

Descriptive evaluation of The Dads' Club in North County San Diego Final
Descriptive Evaluation Report for Vista Community Clinic

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Prepared by

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There are no conflicts of interest

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Structured Abstract: “A Descriptive Evaluation of The Dads' Club in North County San Diego

Background: The Dads' Club is a five-year program (September 30, 2015 to September 29, 2020) funded by the Administration for Children and Families and the U.S. Department of Health and Human Services Agency. The program aims to serve 800 low-income, multi-ethnic fathers and paternal caregivers living in North San Diego County with the goal of improving responsible parenting, healthy relationship skills, and economic stability.

Method: The primary intervention is education provided through a ten parenting workshop series using the *24/7 Dad: A.M.* curriculum. All participants receive up to one year of case management services, which includes an assessment of needs to develop the Fatherhood Goal Plan and a Work Readiness assessment for clients who need employment services. Case Managers develop participation and referral plans for program participants, refer them to program workshops covering parenting and healthy relationships, financial literacy, and make referrals for other services and resources based on identified needs. This was a single site study at Vista Community Clinic. During the evaluation period, 880 clients were enrolled in the program, 527 of whom completed 80% of the program and a post-survey, and were included in evaluation of outcomes at program exit. A sub-set of parenting and economic outcomes were evaluated six months post-program completion among those who completed 20% of the program. Participants displayed multiple risk characteristics including about two thirds earning less than \$500/month and having a history of substance abuse and almost three quarters having a criminal background. A process/implementation study focused on understanding client characteristics associated with program engagement and contextual factors in father-child interaction outcomes, and assured program quality and fidelity. The outcome evaluation assessed magnitude of change in father-child interaction and economic outcomes. It also determined how program components, workshop dosage and program support utilization, impacted program outcomes.

Results: Fathers experienced significant improvements in seven out of nine program outcomes, including recency of seeing their child, frequency of reaching out to their child, positive parenting practices, conflict resolution, buying things their child needed, paying bills, employment, and income from program entrance to exit ($ps < 0.05$). Of the four outcomes evaluated at six months post-exit, three of the four changed from program entrance to six months post-exit. Fathers talking to their child about what s/he did wrong decreased and buying things the child needed and paying bills increased. It was difficult to draw reliable conclusions about an association between program dosage and change in outcomes, because most participants received a high program dose. Program support utilization was associated with greater regular employment and higher income at program exit. Numerous client characteristics were associated with program support utilization. Few client characteristics were associated with workshop dose and the contextual factor examined (visitation rights) was independent of change in father-child outcomes ($ps > .05$). Program fidelity and satisfaction were high, assuring the quality of the program.

Conclusion: Fathers experienced significant improvements in factors essential for child and family wellness. Client engagement rates in the core 24:7 Dad A.M. program were high regardless of client characteristics. This speaks to the generalizability of the program and the ability to reach clients with a variety of diverse characteristics.

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Descriptive Evaluation of The Dad's Club in North County San Diego

I. INTRODUCTION

A. Introduction and study overview

The Dads' Club is a five-year program (September 29, 2015 to September 30, 2020) funded by the Administration for Children and Families and the U.S. Department of Health and Human Services Agency. The target population is 800 low-income, multi-ethnic fathers and paternal caregivers living in North San Diego County. The goal of the program is to improve responsible parenting, healthy relationship skills, and economic stability. The premise of the program is that assisting fathers to develop the skills and attain the resources needed to be a positive presence in their children's lives will cultivate the development of stable, healthy children. This is particularly necessary among low-income populations given that poverty correlates with father absence.

The primary service area for the Dads' Club program includes the cities of Oceanside and Vista in North County San Diego, with a combined population of over 260,000 persons. Of these residents, 36,000 are living in poverty; 33,000 adults never completed high school, and another 37,000 adults have no education beyond high school. Nearly 19,000 households have incomes under \$30,000. There are 9,000 single-parent households in the two cities, and nearly 75% of those are female-headed. National research suggests that Latino fathers are less likely to engage with their children (e.g., eat meals with them, read to them, and help them with homework) whether living with or apart from their children, and Latinos constitute 41% of the area population and 51% of the poverty population (Jones & Mosher, 2013). The program addresses the risks children face related to absent and/or poorly prepared fathers, with a focus on low-income fathers.

The local, descriptive evaluation includes a Process/Implementation and Outcomes evaluation. The Process/Implementation study examines program fidelity (i.e., was the program delivered with fidelity?), quality (i.e., how satisfied were participants with program components including staff, methods, workshops, and materials), and engagement (how did demographic characteristics vary among participants engaged in high, medium, and low doses of the program and utilization of program supports?). The first two research questions provide process measures to assure the integrity of program delivery. The second two research questions are expected to provide insight into factors affecting program outcomes which will be implicated as targets in future interventions.

The Outcomes Evaluation examines change in parenting, relationship, and financial responsibility outcomes. Magnitude of change from program entrance to program exit will be calculated, as will change from program entrance to six months post-exit. This will characterize

the amount of change that occurs in primary outcomes during the study, as well as how change is maintained over six months. The association between program dose and changes in parenting, relationships, and financial responsibility outcomes from program entrance to six months post-exit will be examined. This will provide insight into whether higher levels of programming are associated with improvements in outcomes over time. The role of program support utilization will be examined in relation to change in parenting, relationship, and financial responsibility outcomes from program entrance to exit. This will shed light on whether greater levels of supportive services are associated with improvements in program outcomes. Finally, a contextual variable will be evaluated to determine whether father-child interaction outcomes vary based on visitation rights.

Answering these research questions is expected to increase ACF's understanding of best practices in father-focused interventions designed to enhance family functioning and child well-being among vulnerable groups.

B. Description of the intended intervention

This section describes the intended intervention components, the intended content, planned dosage, intended delivery, target population, and education and training of staff to support the intervention components.

Intended Components

Parenting and Healthy Relationship Education- Provide Parenting and Healthy Relationship Education workshops utilizing the 24:7 Dad A.M. curriculum (10 workshops covering- 15 hours of education) to understand child development and child behavior, promotion of positive communication with partner, children, and other family members, setting of limits and use of non-violent discipline techniques, the importance of being an involved father, and reducing family conflict while enhancing family relationships. A minimum of 800 fathers will be offered the 24:7 Dad A.M. education over the 5 years of this program.

Financial Workshop- Provide financial literacy education covering budget, savings, repairing and building credit, checking account, earned income tax credit, and tax preparation (1 workshop- 2 hours of education).

Economic Mobility- Through the provision of case management provide support services towards employment, career advancement, job training, job skills development, resume enhancement, and job leads to obtain and maintain gainful employment. A minimum of 800 fathers will be offered this service over the 5 years of this program.

Comprehensive Case Management- Provide assistance and support through service coordination covering basic needs, behavioral health, employment, financial literacy, parenting and relationship workshops, domestic violence services, housing assistance, substance abuse treatment, child custody and visitation, and child support through the Dads' Club and the partnerships established. A total of 800 fathers will participate in case management services over the five years of this program.

Supplemental Workshops- Provide additional workshops utilizing the Within My Reach curriculum (10 workshops covering- 10 hours of education) to offer proactive strategies for respectful talking and listening, love and commitment, stress management, and opportunities in blended families. The series will be offered a minimum of twice annually.

Intended Content

The Dads' Club will utilize the 24:7 Dad A.M. curriculum to present the parenting and healthy relationship workshops. Topics presented to program participants will include: Family History, What it Means to be a Man, Showing and Handling Feelings, Men's Health, Communication, The Father's Role, Discipline, Children's Growth, Ages and Stages, Getting Involved, Working with Mom and Co-Parenting. Supplemental workshops will be provided at least once a year using the Within My Reach curriculum. Topics presented will include: The State of the Relationship, Healthy Relationships: What They Are and What They Are Not, Sliding vs. Deciding, Smart Love, Knowing Yourself First, Making Your Own Decision, Dangerous Patterns in Relationships, Where Conflicts Begin, Smart Communication, and the Speaker Listener Technique. Financial literacy education will include: budgeting, savings, repairing and building credit, checking account, earned income tax credit, and tax preparation. Resources provided include the 24:7 Dad A.M. workbook, the Within My Reach Workbook, the Employment Packet, and a personality assessment.

Planned Dosage

The 24:7 Dad A.M. is a five workshop series (10 lessons covered) with workshops occurring weekly for 3 hours each for a total of 15 hours. A financial workshop is provided as the 6th workshop in each series. This workshop is provided in 2 hours. The supplemental workshop using Within My Reach will include a five workshop series (10 lessons covered) with workshops occurring weekly for 2 hours each for a total of 10 hours. The Dads' Club has defined the core workshops to include, the 24:7 Dad A.M. workshops and the Financial Workshop for a total of 17 hours of education provided through workshops.

