feature of this evaluation compared to other evaluation efforts of marriage-strengthening programs currently underway. The CHMI implementation study is non-duplicative, as no research on the implementation of the CHMI demonstrations has been conducted.

5. **Minimizing Impact on Small Businesses and Other Small Entities**

The CHMI demonstrations to be examined in the CHMI implementation study will be administered by not-for-profits or government entities. There may be instances, depending on the specific project model, where projects forge linkages with small businesses (e.g., consulting or media relations firms). In these cases, the information that will be requested will be held to the absolute minimum for the intended use. Moreover, participation in administrative and small group interviews for implementation evaluation purposes is completely voluntary, and there is no penalty for non-participation.

6. **Consequences If the Collection Is Not Conducted**

High quality evaluation results will be essential to understanding the efficacy of types of marriage initiatives that work and under what circumstances. At present, little is known about the effectiveness of efforts to affect attitudes regarding marriage and to provide marriage education at the community level. The CHMI evaluation will provide vital information to Congress about these types of efforts and their effectiveness. The CHMI implementation study is critical to understanding the findings from the CHMI evaluation. The CHMI implementation study will provide important information about the design of community-level interventions and how they are implemented. To fully document the implementation process, and understand how the implementation process evolves, it is necessary to understand the intervention's early start-up stages as well as steady state.

7. Special Data Collection Circumstances

In all respects, the CHMI implementation evaluation data will be collected in a manner consistent with the guidelines in Title 5, Section 1320.6 of the Code of Federal Regulations. There are no special circumstances that will require deviation from these guidelines.

8. Consultation Outside the Agency

A Technical Work Group was convened in 2006 to provide expert technical and substantive input on the CHMI evaluation design products (e.g., sample plan, impact data analysis plan).

The proposed semi-structured instruments to be used in the implementation study were drafted by ACF's evaluation contractor team. Input was received from:

RTI International: Susan Mitchell, Anupa Bir, Pam Joshi
The Urban Institute: Robert Lerman, Pamela Holcomb, Carolyn O'Brien

The Federal Register notice, initiating the 60-day period for public comment, was published on April 8, 2008 (see Appendix D). No comments were received from the public.

9. Remuneration to Respondents

Remuneration will not be provided to the respondents participating in CHMI administrative interviews. All participants in the small group interviews will be offered $30 to reimburse them for the time and cost involved in participating.

10. Confidentiality

The CHMI implementation evaluation will be conducted in accordance with relevant regulations and requirements, including the Privacy Act of 1974 (5 USC 552a), the Privacy Act Regulations (34 CFR Part 5b), and the Freedom of Information Act (5 CFR 552) and related regulations (41 CFR Part 1-1, 45 CFR Part 5b, and 40 CFR 44502).
Staff will be fully informed about the evaluation contractors' policies and procedures regarding the confidentiality of individual responses. Trainings to review these policies and procedures will be conducted for all participating staff visitors prior to each round of site visits. Staff will sign a confidentiality pledge that emphasizes the importance of confidentiality and describes their obligations.

The site visit analysis will be descriptive in nature. The types of respondents interviewed will be described but the views held by individuals will not be quoted or directly attributed to them by name, unless they grant permission to do so.

11. Questions of a Sensitive Nature

Respondents participating in the administrative interviews conducted as part of the CHMI implementation study will not be asked questions of a sensitive nature. Although respondents may be asked to discuss the role of faith-based entities in the initiative or how participants in the initiative responded or reacted to marriage-related services, respondents will not be asked to divulge details about their own religious beliefs, their marital status, or other matters about their lives that are commonly considered private. Program participants will be asked to discuss their views and perceptions of the marriage education services they have received and to identify factors they think affect the quality of relationships between couples and marriage education services. However, participants will not be asked to divulge details about whether or how these factors have influenced their own personal relationships.

12. Respondent Burden

For the period September 2008 – August 2011, burden on respondents will be created by the implementation study that includes one site visit to eight Section 1115 sites, and two visits to six treatment and comparison sites. The visits will include (1) administrative interviews with project staff and other individuals in the community involved in CHMI activities, and (2) small group interviews with individuals that participate in an activity or service provided by the program.

We estimate that in each round of site visits, evaluators will hold administrative interviews lasting an average of 2 hours with up to 30 individuals. Some respondents may be interviewed in less time, depending on their role and duration with the project, while others may require multiple interviews lasting more than two hours to fully cover the topic areas. For purposes of estimating burden, we assume an average of 2 hours per response.

In addition, one small group interview consisting of an average of 5 participants will be conducted in each site. Each small group interview will last approximately 70 minutes, and information will not be gathered more than once from each individual.

As summarized in Exhibit 1, the average annual burden is estimated to be 440 hours over a three-year period.

EXHIBIT 1
Estimated Annual Respondent Burden

Interview/Respondent	Number of Respondents	Average Number of Responses per Respondents	Average Burden Hours per Response	Total Burden hours
CHMI administrative interviews	600 *30 respondents x 20 sites = 600 respondents*	1	2	1,200 total/ 3 years = 400 per year
CHMI small group interviers	100 *5 participants x 20 sites = 100*	1	1.2	120 total/ 3 years = 40 per year
		TOTAL RESPONDENT BURDEN		440

13. Estimated Costs to Respondents or Record Keepers

There is no start-up cost or ongoing actual financial cost incurred by respondents participating in the CHMI implementation study. As mentioned, program participants will receive a financial incentive to offset the cost and burden associated with their participation.

14. Annualized Cost to Government

The estimated cost to the Federal government for conducting the CHMI implementation study is shown below.

Year	Annual Estimated Costs ($)
2	892,358
3	792,871
4	202,577
5	398,952
6	336,832
7	159,709
Total	2,783,299

15. Changes in Burden

This is a continuing study and there are no changes in burden.

