

# An Introduction to Program Design and Implementation Characteristics of Federally Funded Healthy Marriage and Relationship Education Grantees

Maria A. Ramos-Olazagasti, Mindy E. Scott, Julie Blechman, and Deja Logan

## Background

Marriage and relationship education programs are designed to promote family well-being by helping individuals and couples develop skills and knowledge for stable, good-quality relationships. To support marriage and relationship education, the Office of Family Assistance (OFA) within the Administration for Children and Families (ACF) funded three cohorts of healthy marriage and relationship education (HMRE) grantees—from 2006–2011, 2011–2015, and 2015–2020<sup>a,b</sup>—to offer services to a range of individuals and couples.

This brief describes the characteristics of federally funded HMRE grantees and their implementation strategies. Specifically, it highlights the three cohorts (hereafter referred to as the 2006, 2011, and 2015 cohorts, respectively) in terms of the:

- Number of grantees, funding amounts, and geographic locations
- Types of organizations and service-delivery settings
- Types of activities
- Priority populations
- Types of curricula used
- HMRE program implementation

This brief will provide researchers and practitioners with information about ACF's priorities related to HMRE and describe how the landscape of federally funded HMRE programs has evolved over three

<sup>a</sup> Complete details about a 4th cohort of grantees, funded in September 2020, were not available in time to be included in this brief.

<sup>b</sup> Awards granted in 2006 and 2015 were for five years. Awards granted in 2011 were for three years but grantees received a no-cost extension for an additional year.



## MAST CENTER RESEARCH

The Marriage Strengthening Research and Dissemination Center (MAST Center) conducts research on marriage and romantic relationships in the U.S. and healthy marriage and relationship education (HMRE) programs designed to strengthen these relationships. This research aims to identify critical research gaps, generate new knowledge, and help programs more effectively serve the individuals and families they work with. MAST Center research is concentrated in two areas:

- **Relationship Patterns & Trends.** Population-based research to better understand trends, predictors, dynamics, and outcomes of marriage and relationships in the United States.
- **Program Implementation & Evaluation.** Research that helps build knowledge about what works in HMRE programming, for whom, and in what context.

cohorts of grantees. It also provides information about the diversity of implementation strategies used by HMRE grantees and the extent to which grantees engage ACF’s priority populations.

The details provided are based on our review of federal funding opportunity announcements; grantee profiles; a 2015 HMRE grantee database (FastTRAC)<sup>c</sup>; data from the Information, Family Outcomes, Reporting, and Management (nFORM) information system used by the 2015 cohort of HMRE grantees; OFA’s website; and other published resources. The amount of information available for each cohort varies, but when possible we provide information for all cohorts and describe how the characteristics have changed over time (see Data and Methods box). The brief concludes with a discussion of future research and evaluation priorities for ACF’s HMRE programming.

## Characteristics of Healthy Marriage and Relationship Education (HMRE) Grantees Across Cohorts

### Number of grantees, funding amounts, and geographic locations

There is substantial variation among grantees in terms of the size of the award received, the type of organization, their previous experience with HMRE funding, and the settings in which they deliver services. The information summarized below is based on reports describing the 2006 cohort<sup>1</sup>, grantee profiles for the 2011 cohort, FastTRAC data, and funding information available through OFA’s website. Among our findings:

- A total of 230 HMRE grants for programming have been awarded since 2006. The number of grants awarded declined from 2006 to 2015, and the range of annual grant funding has narrowed:

	2006	2011	2015
<b>Number of grants</b>	125	60	45
<b>Range of annual grant funding</b>	\$132k–\$2.3 million	\$338k–\$2.5 million	\$382k–\$2 million
<b>Total annual funding<sup>d</sup></b>	\$100 million	\$75 million	\$75 million

