

Descriptive Evaluation of Dads Back! Academy in Los Angeles, CA

Final Descriptive Evaluation Report for Friends Outside in Los Angeles County, Inc.

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Prepared by

Carrie Petrucci, MSW, Ph.D.

Friends Research Institute, Inc.

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Structured Abstract: A Descriptive Evaluation of Dads Back! Academy in Los Angeles, California

This descriptive evaluation focused on recruitment and program participation for a community-based fatherhood program for formerly incarcerated fathers and mothers in South Los Angeles. The goal of *Dads Back! Academy* was to enhance the capacities of non-working reentering fathers to effectively parent their children ages 24 and younger who live in South Los Angeles by providing comprehensive services aimed at increasing non-working reentering fathers' responsible parenting, healthy marriage skills, and economic stability. The program was administered at one location by Friends Outside in Los Angeles County, Inc., a non-profit agency with over 30 years of experience working with people who are formerly incarcerated. The *Dads Back! Academy* was a three phased program that included outreach and referral, assessment, service linkages and case management services in Phase I, an intensive four-week workshop of up to 120 curriculum hours in Phase II, and a Phase III component consisting of job preparation and employment support and case management. The target population was non-working fathers in South Los Angeles who had recently been released from incarceration and who had children aged 24 years or younger.

Five evaluation research questions were pursued related to program recruitment and participation. For Research Question 1, all participants who attended orientation from October 2016 (Year 2) through February 2020 (Year 5) were included (N=1,695). For the remaining research questions, the sample consisted of 547 participants divided into three groups: participants who enrolled only (n=122), who started Phase II but did not finish (n=64), and who finished the Phase II workshops (n=361). Data sources included *standardized surveys* (nFORM Applicant Characteristics Survey, Family Strength Index, Within My Reach/Parole-to-Payroll/TYRO entrance surveys), *administrative data sources* (nFORM data and the Evaluation Database), and *project logs* (Orientation log, Milestones Report).

Findings and conclusions included the following. Program recruitment, enrollment, and retention targets were met. Recruiting four times as many potential participants was needed to meet enrollment and retention targets. Multiple recruitment strategies were also necessary. Two types of successful recruitment strategies were identified: more focused approaches in which a larger percentage of a smaller total number of recruited participants went on to start workshops; and "big event" recruitment sources, in which a larger total number of potential participants attended the orientation event but a smaller percentage started workshops (Research Question 1). When service contacts were analyzed for Phase I only, participants who were ultimately retained (started Phase II) were easier to reach directly, and less effort was needed compared to participants who did not go on to start Phase II (Research Question 2). Several commonalities were found across participants who enrolled only, started Phase I, and finished Phase II, suggesting these commonalities were likely not barriers to engagement. Few unexpected differences were found (Research Question 3). When comparing those who started Phase II with those who finished it, more women and more participants 18 to 34 started but did not finish Phase II. Those who finished Phase II scored significantly higher on job preparation knowledge (Research Question 4). For each monthly cohort, there was an average of 57.7 workshops held

with an average of 10.3 participants in attendance. The vast majority of monthly cohorts were held as planned with minimal changes. Among participants who finished Phase II, based on the medians, participants received 3.2 referrals and 17 service contacts, 101 hours of curriculum, and 64 workshop sessions. In most months, this included fifteen different curriculum topics. These numbers could serve as future benchmarks (Research Question 5).

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Descriptive Evaluation of Dads Back! Academy in Los Angeles, CA

I. INTRODUCTION

The long-range program goal of *Dads Back! Academy* was to enhance the capacities of non-working reentering fathers to effectively parent their children ages 24 and younger who live in South Los Angeles. The intervention was designed to achieve this program goal by providing comprehensive services aimed at increasing non-working reentering fathers' responsible parenting, healthy marriage skills, and economic stability through the three-phased *Dads Back! Academy*. The underlying assumptions guiding the design of the intervention were that formerly incarcerated fathers had significant barriers to parenting their children, including limited employment histories, limited employment skills, poor or nonexistent father role models, limited experience in parenting, and strained family relationships. By improving healthy relationship and marriage skills, parenting and co-parenting skills, frequency of father/child engagement, financial responsibility of fathers, and progressing toward economic stability through program services, it was intended that reentering non-working fathers would be able to more effectively parent their children ages 24 and younger, and thereby accomplish the program goal. A logic model for the program is presented in **Appendix A**.

A. Introduction and evaluation overview

A descriptive evaluation focusing on implementation, and specifically program recruitment and program participation was carried out by an external evaluator for the *Dads Back! Academy*. The focus on recruitment and participation was one of the priority areas in the original funding announcement (Administration for Children and Families, 2015), which was also very much in line with a clear need for more work in this area identified in the research (Stahlschmidt, Threlfall, Seay, Lewis, & Kohl, 2013). Descriptive evaluations are useful because they provide a high level of detail on program activities. This allows for comparison of implementation and also better informed replication of programs. Descriptive evaluation focused on implementation are also appropriate for newly developed programs to document and measure key program components and to strengthen outcome evaluations (Love, 2004). This descriptive evaluation will: identify the recruitment strategies most likely to lead to enrollment and retention (Research Question 1); identify the types of program contact associated with retention (Research Question 2); describe within-group characteristics of participants who only enroll, who start but do not finish the Phase II workshops, and those who finish the Phase II workshops (Research Question 3); describe differences between participants who start and do not finish the Phase II workshops from those who finish Phase II (Research Question 4); and describe typical service dosage for those who complete the Phase II workshops (Research Question 5).

Motivation. In many community-based fatherhood programs, recruitment and retention have been significant issues in the successful implementation of these programs (Spjeldnes, Shadik,

Ruhil, Kloefer, & Bell, 2019). Various strategies have been tried to address recruitment and retention including integrating fatherhood on “football nights”, incorporating meals, or having half-day or all-day sessions that include the entire family rather than once-a-week sessions over an extended period of time (Bronte-Tinkew, Burkhauser, & Metz, 2012; National Fatherhood Initiative, 2018; Spjeldnes et al., 2019). Recently released parents who struggle with finding employment who are also concerned about their role as fathers and partners are uniquely positioned to be able to gain from a curriculum that addresses all three areas. The reentry population targeted here provided a unique “window of opportunity” for a fatherhood program. These reentry fathers were available to attend an intensive four-week curriculum before they got jobs. The *Dads Back! Academy* was structured on this premise of need and availability.

An intensive and comprehensive four-week curriculum was designed for formerly incarcerated and recently released parents who had difficulty finding employment and who also wanted to improve their fatherhood and relationship skills. This level of intensity is in line with current research that suggests attending on consecutive days over a short period of time results in less attrition than less frequent sessions over a longer period of time (Pearson & Fagan, 2018). This descriptive evaluation focused on recruitment and retention because these are a foundational first step to understanding the success or failure of program implementation, and because of the well-established concerns for recruitment and retention in fatherhood programs (Spjeldnes et al., 2019; Stahlschmidt et al., 2013).

Structure of Report

The structure of this report is as follows. Section I includes the introduction in the previous section that included an overview of the program and the evaluation. Section B of the introduction describes how the *Dads Back! Academy* intervention was implemented. This section includes a description of the following: the intervention components, content for each program phase, program delivery, education and training of staff, and the target population. Section II presents the descriptive implementation study. This section includes: the research questions; the study design (including sample formation, data collection sources, and data preparation and measures); and the findings and analysis approach section (with each of the research questions described in turn including key findings, followed by expected results, the analysis approach, and detailed findings). Section III presents the discussion and conclusions. Additional details for the factor analyses are provided in **Appendix B**. Data collection instruments are not included in an appendix because these were proprietary instruments provided by the curriculum developers (including Within My Reach and TYRO; see *prepinc.com* and *tyro365.com* respectively). For the Parole-to-Payroll (P2P) curriculum, items were developed by Friends Outside in Los Angeles County, Inc., but are not included here to preserve the confidentiality of the items for their continued use in the program.

B. Description of the intervention

Intervention Components. The originally intended intervention included a three phased program of closed monthly participant cohorts, however, the phases were originally structured

somewhat differently than what was implemented upon grant award. Orientation was intended to take place first, followed by the development of an Individualized Parenting Plan. Phase I was then planned to take place and was originally intended as “full immersion” in the four-week curriculum, along with case management sessions. Phase II was originally intended as the “implementation” phase in which participants continued to attend case management sessions, support groups and family engagement activities, and receive service linkages, with the case manager assisting participants to make contact with their children. Phase III was the “independence” phase in which clients would continue to participate in case management sessions, support groups, and receive services from linkage organizations, and also demonstrate measurable outcomes. It should be noted that this rendition of the three phase structure was never implemented. What was implemented was the three phase structure and curriculum content described in the remainder section. It will be seen that the program as implemented retained the major elements of the program but ordered the activities somewhat differently to better address client flow to accommodate program activities.

Program implementation as it will be described next was documented multiple ways including: from nFORM data entry of program activities; from monthly calendars of the four week Phase II cohorts provided to the evaluation team from program staff; from program documentation materials (such as for training); from program staff themselves; from documentation maintained by the evaluation team; and by evaluator observation of program activities.

The *Dads Back! Academy* was a multi-component intervention for fathers who had recently been released from incarceration and was comprised of three phases that totaled six months to one year of services. In Phase I, participants were enrolled and received case management and linkages to services before starting the Phase II four-week Academy. In Phase II, participants attended four weeks of approximately 120 workshop hours, with 86 of those hours entered in nFORM. In Phase III, participants continued to receive services depending on participant progress, including case management and employment preparation and support. Comprehensive services included activities centered on fatherhood/parenting skills, healthy marriage/relationship skills, and an economic stability job preparation program. Services were provided in a community setting. Each individual component of Phase II is described in **Table I.1**.

Phase I components (not in **Table I.1**): Phase I components consisted of outreach and referral, assessment, service linkages, and case management.

Phase II components (listed in **Table I.1**): Phase II components consisted of the sixteen curriculum topics within three components: fatherhood/parenting skills, healthy marriage/relationship skills, and economic stability. All curriculum topics listed in Table I.1 except Family Engagement were required; participants and families were not required to attend the Family Engagement activity. The program curriculum topics were interspersed between the three large components (TYRO for fatherhood/parenting skills, Within My Reach (WMR) for healthy marriage/relationship skills, and Parole to Payroll (P2P) for economic stability/job preparation and employment skills). No order was imposed when scheduling the curricula each

month. Order of events was based on staff availability and other activities going on at the same time, such as motivational speaker availability, holidays, etc.

Phase III components (not in Table I.1): Phase III components consisted of one-on-one meetings with a case manager and one-on-one meetings with a job specialist. Both case management and job specialist services were offered as needed to individual participants and were not mandatory. Both case managers and the job specialist met one-on-one with participants. These one-on-one meetings could be over the phone or face-to-face. Face-to-face meetings could take place at the facility or in the community.

Table I.1. Description of Intervention Components and Target Populations for *Dads Back! Academy*.

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Relationship skills workshops	Within My Reach (WMR) curriculum: Understanding partner's perspectives and healthy relationships; knowing yourself and how you make decisions; understanding conflict in relationships; communicating effectively; understanding commitment	15-16 hours, in 1-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the intervention's classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Economic Stability workshops	Parole to Payroll (P2P): Resume preparation; interview and communication skills; appropriate work attire; financial literacy	28-30 hours, in 3-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the intervention's classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Fatherhood / Parenting workshops	TYRO curriculum: learning skills for parenting knowledge/skills, commitment to fatherhood, quality of relationship with children, family financial responsibility, child support, communication with partner, conflict resolution, abuse prevention, commitment to marriage and relational stability.	20-22 hours, in 2-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Economic Stability workshops	Computer Basics: Teaches computer skills to assist with learning basics of Excel, Microsoft Word and PowerPoint; how to create budgets in Excel; how to do presentation or flyer in PowerPoint; basic computer knowledge (how to use keyboard, mouse, and basic computer functions).	3-4 hours, in 1-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' computer lab facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Economics Stability workshops	Personal Finance: Teaches skills related to household budgeting and money management. The curriculum was developed by NEFE (National Endowment for Financial Education) and is in the public domain. The curriculum being used is from 2015. The full curriculum is currently being revised by NEFE and is no longer available on the website. Topics include: Credit Unions vs. Banks; What is a Credit Score; How to get Ready for Retirement; Pros of Traditional Banks; What is a Credit Union; Annual Credit Report Request; Getting a Secured Credit Card; Saving While Banking.	3 hours, in 1-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Economics Stability workshops	Clothes the Deal: This is a community-based organization contracted to prepare participants for job interviews through motivational speakers, and fitting and providing participants with clothes appropriate for job interviews	4-5 hours, in a 1-hour and 3-4 hour session during the 4-week Phase II Cohort	Phase II: Group lesson for one hour provided at the interventions' classroom facilities by CONTRACTED PROVIDER, followed by participants going to Clothes the Deal location to get fitted for clothes for job interview	Non-working reentry fathers with children aged 24 years and younger
Relationship skills, Economic Stability, & Fatherhood / Parenting workshops	Life Skills: Teaches self-care, social skills, coping skills, setting a routine and goal planning, within a context of post-incarceration	3-5 hours, in 1-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Relationship skills workshops	Domestic Violence Prevention: Provides education on prevention of domestic violence in partner relationships	2 hours, in a 2-hour session during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by a GUEST SPEAKER in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Relationship skills & Fatherhood / Parenting workshops	Anger Management: Provides education and skills to understand and control one's angry responses in relationships and in parenting contexts	2 hours, in 1-hour sessions during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Relationship skills & Fatherhood / Parenting skills workshops	Theater Arts: Teaches meditation skills, connecting with one's feelings by writing about them, and connecting with peers through trust exercises	4 hours, in 2-hour sessions during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by a CONTRACTED PROVIDER in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Economic Stability & Fatherhood / Parenting Workshops	Department of Child Support Services (DCSS): Provides information on child support requirements	1 hour, in a 1-hour session during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE GUEST SPEAKER in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Relationships skills & Fatherhood / Parenting workshops	Trauma Adversity and Childhood Events Scale (ACES): Provides education and skills in understanding how children may have been impacted by incarceration	2 hours, in a 2-hour session during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Fatherhood / Parenting workshops	Child Development: Teaches skills for child discipline, special needs, and milestones (ages and stages of child development)	3 hours, in 1-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Relationships skills, Economic Stability, & Fatherhood / Parenting workshops	Cognitive Behavioral Techniques (CBT) to use in relationships, work environments, and parenting	1 hour, in a 1-hour session occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Relationship skills, Economic Stability, & Fatherhood / Parenting workshops	Cohort Support Group: This is an open group discussion with participants on current topics or concerns	2 hours, in 1-hour sessions occurring during the 4-week Phase II Cohort	Phase II: Group lessons provided at the interventions' classroom facilities by ONE trained facilitator in every session in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger
Relationship skills & Fatherhood / Parenting workshops	Family Engagement Group: This is an optional activity that takes place as part of a special event such as a Father's Day celebration	2-4 hours, in a 1-day event occurring during the 4-week Phase II Cohort	Phase II: Group event held at the interventions' classroom facilities by ALL STAFF in a closed monthly cohort	Non-working reentry fathers with children aged 24 years and younger

Content. Phase I Content. For Phase I, outreach and referral for recruitment into the program consisted of an outreach specialist attending outreach events in the community, visiting local programs and holding orientations where prospective participants were housed, and making relationships with key stakeholders in the community who could refer clients. Therefore, several recruitment strategies were employed by the outreach specialist including holding orientations at nearby residential programs, doing presentations at community events such as Parole and Community Team (PACT) meetings, talking to staff at other community-based programs to share program eligibility requirements, and sharing the program flyer.

Assessment included administration of the Family Strength Index (FSI). The FSI was administered one-on-one with each participant using an iPad in either a self-administered or interview format (based on participant preference). The FSI produces five scores in five different areas (problem-solving, communication, economic stability, cohesion, and social support) that were provided to case managers to be used in treatment planning. The Federal funder required Applicant Characteristics Survey (ACS) was also administered in Phase I.

Services and linkages provided through a case manager included a variety of referrals and linkages such as: child support/custody/visitation, child welfare services involvement, domestic violence/intimate partner violence, financial counseling, education, family therapy/counseling referral, legal assistance referral, health/mental health support, parenting, social services/emergency needs, healthy marriage and relationship education services, other services, meeting with facilitator, and reminder contacts.

Phase II Content. Phase II content is listed in the “Curriculum and content” column in **Table I.1**. **Table I.2** presents the source of the material for each of the sixteen curriculum areas in Phase II, and also whether each was “curricularized” as defined by Public Strategies, one of the technical assistance providers (per Public Strategies, “curricularized” was defined as material that was in a packet, book, or PowerPoint so that consistent content was delivered to participants).

Table I.2. Source of Material and “Curricularized” Status for 16 Areas of Phase II Curriculum.

Curriculum Workshop		“Curricularized” (Public Strategies definition: material is in a packet, book, or PowerPoint to deliver consistent content to participants)
TYRO	Proprietary curriculum from TYRO developers	Yes
Within My Reach (WMR)	Proprietary curriculum from WMR developers	Yes
P2P (Parole to Payroll)	“Home-grown” curriculum developed by FOLA*	Yes
Computer Basics	Public domain – Saint Paul Community Literacy Consortium	Yes
Life Skills	Public domain – www.career-lifeskills.com	Yes
Personal Finance (NEFE financial literacy)	Public domain – Nefe Financial Literacy (www.nefe.org).	Yes
Domestic Violence Prevention	Material developed by partner agency	No

		“Curricularized” (Public Strategies definition: material is in a packet, book, or PowerPoint to deliver consistent content to participants)
Curriculum Workshop	Source of Material	
Department of Child Support Services	Material developed by partner agency	No
Cognitive Behavioral Skills	FOLA CBT (cognitive behavioral therapy) manual developed by Victoria Simon, Ph.D., MFT for FOLA	Yes
Child Development	Three manuals: <i>Positive Discipline Manual</i> , 2015, Save the Children Fiji; <i>Children with Disabilities and Other Special Needs</i> , 2006, California Childcare Health Program; <i>Care for Child Development, Participant Manual</i> , 2012, World Health Organization.	Yes
Anger Management	Public domain – Texas Institute of Behavioral Research	Yes
Childhood Trauma ACES symptoms and protective factors	Training materials provided by Shields for Families.	Yes
Theater Arts	Material developed by contracted provider	Yes
Clothes the Deal	Material developed by contracted provider (participants are fitted for clothes for job interviews)	No
Cohort Support Group	Material provided by FOLA facilitator	No
Family Engagement Activity	Material provided by FOLA facilitator	No

*FOLA = Friends Outside in Los Angeles County, Inc.

Phase III Content. Phase III content included case management services, already described in Phase I content, and job specialist services. The job specialist did the following: facilitated job search activities for clients who completed Phase II; coordinated job recruitment and preparation for recruitment for participants; provided linkages to Work Source Center and Workforce Innovation and Opportunity Act (WIOA) services (job placement, job clubs); provided opportunities for vocational or educational referrals for clients; provided post-employment support including obtaining employment verification, job replacement, support for career advancement activities, and job development; and attended meetings with local employers.

Planned Dosage. For Phase II, the four-week closed cohort consisted of the approximately 120 planned hours of curriculum content that took place once a month, with an average of 86 of these hours expected for each participant and entered into nFORM, 12 times per year. The number of sessions, duration, and variation in frequency is provided in the “Dosage and Schedule” column of **Table I.1**. For Phases I and III, there was no planned dosage of curriculum content.

