Impact Evaluation of The Jewish Family and Children's Service of the Suncoast, Inc. Healthy Marriage Program in Sarasota, Florida

Final Impact Evaluation Report for

Jewish Family and Children's Service of the Suncoast, Inc.

April 30, 2021

Prepared by

M. Scott Young, PhD

Kathleen A. Moore, PhD

University of South Florida

Katelyn Kopakin, MS

Megan Sicks, BA

Jewish Family and Children's Service on the Suncoast, Inc.

Recommended Citation:

Young, M. S., Moore, K. A., Kopakin, K., & Sicks, M. (2021). Impact Evaluation of the Jewish Family and Children's Service of the Suncoast, Inc. Healthy Marriage Program in Sarasota, Florida. Report prepared for the Office of Family Assistance (OFA), Administration for Children and Families (ACF), U. S. Department of Health & Human Services (HHS).

Acknowledgements:

We would like to acknowledge the contributions of the administrative and program staff of the Healthy Marriage program at the Jewish Family and Children's Service of the Suncoast, Inc. in Sarasota, Florida.

Disclosure:

The authors have no conflicts of interest, financial or otherwise.

This publication was prepared under Grant Number 90FM0070 from the Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U. S. Department of Health & Human Services (HHS). The views expressed in this report are those of the authors and do not necessarily represent the views or policies of HHS, ACF, or OFA.

Structured Abstract: Impact Evaluation of The Jewish Family and Children's Service of the Suncoast, Inc. (JFCS) Healthy Marriage Program in Sarasota, Florida

Objective. The goal of this study was to evaluate the effectiveness of the Healthy Families/Healthy Children (HFHC) Program that was designed to enhance relationship skills, parenting skills, and the economic stability of low-income individuals, married and unmarried couples 18 years of age or older in Florida's Sarasota and Manatee Counties. There was no requirement that participants be in a relationship or parents to participate in the study.

Study Design. Our study used a randomized controlled trial design with two conditions (Intervention and Wait-List Comparison). Study measures were collected at baseline (before any participants received services), at 13 weeks following baseline, and at 26 weeks following baseline. Our study includes both individuals and couples, and data were analyzed separately within these two mutually exclusive groups in order to evaluate each research question in these two samples separately. Measures were completed to assess parenting, relationship, and economic stability outcomes.

Results. The overall pattern of findings suggests that, among individuals, the intervention was associated with a statistically significant increase in closeness to children ($p<.01$; ES=.354) that was small-to-medium size in magnitude. For couples, results indicated that the intervention was associated with a statistically significant and medium sized reduction in family conflict ($p<.01$; ES=.438).

Conclusion. Findings from this randomized controlled trial provide evidence for the intervention's effectiveness in improving closeness to children among low-income individuals, and with reducing levels of family conflict among low-income couples. Implications of these findings are further discussed in the conclusions section.

Contents

Tables

Figures

Impact Evaluation of Health Families/Healthy Children Program in the Sarasota-Manatee Region, Florida

I. INTRODUCTION

A. Introduction and Study Overview

The goal of Jewish Family and Children's Service of the Suncoast (JFCS) Healthy Families/Healthy Children (HFHC) program is to ensure that all children in the Sarasota and Manatee region of Florida live in stable, happy, and healthy family situations. Within this region, there was a need for services that address healthy relationships and promote healthy parenting/co-parenting, while also empowering low-income participants to achieve greater economic stability through increased skill attainment and employment. Safe, stable, nurturing relationships and environments are essential to preventing child maltreatment and to assuring that all children can reach their full potential (Schofield, Lee, & Merrick, 2013). Additionally, parental absence and single parent stress can destabilize the family, leaving children at increased risk for maltreatment, poverty, substance abuse, and criminal involvement. Children in these situations are often less able to cope with trauma, develop at a slower rate, and exhibit a marked lack of respect for authority figures (Wuest, Ford-Gilboe, Merritt-Gray, & Berman, 2003). In a Sarasota Herald Tribune article headlined "One Bad Place to Be Poor? Sarasota," Ian Cummings (2015, page 1) wrote, "For children in poor families, Sarasota is one of the worst places in the country in which to grow up." He adds, "It's also one of the worst places in Southwest Florida … for moving up the income ladder." The article cites Harvard's Equality of Opportunity Project, which ranked Sarasota near the bottom 10 percent in the nation when measuring a community's effect on future income.

Therefore, based on the need to address healthy relationships and parenting issues, the principal objective of this study was to examine the effectiveness of JFCS' HFHC program aimed at improving family functioning utilizing: (1) parenting education classes, (2) case management services, (3) employment and housing services, and (4) referral to behavioral health services. Specifically, the program included parenting skills classes and partnerships with local employment and employment skill-building agencies to address the economic stability needs of participants. Case management and support service coordination ensured comprehensive service delivery for every participant. The economic insecurity of the target population was underlying the need for services to address healthy relationships and promote healthy parenting/co-parenting. Our expectation is that a combination of improving the family's financial stability, working on the parental relationship, and learning how to become better parents should result in positive outcomes for the target population. These efforts have the potential to improve both the financial lives of vulnerable families and increase familial stability. Therefore, the goals of the

program were that all participants would have meaningful improvements in marriage/relationship skills, parenting/co-parenting skills, family functioning, adult and child well-being, and economic stability/reduced poverty. This is the first empirical test of the HFHC program to date.

The remainder of this report is organized as follows. Section B presents the primary research questions we considered for this evaluation. Next, Part II describes the intervention and counterfactual conditions including the description of the program (Section A) and counterfactual conditions (Section B), as intended. Section C describes the research questions about intervention and counterfactual conditions as implemented. Part III focuses on study design and provides a description of the sample formation and research design (Section A) and the data collection process (Section B). Part IV presents the analysis methods used in the evaluation and includes information about the analytic sample (Section A), outcome measures (Section B), and the assessment of baseline equivalence for the treatment and comparison groups (Section C). Part V includes the estimation and findings for the implementation evaluation (Section A), and the primary impact evaluation (Section B). Finally, Part VI includes a discussion of the main findings and implications for the field in general followed by the Appendices.

B. Primary Research Questions

This section describes the primary research questions examining long-term outcomes measured at 26 weeks after baseline. It is important to note that although we analyzed individual and couples separately, the research questions were the same for both samples. These questions evaluate healthy relationships and parenting issues; however, being in a relationship or having children was not a requirement for participation in the study. Participants who did not have a partner and/or children at the time of baseline assessment did not complete the respective relationship and parenting measures because they were not applicable to their circumstances; however, all participants were asked to complete the financial stability measures. Further details regarding the breakdown of the number of participants completing each outcome measure are detailed below in the relevant section describing outcome analyses and results.

Long-Term Research Question 1:

a. What is the impact of the HFHC Program on participants' reported ability to work out conflicts with partner/spouse 26 weeks after baseline compared to the wait-list comparison group?
b. What is the impact of the HFHC Program on participants' reported level of mutual trust and respect with partner/spouse 26 weeks after baseline compared to the wait-list comparison group?

Long-Term Research Question 2:

a. What is the impact of the HFHC Program on participants' reported closeness with children 26 weeks after baseline compared to the wait-list comparison group?

Long-Term Research Question 3:

a. What is the impact of the HFHC Program on participants' increased ability to reduce their debt 26 weeks after baseline compared to the wait-list comparison group?

II. INTERVENTION AND COUNTERFACTUAL CONDITIONS

This section discusses the intervention and counterfactual conditions for our study. This section includes a description of both (1) the intended program and counterfactual conditions and (2) the research questions about the implementation of the intervention and counterfactual conditions.

Our study used a randomized controlled trial (RCT) design to assess the impacts of the HFHC program. Participants were randomly assigned to one of two conditions: 1) the Intervention group that received the full HFHC program or 2) a Wait-List Comparison group that did not receive HFHC services while participating in the study. Participants in the Intervention group were assigned a case manager and placed in the next available Marriage and Relationship Enhancement Skills (MRES) class utilizing the Love's Cradle evidence-based curriculum (typically within 2 weeks of random assignment). Intervention participants attended classes weekly and met with their case manager at least monthly to ensure comprehensive service delivery. Case managers were available to meet more frequently as participants' needs changed throughout their time in the program.

Participants randomly assigned to the Wait-List Comparison group did not receive any immediate services from JFCS and were placed on a 6-month waitlist. These participants received a 2-1-1 United Way packet that listed resources that were available in the community that they could access while on the 6-month waitlist. After completing their final 26-week follow-up surveys, participants in the wait-list group were informed that they could enroll in the HFHC program or receive JFCS services.

A. Description of Program as Intended

The Intervention group comprised low-income individuals, married couples, and unmarried couples 18 years of age or older in Florida's Sarasota and Manatee Counties. There was no requirement that individual participants be in a relationship or that individuals or couples be parents. They participated in a 13-week long, 26-hour MRES class that utilized the Love's Cradle evidence-based curriculum (Ortwein & Guerney, 2004). Classes met once a week, typically in the evenings from 6- 8pm. In this class, participants learned relationship enhancement skills and two community partners supplemented the curriculum by providing on-site family law education and childhood development education during two of the sessions. A family meal was provided and "Kids Club" was available for participants' children while parents attended on-site classes to help reduce possible barriers to parents' participation in the classes.