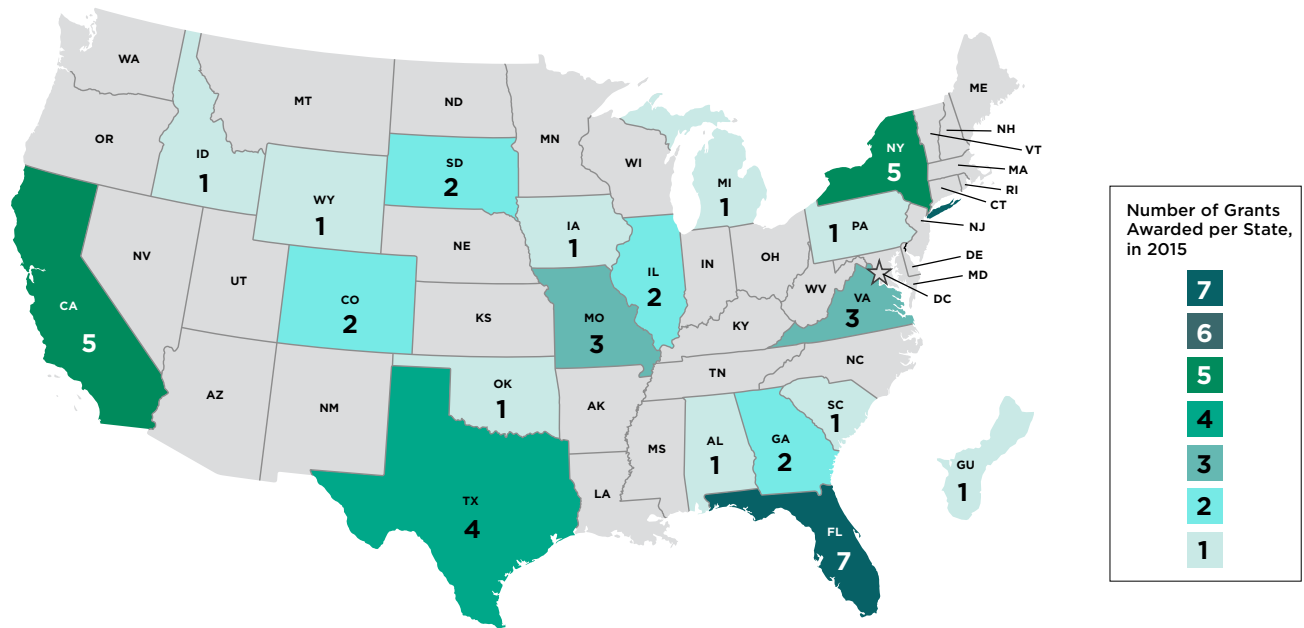
- Of the 45 grantees in 2015, 29 (64 percent) were **first-time grantees**, eight (18 percent) received awards across all three cohorts, three (7 percent) were awarded grants in both 2006 and 2015, and five (11 percent) received awards in both 2011 and 2015.<sup>e</sup>
- The number of **states and territories** where grantees operate has decreased from 33 in 2006, to 28 in 2011, and 20 in 2015 (**Figure 1**).<sup>2</sup> The reduction in the number of states and territories is due to the lower number of awards granted in 2011 and 2015.

<sup>c</sup>FastTRAC is a database created from reportable profile information about each HMRE grantee funded in 2015 to offer quick and customizable access to grantee information. These data allow OFA and its contractors to identify trends and commonalities among grantees.

<sup>d</sup>The total annual funding includes grant funding for programming as well as funding for a national resource center (the National Healthy Marriage Resource Center in 2006 and the National Resource Center for Healthy Marriage and Families in 2011 and 2015), research contracts, and other related activities.

<sup>e</sup>Information obtained from archived grantee lists.

**Figure 1.** The 45 grants awarded in 2015 were located in 20 states and territories

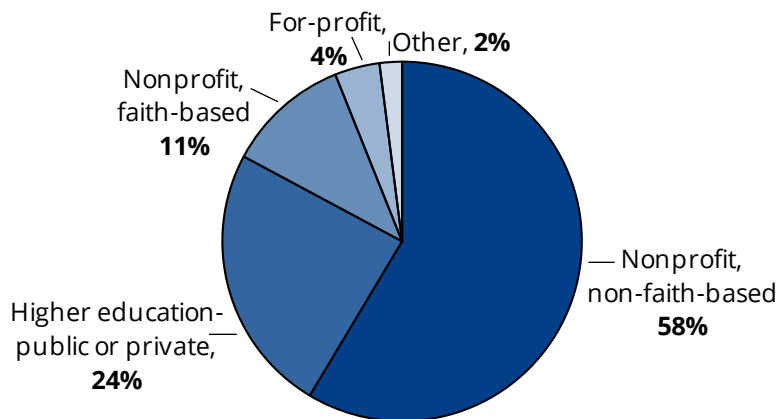


Source: 2015 HMRE Grantee Database

## Types of organization and service delivery settings

- Grantees represent a range of **organization types**, with most being nonprofit, non-faith-based organizations. **Figure 2** depicts the types of organizations for the 2015 cohort.
  - Across cohorts, most HMRE grantees were nonprofit, non-faith-based organizations: 60 percent in 2006<sup>1,f</sup>, 71 percent in 2011<sup>g</sup>, and 58 percent in 2015.
  - Other organizations funded to provide HMRE services include educational institutions (17 percent in 2011; 24 percent in 2015); nonprofit, faith-based organizations (11 percent in 2011; 11 percent in 2015); for-profit organizations (none in 2011; 4 percent in 2015); state agencies (2 percent in 2011; none in 2015); and tribal organizations (none in 2011; 2 percent in 2015).