Delivery. For Phase II, the intended delivery of the sixteen curriculum areas was provided in one of three ways: one trained facilitator who was also a staff person at Friends Outside in Los Angeles County, Inc. (FOLA); a contracted service provider; or a guest speaker. All curriculum was administered in a group setting at FOLA’s facilities, with the exception of Clothes the Deal,

which took place at the contractor's location. Further details for each of the sixteen curriculum areas is in the "Delivery status" column of **Table I.1**. For Phases I and III, intended delivery did not apply because there is no curriculum content.

Education and Training of Staff. FOLA staff, including the group facilitator, case managers, job specialist, data specialist, and outreach specialist, were each trained to facilitate different curriculum areas. A bachelor's degree was required only for the group facilitator for Within My Reach (WMR) and TYRO curriculum. Facilitators could be any gender. For the first approximately two and a half years of the program, the group facilitator was female, and for the second half of the program, the group facilitator was male, with no discernable differences in participant feedback via monthly focus groups. Prior history of incarceration was desirable, but not required. In line with recommendations for staffing made in a recent report, the outreach specialist, in particular, was formerly incarcerated, and was also a former program participant (Friend & Paulsell, 2020). After considerable staff turnover in the outreach specialist position, the fourth person hired, who was a former program participant, has remained on staff for the longest period of time (two years). Several staff were formerly incarcerated and voluntarily shared this with participants within the context of service provision when they believed it was appropriate to do so. FOLA staff were also from a similar cultural and geographic background as participants. Focus group results provided consistent feedback that participants were able to relate to FOLA staff. **Table I.3** lists the educational and initial and follow-up training for each curriculum workshop.

Table I.3. Staff Training and Development for 16 Areas of Phase II Curriculum.

Curriculum Workshop	Source of Material	Education and Initial Training of Staff	Ongoing Training of Staff
TYRO	Proprietary curriculum from TYRO developers	Facilitator can be any gender, hold at least a bachelor's degree, and has received 4 days of initial training by TYRO developers.	No further formal trainings are held. Updates to training provided as needed from developer.
Within My Reach (WMR)	Proprietary curriculum from WMR developers	Facilitator can be any gender, hold at least a bachelor's degree, and has received 4 days of initial training by WMR developers.	No further formal trainings are held. Updates to training provided as needed from developer.
P2P (Parole to Payroll)	"Home-grown" curriculum developed by FOLA*	Facilitator can be any gender and has received 4 days of initial training from FOLA (P2P is a "homegrown" program developed by FOLA staff).	No further formal trainings are held.
Computer Basics	Public domain – Saint Paul Community Literacy Consortium	Facilitator can be any gender. FOLA staff prepared materials. Facilitator received ½ day of initial training.	No further formal trainings are held.
Life Skills	Public domain – www.career-lifeskills.com	Facilitator can be any gender. FOLA staff prepared materials. Facilitator received 1 day of initial training.	No further formal trainings are held.
Personal Finance (financial literacy)	Public domain – Nefe Financial Literacy	Facilitator can be any gender. FOLA staff prepared materials. Facilitator received 1 day of initial training.	No further formal trainings are held.

Curriculum Workshop	Source of Material	Education and Initial Training of Staff	Ongoing Training of Staff
Domestic Violence Prevention	Material developed by contracted provider	Administered by contractor, who has completed the certification through 40 hours of training on domestic violence.	Not applicable.
Department of Child Support Services (DCSS)	Material developed by contracted provider	Administered by contractor.	Not applicable.
Cognitive Behavioral Skills	FOLA Cognitive Behavioral Skills manual developed by Victoria Simon, Ph.D., MFT for FOLA	Group facilitator is required to have a bachelor's degree. All staff received a half-day in-house training. A training manual was developed for FOLA. Facilitator can be any gender.	No further formal trainings are held.
Child Development	Public domain – cdc.govactearly [Three manuals described in Table 1A]	Facilitator can be any gender. FOLA staff prepared materials. Facilitator received 1 day of initial training.	No further formal trainings are held.
Anger Management	Public domain – Texas Institute of Behavioral Research	Facilitator can be any gender. FOLA staff prepared materials. Facilitator received 1 day of initial training.	No further formal trainings are held.
Childhood Trauma ACES symptoms and protective factors	Training materials provided by Shields for Families.	Facilitator can be any gender. FOLA staff prepared materials. Facilitator received 1 day of initial training.	No further formal trainings are held.
Theater Arts	Material developed by contracted provider	Administered by contractor.	Not applicable.
Clothes the Deal	Material developed by contracted provider (participants are fitted for clothes for job interviews)	Administered by contractor.	Not applicable.
Cohort Support Group	Material provided by FOLA facilitator	No curriculum content.	Not applicable.
Family Engagement Activity	Material provided by FOLA facilitator	No curriculum content.	Not applicable.

*FOLA = Friends Outside in Los Angeles County, Inc.

Target Population. The target population was non-working fathers in South Los Angeles who had recently been released from incarceration and who had children aged 24 years or younger. Fathers could be any age, and any marital status (not married, married, divorced, widowed, separated, living together), but had to speak and read English due to the nature of the curriculum. Mothers also occasionally participated in the program. This was not originally planned, however, the Federal funder required mothers be included if they requested to participate in the program. The same eligibility criteria for fathers was applied to mothers – a history of incarceration, having a child under age 24, be any age and any marital status, be non-working, living in South Los Angeles area, and able to speak and read English.

II. DESCRIPTIVE IMPLEMENTATION STUDY

A. Research questions

Five evaluation research questions were analyzed for this descriptive implementation study and are shown in **Table II.1**.

Table II.1. Research Questions and Implementation Element.

Implementation element	Research question (RQ)
Engagement	<ul style="list-style-type: none"> • RQ1: Which recruitment strategies into the <i>Dads Back! Academy</i> were more likely to result in starting the Phase II Academy and which were not?
Engagement, Dosage	<ul style="list-style-type: none"> • RQ2: What types of program contact were associated with retention (defined as starting Day 1 of the Phase II Academy)? Were there different types of program contact among participants who did not start Phase II compared to those who did?
Engagement, Dosage	<ul style="list-style-type: none"> • RQ3: What were the common within-group characteristics among participants who only enrolled, who enrolled and started Phase II but did not finish, and who enrolled, started Phase II, and completed it? Did these characteristics differ by group?
Engagement, Dosage	<ul style="list-style-type: none"> • RQ4: What characteristics differentiated participants who did <i>not</i> finish Phase II from those who did?
Engagement, Dosage, Context	<ul style="list-style-type: none"> • RQ5: What combination of service dosage was associated with retention and completion of Phase II? In other words, what was the expected and actual dosage of Phase I and Phase II among participants who completed Phase II?

B. Study design

1. Sample formation

Program eligibility criteria included a history of incarceration, having a child aged 24 years or younger, living in the South Los Angeles area, ability to speak and read English, non-working, and having a demonstrated need for program services related to relationships, fatherhood, and job preparation/employment. The last criteria (a demonstrated need for program services related to relationships, fatherhood, and job preparation/employment) was identified during the intake interview with program staff. Participants self-identified their level of need and interest in relationships, fatherhood, and job preparation/employment. If the program as explained to them appeared to match their expressed needs in these three areas, then this was how a demonstrated need for program services was identified. There were no additional inclusion or exclusion criteria for the evaluation sample beyond program eligibility.

The sample for the evaluation was originally intended to include all *Dads Back! Academy* program participants in Years 2 through 5 of the project. Year 1 was not planned as part of the evaluation in order to give the program time to establish its implementation and because it only included three months of program implementation. This four-year sample was originally anticipated to include 600 program participants who enrolled in the *Dads Back! Academy* (150 per year X 4 years = 600). It was also expected to include both fathers and any mothers who participated in the program, with about 10 percent of the sample anticipated to be mothers. However, due to the statewide lockdown that occurred in California in March 2020 with the

COVID-19 pandemic, the program moved to an online format. Many elements of the curriculum had to be dropped. Therefore, given the different program structure that occurred starting in March 2020, the evaluation sample did not incorporate the last seven months of the project. All face-to-face monthly cohorts of the *Dads Back! Academy* from October 2016 of Year 2 through February 2020 of Year 5 were included in the evaluation sample.

Two samples were formed and analyzed for the five research questions. For Research Question 1, the sample was defined as *all participants who attended orientation* from October 2016 (Year 2) through February 2020 (Year 5). This sample consisted of 1,695 participants who attended orientation. For analysis purposes, the sample was further divided into two groups: participants who were *not retained*, meaning they did not start the Phase II workshops (n=1,261) and participants who *were retained*, defined as those who started the Phase II workshops, regardless of whether they finished (n=434).

For the sample utilized in Research Questions 2-5, the sample was defined as *all participants who either enrolled or who began a Phase II cohort* from October 2016 (Year 2) through February 2020 (Year 5). This strategy was used because no survey or services data was available prior to enrollment, therefore the same sample as in Research Question 1 could not be utilized. The sample consisted of 547 participants, divided into three groups, based on how far they progressed into the program. This was done to capture different levels of engagement. The groups were as follows: (1) participants who *enrolled only* (defined as completing an Applicant Characteristics Survey) but went no further (n=122); (2) participants who *started Phase II but did not finish* the Phase II 4-week cohort (n=64); and (3) participants who *started and finished the Phase II* 4-week cohort (n=361). Analyzing the sample across these three groups facilitated understanding of recruitment and retention. For some analyses, these three groups were combined into two groups as follows: participants who enrolled only (n=122), and participants who started Phase II regardless of whether they finished (n=425).

Note that the retained sample who started Phase II of 434 participants for Research Question 1 is slightly larger than the same sample of 425 participants who started Phase II for Research Questions 2-5. This is due to the slightly different way in which the two samples were defined. For Research Question 1, the sample was defined as all participants who *attended orientation* through the end of February 2020; this included an additional nine participants above the 425 who joined the March 2020 cohort or a later one (because they attended orientation in February 2020). For the sample for Research Questions 2-5, the sample was defined based on *either* enrollment (for those who did not start Phase II) or starting a Phase II cohort through February 2020. This eliminated the nine participants who started a cohort after February 2020, resulting in the 425 participants who started Phase II in the second sample compared to 434 who started Phase II in the first sample. These two different definitions also accounted for a slight difference in the number of participants who started but did not finish Phase II across the two samples (n=68 in the first sample and n=64 in the second sample).

The unit-of-analysis was individual participants for all research questions with one exception. In Research Question 5, part of the analysis focused on the forty-one monthly Phase II cohorts; for this analysis, the monthly cohort was the unit-of-analysis.

For the sample for Research Question 1 (N=1,695), demographic data was not available for the full sample, therefore, a sample characteristics table is not presented. While demographics were available for the 434 participants who started Phase II, no demographic data was available for the 1,261 participants who only attended orientation.

Demographic data was available for the remaining 547 participants used in Research Questions 2-5. Group differences are explored in the Research Questions; therefore, **Table II.2** presents descriptives for all 547 participants. As is apparent, age groups from 18 to 65+ were almost evenly split a third each, with the largest age group consisting of 18 to 34 years old (37.3%). Most participants were men (93.4%), and either Black or African American (49.1%) or Latinx (39.6%). The largest group of participants was never married (46.8%). About two-thirds of participants were currently living in a halfway house or residential treatment center (62.8%). Highest education completed was also varied, with about one quarter who did not complete high school (22.5%), about one quarter who got as far as college (23.0%), and just under half (41.0%) who finished high school via either a GED (21.6%) or a diploma (19.4%).

Table II.2. Characteristics of participants in sample for Research Questions 2-5 (N=547).

Characteristic at Intake	Participants who enrolled or started Phase II (N=547)	
	Frequency	Percent
Age group		
18 to 34 years old	204	37.3%
35 to 44 years old	188	34.4%
45 to 65+ years old	155	28.3%
Gender		
Men	510	93.4%
Women	36	6.6%
Race/ethnicity		
Black or African American	268	49.1%
Latinx	216	39.6%
All other race-ethnicities	62	11.4%
Marital status		
Never married	256	46.8%
Separated/divorced/widowed	128	23.4%
Married/engaged	108	19.7%
Missing	55	10.1%
Living situation		
Shelter/halfway house or treatment center	340	62.8%
Rent home	68	12.6%
Rent-free with relative or friend	53	9.8%

Characteristic at Intake	Participants who enrolled or started Phase II (N=547)	
	Frequency	Percent
Homeless (on streets, in car, abandoned building)	19	3.5%
Other living situation	67	12.2%
Highest education completed		
No degree or diploma	123	22.5%
High school GED	118	21.6%
High school diploma	106	19.4%
Vocational/some college/college degree	126	23.0%
Missing	74	13.5%

2. Data collection

Multiple data sources were used to answer the five research questions. These included: *standardized surveys* (ACS, Family Strength Index, Within My Reach entrance surveys, P2P entrance surveys, and TYRO entrance surveys), *administrative data sources* (nFORM data, Evaluation database), and *project logs* (Orientation log, Milestones Report). Some data sources were developed later in the project when it was learned that an additional data collection method was needed. This was the case for the *Evaluation Database*. All other data sources were used throughout the project.

The *Evaluation Database* was a client database that tracked client progress from orientation (which is data that could not be entered in nFORM), through Phase III. It was the data source that was used to track client progress through each phase of the program including orientation, Phase I, Phase II, and Phase III. Dates for each program phase were recorded. Dates that data collection instruments were administered were also recorded, including when the ACS and Family Strength Index were administered, and when the pre-post surveys at the beginning and end of Phase II were administered. Query functions also allowed producing lists of when clients were due for administration of particular instruments. Query functions also allowed producing counts of clients at various stages of the program. Data, such as dates of administration of surveys, that were common to both nFORM and the Evaluation Database were entered simultaneously. In the data analysis process, dates were compared after combining nFORM data with the Evaluation database data. Any inconsistencies were reconciled by determining which source was accurate (see section 3 for examples). Due to simultaneous data entry, errors of this type seldom occurred.

See Table II.3 for the data sources by research question, timing/frequency of data collection, and party responsible. The timing and frequency of data collection was throughout Years 2 through February of Year 5 of the project.

Table II.3. Data used to address descriptive evaluation research questions.

Implementation element	Research question	Data Source	Timing/Frequency of Data Collection	Party Responsible for Data Collection
Engagement	RQ1: Which recruitment strategies into the <i>Dads Back! Academy</i> were more likely to result in starting the Phase II Academy and which were not?	Orientation Log Evaluation database	All orientation events (Years 2 -5)	Intervention Staff for Orientation Log Evaluation Associate for evaluation database
Engagement, Dosage	RQ2: What type of program contact were associated with retention (starting Day 1 of the Phase II Academy)? Were there different types of program contact among participants who did not start Phase II?	Evaluation database nFORM Service Contacts nFORM Referral data	All Phase I contacts for all monthly cohorts (Years 2-5)	Intervention Staff for service contacts & referrals Evaluation Associate for evaluation database
Engagement, Dosage	RQ3: What were the common within-group characteristics among participants who enrolled, started Phase II, and finished Phase II? Did these characteristics differ by group?	Evaluation database Family Strength Index nFORM ACS nFORM Service Contacts nFORM Referral data	All contacts and ACS surveys (Years 2-5)	Intervention Staff for service contacts & referrals Intervention Staff or Evaluation Associate for FSI and ACS Evaluation Associate for evaluation database
Engagement, Dosage	RQ4: What characteristics differentiated participants who did not finish Phase II from those who did?	Within My Reach Entrance survey TYRO Entrance survey Parole to Payroll Entrance survey nFORM ACS surveys nFORM Service Contact	All entrance surveys, ACS surveys, and nFORM service contacts (Years 2-5)	Evaluation Associate or Intervention Staff for Entrance Surveys Intervention Staff for service contacts & referrals
Engagement, Dosage, Context	RQ5: What combination of service dosage was associated with retention and completion of Phase II?	nFORM Session Attendance data (exported as Workshop Series Excel spreadsheets) nFORM Service Contacts nFORM Referrals	All sessions delivered for all monthly cohorts (Years 2-5) All service contacts and referrals (Years 2-5)	Intervention Staff for Session Attendance, Service Contacts, & Referrals Evaluation Associate for Workshop Series Excel spreadsheets

This evaluation received a waiver from the Friends Research Institute Institutional Review Board (IRB). All data collection was intended to inform program services, and as such, did not require Institutional Review Board approval. However, a consent item was included in every survey in

which participants could choose not to do the survey, or not to answer any question, and still receive access to all services. The project was resubmitted for IRB approval as a secondary data/existing data analysis in order to use the data for publication. An exemption was approved on February 6th, 2020, by the Western Institutional Review Board (WIRB).

3. Data preparation and measures

All quantitative data was analyzed using IBM SPSS Version 26, with one exception. The factor analyses were analyzed in MPlus Version 8.4. Data preparation and measures are described by research question in Section C. A general overview is presented here. Measures/constructs used in each research question are presented in **Table II.4** and follow what is presented in Section C.

Data inconsistencies across data sources, when they were found, were investigated to determine the most accurate information was used. These types of inconsistencies were rare because common data across multiple sources was usually things like dates which were easily reconciled by looking in case files. “Double data entry” also took place, in which the same person (the Research Associate) entered the data in two places (nFORM and the Evaluation database, for example) or had regular checks of the data in nFORM against what was in the second data source (such as the Evaluation Database).

For analyses performed for the five research questions, missing data was not replaced with the exception of data used in the factor analyses (see **Appendix B** for the approach utilized for the Family Strength Index, the Within My Reach entrance survey and the TYRO entrance survey). Missing data is most often replaced on standardized assessments that measure a particular construct. The nature of most of the data analyzed here did not fall into that category. For example, if data was missing for session attendance, this was not something that could be imputed from multiple other responses in the same way that one missing item on a 20-item standardized scale can be imputed from other items.

Data across multiple datasets was combined based on the nFORM ID. This included data from the following sources: the evaluation database, nFORM service contacts data, nFORM referral data, nFORM ACS surveys, the Family Strength Index surveys, and the three entrance surveys (P2P, Within My Reach, and TYRO).

Specific quantitative analyses for each research question are described in Section C. Standard procedures were used to prepare or “clean” the data (such as checking for minimum and maximum values to identify any potential data entry errors, and logic checks). The appropriate parametric or non-parametric statistic was utilized, based on the distribution of the data. Statistical assumptions, as needed, were checked for each analysis.

For the quantitative measures in the Family Strength Index and the entrance surveys for Within My Reach and TYRO, exploratory and bifactor confirmatory factor analyses were carried out. MPlus was used for these three analyses due to its ability to handle ordinal response categories, as was the case for these three instruments. Exploratory factor analysis was used to confirm the scale developer’s intended factor structure. Bifactor confirmatory factor analysis was then

carried out to determine if it was appropriate to utilize summative total scores and/or subscale scores. These analyses were carried out separately for the Family Strength Index, the Within My Reach entrance survey, and the TYRO entrance survey. The general procedure is described in **Appendix B**.