16. Tabulation and Publication Plans and Time Schedule for the Project

The data collected by the implementation study will be described in two different formats:

- **CHMI Section 1115 Site Visit Reports:** Reports on site visits to Section 1115 sites will be consolidated into two annual reports issued in 2009 and 2010, about three months after the visits are completed. The reports will detail key design features, planning and start-up issues, staffing and organization, services and activities, and implementation challenges and lessons

- **Final CHMI Evaluation Report:** The findings from the implementation study will also be incorporated into the CHMI evaluation final report that will be submitted to DHHS by the evaluation contractor. The findings will be based on a cross-site analysis of site visits. The cross-site analyses will capture similarities and differences between the sites in terms of key programmatic and operational features, and provide a fuller account of their implementation experiences over time. The final report will be submitted in 2011 and will include results from the impact study. Findings from the implementation study will provide context for observed impacts.
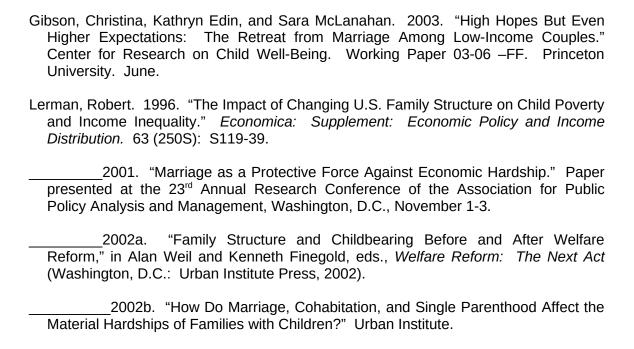
17. Display of Expiration Date

The OMB expiration date will be displayed on all data collection instruments.

18. Exceptions to Certification Statement

There are no exceptions to the certification statement.

References

Gibson, Christina, Kathryn Edin, and Sara McLanahan. 2003. "High Hopes But Even Higher Expectations: The Retreat from Marriage Among Low-Income Couples." Center for Research on Child Well-Being. Working Paper 03-06 –FF. Princeton University. June.

Lerman, Robert. 1996. "The Impact of Changing U.S. Family Structure on Child Poverty and Income Inequality." *Economica: Supplement: Economic Policy and Income Distribution.* 63 (250S): S119-39.

_____2001. "Marriage as a Protective Force Against Economic Hardship." Paper presented at the 23rd Annual Research Conference of the Association for Public Policy Analysis and Management, Washington, D.C., November 1-3.

_____2002a. "Family Structure and Childbearing Before and After Welfare Reform," in Alan Weil and Kenneth Finegold, eds., *Welfare Reform: The Next Act* (Washington, D.C.: Urban Institute Press, 2002).

_____2002b. "How Do Marriage, Cohabitation, and Single Parenthood Affect the Material Hardships of Families with Children?" Urban Institute.

Appendix A
Site Visit Guide

SITE VISIT GUIDE
COMMUNITY HEALTHY MARRIAGE INITIATIVE (CHMI)

Confidentiality Statement

Before beginning the interview, I (we) want to thank you for agreeing to participate in the study. I (we) know that you are busy and we will try to be as focused as possible. We have many questions and are going to talk to many different people, so please do not feel as though we expect you to be able to answer every question. In addition, before we start, I want to let you know that though we take notes at these interviews, information is never repeated with the name of the respondent. Do you have any questions before we begin?

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┌─────────────────────────────────────────────────────────────────────┐
│                 INTRODUCTORY EXPLANATION OF SITE VISIT PURPOSE        │
│                                                                       │
│  Our visit here today is part of a national evaluation of Community   │
│  Healthy Marriage Initiatives funded by the U.S. Department of Health │
│  and Human Services.  A major aim of the evaluation is to identify    │
│  lessons learned from grantee experiences in implementing the         │
│  Community Healthy Marriage demonstrations.  In each of the CHMI      │
│  sites around the country, we are talking to core project staff,      │
│  partner staff, coalition members, community stakeholders, and        │
│  others.                                                              │
│  We are here to learn about your initiative, the challenges you have  │
│  encountered, how you have addressed them, and the successes you      │
│  have had.  Our aim is to learn from your experience, not audit or    │
│  judge your project. Are there any questions we can answer before we  │
│  begin?                                                               │
└─────────────────────────────────────────────────────────────────────┘
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Site Visitor(s):   _____

This discussion guide is to be used to stimulate discussion and to serve as a checklist to ensure that all critical topics have been covered. The items included in each discussion, and their order, will vary for each participant. No participant will be asked all the questions; rather, the guide will be tailored to the individual site's structure and operations so that specific questions will be asked of those respondents most knowledgeable about each area. Pilot testing of the discussion guide indicated that interviews with administrators ranged from about 45 minutes to 1½ hours, averaging 1 hour. Interviews with partners, program managers, and frontline staff ranged from about 35 minutes to 1 1/4 hours, averaging 1 hour.

General: Demonstration and Respondent Identification

Demo Grantee Information
> Date of Site Visit: Interviewer:
> Grantee Name: Site Location:
> Grant Project Period: Start Date:__/__/__ End Date:__/__/__

Respondent Information
> Respondent Name:
> Respondent Title:
> Phone: Fax:
> E-Mail:
> Major Role/Function: What is your overall role/involvement in the CHMI demonstration, in your primary job (if different), in any other community healthy marriage initiatives?

> *[general introduction to interview]*

I. Mission, Goals and Philosophy

1. What are the primary goals of the demonstration project?

2. Is there a set of core values and beliefs underlying the project?   Please describe.

3. Please discuss:

- the community-based dimension of the initiative and its role/importance in relation to the initiative's goals and underlying philosophy.
- the marriage-related and child-support related goals of the initiative. In what ways do these goals overlap/reinforce one another? In what ways do they not? Does this have implications for the design and implementation of this demonstration project? If so, please elaborate.
- Other priorities or goals that help shape the overall project design and structure (e.g., the role/importance of including a faith-based dimension, desire to improve family stability within low-income communities).