**Figure 2.** Organization type for 2015 grantees



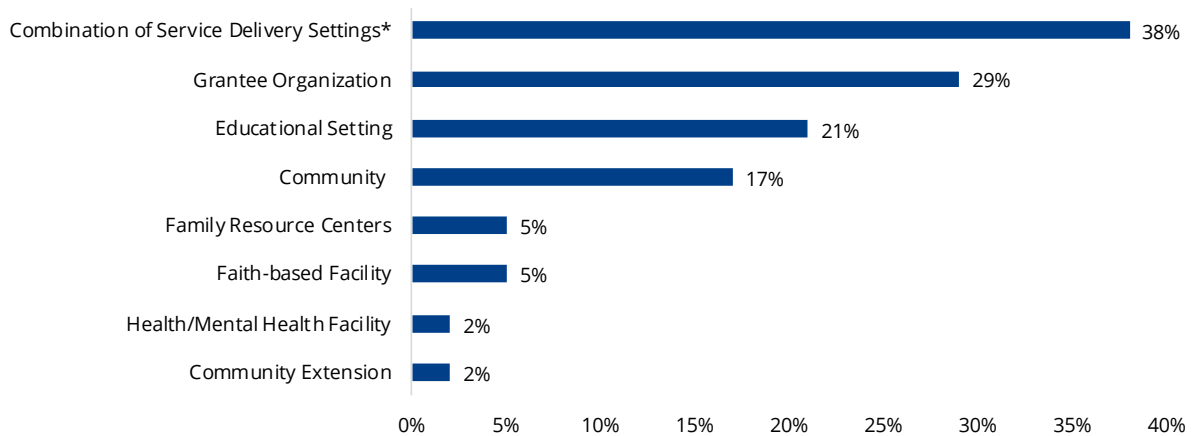
Source: 2015 HMRE Grantee Database

<sup>f</sup> Information about the percent of 2006 grantees that represented other types of organizations was not detailed in the cited report.

<sup>g</sup> Information on the types of organizations for the 2011 cohort comes from the grantee profiles.

- Most grantees (67 percent) in the 2015 cohort offered services in their own organization; 38 percent offered services in a combination of settings that included their own organization and another setting, and 29 percent in their own organization only. Other common service delivery settings were educational settings (21 percent) and community settings (17 percent). Fewer grantees ( $\leq 5$  percent) offered services in family resource centers, faith-based facilities, mental health facilities, and community extensions (**Figure 3**).

**Figure 3.** The majority of 2015 grantees delivered services at their own facility and also in another setting



Source: 2015 HMRE Grantee Database

\*Notes: "Combination of service delivery settings" indicates that the grantee is offering services at its own facility and also in another setting. Percentages do not add to 100 because grantees could deliver services in more than one setting.

## Types of healthy marriage and relationship education activities

Grantees can promote healthy marriages and relationships by engaging in any of eight activities, as defined by the Deficit Reduction Act of 2005 and updated in the Claims Resolution Act of 2010 (see text box below for a list of all HMRE activities, per the legislation). The 2006 and 2011 cohorts had to consider these activities as independent, although they could engage in more than one activity.<sup>3,4</sup> That is, programs could only deliver services that fell within the activity selected. For example, parenting skills, financial management, conflict resolution, and job and career advancement activities could only be delivered under a grant that had selected the marriage education, marriage skills, and relationships skills activity (Activity III), but not under a grant that had selected services for engaged couples (Activity IV) or high school students (Activity II). In 2015, grantees were allowed to combine elements of the different activities to accomplish program goals.<sup>5</sup> For instance, a grantee could focus on marriage enhancement (Activity V), and could also implement elements under the marriage and relationship education and skills activity (Activity III), such as job and career advancement services, financial management, and mentoring services.