Each participant was assigned a case manager who provided individualized support service coordination. Participants met with their case manager within two weeks prior to the start of MRES classes to complete agency intake paperwork, a needs assessment, and create service plans. Participants and case managers continued to meet face-to-face at least monthly to ensure comprehensive service delivery and review service plans. Participants were able to access targeted employment assistance and financial literary education via case management as well. In addition, housing services such as completing applications for transitional/ supportive housing and outside financial assistance was available through one-on-one case management

appointments. Referrals for behavioral health services through JFCS and outside partners, GED/ESOL classes, certification programs, and referrals for soft skills workshops were also available through community partnerships.

Upon successful completion of the MRES class, participants were eligible to participate in an optional 13-week, 26-hour parenting skills class utilizing the Nurturing Parenting evidence-based curriculum. This curriculum was delivered on-site by program staff. For those participants' children that participated in Kids Club, we created activities that aligned with the Love's Cradle curriculum presented to the adult participants. These activities were delivered simultaneously to the adult classes, addressing critical life skills such as boundaries, listening skills, and anger management. The intervention was designed for participants to have meaningful improvements in the following: marriage/relationship skills; parenting/co-parenting skills; family functioning; adult and child well-being; and economic stability/poverty reduction.

Table 1 presents a description of the components of the intended intervention and counterfactual wait-list comparison group. The different components of the program are described including (1) Relationship skills workshop, (2) Parenting skills workshop, (3) case management, and (4) Waitlist. Additionally, Table II.1 details the intervention's various evidence-based curricula along with dosage information, delivery method, and target population.

Table II.1. Intended Intervention and Counterfactual Components and Target Populations

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Intervention				
Relationship skills workshops	MRES classes: Love's Cradle curriculum. Showing understanding, expression skill, conflict management, and parenting	26 hours, with 2-hour sessions occurring once a week for 13 weeks	Group lessons provided at the intervention's facilities by a trained facilitator	Low-income individuals and couples ages 18+ in Sarasota/ Manatee
(Optional) Parenting skills workshops	Nurturing Parenting curriculum: Family-centered trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices	26 hours, with 2-hour sessions occurring once a week for 13 weeks	Group lessons provided at the intervention's facilities by a trained facilitator	Low-income individuals and couples (including parents or expectant parents) ages 18+ in Sarasota/ Manatee
Case management	Track progress and discuss potential barriers. Make referrals to other services/agencies as needed and partner with other agencies to enhance services. Address barriers to gaining and maintaining employment	At least monthly face-to-face contact	At least monthly face-to-face individual contact with assigned case manager	Low-income individuals and couples ages 18+ in Sarasota/ Manatee

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Counterfactual				
Wait-List Comparison Group, No Program Services	No program services; placed on a waitlist and received list of community resources; offered agency services after completing the 26-week study	No services; placed on a waitlist and receive list of community resources; offered agency services after completing the 26-week study	No services	Low-income individuals and couples (including parents or expected parents) ages 18+ in Sarasota/ Manatee

Table II.2 provides a description of the staff training to support both the intervention and counterfactual components. The four different components include (1) Relationship skills workshop, (2) Parenting skills workshop, (3) Case Management, and (4) Waitlist. The education, initial training, and ongoing training of staff requirements are presented for both intervention and counterfactual conditions.

Table II.2. Staff Training to Support Intervention and Counterfactual Components

Component	Education and initial training of staff	Ongoing training of staff
Intervention		
Relationship skills workshops	All facilitators hold at least a bachelor's degree. Facilitators can be male or female, there is one facilitator per class. Initial curriculum training is between 16-20 hours. This training includes reading the material, learning the lessons, practicing the skills, and peer observations.	Supervisor performs at least quarterly observations of each facilitator. Staff complete quarterly peer reviews and participates in quarterly professional trainings on topics regarding domestic violence and child abuse prevention.
Parenting skills workshops	All facilitators hold at least a bachelor's degree. Facilitators can be male or female, there is one facilitator per class. They participate in a 3-day training in the curriculum.	Supervisor performs at least quarterly observations of each facilitator. Staff complete quarterly peer reviews and participates in quarterly professional trainings on topics regarding domestic violence and child abuse prevention.
Case management	All case managers hold at least a bachelor's degree and have at least 1 year of experience providing case management services. They are trained upon hire by the supervisor and peers.	Case managers participate in quarterly peer file reviews. Staff also participates in quarterly professional trainings on topics regarding domestic violence and child abuse prevention.
Counterfactual – Wait-List Comparison Group		
Wait-List Comparison Group, No Program Services	Waitlist/Counterfactual participants have no contact with the program/study's clinical/educational staff or program services. Only program staff who are not workshop facilitators or case managers were able to interact with comparison group participants. These non-intervention staff receive initial and ongoing training regarding study data collection, including baseline data collection and procedures for gathering the 13- and 26-week follow-up measures from Waitlist participants in the Comparison/Counterfactual condition.	Non-intervention staff receive initial and ongoing training regarding study data collection, including baseline data collection and procedures for gathering the 13- and 26-week follow-up measures from Waitlist participants in the Comparison/Counterfactual condition.

B. Description of Counterfactual Condition as Intended

The Wait-List Comparison group did not receive any services from JFCS and was placed on a 6-month waitlist instead. These participants received a United Way 2-1-1 of Manasota packet at their appointment when they were randomized into the wait-list comparison group. This comprehensive resource packet entitled “Help and Referrals to Resources for Health and Human Service Needs” included but was not limited to the following services within the Sarasota and Manatee County area: (1) addiction and substance use, (2) mental health counseling, (3) employment and vocational rehabilitation, (4) housing, and (5) food assistance. Participants were informed they could self-refer themselves to any of the providers in the resource packet if they experienced any needs while on the 6-month waitlist. Wait-List comparison group participants were also informed that they could enroll in JFCS services after completing the 26-week study. During participants’ time on the waitlist, program staff maintained monthly contact via phone or email to continue engagement. The contact served as a reminder of participants’ upcoming appointment to take the next set of surveys. One section of the surveys included questions regarding engagement in outsides services while on the waitlist.

C. Research Questions about Intervention and Counterfactual Conditions as Implemented

In addition to the primary research questions about the impact of the HFHC program, this study also sought to evaluate implementation questions regarding service programming and the amount of dosage received. The two implementation-related research questions below are based on intervention and counterfactual conditions as implemented:

a. How much of the service programming did the Intervention group participants receive, on average?

b. Were there differences between the Intervention and Wait-List Comparison group participants with regard to the amount of service programming, on average, they received in areas similar to those offered by the Intervention?

III. STUDY DESIGN

This section provides a description of the study design and the process for creating intervention and wait-list comparison groups.

A. Sample Formation and Research Design

Our study target population was low-income individuals, married couples, and unmarried couples 18 years of age or older in Florida's Sarasota and Manatee Counties. There was no requirement that participants be in a relationship or parents while participating in the study. We targeted those individuals and couples that were most likely to meet criteria for poverty utilizing the federal poverty guidelines. We reviewed the Department of Health and Human Services (HHS, 2020) criteria that updates its poverty guidelines on an annual basis, detailing the minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities.

Every staff member in the HFHC program was an ambassador to the program and was expected to assist with outreach and recruitment efforts. All staff were available and trained for outreach and recruitment efforts, which enabled us to cover multiple recruitment events if they happened to be scheduled the same day or week. The Program Coordinator was responsible for identifying, securing, and coordinating staff coverage at events. Outreach and recruitment was conducted through a wide variety of avenues. Ads for the program were placed on public transportation buses, a local family focused magazine, and local newspapers through press releases. Ads for upcoming classes were also posted on social media and shared on community partners' social media. We also partnered with Title-1 elementary schools in the recruitment area to target at-risk families. Each school supported recruitment efforts in numerous ways, which included sending home program flyers school wide, encouraging guidance counselors to identify families who might be eligible, and have program staff attend back-to-school events and host a booth where information on the program was disseminated. Additional outreach efforts included recruiting at places of worship, community health fairs, other community agencies, and by encouraging inquiries through word-of-mouth.

Referrals for the program were received one of three ways: inquiry calls, formal referrals, or through outreach events. Program staff supervisors fielded prospective participant calls. During a call, the staff person would explain the program and complete a mini intake screen to assess the prospective participant's readiness for the program. If the participant was able to commit to the program, we obtained their basic demographics/contact information and registered them for an enrollment appointment. In some instances, further clarification was needed for screening purposes: (1) If a couple indicated that there was active domestic violence in their relationship during this phone call, they were then enrolled as individuals and in separate classes for their safety, and (2) If a participant reported he/she was homeless, the program staff made sure the person was able to commit and had reliable transportation (e.g., provided bus passes and/or gas cards) to the program.

Enrollment appointments were conducted in either a group or individual setting based on the participants' availability. These appointments took place approximately two weeks prior to the commencement of the next cohort which was done on a monthly basis. During this appointment, program staff supervisors obtained informed consent, then participants completed baseline measures in the sample management system known as "nFORM". The nFORM system (Information, Family Outcomes, Reporting, and Management) is a management information system (developed by the Office of Planning, Research, and Evaluation and Mathematica) that each grantee was required to use to collect information about program operations, services, and client characteristics. Random assignment of study participants was conducted upon completion of the nFORM applicant characteristics survey, local evaluation measures and agency paperwork. Each participant was informed of their random assignment outcome to either the intervention or wait-list comparison group. Those who were assigned to the intervention group completed the nFORM entrance survey at the first class (within the first two weeks) while the wait-list comparison group completed the nFORM entrance survey at this enrollment appointment. Upon completion of the nFORM entrance survey, participants in either condition were then considered enrolled in the program.