II. External Contextual Factors

1. Are there any particular Federal or state policies or laws regarding child support, marriage or divorce that could positively (or negatively) impact the initiative's ability to achieve its objectives?

2. Are there any other efforts to support healthy marriages in your community that are providing marriage-related activities? Please describe.

3. What is the local economy like right now for your target population (e.g., availability of job openings, kinds of jobs held by participants, unemployment rates, typical wage rates)? What impact do you think these labor market conditions might have on the initiative's ability to achieve its objectives?

4. Are there particular demographic or cultural characteristics in the community served by the CHMI initiative that are important for understanding implementation issues and/or potential outcomes?

5. Are there other aspects of the community that are important for understanding the context in which the CHMI initiative is being implemented?

III. Overview of CHMI Project Structure and Services

1. Please provide an overview of how your CHMI initiative is structured and the services it provides.

Core Project Staff Structure

2. Please describe the core project administrative structure.

3. How many staff? FT? PT?

4. What are staff responsibilities for the project?

5. What are the home institutional affiliations of project staff and their non-project responsibilities?

6. What is their professional experience/background?

Coalition Structure

7. Do you have a community coalition associated with the CHMI demonstration project?
- How long has this coalition been in place?
- How often does the coalition meet?
- What is its primary purpose/objective?
- Who is on the coalition?
- How does a person/organization become a coalition member?
- Are there plans to expand the coalition? Please describe.

Service Delivery Structure

8. Please describe the service delivery structure of the CHMI project and the services provided.

E.g.,
- Child Support Enforcement (IV-D) Agency
- Faith-based organizations (e.g., churches, faith-based service providers)
- Community-based organizations
- Child care/Child development (e.g., Head Start)
- Health and mental health organizations/providers (e.g., hospitals, clinics)
- Employment service providers
- Education and training providers
- Domestic violence organizations
- Family Service providers
- Judicial (e.g., judges, court staff)
- Social service/assistance programs (TANF, WIC, Food Stamps)

9. For each, please provide:

- The name of the organization
- Role of the organization
- Whether it is considered a primary/key or secondary partner
- Type of agreement with partnering organization (subcontract, MOU, informal)
- Types of CHMI service(s) provided by each organization:
  E.g.,
  o recruitment and referrals;
  o training on providing marriage services;
  o marriage education-related services (e.g., premarital, marriage, relationship classes and counseling, mentoring);
  o employment and other self-sufficiency services;
  o child support assistance;
  o outreach efforts (e.g., media campaign, written materials, presentations, etc.);
  o domestic violence assistance;
  o follow-up services (e.g., home visiting, phone calls, etc.)
  o other

- Setting in which the service is provided

10. What other programs or local initiatives provide similar types of services in the area where CHMI is being implemented?   Are they coordinated with the CHMI initiative in any way?

11. What factors had the greatest influence on getting partner organizations to become involved with the CHMI initiative?   How and when did the linkage come about?   If the linkage was established prior to CHMI, how has it changed over time?

12. How satisfied are you with the degree of coordination and cooperation between the core project and key partners?

13. What setbacks or pitfalls have you experienced in building partnerships and linkages with other organizations? What would you like to see improved?

14. Are there lessons you have learned or is there advice you would like to share with other locales or policymakers about collaborations with partners in community- based healthy marriage initiatives?

Partner Organization Structure

15. Please provide a general overview of this organization
- overall mission/goals
- year in which organization was established
- type of organization (public/forprofit/nonprofit, faith-based, cbo)
- total # of staff/# of staff involved in CHMI related services/activities
- target population
- geographic service delivery area
- major funding source(s)

16. Please describe the range of services provided by this organization.

- Specifically, what CHMI related services/activities (including recruitment and referral) does this organization provide?
    o When were these first implemented?
    o Are these services new and different, an expansion of existing services, or a new funding source for providing similar services?

17. How do the CHMI-funded marriage/relationship services interact with other services offered? Probe: Is there an effort to coordinate services on behalf of the participant?

18. How and why did the partner agency become involved in the CHMI initiative? Is this a new partnership/linkage or does it build on previous relationships?

19. Are there lessons you have learned or is there advice you would like to share about collaborating and partnering with community-based healthy marriage initiatives?

III. Service Delivery Area and Target Groups

1. What geographic area is served by the CHMI initiative (e.g., specific political and geographic jurisdictions—region/city/counties/locales)?

2. Please identify your target groups (check all that apply):

_____ Couples (with children)	_____ Couples (without children)
_____ Considering marriage	_____ Considering marriage
_____ Not yet considering marriage	_____ Not yet considering marriage
_____ Already married	_____ Already married
_____ Expecting a child	_____ Expecting a child
_____ Single Individuals (with children)	_____ Single Individuals (without children)
_____ Expecting a baby	_____ Expecting a baby
_____ In a relationship	_____ In a relationship
_____ Not in a relationship	_____ Not in a relationship

_____ Minority (African American, Hispanic, other)
_____ TANF/Medicaid/FS/WIC recipients (circle appropriate programs)
_____ IV-D participants
_____ Noncustodial parents
_____ Incarcerated parents
_____ Other (please specify)

3. Are these the same types of clients/persons this organization/program has served in the past, or are they different?

4. Do you have any specific eligibility criteria for participating in CHMI activities? (e.g., age restrictions, income restrictions, being a parent)

5. Which, if any, additional target groups do you think should be included in your current initiative? Why aren't they?

6. Are there other efforts in this community to provide similar services to different target groups (or to the public at large)? If yes, please describe.

7. What is the nature and level of interaction between the CHMI initiative and these other efforts in terms of reaching different populations?