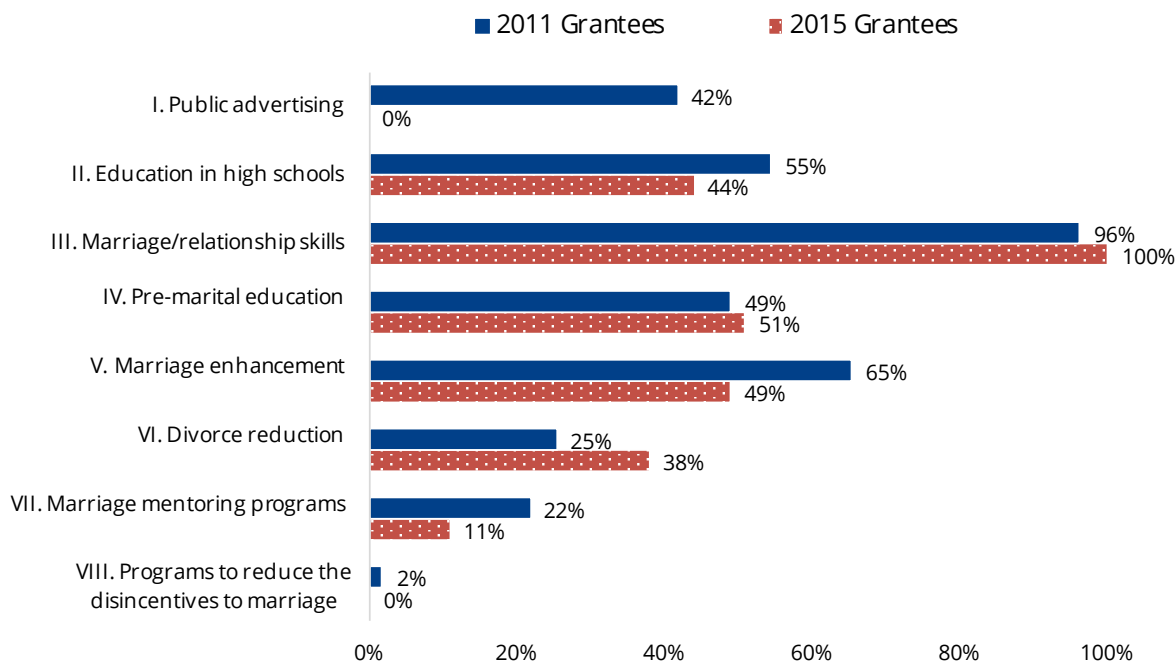
### Healthy Marriage and Relationship Education Activities

- I. Public advertising campaigns on the value of marriage and the skills needed to increase marital stability and health.
- II. Education in high schools on the value of marriage, relationship skills, and budgeting.
- III. Marriage education, marriage skills, and relationship skills programs that may include parenting skills, financial management, conflict resolution, and job and career advancement.
- IV. Pre-marital education and marriage skills training for engaged couples and for couples or individuals interested in marriage.
- V. Marriage enhancement and marriage skills training programs for married couples.
- VI. Divorce reduction programs that teach relationship skills.
- VII. Marriage mentoring programs which use married couples as role models and mentors in at-risk communities.
- VIII. Programs to reduce the disincentives to marriage in means tested aid programs if offered in conjunction with any of the other seven activities.

Only general information on the activities in which grantees engaged was available for the 2006 cohort from a published source.<sup>1</sup> For the 2011 and 2015 cohorts, we analyzed information on the specific activities that grantees planned to engage in according to their profiles (for the 2011 cohort) and as recorded in the 2015 HMRE grantee database (FastTRAC). Across the 2006 and 2011 cohorts, grantees engaged (or planned to engage) in all activities; no grantees from the 2015 cohort engaged in activities for public advertising (Activity I) or programs to reduce the disincentives to marriage (Activity VIII). Most grantees engaged in more than one activity.

- The majority of grantees in the 2011 cohort (96 percent) planned to provide marriage education, marriage skills, and relationship skills (Activity III). Other common activities were marriage enhancement for married couples (Activity V, 65 percent), relationship education in high schools (Activity II; 55 percent), pre-marital education and marriage skills training for engaged couples (Activity IV, 49 percent), and public advertising campaigns (Activity I, 42 percent) (**Figure 4**).
- All grantees in the 2015 cohort provided marriage education, marriage skills, and relationship skills programs (Activity III). In contrast to the 2011 cohort, none engaged in public advertising or delivered programs to reduce disincentives to marriage. Instead, programs focused on providing premarital education (Activity IV, 51 percent), marriage enhancement and skills training (Activity V, 49 percent), relationship and marriage education in high schools (Activity II, 44 percent), and to a lesser extent, divorce reduction (Activity VI, 38 percent), and marriage mentoring programs (Activity VII, 11 percent).

**Figure 4.** Nearly all grantees across the 2011 and 2015 cohorts provided marriage and relationship skills education



Source: 2011 grantee profiles and 2015 HMRE Grantee Database

## Priority populations

HMRE grantees target and serve tens of thousands of participants each year. In the 2018–2019 grant year (grant year 4), grantees enrolled more than 18,500 youth, 13,500 individuals, and 6,900 adult couples, according to enrollment data grantees reported through nFORM. Across cohorts, HMRE grantees have offered services to a range of people in different types of relationships and with varying family structures: married and cohabiting couples, expectant couples, non-married couples with young children, and high school aged youth.<sup>1</sup> Changes in priority populations over the three cohorts may reflect in part the populations of interest identified in funding opportunity announcements.<sup>3-5</sup> We present the populations prioritized by ACF in funding announcements for HMRE grants and describe how priority populations have changed over the three cohorts. We also present available data on grantees' priority populations as described by 2011 grantees in their profiles and as recorded in the grantee database for the 2015 cohort.