Intended Delivery

The 24:7 Dad A.M. Workshops are provided at the clinic locations and at agency partner locations. The workshops are presented by the Workshop Facilitator. Each Case Manager will provide individual sessions as needed. The Case Management consultations are completed through home visits, agency visits, or by phone consultations. The consultations are provided by each Case Manager.

Target Population

VCC intends to serve a diverse group of fathers between the ages of 16-24 who are low-income or impoverished and largely Latino in the North San Diego County (see Table I.1). VCC will reach out to all fathers. This includes fathers on probation, with a child welfare case, with child support challenges, teen fathers, those in substance abuse recovery, and fathers who want to learn about parenting and healthy relationships.

Table I.1. Description of intended intervention components and target populations

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Parenting & Relationship skills workshops	24/7 Dad AM curriculum: father role, children's growth, positive discipline, getting involved, co-parenting, understanding partner's perspectives; avoiding destructive conflict; and communicating effectively	15 hours, with 3-hour sessions occurring weekly	Group lessons provided at the intervention's facilities by two trained facilitators in every session	Low-income fathers with a child 0-18 years of age
Financial literacy workshops	budgeting, savings, repairing and building credit, checking account, earned income tax credit, and tax preparation	Provided as workshop #6 in the series and as a 2-hour workshop	Workshops are provided by one facilitator in the same setting and component as the 24/7 Dad AM workshops	Low-income fathers with a child 0-18 years of age
Case Management	Elements of Case Management: provide assistance with accessing services and resources as defined by the needs assessment and documented in the client goal plan and other documents in the client chart.	Consultations are provided bi-weekly or as needed	Case Management is provided as an individual session scheduled by the case manager and offered as a home visit, field visit, or phone call	Low-income fathers with a child 0-18 years of age
Economic Mobility	Job Readiness Assessment: identify if client is ready for employment, promotion, or higher education.	The Job Readiness Assessment is completed at entry or as needed	Job Readiness Assessment is provided during an individual client session with the Case Manager	Low-income fathers with a child 0-18 years of age who are unemployed or under-employed

Education and training of staff

All new team members will have a Bachelor's degree in a related field such as Psychology, Social Work, Child Development, Sociology, Public Health, Criminal Justice, or other related fields. Some members of the team will be bi-cultural, bi-lingual, and have related experience in providing education to a group and individuals, case management, case work documentation, and program evaluation.

All new team members will complete trainings covering comprehensive case management, the 24:7 Dad A.M. curricula, the Within My Reach curricula, research ethics and compliance training (CITI), domestic violence, child maltreatment, mental health first aid, food handlers card, food rescue training, CPR, CalFresh (SNAP) training, conflict resolution, trauma-informed care, Excel, the program evaluation plans, the program database, reporting, tracking, outreach, and collaborating with partner agencies. The team will also participate in the webinars provided by Healthy Marriage Responsible Fathers and other partnering agencies as available.

Table I.2. Staff training and development to support intervention components

Component	Education and initial training of staff	Ongoing training of staff
Parenting & Relationship skills workshops	Facilitators are male and female and hold at least a bachelor's degree and received a month of initial training before they can present a workshop. Initial Training: new employees will complete the 24/7 Dad AM and the Within My Reach curriculum training provided by the curricula developer. New employees will be scheduled to observe a co-worker deliver the workshop series two times.	Review and refresher training in the intervention's curricula is provided by the Program Supervisor at least once a year. In addition, co-workers will complete peer reviews by observing a facilitator present these workshops, complete the curricula fidelity tool designed, and review recommendations with facilitator. The Program Supervisor will monitor the peer reviews and schedule additional training as necessary.
Financial literacy workshops	Facilitators are male and female and hold at least a bachelor's degree and received a month of initial training before they can present a workshop. Initial Training: the Program supervisor will review the presentation slides with new employees. New employees will be scheduled to observe a co-worker deliver this presentation three times.	Facilitators are trained using the material designed for the financial workshop. The Program Supervisor will review and provide refresher training for this class at least once a year. In addition, co-workers will complete peer reviews by observing a facilitator present this class, complete the fidelity tool designed, and review recommendations. The Program Supervisor will review these peer reviews and schedule additional training if necessary.
Case management	Facilitators are male and female and hold at least a bachelor's degree and received a month of initial training before they are assigned a caseload. New employees are trained by the Program Supervisor covering case management protocol, chart documents, reporting requirements, and data tracking. Additional training includes child maltreatment, HIPAA, domestic violence, motivational interviewing, case management, and trauma informed approach.	Case Managers receive refresher training in case management from the Program Supervisor. This training will be defined by the results of the quarterly chart audits completed. Employees are also scheduled for training opportunities offered by program partners related to case management.
Economic Mobility	Case Managers are male and female and hold at least a bachelor's degree and received at least a month of initial training before they are assigned a case. Initial Training: the Program Supervisor will review the Work Readiness Assessment, plan development, and available resources to support clients through higher education, employment, or promotion.	Case Managers receive refresher training in economic mobility from the Program Supervisor. This training will be defined by the results of the quarterly chart audits completed.

II. PROCESS/IMPLEMENTATION STUDY

There are three process/implementation research questions. One question is designed to provide insight into factors affecting program outcomes which may be implicated as targets in future interventions. This question is about engagement (how did demographic characteristics vary among participants engaged in high, medium, and low doses of the program and utilization of program supports?). Two questions assess the integrity of program delivery. These questions are about program fidelity (i.e., was the program delivered with fidelity?) and quality (i.e., how satisfied were participants with program components including staff, methods, workshop, and materials).

A. Research questions

The three process/implementation research questions are provided below. These are exploratory questions to increase understanding of best practices in father-focused interventions designed to enhance family functioning and child well-being among vulnerable groups.

1. How did demographic characteristics vary among participants engaged in high, medium, and low doses of the program and utilization of program supports?
2. How satisfied were participants with program components including staff, methods, workshops, and materials?
3. Was the program delivered with fidelity?

Table II.1. Research questions for each implementation element

Implementation element	Research question
Fidelity	<ul style="list-style-type: none"> • Was the program delivered with fidelity?
Quality	<ul style="list-style-type: none"> • How satisfied were participants with program components including staff, methods, workshops, and materials?
Engagement	<ul style="list-style-type: none"> • How did demographic characteristics vary among participants engaged in high, medium, and low doses of the program and utilization of program supports?

B. Study design

1. Sample formation

The California State University San Marcos Institutional Review Board approved the study and data collection plans initially on 2/24/16 and subsequently on 2/6/17, 2/18/18, 2/13/19, and 1/29/20. Eligibility requirements included being a father or paternal caregiver to a child 0-18 years of age, speaking English or Spanish, and being willing to attend the program's core parenting workshop. Every participant with relevant data will be included in the sample for Research Question 1. Participants who completed at least eight Core 24/7 workshops will form the sample for Research Question 2. There is no participant-level data for Research Question 3.

As shown in Table II.2., participants in the implementation/process study (N = 527) resembled the full sample of enrolled participants (N = 880). Approximately half the fathers were ≤ 18 -34 years of age and Hispanic, which approximated the target population. Participants displayed

multiple risk characteristics. Approximately a quarter had less than a high school education, nearly two thirds earned less than \$500/month, a third had a history of a mental health diagnosis, about two thirds had a history of substance abuse, almost three quarters had a history of criminal involvement, about half had a history of unstable relationships, and they had a history of numerous traumatic experiences.

Table II.2. Key characteristics of participants in implementation/process study

Characteristic	All participants	80% program completers + matched sample
Age (%)		
<18-34	51.6	51.4
35 and older	48.4	46.6
Ethnicity (%)		
Hispanic	53.7	55.6
Non-Hispanic	46.3	44.4
Education (%)		
Less than high school	28.2	27.8
Income (%)		
< 500/month	63.5	62.5
Health insurance (% no)	27.2	25.2
Disabled (% yes)	14.9	13.9
Mental health (%) ^a		
History of diagnosis	35.7	35.7
Substance abuse (%)		
History of issue	67.8	67.1
Criminal involvement ^b		
History of issue (% yes)	73.7	73.2
Unstable relationship ^c (%)		
History of issue	51.8	52.4
Traumatic event history ^d (M)		
Number of events	2.7	2.6
(0-12 range)		
Relationship status (%)		
In a relationship	49.0	50.4
Sample size	880	527

^aMental health history: self-reported diagnosis of schizophrenia, depression, anxiety, or PTSD

^bCriminal history: self-reported currently on probation or parole, pending or prior misdemeanors, or pending or prior felonies

^cUnstable relationship history: self-reported current or prior involvement with CWS/CPS, restraining order with MOC, history of violence, or pending or recent domestic violence case

^dSummary of traumatic life events endorsed using Foa, E. B., Riggs, D. S., Dancu, C. V., & Rothbaum, B. O. (1993). Reliability and validity of a brief instrument for assessing posttraumatic stress disorder. *Journal of Traumatic Stress*, 6, 459-473; ^{1, 2} shared numbers reflect significant differences

None of the variables in Table II.2. were statistically different between all participants and the analytic sample (see Appendix Table D.1.). This means that those in the analytic sample are representative of all who enrolled and the study results are unlikely biased by under- or over-representation of participants with any characteristics which may influence results.