IV. Funding

1. If this is an 1115 waiver-supported demonstration, please describe the project's experience in identifying and securing the required state match.
   - Confirm source and amount of state match
   - What difficulties, if any, were experienced in identifying and securing the state match?
   - What funding sources were approached?
   - When was the state match secured?
   - Did match issues create any start-up problems for the project?

2. Are there additional sources of non-Federal funding (besides the state match) used to support the demonstration? Please identify these sources, the level of funding (if possible), and the types of activities they support.

3. What types and amounts of in-kind contributions support the CHMI demonstration (e.g., donated space, equipment, volunteers)?

4. How do these additional sources of funding increase and/or supplement programmatic efforts funded through the ACF funding?

5. Are any funding issues currently causing implementation challenges or issues for the program? Please describe.

6. Are there other sources of non-Federal funding used to support other community-based marriage promotion efforts? Please identify these sources, the level of funding (if possible), the types of activities they support, and the connection between these efforts and those funded by ACF.

V. Targeted Outreach/Recruitment Activities and CHMI Referral Process

1. Please identify all the agencies/programs that provide referrals to CHMI and the types of staff from these agencies that are involved in conducting CHMI recruitment/referral.

2. How did you identify and engage these agencies/programs for this purpose?

3. Can you provide a general description of how the referral process is supposed to work?
   - Who makes referrals? Are those who make referrals paid staff or volunteers?
   - Are there written procedures for making referrals?
   - How formalized is the process (e.g., referral forms?)

4. What kinds of guidance and training were staff members provided on recruitment and referral procedures? Did they receive any training on identifying domestic violence?

5. Overall, what is staff reaction/receptivity to CHMI among those being given responsibility for informing potential participants about CHMI and/or making referrals?
   - Is there buy-in by staff? Are most staff members supportive or resistant?
   - Has there been a change in staff reaction over time?
   - Do staff attitudes toward CHMI vary by the type of agency/staff? If yes, how so?

6. What, if any, difficulties have been encountered with the referral process to date?
   - Are referrals appropriate?
   - Are individuals/couples informed correctly about the program?

7. What has been the overall experience with generating interest and getting people into CHMI services? Are there too many or not enough people interested? More or less than originally anticipated?

8. Which referral sources have generated the most referrals? Which have generated the least? What accounts for their relative success or difficulty in recruitment and referral for these kinds of services?

9. Have any changes been made thus far to improve the referral process? Are any planned? Please describe.

10. Are there lessons or advice you would like to share regarding:

- ✓ Recruiting people into healthy marriage/relationship programs/services?
- ✓ Implementing referral procedures?

11. Please describe how you recruit and/or refer people to CHMI services.

- Are there established criteria or other types of procedures to help guide this process? If so, please describe.
- What do you tell individuals/couples about the CHMI initiative?
- What other information do you provide (e.g., brochures, flyers, referral forms) when discussing this initiative with potential participants?

12. In addition to providing information about the program, do you strongly encourage individuals/couples to engage in CHMI?

13. Do you screen for domestic violence before referring individuals/couples to CHMI program services? When? Where? Under what circumstances would a DV disclosure cause a person/couple to be screened out? Is this common or uncommon?

14. Do you take specific steps to create opportunities for safe disclosure of domestic violence clients after enrollment in CHMI services?

15. What steps are taken when a client discloses a problem with domestic violence? Does the program have a written protocol guiding domestic violence issues and procedures?

16. Do you think the recruitment and referral process works well? What factors account for this? What aspects of the process do not work well or could be improved?

17. Have any changes been made thus far to improve the referral process? Are any planned? Please describe.

18. Are there certain types of individuals/couples that are more receptive to the idea of participating in a marriage education activity than others? Who are the most receptive? Who are the least?
- What has been the experience in recruiting men, particularly noncustodial fathers?
- What has been the experience in recruiting couples?

19. Are there lessons or advice you would like to share about:

- ✓ Recruitment strategies for healthy marriage/relationship programs/services
- ✓ Implementing referral procedures?

VI. Client Flow and Services

A. Client Flow

1. Can you walk me through how individuals flow through the various components of your demonstration, from the point of intake/enrollment/exposure to a CHMI activity, to when they are no longer considered a participant?

B. Program Services

Intake/Enrollment

2. Please describe the intake/enrollment process (e.g., what information and materials are individuals/clients provided, what intake information is gathered, who conducts it and where it occurs).

3. Does someone have to be referred before they can be enrolled or can they be walk-ins? Is this common or uncommon?

4. Are individuals/couples screened as part of the intake/assessment process? Please describe.

5. Do you screen for domestic violence before enrolling individuals/couples in CHMI program services/activities? When? Where? Under what circumstances would a DV disclosure cause a person/couple to be screened out? Is this common or uncommon?

6. Do you take specific steps to create opportunities for safe disclosure of domestic violence clients after enrollment in CHMI services?

7. What steps are taken when a client discloses a problem with domestic violence? Does the program have a written protocol guiding domestic violence issues and procedures?

8. Is a formal or informal assessment included in the intake process? Please describe the purpose of the formal/informal assessment, what it covers, and who receives it.

Marriage-Related Services (e.g., Relationship-Skills Building, Parenting Education, Marriage Preparation and Enrichment)

9. What marriage-related services do you provide? Please describe.

10. What type of staff members provide the services (i.e., family life educators, social workers, mental health professionals, ministerial providers, or medical professionals)?
   • Did staff receive any special training? If yes, please describe.
   • Do you think this level of training is appropriate? Why or why not?

11. Do you use a curriculum? What curriculum do you use?

12. What are the primary topics covered in the curriculum?

13. How and why did you select this curriculum?

14. Have you adapted or made changes to the curriculum prior to use or since you started using it? If so, please describe these changes and explain why they were made.

15. What parts of the curriculum (i.e., topics/issued) do participants respond most positively to or seem to get the most out of? What parts of the curriculum are participants most challenged or resistant to? Does this vary by the type of client (e.g., single versus married)?