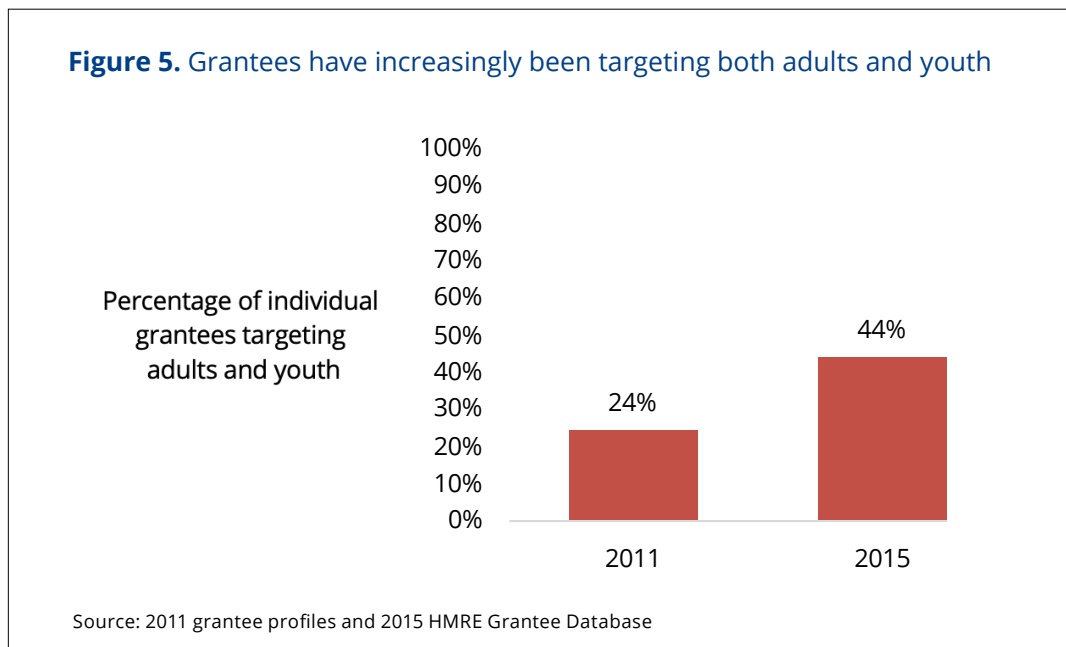
- Across cohorts, funding announcements have reflected an interest in helping youth and individuals prepare for future relationships, in addition to supporting current relationships; **priority populations** for ACF have included couples, individuals, and youth since 2006.<sup>3-5</sup> Also, there has always been an emphasis on low-income populations, and an interest in immigrant or refugee groups (**Table 1**).
- Over time, ACF's priority populations have become increasingly specific, targeting groups that face challenges in establishing and maintaining healthy relationships due to social and economic barriers (**Table 1**):
  - In 2011, ACF expanded priority populations to include individuals who have dropped out of high school, single parents, individuals who have received or were eligible for Temporary Assistance for Needy Families (TANF), individuals with disabilities, and veterans.<sup>4</sup>
  - In 2015, there was an increased focus on youth, particularly youth in or aging out of foster care, youth involved in the juvenile justice system, and runaway and homeless youth. Other priority populations added that year included active duty military individuals and couples and formerly incarcerated individuals and their families.<sup>5</sup>

**Table 1.** Populations of interest identified in Funding Opportunity Announcements, by cohort

Priority Populations	2006 Cohort	2011 Cohort	2015 Cohort
Individuals, couples, youth	X	X	X
Families or individuals considered to have low incomes*	X	X	X
Immigrants and/or refugees	X	X	X
Individuals who did not complete high school		X	X
Youth in or aging out of foster care			X
Youth involved in the juvenile justice system			X
Youth who were homeless or had run away from their homes			X
Non-custodial and other single parents		X	X
Custodial single parents			X
Families receiving TANF or families that are eligible for TANF assistance		X	X
Formerly incarcerated individuals and their families			X
Families with special needs	X		
Individuals with disabilities		X	X
Veterans		X	X
Active duty military			X