As shown in Appendix B, the majority of non-Hispanic participants were white (62.6%), followed by African American (18.1%), more than one race (8.7%), American Indian or Alaskan Native (7.0%), Asian (2.6%), and Native Hawaiian or Other Pacific Islander (1.0%).

2. Data collection

Participants enrolled from July 11, 2016 to February 1, 2020 were included in the final dataset. New participants call the Program Supervisor (PS) to complete a phone screening. Once the phone screening is completed, the PS invites the client to a workshop to complete the enrollment packet. The packet includes an enrollment form, Vista Community Clinic consent form, California State University San Marcos consent form, a media release, and four surveys (nFORM Applicant Characteristics Survey, nFORM Pre-Program Survey for Community-Based Fathers, a Post Traumatic Stress Disorder Symptom Scale, and a Survey of Parenting Practices survey). Table II.3. includes information on the data source corresponding with each implementation element research question, the timing of data collection, and the party responsible for data collection. Participants receive a \$10 gift card incentive for completing the program's core parenting workshop series and for finishing the nFORM Post-Program Survey for Community-Based Fathers.

Table II.3. Data used to address process/implementation research questions

Implementation element	Research question	Data source	Timing/ frequency of data collection	Party responsible for data collection
Engagement	How did demographic characteristics vary among participants engaged in high and low doses of the program and utilization of program supports?	Screening form entered into Excel	Once at screening	Program staff
Engagement	How did demographic characteristics vary among participants engaged in high and low doses of the program and utilization of program supports?	Applicant Characteristics Survey entered in nFORM	Once at enrollment	Program staff
Engagement	How did demographic characteristics vary among participants engaged in high and low doses of the program and utilization of program supports?	Traumatic Stress Exposure survey in Survey Monkey	Once at enrollment	Program staff
Engagement	How did demographic characteristics vary among participants engaged in high and low doses of the program and utilization of program supports?	24:7 Dad A.M. Workshop sessions entered in nFORM	Every workshop session	Program staff

Implementation element	Research question	Data source	Timing/ frequency of data collection	Party responsible for data collection
Engagement	How did demographic characteristics vary among participants engaged in high and low doses of the program and utilization of program supports?	Supportive services entered in the internal database	Ongoing throughout program	Program staff
Quality	How satisfied were participants with program components including staff, methods, workshops, and materials?	Local program satisfaction survey entered in Survey Monkey	Once at program exit	Program staff
Fidelity	Was the program delivered with fidelity?	Workshop activities and learning objectives checklist on paper forms entered into SPSS Observer workshop rating form on paper entered into SPSS	Once per series per workshop location (about 3/month) for workshop facilitator observation Once per month for case manager	Program staff

3. Data preparation and measures

Engagement with the program was studied by evaluating whether client characteristics varied among participants engaged in various doses of the program. Program dosage was operationalized based on attendance of the Core 24:7 Dad A.M. workshop series. The ten session workshop series was divided into low dosage (0-3 workshops), medium dosage (4-7 workshops), and high dosage (8-10 workshops). The association between client characteristics and utilization of program support services was also studied. Five separate domains of program support were evaluated and quantified as follows. Financial workshop attendance was dichotomized as yes or no. Food pantry utilization was frequency of food pantry visits. Transportation voucher utilization was measured in two ways: frequency of transportation vouchers provided and monetary value of transportation vouchers provided. Supportive service utilization was measured in two ways: frequency of supportive services provided and monetary value of supportive services provided. Case manager provided workshops was frequency of one on one workshops with a case manager, which was an accommodation when group workshops were missed.

Program quality was measured through a program satisfaction survey. This was a 41-item program-created inventory assessing satisfaction with five domains of the program including case manager (13 items), workshop facilitator (11 items), workshops (9 items), program methods (5 items), and program materials (3 items). Response options ranged from 1 (strongly disagree) to 4 (strongly agree). Higher scores reflect higher program satisfaction. Cronbach's alpha for the 41-items was .995.

Program fidelity was measured through three program-developed instruments, a workshop fidelity checklist, an independent observer rating scale, and a participant rating form. A fidelity checklist was developed for each Core 24:7 Dad A.M. workshop module containing the

prescribed activities and learning objectives. The workshop facilitator completed the checklist and the evaluator calculated the percent of workshop activities covered. This was defined as the total number of activities endorsed as completed divided by the total number of activities prescribed within the workshop. The evaluator calculated the percent of workshop learning objectives met using the total number of learning objectives endorsed as met divided by the total number of learning objectives within the workshop. The observing rating scale contained ten questions rated on a four point scale, ranging from 1, strongly disagree to 4, strongly agree. Cronbach's alpha for the workshop quality scale was 0.92. The client rating scale contained four questions about the quality of the workshop, rated on a five point scale, ranging from 1, strongly disagree to 5, strongly agree. Cronbach's alpha for the client rating scale was 0.96. Table II.4. contains information on the measures used to address each implementation research question.

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

Implementation element	Research question	Measures
Engagement	How did demographic characteristics vary among participants engaged in high and low doses of the program and utilization of program supports?	<ul style="list-style-type: none"> • Mental health history: yes/no to self-reported diagnosis of schizophrenia, depression, anxiety, or PTSD • Substance abuse history: yes/no to self-reported history of substance abuse • Criminal history: yes/no to self-reported currently on probation or parole, pending or prior misdemeanors, or pending or prior felonies • Unstable relationship history: yes/no to self-reported current or prior involvement with CWS/CPS, restraining order with MOC, history of violence, or pending or recent domestic violence case • Age (< 18-34/ ≥ 35) • Ethnicity (Hispanic/non-Hispanic) • Highest degree (< GED or high school/ ≥ high school [GED, high school diploma, vocational/technical certification, some college but no degree completion, Associate's degree, Bachelor's degree, Master's degree/Advanced degree]) • Income (< \$500/month/ ≥ \$500/month) • Health insurance (yes/no) • Disability (yes/no) • Number of traumatic life events endorsed using Foa, Riggs, Dancu, & Bathbaum (1993) brief instrument for assessing posttraumatic stress disorder (0-12 range) • Dosage levels defined as low (0-3), medium (4-7), and high (8-10) 24:7 Dads A.M. workshops completion • Five separate domains of program support utilization measured including financial workshop attendance (yes/no), number of times used food pantry, number of times used transportation voucher use, number of times used supportive services, and number of times case manager delivered workshop

Implementation element	Research question	Measures
Quality	How satisfied were participants with program components including staff, methods, workshops, and materials?	<ul style="list-style-type: none"> Summative scores on five domains (of a 41-item inventory) and total satisfaction score, ranging from 1 to 4. Domains include case manager (13 items), workshop facilitator (11 items), workshops (9 items), program methods (5 items), and program materials (3 items) Total program satisfaction score is the sum of 41-items
Fidelity	Was the program delivered with fidelity?	<ul style="list-style-type: none"> Percent of workshop activities covered, calculated as the total number of activities endorsed as covered by the fidelity assessor during the workshop divided by the total number of activities prescribed within the workshop Percent of workshop learning objectives met, calculated as the total number of learning objectives endorsed as met by the fidelity assessor during the workshop divided by the total number of learning objectives within the workshop Average observer rating on a 1-4 scale

C. Findings and analysis approach

The Dads' Club provides comprehensive case management and supportive services to fathers and paternal caregivers of a child between 0 and 18 years of age in North County San Diego. The primary intervention was Parenting and Healthy Relationship Education through workshops. The process/implementation evaluation focuses on: 1) identifying client characteristics associated with varying levels of program engagement, 2) identifying satisfaction levels of program participants, 3) documenting consistent program delivery, and 4) determining whether father-child interaction outcomes vary based on visitation rights. Analytical methods are available in Appendix B.