Table II.4. Measures used to address process/implementation research questions

Implementation element	Research question	Measures/Constructs
Engagement	RQ1: Which recruitment strategies into the <i>Dads Back! Academy</i> were more likely to result in starting the Phase II Academy and which were not?	<ul style="list-style-type: none"> Percent of participants for each recruitment strategy (from Orientation Logs) by enrollment group (orientation only/enrolled only compared to started Phase II/finished Phase II)
Engagement, Dosage	RQ2: What type of program contact were associated with retention (starting Day 1 of the Phase II Academy)? Were there different types of program contact among participants who did not start Phase II?	<ul style="list-style-type: none"> Mean/median number of total service contacts (home visits, email, community, in-office, mail, phone, text, voicemail, & other from nFORM) before Phase II Mean/median number of different contacts (home visits, email, community, in-office, mail, phone, text, voicemail, & other from nFORM) before Phase II Percent of type of contact before Phase II When counts were large enough, reason for contacts (such as parenting, healthy marriage relationship education services, other services, meeting with facilitator, reminder contacts) and referrals (such as parenting, food, employment resources) from nFORM were included All of the above was analyzed for two groups: those who did and did not start Phase II.
Engagement, Dosage	RQ3: What were the common within-group characteristics among participants who enrolled, started Phase II, and finished Phase II? Did these characteristics differ by group?	<ul style="list-style-type: none"> Service contact data from RQ2 but for the duration of services ACS data (gender, age, ethnicity, language spoken at home, financial well-being items, living situation, education variables [in school/college or not, current grade, highest education completed], employment status, actively looking for work, retired, disabled, income, health insurance, barriers to finding or keeping a good job, marital status, partner status, living with partner, number of children, and health) Mean FSI scores (total score for short 12-item version, total household assets subscale, and total economic assets subscale) All of the above will be analyzed for three groups: participants who only enrolled, who started Phase II, and who finished Phase II

Implementation element	Research question	Measures/Constructs
Engagement, Dosage	RQ4: What characteristics differentiated participants who did not finish Phase II from those who did?	<ul style="list-style-type: none"> • Within My Reach entrance survey (total score for short 12-item attitudes towards healthy relationships) • TYRO entrance survey (total score for short 6-item attitudes towards fatherhood) • Parole to Payroll (P2P) entrance survey contracts (total correct responses, most common correct items across participants, most common incorrect items across participants) • ACS demographic data from RQ3 • Service contact data from RQ2 and RQ3 • All of the above will be analyzed for two groups: participants who started but did not finish Phase II and those who finished Phase II
Engagement, Dosage, Context	RQ5: What combination of service dosage was associated with retention and completion of Phase II?	<ul style="list-style-type: none"> • For Phase I and Phase II: Mean/median number of total service contacts, different service contacts, & referrals (from Research Questions 2 & 3) • Workshop Series data: Mean/median workshop sessions per month and participants per month • All of the above will be presented for one group: those who completed Phase II. This is a descriptive analysis (not a comparison between groups).

4. Analysis approach

Chi-square tests of association were used to analyze two categorical variables. The expected count of cells had to be greater than 5 for at least 80 percent of cells in order for the chi-square test to be considered reliable; if expected counts were lower than five for more than 20 percent of cells, and categories could not logically be collapsed, then the association could not be statistically tested. A *Cramer's V* effect size was reported for categorical cross-tabulations that were larger than two rows and two columns; for two-by-two tables, the *Phi* effect size was reported. Adjusted residuals greater than ± 1.96 were also analyzed to identify cells that had lower or higher observed counts than expected counts. Column proportions using the Bonferroni correction were also examined, controlling for Type I error (Dunn & Clark, 2001).

Independent samples t-tests and Mann-Whitney U tests were utilized to statistically analyze mean differences between two groups. *Cohen's d* (when sample sizes were similar) or *Hedge's g* (when sample sizes were different) were the reported effect sizes for independent samples t-tests. When the Mann Whitney U-test was reported, the reported effect size was *r* (the *Z* value divided by the total number of observations) (Mangiafico, 2016). When the data was severely skewed and therefore not normally distributed, Mann-Whitney U results were presented instead of independent samples t-tests. The Mann-Whitney U test is a non-parametric test with a more conservative benchmark to achieve statistical significance (Siebert & Siebert, 2018).

One-way ANOVAs (analyzing means for continuous variables) were utilized to statistically analyze mean differences between three or more groups. For ANOVAs, the Bonferroni correction was utilized to control for multiple tests. When the data was not normally distributed,

paired comparisons from the Kruskal-Wallis test were examined to determine between group differences (Siebert & Siebert, 2018). For significant one-way ANOVAs, eta-squared (η^2) was the reported effect size, calculated from the ANOVA table by dividing the between groups sum-of-squares by the total sum-of-squares (George & Mallery, 2016).

In all cases, an alpha level of .05 was utilized to indicate statistical significance. Also, practically significant differences were of equal or greater interest than statistical significance.

A limitation of the research design of this descriptive evaluation is that it does not permit generalization of the results beyond the sample of participants in the Dads Back! Academy. Statistically significant (or practically significant) results suggest what occurred for this sample of Dads Back! participants and cannot be generalized to other programs outside of this sample.

C. Findings and analysis approach

Analysis for each of the five research questions is presented next. Each section begins with the research question, and highlights of key results/findings. This is followed by the analysis approach and a detailed description of the findings.

1. Which recruitment strategies into the *Dads Back! Academy* were more likely to result in starting the Phase II Academy and which were not?

Key Findings:

The two recruitment strategies that resulted in the largest share of participants starting Phase II were Residential Center A, making up 30.6% of 434 participants who started Phase II workshops, followed by Residential Center B, contributing 26.7% of 434 participants who started Phase II. The third largest contributor was family/friends/walk-in/word-of-mouth, contributing 11.8% of 434 participants. The remaining 30.9% of participants were recruited from five additional recruitment strategies, for a total of eight different recruitment strategies. This highlights the importance of multiple recruitment strategies in order to meet target enrollments.

Analyzing the percentages within each recruitment strategy suggests the level of effort that was needed based on the proportion of participants who started Phase II. The recruitment strategies with the highest percentage starting Phase II (and therefore the lowest effort) were family/friends/walk-in/word-of-mouth (54.3%, n=94), Residential Center C (49.4%, n=77) and flyer/FOLA staff/alumni (43.4%, n=83). However, the actual raw numbers also need to be considered. Even with the high percentages of participants who started Phase II, these recruitment strategies alone would not have been sufficient to have met enrollment targets.

Key Findings: (continued)

The level of effort was much higher among the top two recruitment strategies based on raw numbers, (Residential Centers A and B), but the pay-off in terms of raw numbers was also high. A total of 753 potential participants attended orientation at Residential Center A, with 17.7% starting Phase II, and 330 attended orientation at Residential Center B, with 35.2% starting Phase II. These two recruitment strategies accounted for over half (57%) of the 434 participants who started Phase II.

Therefore, two types of successful recruitment strategies were identified and both were important to achieving enrollment targets: (1) more focused approaches in which a larger percentage of a smaller total number of 77 to 94 recruited participants went on to start the Phase II workshops (these included family/friends/walk-in/word-of-mouth; flyer/FOLA referrals/alumni; Residential Center C); and (2) “big event” recruitment strategies in which a larger total number of potential participants attended the orientation event, but a smaller percentage went on to start Phase II workshops (these included Residential Centers A and B in which 753 and 330 participants attended orientation). Thus, the percentage within each recruitment strategy was revealing to show the level of effort, as were overall raw numbers.

Recruitment strategies that had a high level of effort but minimal numbers of participants who started Phase II may deserve attention to determine if they are a worthwhile use of time in future programs. This is not intended as a negative comment on the strategies, but probably says more about a mismatch between recruitment eligibility requirements and the target population at these events or organizations. This included PACT meetings (in which 6 participants started Phase II out of 213 participants recruited) and government and community-based organizations (in which 25 participants started Phase II out of a total of 91 recruited) over the three and half years of data collection.

Finally, this analysis indicated that it took four times as many participants recruited to meet enrollment targets of 150 participants per year (25.6% of 1,695 recruited participants started Phase II). This may be an important benchmark for future program planning.

Analysis Approach. This research question sought to describe whether different recruitment strategies were more or less successful, based on whether participants went on to begin Phase II of the program. Recruitment was defined as attending orientation. Recruitment strategies (where or how participants were recruited to Dads Back!) were collected directly from participants from the orientation attendance sheets. Enrollment was defined as completing an Applicant Characteristic Survey (ACS). Beginning Phase II was defined as participants who started the Phase II four week academy of workshops.

For this research question, the four recruitment groups were combined into two groups: those who did not start Phase II (participants who attended orientation only and those who enrolled only); and those who started Phase II (including participants did or did not finish Phase II).

It should also be noted that targets for recruitment, enrollment, and retention were met for the years in which the sample was drawn (Years 2-5). Therefore, recruitment is noted as successful insofar as the intended number of participants enrolled and were retained in the program.

Recruitment strategies were manually collected from participants on attendance sheets circulated during orientations (referred to as “Orientation Logs”) in order to have this data for all participants who attended orientation. This data collection was started in mid-Year 2 when it was determined that it was not possible to record data in nFORM for all participants who attended orientation because only participants who went on to complete an ACS (indicating enrollment) could have data entered. Therefore, at orientation, participants were asked to write down *how they heard about the Dads Back! Academy* on the Orientation Log. The Evaluation Associate then recorded this information in the Evaluation Database for subsequent analysis. Due to the late start in collecting this data, how participants heard about Dads Back! was missing for some participants.

Eight strategies of recruitment were identified based on 1,695 potential participants who attended an orientation session between October 2016 in Year 2 and February 2020 in Year 5 (see **Table II.5**). These recruitment groups were created based on their size (greater than 50 participants) and similarity. Data from three different residential centers was analyzed as separate groups (Residential Centers A, B, and C). This was done for practical reasons; it was important to note that there were *three* residential centers to highlight that the outreach specialist had to maintain these relationships and conduct orientations with these three residential centers, rather than one or ten centers, for example. In other words, it was important to document the number of residential programs for replication purposes. It was also important for program staff to be able to see distinct patterns of recruitment and participation in Phase II for each residential program (it will be shown below that patterns of recruitment and retention were indeed different across the residential programs). In general, individual recruitment strategies consisting of less than 50 participants were combined with other similar types of recruitment strategies. For example, recruitment that occurred from “family/ friends/walk-in/word-of-mouth” were combined due to their small size and shared similarity of participants being told about the program by someone who was not directly from Friends Outside (it was assumed that walk-ins heard about the program from someone in the community). Friends Outside program-related recruitment sources were combined into the group referred to as “flyers/FOLA staff/alumni”. Recruitment from community-based non-profit programs and government programs (such as probation) were also combined due to neither group being large enough on its own and each being programs.

Chi-square tests of association were run across the two combined groups to determine if different recruitment strategies were associated with starting Phase II.

Findings. Statistically significant differences were found across the two groups: those who started Phase II and those who did not [$\chi^2(7)=198.3$, $p=.000$, *Cramer's V* = .342, $N=1,695$] (see **Table II.5**). Analysis of residuals indicated that **Residential Center A and PACT meetings had significantly fewer than expected participants who started Phase II (based on a negative residual)**. **Four recruitment strategies had significantly more participants than expected who started Phase II (Residential Center B, Residential Center C, family/friend/walk-in/word-of-mouth, and flyer/FOLA staff/alumni)** (based on a positive residual). There was no difference between the observed and expected counts for community and government programs (based on a residual smaller than ± 1.96).

The two recruitment strategies that resulted in the largest share of participants starting Phase II were Residential Center A, a residential center for parolees, making up 30.6 percent of the 434 participants who started the Phase II Academy, followed by another residential center for parolees, Residential Center B, contributing 26.7 percent of the 434 participants who started the Phase II Academy (see third column of Table II.5). A combined category that included referrals from *family/friends/ walk-in/word-of-mouth* was the third largest contributor at 11.8 percent of the 434 participants who started the Phase II Academy. The remaining five recruitment strategies contributed from 1.4 percent to 8.8 percent each of those who went on to start Phase II. This also highlights the importance of having multiple recruitment strategies in order to meet target enrollments of 150 participants per year.

Table II.5. Recruitment Strategies by Did Not/Did Start Phase II Academy (Column Percentages).

Recruitment Source	Did Not Start Phase II Academy % (n) (residual)	Started Phase II Academy % (n)	Total % (n)
Residential Center A	49.2% (620) (-6.7)	30.6% (133) (6.7)	44.4% (753)
Residential Center B	17.0% (214) (4.4)	26.7% (116) (-4.4)	19.5% (330)
Family/friends/walk-in/word-of-mouth	3.4% (43) (6.5)	11.8% (51) (-6.5)	5.5% (94)
Residential Center C	3.1% (39) (4.9)	8.8% (38) (-4.9)	4.5% (77)
Flyer/FOLA staff/alumni	3.7% (47) (3.8)	8.3% (36) (-3.8)	4.9% (83)
Unknown/Missing	2.0% (25) (4.8)	6.7% (29) (-4.8)	3.2% (54)
Community/government programs	5.2% (66) (.4)	5.8% (25) (-.4)	5.4% (91)
PACT Meetings	16.4% (207) (-8.1)	1.4% (6) (8.1)	12.6% (213)
TOTAL	100% (1261)	100% (434)*	100% (1695)

*The total enrolled in Phase II was 434 but is 425 for the remaining research questions. This is because for this research question, the sample was based on all participants who attended orientation through February 2020, regardless of when they started Phase II. A total of nine participants started Phase II after February 2020.

It is also interesting to analyze the percentages *within* each recruitment strategy. This suggests the level of effort that is needed in recruitment based on the proportion of participants *within* each recruitment strategy who enroll and start Phase II. These row percentages are shown in Table II.6. The percentage of participants who went on to start Phase II ranged from a low of 2.8 percent for PACT meetings (6 of 213 recruited participants) to a high of 54.3 percent for *family/friends/walk-in/word-of-mouth* (51 of 94 recruited participants). Other recruitment strategies with high percentages of participants who went on to enroll and start the Phase II Academy included: unknown/missing recruitment source (53.7 percent of 54 recruited), Residential Center C (49.4 percent of 77 recruited), and *flyer/FOLA staff/alumni* (43.4 percent of 83 recruited).

Table II.6. Recruitment Strategies by Did Not/Did Start Phase II Academy (Row Percentages).

Recruitment Source	Did Not Start Phase II Academy % (n)	Started Phase II Academy % (n)	Total % (n)
Family/friends/walk-in/word-of-mouth	45.7% (43)	54.3% (51)	100% (94)
Unknown/Missing	46.3% (25)	53.7% (29)	100% (54)
Residential Center C	50.6 (39)	49.4% (38)	100% (77)
Flyer/FOLA staff/alumni	56.6% (47)	43.4% (36)	100% (83)

Recruitment Source	Did Not Start Phase II Academy % (n)	Started Phase II Academy % (n)	Total % (n)
Residential Center B	64.8% (214)	35.2% (116)	19.5% (330)
Community/government programs	72.5% (66)	27.5% (25)	100% (91)
Residential Center A	82.3% (620)	17.7% (133)	100% (753)
PACT Meetings	97.2% (207)	2.8% (6)	100% (213)
TOTAL	74.4% (1261)	25.6% (434)	100% (1695)

Recruitment strategies with the lowest percentage of participants who went on to enroll and start the Phase II Academy included: PACT meeting (2.8 percent of 213 recruited), Residential Center A (17.7 percent of 753 recruited), community and government programs (27.5 percent of 91 recruited), and Residential Center B (35.2 percent of 330 recruited) (see Table II.6).

However, the actual raw numbers also need to be considered. For example, three of the top recruitment strategies based on having high percentages of participants who go on to enroll and start Phase II also had relatively low overall numbers (*family/friends/walk-in/word-of-mouth* recruited a total of 94 participants; Residential Center C recruited a total of 77 participants; and *flyer/FOLA staff/alumni* recruited a total of 83 participants). Thus, even with the high percentage of participants who started Phase II, **these recruitment strategies alone would not have been sufficient to have met enrollment targets.**

Contrast this with the two largest recruitment strategies based on raw numbers. A **total of 753 potential participants attended an orientation at Residential Center A, with 17.7 percent starting Phase II, and 330 attended an orientation at Residential Center B, with 35.2 percent starting Phase II. The level of effort is clearly much higher with these two larger recruitment strategies, but the pay-off in terms of raw numbers was also high.** A total of 133 Residential Center A residents started Phase II; this is close to the annual enrollment target of 150, from only one recruitment source. Another 116 Residential Center B participants started Phase II. **In other words, these two recruitment strategies alone were responsible for over half (57 percent) of the 434 participants who started Phase II. But again, these two recruitment strategies on their own were not enough to meet enrollment targets. It took a combination of these larger “big event” orientations in combination with the more focused recruitment strategies to meet enrollment targets.** It is likely that some number of participants who were counted in the “big event” orientation sessions may not have even been eligible for the program. Ultimately, this was of little consequence because there were enough participants who *were* eligible (or perhaps who later became eligible) and who went on to enroll in the program and continue to Phase II. It is likely that at the more focused recruitment strategies such as *family/friends/walk-in/word-of-mouth* and Residential Center C, a higher percentage of participants were eligible for the program, resulting in a higher percentage who went on to enroll and start Phase II. Thus, effort was lower for a higher percentage of successful participants. However, these higher percentages came with a trade-off of smaller *total* overall numbers.

Therefore, two types of successful recruitment strategies were identified and both were important to achieving enrollment targets: (1) more focused approaches in which a *larger percentage* of a *smaller total* number of 77 to 94 recruited participants went on to start the **Phase II workshops**. These included: *family/friends/walk-in/word-of-mouth* in which 54 percent of 91 recruited started workshops; *flyer/FOLA staff/alumni* in which 43 percent of 83 recruited started workshops; Residential Center C in which 49 percent of 77 recruited started workshops; and (2) “big event” recruitment strategies, in which a *larger total* number of potential participants attended the orientation event, but a *smaller percentage* went on to start **Phase II workshops**. This included: Residential Center A in which 17.7 percent of 753 recruited started workshops; and Residential Center B in which 35.2 percent of 330 recruited started workshops. Therefore, to identify important recruitment strategies, both the percentage *within* each recruitment source was revealing to show the level of effort, and the percentage *within all those who started Phase II* or the raw number of participants from each recruitment source was also important.

Two possible recruitment strategies are candidates for being dropped in future implementation based on this analysis of effort. This is not intended as a negative comment on the strategies, but probably says more about a mismatch between recruitment eligibility requirements and the target population at these events or organizations. For example, PACT meetings contributed the fewest engaged participants; only 3 percent of 213, or 6 participants started Phase II over the three and a half year period analyzed. PACT meetings as a recruitment source may not be worth continuing, but there may be other benefits to FOLA’s attendance, such as greater visibility in the community for other recruitment strategies. In addition, over 20 different organizations were also included in the government agencies and community-based program recruitment category; this resulted in 25 participants starting Phase II out of a total of 91 recruited over the three and a half year data collection period. This level of effort at so many community-based and government organizations may deserve attention to determine if it is a worthwhile use of time in future efforts.

One last descriptive statistic is noteworthy. Looking at the “total” column in Table II.6, we see that combining across all recruitment strategies, only 25.6 percent of all recruited participants went on to start Phase II. This means that four times as many participants as needed for enrollment had to be recruited in order to meet enrollment targets. This may be an important benchmark for planning of future programs.

2. What types of program contact were associated with retention (defined as starting Day 1 of the Phase II Academy)? Were there different types of program contact among participants who did not start Phase II compared to those who did?

Key Findings:

The top three most common *types of contact* for those who were retained (they started Phase II) were *direct contact in the office* (42.4%), *direct contact by phone* (31.3%), and *direct contact in the community* (26.1%). Participants who were ultimately retained were easier to reach directly during Phase I as they were less often contacted using *indirect methods* (90.4% of retained participants had no indirect contact compared to only 38.5% of participants who were not retained).

Less effort was needed in contacting program participants who were ultimately retained compared to participants who were not retained. Retention was associated with a lower mean number of *total service contacts*, *total different types of contacts* in which direct contact was made, and *total different types of contacts* in which direct contact was not made ($p's < .001$). This retained group was half as likely to have a *reminder contact* (38.6%) compared to those who were not retained (79.5%).

The top three most common types of contact for those who were not retained were *direct contact by phone* (67.2%), *an attempted phone contact* (57.4%), and *direct contact in the office* (50.8%). Those who were not retained, on average, had significantly higher numbers of phone contacts and *attempted phone contacts* compared to those who were retained ($p's < .001$). Those who were not retained also had significantly higher *total service contacts*, and *total different types of direct and indirect contacts* ($p's < .001$) compared to the retained group. The not retained group was also more likely to have durations of contacts that lasted *up to 4 minutes*, *5-14 minutes*, and *15-29 minutes* compared to participants who were retained ($p's < .05$).