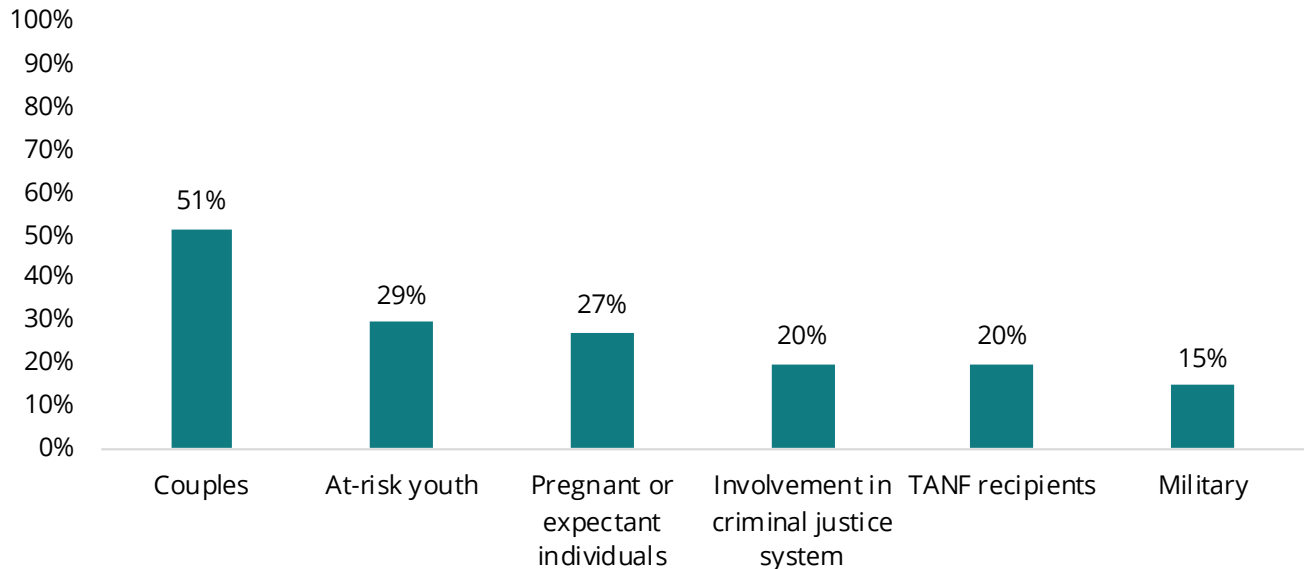
\* Usually defined as having a household income that is below 200 percent of the federal poverty line.

- Consistent with ACF's growing interest in youth populations, individual grantees have been increasingly **targeting both adult *and* youth populations (Figure 5)**.
- About half of grantees in 2011 (47 percent) and in 2015 (51 percent) targeted couples specifically.
- In addition, grantees often target **populations with specific characteristics, and they often target more than one population.**
  - In 2011, almost half of grantees indicated in their profiles that they targeted populations considered to have low incomes, usually defined as households with incomes at or below 200 percent of the poverty line (49 percent). About 1 in 4 targeted parents (24 percent), and a smaller group of grantees targeted Hispanics (16 percent), immigrants (11 percent), and other groups that often face challenges in establishing and maintaining healthy relationships due to social and economic barriers (16 percent).



- In addition to couples, specific populations of interest among 2015 grantees were youth considered to be at risk for negative relationship outcomes (29 percent), pregnant or expectant individuals (27 percent), individuals formerly or currently involved in the criminal justice system (20 percent), TANF recipients (20 percent), and those in the military (15 percent) (**Figure 6**). Fewer grantees (<10 percent) indicated that they targeted adoptive or foster parents, youth in foster care, immigrants and refugees, parents, individuals who had not finished high school, and youth who were homeless or had run away from their homes.

**Figure 6.** Most common priority populations reported by grantees, 2015 cohort



Source: 2015 HMRE Grantee Database

Note: Grantees often targeted more than one population; therefore, categories are not mutually exclusive.

## Types of curricula used

Across cohorts, grantees used a variety of curricula that target different populations, and grantees often used multiple curricula at the same time. Below, we summarize information about the types of curricula used by the 2011 and 2015 cohorts, drawn from 2011 grantee profiles and information recorded in the 2015 HMRE Grantee Database (FastTRAC).