1. How did demographic characteristics, including age, race/ethnicity, education, income, health insurance, disability, mental health history, substance abuse history, criminal history, unstable relationships history, and traumatic stress exposure, vary among participants engaged in high, medium, and low doses of the program and utilization of program supports?

a. Key findings

Most demographic characteristics did not vary among participants engaged in high, medium, and low doses of the program. In contrast, most client characteristics were associated with utilization of program support services. Education and income were the most frequent correlates of program support utilization.

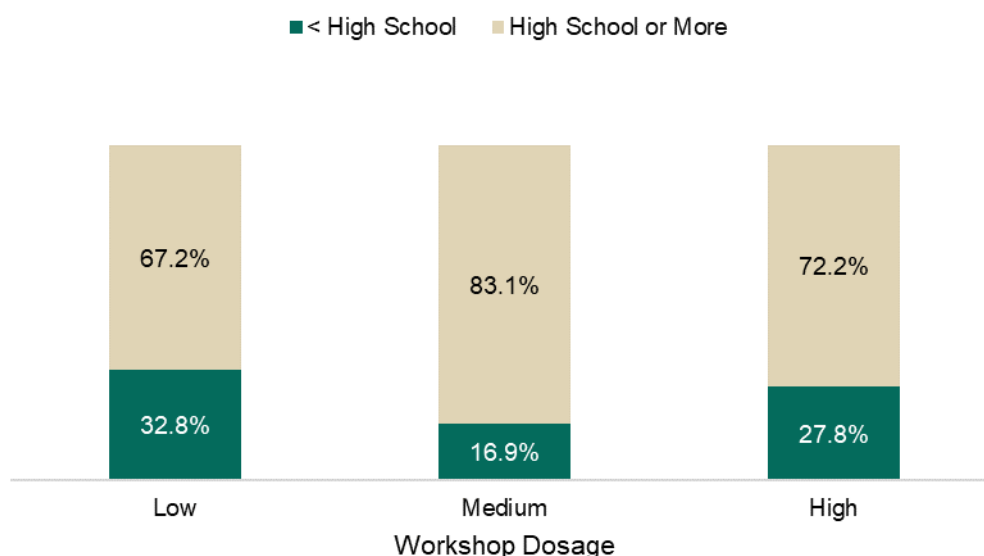
Client characteristics and dosage levels

Few client characteristics were associated with program dose (see Appendix Table B.2.). This means that workshop attendance was largely independent of client characteristics. The two characteristics that were associated with workshop attendance were education and substance

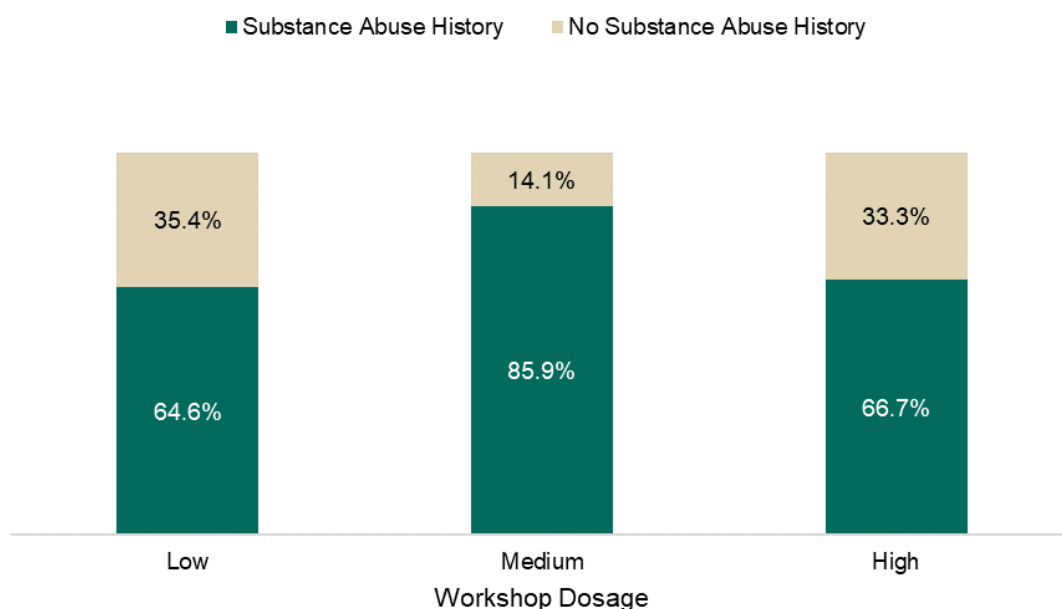
abuse history. Although these findings were significant, other factors could have influenced the results. Therefore, future research is recommended to understand if having less than a high school education and a history of substance abuse are barriers to workshop attendance and to identify strategies to address these potential attendance barriers. Qualitative interviews and focus groups with program staff and participants could also help shed light on these barriers.

As shown in Figure II.1., fathers with less than a high school diploma or GED were more likely to be in the low workshop dosage group than those with more than a high school education: the highest quantity of those with less than a high school education was in the low workshop dosage group (32.8%), proportional to those with a high school education or more. It is possible that this finding is an artifact of the sample distribution given that those with less than a high school education composed 28.2%, a small proportion of the overall sample.

Figure II.1. Less education associated with low workshop dosage



As shown in Figure II.2., those with a substance abuse history were more likely to have a medium workshop dosage than those with no substance abuse history: the highest quantity of those with a substance abuse history was in the medium workshop dosage group (85.9%), proportional to those with no substance abuse history. It is possible that this finding is an artifact of the sample distribution given that those with a substance abuse history composed 67.7%, a greater proportion of the overall sample.

Figure II.2. Association between substance abuse history and medium workshop dosage

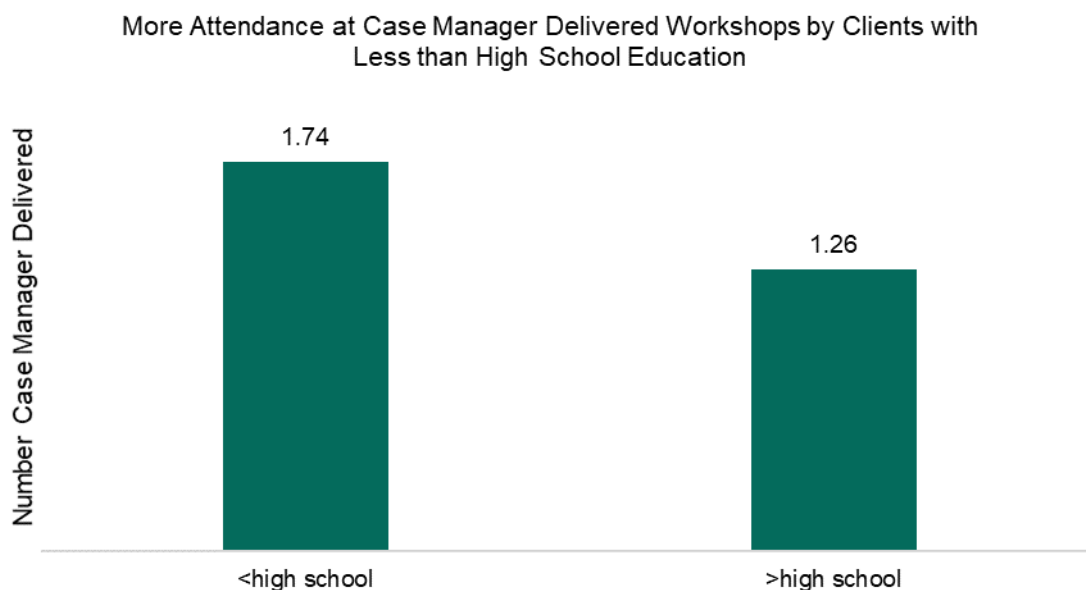
Client characteristics and utilization of program supports

Education and income were the most frequent correlates of program engagement. The observed direction of the associations suggested that clients with lower education and income may have been particularly in need of program support, and results suggest that those who needed support the most received it. Future research is recommended to determine the reasons that lower education and lower income were generally associated with greater program support utilization. Future programs may forecast greater allocation of case manager time and spending on those with less than a high school education and who earn less than \$500/month. Additionally, there was one domain of program support (financial workshop attendance) in which less education was associated with lower utilization. Surveys/focus groups/interviews with lower-income individuals and those with less than a high school education could shed light on these findings. Qualitative interviews and focus groups with program staff and participants could also help shed light on these findings. Appendix Table 2 displays additional client characteristics associated with utilization of one or more of the five program support services.