16. How is child support addressed in the curriculum (or other marriage-related services/materials offered)?
- How do participants generally respond to this message?
- Do participants raise questions or issues about the child support system or their own child support case? What are the most common issues/challenges raised?
- Have you been able to answer their questions or refer them to someone who could answer their questions?

17. How is parenting or co-parenting addressed in the curriculum (or other marriage-related services/materials offered)?

18. How is domestic violence addressed in the curriculum (or other marriage-related services/ materials offered?
What training on domestic violence did staff providing CHMI services receive?
Does the program use procedural guidance regarding disclosures and referrals related to domestic violence, e.g., a program-wide protocol?
What issues regarding domestic violence have come up during interaction with participants? How have you dealt with them? Do issues around domestic violence come up frequently?

19. Please describe the approaches used:
- Classroom, lectures?
  - Who is targeted?
  - What topics are covered?
  - Total hours?
  - When offered [one time or over a series of sessions]?
  - Duration?
  - Group size?
- Couple-to-couple mentoring?
  - Who is targeted?
  - Who does the mentoring (volunteers from churches, successful married parents)?
  - What does mentoring entail?
  - How structured (i.e., regular meetings (frequency) or on ad-hoc basis))
  - Duration?
  - Curriculum used?
  - What training (if any) do mentors receive?
- Individual counseling? Please explain.
  - Who is targeted?
  - Frequency and duration?
- Inventories?
  - Which ones are used?
  - How are results used?

- Home visits? Please explain.
    - Who is targeted?
    - Frequency and duration?
- Support groups?
    - Purpose?
    - Who is targeted?
    - Frequency and duration?
- Special one-time events/workshops/presentations?
    - How many?
    - Main purpose?
    - Where did it occur?
    - Who provided it?
    - Who is targeted?
    - How many attended?

20. How many individuals/couples have enrolled in these activities since the inception of the program? Has the pace of enrollments changed? If yes, how and why?

21. Do you have any requirements that participants have to fulfill (in terms of attendance or completion of activities) in order to "complete" the program?

22. Please describe any follow-up services after individuals complete the program? What are the specific procedures (e.g., home visits, phone calls, letters, contact at church, etc.)?

23. Are there problems or concerns over attrition? If yes, what are the most common reasons people do not complete the program? Does it vary by service/activity offered? Does it vary by client characteristics (e.g., gender, marital status)? Do you provide any incentives to encourage participation and completion of the program?

24. Did you make any adaptations to the curriculum to make it culturally sensitive to your target population? Please discuss how and why these changes were made.

25. What are the major implementation challenges associated with providing these services? Have you made any significant changes in the marriage education services you offer? Please describe.

26. Describe any child support services that your program has been engaged in (e.g., assistance with modifying orders, forgiving arrears), What type of service is provided?
- Who provides the services?
- Who is targeted for services?
- Is it offered in-house or is a referral made?
- What proportion of participants use this service?

Employment Services

27. Describe any employment-related services (e.g., job search, job training)
- What type of service is provided?
- Who provides the services?
- Who is targeted for services?
- Is it offered in-house or is a referral made?

Child Support Services

28. Describe any child support services (e.g., assistance with modifying orders, forgiving arrears).
- What type of service is provided?
- Who provides the services?
- Who is targeted for services?
- Is it offered in house or is a referral made?

Other Types of Services

29. Please describe the other types of services provided through the CHMI program:

e.g.,
- Domestic violence assistance
- If your program does not provide domestic violence services directly, where do you refer clients who disclose problems or request assistance?
- Health care and mental health treatment
- Anger management
- Child care assistance
- Substance abuse counseling
- Housing assistance
- Legal assistance
- Food assistance
- Other

30. For each service identified: Is this service provided in-house or through a referral?

31. Are there other kinds of supportive services that you currently do not provide (or that are easily accessible through referrals) that you think would make this healthy marriage demonstration more effective?

VII. Management Information System—Data Reporting and Management

1. Did you develop a new MIS system for the demonstration or adapt an existing system?

2. What major challenges were encountered in developing and implementing an MIS system for this demonstration? Of these, which were resolved? Which remain?

3. When did the MIS system become operational?

4. Is the MIS satisfactory? Can you get the information you need for administrative and management purposes?

5. How is "enrollment" defined? When is someone considered to be enrolled (i.e., after filling out the intake form, after attending certain activities)?   How is "completion" defined?

6. What types of data are *not* captured in your MIS system that you think are important for understanding the full range services offered and its potential impact on the community? What

CHMI services/activities might an individual/couple be exposed to or involved in that would not be captured by the MIS?

7. Are there any confidentiality issues that affected the MIS system development, implementation, or ability to collect information that is supposed to be entered in the MIS system? Explain.

8. Do you have suggestions for improving the MIS?   What lessons would you share with other communities regarding developing and implementing a MIS system for similar kinds of initiatives?

VIII. Public Awareness/Media Campaign

1. Does the CHMI initiative include a public awareness/media campaign aimed at promoting marriage generally in the community (rather than being focused on a particular target group)?

2. What is the purpose of the communications campaign? What specific outcomes do you hope to achieve through these kinds of communication efforts?

3. Who are the main partners and groups involved in the media campaign? What is their role?

4. Please describe the communication methods/channels that are being used in your public awareness/media campaign:

- Interpersonal or group communication channels (e.g., presentations, classes, counseling, speeches)
- Organizational or community channels (e.g., educational programs, add-ons to regular communications, special events, issue fairs, conferences, forums)
- Mass media channels (e.g., television, radio, magazines, newspapers, placards, videotapes, internet)
- Other

5. What is the planned timeline/schedule for implementing the various aspects of the public awareness/media campaign?

6. Who are your target audiences? (Is there a primary and secondary audience?)

7. How broad is the reach of the public awareness campaign? (community, city, metropolitan area)?

8. Do you have any estimates on the number of people who have been/will be exposed to the message?

9. Have you received any feedback that will allow you to assess the relative effectiveness of the communication efforts undertaken to date?
- What did you learn from the feedback?
- How has this feedback been used?
- Was the message refined in any way as a result?
- Was the method changed in any way as a result?