- Grantees usually **used more than one curriculum**. For example, 78 percent of grantees in the 2015 cohort included more than one curriculum.
- **Table 2** depicts the top 10 curricula used by grantees across the two cohorts and the group the curriculum targets. Across cohorts, the Prevention and Relationship Enhancement Program (PREP) curricula which include *Within My Reach*, a curriculum designed for individuals, and *Within Our Reach*, its couple version, were the most popular curricula among grantees.
- **Themes** covered in frequently used HMRE curricula include improving communication skills, applying conflict management, improving decision-making skills, recognizing unhealthy relationships, strengthening self-awareness, and dating violence.<sup>h</sup>
- All 2015 grantees selected curricula that focus on healthy marriage and relationship education. Some grantees supplemented their healthy marriage and relationship education with content from additional curricula (e.g., curricula that address finances or economic stability, parenting, education, workforce development, or employment).
- The majority of 2015 grantees reported using at least one **curriculum that targets couples** (74 percent), and about half used curricula that target youth (45 percent). Notably, most (90 percent), but not all, grantees that targeted couples implemented curricula specifically designed for couples, and 79 percent of those that targeted youth used curricula specifically designed for youth.

<sup>h</sup> Based on Child Trends' review of topics covered in the most commonly used curricula as described on the curricula's websites.



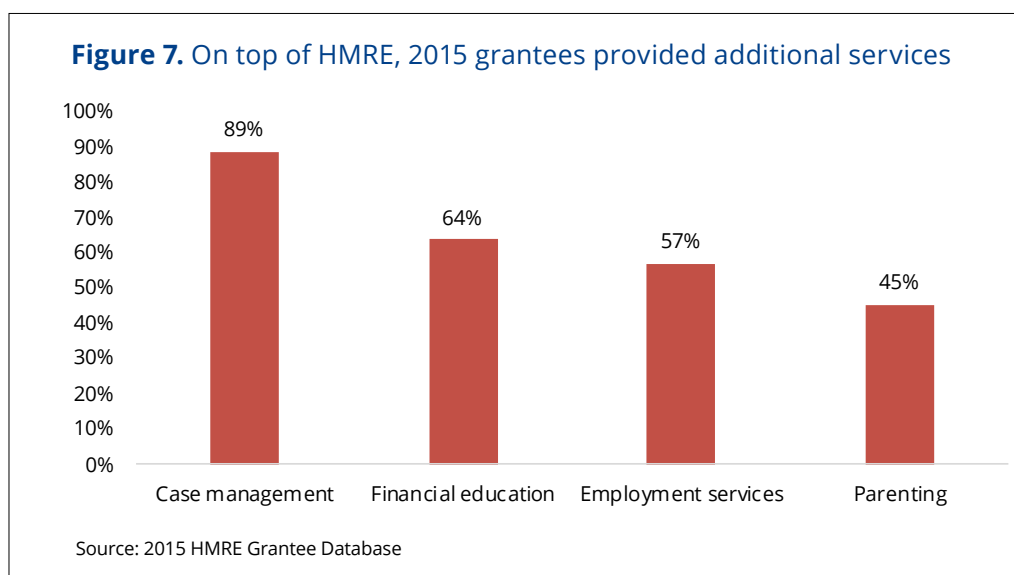
**Table 2.** Number of grantees implementing the most common curricula across cohorts

Curriculum (Target population)	2011 Cohort	2015 Cohort	Total
PREP <sup>i</sup> (Couples or Individuals)	34	34	68
Love Notes (Youth)	6	10	16
Relationship Smarts PLUS (Youth)	4	9	13
Family Wellness, The Strongest Link (Couples)	6	4	10
PREPARE/ENRICH (Couples)	6	3	9
P.I.C.K. (Individuals)	6	3	9
Connections (Youth)	8	0	8
Active Relationships (Individuals and Couples)	7	0	7
Mastering the Mysteries of Love (Couples)	7	0	7
Love U2 (Youth)	6	0	6

Source: Data for the 2011 cohort come from grantee profiles. Data for the 2015 cohort come from the 2015 HMRE Grantee Database (FastTRAC).  
 Note: Grantees often used more than one curriculum and therefore the sum of grantees using the curricula listed here exceeds the number of grantees.

## Healthy marriage and relationship education program implementation

- As noted in the discussion of curricula above, grantees often offered HMRE in conjunction with **other services (Figure 7)**.<sup>j,k</sup> For example, most grantees in the 2015 cohort (89 percent) offered case management,<sup>l</sup> 64 percent provided financial education, and 57 percent offered employment services. Close to half of grantees had a parenting component. In addition, all grantees conducted an intake assessment.
- The **duration of the curricula** used by grantees varied widely, from 8 hours to more than 36 hours. *Within My Reach*, the most commonly used curriculum among 2015 grantees, is designed to last 14 hours.<sup>6</sup>
- Grantees implemented curricula during varying **lengths of time**, ranging from one day to several months. Most (78 percent of those with information on this domain) offered their workshops during the course of several weeks or months.



<sup>i</sup> Prevention and Relationship Enhancement Program (PREP) includes the *Within My Reach* and *Within Our Reach* curricula.