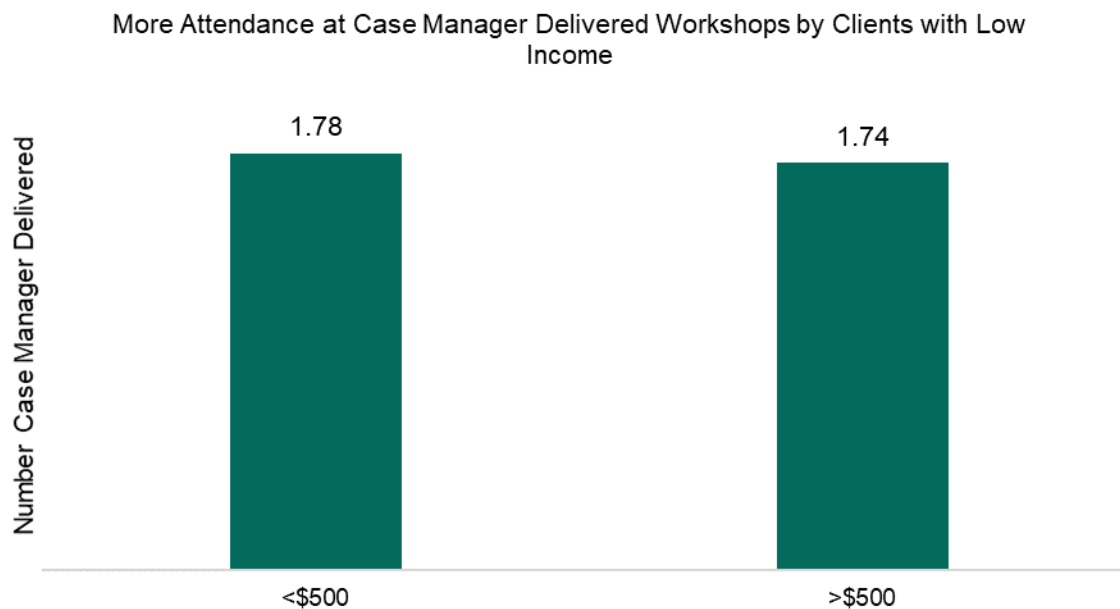
More Case Manager-Delivered Workshops among those with Less Education and Lower Income

Fathers with less education and lower income attended more case manager-delivered workshops, on average, than those with more education.

As shown in Figure II.3., more attendees at case manager delivered workshops had less than a high school education. The average number of case manager-delivered workshops among those with less than a high school education was 1.74 compared to 1.26 among those with a high school education or more.

Figure II.3. Association between case manager-delivered workshops and less education

As shown in Figure II.4., more attendance at case manager delivered workshops was by clients with lower income. The average number of case manager-delivered workshops among those who earned less than \$500/month was 1.78 compared to 1.74 among those who earned \$500 or more/month.

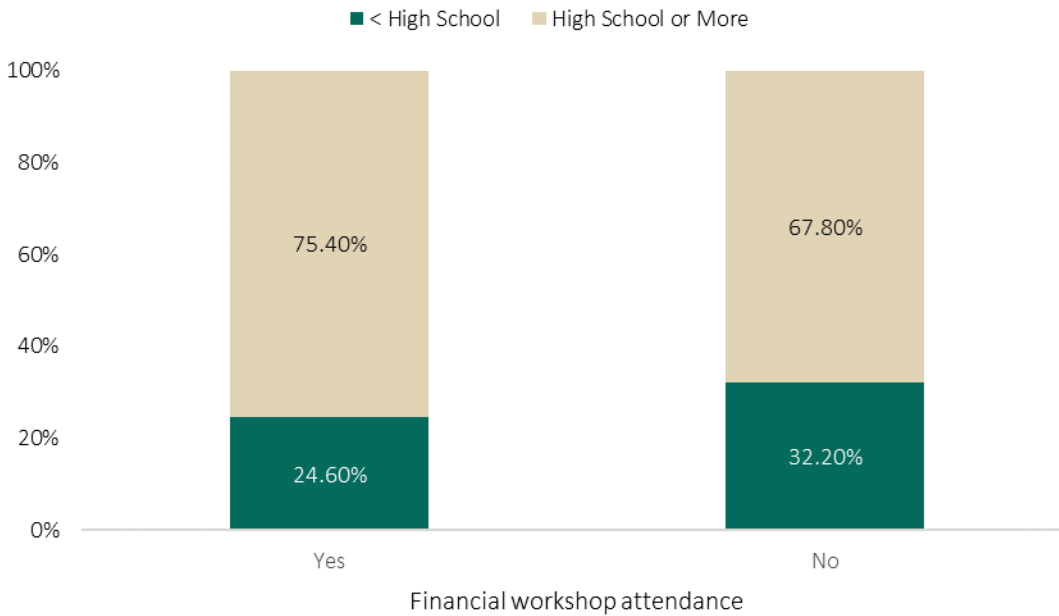
Figure II.4. Association between case manager-delivered workshops and lower income

Case manager-delivered workshops are a supportive service offered when group workshops are missed. Therefore, higher case manager-delivered workshops reflect missed group workshops.

Financial Workshop Attendance

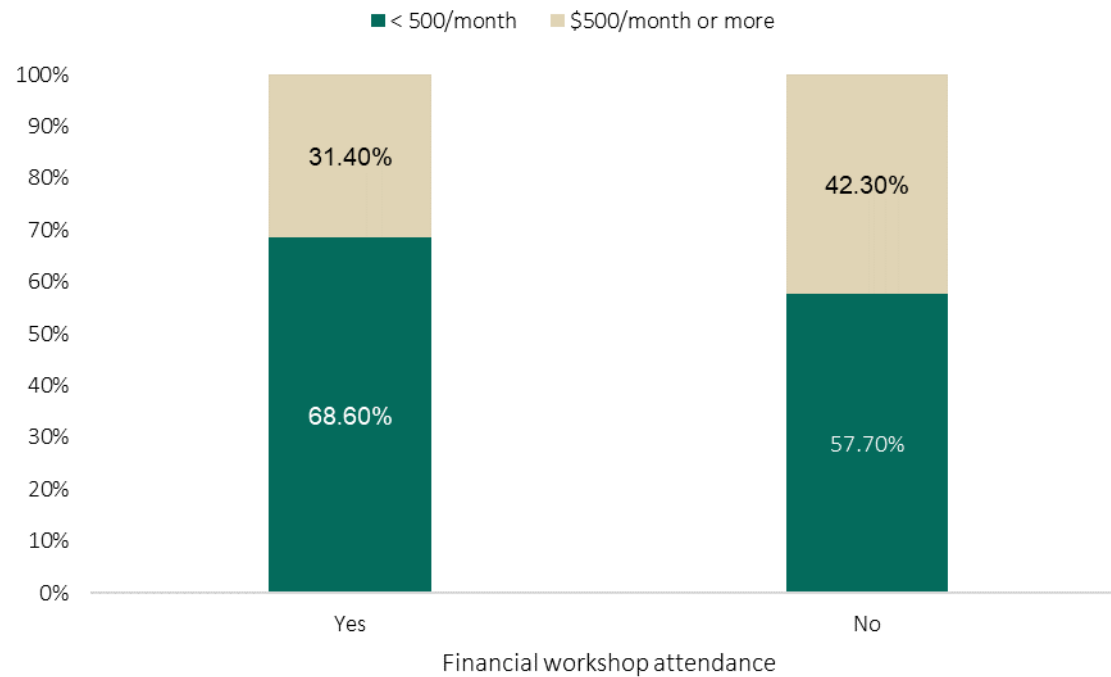
Those with less education (< high school) had lower financial workshop attendance. As shown in Figure II.5., those with less than a high school education had higher rates of not attending the financial workshop than those with more education: 32.2%.

Figure II.5. Lower education associated with less financial workshop attendance



Those with lower income (< \$500/month) had higher financial workshop attendance. As shown in Figure II.6., those who earned less than \$500/month had higher rates of attending the financial workshop (68.6%) than those who earned \$500 or more/month. Those with lower incomes may have been particularly motivated to receive economic-related programming, such as a financial workshop.