During an equivalent Phase I time period, participants who were ultimately retained had a lower likelihood of being called on the phone, whether the participant was reached or not. Participants who were ultimately not retained had a higher likelihood of being called, regardless of whether direct contact was made (31.3% of retained participants compared to 67.2% of not retained participants received phone calls in Phase I; 6.8% of retained participants compared to 57.4% of not retained participants received attempted phone calls). On the other hand, no differences were found among participants who were ultimately retained or not in office contact in which direct contact was made or was not made.

Analysis Approach. Two types of nFORM data were analyzed for this question: service contact data and referral data.

Two participant groups were analyzed: a retention group and a group that was not retained. The retention group consisted of participants who started the Phase II Academy from October 2016 (Year 2) to February 2020 (Year 5), including those who did and did not actually finish Phase II ($n=425$). The group that was not retained consisted of those who attended orientation and enrolled, and who were in Phase I of the program, but did not go on to Phase II ($n=122$). All participants in this sample of 547 completed an Applicant Characteristics Survey (ACS); this was necessary because otherwise, no data could be recorded in nFORM. Completing the ACS was also part of the program enrollment process. Therefore, this sample was decidedly smaller

than the sample analyzed in Research Question 1 because those who attended an orientation but who did not go on to enroll could not be included.

To achieve equivalence of service contacts and referrals across the two groups, service contacts and referrals up to the day before Phase II were included for the retention group (the participant group who started Phase II). All service contacts and referrals were included for the not retained group (participants who were in Phase I and who never started Phase II).

Four composite variables were created to analyze service contact and referral data. Two of these composite variables were total counts per participant; these included total service contacts prior to Phase II and total referrals prior to Phase II. The remaining two composite variables counted the different types of contacts that participants could receive, also referred to as contact diversity. Each different type of contact experienced by participants was counted once. This was done to capture the diversity of contacts as another key measure. These included contacts made the following ways: during a home visit, in the community, in the office, by email, by mail, by phone, leaving a voicemail, a text message, or other types of contacts. Contacts were split into two groups: direct contacts and indirect or not direct contacts. Direct or not direct was determined by project staff and entered into nFORM as such. Direct contacts referred to contacts in which the program staff person and the participant directly communicated. Indirect contacts referred to contacts in which an attempt was made to contact the participant, but there was not direct contact. The total direct contacts included the following types of contacts: home visit, in the community, in the office, a phone call, a text message, and other types of contacts. The total indirect or not direct contacts included the following types of contacts: email, attempted in the community, attempted in the office, mail, attempted phone call, text message, voicemail, and other types of contact. Therefore, the total possible range for direct contacts was 0 to 6, and the range for indirect contacts was 0 to 8.

Four groups of variables reflecting service contact data were then analyzed across the two groups. These included: each type of contact separately, the four total contact counts (the two total counts and the two diversity counts), length or duration in minutes of each contact, and issues and needs underlying the need for the service contact.

Chi-square tests of association were utilized to examine associations between categorical variables. Independent samples t-tests and Mann-Whitney U tests were utilized to statistically analyze group mean differences.

Findings. Frequencies for each of type of contact were examined first. The number of participants receiving contacts during Phase I was too small (less than 10 percent of the total sample) for the following contact areas, and so could not be analyzed further: mail (12 participants); other types of contact that were not direct (10 participants); in the office without direct contact (6 participants); voicemail (5 participants); home visits (4 participants); emails (4 participants); in the community without direct contact (3 participants); and text message and other type of direct contact (no participants received these types of contact). **This left the following type of contacts in Phase I available for analysis: direct community contacts, direct office contacts, direct phone contact, and phone contact that was not direct.**

Table II.7 displays the top four most common types of contact across the two retention groups, with percentages representing the number of participants who received each type of contact one or more times. **For participants who were not retained (they did not start Phase II), the most common type of contact was directly by phone (67.2 percent of participants), followed by an attempt to be contacted by phone (not direct) (57.4 percent of participants), direct contact in the office (50.8 percent of participants), and about one third of participants (32.8 percent) who were not retained were contacted directly in the community.**

Table II.7. Most Common Types of Contact by Retention Groups (N=547).

Type of Contact	Not Retained % (n=122)	Retained % (n=425)	Total % (n=547)
Phone - direct	67.2% (82)	31.3% (133)	39.3% (215)
Phone - not direct	57.4% (70)	6.8% (29)	18.0% (99)
In office - direct	50.8% (62)	42.4% (180)	44.2% (242)
In community - direct	32.8% (40)	26.1% (111)	27.6% (151)

For participants who were retained (they started Phase II), the most common type of contact was direct contact in the office (42.4 percent of participants), followed by direct contact by phone (31.3 percent), direct contact in the community (26.1 percent), and an attempt by phone (not direct) (6.8 percent) (see Table II.7).

Statistically significant differences were also found between the two groups for the two types of phone contact (statistical testing not shown in a table; percentages are shown in Table II.7). Those who were retained were about half as likely to receive a direct phone call (31.3 percent vs. 67.2 percent) ($\chi^2[1]=51.2$, $p=.000$, $\Phi = 0.306$, $N=547$) and were also far less likely to have a phone call attempted in which direct contact was not made (6.8 percent vs. 57.4 percent) ($\chi^2[1]=163.4$, $p=.000$, $\Phi = 0.547$, $N=547$). **In other words, *retention* was associated with a lower likelihood of being called on the phone, whether the participant was reached or not (direct and not direct contact). *Not being retained* was associated with a higher likelihood of being called, regardless of whether direct contact was made. On the other hand, office contact in which direct contact was made or was not made was neither more or less likely among participants who were retained or not.**

As was apparent from the higher percentages in Table II.7, **participants who were *not* retained were contacted at a higher rate using more types of contact.** This was also apparent when examining group mean differences of the number of contacts, as shown in **Table II.8. For contacts by phone (including both direct and not direct), participants who were *not* retained (they did not start Phase II) were contacted more often than participants who were retained (they started Phase II). No differences were found in the mean number of direct office contacts or community contacts.**

Table II.8. Types of Contact with Statistically Significant Differences by Retention Group (N=547).

Type of Contact	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Phone - with Direct Contact			$Z = -8.2$, $p=.000$, $r=-.014$
Retained	425	0.35 (0.55) (0 to 4 contacts)	
Not retained	122	1.01 (0.91) (0 to 4 contacts)	

Type of Contact	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Phone - No Direct Contact			Z = -13.0, p=.000, r=-.023
Retained	425	0.11 (0.46) (0 to 5 contacts)	
Not retained	122	1.41 (1.75) (0 to 10 contacts)	

Frequencies for direct and indirect phone contacts are presented in **Table II.9** and **Table II.10**. These frequencies illustrate that **participants who were *not* retained (they did not start Phase II) were contacted more often or were attempted to be contacted more often by phone compared to participants who were retained (who started Phase II).**

Table II.9. Frequencies for Phone with Direct Contact by Retention Group (N=547).

Type of Contact: Phone - Direct Contact	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	32.8% (40)	68.7% (292)	60.6% (332)
1 contact	40.2% (49)	28.2% (120)	30.8% (169)
2 contacts	22.1% (27)	2.8% (12)	7.1% (39)
3 contacts	3.3% (4)	--	0.7% (4)
4 contacts	1.6% (2)	0.2% (1)	0.5% (3)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.10. Frequencies for Phone - No Direct Contact by Retention Group (N=547).

Type of Contact: Phone - No Direct Contact	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	42.6% (52)	93.2% (396)	81.9% (448)
1 contact	21.3% (26)	4.5% (19)	8.2% (45)
2 contacts	12.3% (15)	1.4% (6)	3.8% (21)
3 contacts	11.5% (14)	0.7% (3)	3.1% (17)
4 contacts	6.6% (8)	--	1.4% (8)
5 contacts	4.1% (5)	0.2% (1)	1.0% (6)
7 contacts	0.8% (1)	--	.1% (1)
10 contacts	0.8% (1)	--	.1% (1)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.11 displays the next type of contact data examined, which were the four total scores. Statistically significant differences were found for three of the four total counts including total service contacts, total different direct contacts, and total different indirect contacts (p 's<.001). **Those who were *not* retained (they did not start Phase II), on average, had more total service contacts, more total different direct contacts, and more total different indirect contacts than those who were retained (they started Phase II).** The difference was most notable for total service contacts, in which the mean number of service contacts for those who were *not* retained was 3.8 (sd=2.2) compared to 1.3 mean contacts (sd=1.3) among those who were retained.

Table II.11. Total Service Contacts, Total Referrals, and Total Different Contacts (Direct and Not Direct) with Statistical Testing by Retention Group (N=547).

Type of Contact	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Total Service Contacts			Z = -11.4, p=.000, r=-.02
Retained	425	1.3 (1.3) (0 to 11 contacts)	
Not retained	122	3.8 (2.2) (1 to 13 contacts)	
Total Referrals			Z = -0.78 p=.431
Retained	425	0.02 (0.21) (0 to 3 contacts)	
Not retained	122	0.02 (0.15) (0 to 1 contacts)	
Total Different Contacts - Direct			Z = -6.3, p=.000, r=-.01
Retained	425	1.0 (0.76) (0 to 3 contacts)	
Not retained	122	1.5 (0.68) (0 to 3 contacts)	
Total Different Contacts - Not Direct			Z = -12.4, p=.000, r=-.02
Retained	425	0.11 (0.35) (0 to 2 contacts)	
Not retained	122	0.77 (0.71) (0 to 3 contacts)	

No significant differences in the mean number of referrals were found across the two groups. However, only nine participants in either group had a referral during Phase I (six participants in the retained group and three participants in the not retained group (see Table II.11 for the means testing results and **Table II.12** for the frequencies).

Table II.12. Frequencies for Total Referrals by Retention Group (N=547).

Total Referrals	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	97.5% (119)	98.6% (419)	98.3% (538)
1 contact	2.5% (3)	0.7% (3)	1.1% (6)
2 contacts	--	0.5% (2)	0.5% (2)
3 contacts	--	0.2% (1)	0.2% (1)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.13 includes the percentage of participants in both groups by the total number of direct and indirect contacts that they received. **What is notable about this table is that none of the participants who were *not* retained (they did not start Phase II) had zero contacts, compared to about one quarter of those who were retained (they started Phase II) (27.5 percent).** Moreover, about 80 percent of participants who were *not* retained had two or more contacts compared to about 40 percent among those who were retained. **Therefore, a clear effort was made by program staff to engage participants who were *not* retained based on the number of total contacts across both direct and indirect types of contacts. Less effort was needed in terms of the number of contacts for those who were retained.**

Table II.13. Frequencies for Total Contacts (Direct & Not Direct) by Retention Group (N=547).

Total Contacts (Direct and Not Direct)	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	--	27.5% (117)	27.5% (117)

Total Contacts (Direct and Not Direct)	Not Retained % (n)	Retained % (n)	Total % (n)
1 contact	18.9% (23)	31.1% (132)	28.3% (155)
2 contacts	13.1% (16)	29.4% (125)	25.7% (141)
3 contacts	19.7% (24)	7.3% (31)	10.0% (55)
4 contacts	12.3% (15)	1.9% (8)	4.2% (23)
5 contacts	14.8% (18)	1.2% (5)	4.2% (23)
6 contacts	9.8% (12)	--	9.8% (12)
7 contacts	4.9% (6)	0.7% (3)	1.6% (9)
8-13 contacts	6.5% (8)	0.9% (4)	2.1% (12)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.14 and **Table II.15** illustrate the percentage frequencies of the diversity of contacts experienced by both retention groups (direct and not direct). By looking at the “0 contacts” row in each table, **participants who were retained (they started Phase II) were easier to reach directly, because they were less often contacted using the *indirect* methods (90.4 percent had no types of indirect contact, as shown in Table II.15). direct community contacts, direct office contacts, direct phone contact, and phone contact that was not direct.** Recall that indirect contacts included phone contact, and direct contacts included community, office, and phone.

Table II.14. Frequencies for Total Different Types of Contacts (Direct) by Retention Group (N=547).

Total Different Types of Contacts (Direct)	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	8.2% (10)	28.0% (119)	23.5% (129)
1 contact	35.2% (43)	44.0% (187)	42.0% (230)
2 contacts	54.1% (66)	27.3% (116)	33.2% (182)
3 contacts	2.5% (3)	0.7% (3)	1.1% (6)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.15. Frequencies for Total Different Types of Contacts (Not Direct) by Retention Group (N=547).

Total Different Types of Contacts (Not Direct)	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	38.5% (47)	90.4% (384)	78.7% (431)
1 contact	46.7% (57)	8.2% (35)	16.8% (92)
2 contacts	13.9% (17)	1.4% (6)	4.2% (23)
3 contacts	0.8% (1)	--	0.8% (1)
TOTAL	100% (122)	100% (425)	100% (547)

The next type of contact data examined was length of contacts. Mean differences between the two retention groups are shown in **Table II.16**. **For shorter lengths of contact, including up to 4 minutes, 5-14 minutes, and 15-29 minutes, those who were *not* retained (they did not start Phase II) had significantly more contacts, on average, than retained participants (they**

started Phase II ($p's < .05$). This makes sense when one considers that participants who were *not* retained also had more service contacts, on average, than retained participants.

Table II.16. Length of Contacts with Statistical Testing by Retention Group (N=547).

Length of Contact	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Count of up to 4 minutes			Z = -10.5, p=.000, r=-.02
Retained	425	0.29 (0.57) (0 to 4 contacts)	
Not retained	122	1.9 (1.9) (0 to 9 contacts)	
Count of 5-14 minutes			Z = -7.8 p=.000, r=-.01
Retained	425	0.30 (0.55) (0 to 3 contacts)	
Not retained	122	0.89 (0.89) (0 to 3 contacts)	
Count of 15-29 minutes			Z = -1.9, p=.054, r=.00
Retained	425	0.13 (0.40) (0 to 4 contacts)	
Not retained	122	0.22 (0.52) (0 to 3 contacts)	
Count of 30-59 minutes			Z = -0.29, p=.765
Retained	425	0.30 (0.58) (0 to 6 contacts)	
Not retained	122	0.30 (0.52) (0 to 2 contacts)	
Count of 60+ minutes			Z = -0.84, p=0.397
Retained	425	0.37 (0.56) (0 to 3 contacts)	
Not retained	122	0.42 (0.60) (0 to 3 contacts)	

The large frequency differences in length of contact shown in the next three frequency tables for each of these three shorter lengths of contact further illustrate the retention group differences. For example, as shown in the top row of **Table II.17**, **three quarters of participants who *were* retained (they started Phase II) had *no* contacts of up to 4 minutes, meaning only about one quarter had this length of contact. For the *not* retained group (they did not start Phase II), it was almost the opposite; one third (33.6 percent) had zero contacts of up to 4 minutes, meaning the remaining two thirds *had* contacts of this length.** A similar percentage difference is seen in **Table II.18** for contacts from 5-14 minutes (74.8 percent of those who were retained and 39.3 percent of those who were *not* retained had zero contacts of 5-14 minutes).

Table II.17. Frequencies for Up to 4 minute Length of Contacts by Retention Group (N=547).

Total Up to 4 Minute Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	33.6% (41)	74.8% (318)	65.6% (359)
1 contact	17.2% (21)	22.8% (97)	21.5% (118)
2 contacts	12.3% (15)	1.4% (6)	3.8% (21)
3 contacts	18.0% (22)	0.2% (1)	4.2% (23)
4 contacts	7.4% (9)	0.7% (3)	2.1% (12)
5 contacts	8.2% (10)	--	8.2% (10)
6 contacts	1.6% (2)	--	1.6% (2)
8-9 contacts	1.6% (2)	--	1.6% (2)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.18. Frequencies for Up to 5-14 minute Length of Contacts by Retention Group (N=547).

Total 5-14 Minute Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	39.3% (48)	74.8% (318)	66.9% (366)
1 contact	38.5% (47)	21.2% (90)	25.0% (137)
2 contacts	15.6% (19)	3.5% (15)	6.2% (34)
3 contacts	6.6% (8)	0.5% (2)	1.8% (10)
TOTAL	100% (122)	100% (425)	100% (547)

Frequencies for 15-29 minute contacts were more similar across the two retention groups but still significantly different ($p=.054$) (Note that some researchers would state this as non-significant or as approaching significance. Because .054 rounds to .05, it is considered significant here, but not all would agree on this approach). However, as shown in **Table II.19**, more than three quarters of both groups had *no* contacts of this length. Still, **a larger percentage of participants who were *not* retained (they did not start Phase II) had 15-29 minute contacts (18 percent compared to 11.5 percent who were retained).**

Table II.19. Frequencies for Up to 15-29 minute Length of Contacts by Retention Group (N=547).

Total 15-29 Minute Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	82.0% (100)	88.5% (376)	87.0% (476)
1 contact	14.8% (18)	10.4% (44)	11.3% (62)
2 contacts	2.5% (3)	0.9% (4)	1.2% (7)
3 contacts	0.8% (1)	--	0.8% (1)
4 contacts	--	0.2% (1)	0.2% (1)
TOTAL	100% (122)	100% (425)	100% (547)

No group mean differences were found for longer lengths of contact, including 30-59 minutes and 60 or more minutes (refer back to Table II.16) ($p's>.05$). Frequencies are shown in **Table II.20** and **Table II.21**. **About one quarter of both retention groups had contacts of 30-59 minutes, and about one third of participants in both retention groups had contacts of 60+ minutes.**

Table II.20. Frequencies for Up to 30-59 minute Length of Contacts by Retention Group (N=547).

Total 30-59 Minute Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	73.0% (89)	74.1% (315)	73.8% (404)
1 contact	23.8% (29)	23.5% (100)	23.5% (129)
2 contacts	3.3% (4)	1.6% (7)	2.0% (11)
3 contacts	--	0.5% (2)	0.5% (2)
6 contacts	--	0.2% (1)	0.2% (1)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.21. Frequencies for Up to 60+ minute Length of Contacts by Retention Group (N=547).

Total 60+ Minute Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	62.3% (76)	66.6% (283)	65.6% (359)
1 contact	35.2% (43)	30.8% (131)	31.8% (174)
2 contacts	0.8% (1)	1.9% (8)	1.6% (9)
3 contacts	1.6% (2)	0.7% (3)	0.9% (5)
TOTAL	100% (122)	100% (425)	100% (547)

The final type of contact data examined was the underlying issues and needs that necessitated the contact. Frequencies for the issues and needs across both retention groups are shown in **Table II.22**, in descending order for the *not* retained group (they did not start Phase II).

The most common issue or need for contacts among those who were *not* retained was a reminder contact; this was the third most common issue or need for participants who were retained. **This highlights an important finding - fewer retained participants needed reminder contacts compared to those who were *not* retained (38.6 percent retained vs. 79.5 percent not retained).** Another interesting finding from these frequencies was that similar percentages of both retention groups had the following issues and needs: health insurance (27.9 percent and 24.2 percent), employment/job readiness (18.9 percent and 21.0 percent), career planning (15.6 percent and 14.6 percent), healthy marriage (13.1 percent and 13.9 percent), medical or dental (6.6 percent and 8.5 percent), and housing/rent assistance (4.9 percent and 5.4 percent) (see Table II.22).

Table II.22. Frequencies of Issues and Needs for Contacts by Retention Group (N=547).