<sup>j</sup> Grantees can only use federal HMRE funds for specific approved services mentioned in the HMRE legislation. Each funding opportunity announcement provides information about services that cannot be supported by HMRE funds. For example, the 2015 funding opportunity announcement notes that trauma-informed behavioral health care, mental health treatment, and substance abuse treatment are not allowable uses of grant funds but encourages grantees to partner with public and community-based organizations to provide participants with access to these services.

<sup>k</sup> These numbers strictly represent the services that were offered by grantees; they do not necessarily reflect client participation.

<sup>l</sup> ACF requires that all HMRE grantees provide case management services, except in cases where the grantee deemed case management services inappropriate for their proposed program design or population.

## Conclusion

Federally funded HMRE grantees differ in their characteristics and in their implementation approaches. This variation is in part due to a response to different priorities across the three cohorts of grantees and indicates that HMRE programs are reaching a variety of populations in different settings. At the same time, this variation presents opportunities for studying the effectiveness of these programs given the range of program models and implementation approaches used to reach and serve diverse populations. Future research and evaluation can support the design and implementation of HMRE programs by ensuring that HMRE curricula, program models, and implementation approaches are informed by research and tailored to meet the needs of the communities in which they are implemented, and the individuals, couples, and families served.

## Data and Methods

We drew data from multiple sources. To the extent possible, we summarized similar information for each of the three HMRE cohorts: 2006, 2011, and 2015. More extensive data were available for the 2015 cohort; therefore, we provided more detailed information on grantees in the most recent cohort.

We first reviewed funding opportunity announcements for each cohort to gather background information about the types of activities authorized under each funding announcement and the populations of interest. Information on the 2006 cohort comes primarily from the National Healthy Marriage Resource Center report *Administration for Children and Families Healthy Marriage Initiative, 2002–2009: An Introductory Guide*. Grantee profiles for the 2011 cohort provided information about the type of organization, geographic location, plans for priority populations, HMRE curricula, and program activities. Grantee profiles were available for 55 of the 60 grantees in the 2011 cohort. Information on the funding amount per grantee for the 2006 and 2011 cohorts was obtained through each cohort's archived grantee list. Funding amount for the 2015 cohort was obtained from the Office of Family Assistance's [list of HMRE grantees for fiscal year 2015](#). Information about the type of grantee organization; settings in which services were delivered; target youth and populations; target enrollment; curriculum name, focus, and target group; service components; and curriculum schedule and duration for the 2015 cohort were obtained through FastTRAC, an HMRE grantee database developed as part of OFA's training and technical assistance contract. Finally, data on enrollment for the 2018–2019 year were obtained through nFORM, a Management Information System used by the 2015 cohort of HMRE grantees.

Data from grantee profiles and the 2015 HMRE Grantee database were coded and summarized using descriptive statistics. Percentages were based on the number of grantees for whom data were available; missing data were excluded.

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*Editor:* Rhonda Smith

*Designer:* Catherine Nichols

## About the Authors

**Maria A. Ramos-Olazagasti**, Ph.D., is a senior research scientist at Child Trends' Hispanic Institute. She is a community and developmental psychologist whose research interests focus on the ways in which social position, context, and adversity exposure influence the well-being of Latino families and youth.

**Mindy E. Scott**, Ph.D., is the MAST Center's Principal Investigator and co-leads the Program Implementation and Evaluation research area. She is a sociologist and family demographer at Child Trends whose primary research interests relate to family formation, family strengthening, responsible fatherhood, and adolescent pregnancy prevention. Dr. Scott studies the design and implementation of federally and non-federally funded healthy marriage and relationship education (HMRE) programs through several other OPRE-funded projects focused on youth, parents in complex families, and fathers.

**Julie Blechman**, MPH, CHES, is a communications manager at Child Trends who designs and implements strategies to engage with a variety of target audiences. At Child Trends, Julie contributes to various strategic communications projects, including communications planning, content development, website management, and social media strategy and implementation. Julie leads the communications and dissemination activities for the MAST Center.

**Deja Logan**, B.A., is a Senior Research Assistant in the Reproductive Health and Family Formation research area. Ms. Logan's research interests explore the effects of race and socioeconomic status on intimate relationships, family structure, and well-being. At Child Trends, Ms. Logan currently supports the MAST Center's research and building capacity initiatives, in addition to studying trends in reproductive health care.

## About the MAST Center

The Marriage Strengthening Research and Dissemination Center (MAST Center) conducts research on marriage and romantic relationships in the U.S. and healthy marriage and relationship education (HMRE) programs designed to strengthen these relationships. The MAST Center is made up of a team of national experts in marriage and relationship research and practice, led by Child Trends in partnership with Public Strategies and the National Center for Family and Marriage Research at Bowling Green State University.

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