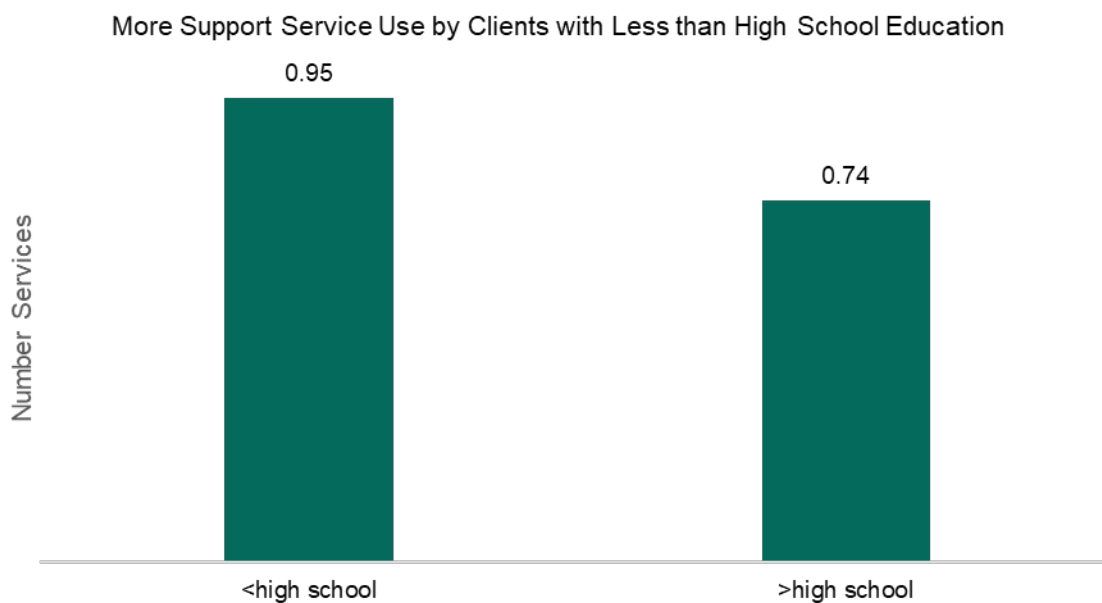
Figure II.6. Association between lower income and financial workshop attendance



More Supportive Services among those with Less Education and Income

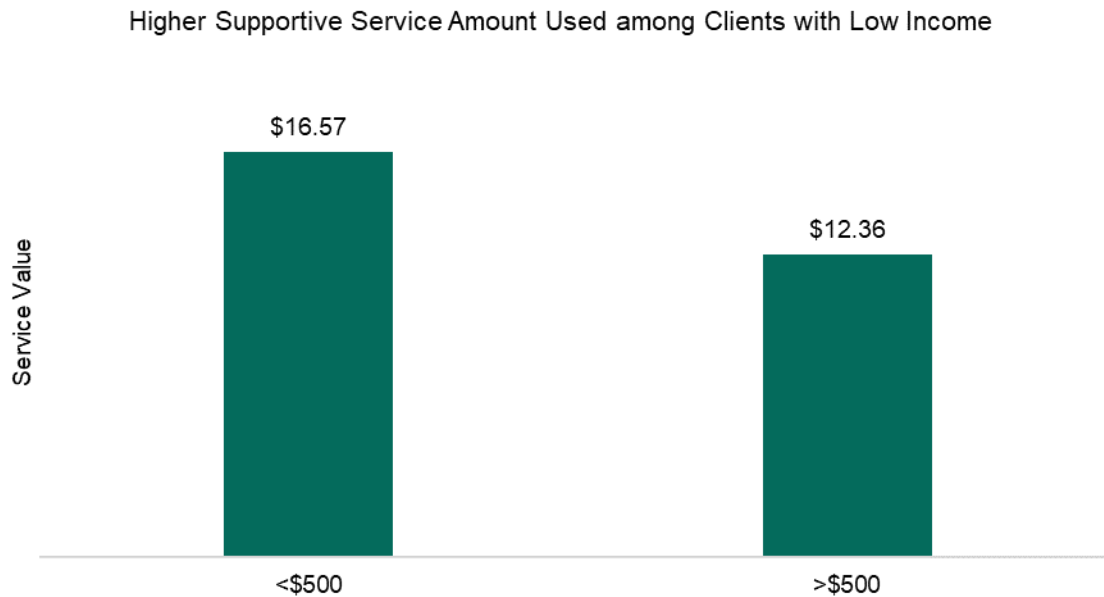
As shown in Figure II.7., there was more supportive service use by those with less than a high school education. Those with less than a high school education received an average of almost 1 supportive service (.95) compared to an average of .75 among those with a high school education or more.

Figure II.7. Association between supportive service use and less education



As shown in Figure II.8., the amount of spending on supportive services was higher for clients with lower income. An average of \$16.57 in supportive services was provided to those who earned less than \$500/month compared to \$12.36 to those who earned \$500 or more/month. Supportive services provide essential resources to fathers, such as paying fees for getting a driver's license.

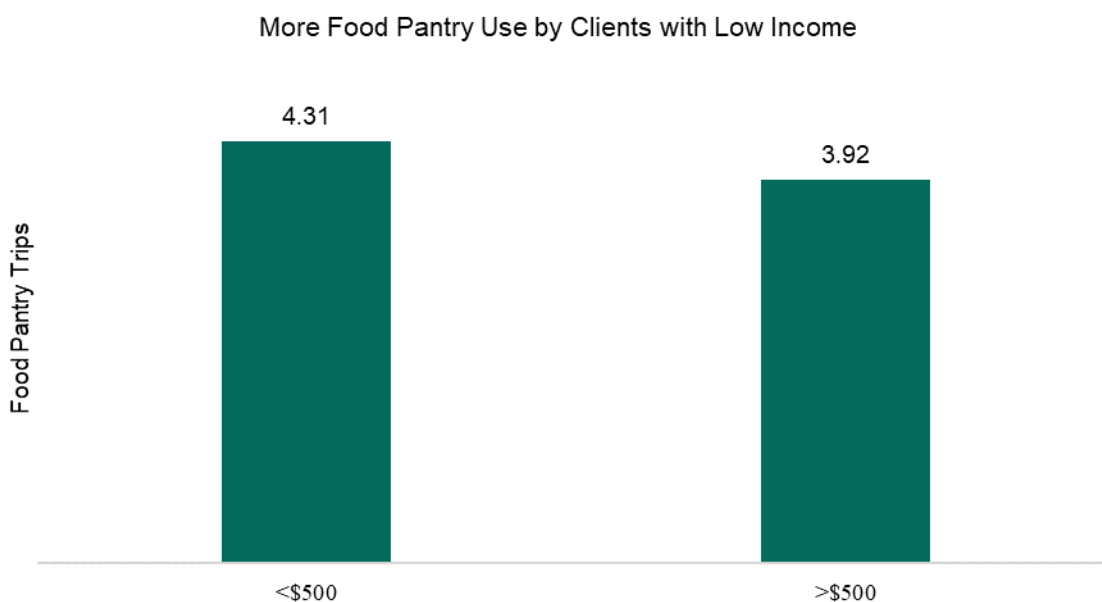
Figure II.8. More supportive service spending for clients with lower income



More Food Pantry Use among those with Lower Income

As shown in Figure II.9., there was more food pantry use among participants with lower income. The food pantry was used an average of 4.31 times by those who earned less than \$500/month compared to 3.92 times among those who earned \$500 or more/month.

Figure II.9. Association between food pantry use and lower income



- I. How satisfied were participants with program components including staff, methods, workshops, and materials?

a. Key findings

Participants reported high levels of satisfaction with all program components (see Figure II.10.). All values range from 1 to 4 (strongly disagree to 4 strongly agree), with higher scores reflecting higher satisfaction. Program satisfaction is an essential quality control marker. High satisfaction levels with the case managers and workshop facilitator suggest that the staff were able to connect and engage with clients. Strong satisfaction levels with the workshops, program methods, and program materials also implies that these and the way these methods and procedures were highly acceptable to participants and could be replicated in future programming. A potential limitation is that the program satisfaction survey was completed by those who stayed in the program. It is possible that response bias inflated program satisfaction rates given the possibility that those who discontinued the program may have been dissatisfied, but they were not assessed. Therefore, the workshop curriculum and program methods and materials should be evaluated for fit with subsequent programming goals and population in mind.

Figure II.10. High satisfaction with all program components

1 (strongly disagree) to 4 (strongly agree)

Note: Analytic sample all participants who completed at least 80% of 24:7 Dads A.M. workshops and completed the program satisfaction scale (N = 399); total score is the average of the five program component scores

3. Was the program delivered with fidelity?

a. Key findings

Consistent Program Delivery

Workshops were delivered with high fidelity. This means that the parenting and healthy relationships education component of the intervention was delivered as intended. Nearly all (99.7%) of the prescribed activities were covered and 99.9% of the workshop learning objectives were met. Approximately half of the evaluated workshops were delivered in groups (49.9%). The average size of the groups was 7.0 clients (SD = 3.19). Client participation in group workshops was rated by the workshop facilitator as 2.46 (SD = 0.63) on a 3 point scale (0, nobody shared; 1, a few people shared, 2 more than a few people shared, 3 a lot of people shared).

Completed checklists were available for 374 Core 24:7 Dads A.M. workshops, with equal distribution across the ten workshop modules. The distribution of evaluated workshops across program years was 13% from Year 2, 31% from Year 3, 37% from Year 4, and 19% from Year 5.