Issues and Needs for Contacts	Not Retained % (n=122)	Retained % (n=425)	Total % (n=547)
Reminder	79.5% (97)	38.6% (164)	47.7% (261)
Comprehensive Assessment	75.4% (92)	61.4% (261)	64.5% (353)
Meeting with Facilitator	55.7% (68)	41.9% (178)	44.9% (246)
Health Insurance	27.9% (34)	24.2% (103)	25.0% (137)
Other Service Contacts	25.4% (31)	9.6% (41)	13.1% (72)
Employment/Job Readiness	18.9% (23)	21.0% (89)	20.4% (112)
Career Planning	15.6% (19)	14.6% (62)	14.8% (81)
Healthy Marriage	13.1% (16)	13.9% (59)	13.7% (75)
Other Targeted Assessments	13.1% (16)	4.5% (19)	6.4% (35)
Medical or Dental	6.6% (8)	8.5% (36)	8.0% (44)
Housing/Rent Assistance	4.9% (6)	5.4% (23)	5.3% (29)

Group mean differences for issues and needs for contacts were examined next and are shown in **Table II.23**. **For five of the eleven issues and needs, participants who were *not* retained (they did not start Phase II) had, on average, a higher mean number of each compared to participants who were retained (they started Phase II).** This was the case for comprehensive assessment, other targeted assessments, other service contacts, meeting with the facilitator, and reminder contacts. Again, this is in line with the overall higher number of contacts experienced by participants who were *not* retained. **It also suggests that there was a higher level of need**

overall among those who were *not* retained, based on higher mean contacts for comprehensive assessment, other targeted assessments, other service contacts, meeting with the facilitator, and reminder contacts.

Table II.23. Issues and Needs for Contacts with Statistical Testing by Retention Group (N=547).

Count of Issues & Needs	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Comprehensive Assessment			Z = -3.1, p=.002, r=-.01
Retained	425	0.65 (0.55) (0 to 2 contacts)	
Not retained	122	0.83 (0.54) (0 to 2 contacts)	
Other Targeted Assessments			Z = -3.3 p=.001, r=-.01
Retained	425	0.07 (0.32) (0 to 2 contacts)	
Not retained	122	0.17 (0.50) (0 to 3 contacts)	
Other Service Contacts			Z = -4.8, p=.000, r=-.01
Retained	425	0.14 (0.55) (0 to 6 contacts)	
Not retained	122	0.62 (1.31) (0 to 7 contacts)	
Meeting with Facilitator			Z = -3.5, p=.000, r=-.01
Retained	425	0.59 (0.91) (0 to 9 contacts)	
Not retained	122	1.0 (1.17) (0 to 5 contacts)	
Reminder Contacts			Z = -10.3, p=.000, r=-.02
Retained	425	0.50 (0.75) (0 to 5 contacts)	
Not retained	122	2.0 (1.74) (0 to 6 contacts)	

Frequencies of the number of contacts are shown in **Tables II.24 to Table II.28** for the five issues and needs in which a mean difference was seen across retention groups. Group differences can most easily be seen by looking at the first row for 0 contacts. **The retained group (they started Phase II) consistently had higher percentages of participants who had zero contacts for these issues/needs;** this is somewhat expected given their lower mean service contacts. **When contacts were collapsed into zero and one or more, statistically significant chi-square tests of associations were found for each of these five issues and needs (p 's<.01).** Those who were *not* retained (they did not start Phase II) were more likely to have more contacts than those who were retained. Reminder contacts had the largest effect size, predicting 11.6 percent of the variance based on a phi coefficient of 0.341 (which would still be considered a weak though significant effect). Retained participants were half as likely to have a reminder contact compared to participants who were not retained (38.6 percent vs. 79.5 percent; $\chi^2[1]=63.6$, $p=0.000$, $\Phi=0.341$, $N=547$).

Table II.24. Frequencies for Comprehensive Assessment Contacts by Retention Group (N=547).

Comprehensive Assessment Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	24.6% (30)	38.6% (164)	42.4% (194)
1 contact	68.0% (83)	57.6% (245)	59.9% (328)
2 contacts	7.4% (9)	3.8% (16)	4.5% (25)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.25. Frequencies for Other Targeted Assessment Contacts by Retention Group (N=547).

Other Targeted Assessment Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	86.9% (106)	95.5% (406)	93.6% (512)
1 contact	10.7% (13)	2.4% (10)	5.0% (23)
2 contacts	0.8% (1)	2.1% (9)	1.8% (10)
3 contacts	1.6% (2)	--	1.6% (2)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.26. Frequencies for Other Service Contacts by Retention Group (N=547).

Other Service Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	74.6% (91)	90.4% (384)	86.8% (475)
1 contact	9.0% (11)	8.0% (34)	8.2% (45)
2 contacts	5.7% (7)	0.7% (3)	1.8% (10)
3 contacts	5.7% (7)	0.5% (2)	1.6% (9)
4 contacts	1.6% (2)	--	1.6% (2)
5 contacts	2.5% (3)	--	2.5% (3)
6 contacts	--	0.5% (2)	0.5% (2)
7 contacts	0.8% (1)	--	0.8% (1)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.27. Frequencies for Meeting with Facilitator Contacts by Retention Group (N=547).

Meeting with Facilitator Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	44.3% (54)	58.1% (247)	55.0% (301)
1 contact	30.3% (37)	31.1% (132)	30.8% (169)
2 contacts	11.5% (14)	7.5% (32)	8.4% (46)
3 contacts	9.8% (12)	2.4% (10)	4.0% (22)
4 contacts	3.3% (4)	0.2% (1)	0.9% (5)
5 contacts	0.8% (1)	0.5% (2)	0.5% (3)
9 contacts	--	0.2% (1)	0.2% (1)
TOTAL	100% (122)	100% (425)	100% (547)

Table II.28. Frequencies for Reminder Contacts by Retention Group (N=547).

Reminder Contacts	Not Retained % (n)	Retained % (n)	Total % (n)
0 contacts	20.5% (25)	61.4% (261)	52.2% (286)
1 contact	27.9% (34)	29.4% (125)	29.0% (159)
2 contacts	21.3% (26)	8.0% (34)	10.9% (60)
3 contacts	6.6% (8)	0.5% (2)	1.8% (10)
4 contacts	11.5% (14)	0.2% (1)	2.7% (15)
5 contacts	8.2% (10)	0.5% (2)	2.1% (12)
6 contacts	4.1% (5)	--	4.1% (5)
TOTAL	100% (122)	100% (425)	100% (547)

3. What were the common within-group characteristics among participants who only enrolled, who enrolled and started Phase II but did not finish, and who enrolled, started Phase II, and completed it? Did these characteristics differ by group?

Key Findings:

There were several commonalities across the three engagement groups (defined as those who only enrolled, those who started Phase II, and those who finished Phase II), indicating these commonalities did not serve as barriers to engagement. There was no recruitment strategy that was more or less likely across the three engagement groups. Mean scores for family strength assets, economic assets, and household assets also did not vary by engagement group and were at a similar low to medium range. The total count of different contacts that were not direct (email, mail, text message, voicemail, attempted office and community contact) did not vary across the three groups, averaging about one type of contact per group. The frequency of direct community contacts also did not significantly differ across the three groups, ranging from 28.1% to 42.4% of participants. The rank ordering of the top three issues and needs leading to service contacts was similar across the three engagement groups: reminders were the most common reason for a contact (received by 79.5% to 92.8% of the three participant groups) followed by comprehensive assessments (received by 75.4% to 90.6%), and meeting with the facilitator (received by 55.7% to 98.1%). A variety of issues and needs were addressed for participants in all three engagement groups, including ancillary needs (health insurance, housing, mental health, and other targeted assessments) and a focus on relationships (healthy marriage contacts).

No differences were found in the number of children across the three engagement groups. On average, participants had 2.1 children. Nor were significant differences found across the three engagement groups by race-ethnicity, highest education completed, marital status, reason for enrolling, SNAP assistance, cash assistance, or disability status. This is a positive result insofar as it suggests that these factors did not appear to serve as barriers to engagement.

The least engaged group (those who only enrolled and went no further) had significantly lower total service contacts (mean of 3.8, $sd=2.3$) and total referrals (mean of 0.2, $sd=0.15$) compared to the other two engagement groups. This group also had a significantly lower number of different types of direct contacts than both groups (1.5, $sd=0.68$), although mean differences were small (1.8 [$sd=0.75$] for those who started Phase II and 2.0 [$sd=0.78$] for those who finished Phase II) (direct contacts included home visit, community and office visits, phone calls, and text messages). There were no significant differences in the proportion of men and women and age groups in this group (meaning percentages were what was expected based on the percentages for the full sample).

Key Findings: (continued)

The medium engagement group (those who enrolled and who started but did not Phase II) was often in between the other two engagement groups on measured characteristics, as might be expected. They had a higher mean number of total service contacts (8.0, sd=4.8) and total referrals (1.1, sd=1.4) than those who only enrolled, but fewer than those who finished Phase II. There were twice as many women compared to men in this group (25.0% of women compared to 10.8% of men). Younger participants 18 to 34 years old were more likely to be in this group and constituted 50% of participants who did not finish Phase II. There were significantly more participants with temporary or occasional employment at enrollment in this group (9.4%) than in the finished Phase II group (1.7%), and significantly more participants with current employment at enrollment (17.2%) compared to those who finished Phase II (6.6%) and those who enrolled only (5.7%).

The most engaged group (those who finished Phase II) had the highest mean number of total service contacts (16.8, sd=7.8) and the highest mean number of total referrals (3.2, sd=2.0). This group was also more likely to have one or more direct office contacts (98.6% vs. 85.9% for started Phase II and 50.8% for enrolled only). This group also had the highest mean number of contacts that were 5 to 14 minutes, 15-29 minutes, and 60+ minutes in length compared to both other groups. Men were also more likely to be in this group compared to women (67.3% of men compared to 47.2% of women). Younger participants 18 to 34 years old were less likely to be in this group (58.3% compared to 67.6% of participants aged 35 to 44 years old and 74.2% of participants aged 45 to 65+ years old).

The most engaged group (those who finished Phase II) clearly had the longest period of time in the program, and thus, it was not unexpected to see the higher level of service contacts and referrals. The picture was less clear for the least engaged group (those who enrolled only) and the medium engaged group (those who started Phase II), in which some overlap occurred with a similar number of days in the program, but somewhat higher service contacts and referrals were found in the medium engaged group compared to the least engaged group.

Analysis Approach. Five data sources were used to analyze this question: the evaluation database data, the Family Strength Index, and three types of nFORM data (the Applicant Characteristics Survey, service contacts, and referral data).

For purposes of this research question, the groups are referred to as engagement groups (rather than retention groups as in Research Question 2). Note that engagement here refers only to how far participants progressed in program services. To identify common characteristics among participants who progressed through the program and ended at three different time points, three participant engagement groups were analyzed as follows: those who only enrolled and went no further (n=122) were also referred to as the “least engaged” group; those who enrolled and started the Phase II Academy but did not finish (n=64) were also referred to as the “medium engaged” group; and those who enrolled, started, and finished Phase II (n=361) were also referred to as the “most engaged” group. This constitutes the same sample of 547 total participants as in Research Question 2 and consisted of participants who started the Phase II Academy from October 2016 (Year 2) to February 2020 (Year 5). The main difference here is

that we have split the retained group (n=425) into two groups (those who started and did not finish Phase II and those who finished Phase II) for a total of three groups.

All participants in this sample completed an Applicant Characteristics Survey (ACS) as part of the enrollment process. The Family Strength Index (FSI) was also part of the enrollment process, but was not taken by four participants, for a total of 543. Service contact data was available for all 547 participants. Referral data was available for 400 (73.1 percent) of participants (not all participants received a referral). Missing data was not replaced for the FSI. Therefore, due to missing data on individual items, sample sizes varied depending upon the data source utilized.

The FSI was subjected to a bifactor confirmatory factor analysis by the evaluator to confirm the appropriate use of total scores and subscale scores (Reise, Bonifay, & Haviland, 2013). A description of the procedures for the factor analysis is in **Appendix B**. The end result of the analysis was substantiating two total scores and two subscale scores as follows: a total FSI based on all 25 items ranging from 0 to 67; a short 12-item FSI total score with a possible range of 0 to 36; a total household assets score with a possible range of 0 to 9; and a total economic assets score ranging from 0 to 4. In all cases, higher FSI scores indicate greater family strengths (also referred to as assets) (Orthner, Jones-Sanpei, & Williamson, 2003; 2004). Internal consistency using Cronbach's alpha was in the good range for the 25-item total FSI (Cronbach's alpha = .86, N=409) and the excellent range for the 12-item total FSI (Cronbach's alpha = .91, N=475), and the poor to acceptable range for the four-item total economic assets (Cronbach's alpha = .69, N=489) and the three-item total household assets (Cronbach's alpha = .68, N=504). However, with only three and four items each, a lower Cronbach alpha is not unexpected (George & Mallery, 2016). For analyses here, the 12-item FSI total score was utilized instead of the 25 item total FSI score due to their high correlation ($r=.942$, $p=.000$, $N=515$). Total economics assets and total household assets were also used in this analysis.

Data elements from the Evaluation database included how participants heard about the program.

Data elements from service contacts were similar to those utilized in Research Question 2 but included all service contacts and included the four groups of variables: total counts (total service contacts, total direct contacts, total contacts that were not direct); types of contacts; length of contacts; and issues and needs underlying the contact.

Data elements from the ACS included multiple demographic variables to identify potential differences across the three retention groups. These included: gender, age, ethnicity, language spoken at home, financial well-being items, living situation, education variables [in school/college or not, current grade, highest education completed], employment status, actively looking for work, disabled, income, barriers to finding or keeping a good job, marital status, partner status, living with partner, and number of children.

As appropriate, one-way ANOVAs (analyzing means for continuous variables) or chi-square tests of association (analyzing percentages for categorical variables) were run across the three retention groups.

Findings. A chi-square test of association was run to determine if there was an association between how participants heard about the program and the three engagement groups. No significant association was found ($\chi^2[14]=19.0$, $p=.162$, $N=547$). **This means that there was no recruitment strategy that was more or less likely across the three engagement groups.**

Frequencies across the three groups reflect what was previously discussed in Research Question 1 and are shown in **Table II.29**. **The most common recruitment strategy across the three groups was Residential Center A; about one quarter to one third of participants in each engagement group heard about the program this way (25.0 percent to 32.8 percent per group). The second most common recruitment strategy was Residential Center B, with another approximately one quarter of participants who heard about the program this way across each engagement group (21.3 percent to 27.7 percent per group). Recall that these were the two largest recruitment strategies for the larger sample in Research Question 1. Family/friend/walk-in/word-of-mouth and flyer/FOLA staff/alumni were the next two most common groups,** together accounting for another approximately one quarter of participants in each engagement group (18.9 percent to 29.7 percent). The remaining participants heard about the program from Residential Center C (4.7 percent to 9.7 percent per group), community and government programs (5.3 percent to 9.4 percent), with the smallest percentages from an unknown source and PACT meetings (ranging from zero to 7.8 percent per group).

Table II.29. Frequencies for How Participants Heard about the Program by Engagement Group (N=547).

How Participant Heard about the Program	Enrolled Only % (n)	Started Phase II % (n)	Finished Phase II % (n)
Residential Center A	32.8% (40)	25.0% (16)	30.2% (109)
Residential Center B	21.3% (26)	23.4% (15)	27.7% (100)
Family, friend, walk-in, word-of-mouth	10.7% (13)	15.6% (10)	11.4% (41)
Flyer, FOLA staff or alumni	13.1% (16)	14.1% (9)	7.5% (27)
Residential Center C	9.0% (11)	4.7% (3)	9.7% (35)
Community/government programs	8.2% (10)	9.4% (6)	5.3% (19)
Unknown source	1.6% (2)	7.8% (5)	6.6% (24)
PACT Meeting	3.3% (4)	0.0% (0)	1.7% (6)
TOTAL	100% (122)	100% (64)	100% (361)

The three asset scores from the FSI were analyzed next. Due to the non-normal distribution of the data for each of the three scales, the non-parametric independent samples Kruskal-Wallis Test was run in addition to one-way ANOVAs (which are robust to non-normal distributions). Results were the same; therefore, one-way ANOVAs are reported. No significant mean differences were found on any of the family strengths scales across the three engagement groups, as shown in **Table II.30**. **This means that total family strength assets, economic assets, and household assets did not vary by engagement group. This also suggests that low or high family strengths did not appear to serve as a barrier to program engagement.** Based on the mean scores, total family strength assets for each engagement group were in the low to medium range (means ranging from 18.9 to 20.3 on a scale ranging from 0 to 36), as were total economic

assets (means ranging from 1.9 to 2.1 on a scale ranging from 0 to 4), and total household assets (means ranging from 3.9 to 4.4 on a scale ranging from 0 to 9).

Table II.30. Family Strength Index (FSI) Asset Scores with Statistical Testing by Engagement Group (N=547).

Count of Issues & Needs	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Total 12-item FSI	518		F(2, 515) = 1.1, p=.339
Enrolled Only	116	19.3 (8.5) (0 to 35)	
Started Phase II	62	18.9 (8.6) (0 to 35)	
Finished Phase II	340	20.3 (sd=8.0) (0 to 36)	
Total Economic Assets	489		F(2,486) = .766 p=.465
Enrolled Only	111	1.9 (1.5) (0 to 4)	
Started Phase II	59	1.9 (1.5) (0 to 4)	
Finished Phase II	319	2.1 (1.4) (0 to 4)	
Total Household Assets	504		F(2,501) = 2.9, p=.134
Enrolled Only	111	4.0 (2.3) (0 to 9)	
Started Phase II	62	3.9 (2.2) (0 to 9)	
Finished Phase II	331	4.4 (2.2) (0 to 9)	

The number of service contacts, referrals, and direct and non-direct types of contact were analyzed next by engagement group. Results are shown in **Table II.31**. Both one-way ANOVAs and Kruskal-Wallis tests were run due to the non-normal distribution of the data; results were the same, therefore, one-way ANOVA results are shown in the table. Statistically significant mean differences were found across engagement groups for total service contacts and total referrals ($p's < .001$). **Post hoc paired comparisons indicated that all three groups were significantly different from one another, meaning service contacts and referrals increased with increased program engagement group.** Those who finished Phase II had the highest level of service contacts (mean of 16.8) and referrals (mean of 3.1), followed by those who started but did not finish Phase II (mean of 8.0 service contacts and 1.1 referrals), and those who only enrolled with the lowest mean number of service contacts and referrals (mean of 3.8 service contacts and 0.2 referrals).

Table II.31. Total Service Contacts, Total Referrals, and Total Different Contacts (Direct and Not Direct) with Statistical Testing by Engagement Group (N=547).

Type of Contact	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Total Service Contacts			F(2, 544) = 193.3, p=.000, $\eta^2=41.5\%$
Enrolled Only	122	3.8 (2.3) (1 to 13)	
Started Phase II	64	8.0 (4.8) (1 to 25)	
Finished Phase II	361	16.8 (sd=7.8) (1 to 45)	
Total Count of Referrals			F(2, 544) = 179.6 p=.000, $\eta^2=39.7\%$
Enrolled Only	122	0.2 (0.15) (0 to 1)	
Started Phase II	64	1.1 (1.4) (0 to 7)	
Finished Phase II	361	3.2 (2.0) (0 to 16)	

Type of Contact	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Total Different Contacts - Direct			F(2, 544) = 22.7, p=.000, $\eta^2=7.7\%$
Enrolled Only	122	1.5 (0.68) (0 to 3)	
Started Phase II	64	1.8 (0.75) (0 to 3)	
Finished Phase II	361	2.0 (0.78) (0 to 4)	
Total Different Contacts - Not Direct			F(2, 544) = 1.0, p=.136
Enrolled Only	122	0.77 (0.71) (0 to 3)	
Started Phase II	64	1.1 (0.96) (0 to 4)	
Finished Phase II	361	0.93 (1.1) (0 to 5)	

Statistically significant differences were also found for total different *direct* contacts ($p<.001$). In this case, however, post hoc paired comparisons indicated there were no mean differences on total different direct contacts between those who started Phase II and those who finished it ($p=.288$). As shown in Table II.31, these two means were very close (1.8 and 2.0). **The enrolled only group, however, had significantly lower total different *direct* contacts (1.5) than those who started Phase II (1.8) and finished Phase II (2.0) (p 's<.001).**

No significant mean differences were found across the three engagement groups for total different contacts that were not direct ($p>.05$). **Each engagement group had a mean of just below one to one different type of *non-direct* contact.**

These mean differences in service contacts and referrals across the three engagement groups could in part be due to the assumed longer period of time in the program. However, examination of days in the program only partially supports this assumption. Days from enrollment (which was the same day the ACS was completed) to last service contact was computed for all participants. There were eight participants who had no service contact data, therefore, the last status change date was utilized instead.

