

Data Snapshot:Healthy Marriage Programs

OPRE report #2020-180 DECEMBER 2020



Services Supporting Healthy Marriage

The federal government has a long-standing commitment to supporting healthy relationships and stable families. Since 2005, Congress has funded \$150 million each year in healthy marriage (HM) and responsible fatherhood (RF) grants. The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, has awarded and overseen three cohorts of these grants. OFA works with the Office of Planning, Research, and Evaluation, also within ACF, to conduct research on how to best serve families through these grants.

This snapshot describes services provided by the 2015 cohort of HM grantees. To build clients' relationship and parenting skills and support their economic well-being, HM grantees provide a range of services, including group-based workshops, which are typically the centerpiece of the program. Grantees also provide individual service contacts (such as case management) and referrals for services offered by other organizations. With ACF's approval, some grantees also give incentives, such as gift cards, to encourage clients' participation or to recognize when clients reach program milestones. See Box 1 for practice tips on using the data in this snapshot.

Box 1. Practice tips

This snapshot describes services at 45 HM grantees that were funded in 2015. The information is intended to increase the field's understanding of services that HM programs provide for clients. Connecting clients to high quality services is critical to program success. However, the snapshot does not assess whether the services described here are associated with better program performance or client outcomes.

When designing and improving program services, practitioners should consider the following:

- The workshop content and length that is the best fit for your program and clients. The section on the characteristics of HM workshops shows the workshop activities, elements, and lengths commonly provided by HM grantees.
- The ways in which other supports, such as one-onone meetings or services provided by partners, can complement workshops. The sections on individualized service contacts, referrals, and incentives describe these other supports that HM program clients received.
- How to encourage client participation in services. The sections on HM clients' participation in services and on client participation in workshops describe patterns of client participation in services across HM grantees.









Methods

This snapshot describes services provided by 45 HM grantees that received five-year grants in September 2015. Box 2 describes the legislatively authorized activities for HM grantees. Grantee staff must report on all services provided through the grant, including the type of service, the service duration, and the clients who received the service. Grantees report this information by using an online management information system called nFORM (Information, Family Outcomes, Reporting, and Management) that was developed for HMRF grantees. This snapshot used nFORM data on services provided from July 2016 (the last guarter of the first grant year) through March 2019 (the first half of the fourth grant year). Separate snapshots describe the services provided by RF grantees, and an interim report describes a fuller range of findings on services, including client characteristics, and the ways that clients changed from the beginning of the program to the end.1

Box 2. Legislatively authorized HM activities

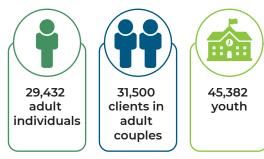
- Public advertising campaigns
- Education in high schools
- Marriage and relationship education and skills that may include job and career advancement
- · Premarital education
- · Marriage enhancement
- Divorce reduction
- · Marriage mentoring
- · Reduction of disincentives to marriage

Client populations served in HM programs

HM grantees enrolled more than 100,000 clients in nearly three years (Figure 1). HM grantees can serve up to three distinct client populations:

- **1. HM adult individuals.** Adults enrolled in an HM program without a partner, regardless of whether they were in a romantic relationship.
- **2. HM adult couples.** Adults enrolled in an HM program with their romantic partner. HM programs for adult couples serve both partners.
- **3. HM youth.** Youth (ages 13 to 30) enrolled in an HM program. Programs might be offered in schools or other settings.

Figure 1. Clients enrolled, by HM target population, from July 1, 2016 through March 31, 2019



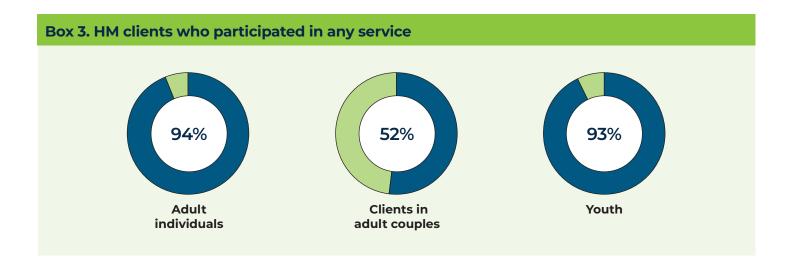
Source: nFORM data for HM enrollment from July 1, 2016 through March 31, 2019.