Consent Procedures: All prospective participants (referred, self-referred, or recruited at an outreach event) were initially screened for eligibility over the phone and had the research component of the program explained to them. If prospective participants were determined to be eligible, they were invited to participate in an in-person group enrollment appointment. Group appointments were utilized to create the cohort feeling for participants as well as the best use of program resources. When participants presented to a group enrollment appointment, program staff supervisors provided them with the evaluation consent form and verbally described the study in full detail, highlighting the voluntary nature of the study and the fact they would be randomized to one of two study conditions. Program staff supervisors also provided participants with sufficient time to review the consent form before they made the decision as to whether or not to participate.

The consent form included a basic multiple-choice test to determine whether participants understood the information. Once the test was completed, program staff supervisors explained any wrong answers to ensure that prospective participants did in fact understand the study and its voluntary nature. Additional contact information and participants' preferred contact details (mode, timing, etc.) were documented on the consent form to assist with tracking these individuals and couples over time. Once consent was obtained, participants completed baseline survey measures. As noted above, participants in the intervention group completed some baseline measures at the beginning of the first MRES class, and wait-list comparison completed the measures at the same appointment during the informed consent process.

We used Solutions IRB (https://www.solutionsirb.com/) for Institutional Review Board services. Initial study IRB approval was granted on 07/05/2016, and annual approvals have been obtained since then with the most recent approval on 7/20/2020.

Participants were randomly assigned to one of two conditions, Intervention or Wait-List Comparison. The participants in the Intervention group were immediately assigned a case manager and placed in the next Marriage and Relationship Enhancement Skills (MRES) class that started within 2 weeks of random assignment. Intervention participants attended classes weekly and met with their case manager at least monthly to ensure comprehensive service delivery. Participants assigned to the intervention also met with their case manager to develop their individualized service plans. Wait-List comparison group participants were placed on a waitlist and provided with the United Way packet. Comparison group participants were not assigned to a case manager and did not receive any comparable services from JFCS until they successfully completed the 26-week study measures survey.

Table III.1 presents the information on the sequence of our study procedures for study enrollment, random assignment, and measurement.

Table III.1. Program Flow

Enrollment, Random Assignment, and Measurement Flowchart					
Within 30 days prior to the start of the next cohort			Within 2 Weeks of enrollment	13 Weeks after enrollment	26 Weeks after enrollment
Program staff supervisors screen prospective participant for eligibility via phone; explains study and signs up for enrollment appointment where informed consent and randomization occur.	Enrollment appt: **1.** Obtain informed consent **2.** Complete nFORM applicant characteristics survey, local evaluation measures and agency paperwork **3.** Randomization occurs using relevant random # list (individual or couple) **4.** For those randomized to wait-list comparison group, complete remaining baseline measures (nFORM entrance survey)	Intervention Group	Start MRES Class and complete nFORM entrance survey at first class	• Complete MRES Class • Complete 13- week follow-up measures	• Complete optional parenting education • Complete 26-week follow-up measures
		Wait-List Comparison Group	N/A	Complete 13-week follow-up measures	• Complete 26-week follow-up measures • Now eligible to receive program services (MRES class & case management) if completed all baseline, 13- week and 26-week follow-up measures

Our study included both individuals and couples. There was no requirement that individuals be in a relationship or have children to participate in the program. Similarly, couples recruited for the study were not required to have children to participate. Participants who presented as a couple received the same random assignment condition so they could remain in the same condition together. To conduct random assignment, we generated two separate random number

lists, one for individuals and one for couples. We used random number generators obtained from www.randomization.com to generate the two random number lists of 1,500 whole random numbers that are either 0 or 1 to indicate whether participants were to be assigned to the intervention group (1) or wait-list comparison group (0). This approach was used because we were not planning to recruit more than 1,500 participants per list. Random assignment was overseen by the program staff supervisors and conducted separately for the individual and couple samples, and the probability of assignment to the intervention group vs. the comparison group was 50% across both samples.

B. Data Collection

This section describes the data collection process including the implementation and impact analysis.

1. Implementation Analysis

Although we anticipated there would be a strong difference between the groups with regard to the services they received, we proposed two research questions to assess the extent to which the two conditions received similar services and dosage levels during the study. The dosage-related research questions were important questions to assess for reasons that included the following:

- Intervention group participants may differ in the number and types of services they receive, depending on their level of engagement with case management. Referrals made in case management appointments were recorded and tracked in nFORM.
- Comparison group participants may have received services in the community (outside JFCS) while enrolled in the study, thereby limiting the degree to which they differed from the Intervention group with regard to the number and types of services received while enrolled in the study.

Table III.2 summarizes the data related to each of the proposed implementation questions focused on dosage. Our local evaluation included a measure assessing different types of services that participants in the wait-list comparison group could have received in the community during their 26-week study participation. This measure was developed by our local evaluation team and was administered only to the wait-list comparison group participants at the 13-week and 26-week follow-up survey measurement completion time frames. Individual items asked participants whether or not they received any different services over the past 13 weeks. The services included in these measures were selected because they were similar to the types of services offered by the HFHC program, such as parenting classes, relationship classes, and case management services. For participants in the Intervention, this service receipt information was derived from our agency’s service records.

Table III.2. Sources of Data for Addressing the Research Questions on Dosage

Implementation element	Research question	Data source	Timing/ frequency of data collection	Party responsible for data collection
Dosage (only for Intervention group)	RQ1) How much of the service programming did the Intervention group participants receive, on average?	Workshop sessions and individual service contacts in nFORM; attendance logs; local evaluation services tracking log; local evaluation measures	Throughout 26-week service delivery	Program staff
Dosage	RQ2) Were there differences between Intervention and Comparison group participants with regard to the amount of service programming, on average, that they received in areas similar to those offered by the Intervention?	Workshop sessions and individual service contacts in nFORM; attendance logs; local evaluation services tracking log; local evaluation measures assessing receipt of services in similar areas (just administered to Comparison group)	All sessions delivered	Program staff supervisors

2. Impact Analysis

Regardless of condition, participants were asked to complete the relevant local evaluation study measures at baseline, 13 weeks following baseline, and again 26 weeks following baseline. Study measures included a measure developed by our evaluation team to assess economic stability, along with the following three research-based standardized self-report surveys: 1) Conflict Subscale of the Family Environment Scale – Real Version (Moos & Moos, 2009); 2) Revised Dyadic Adjustment Scale (Spanier, 1988); and 3) Closeness to Children Subscale of the Paternal Assessment Scale (Kingsley, 2007). These measures are also covered in more detail in Section IV. B. The modes and methods of collecting data at each data collection point are summarized in Table III.3. If individual measures were not relevant for a participant, then they were only asked to complete the relevant ones. For instance, participants who were not parents were not asked to complete the parenting measures.

Table III.3. Key Features of the Data Collection

	Data source	Timing of data collection	Mode of data collection	Party responsible for data collection	Start and end date of data collection
Intervention	Intervention group study participants	**1.** Enrollment before service receipt (baseline) **2.** 13 weeks following baseline **3.** 26 weeks following baseline	In-person; surveys were administered either electronically or by hard copy depending on the availability of electronic devices and WIFI	Program staff	July 2016 through January 2020

	Data source	Timing of data collection	Mode of data collection	Party responsible for data collection	Start and end date of data collection
Counterfactual (Wait-List Comparison Group)	Wait-List Comparison group study participants	**1.** Enrollment before service receipt (baseline) **2.** 13 weeks following baseline **3.** 26 weeks following baseline	In-person; surveys were administered either electronically or by hard copy depending on the availability of electronic devices and WIFI	Program staff	July 2016 through January 2020

IV. ANALYSIS METHODS

This section summarizes the construction of sample sizes used in analyses to evaluate each research question and the associated study outcome measures and baseline equivalence of the intervention and wait-list comparison groups.

A. Analytic Sample

Our study includes both individuals and couples and both samples were analyzed separately. Three of our primary research question outcomes are considered to be "contingent outcomes" because they do not apply to all study participants. For instance, participant eligibility criteria did not require each participant to be in a relationship and/or to be a parent in order to qualify for the study. As such, our outcomes in these contingent areas are not applicable to the complete sample of all participants. Consistent with that, participants only completed the study measures that were applicable to their circumstances. For instance, if a participant did not have a child at baseline, then that person did not complete the study's parenting outcome measures.

To address missing data for multi-item study scales, we used mean imputation. Specifically, when calculating scale scores involving multiple items, we imputed the mean score for missing items when participants had no more than 20 percent of the items missing on a scale. Additional missing data adjustments were also utilized when analyzing the couple-level data. In cases where only one member of the couple provided data, the member's score who provided data was used to represent the score for the dyad (as opposed to averaging each member's score to arrive at one response per couple as was done when both members provided data on the measure).