As shown in Table II.32, the mean number of days would suggest more time in the program occurred based on increasing engagement (the enrolled only group was in the program, on average, for 34 days, compared to 66 days for the started Phase II groups and 151 days for the finished Phase II group). However, the data were very skewed, meaning there were participants with very high numbers of days pulling the mean artificially higher. Note the long range of days based on the minimum and maximum shown in Table II.32. The median is the mid-point of the data in which half of participants had more days than the median and half had less. It is used when data is very skewed, as was the case here. The medians for the enrolled only group and the started Phase I group were only four days apart (27 days and 32 days respectively).

Post hoc pairwise comparisons using the Kruskal-Wallis Test supported these numbers being close: **no significant difference in median days was found between the enrolled only and started Phase II groups ($p=0.060$); only the Finished Phase II group had significantly different (higher) median days from both other groups (p 's<.001).** Therefore, the higher mean number of service contacts and referrals for the started Phase I group compared to the enrolled only group may in part be due to more days in the program but may also be

due to other factors given the similar medians (meaning some participants across the two groups had similar days in the program but the two groups still had different average contacts).

Another consideration is the interquartile range (IQR) for these two groups (which reflects the middle 50 percent of participants); it was longer for the started Phase II group (15 to 94 days) than for the enrolled only group (14 to 42 days). This indicates there was some overlap in total days across these two groups (both groups included lengths of 14 or 15 days to 42 days); **in fact, 55 percent of participants who started Phase II had a similar time period in the program as the enrolled only group (less than 42 days in the program).** Yet, mean service contacts and referrals were higher for the started Phase II group than the enrolled only group; this could have been due to the participants who were in the program for 43 to 94 days, or some other factor could have accounted for differences in contacts between the two groups.

More complex statistical analyses are needed to parse this further. **The finished Phase II group clearly had the longest period of time in the program, and thus, it was not unexpected to see the higher level of service contacts and referrals. The picture was less clear for the enrolled only and started Phase II groups, in which some overlap occurred with similar number of days in the program, but somewhat higher service contacts and referrals in the started Phase II group compared to the enrolled only group.**

Table II.32. Days from Enrollment to Last Service Contact with Statistical Testing by Engagement Group (N=547).

	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Days from Enrollment to Last Service Contact			F(2, 544) = 59.6, p=.000, $\eta^2=17.9\%$
Enrolled Only	122	34 days (32.1) (0 to 188)	
Started Phase II	64	66 days (69.2) (7 to 309)	
Finished Phase II	361	151 days (sd=129.04) (0 to 902)	
Days from Enrollment to Last Service Contact			
Enrolled Only	122	Median: 27 days, Interquartile Range: 14 to 42 days	
Started Phase II	64	Median: 32 days, Interquartile Range: 15 to 94 days	
Finished Phase II	361	Median: 120 days, Interquartile Range: 40 to 219 days	

The association between type of contacts and engagement group was examined next using chi-square tests of association. Each type of contact was recoded into two groups: no contacts and one or more contacts. Results are shown in **Table II.33**. The number of participants with contacts was too small for several categories to be analyzed (home visits, indirect community contact, text messages, other types of direct contact, and voicemail). Each of the remaining five categories shown in Table II.33 had a significant association with engagement group ($p's < .05$). Direct office contacts had the largest effect size (*Cramer's V* = 0.571), accounting for 32 percent of the variance. **Those who finished Phase II were more likely to have *direct* office contact (98.6 percent) than those who started Phase II (85.9 percent had 1 or more direct phone contacts) and the enrollment only group (50.8 percent had 1 or more direct phone contacts).** Smaller effect sizes were found for the remaining four significant associations with

engagement groups. **Perhaps due to the higher likelihood of direct contact in the office, the finished Phase II engagement group was less likely to receive direct phone contact (52.4 percent) and indirect phone contact (39.1 percent) compared to both remaining engagement groups.** Among those who started Phase II, 59.4 percent each received direct and indirect phone contact. Among those who enrolled only, 67.2 percent received direct phone contact and 57.4 percent received indirect phone contact.

Table II.33. Type of Contacts by Engagement Group (N=547).

Type of Contact Received	Enrolled Only % (n)	Started Phase II % (n)	Finished Phase II % (n)	Test Statistic
1 or more emails (not direct)	1.6% (2)	1.6% (1)	18.3% (66)	$\chi^2[2]=30.9$, $p=.000$, Cramer's $V=0.238$
1 or more community contacts (direct)	32.8% (40)	28.1% (18)	42.4% (153)	$\chi^2[2]=6.8$, $p=.032$, Cramer's $V=0.112$
1 or more office contacts (direct)	50.8% (62)	85.9% (55)	98.6% (356)	$\chi^2[2]=178.1$, $p=.000$, Cramer's $V=0.571$
1 or more phone contacts (direct)	67.2% (82)	59.4% (38)	52.4% (189)	$\chi^2[2]=8.4$, $p=.015$, Cramer's $V=0.124$
1 or more phone contacts (not direct)	57.4% (70)	59.4% (38)	39.1% (141)	$\chi^2[2]=17.9$, $p=.000$, Cramer's $V=0.181$
TOTAL	100% (122)	100% (64)	100% (361)	

The omnibus chi-square test of association was significant for *direct* community contacts, however, significance was not found in the comparison of column proportions controlling for multiple testing. **Therefore, no group differences were found for *direct* community contacts among engagement groups.** In addition, email was the least utilized type of contact; while there was a significant association, given the small percentages, it was of minimal practical interest (see Table II.33).

The association between length of contacts and engagement group was examined next. One-way ANOVAs and Kruskal-Wallis Tests were run. Results are shown in **Table II.34**. All lengths of contact were significantly associated with engagement group. However, in the case of up to 4 minute contacts, post hoc pairwise comparisons indicated that mean group differences were too small, controlling for Type I error. **Therefore, no mean differences were found across the three engagement groups for up to 4 minute contacts ($p's > .05$).** Based on post hoc paired comparisons, mean differences between all three groups were significantly different for 5 to 14 minute contacts, 15-29 minute contacts, and 60+ minute contacts ($p's < .05$). For these three length of contacts, the mean number of contacts followed a similar pattern going from highest to lowest based on greater program engagement. **These three lengths of contact were highest for those who finished Phase II, followed by those who started Phase II, and those who enrolled only had the lowest mean number of contacts.** The largest mean number of contacts occurred for contacts that were 60 minutes or longer for those who finished Phase II (mean of 7.6). For 30 to 59 minute contacts, there was no mean difference in the number of contacts for those who started and finished Phase II, but both of these groups had significantly higher contacts, on average, than the enrolled only group.

Table II.34. Length of Contacts with Statistical Testing by Engagement Group (N=547).

Length of Contact	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Up to 4 minutes			$F(2, 544) = 3.4, p=.033$
Enrolled Only	122	1.9 (1.9) (0 to 9)	(post hocs not significant)
Started Phase II	64	2.4 (2.1) (0 to 8 contacts)	
Finished Phase II	361	1.6 (sd=2.0) (0 to 16 contacts)	
5 to 14 minutes			$F(2, 544) = 55.4, p=.000, \eta^2=16.9\%$
Enrolled Only	122	0.9 (0.90) (0 to 3)	
Started Phase II	64	1.7 (1.4) (0 to 5 contacts)	
Finished Phase II	361	3.1 (2.4) (0 to 14 contacts)	
15 to 29 minutes			$F(2, 544) = 87.6, p=.000, \eta^2=24.3\%$
Enrolled Only	122	0.2 (0.52) (0 to 3 contacts)	
Started Phase II	64	0.8 (1.1) (0 to 6 contacts)	
Finished Phase II	361	2.7 (2.3) (0 to 15 contacts)	
30 to 59 minutes			$F(2, 544) = 45.1, p=.000, \eta^2=14.2\%$
Enrolled Only	122	0.30 (0.53) (0 to 2 contacts)	
Started Phase II	64	1.1 (1.2) (0 to 4 contacts)	
Finished Phase II	361	1.8 (1.7) (0 to 9 contact)	
60 plus minutes			$F(2, 544) = 293.3, p=.000, \eta^2=51.8\%$
Enrolled Only	122	0.4 (.60) (0 to 3 contacts)	
Started Phase II	64	2.1 (1.8) (0 to 8 contacts)	
Finished Phase II	361	7.6 (3.7) (0 to 17 contacts)	

The association between selected issues and needs underlying service contacts and engagement groups was examined next. Counts of issues and needs were collapsed into two groups: none and one or more. Job and employment-related issues and needs that were specific to Phase III were not included because these were available only to the finished Phase II group. **Table II.35** lists the remaining issues and needs that were significantly associated with engagement groups based on chi-square tests of association. **As can be seen, there was a significant association between these eight issues and needs and engagement groups (p 's<.05).**

However, of greater interest than statistical significance was the general pattern of occurrence of these issues and needs across the three engagement groups. To illustrate this point, issues and needs are listed in Table II.35 in descending order of presence in the enrolled only group. **This demonstrates that the most common issues and needs were the same across all three groups;** they were reminders (received by 79.5 percent to 92.8 percent of participants), comprehensive assessments (received by 75.4 percent to 90.6 percent of participants), and meetings with the facilitator (received by 55.7 percent to 98.1 percent of participants). **It is notable that even among participants who only enrolled, over half of participants (55.7 percent) still met with the facilitator.** The remaining issues and needs included ancillary needs (health insurance, housing, mental health, and other targeted assessment) and relationships (healthy marriage contacts), with one third or less of participants receiving these type of contacts.

This illustrates another important take-away from Table II.35, and that is the variety of issues and needs addressed by program staff across all three engagement groups, including program-related (reminders, comprehensive assessments, meetings with the facilitator), ancillary needs (health insurance, housing, mental health, and targeted assessments), and a focus on relationships (healthy marriage contacts).

Table II.35. Issues and Needs for Contacts with Statistical Testing by Engagement Group (N=547).

Issue and Need	Enrolled Only % (n)	Started Phase II % (n)	Finished Phase II % (n)	Test Statistic
1 or more reminders	79.5% (97)	87.5% (56)	92.8% (335)	$\chi^2[2]=16.9$, $p=.000$, Cramer's $V=0.176$
1 or more comprehensive assessments	75.4% (92)	90.6% (58)	89.2% (322)	$\chi^2[2]=15.8$, $p=.000$, Cramer's $V=0.170$
1 or more meetings with facilitator	55.7% (68)	89.1% (57)	98.1% (354)	$\chi^2[2]=150.1$, $p=.000$, Cramer's $V=0.524$
1 or more health insurance contacts	27.9% (34)	42.2% (27)	49.3% (178)	$\chi^2[2]=17.1$, $p=.000$, Cramer's $V=0.177$
1 or more healthy marriage contacts	13.1% (16)	28.1% (18)	34.9% (126)	$\chi^2[2]=20.9$, $p=.000$, Cramer's $V=0.196$
1 or more other targeted assessment	13.1% (16)	9.4% (6)	23.5% (85)	$\chi^2[2]=11.1$, $p=.004$, Cramer's $V=0.142$
1 or more housing / rent assistance	4.9% (6)	23.4% (15)	36.6% (132)	$\chi^2[2]=46.1$, $p=.000$, Cramer's $V=0.290$
1 or more mental health referrals	3.3% (4)	14.1% (9)	6.9% (25)	$\chi^2[2]=7.6$, $p=.023$, Cramer's $V=0.118$
TOTAL	100% (122)	100% (64)	100% (361)	

Demographic characteristics and their association with engagement from the Applicant Characteristics Survey completed at enrollment are examined next. **Table II.36** presents the mean number of children for each engagement group. **No differences were found in the number of children across engagement groups. On average, participants had 2.1 children, with the number of children ranging from 0 to 10.** (Note that the wording of the question asked if participants had children under age 21, while program eligibility requirements were that children could be up to 24 years of age. This may explain why some participants said they had no children).

Table II.36. Number of Children at Enrollment Statistical Testing by Engagement Group (N=463).

Participant Demographics at Enrollment	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Children			$F(2, 460) = 0.42$, $p=.959$
Enrolled Only	100	2.1 (1.8) (0 to 10 children)	
Started Phase II	54	2.1 (1.4) (0 to 6 children)	
Finished Phase II	309	2.1 (sd=1.4) (0 to 10 children)	

Significant associations of demographic characteristics with engagement groups that are also of practical significance are shown in **Table II.37**. Gender was significantly associated with

engagement group ($p < .05$). **Two-thirds of men but less than half of women *finished* Phase II (67.3 percent of men and 47.2 percent of women). Conversely, more than twice as many women than expected did *not* finish Phase II compared to men (25.0 percent of women and 10.8 percent of men)** (Both row and column percentages were shown for gender for easier interpretation given the large difference in sample sizes between men and women). **No differences were found across males and females for the enrollment only group.**

Table II.37. Demographic Characteristics at Enrollment with Statistical Testing by Engagement Group (N varies).

Participant Demographics at Enrollment	Enrolled Only % (n)	Started Phase II % (n)	Finished Phase II % (n)	Test Statistic
Gender				$\chi^2[2]=8.3$, $p=.015$, Cramer's $V=0.124$, $N=546$
Male (column %)	91.8% (112)	85.9% (55)	95.3% (343)	
Female (column %)	8.2% (10)	14.1% (9)	4.7% (17)	
Male (row %)	22.0% (112)	10.8% (55)	67.3% (343)	
Female (row %)	27.8% (10)	25.0% (9)	47.2% (17)	
Age Group				$\chi^2[4]=10.9$, $p=.027$, Cramer's $V=0.100$, $N=547$
18 to 34 years old	43.4% (53)	50.0% (32)	33.0% (119)	
35 to 44 years old	34.4% (42)	29.7% (19)	35.2% (127)	
45+ years old	22.1% (27)	20.3% (13)	31.9% (115)	
Temporary or occasional employment				$\chi^2[2]=12.1$, $p=.002$, Cramer's $V=0.149$, $N=547$
No	97.5% (119)	90.6% (58)	98.3% (355)	
Yes	2.5% (3)	9.4% (6)	1.7% (6)	
Current employment				$\chi^2[2]=9.3$, $p=.009$, Cramer's $V=0.131$, $N=547$
Employed	5.7% (7)	17.2% (11)	6.6% (24)	
Not employed	94.3% (115)	82.8% (53)	93.4% (337)	
Looking for work				$\chi^2[2]=10.4$, $p=.005$, Cramer's $V=0.146$, $N=490$
No	25.7% (27)	17.9% (10)	36.8% (121)	
Yes	74.3% (78)	82.1% (46)	63.2% (208)	

Age group was significantly associated with engagement group ($p < .05$) (see Table II.37).

Younger participants were more likely to *not* finish Phase II (making up 50.0 percent of participants who did not finish Phase II) and *less* likely to finish Phase II (making up 33.0 percent of participants who finished Phase II). No differences were found across the three engagement groups for participants 35 to 44 years old and 45 to 65+ years old. **No age differences were found for those who only enrolled.**

Temporary or occasional employment at enrollment was significantly associated with engagement group ($p < .01$) (see Table II.37). **There were significantly more participants with temporary or occasional employment who did *not* finish Phase II than in the finished Phase**

II group (9.4 percent vs. 1.7 percent). No differences were found for the enrolled only group. Due to small expected cell counts, this chi-square test was run a second time without the enrolled only group, and similar results reflecting no association were found ($\chi^2[1]=11.7$, $p=.004$, $\Phi=0.167$).

Current employment at enrollment was significantly associated with engagement ($p<.01$) (see Table II.37). **There were significantly more participants with current employment among those who did *not* finish Phase II (17.2 percent) compared to the enrollment only group (5.7 percent) and the finished Phase II group (6.6 percent). No differences were found in the finished Phase II and enrolled only groups.**

No significant differences by engagement group were found by race-ethnicity, highest education completed, marital status, reason for enrolling, SNAP assistance, cash assistance or disability status ($p's>.05$; not shown in Table II.37). This is a positive result insofar as it suggests that these factors did not serve as barriers to engagement. The sample of participants was about half African American (49.1 percent), followed by Latino (39.6 percent), with the remaining 11.4 percent were other ethnicities that were too small to group separately. Highest education was evenly split across four groups at about one quarter each (no high school diploma, had a GED, had a high school diploma, and attended college/vocational school). For marital status, just under half of the sample was never married (46.8 percent), with less one quarter separated, divorced, or widowed (23.4 percent) or married/engaged (19.7 percent). Marital status was unknown for the remaining 10.1 percent of participants. The most common reason for enrolling when participants had to choose only one response was to learn to be a better parent (46.4 percent), followed by finding a job or a better job (21.5 percent), to learn how to improve personal relationships (14.3 percent), a combined category of parole/probation telling them to enroll, court order, or other reason (6.2 percent), and data was missing for 11.9 percent of participants. About one third of participants received SNAP (food stamps) across all three engagement groups (31.3 percent to 35.3 percent). Just under a quarter of participants said they received cash assistance across all three engagement groups (15.9 percent to 24.8 percent). About ten percent of participants were disabled across all three engagement groups (10.5 percent to 10.9 percent).

Cell sizes were too small to analyze primary language (English was the primary language for 89.2 percent of participants), living situation (most participants lived in transitional housing [62.8 percent]), and income (most participants earned less than \$500 in the past 30 days prior to enrollment [87.4 percent]), various types of assistance (less than 10 percent of participants received TANF, SSI, SSDI, WIC, unemployment insurance, or Section 8 housing assistance), and employment variables (for full time employment, part-time employment, or varied hours).

4. What characteristics differentiated participants who did *not* finish Phase II from those who did?

Key Findings:

More than twice as many women started but did not finish Phase II (34.6%) compared to men (13.8%) who did not finish Phase II ($p<.01$).

Twice as many younger participants aged 18 to 34 year old (21.2%) started but did not finish Phase II compared to older participants aged 45 to 65+ (10.2%) ($p<.05$).

On average, those who finished Phase II scored significantly higher on job preparation knowledge than those who did not finish Phase II ($p<.05$). Those who finished Phase II had a mean score of 70% correct, and those who did not finish Phase II had a mean score of 65% correct.

The job knowledge item that had the most notable difference between the two groups was an item on voting rights. Almost three quarters of those who finished Phase II (71.7%) knew that those with a felony conviction can vote after parole, compared to just over half of those who did not finish Phase II (55.7%) ($p<.05$).

Analysis Approach. Five data sources were used to analyze this question: entrance surveys from the Parole-to-Payroll or the P2P program, Within My Reach (the healthy relationship program), and TYRO (the parenting/fatherhood program). Demographics differences from the ACS survey and nFORM service contacts data that were previously analyzed were also reviewed.