Strong Independent Observer Evaluation

Workshop quality was highly rated by independent observers. The average score across the ten item scale was 3.7 (SD = .37) on a 4-point scale, ranging from 1, strongly disagree to 4, strongly agree.

Approximately half of the evaluated workshops were delivered in groups (49.3%). The average size of the groups was 7.1 clients (SD = 3.28). Client participation in group workshops was rated by the workshop facilitator as 2.45 (SD = 0.71) on a three point scale (0, nobody shared; 1, a few people shared, 2 more than a few people shared, 3 a lot of people shared). A group size of seven is large enough for there to be unique perspectives and small enough for there to be an opportunity for all members to share. Independent observers ratings show many people shared indicate a high level of engagement during group sessions.

Independent observer forms were available for 354 Core 24:7 Dads A.M. workshops, with equal distribution across the ten workshop modules. The distribution of evaluated workshops across program years was 13% from Year 2, 38% from Year 3, 29% from Year 4, and 20% from Year 5.

Strong Ratings by Participants

Workshop quality was highly rated by clients. The average score across the four item scale was 4.9 (SD = .39) on a five point scale (1, strongly disagree to 5, strongly agree). Client rating forms were available for 204 Core 24:7 Dads A.M. workshops. The distribution of evaluated workshops across program years was 41% from Year 2 and 59% from Year 3.

In summary, evidence of program quality was met through three independent sources: program fidelity, independent observer ratings, and participant ratings.

III. OUTCOMES STUDY

A. Research questions

The outcomes study addresses five research questions. Two questions evaluate the magnitude of change in parenting, relationship, and financial responsibility outcomes from program entrance to exit, and from program entrance to six months post-exit. Two questions determine how program components, workshop dosage and program support utilization, impact program outcomes. One question evaluates whether father-child interaction outcomes varied based on access to children, measured by visitation rights status.

1. Research questions

1. What was the magnitude of change in parenting, relationship, and financial responsibility outcomes from program entrance to exit?
2. What was the magnitude of change in parenting, relationship, and financial responsibility outcomes from program entrance to six months post-exit?

3. How was program dose related to change in parenting, relationships, and financial responsibility from program entrance to six months post-exit?
4. How was program support utilization related to change in parenting, relationships, and financial responsibility outcomes from program entrance to exit?
5. Did father-child interaction outcomes (Father/child interaction Measures 1-3) vary based on visitation right status?

B. Study design

1. Sample formation

The California State University San Marcos Institutional Review Board approved the study and data collection plans initially on 2/24/16 and subsequently on 2/6/17, 2/18/18, 2/13/20, and 1/29/20. Eligibility requirements included being a father or paternal caregiver to a child 0-18 years of age, speaking English or Spanish, and being willing to attend the program's core parenting workshop.

Members of the target population became part of the sample by referrals made by the community agencies identified as partners in the Dads' Club. Those partners included: provider referrals from all Vista Community Clinic providers, Child Welfare Services, Department of Child Support Services, San Diego Probation Department, Family Court Providers List, Alpha Project, Amity Ranch Foundation, the Fellowship Center, Solutions for Change, Operation Hope, North County Lifeline, McAllister, Vista Unified School District & Teen Parent Program, Oceanside Unified School District & Teen Parent Program, San Marcos Unified School District & Teen Parent Program, Migrant Education, MAAC Head Start, Educational Enrichment Systems (Preschool), Children's Paradise Preschool, and North County Career Centers.

2. Data collection

Participants enrolled from July 11, 2016 to February 1, 2020 were included in the final dataset. New participants call the Program Supervisor (PS) to complete a phone screening. Once the phone screening is completed the PS invites the client to a workshop to complete the enrollment packet. The packet includes an enrollment form, Vista Community Clinic consent form, California State University San Marcos consent form, a media release, and four surveys (nFORM Applicant Characteristics Survey, nFORM Pre-Program Survey for Community-Based Fathers, a Post Traumatic Stress Disorder Symptom Scale, and a Survey of Parenting Practices survey). Participants receive a \$10 gift card incentive for completing the program's core parenting workshop series and for finishing the nFORM Post-Program Survey for Community-Based Fathers. Six months after program exit, program staff reached out to participants and administered a sub-set of questions from the n-FORM Pre-Program Survey for Community-Based Fathers via Survey Monkey over the phone. Table III.1. includes information on the sources of data used to address the outcomes study research questions.

Table III.1. Sources of data used to address outcomes study research questions

Data source	Timing of data collection	Mode of data collection	Start and end date of data collection
Program Participants	Program enrollment	In-person online nFORM ACS, Program Entrance Pre-Program Survey for Community-Based Fathers, and Dads' Club Program enrollment packet; Post-Traumatic Stress Disorder symptom scale	July 2016 through March 2020
Workshop Facilitator	Immediately after the fourth workshop	In-person online nFORM Post-Survey for Community-Based Fathers Exit survey	July 2016 through March 2020
Workshop Facilitator	Immediately after the last workshop	Survey of Parenting Practices	July 2016 through March 2020
Case Managers	Six months after program exit	Sub-set of nFORM Community-Based Fathers Program Entrance and Exit survey administered by phone using Survey Monkey Each case management consultation is entered into nFORM	February 2017 through March 2020
Case Managers	After every workshop	The referrals and follow up are entered into nFORM	July 2016 through March 2020
Case Managers	Throughout program delivery	The referrals and follow up are entered into nFORM	July 2016 through March 2020

3. Analytic sample, outcomes, and descriptive statistics

Inclusion in the sample for research questions involving program exit require completion of 80% of the program, defined as completing 8 out of 10 Core 24:7 Dads A.M. workshops and a matched pre and post on each question. Inclusion in the sample for research questions involving six-month follow-up requires completion of at least 20% of the program, defined as completing two Core 24:7 Dads A.M. workshops and a matched pre and post on each question.

Inclusion criteria for outcome analysis requires matching program entrance and exit scores on each program outcome variable. Responses were downloaded from their respective electronic portals (nFORM and Survey Monkey) and combined by participant ID# into a master analytic database. Research Questions 1 and 2 focus on magnitude of change in outcome variables from program entrance to exit. Change in program outcomes from program entrance to exit were calculated by taking the difference between the pre and the post scores, which allow us to see the changes that were made between the two periods. Average change scores were reported. The sum of the 12-item Survey of Parenting Practices (2001) score was used, after establishing it exceeded the internal consistency standard of at least .70 ($\alpha = 0.92$).

Table III.2. provides the number of individuals in the outcomes study analytic sample.

Table III.2. Outcomes study analytic sample

Number of individuals	Number of individuals
Enrolled in the program	880
Completed a baseline survey	880
Completed post-program survey	595
Attrition rate (%)	32.4
Completed post-program survey and at least 8 workshops	527
Completed 6 month survey	209
Attrition rate (%)	76.2
Completed 6 month survey and at least 2 workshops	161

The enrollment target of 800 fathers was exceeded, and 880 fathers enrolled in the study and completed a baseline survey. The data will show that 68% of the enrolled sample completed a post-program survey (N = 595). The selection criteria for research questions involving program exit was having a matched set of program entrance and exit responses and completing 80% of the program, defined as attending 8 out of 10 core 24:7 Dads A.M. workshops. The data will show that 60% of the enrolled sample met with criteria and was included in the analytic sample for outcomes involving program exit (N = 527). The sample size for any individual outcome may vary due to item-level skip patterns.

A follow-up survey was conducted with 209 fathers six months post program exit. The selection criteria for research questions involving the six-month post-exit survey was having a matched set of program entrance and six month post-exit responses and completing 20% of the program, defined as attending 2 out of 10 core 24/7 workshops (N = 161). The sample size for any individual outcome may vary due to item-level skip patterns.

The analytic sample (N = 527) for research questions involving program exit resembled the full sample of enrolled participants (N = 880). Key sample characteristics did not statistically differ between all participants and the analytic sample (see Appendix Table D.1.). This means that those in the analytic sample are representative of all who enrolled and the study results are unlikely biased by under- or over-representation of participants with any characteristics which may influence results. The analytic sample (N = 161) for research questions involving six months post-exit also resembled the full sample of enrolled participants (see Table III.3.).

As shown in Table III.3., approximately half the fathers were 18-34 years of age and Hispanic, which approximated the target population. Participants displayed multiple risk characteristics. Approximately a quarter had less than a high school education, nearly two thirds earned less than \$500/month, a third had a history of a mental health diagnosis, about two thirds had a history of substance abuse, almost three quarters had a history of criminal involvement, about half had a history of unstable relationships, and they had a history of numerous traumatic experiences. As shown in Appendix B, the majority of non-Hispanic participants were white (62.6%), followed by African American (18.1%), more than one race (8.7%), American Indian or Alaskan Native (7.0%), Asian (2.6%), and Native Hawaiian or Other Pacific Islander (1.0%).