The overall and differential attrition rates are summarized separately for each outcome measure and analytic sample in Table IV.1. We compared these rates to the cautious attrition standards from the What Works Clearinghouse (WWC). These standards are available online via a brief or in a more detailed set of standards and provide guidance regarding the maximum allowable differential attrition rate between the intervention and comparison groups for a given level of overall attrition. We created the rightmost columns of Table IV.1 to reflect whether the attrition level of each analytic sample is Low (L) or High (H) based on the cautious WWC attrition standards. These results indicated that there was a high level of attrition for all four of the individual-level analytic samples. Attrition levels for the couple-level analytic samples were better, with three being classified as low attrition and one being classified as high attrition. It is important to note that the sample size numbers in Table IV.1 do not precisely match those presented in the Consort diagrams in Appendix B; this discrepancy is due to the requirement that all covariates be non-missing for the analytic sample.

Table IV.1. Attrition calculations based on the number of individuals completing each outcome measure at baseline and 26-week follow-up

	Original Sample Size Randomized and Completing All Baseline Outcome Measure and All Respective Covariates		Number who also Completed Follow-Up Data for The Outcome Measure		Attrition				
Analytic Sample: Outcome Measure	Interven.	Comp.	Interven.	Comp.	Overall Attrition	Interven. Attrition	Comp. Attrition	Differential Attrition	WWC Standards1
Individuals									
Analytic Sample 1: FES-Conflict	149	138	95	118	25.8%	36.2%	14.5%	21.7%	High
Analytic Sample 2: RDAS	90	79	48	57	37.9%	46.7%	27.8%	18.9%	High
Analytic Sample 3: PAS	154	123	102	103	26.0%	33.8%	16.3%	17.5%	High
Analytic Sample 4: Economic Stability	154	143	104	119	24.9%	32.5%	16.8%	15.7%	High
Couples									
Analytic Sample 1: FES-Conflict	73	67	60	57	16.4%	17.8%	14.9%	2.9%	Low
Analytic Sample 2: RDAS	73	66	55	57	19.4%	24.7%	13.6%	11.1%	High
Analytic Sample 3: PAS	68	54	56	45	17.2%	17.6%	16.7%	0.9%	Low
Analytic Sample 4: Economic Stability	72	66	60	57	15.2%	16.7%	13.6%	3.1%	Low

1. Each analytic sample is classified as "Low" or "High" based on comparison of the overall attrition and the differential attrition to the What Works Clearinghouse (WWC) guidelines available at: https://ies.ed.gov/ncee/wwc/Docs/referenceresources/wwc_brief_attrition_080715.pdf.

B. Outcome Measures

Table IV.2 describes the study outcome measures and their timing. We have four primary research questions, and we used one outcome measure to evaluate each one. Two measures (RQ1a. Family Environment Scale's "Conflict" subscale (FES-C) and the RQ1b. total score from the Revised Dyadic Adjustment Scale (RDAS)) were used to assess the research questions related to the Relationship domain; one measure (RQ2a. (PAS) Closeness to Children subscale)) was used to assess the research questions related to Parenting; and one measure (RQ3a. Local Evaluation Measure "I am able to reduce my debt") was used to assess the research question related to Economic Stability. Baseline and 26-week follow-up scores were used with each of these measures to assess the primary research questions. With regard to coding of the outcome measures, the FES-Conflict measure was scored such that lower scores reflect more favorable results, as there is less conflict. For the other study outcome measures, higher scores reflected more favorable outcomes.

Table IV.2. Outcome measures used for primary impact analysis research questions

Outcome measure	Description of the outcome measure	Source	Timing of measure
Relationship – Contingent Outcome Applicable to Participants in a Romantic Relationship	Conflict Subscale of the Family Environment Scale – Real Version (FES – Conflict). 9 items that are used to assess ability to work out conflicts with partner/spouse. (example item = We fight a lot in our family; response scale = Yes/No) Scores can range from 0 to 9, with higher scores reflecting higher levels of conflict; Cronbach's alpha reliability = .75.	FES-Conflict – standardized survey exit survey (Moos and Moos, 2009)	Baseline, 26 weeks following baseline for research question analyses
	Revised Dyadic Adjustment Scale (RDAS) – Total Score. 14 items that are used to assess mutual trust and respect. (example item = extent of agreement between you and your partner on demonstrations of affection; response scale ranges from 0 [Always Disagree] to 5 [Always Agree]); Cronbach's alpha reliability = .90	RDAS – standardized survey (Crane, Middleton, & Bean, 2000)	Baseline, 26 weeks following baseline for primary research question analyses
Parenting – Contingent Outcome Applicable to Participants With Children	13 items comprise the Closeness to Children Subscale of the Paternal Assessment Scale (PAS-Closeness) (example item = I tell my child that I love him/her; response scale ranges from 1 [Strongly Disagree] to 5 [Strongly Agree]); Cronbach's alpha reliability = .97	PAS-Closeness – standardized survey (Kingsley, 2008)	Baseline, 26 weeks following baseline for primary research question analyses
Economic Stability – Not a Contingent Outcome (All Participants Asked to Complete the Measure)	This is one item was designed specifically for this study (item = I am able to decrease my debt; response scale ranges from 1 [Strongly Disagree] to 5 [Strongly Agree])	Local evaluation measure	Baseline, 26 weeks following baseline for primary research question analyses

Notes: These local evaluation measures were collected at baseline and 26 weeks following baseline (primary research questions).

C. Baseline Equivalence and Sample Characteristics

The random assignment process is intended to minimize the chances that the groups assigned to different study conditions do not differ from one another based on measured and unmeasured variables. This section provides information summarizing how comparable, or equivalent, the intervention and comparison groups were to one another at baseline, which is often referred to as the baseline equivalence of the groups. The concept of baseline equivalence of study groups is particularly germane because we had a high level of attrition across all four of our study's individual-level analytic samples and with one of our four couple-level analytic samples.

Appendix C includes detailed tables presenting information on the baseline equivalence of the study groups. Tables C.1 through C.4 depict information comparing the baseline equivalence of the "individual" participants in the intervention and comparison groups on key baseline measures. Comparable information is then presented on "couples" in Tables C.5 through C.8. As previously noted in the covariate Table V.1, fewer covariates were included in the analyses of

couple-level data, which is why the baseline equivalence tables for couples do not include as many demographic variables, compared to the tables presenting individual-level data. As previously discussed, impact outcome research questions were contingent such that participants only completed the study measures that applied to their specific circumstances. Each table presents this information specific to the analytic sample based on a particular outcome measure. The final analytic sample for any given contrast is based on the sample members who have complete data for all variables that are included in each corresponding analysis, including the outcome measure and covariates. For instance, Table C.1 presents the baseline equivalence details based on analyses restricted to individuals who completed measures that included the covariates as well as both the baseline and 26-week follow-up FES Conflict Scale, the corresponding outcome measure used to assess outcomes in the first primary research question.

As indicated in the table notes, the *p*-values in Tables C.1 through C.4 are based on results two-tailed Fisher's Exact Tests, and that information is supplemented by effect sizes. This overall pattern of results suggests that, out of all the baseline demographic and outcome variables, the intervention and comparison groups only significantly differed from one another on one variable. Specifically, for the RDAS analytic sample, there was a statistically significant difference between the intervention and comparison groups on baseline rates of marriage or being in a committed relationship; individuals who were randomly assigned to the intervention group reported higher rates of marriage or being in a committed relationship at baseline than did participants in the comparison group. To account for unintended baseline differences between groups, we used the baseline demographics and corresponding baseline outcome measure as covariates for all of the individual-level outcome analyses.

This same type information is presented for couples in Tables C.5 through Table C.8. It is important to note that the couple-level analyses only covaried age and the baseline outcome score, whereas the individual-level analyses covaried additional demographics as well as the baseline outcome measure. This difference in analytical approach arises because we used couple-level averages to create outcome variables and covariates for analysis. Accordingly, many of the demographic covariates, which were coded categorically, were not converted into a couple-level score. For instance, the education variable was coded into several categories, which, when they differ between partners, make it difficult to combine into a single score to represent the education of the couple as a unit. The situation was more straightforward for continuous variables in which each member of the couple could have their individual scores averaged to produce a single couple score for continuous variables.

The couple-level baseline equivalence findings are presented in Table C.5 through Table C.8. Results indicate that there were no statistically significant baseline differences between couples randomly assigned to the intervention versus wait-list comparison group.

Taken together, these baseline equivalence findings support the notion that the random assignment procedures successfully produced separate groups of individuals and couples in each condition (intervention and comparison) who were not statistically significantly different from each other on key baseline variables.

V. FINDINGS AND ESTIMATION APPROACH

A. Implementation Evaluation

1. Key Findings

We examined two implementation questions to determine how much dosage of the intervention that participants typically receive, and also to determine how this differed from what was reported with regard to service receipt among participants in the wait-list comparison group. To address the implementation research question 1 (How much of the service programming did the Intervention group participants receive, on average?), we tracked information on the number of relationship classes and parenting classes attended by participants in the intervention group. As previously described, not all participants were in relationships, and not all had children; thus, some participants in the intervention only completed survey measures that were most relevant to their circumstances. Participants could have received up to 13 sessions of relationship classes and 13 sessions of parenting classes. Results examining the average number of relationship and parenting class sessions received by participants in the intervention condition indicated that, on average, participants in the intervention group participated in 9.7 (SD = 4.3) relationship classes and 3.9 (SD = 5.3) parenting classes, suggesting that the intervention group was successful in that participants reported moderate levels of service receipt in these areas.

We also analyzed information regarding the percent of participants in the intervention group who participated in various study services. These findings suggest that most individuals assigned to the Intervention group reported receiving relationship services (87% reported receiving this service) and case management services (82%), with fewer reporting receipt of parenting classes (40%).