10. What aspects of your media campaign do you think have been the most effective? The least effective? Why?

11. What have been the biggest implementation challenges associated with developing and carrying out the public awareness campaign?

IX. Design and Implementation Issues

1. Please describe the design phase of this initiative. What did the design process entail? Who were the key players? How long did it take? What factors were most important in shaping the design of this CHMI initiative? What additional design and planning activities and decisions occurred after ACF funding was approved?

2. What major start-up challenges have been encountered? Which of these have been resolved or at least significantly improved? What was done to accomplish this? (Discuss challenges that have been resolved and those that remain outstanding problems).

3. Were any components of the original program not implemented or abandoned early on? Why?

4. Have there been any important additions/changes to the program design set forth in your funding proposal? What are they? Why were they made?

5. Are there plans to add new program components/services/procedures staff in the future (also ask about client flow, and staffing)? If yes: When do you foresee adding them?

6. Are there lessons you have learned or is there advice you would like to share about developing a community-based healthy marriage initiative? What implementation challenges should they expect? Do you have any advice on how to avoid or minimize some of the implementation challenges your project has encountered to date?

7. To what extent do you think your program could be replicated in other localities? What features of your program are most amenable to replication? Least amenable? Why?

8. What features/aspects of the initiative would you like to see changed to improve it or make it more successful?

Appendix B
Small Group Interview Guide

Small Group Interview Guide
Evaluation of the Community Healthy Marriage Initiative (CHMI)

TARGET RESPONDENTS: Current or Recent Participants in a CHMI Class/Program

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The Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

INTRODUCTION:

Good afternoon/evening. My name is _____, and I am the moderator for today's group discussion. My colleague, _____, will be taking notes and assisting me with our meeting. We are conducting a study of community-based initiatives that are designed to support healthy marriages and relationships and our purpose today is twofold:

1. To hear your thoughts and opinions about marriage and relationships and how they affect you as a parent and how you deal with your children, and

2. To learn about your experiences with the *[name of local CHMI]* class/program, which you are currently attending (or recently attended).

This discussion is one of a series that will be held in about 20 communities across the country over the next two years. This project is being sponsored by the U.S. Department of Health and Human Services. We are researchers from *[name organizational affiliation]* and have been hired to conduct this study; we are not part of any government agency.

Thank you for agreeing to be here for this session. Your views and opinions are very important and will provide some "real world" perspective to policymakers and program planners as they develop and improve services to help other families across the country.

There are a few things I'd like to review before we get started…

DISCLOSURES:

> **CONFIDENTIALITY**. First, we want you to know that everything that you say here will be kept strictly confidential. All of the information we collect will be summarized and nothing said in this group will ever be associated with an individual by name. We would also like to ask that you too maintain the confidentiality of what is said in the group.
>
> Nothing you say will affect any benefits or services you or other members of your family may receive now or in future, or your eligibility for services. It also will not affect any groups or agencies that have helped you or the money they receive to provide support services.

➢ **VOLUNTARY PARTICIPATION**. Your participation in this group is entirely voluntary. You may stop participating at any time. You do not have to answer any questions that you do not wish to answer. You may withdraw from the group at anytime with no consequences. The consent forms you have in front of you provide more detailed information regarding confidentiality and the voluntary nature of your participation. If you haven't already done so, please sign the consent form.

➢ **AUDIO-TAPING**. Because your thoughts and viewpoints are so important to us, we are audio-taping the session only so we can write an accurate report, to not identify who said what. _____ will also be taking notes. The members of our research team are the only ones who will review the tapes. The tapes themselves will be kept in a locked file cabinet and destroyed at the conclusion of this study. We are also willing to temporarily pause the tape if you wish to say something you do not want recorded. Is this acceptable with everyone?

SOME GROUND RULES:

✓ This is an informal discussion but please talk one at a time and avoid side conversations so that everyone can hear what each other has to say. Please try to speak in a voice as loud as mine so that so that the recorder can pick up your voice.

✓ We're very interested in hearing what everyone has to say in the course of the discussion, but don't feel like you have to answer every question. And feel free to respond directly to someone who has made a point, you don't have to address your comments to me to get them on the table.

✓ Because we only have a short time together, I might need to interrupt you to give everyone a chance to speak or to change the subject.

✓ Please remember there are no "right" or "wrong" answers here. Remember, the purpose of this group discussion is for us to learn from you so we are interested in hearing your thoughts and your experiences. There may be some topics on which you all agree and others for which you have very different perspectives. That is absolutely fine – we want to hear as many points of view as possible. All comments, both positive and negative, are welcome.

✓ This meeting will last about 1.5 hours. There won't be any formal breaks but don't hesitate to get up to stretch and please help yourself to refreshments at any time.

✓ At the end of the session, there will be a short anonymous information form for you to fill out and give to us. Please don't put your name on the form. All of the information you provide on the form will be kept confidential. When you turn in that form, we will give you $30 and have you sign a receipt to indicate that you have received payment.

✓ Are there any questions before we begin?

GROUP INTRODUCTIONS:

Please introduce yourself to the group (first name only) and tell us a little bit about yourself… whether you are currently in a relationship or married, if you have children--how many and their ages. *[If participants are drawn from classes held in different settings or using different curriculums]:* Tell us what class/program you participated in and/or where they take/took place.

ATTITUDES ABOUT MARRIAGE/RELATIONSHIPS

Let's begin by talking just a bit about relationships between couples, and specifically about marriage. I'm sure we all know couples who seem to have marriages or are in relationships that are working well, and others for whom the opposite is true. We all have opinions as to what makes the difference.