The sample consisted of all participants who started Phase II ($N=425$). This constitutes a subset of the sample used in Research Questions 2 and 3 ($N=547$) and consists of participants who started the Phase II Academy from October 2016 (Year 2) to February 2020 (Year 5). The main difference here is that we have eliminated the enrolled only group ($n=122$) because this question focuses specifically on differences between participants who started the Phase II workshops. The two groups included are participants who started but did not finish Phase II ($n=64$), and participants who completed Phase II ($n=361$). Measured areas included knowledge of job preparation (the P2P survey), relationships (Within My Reach survey) and fatherhood/ parenting (the TYRO survey). The participants in this sample were each expected to complete these three voluntary surveys, but some participants chose not to do so. There was also missing data on items in the survey that resulted in elimination of some survey data.

For the P2P survey, a total score of correct responses was computed based on 80 percent or more of the questions being answered (20 out of 22 questions answered). This resulted in a total of 386 P2P useable surveys, reflecting a 90.8 percent response rate (387/425). Among those who started Phase II, there were 61 P2P surveys included, reflecting a 95.3 percent response rate (61/64). Among those who finished Phase II, there were 325 P2P surveys included, reflecting a 90 percent response rate. Therefore, the P2P results can be generalized to all participants who started Phase II.

For the WMR survey, there were a total of 410 useable surveys, reflecting a 96.4 percent response rate (410/425). Among those who started Phase II, there were 60 WMR surveys included, reflecting a 93.7 percent response rate (60/64). Among those who finished phase II, there were 350 WMR surveys included, reflecting a 96.9 percent response rate (350/361). Therefore, the WMR results can be generalized to all participants who started Phase II.

The WMR survey was subjected to an exploratory factor analysis followed by a bifactor confirmatory factor analysis. This resulted in one total healthy relationships score based on 12 of the 27 original items. An overview of the procedures in this analysis is in **Appendix B**. The total possible range of the total healthy relationships score is 12 to 60, with higher scores indicating stronger attitudes towards healthy relationships. Cronbach's Alpha was in the excellent range (0.91).

For the TYRO survey, there was also a total of 410 useable surveys, reflecting a 96.4 percent response rate (410/425). Among those who started Phase II, there were 61 TYRO surveys included, reflecting a 95.3 percent response rate (61/64). Among those who finished Phase II, there were 349 TYRO surveys included, reflecting a 96.6 percent response rate (349/361). Therefore, the TYRO results can be generalized to all participants who started Phase II.

The TYRO survey was subjected to an exploratory factor analysis followed by a bifactor confirmatory factor analysis. This resulted in one total fatherhood score based on 6 of the original 47 original items. An overview of the procedures in this analysis is in **Appendix B**. The total possible range of the total fatherhood score is 6 to 30, with higher scores indicating stronger attitudes towards fatherhood. Cronbach's alpha approached the acceptable range (0.69).

For the total scales, independent samples t-tests and the non-parametric Mann Whitney U-tests were run to examine differences between the two groups. When the data was not severely skewed, the independent samples t-tests were reported. The effect size based on the t-test was computed using Lakens (2013) Excel calculator. The *Hedge's g* effect size is appropriate when sample sizes are very different, as was the case here, although the results are often very similar to the more familiar *Cohen's d* effect size.

Findings. Demographic differences were discussed previously in Research Question 3, but the results are worth repeating here. **No significant differences were found between those who started and finished Phase II on several key demographic variables: race-ethnicity, marital status, highest degree completed, and reason for enrolling ($p's > .05$).** Significant differences were found by gender: **more than twice as many women were in the started Phase II group compared to men** (34.6 percent of women compared to 13.8 percent of men; Fisher's Exact test was used due to one small cell size with $p < .01$) and by age: **twice as many younger participants aged 18 to 34 years old were in the started Phase II group than older participants aged 45 to 65 or older** (21.2 percent of those aged 18 to 34 years old compared to 10.2 percent of those aged 45 to 65 or older) ($p < .05$).

Service contacts during Phase I were previously discussed in Research Question 2. **No differences were found during Phase I for those who did and did not finish Phase II on total service contacts, diversity of contacts (including the count of direct and indirect contacts), type of contact, length of contact, or issues and needs between those who started and finished Phase II ($p's > .05$).** This is notable because it suggests **participant service needs and contacts during Phase I were similar across those who did and did not go on to finish Phase II.**

The total correct responses on the P2P survey for those who started Phase II and who finished Phase II were analyzed first. Results are shown in **Table II.38**. The possible range of correct P2P items was from zero to 22. The actual range in the data was 4 to 21 for those who started Phase II and 6 to 21 for those who finished Phase II. There was a statistically significant mean difference on knowledge of job preparation between those who did and did not finish Phase II, with a small to medium effect size ($p < .05$, *Hedge's g* = .34). **On average, those who finished Phase II scored significantly higher on job preparation knowledge than those who did not finish Phase II.** Mean scores were converted to percentage correct for easier interpretation (14.4/22 correct = .65, 15.4/22 correct = .70.). **Those who started Phase II had a mean score of 65 percent correct, and those who finished Phase II had a mean score of 70 percent correct.** Thus, there was not a large difference between the two groups at the beginning of the workshops, although the difference was statistically significant.

Table II.38. Total Score for Knowledge of Job Preparation with Statistical Testing by Two Phase II Groups (N=386).

	N	Mean (SD) (Minimum/Maximum)	Test Statistic
Participant Group			$t(384)=2.4, p=.015, \text{Hedge's } g = .34$
Started Phase II	61	14.4 (3.1) (4 to 20)	
Finished Phase II	325	15.4 (sd=3.0) (6 to 21)	

Table II.39 presents four questions from the P2P survey in which there were significant differences in correct responses between the two groups. Questions are ordered from largest to smallest effect size in Table II.39; however, note that all effect sizes were small (though significant). **For all four items, the finished Phase II group scored higher than the started Phase II group.** The greatest discrepancy between the two groups was seen on Q19, whether people with a felony conviction can vote after getting off parole. **Almost three quarters of those who finished Phase II (71.7 percent) knew that those with a felony conviction can vote after parole, compared to just over half of those who started Phase II (55.7 percent).** To get Q1 correct, participants had to select “all of the above” to indicate that all four listed responses were difficulties encountered by people with criminal convictions seeking a job (including employers could have concerns; lack of job-seeking resources; not having strong work histories; and smaller job pool). Fewer participants in both groups had the correct “all of the above” response for Q1 because many participants chose one, two, or three of the responses rather than all four. For Q18, almost all participants in both groups answered correctly; statistical significance was reached because of the percentage difference on the wrong responses (9.8 percent for those who started Phase II compared to 3.1 percent for those who finished Phase II).

For Q15, what indicates an employee has a good attitude, two responses had to be chosen to get this question correct (someone who can accept criticism, someone with good body language). Almost three quarters of participants who finished Phase II got this item correct (70.0 percent) compared to about half of those who started Phase II (54.1 percent).

Table II.39. Knowledge of Job Preparation Items with Statistical Testing by Two Phase II Groups (N=386).

P2P Survey Item	Started Phase II: Percent Correct (n)	Finished Phase II: Percent (n)	Statistical Testing
Q19: In California, individuals with a felony conviction can vote after they get off of parole. (true/false)	55.7% (n=61)	71.7% (n=321)	$\chi^2[1]=6.1$, $p=.014$, Phi=-0.126, N=382
Q1: Why can it be difficult for persons with criminal convictions to get a job? (multiple answers could be chosen)	41.7% (n=60)	55.6% (n=320)	$\chi^2[1]=10.4$, $p=.047$, Phi=-0.124, N=384
Q18: One of the main reasons someone goes back to prison is because of hanging around with the wrong crowd. (true/false)	90.2% (n=61)	96.9% (n=322)	$\chi^2[1]=5.8$, $p=.016$, Phi=-0.123, N=383
Q15: Which of the following indicates an employee who has a good attitude? (multiple answers could be chosen)	54.1% (n=61)	70.0% (n=323)	$\chi^2[1]=5.8$, $p=.015$, Phi=0.102, N=380

The attitudes toward healthy relationships total score from the Within My Reach pre-test survey was analyzed next. Results are shown in **Table II.40. There was no statistically significant mean difference in the total healthy relationships score between those who started and those who finished Phase II ($p>.05$). Both groups had a mean score of approximately 46 out of a possible range of 60, indicating medium to high attitudes towards healthy relationships at pre-test.** The medians were also the same at 47, meaning half of participants scored higher than 47 (indicating they had better attitudes toward healthy relationships), and half scored lower than 47 (indicating they had worse attitudes toward healthy relationships). The interquartile range or middle 50 percent of scores were also similar across both groups (42 to 51), suggesting medium to high attitudes towards healthy relationships on the first day of the workshop. **This lack of mean differences suggests that on its own and on average, attitudes towards healthy relationships was not likely a factor associated with finishing or not finishing the four week workshops.**

Table II.40. Attitudes Toward Healthy Relationships Total Score with Statistical Testing by Two Phase II Groups (N=410).

	N	Mean / Median Statistics	Test Statistic
Participant Group		Mean (SD) (Minimum/Maximum)	$t(408)=0.190$, $p=.849$
Started Phase II	60	45.8 (8.4) (16 to 60)	
Finished Phase II	350	46.1 (sd=8.7) (12 to 60)	
Participant Group		Median (Interquartile Range)	
Started Phase II	60	47 (42 to 51.7)	$Z=-.217$, $p=.828$
Finished Phase II	350	47 (42 to 51)	

The attitudes towards fatherhood total score from the TYRO pre-test survey was analyzed next. Results are shown in **Table II.41. There was no statistically significant mean difference in the total attitudes towards fatherhood score between those who started and those who finished Phase II ($p>.05$). Both groups had a mean score of approximately 24 out of a possible range of 30, indicating a medium score at pre-test.** The medians were also the same at 24, meaning half of participants scored higher than 24 (indicating they had a better fatherhood score), and half scored lower than 24 (indicating they had a worse fatherhood score). The interquartile range or middle 50 percent of scores were also similar across both groups (approximately 22 to 27), suggesting medium to high attitudes towards fatherhood score on the first day of the workshop. **This lack of mean differences suggests that on its own and on average, attitudes towards fatherhood was not likely a factor associated with finishing or not finishing the four week workshops.**

Table II.41. Fatherhood Total Score with Statistical Testing by Two Phase II Groups (N=410).

	N	Mean / Median Statistics	Test Statistic
Participant Group		Mean (SD) (Minimum/Maximum)	t(408)=1.198, p=.232
Started Phase II	61	23.6 (3.6) (15 to 30)	
Finished Phase II	349	24.2 (sd=3.4) (13 to 30)	
Participant Group		Median (Interquartile Range)	
Started Phase II	61	24 (21.5 to 26.5)	Z=-1.223, p=.221
Finished Phase II	349	24 (22 to 27)	

5. What combination of service dosage was associated with retention and completion of Phase II? In other words, what was the expected and actual dosage of Phase I and Phase II among participants who completed Phase II?

Key Findings:

For the 41 monthly cohorts included in the analysis (from October 2016 to February 2020), there was an average of 57.7 workshops held with an average of 10.3 participants in attendance. The vast majority of monthly cohorts were held as planned (88.8% or an average of 51.3) with minimal changes to planned facilitators or scheduled time of the workshops.

Among participants who finished Phase II (N=361), referrals and contacts during Phase I were low; based on the median, participants who completed Phase II received no referrals and one service contact. Contact diversity was also low: participants who completed Phase II received a median of one direct contact and less than one indirect contact.

For Phase I and II combined, based on the medians, participants who completed Phase II received 3.2 referrals and 17 service contacts. Contact diversity was still low, with participants receiving a median of two direct contacts and one indirect contact. There was no pre-determined dosage for referrals or service contacts. Therefore, this data could serve as a benchmark for future similar programs.

Key Findings: (continued)

Participants who completed Phase II were expected to attend all workshop series sessions. There was slight variation in the number of sessions provided for several curriculum topics, therefore, the median was used to define the expected sessions. Based on the median hours actually received, participants who finished Phase II received 101 hours and 64 sessions during Phase II. In most months, this included fifteen different curriculum topics (also referred to as workshop series).

Analysis Approach. This descriptive analysis presented frequencies and means of service dosage for Phase I and Phase II among participants who successfully completed Phase II (N=361). This group was chosen to illustrate the full dosage of services received. Data that has been previously described was utilized. For Phase I, mean and median referrals, total service contacts and contact diversity totals (both direct and indirect) were included. Total counts of each of these measures for the entire duration of the program was presented, including Phase I and Phase II. There was no predetermined “expected” dosage for these contacts during Phase I or Phase II, therefore, actual dosage was presented to suggest what future similar programs may utilize as an expected benchmark. Also for Phase II, the expected number of sessions per monthly cohort was contrasted with the actual participation for each workshop series. Participants were expected to attend all sessions, with no more than two days of absences. Make-up sessions were permitted. A total of 41 monthly cohorts were analyzed, from October 2016 (Year 2) to February 2020 (Year 5). This approach was taken rather than analyzing total sessions or total hours per participant because it was learned that nFORM Session Attendance data does not correctly count sessions and hours. Sessions and hours are undercounted because nFORM counts only one session per day for the same workshop series (curriculum topic such as P2P). For the workshop structure utilized in this program, there were often two sessions per day of the same workshop series (such as P2P), thus resulting in an undercount. The evaluation team corrected the session counts by exporting the Excel spreadsheets for the Workshops Series from nFORM and correcting the counts based on the monthly program curriculum calendars.

Findings. A general overview of the 41 months of Phase II monthly cohorts as they actually occurred is presented in **Table II.42**. For each monthly cohort, on average, there were 10.3 participants in attendance (sd=2.4), ranging from a low of 5 to a high of 15 participants. The total number of workshops per month, on average, was 57.7 workshops (sd=4.3), with 51.3 workshops held as planned (sd=9.7) (meaning there was no change to the planned facilitator or scheduled time of the workshop). A high percentage of workshops were held as planned (on average, 88.8 percent, sd=14.8 percent). The total workshops with a different facilitator per month, on average, was 2.3 (sd=3.9). **In other words, there was an average of 57.7 workshops held each month with an average of 10.3 participants in attendance. The vast majority of monthly cohorts were held as planned (88.8 percent or an average of 51.3) with minimal changes to planned facilitators or scheduled time of the workshops.**

Table II.42. Descriptive of Monthly Cohorts from October 2016 (Year 2) to February 2020 (Year 5) (N=41).

	Mean	SD	Median	IQR	Minimum/ Maximum
Participants per Month	10.3	2.4	10	9 to 12	5 to 15
Total Workshops per Month	57.7	4.3	59	55 to 60.5	40 to 64
Total Workshops Held as Planned per Month	51.3	9.7	53	47 to 58	8 to 63
Percent of Workshops Held as Planned per Month	88.8%	14.8%	91%	86% to 98%	14% to 100%
Total Workshops with Different Facilitator than Planned per Month	2.3	3.9	1	0 to 3.5	0 to 19

Table II.43 presents expected and actual sessions per month for each of the 15 workshop series that were part of the monthly cohort. The word “expected” is defined as the actual sessions held in Years 4 and 5 because participants were expected to attend all sessions, but there was some variation in the number of sessions held over the four year period. Session duration varied slightly, as did the number of sessions to fit within each monthly cohort. As can be seen in Table II.43, when the actual minimum and maximum number of sessions per month over all 41 months is compared with the expected sessions, there were minimal differences. **Mean participation per session within each workshop series was also high (ranging from 82.5 percent to 87.2 percent).** Note that months in which the workshop series was not offered were not included in the mean computations; this was done to keep the data more interpretable (by avoiding zeroes). **Therefore, this data can be interpreted as follows: for the months the workshop series were held, the expected and actual sessions held were very similar and participation rates were high.** The number of months that workshop series were *not* held out of 41 possible months were as follows: Anger management (5 months); CBT (7 months); child development (7 months); Clothes the Deal (4 months); cohort support group (24 months); computer basics (8 months); DCSS child support (4 months); domestic violence prevention (5 months); personal finance (1 month); theater and writing (4 months); and trauma and ACES (11 months). Life skills, P2P, TYRO, and WMR were held during each of the 41 months included in the sample.

Table II.43. Expected and Actual Session Participation per Workshop Series for Monthly Cohorts from October 2016 (Year 2) to February 2020 (Year 5) (N=41).

	Expected Sessions per Month in Years 4-5	Actual Minimum / Maximum Sessions per Month	Actual Mean Sessions per Month (SD)	Actual Mean Participation per session (SD)
Cognitive Behavioral sessions	1	1 to 2	1.3 (0.4)	82.5% (13.7%)
DCSS Child Support sessions	1	1	1 (0)	84.2% (10.4%)
Domestic violence prevention sessions	1	1 to 2	1.03 (.1)	87.2% (11.2%)
Trauma ACES sessions	1	1	1 (0)	86.5% (14.3%)
Anger Management sessions	1 to 2	1 to 3	1.9 (0.7)	83.4% (13.1%)
Cohort Support Group	1 to 2	1 to 4	1.8 (0.7)	83.2% (18.3%)
Clothes the Deal sessions	2	1 to 2	1.9 (0.2)	82.5% (14.8%)

	Expected Sessions per Month in Years 4-5	Actual Minimum / Maximum Sessions per Month	Actual Mean Sessions per Month (SD)	Actual Mean Participation per session (SD)
Theater and Writing sessions	2	2	2 (0)	86.1% (12.3%)
Child Development sessions	3	1 to 4	3.2 (0.6)	84.1% (12.3%)
Personal Finance sessions	3	2 to 3	2.98 (0.1)	84.3% (12.9%)
Life Skills sessions	3 to 5	3 to 5	4.3 (0.7)	85.5% (11.1%)
Computer Basics	4	3 to 6	4.2 (0.6)	85.2% (12.8%)
TYRO sessions	10 to 11	9 to 11	10.4 (0.5)	86.8% (11.3%)
P2P sessions	10 to 16	8 to 16	11.1 (2.9)	85.8% (10.8%)
WMR sessions	14 to 17	14 to 17	15.8 (0.6)	85.7% (11.0%)

Table II.44 presents the participant-level expected and actual dosage for Phase I and for Phase I and II combined. For Phase I, there was no pre-determined expected number of referrals or service contacts. Therefore, this data could serve as a benchmark for expected services for future similar programs. **Among participants who finished Phase II (N=361), referrals and contacts for Phase I were low; based on the median, participants received no referrals and one service contact. Contact diversity was low, with participants receiving one direct service contact and less than one indirect service contact.** Referrals and contacts for Phase I and Phase II were higher. Based on the median, **participants who finished Phase II received 3.2 referrals, and 17 total service contacts during Phase I and Phase II. Contact diversity was still low, with participants receiving a median of two direct contacts and one indirect contact during Phase I and Phase II.**

For the workshop series (starting with cognitive behavioral sessions in Table II.44), expected hours was defined as the actual median number of hours for each workshop series from the monthly cohort data. This was used as the “expected hours” (due to the slight variation in hours) because it was received by at least half of participants. The median number of sessions is presented next to show the relationship between hours and sessions. Some sessions were one hour, others were longer. The interquartile range (IQR) confirms that there was some variation in the number of sessions, although it was small. **Based on the median hours actually received, participants who finished Phase II received 101 hours and 64 sessions during Phase II.**

Table II.44. Expected and Actual Dosage for Participants who Finished Phase II (N=361).