As done with participants in the Intervention, participants assigned to the wait-list comparison condition were asked to complete study measures assessing whether they had received similar services to those offered to participants in the HFHC program. This information is depicted in table V.1 below, and it allowed us to examine implementation research question 2 (Were there differences between the Intervention and Wait-List Comparison group participants with regard to the amount of service programming received in areas similar to those offered by the Intervention). Overall, findings suggest that individuals assigned to the wait-list comparison group had lower rates of service receipt compared to those in the Intervention group for similar types of services. Specifically, only 17% of individuals in the wait-list comparison group reported receiving case management services, compared to 82% of participants in the Intervention. Similarly, only 16% of individuals in the wait-list comparison group reported receiving any relationship classes during this time, compared to 87% of the participants in the intervention. Finally, 28% of individuals in the comparison group reported receipt of parenting classes, compared to 40% of the participants in the intervention.

Table V.1. Results from local evaluation measures completed only by comparison group for implementation analyses

	Percent who Report Any of This Service Receipt from Baseline to 26-Week Follow-Up	
	Intervention	Comparison
Have you received any of the following services?		
Case management	82%	17%
Relationship classes	87%	16%
Parenting classes	40%	28%

B. Primary Impact Evaluation

Results from the primary impact outcome analyses indicated that, compared to participants randomly assigned to the comparison group, participants assigned to the intervention group reported higher levels of beneficial outcomes in all measured domains including relationships, parenting, and economic stability, though these effects were small to modest. This pattern of beneficial findings was consistent across the individual and couple samples. However, despite this pattern of effect sizes, examination of the significance levels suggests that only one of the primary outcomes revealed a statistically significant difference based on analyses of individual-level data, and only one primary outcome measure attained statistical significance in analyses of couple-level data.

1. Key Findings

We conducted separate analyses for the couples and individual samples.

Each of the impact evaluation's research questions was evaluated for statistical significance using a two-tailed test with a $p<.05$ threshold to determine statistical significance. We performed one statistical test to evaluate each of the research questions. For analyses involving individual-level data, each research question was evaluated using a two-tailed analysis of covariance (ANCOVA), with baseline outcome scores included as covariates, study condition (intervention or comparison) serving as a between-subjects variable, and the corresponding follow-up outcome measure serving as the dependent variable; additional covariates included in each impact evaluation research question analysis of the individual-level data included basic demographic information from baseline (i.e., gender, ethnicity, race, relationship status, age group, annual household income, highest educational attainment, and employment status). Using this analytical framework, statistically significant coefficients on the group variable would indicate that the intervention and waitlist groups significantly differed in their follow-up score, controlling for baseline scores and demographic variables.

Analyses of the couple-level data were performed similarly, except that the only covariates in the models were the corresponding baseline score and the baseline demographic variable for age group; no other baseline demographic variables were used in analyses of couple-level data because of the complexities associated with creating one variable to describe a dyad with regard to categorical demographics such as education level. Some missing data adjustments were

utilized when analyzing the couple-level data that did not apply to individual-level data analyses. For couple-level data, in cases where only one member of the couple provided data, the member's score who provided data was used to represent the score for the dyad. When data was present for both members of the couple, each member's score was averaged to arrive at one response per couple.

Table V.2 describes each of the covariates included in the primary outcome impact analyses; for each covariate, the table specifies whether it was used in the individual-level analyses and/or the couple-level analyses.

Table V.3 summarizes findings from the primary outcome impact analyses. The top section of the table reports results from separate analyses that were conducted to evaluate the research questions with an analytic sample limited to "individuals" who enrolled in the study, and the lower portion of the table presents results that are based on analyses that were restricted to analytic samples of "couples" who participated in the study. The overall pattern of findings suggests that only one of the primary outcomes revealed a statistically significant difference based on analyses of individual-level data, and only one primary outcome measure attained statistical significance in analyses of couple-level data. These two findings suggest that the intervention had positive effects as compared to the wait-list comparison condition.

Based on analyses of the individuals, the PAS Closeness to Children outcome measure was the only outcome to attain statistical significance ($p<.01$). The pattern of results and interpretation of the effect size indicates that the intervention group reported a greater degree of closeness to their children at 26-week follow-up than did the wait-list comparison group, with an effect size of .354 indicating medium-level, beneficial effects of the intervention.

Based on analyses of couples, the FES-Conflict scale was the only outcome measure to attain statistical significance ($p<.01$). The pattern of results and interpretation of the effect size indicates that the intervention group reported smaller level of family conflict at the 26-week follow-up as compared to the wait-list comparison group, with an effect size of .438 indicating medium-level, beneficial effects of the intervention.

Table V.2. Covariates included in impact analyses across all outcomes for analyses of individuals and couples

Covariate	Description of the covariate	Covaried in Impact Analysis of Individuals	Covaried in Impact Analysis of Couples
Baseline Demographics	Baseline values on these demographic variables were used in each outcome analyses		
Gender	Gender (1 = Female; 2 = Male)	Yes	No
Ethnicity	Ethnicity (1 = Hispanic; 2 = Not Hispanic)	Yes	No
Race	Race (1 = White; 2 = Non-White); information on primary and secondary race was also used to classify into these two categories	Yes	No
Relationship Status	Relationship Status (1 = Single, separated, divorced, widowed; 2 = Married or committed relationship)	Yes	No

Covariate	Description of the covariate	Covaried in Impact Analysis of Individuals	Covaried in Impact Analysis of Couples
Age	Age group (1 = 18 to 34; 2 = 35 to 54; 3 = 55 and older) (To calculate the age covariate for impact analyses of couple-level data, the age of each member of the couple was averaged, and then this age was categorized into one of the 3 age groups. When age was only available for one member of the couple, this was used as the value for the couple in order to minimize the effects of missing data.)	Yes	Yes
Annual Income	Annual household income (1 = Under $15,000; 2 = $15,000 to $25,000; 3 = Above $25,000)	Yes	No
Education	Highest educational attainment (1 = Less than high school; 2 = High school diploma, GED, or technical degree; 3 = Some college or more)	Yes	No
Employment Status	Employment status (1 = Full-time work/school and work; 2 = part-time work/seasonal/temporary; 3 = unemployed/disabled/retired/student/stay at home parent/other)	Yes	No
Baseline Scores on each outcome measure	The corresponding baseline score was covaried in each test of the outcome (FES Conflict, RDAS Total, PAS Closeness to Children, Economic Stability/Ability to Reduce Debt) (To calculate the baseline outcome variable covariate for impact analyses of couple-level data, the baseline score of each member of the couple was averaged, and this score was covaried for the couple. When baseline outcome data was only available for one member of the couple, this was used as the value for the couple in order to minimize the effects of missing data.)	Yes	Yes

Notes: Each analysis of each primary research question used all listed demographic variables as covariates, along with the corresponding baseline measure for the outcome.

Table V.3. Post-intervention estimated effects using data from individuals and couples who completed baseline and 26-week follow-up measures

Outcome measure	Intervention mean or % (standard deviation)	Comparison adjusted mean or % (standard deviation)	Intervention compared to comparison mean difference (p-value of difference)	Effect size
Analysis of Individuals				
FES Conflict – Relationship Domain	2.2 (1.9)	2.5 (2.2)	0.3 (p=.215)	.146
RDAS Total – Relationship Domain	51.9 (9.9)	48.4 (12.7)	3.8 (p=.074)	.271
PAS Closeness to Children – Parenting Domain	60.3 (5.4)	56.3 (11.2)	3.5** (p=.002)	.354
Economic Stability: Ability to Decrease Debt	3.8 (1.1)	3.5 (1.2)	0.2 (p=.095)	.208
Sample Size (FES)	95	118	NA	NA
Sample Size (RDAS)	48	57	NA	NA
Sample Size (PAS)	102	103	NA	NA
Sample Size (Economic Stability)	104	119	NA	NA
Analysis of Couples				
FES Conflict – Relationship Domain	2.3 (1.8)	3.0 (1.6)	0.7** (p=.007)	.438
RDAS Total – Relationship Domain	50.2 (9.2)	47.6 (9.9)	2.6 (p=.092)	.263
PAS Closeness to Children – Parenting Domain	59.3 (6.9)	58.0 (7.1)	1.3 (p=.356)	.183
Economic Stability: Ability to Decrease Debt	4.1 (0.7)	3.8 (0.9)	0.3 (p=.067)	.333
Sample Size (FES)	60	57	NA	NA
Sample Size (RDAS)	55	57	NA	NA
Sample Size (PAS)	56	45	NA	NA
Sample Size (Economic Stability)	60	57	NA	NA

***/**/* Differences are statistically significant at the .001/.01/.05 levels, respectively.

Notes: Columns two and three contain the estimated marginal means for each outcome measure. Effect sizes are calculated by dividing the differences in adjusted means by the standard deviation of the comparison group. The sample size used in each row of the analysis is based on the individuals or couples who completed both the baseline and follow-up measure for each row.

VI. DISCUSSION

The goals of this grant initiative were to help individuals and couples improve their relationship skills, parenting skills, and their path toward economic stability and mobility. The HFHC program provided comprehensive healthy relationship and marriage education services, as well as job and career advancement activities to advance economic stability and improve family well-being.