HM clients' participation in services

Almost all adult individuals and youth participated in services. Over 90 percent of enrolled adult individual and youth clients participated in at least one workshop or service contact, such as a case management meeting.² A smaller share—52 percent—of enrolled clients in adult couples participated (Box 3). Participation rates might be

¹Avellar, Sarah, Alexandra Stanczyk, Nikki Aikens, Mathew Stange, and Grace Roemer. "The 2015 Cohort of Healthy Marriage and Responsible Fatherhood Grantees: Interim Report on Grantee and Client Characteristics." OPRE Report 2020-67. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2020.

²We only included service contacts that lasted at least 15 minutes, because shorter contacts were less likely to be substantive services, such as reminders to attend upcoming workshops.



lower among clients in adult couples partly because ACF required that both partners attend a workshop to count their participation. This requirement reflected the goal of the programs—to serve both members of the couple together—but programs had more difficulty achieving high participation among couples than among individuals.

Clients' participation in services typically spanned one day to a little more than one month. The typical (median) time between clients' first and last service was about five weeks for adult individuals (36 days) and youth (37 days) and about one day for clients in adult couples. Typical participation for clients in adult couples was shorter than other HM populations partly because they were less likely to participate in services (Box 3). Clients who never attended a service (that is, had zero days of participation) reduced the average length of participation.

Characteristics of HM workshops

All grantees offered workshops in marriage and relationship education and conflict resolution.

For each workshop, HM grantees indicated which of the six activities and four elements specified by ACF that it included. All HM grantees reported offering at least one workshop that included content on marriage and relationship education/skills and conflict resolution (Table 1). Nearly 90 percent of grantees offered workshops on financial management and parenting. Other workshop activities or elements offered by at least half of HM grantees were marriage enhancement, premarital education, divorce reduction, healthy marriage and relationship education in high schools, or job and career advancement.

Table 1. Workshop activities and elements provided by HM programs

Workshop activities and elements	Percentage of grantees that provided the given activity or element in at least one workshop			
Workshop activities				
Marriage and relationship education/skills	100			
Marriage enhancement	71			
Premarital education	64			
Divorce reduction	60			
Education in high schools	58			
Marriage mentoring	33			
Workshop elements				
Conflict resolution	100			
Financial management	89			
Parenting	87			
Job and career advancement	67			
None of the above	27			
Number of grantees	45			

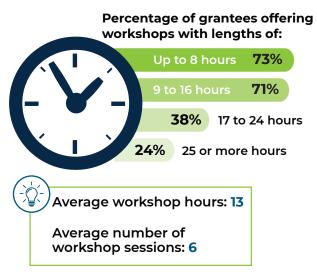
 $Source: nFORM\ data\ for\ HM\ workshops\ with\ sessions\ that\ occurred\ from\ July\ 1,2016\ through\ March\ 31,2019.$

Most grantees offered workshops lasting 16 or fewer hours. Longer workshops were less common; about one-quarter of grantees offered workshops lasting 25 or more hours (Figure 2). The average workshop was designed to be six sessions delivered in 13 hours.

Client participation in workshops

Most youth and adult individuals attended at least one workshop session. Among enrolled clients in HM programs, most youth (92 percent) and adult individuals (85 percent) attended at least one workshop session. Fewer than half (48 percent) of adult couples attended at least one workshop session together.

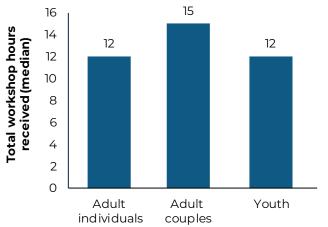
Figure 2. Length of HM workshops



Source: nFORM data for HM workshops with sessions that occurred from July 1, 2016 through March 31, 2019. Note: Percentages do not add up to 100 because grantees can offer more than one workshop.

Among those who attended at least one workshop session, adult individuals and youth clients typically received 12 workshop hours (median) (Figure 3). Clients in adult couples who attended at least one workshop session together participated in workshops for a median of 15 hours.

Figure 3. Participation in workshops among HM clients who attended at least one session



Source: nFORM data from July 1, 2016 through March 31, 2019. Note: For adult couples, both partners had to attend a workshop for their attendance to be counted.

Individualized service contacts

Most adult individuals, but few adult couples or youth, participated in individual service contacts.