Warm-up: 1. Thinking about strong marriages or relationships between couples you know, what do you think makes these marriages or relationships particularly good ones? What is it about a relationship that makes it strong?

> *E.g.,* G*ood communication, commitment, mutual respect, friendship, being responsible, being romantic, being good providers for children*

Warm-up: 2. What do you think are the key reasons why some marriages or relationships experience significant difficulties?

> *E.g.,. Not having a steady job? Lack of mutual trust, respect?*
> *Stress from money problems?*
> *Parenting issues? Communication issues? Arguing or fighting?*
> *Not having any good role models? Living in separate places?*
> *One person in prison? Depression or problems with drug abuse?*
> *Not being able to afford a good place to live as a family?*
> *Physical or emotional abuse? Lack of commitment?*
> *Having children with someone else? Unfaithfulness/infidelity?*

> *Probes:*
> *Overall, which of these difficulties do you think causes the greatest problem for a marriage or relationship?*
> *Which are the hardest to deal with and resolve?*

3. Based on your own experience or your observations about other people who have been in relationships but did not go on to marry (or later got divorced), what are the most important reasons that they did not marry?

> *E.g., Not having enough support from family or friends?*
> *Concern over not having enough money/financial?*
> *Communication problems?*
> *Previous relationships or children from other relationships?*
> *Difficulty making and sustaining long-term commitment?*
> *Religious concerns or differences?*
> *Government programs/policies (e.g., eligibility for benefits, immigration issues)*

4a. In general, how do you think people in your neighborhood/community view marriage?

> *Probes:*
> *Is much emphasis or value placed on getting married? Staying married?*
> *Do people generally think they will some day get married? Why or why not?*
> *Do perceptions regarding marriage vary significantly by men and women? How so?*

4b. How are your views similar to or different from what's been said about the community's views on marriage?

Probes:
How much do you think the views of your community in this regard influence your own views and behavior?
How has your own experience shaped your attitudes toward marriage?
Can you give me some examples?

VIEWS ON LOCAL CHMI PROGRAM/CLASS

Now I'd like to talk about your experiences in *[name of local CHMI program/name the class is known by]*.

1.   How did you first learn about this service/program? Why did you decide to participate?

        Probes:
        Who referred you to this program?
        Were you already familiar with or had used other services by the agency/provider offering [name of class]? Did that make a difference when you were considering whether to participate?
        Are you aware of or participated in any other marriage/relationship education and support services in your community?

2a.   What kinds of issues and topics were covered and discussed in the sessions you attended?

2b.   Which issues/topics did you think were the most helpful or useful?

        Probes:
        What skills do you feel you learned or upgraded?
        Do you think you have/or will be able to apply the skills you gained through participating in this class in current or future relationships—if so, how (ask for concrete examples)?

2c.   Overall, what aspects of the class did you like the least? The best?

        Probes:
        Were there any particular ways (e.g., role-playing, interactive exercises, group discussions) in which these issues/topics were covered that you found helpful?
        Did you like that the issues are covered in a group setting, or class, or would you prefer one-on-one counseling instead of this? Why? [Tailor question to site]

2d.   How do you think this program could be improved?

        E.g.,   the quality of the instructor,
                the topics covered, the length/number of sessions, size of class
                group composition of session (e.g., couples, singles)
                additional services such as counseling/co-parenting instruction

2e.   Are there other ways in which the agency/provider offering this class can give you support in improving your relationship/marriage and the well-being of your family?

        Probe:
        If the agency or community had the money to provide other supportive services to this program, what kinds of things would you suggest that would be helpful to you?

3a.   How many sessions did you attend: a few; most; or all? If you missed some, why did you miss?

3b.   Have you talked about the kinds of issues and ideas that were addressed in this class/program with friends or family or other people? Who?

Probes:
What did you tell them?
Have you encouraged anyone to participate?

CONCLUSION/WRAP-UP

Before we end our conversation, is there anything else anyone would like to add? Any final experiences, thoughts, or suggestions you'd like to share?

Please take a few minutes to fill out the anonymous information form. Again, all of this information will be kept private and used only for our research. When you complete the form, please give it to _____ and she will give you $30 and ask you to sign the receipt.

Thank you again for coming to this meeting and sharing your thoughts and experiences with us.

Appendix C
Participant Information Form

Participant Information Form
Community Healthy Marriage Initiative Focus Group

Please complete this form. The information will be used only to summarize characteristics of participants in the group discussion. Your name is not needed and should not be provided so that we can keep this information private.

Site: [FILL]   Date: [FILL]

1.   I am: _____ Male   _____ Female

2.   I am _____ years old.

3.   Number of children: _____
                They are *(fill in their ages)*:   _____ years old   _____ years old
                                                         _____ years old   _____ years old

4.   I am *(check all that apply)*:
        ____ Caucasian/white   ____ Hispanic/Latino   ____ Asian/Pacific Islander
        ____ African-American/Black   ____ American Indian   ____ Other:_

5.   I am *(check one that best applies))*:
        ____Unmarried and not currently in a relationship
        ____Unmarried and in a relationship
        ____Unmarried, in a relationship, and living with my partner
        ____Married/living with spouse

6.   The highest level of education I <u>completed</u> was *(check one)*:
        _____ Grammar/Elementary School   _____Tech/Vocational School/Business College
        _____ Junior High/Middle School   _____ Community College
        _____ High School or GED   _____ College/University (4-year)
                                                 _____ Graduate School

9.   I am currently receiving child support payments: _____ Yes   _____No
        I am currently paying child support payments   _____ Yes   _____No

10.   Please check the statement that most accurately describes your experience with [name of class/initiative].

        ____ I am currently participating in _____(name of class)
        ____ My partner/spouse and I are both currently participating in_____(name of class)

        ____ I completed the _____ (name of class)
        ____My partner/spouse and I have completed the _____(name of class)

THANK YOU!!!