The intervention in this study sought to test a model to improve family functioning comprehensively by offering relationship and parenting education classes, case management services, employment and housing services, and referrals to behavioral health services. The underlying premise of HFHC's intervention program is that the combination of improving the family's financial stability, working on the parental relationship, and learning how to become better parents should have the best outcomes in both financial and familial stability. Therefore, the main hypotheses were that participants assigned to the HFHC program would have meaningful improvements in marriage/relationship skills, parenting/co-parenting skills, family functioning, adult and child well-being, and economic stability.

Based on the pattern of statistically significant findings, only one outcome measure attained significant results based on analyses of the individual-level data, and only one outcome reached significance based on analyses of the couple-level data. In both of these statistically significant results the pattern of results favored the intervention group, suggesting that the intervention was effective in these areas with individuals or couples, respectively.

Specifically, based on analyses of the individuals, the PAS Closeness to Children outcome measure was the only outcome to attain statistical significance ($p<.01$). The pattern of results and interpretation of the effect size indicates that the intervention group reported a greater degree of closeness to their children at 26-week follow-up than did the wait-list comparison group, with an effect size of .354 indicating medium-level, beneficial effects. Unfortunately, this outcome was only statistically significant in the sample of individuals, not with couples. This suggests that the intervention may improve parenting outcomes for single parents.

Based on analyses of couples, the FES-Conflict scale was the only outcome measure to attain statistical significance ($p<.01$). The pattern of results and interpretation of the effect size indicates that the intervention group reported smaller level of family conflict at the 26-week follow-up as compared to the wait-list comparison group, with an effect size of .438 indicating medium-level, beneficial effects. Unfortunately, this finding was not observed in the sample of individuals, just with couples. This suggests that the intervention may be effective in reducing family conflict among couples, but not with individuals who are single.

There are several limitations to this study with regard to how we measured economic stability. First, this study only used one item to measure this broad construct, as opposed to utilizing a multi-item scale with proven reliability and validity. Second, the economic stability measure is also limited in that it only examines the ability to reduce debt; although the study targeted those with a low income, it is possible that some participants did not have debt. Economic stability is a

multi-faceted construct that involves more than debt reduction. Future work should examine additional methods to operationalize and measure economic stability. An additional limitation of the study relates to the high levels of attrition across some of the study's analytic samples. Although we implemented aggressive strategies to collect follow-up data from participants, it sometimes proved difficult and thus compromised some of the study analyses due to high levels of overall and differential attrition.

In conclusion, this randomized controlled trial's findings suggest that the HFHC intervention has small to moderate, but positive, effects in strengthening relationship and parenting outcomes among low-income participants. The intervention was most effective in enhancing closeness with children among single parents, and it was also effective in reducing family conflict among couples. The HFHC intervention included family economic resources and supports through income and in-kind support programs, training and employment services, and offering information on relationship skills needed to be effective parents and partners. Participants may be able to find that the program serves as a gateway to get help for serious problems and may also increase the likelihood that participants will seek help later when they may face serious problems in their relationships.

VII. REFERENCES

Cummings, I. (2015). One of the worst cities for the poor? Try Sarasota. *Herald-Tribune*, 1-2.

Kingsley, D.E. (2007). *Preliminary Evaluation of the Quenching the Father Thirst Program*. Technical report.

Moos, R.H. & Moos, B.S. (2009). *Family Environment Scale Manual and Sampler Set: Development, Applications and Research*. Palo Alto, CA: Mind Garden, Inc.

Ortwein, M., & Guerney, B. (2004). *Love's Cradle Leader Guide, Part One: Building Strong Families through Relationship Enhancement*. Frankfurt, KY: IDEALS.

Schofield, T., Lee, R., & Merrick. M. (2013). Safe, stable, nurturing relationships as a moderator of intergenerational continuity of child maltreatment: A meta-analysis. *Journal of Adolescent Health, 53*, S32-S38.

Spanier, G.B. (1988). Assessing the strengths of the dyadic adjustment scale. *Journal of Family Psychology, 2*, 92–94.

U.S. Department of Health and Human Services (HHS, 2020). *Poverty Guidelines*. https:/aspe.hhs.gov/poverty-guidelines.

Wuest, J., Ford-Gilboe, M., Merritt-Gray, M., & Berman, H. (2003). Intrusion: The central problem for family health promotion among children and single mothers after leaving an abusive partner. *Qualitative Health Research, 13(5)*, 597-622.

VIII. APPENDICES

Figure A.1. Logic Model (or Theory of Change) for the Program

Logic Model of: Healthy Families/Healthy Children: Jewish Family & Children's Service of the Suncoast, Inc. (JFCS)

Assumptions: The Region needs services that address healthy relationships and healthy child development, improved skills and attitudes related to nurturing and responsible parenting, services that will improve knowledge of finances and/or improve economic self sufficiency in the target population, improved employment readiness skills and better job opportunities among the target population.

INPUTS	OUTPUTS			OUTCOMES	
Resources (What we invest)	Activities (Major things we do)	Participation (Who we reach-target audience)	Impact Indicators (Measuring Success)	Short Term (Quick results)	Long Term (Ultimate Impact)
-4 Case Managers -4 Family Educators -1 Program Director -1 Admin Assistant -1 Employment Specialist -1 Outreach and Recruitment Specialist -2 Local Evaluators -1 Evaluation and Performance Specialist -1 IT Specialist -Childcare Assistants -3 program support specialists -Recruitment expenses -Staff training -Office space & supplies -Meeting Rooms -Evaluation & performance measurement hardware (desktops, laptops, tablets w/headphones, hotspots) -Cell phones -Outreach expenses -Food for group sessions -Transportation to/from group sessions -Parenting manuals -MRES, MoneySmart, and Bridges Career Edge -Grocery, gas, bus passes -Food pantry access -Outcome measurement testing expenses -Data collection and analysis -Participant evaluation and performance measurement incentives -Agency donations of supervision, financial management, HR, development department assistance -Robust community partnerships (Domestic violence, child abuse, child welfare, employment, financial stability, food, community-wide referral system) - "Bridges Out Of Poverty" Staff training -Books for the parent/child literacy program	-Case management services -Work with community partners in providing participants with domestic violence, child maltreatment, legal, financial, and employment assistance. -Group MRES classes -MRES home visits -Group parenting classes -Financial education home visits -MoneySmart finance groups -2 CareerEdge supported employment "Bridges" cohorts per year (years 2-5) -GED/ESOL classes -Parent/child literacy program in English and Spanish -Subsidized childcare placements -Credit union membership -Food bank food distribution -Referrals for mental health, substance abuse, trauma-informed care -Assistance with applying for/receiving mainstream benefits - Housing specialist services (BSF or OMAP staff) -Oversight of all aspects of managing the grant -Data collection, analysis, reporting, and associated training -Work with funder's technical assistance providers "Bridges Out of Poverty" staff training	-Serve 324324 families/yr targeting low-income, unemployed or underemployed, individuals, couples, engaged couples, married couples (all age 18+), other low-income families & individuals, refugees, other migrants in Sarasota County and surrounding communities -324 families/yr will be screened and assessed to determine services required. -324 families/yr will be assigned to case managers. -324 families/yr will participate in Marriage and Relationship Education activities. -324 families/yr will be offered positive parenting activities. -324 families/yr will be offered financial education home visits (MoneySmart) and Bridges Employment curriculum -324 families/yr will receive employment plans and access to job training and career laddering activities. -324 families/yr will have access to free family law svcs -324 families/yr will have access to GED/ESOL classes, literacy program, subsidized childcare referrals, housing assistance, food bank, applying for mainstream benefits, behavioral health referrals (counseling, substance abuse, trauma-informed care) -service providers offer additional supports to participants -stakeholders throughout the region -All program staff will be provided "Bridges Out of Poverty" Training	-#families assigned to case managers -# families screened and assessed to determine services required -#families participating in MRES activities -#families participating in group parenting classes -#families participating in financial education home visits -# families participating in Bridges Employment program -#families receiving employment plans and access to job training and career laddering activities -#families with access to free family law services; food; transportation; grocery, gas, and baby supply vouchers. -# families receiving childcare subsidies, credit union assistance, CareerEdge services, GED/ESOL classes, literacy program, referrals for Behavioral Health; assistance with Mainstream Benefits -% of families satisfied with program services -#of days between family requesting participation and initial contact by case manager -Unit cost of services -Family/Direct Care staff ratio per quarter -Family retention rate -# families completing pre- and post- performance and outcome measures -# of Staff participating in "Bridges Out of Poverty" training Page 34	**Overall:** 324 families/yr screened and assesses to determine services required; 324 families/yr assigned to case managers;-324 families/yr have access to free family law services **Improved Healthy Relationship & Marriage Skills** -324 families/yr receive MRES services *Intervention vs. Control:* -Increased ability to work out conflicts with partner/spouse (DAS,perf., local measures) -Increased mutual trust and respect -Connections to a wide variety of community resources **Improved Parenting & Co-Parenting Skills** -324 families/yr have access to positive parenting classes and parent/child literacy program *Intervention vs. Control:* -Increased ability to work well together as parents (AAPI, perf. & local measures) -Increased closeness with children by both parents -Connections to a wide variety of community resources **Progress to Greater Economic Stability & Financial Literacy** -324 families/yr have access to financial education home visits and Bridges Out of Poverty curriculum -324 families/yr receive employment plans and access to job training and career laddering activities *Intervention vs. Control:* -Increased participant skill attainment (GED/ESOL, technical degree, etc.; perf. measures); Increased resumes and job applications prepared & submitted; Increased job applications prepared & completed (local evaluation measures); Relationship with reputable financial institutions; Improved knowledge of budgeting; Connections to community resources **Participant Retention** -85% of families will be satisfied or very satisfied with program services -Maximum of five days between family requesting participation and initial contact by case manager -Family/Direct Care staff ratio per quarter = 11:1 -Intervention condition family retention rate = 80% **Cost:** Unit service= $3,734	**Improved Family Functioning** -80% of families receiving MRES services will have improvement in marriage/relationship skills -80% of families receiving MRES services will report "improved family functioning" and associated signs (less arguing, etc.) **Improved Adult & Child Wellbeing** -80% of families receiving positive parenting and/or parent-child literacy program will demonstrate improved skills & attitudes related to nurturing & responsible parenting -100% of families receiving case management will have strong connections to a variety of community resources **Increased Economic Stability, Mobility, & Financial Literacy; Reduced Poverty** Of families receiving employment services: -85% will improve their employment readiness and/or situation 70% of participants will report increased confidence in looking for a job and/or obtaining a better job MoneySmart: -90% will have improved knowledge of finances -90% will improve their economic self sufficiency -30% will have a bank account -30% will increase credit score Of families receiving Bridges Employment, financial, and/or employment services: -80% will report having stable employment. 70% of families receiving employment services will report using a budget to plan for spending. 70% of families receiving employment services will report that it is easier to pay their bills. -75% of participants will report having stable housing.