Clients in HM programs sometimes met one-on-one with grantee staff to discuss issues they were facing, learn about available resources, make up workshop content, or reinforce skills learned in workshops. Grantees were also required to offer case management unless they received an exemption from ACF. We examined contacts lasting at least 15 minutes because shorter contacts were likely to be reminders about upcoming services or other interactions that were not substantive. A majority (57 percent) of adult individuals participated in a service contact lasting 15 minutes or longer, whereas few adult couple clients or youth did so (Figure 4).3 Adult individuals typically received one service contact (median) and clients in adult couples and youth typically received no service contacts. The most common topics discussed during substantive service contacts for each of the HM populations were healthy marriage and relationship education services and assessments. Common locations for service contacts were the program office or community.





Source: nFORM data from July 1, 2016 through March 31, 2019. Note: We analyzed clients individually, including those who enrolled with their partner as a couple.

³Unlike attendance at workshops for which both partners in an adult couple must attend, each partner's participation in individual service contacts was counted for adult couples.

Table 2. Grantees' referral sources

Services	Percentage of grantees that identified at least one service provider agency that offered the given services
Job and career planning	96
Domestic violence and intimate partner violence	93
Health and mental health support	91
Social services and emergency needs	91
Assessment	87
Education	87
Financial counseling	82
Family therapy and counseling referral	80
Legal assistance referral	78
Youth services	78
Healthy marriage and relationship education services	73
Child welfare services involvement	67
Child support, custody, and visitation	62
Parenting	51
Other services	89
Number of grantees	45

Source: nFORM data from July 1, 2016 through March 31, 2019.

Note: Grantees could include agencies (1) that provided referrals to the program for potential clients, (2) to which the grantees referred clients for services, or (3) that provided services to grantees' clients as part of the HM grant.

Referrals

HM grantees chose from many agencies when providing referrals to meet clients' needs. On average, each HM grantee identified 95 service providers that they could refer clients to. Most grantees identified at least one agency in the community that could provide services in an array of areas, including job and career planning, health and mental health support, social services and emergency needs, and intimate partner violence (Table 2).

However, HM clients received few referrals to other services. Most HM grantees (42 of the 45) provided at least one client referral; however, most HM clients did not receive a referral. Among the HM grantees that did provide referrals, their adult

individual clients received the most referrals, on average, with about one referral per client. Adult couple and youth clients received almost no referrals (0.2 referrals per client), on average. HM clients most commonly received referrals for job and career advancement, although just 12 percent of adult individuals and 2 percent of youth received such a referral. Among clients in adult couples, less than one percent received a referral on any given topic.

Incentives

Most HM clients did not receive any incentives.

With ACF's approval, grantees could provide clients with monetary or nonmonetary incentives. On average, adult individuals received two incentives, adult couples received one incentive, and youth

received fewer than one incentive (0.4). However, most HM clients did not receive any incentives. More than 50 percent of adult individuals, 63 percent of adult couples, and 86 percent of youth clients did not receive any incentives from grantees (Figure 5).

The most common purpose of the incentives was to encourage program participation. Gift cards were the most common type of incentive—received by 43 percent of all adult individuals, 35 percent of adult couples, and 11 percent of youth. The average value of incentives was \$29 for adult individuals, \$25 for clients in adult couples, and \$4 for youth clients (Figure 5).

Figure 5. Incentives for HM clients

	Adult individuals	Clients in adult couples	Youth
Received an incentive	47%	37%	24%
Incentives per client, on average	2	1	0.5
\$ Mean amount	\$29	\$25	\$4
Most common reason	Program participation	Program participation	Program participation
Most common type	Gift card	Gift card	Gift card

Source: nFORM data from July 1, 2016 through March 31, 2019.

Note: We analyzed clients individually, including those who enrolled with their partner as a couple.

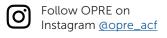
This brief was written by Sarah Avellar, Alexandra Stanczyk, Nikki Aikens, Mathew Stange, and Grace Roemer of Mathematica, 1100 1st St NE, Washington, DC 20002, under contract with OPRE, ACF, DHHS (#HHSP2332009564WC/HHSP23337050T). OPRE Project Officers: Katie Pahigiannis and Pooja Gupta Curtin. Mathematica Project Director: Sarah Avellar.

This brief is in the public domain. Permission to reproduce is not necessary. Suggested citation: Avellar, S., Stanczyk, A., Aikens, N., Stange, M., and Roemer, G. (2020). Services Supporting Healthy Marriage: Data Snapshot of Healthy Marriage Programs (OPRE Report 2020-180). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services (https://www.acf.hhs.gov/opre).





















mathematica.org