Appendix D
Federal Register Notice

Dated: April 1, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8–7301 Filed 4–7–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control/ Initial Review Group, (NCIPC/IRG)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), CDC announces the following meeting of the aforementioned committee:

Times and Dates: 8 a.m.–8:30 a.m., April 24, 2008 (Open). 8:30 a.m.–5 p.m., April 24, 2008 (closed). 8 a.m.–12 a.m., April 25, 2008 (Closed).

Place: Embassy Suites Atlanta—Buckhead, 3285 Peachtree Road, NE., Atlanta, GA 30305, Telephone (404) 261–7733.

Status: Portions of the meetings will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5, U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Section 10(d) of Public Law 92–463.

Purpose: This group is charged with providing advice and guidance to the Secretary, Department of Health and Human Services, and the Director, CDC, concerning the scientific and technical merit of grant and cooperative agreement applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focuses on prevention and control.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of cooperative agreement applications submitted in response to Fiscal Year 2008 Requests for Applications related to the following individual research announcement: CE08–003, Research for Preventing Violence and Violence-Related Injury (R01).

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: J. Felix Rogers, PhD, M.P.H., Telephone (770) 488–4334, NCIPC/ERPO, CDC, 4770 Buford Highway, NE., M/S F62, Atlanta, Georgia 30341–3724.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 2, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8–7298 Filed 4–7–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Initial Review Group, (NCIPC/IRG)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announce the following teleconference meeting:

Times and Date: 1 p.m.–1:30 p.m., May 6, 2008 (Open). 1:30 p.m.–5 p.m., May 6, 2008 (Closed).

Place: CDC, Chamblee Campus, Building 106, 4770 Buford Highway, Atlanta, GA 30341, Toll Free: (888) 793–2154, Participant Passcode: 4424802.

Status: Portions of the meetings will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5, U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Section 10(d) of Public Law 92–463.

Purpose: This group is charged with providing advice and guidance to the Secretary, Department of Health and Human Services, and the Director, CDC, concerning the scientific and technical merit of grant and cooperative agreement applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focuses on prevention and control.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of individual research grant and cooperative agreement applications submitted in response to Fiscal Year 2008 Requests for Applications related to the following individual research announcement: RFA–CE–08–005, Dissertation Grant Awards for Doctoral Candidates for Violence-Related Injury Prevention Research in Minority Communities (R36).

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Jane Suen, Dr.P.H., M.S., Executive Secretary, NCIPC IRG, CDC, 4770 Buford Highway, NE., M/S F–62,

Atlanta, Georgia 30341, telephone 770/488–4281.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 2, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8–7300 Filed 4–7–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project:

Title: Evaluation of the Community Healthy Marriage Initiative Implementation Study.

OMB No.: 0970–0283.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is conducting a demonstration and evaluation called the Community Healthy Marriage Initiative (CHMI). Demonstration programs have been funded through Child Support Enforcement waivers authorized under section 1115 of the Social Security Act to support healthy marriage, improve child well-being and increase the financial security of children. The objectives of the evaluation are to (1) assess the implementation of community interventions designed to provide marriage education by examining the way the projects operate and by examining child support outcomes among low-income families in the community, and (2) evaluate the community impacts of these interventions on marital stability and satisfaction, child well-being and child support outcomes among low-income families.

The purpose of this information collection is to continue collecting implementation data under the protocols previously approved by the Office of Management and Budget (OMB) (i.e., Control No. 0970–0283). Primary data for the implementation evaluation will come from observations, interviews, focus groups and records. One-on-one and small group interviews

with project staff and marriage education service providers in the community will provide a detailed understanding of the administration and operation of the demonstrations. Focus group discussions will provide insights into participants' perspectives on marriage education and their experiences with the CHMI interventions.

In addition to the implementation information collected under this request, an impact evaluation will be integrated with the implementation study and will assess the effects of healthy marriage initiatives by comparing family and child well-being outcomes in the CHMI communities with similar outcomes in comparison communities that are well-matched to the project sites. Data from the implementation studies will provide the basis for the instrumental variable models of CHMI impacts to help determine direct or indirect exposure to marriage-related services. Baseline data collected under the impact evaluation has been approved by OMB (i.e., Control No. 0970–0322).

Respondents: Lead Project Staff; Service Provider Organization Staff; Key Community, Civic Stakeholders; and Program Participants.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Average number of responses per respondent	Average burden hours per response	Total burden hours
Administrative Interviews	200	2	1	400
Small Group Interviews	25	1	1.6	40
Estimated Total Annual Burden Hours				440

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *OPREinfo collection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: March 31, 2008.

Brendan C. Kelly,
OPRE Reports Clearance Officer.
[FR Doc. E8–7137 Filed 4–7–08; 8:45 am]
BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project

Title: Generic Clearance to Conduct Qualitative Data Collections.

OMB No.: New Collection.

Description: The Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), intends to request approval from the Office of Management and Budget (OMB) for a generic clearance that will allow OPRE to conduct a variety of qualitative data collections. Over the next three years, OPRE anticipates undertaking a variety of new research projects in the fields of cash welfare, employment and self-sufficiency, Head Start, child care, healthy marriage and responsible fatherhood, and child welfare. In order to inform the development of OPRE research, to maintain a research agenda that is rigorous and relevant, and to ensure that research products are as current as possible, OPRE will engage in a variety of qualitative data collections in concert with researchers and practitioners throughout the field. OPRE envisions using a variety of techniques including semi-structured discussions, focus groups, telephone interviews, and in-person observations and site visits, in order to integrate the perspectives of program operators, policy officials and members of the research community.

Following standard OMB requirements, OPRE will submit a change request to OMB individually for every group of data collection activities undertaken under this generic clearance. OPRE will provide OMB with a copy of the individual instruments or questionnaires (if one is used), as well as other materials describing the project.

Respondents: Administrators or staff of State and local agencies or programs in the relevant fields; academic researchers; and policymakers at various levels of government.