B. Consort Diagram

Figure B.1. CONSORT diagram for couples July 2016-July 2020, for studies in which consent occurred before assignment

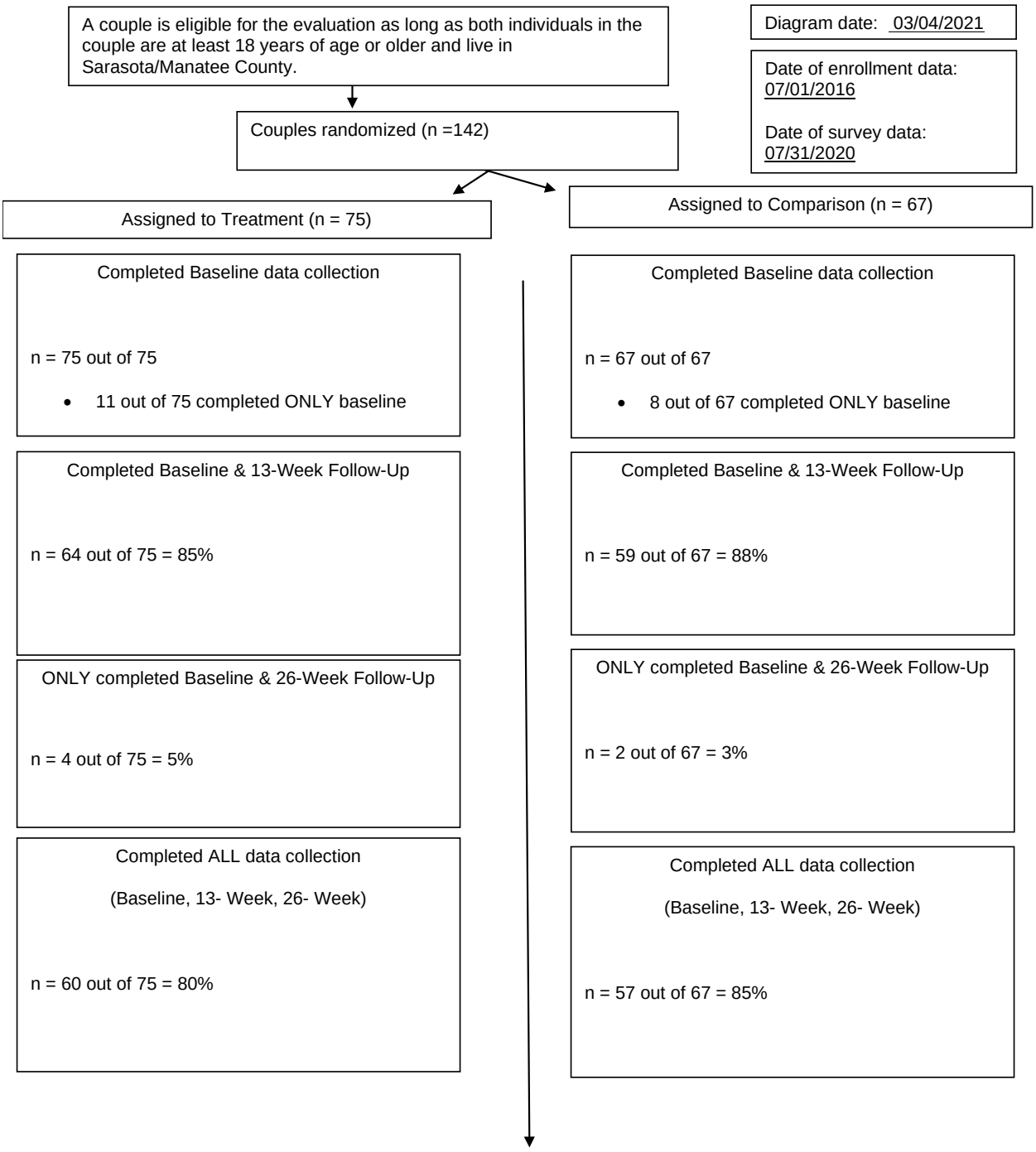
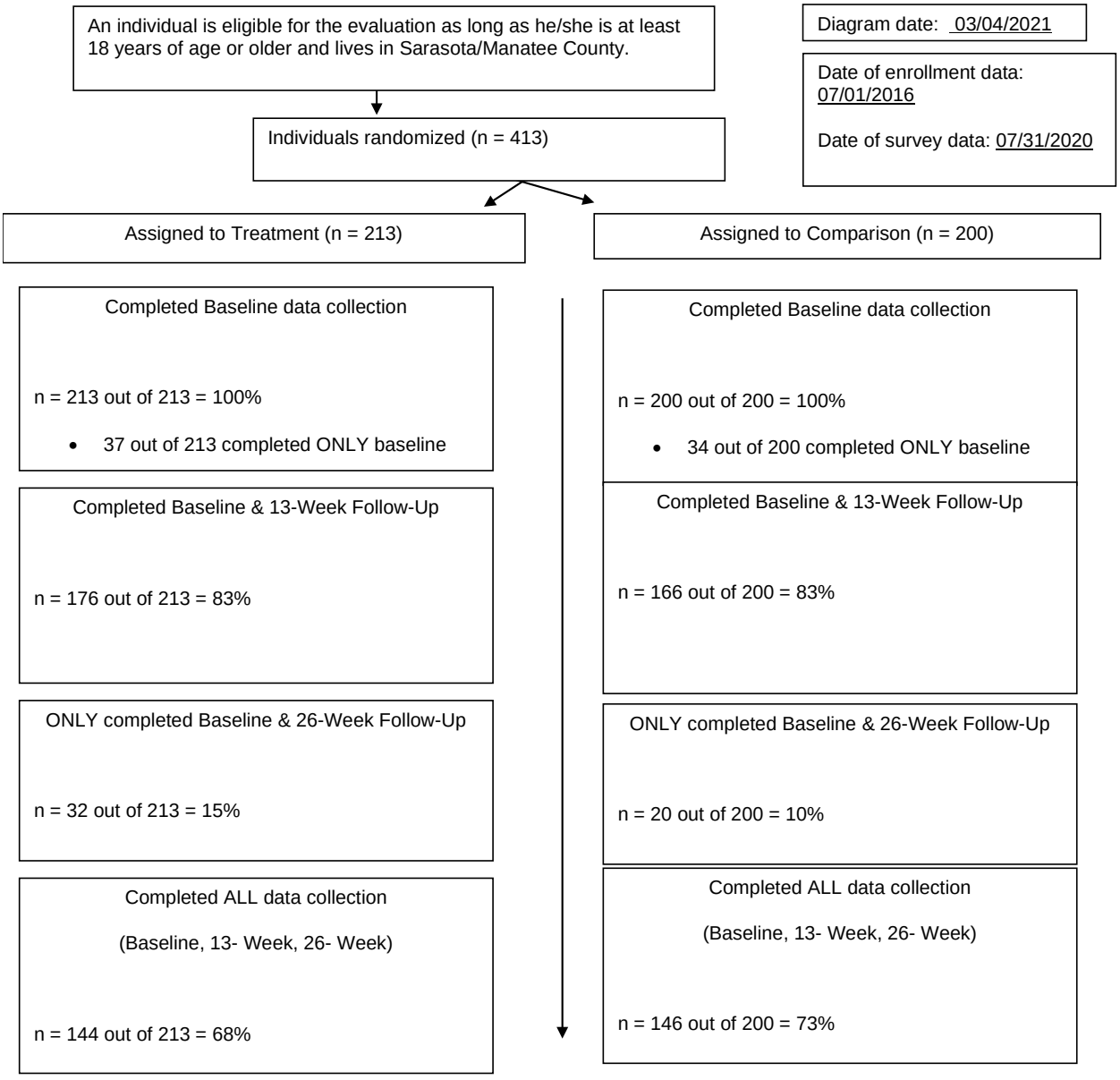


Figure B.2. CONSORT diagram for individuals July 2016-July 2020, for studies in which consent occurred before assignment



C. Attrition Rates and Baseline Equivalence of the RCT Design

Information on attrition is presented in the report Table IV.1A.