	Expected Hours (Median)	Median	IQR (Middle 50% of participants)
Phase I			
Phase I Referrals	--	0 referrals	0 to 0
Phase I Service Contacts	--	1 contact	0 to 2
Phase I Direct Service Contacts	--	1 contact	0 to 2
Phase I Indirect Service Contacts	--	0.1 contact	0 to 0

	Expected Hours (Median)	Median	IQR (Middle 50% of participants)
Phase I and II			
Phase I and II Referrals	--	3.2 referrals	2 to 4
Phase I and II Services Contacts	--	17 contacts	14 to 21
Phase I and II Direct Service Contacts	--	2 contacts	1 to 3
Phase I and II Indirect Service Contacts	--	1 contact	0 to 1.5
Cognitive Behavioral sessions	1 hour	1 session	1 to 2 sessions
DCSS Child Support sessions	1 hour	1 session	1 session
Domestic violence prevention sessions	2 hours	1 session	1 session
Trauma ACES sessions	2 hours	1 session	1 sessions
Anger Management sessions	2 hours	2 sessions	1 to 2.7 sessions
Cohort Support Group	2 hours	2 sessions	1 to 2 sessions
Clothes the Deal sessions	4 hours	2 sessions	2 sessions
Theater and Writing sessions	4 hours	2 sessions	2 sessions
Child Development sessions	3 hours	3.2 sessions	3 to 4 sessions
Personal Finance sessions	3 hours	3 sessions	3 sessions
Life Skills sessions	5 hours	5 sessions	4 to 5 sessions
Computer Basics	4 hours	4 sessions	4 to 5 sessions
TYRO sessions	22 hours	10 sessions	10 to 11 sessions
P2P sessions	30 hours	11 sessions	8 to 14 sessions
Within My Reach sessions	16 hours	16 sessions	16 sessions
TOTAL	101 hours	64 sessions	--

III. DISCUSSION AND CONCLUSIONS

This descriptive evaluation focused on recruitment and program participation for a community-based fatherhood program for formerly incarcerated fathers and mothers in South Los Angeles. The *Dads Back! Academy* was a three phased program that included outreach and referral, assessment, service linkages and case management services in Phase I, an intensive four-week workshop of up to 120 curriculum hours (including fatherhood/parenting skills, healthy marriage/relationship skills, a job preparation program, and thirteen related curriculum topics), and a Phase III component consisting of job preparation and employment support and case management. A dedicated team of five to seven full-time staff administered the program and included a number of staff who were formerly incarcerated themselves and a former program participant. The Phase II curriculum was administered every month, twelve times a year, with a closed cohort of five to fifteen program participants who came onsite from 9am to 4pm five days a week. The target population was non-working fathers in South Los Angeles who had recently been released from incarceration and who had children aged 24 years or younger. Mothers could also participate.

Targets for recruitment, enrollment, and retention were met during the time period described here (October 2016 to February 2020), and the completion of the Phase II target was just slightly below 100 percent (but was ultimately surpassed in the subsequent months not covered in this report). In other words, the program was successful in recruiting, enrolling, and retaining the intended number of participants, and was just short of the completion target. The context of the targets, program staff, and the general approach of the program described above is important to consider when reviewing the results of the evaluation for possible replication at other locations.

The evaluation was focused on program recruitment and participation to document successful and unsuccessful strategies. A summary of the results along with conclusions when appropriate are described in the following sections.

Recruitment. Multiple recruitment strategies were necessary to meet enrollment targets. Recruiting four times as many potential participants relative to the intended enrollment target was also needed. Two types of successful recruitment strategies were identified: more focused approaches in which a larger percentage of a smaller total number of participants went on to start the workshops; and “big event” recruitment strategies, in which a much larger total number of potential participants attended the orientation event, resulting in a much smaller percentage who went on to start Phase II workshops, but a large actual number of participants. In other words, both the percentage *within* each recruitment source and the percentage *within* all those who started Phase II *from* each recruitment source were important in assessing the overall level of effort needed to recruit a sufficient number of participants.

A total of eight different recruitment strategies were identified. Two residential treatment centers accounted for over half of all enrolled participants, and a third residential center was another important recruitment strategy (albeit with smaller numbers). These residential centers were geographically close to the program and allowed development of strong reciprocal relationships

with *Dads Back! Academy*. Participants from the residential centers were highly motivated to finish the workshops because their enrollment was timed towards the end of their stay at the residential treatment center. In other words, participants seemed to appreciate being able to leave the residential center to come to *Dads Back!* and they also attended with other participants whom they knew, which appeared to have been an advantage more often than a disadvantage (based on high attendance rates). Working with participants in residential centers could potentially backfire as well; if participants committed program violations at the residential center, they had to drop out of the workshops, but this was rare. Two additional categories consisting of *family/friends/walk-ins/word-of-mouth* and *flyers/referrals from program staff and alumni* had the highest percentage of participants who went on to enroll, but lower numbers overall. Thus, it took multiple recruitment strategies to meet expected enrollment targets.

Less successful recruitment strategies in terms of the high effort needed with minimal numbers of participants actually recruited (with no negative comment intended about these events or organizations) included the PACT meetings and community-based and government agencies. Combined, these resulted in less than 30 enrollments over the almost four year period of data collection. Consideration should be given to whether these recruitment strategies were worth the effort.

Program Contact Among Retained and Not Retained Participants. When service contacts were analyzed just during Phase I, participants who went on to start Phase II (which was the definition of retention) actually required less effort. This translated into a mean of 1.3 service contacts ($sd=1.3$) compared to a mean of 3.8 service contacts ($sd=2.2$) among participants who were *not* retained. Participants who were retained were also easier to reach directly because they were less often contacted using indirect methods. Retained participants also less often needed reminder contacts. *Not* being retained was associated with a higher likelihood of being called on the phone, more comprehensive assessments, more other targeted assessments, more other service contacts, more often meeting with the facilitator, and more reminder contacts. Participants who were *not* retained were contacted at a higher rate using more types of contact. In other words, participants who were *not* retained required decidedly more effort.

Both participants who were retained and those who were *not* retained had similar percentages of some issues and needs including: health insurance, employment, career planning, healthy marriage, medical or dental, and housing/rental assistance, therefore not all areas were different.

It is difficult to conclude what can be done with this information. On the one hand, as program staff work with participants during Phase I and realize that they are putting a greater amount of effort contacting that participant, it may be prudent to weigh that “more contact” may not be “better”. While some participants with more contact may go on to start Phase II, many will not. It may be worth program staff reviewing circumstances in which participants did and did not start Phase II and explore possible reasons why.

Common Characteristics and Differences Across Participants Who Only Enrolled, Started Phase II, and Finished Phase II. Several important common characteristics were found across these three engagement groups, suggesting they were not barriers to engagement. Commonalities

related to services included: how participants heard about the program, total count of different contacts that were not direct, frequency of direct community contacts, rank ordering of the top three issues and needs leading to service contacts (reminders, comprehensive assessments, meeting with facilitator), along with ancillary needs (health insurance, housing, mental health and other targeted assessments), healthy marriage contacts, reason for enrolling, SNAP assistance, and cash assistance. Commonalities related to demographic and other participant characteristics included number of children, race-ethnicity, highest education completed, marital status, disability status, family strength assets, economic assets, and household assets. This is a positive result insofar as it suggests equal access to program engagement across these characteristics.

Differences were as expected and not particularly helpful in trouble-shooting potential next steps to address engagement problems. When three groups were analyzed, the least engaged group (those who enrolled only) had significantly lower total service contacts. The medium engaged group (those who started but did not finish Phase II) had slightly higher service contacts. The most engaged group (those who finished Phase II) had the most service contacts. In this case, all service contacts were analyzed rather than just those in Phase I as was previously discussed in Research Question 2.

Probably the most relevant difference found between those who started Phase II but did not finish and those who finished Phase II was related to employment. There were significantly more participants with temporary or occasional employment *at enrollment* among those who started but did not finish Phase II (9.4 percent) than in the finished Phase II group (1.7 percent), and significantly more participants with current employment at enrollment (17.2 percent) compared to those who finished Phase II (6.6 percent) and those who enrolled only (5.7 percent). Anecdotally, participants getting a job was one of the most common reasons for leaving Phase II. Program staff were as diligent as possible in the intake process to assure that participants met the eligibility criteria of being non-working. However, prior to the COVID-19 pandemic, employment opportunities were relatively high, whether it was temporary work or more permanent work. Staff knew to be on the lookout for participants who were already working due to their higher likelihood of dropping out of Phase II, but employment circumstances could change very quickly. The percentage of participants who had employment was decidedly low, but this remains an area requiring ongoing focus from program staff so that resources can appropriately be targeted to non-working participants as much as possible.

Characteristics that Differentiated Participants Who Started but Did Not Finish Phase II and Participants Who Finished Phase II. Two important demographic differences were found between these two groups of participants. Though the sample size for women was small (36 women were in the three engagement groups and 26 started Phase II), more than twice as many women started but did not finish Phase II (34.6 percent) compared to men who did not finish Phase II (13.8 percent). Twice as many younger participants aged 18 to 34 years old (21.2 percent) started but did not finish Phase II compared to older participants aged 45 to 65+ who did not finish Phase II (10.2 percent). While this data does not suggest deeper reasons why, these results can be used to alert program staff to consider why by reviewing cases of participants who

fall into these categories. Based on the information learned, program staff could then develop specialized retention strategies.

Another difference between the two groups was found based on the P2P entrance survey taken on the first day of the Phase II workshops. Participants who went on to finish Phase II scored five percentage points higher, on average, than participants who did not go on to finish Phase II. The question that had the greatest variation was related to voting rights in California for parolees. Participants who finished Phase II more often got this question correct (meaning they knew they could vote after successfully completing parole). It seems a stretch to suggest that knowing that being able to vote after successfully completing parole could serve as a motivator for completing the workshops, but perhaps some recognition of this could be at play. Or perhaps slightly higher knowledge of job preparation could help participants value the job preparation content that was offered in Phase II.

In the case of race-ethnicity, marital status, highest degree completed, reason for enrolling, service contacts in Phase I, attitudes towards healthy relationships, and attitudes towards fatherhood in which no differences were found, the likelihood for completing Phase II appears to be equally as likely. This is a positive result as it suggests that none of these served as barriers to successful completion of Phase II. On the other hand, little light was shed on what differentiated these two groups beyond gender, age group, and slightly higher knowledge of job preparation.

Expected Dosage of Program Services per Monthly Cohort, Phase I and II Contacts, and by Participant. For each monthly cohort, there was an average of 57.7 workshops held with an average of 10.3 participants in attendance. The vast majority of monthly cohorts were held as planned (88.8 percent) with minimal changes to facilitators or scheduled time of the workshop. This suggests strong consistency in program implementation across the 41 monthly cohorts that were analyzed.

Possible future benchmarks for Phase I contacts are no referrals and one service contact; this was based on median contacts received by those who finished Phase II. Possible future benchmarks for Phase I and Phase II contacts combined are 3.2 referrals and 17 service contacts; these were also the median contacts for all participants who finished Phase II.

Based on the median hours actually received, participants who finished Phase II received 101 hours and 64 sessions during Phase II. In most months, this included fifteen different curriculum topics. This can also serve as a future benchmark.

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V. APPENDICES

A. Logic model for program

INPUTS KEY STAFF:	ACTIVITIES KEY INTERVENTION:	OUTPUTS (PROCESS OBJECTIVES) TRAINING RECEIVED BY FOLA STAFF (PROCESS OBJECTIVES):	OUTCOMES (OUTCOME OBJECTIVES) PROGRAM GOAL:
<p>Friends Outside Program staff:</p> <ul style="list-style-type: none"> 1 Project Director 1 Operations Manager 3 Case Managers 1 Outreach Specialist 1 Job Specialist 1 Group Facilitator 1 Data Entry Specialist <p>FRI Independent Evaluator:</p> <ul style="list-style-type: none"> 1 Research Associate 25% FTE Lead Evaluator <p>COLLABORATIVE PARTNERS</p> <ul style="list-style-type: none"> -Domestic Violence Prevention -Child Support Services Dept. (DCSS) <p>TARGET POPULATION:</p> <p>600 non-working fathers (150 fathers enrolled per year) with criminal convictions and/or who have reentered South LA from county jail, state prison, or Federal prison with children 24 years old or younger</p> <p>ORGANIZATIONAL PROFILE (PROGRAM APPROACH):</p> <ul style="list-style-type: none"> -Responsible Parenting / <i>TYRO Dads</i> (TYRO) evidence-based program -Healthy Marriage / <i>Within My Reach</i> evidence-based program -Economic Stability / FOLA's (P2P) evidence-informed job readiness program <p>BUDGET:</p> <p>\$5 million OFA grant – 2015 to 2020</p>	<p>Provide comprehensive services in Dads Back! Academy for 3 to 12 months including activities centered on Responsible Parenting, Healthy Marriages, and an Economic Stability job preparation program in a Family Center community setting for reentering fathers</p> <p><u>DADS BACK! ACADEMY ACTIVITIES</u></p> <p>PHASE I (1-8 weeks):</p> <ul style="list-style-type: none"> ▪ Outreach/referral ▪ Orientation (60-90 minutes) ▪ Complete intake ▪ Assessments: Case Mgr. conducts comprehensive assessment for family functioning and employment including: <i>Family Strength Index</i>; <i>nFORM Applicant Characteristics Survey (pre-program survey)</i>; <i>Employment Assessment</i>; <i>Client Needs Assessment with DV Risk Assessment</i>. ▪ Team Assessment at weekly case conference ▪ Weekly contact with case manager during Phase I (1-8 weeks) <p>PHASE II (4 weeks):</p> <ul style="list-style-type: none"> ▪ 20-hour Parent Education with <i>TYRO Dads</i> over 4-week Academy ▪ 15 session Relationship Education using <i>Within My Reach</i> ▪ 20-hour Job Readiness <i>P2P</i> ▪ 2 hours Financial Literacy ▪ 2x/month self-care Fatherhood Support Group open to current Academy dads and alumni <p>PHASE III (3-12 months):</p> <ul style="list-style-type: none"> ▪ Pre and Post-Employment Services and support ▪ Follow-up (including once a month Family Engagement Meetings) ▪ Evaluation Follow-up and Discharge 	<p>(PROCESS OBJECTIVES):</p> <ul style="list-style-type: none"> ▪ Performance Measurement & Data Collection (nFORM) ▪ Domestic violence prevention training ▪ Child Trauma, ACES, toxic stress and Protections (FOLA Staff) ▪ Trauma-informed Care ▪ Mandatory reporting for child abuse and neglect (DCFS) ▪ Child Support Payments (DCFS) ▪ Cultural Competency ▪ <i>WMR, TYRO, P2P</i> training ▪ Computer basics & financial stability <p>PLANNED TARGETS FOR NUMBER OF FATHERS SERVED PER YEAR (PROCESS OBJECTIVES):</p> <ul style="list-style-type: none"> -180 dads recruited in per year -150/180 dads (83%) will enroll in Dads Back! (600 over 5 years) -120/150 dads (80%) retained for 30 days -113/150 dads (75%) will complete Dads Back! (including completion of each activity: <i>TYRO, Within My Reach</i>, and <i>P2P</i>) <p>ASSUMPTIONS UNDERLYING DADS BACK! PROGRAM APPROACH:</p> <ul style="list-style-type: none"> -Reentering fathers in South LA have significant barriers to parenting their children, including limited employment histories and limited employment skills, poor or nonexistent father role models, limited experience in parenting, and strained family relationships. -By improving healthy relationship and marriage skills, parenting and co-parenting skills, increasing frequency of father/child engagement, increasing financial responsibility of fathers, and progressing toward economic stability, reentering non-working fathers will be able to effectively parent their children ages 24 and younger. 	<p>To enhance capacities of non-working reentering fathers to effectively parent their children ages 24 and younger who live in South LA by increasing their responsible parenting skills, healthy marriage skills, and economic stability.</p> <p>SHORT TERM OUTCOMES FOR FATHERS WHO COMPLETE THE DADS BACK! ACADEMY (OUTCOME OBJECTIVES):</p> <p><i>Positive Perceived Program Effects:</i></p> <ul style="list-style-type: none"> ...improved relationship expectations and perceptions (WMR / TYRO) ...increased financial management self-efficacy (TYRO/P2P/Case management) ...increased parenting self-efficacy (TYRO) <p><i>Improved Partner Communication:</i></p> <ul style="list-style-type: none"> ...improved relationship expectations and perceptions (TYRO/WMR) ...improved quality of interactions (WMR) ...improved relationship satisfaction (WMR) <p>INTERMEDIATE OUTCOMES FOR FATHERS WHO COMPLETE THE DAD'S BACK! ACADEMY (OUTCOME OBJECTIVES):</p> <p><i>Improved Individual Well-Being</i> (All activities in Dads Back! Academy):</p> <ul style="list-style-type: none"> ...increased self-efficacy ...increased social support ...improved outlook for the future <p><i>Improved Parenting</i> (TYRO):</p> <ul style="list-style-type: none"> ...increased parental involvement ...increased parenting self-efficacy ...improved perception of time spent with child <p><i>Improved Economic Well-Being & Stability</i> (P2P):</p> <ul style="list-style-type: none"> ...decreased financial difficulty ...increased financial mgmt. & self efficacy ...improved job status and satisfaction ...improved economic well-being

B. Factor analysis procedures

For the Family Strength Index, the Within My Reach (WMR) entrance survey, and the TYRO entrance survey, exploratory factor analyses followed by bifactor confirmatory factor analyses for each were carried out. An in-depth description of these analyses can be requested from the author. A general overview of the approach used is presented here.

Exploratory factor analyses were run due to few or no published studies with this type of analysis for these three measures. SPSS Version 26.0 was utilized, in addition to Stata 16.0. Missing data was analyzed and expectation maximization replacement methods were used due to the small amount of missing data; this retained the greatest number of cases for the analyses. Assumptions of the data were checked using the Kaiser-Meyer-Olkin test for sampling adequacy and Bartlett's Test of Sphericity; these assessed for whether the correlation matrix was appropriate for factor analysis. Other assumptions of the data were also checked including assuring that there was no perfect multicollinearity among the items, and the linear relationship of the items. The number of factors to retain was determined by Eigenvalues greater than one, and examination of the Scree test. The standard steps of exploratory factor analysis were then followed including: calculating the correlation matrix of all variables (using a Pearson correlation matrix when the data was continuous or a polychoric correlation matrix for ordinal data); extracting the factors using principal axis factoring (examining solutions based on one factor to the highest possible number of factors); rotating the factors using direct oblimin oblique rotation due to correlation between the factors; and interpreting the results. In general, items with communalities greater than .500 were retained, and items with communalities lower than .5 were considered for deletion. Items with factor scores greater than $\pm .4$ were retained, and items with factor scores less than $\pm .4$ were considered for deletion. Factors needed to have a minimum of three items to be retained. Rotated factor plots were also examined to determine the final factor structure (Mallery & George, 2016; Pituch & Stevens, 2016; Tabachnick & Fidell, 2007; UCLA IDRE, n.d.).

Bifactor confirmatory factor analyses were run to assure appropriate use of total scores and subscale scores. Mplus version 8.4 was used to run these analyses following the procedure outlined by Hammer & Toland (2016). The main purpose of the bifactor confirmatory analyses was to determine if the items were more unidimensional, in which case a total score would be appropriate, or multi-dimensional, in which case the subscale scores could also be considered valid. Four models were examined, per the standard approach to bifactor analyses (Hammer & Toland, 2016): a unidimensional model, a correlated factors model, a second order or higher order factors model, and the bifactor model. To determine the model with the best fit to the data, model fit indices were examined including the RMSEA, CFI, TLI, and SRMR.

A bi-factor model splits the variance for each item between a general unidimensional factor and the correlated factor; an orthogonal or non-correlated approach is used to "force" the variance between the unidimensional construct and the specific factor. In this way, for each item, the factor loadings can be compared across the unidimensional or general construct and the specific factor on which that item loads. If factor loadings are higher on the unidimensional construct

than on their specific factors, this suggests that these items load onto a general or unidimensional construct. If factor loadings are higher on their specific factors, this supports the presence of a multi-dimensional construct. Ancillary tests examine these differences in a more detailed manner when the bifactor model is found to have the best fit to the data among the four models (Deuber, 2017).