Information regarding the baseline equivalence of the analytic samples is presented for individual-level data in Tables C.1 through C.4; this information is presented for couple-level data in Tables C.5 through C.8. The report's narrative section describes these findings. Essentially there was only one significant difference between groups on the baseline measures and covariates, indicating that the random assignment procedure was overwhelmingly effective in creating comparable groups.

Table C.1. Individuals, Family Environment Scale (FES)-Conflict Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for individuals completing FES-Conflict Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Female (%)	89.5%	85.6%	3.9% (.417)	.058
Hispanic (%)	40.0%	30.5%	9.5% (.152)	.099
Race (%)			2.9% (.738)	.035
White	80.0%	77.1%		
Non-White	20.0%	22.9%		
Relationship Status (%)			12.4% (.069)	.126
Married or Committed Relationship	46.3%	33.9%		
Single, Separated, or Widowed	53.7%	66.1%		
Age (%)			(.132)	.138
18 to 34	38.9%	43.2%		
35 to 54	55.8%	44.9%		
55 and over	5.3%	11.9%		
Annual Income (%)			(.126)	.140
Under $15,000	31.6%	41.5%		
$15,000-$25,000	30.5%	33.1%		
Over $25,000	37.9%	24.4%		
Education (%)			(.896)	.032
Less than High School	22.1%	19.5%		
HS Diploma, GED, or Voc. Tech	32.6%	33.9%		
Some college or more	45.3%	46.6%		
Employment Status (%)			(.648)	.064
Full-Time	48.4%	44.9%		
Part-Time	28.4%	26.3%		
Unemployed / Other	23.2%	28.8%		
FES Conflict	2.98 (2.21)	3.38 (2.41)	0.40 (.211)	.166
Sample size	95	118	N/A	N/A

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

Table C.2. Individuals, Revised Dyadic Adjustment Scale (RDAS)-Total Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for individuals completing RDAS Total Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Female (%)	81.3%	89.5%	8.2% (.230)	.117
Hispanic (%)	54.2%	42.1%	12.1% (.218)	.120
Race (%)			0.6% (.936)	.008
White	85.4%	86.0%		
Non-White	14.6%	14.0%		
Relationship Status (%)			19.9% **(.026)**	.217
Married or Committed Relationship	81.3%	61.4%		
Single, Separated, or Widowed	18.8%	38.6%		
Age (%)			(.070)	.225
18 to 34	29.2%	49.1%		
35 to 54	64.6%	42.1%		
55 and over	6.3%	8.8%		
Annual Income (%)			(.116)	.203
Under $15,000	27.1%	43.9%		
$15,000-$25,000	27.1%	28.1%		
Over $25,000	45.8%	28.1%		
Education (%)			(.120)	.201
Less than High School	25.0%	15.8%		
HS Diploma, GED, or Voc. Tech	43.8%	33.3%		
Some college or more	31.3%	50.9%		
Employment Status (%)			(.594)	.100
Full-time	47.9%	45.6%		
Part-Time	27.1%	21.2%		
Unemployed / Other	25.0%	33.3%		
RDAS Total	47.1 (11.4)	45.7 (12.2)	1.4 (.536)	.115
Sample size	48	57	N/A	N/A

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

Table C.3. Individuals, PAS Closeness to Children Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for individuals completing PAS Closeness to Children Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Female (%)	90.2%	92.2%	2.0% (.606)	.036
Hispanic (%)	41.2%	35.0%	6.2% (.359)	.064
Race (%)			0.8% (.889)	.010
White	80.4%	79.6%		
Non-White	19.6%	20.4%		
Relationship Status (%)			8.2% (.231)	.084
Married or Committed Relationship	44.1%	35.9%		
Single, Separated, or Widowed	55.9%	64.1%		
Age (%)			(.734)	.055
18 to 34	37.3%	35.9%		
35 to 54	56.9%	55.3%		
55 and over	5.9%	8.7%		
Annual Income (%)			(.073)	.160
Under $15,000	32.4%	43.7%		
$15,000-$25,000	31.4%	34.0%		
Over $25,000	36.3%	22.3%		
Education (%)			(.761)	.052
Less than High School	23.5%	19.4%		
HS Diploma, GED, or Voc. Tech	33.3%	34.0%		
Some college or more	43.1%	46.6%		
Employment Status (%)			(.648)	.065
Full-time	51.0%	46.6%		
Part-Time	26.5%	25.2%		
Unemployed / Other	22.5%	28.2%		
PAS Closeness to Children	55.5 (12.7)	57.0 (11.4)	1.5 (.350)	.132
Sample size	102	103	N/A	N/A

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

Table C.4. Individuals, Economic Stability Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for individuals completing Economic Stability Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Female (%)	90.4%	84.9%	5.5% (.215)	.083
Hispanic (%)	39.4%	29.4%	10.0% (.116)	.105
Race (%)			1.4% (.802)	.017
White	77.9%	76.5%		
Non-White	22.1%	23.5%		
Relationship Status (%)			10.5% (.107)	.108
Married or Committed Relationship	43.3%	32.8%		
Single, Separated, or Widowed	56.7%	67.2%		
Age (%)			(.330)	.100
18 to 34	40.4%	42.9%		
35 to 54	52.9%	45.4%		
55 and over	6.7%	11.8%		
Annual Income (%)			(.210)	.118
Under $15,000	32.7%	41.2%		
$15,000-$25,000	31.7%	33.6%		
Over $25,000	35.6%	25.2%		
Education (%)			(.766)	.049
Less than High School	23.1%	19.3%		
HS Diploma, GED, or Voc. Tech	32.7%	32.8%		
Some college or more	44.2%	47.9%		
Employment Status (%)			(.622)	.065
Full-time	49.0%	46.2%		
Part-Time	28.8%	26.1%		
Unemployed / Other	22.1%	27.7%		
Economic Stability: Ability to Decrease Debt	3.5 (1.2)	3.5 (1.1)	0.0 (.921)	.109
Sample size	104	119	N/A	N/A

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

Table C.5. Couples, FES Conflict Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for couples completing FES-Conflict Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Age (%)			(.475)	.115
18 to 34	41.7%	52.6%		
35 to 54	55.0%	45.6%		
55 and over	3.3%	1.8%		
FES Conflict	3.84 (1.89)	3.54 (1.84)	0.30 (.376)	.163
Sample size	60	57	N/A	N/A

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests for categorical variables and t-tests for continuous variables. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

Table C.6. Couples, RDAS-Total Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for couples completing RDAS Total Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Age (%)			(.359)	.148
18 to 34	40.0%	54.4%		
35 to 54	56.4%	43.9%		
55 and over	3.6%	1.8%		
RDAS Total	44.8 (9.8)	47.1 (10.3)	2.3 (.228)	.223
Sample size	55	57	N/A	N/A

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests for categorical variables and t-tests for continuous variables. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

Table C.7-Couples, PAS Closeness to Children Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for couples completing PAS Closeness to Children Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Age (%)			(.999)	.040
18 to 34	39.3%	40.0%		
35 to 54	57.1%	57.8%		
55 and over	3.6%	2.2%		
PAS Closeness to Children	56.7 (7.4)	56.3 (10.9)	0.4 (.834)	.037
Sample size	56	45	N/A	N/A

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests for categorical variables and t-tests for continuous variables. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

Table C.8-Couples, Economic Stability Analytic Sample. Summary statistics of key baseline measures and baseline equivalence across study groups, for couples completing Economic Stability Measure at Baseline and 26-Week Follow-Up

Baseline measure	Intervention mean (standard deviation)	Wait-List Comparison mean (standard deviation)	Intervention versus comparison mean difference (p-value of difference)	Effect size
Age (%)			**(.179)**	**.170**
18 to 34	**41.7%**	**54.4%**		
35 to 54	**55.0%**	**45.6%**		
55 and over	**3.3%**	**0.0%**		
Economic Stability: Ability to Decrease Debt	**3.8 (0.9)**	**3.5 (0.9)**	**0.3 (.145)**	**.333**
Sample size	**60**	**57**	**N/A**	**N/A**

N/A = not applicable.

Notes: p-values represent two-tailed results from Fisher's Exact Tests for categorical variables and t-tests for continuous variables. Mean differences are reported as absolute values whereby negative numbers were converted to their corresponding positive number. Effect sizes for continuous variables are calculated by dividing the differences in means by the standard deviation of the comparison group. Effect sizes for categorical variables are Phi values.

D. DATA PREPARATION

Project records were reviewed for all instances in which data were identified as missing or out of range. Data entry errors were corrected when applicable. For instance, any missing or out of range values were identified by the local evaluators and hard copy data was compared to the entered data to resolve discrepancies.

To address missing data for multi-item study scales, we used mean imputation. Specifically, when calculating scale scores involving multiple items, we imputed the mean score for missing items when participants had no more than 20 percent of the items missing on a scale.

Additional missing data adjustments were also utilized when analyzing the couple-level data. We analyzed our couple-level study data such that each member of the couple's score on an outcome was averaged to produce one single score for the couple's score for the outcome. This was done for each of the outcomes measured. In cases where only one member of the couple provided data for the outcome, the member's score who provided data was used to represent the score for the couple (as opposed to averaging each member's score to arrive at one response per couple as was done when both members provided data on the measure).