Table III.3. Key characteristics of participants in the outcomes study at baseline

Characteristic	All participants	80% program completers + matched sample	20% program completers + matched sample ^b
Age (%)			
<18-34	51.6	51.4	43.5
35 and older	48.4	46.6	56.5
Ethnicity (%)			
Hispanic	53.7	55.6	55.3
Non-Hispanic	46.3	44.4	44.7
Education (%)			
Less than high school	28.2	27.8	30.6
Income (%)			
< 500/month	63.5	62.5	59.7
Health insurance (% no)	27.2	25.2	23.6
Disabled (% yes)	14.9	13.9	18.6
Mental health (%) ^a			
History of diagnosis	35.7	35.7	32.9
Substance abuse (%)			
History of issue	67.8	67.1	63.7
Criminal involvement ^b			
History of issue (% yes)	73.7	73.2	75.8
Unstable relationship ^c (%)			
History of issue	51.8	52.4	50.3
Traumatic event history ^d (M)			
Number of events	2.7	2.6	2.7
Relationship status (%)			
In a relationship	49.0	50.4	51.6
Visitation right status (%)			
No parenting agreement	52.5	51.8	51.1
Father-child interaction outcome 1			
Last saw child 1 (range: 1 to 7)	5.0	5.0	4.7
Father-child interaction outcome 2			
Reach out Child 1 (range: 1 to 4)	2.5	2.5	2.5
Father-child interaction outcome 3			
Talk to Child 1 (range: 1 to 4)	2.5	2.5	2.5
Parenting practices ^c (range: 0 to 6)	2.5	2.5	2.5
Conflict resolution (range: 1 to 5)	2.4	2.4	2.4
Financial responsibility outcome 1			
Buy things Child 1 (% yes)	36.1	37.1	43.8
Financial responsibility outcome 2			
Difficulty paying bills (range: 1 to 4)	2.3	2.3	2.1

Characteristic	All participants	80% program completers + matched sample	20% program completers + matched sample ^b
Employment measure 1 Employment (% regular)	50.7	54.1	59.6
Employment measure 2 Income (\$)	707.6	738.6	707.85
Sample size	880	527	161

^aresponse to item on program entrance and exit survey

^bresponse to item on program entrance and 6 month post-exit survey

^cAlpha = 0.92

Outcome measures were drawn from the nFORM exit survey. A sub-set of nFORM questions were programmed into Survey Monkey and administered six-month post program exit. A Survey of Parenting Practices scale was administered before the first workshop and after the last workshop. Monthly income was taken from an exit form in the chart notes.

Outcomes in parenting, relationships, and financial responsibility were evaluated using nFORM survey questions administered at program entrance and exit. A sub-set of questions were programmed into Survey Monkey and administered by phone six months after program exit. Participants who complete at least 2 workshops and who have a matched pre and post on each question will be included in the 6 months follow up. Workshop attendance (program dose) was documented at each visit by the workshop facilitator or case manager and entered into nFORM. Program support utilization was documented by case managers throughout the program using an internal Excel worksheet.

As shown in Table III.4., three separate nFORM questions were used to evaluate three parenting outcomes, a Survey of Parenting Practices was used to evaluate parenting practices, one nFORM question was used to evaluate relationship outcomes, and three separate nFORM questions and one data point from Chart Notes were used to evaluate financial responsibility and/or employment outcomes from program entrance to exit. Four nFORM questions were programmed into Survey Monkey for phone-based administration six month following program exit: three pertaining to parenting outcomes and one to financial responsibility.

The predictor variable for Research Question 3, program dose, was measured by number of core 24:7 Dads A.M. workshops attended. The predictor variable for Research Question 4, program support utilization, was measured by use of five program supports: 1) attendance of a financial workshop (yes or no), 2) number of times utilized the food pantry; 3) number of times utilized a transportation voucher, 4) number of supportive services received, and 5) number of case manager delivered workshops received (as opposed to group workshops).

The predictor variable for Research Question 5 was visitation right status, measured by the Program Survey for Community-Based Fathered in nFORM at program entrance. Choices included: yes, we have a legal document; yes, we have a written agreement that is not court ordered; and yes we have a verbal understanding were collapsed into one "yes" category. The response, no, we have no parenting agreement were left as "no."

Table III.4. Outcome measures used to answer the outcomes study research questions

Outcome name	Description of the outcome measure	Source of the measure	Timing of measure
Father/child interaction Measure 1	The outcome measure is a 7-choice response taken directly from the question in the survey, "When was the last time you saw [Child1]?" 1=never; 2=2+years; 3=1-2 years; 4=in the past year; 5=in the past 6 months; 6=in the past month; 7=in the past week	nFORM exit survey Survey Monkey survey	A post-test immediately after the fourth workshop
Father/child interaction Measure 2	The outcome measure is a 4-choice response taken directly from the question in the survey, "In the past month, how often have you reached out to [Child1] even if [Child1] did not respond? This includes calling on the phone; sending email, letters or cards; texting; or using Facebook or FaceTime." 1=never in the past month; 2=1-3x/month; 3=1-3x/week; 4=every day or almost every day	nFORM exit survey Survey Monkey survey	A post-test immediately after the fourth workshop A post-test 6-months after program exit
Father/child interaction Measure 3	The outcome measure is a 4-choice response taken directly from the question in the survey, "How often did you talk to [Child 1] about what he/she did wrong?" 1=never; 2=a few times a month; 3=a few times a week; 4=every day or almost every day	nFORM exit survey Survey Monkey survey	A post-test immediately after the fourth workshop A post-test 6-months after program exit
Parenting practices	The outcome measure is a 12-item survey adapted from the University of Idaho Survey of Parenting Practices (2001). The sum of the 12 items will be used after establishing internal consistency of at least .70. 0 (low agreement) to 6 (high agreement)	Survey of Parenting Practices	A post-test immediately after the last workshop
Financial responsibility Measure 1	The outcome is a yes/no question taken directly from the question in the survey, "In the past month, did you buy things for [Child1] that he or she needed like diapers, clothes, school supplies, medicine, or other things he or she needed?" 0=no; 1=yes	nFORM exit survey Survey Monkey survey	A post-test immediately after the fourth workshop A post-test 6-months after program exit
Conflict resolution	The outcome is a 3-choice response taken directly from the question in the survey, "How satisfied are you with the way you and your partner/spouse handle conflict?" 1=not at all satisfied; 2=somewhat satisfied; 3=very satisfied	nFORM exit survey Survey Monkey survey	A post-test immediately after the fourth workshop

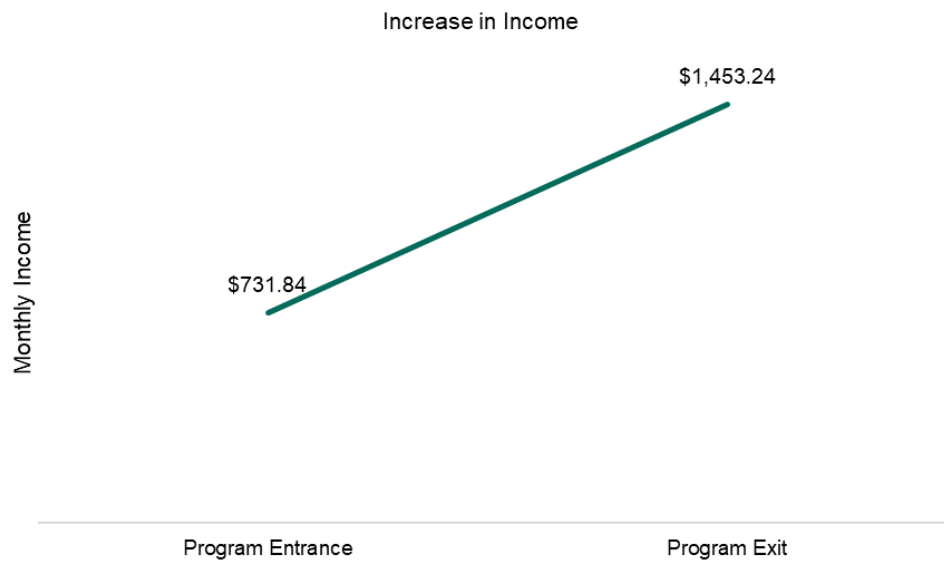
Outcome name	Description of the outcome measure	Source of the measure	Timing of measure
Financial responsibility Measure 2	The outcome is a 4-choice response taken directly from the question in the survey, "How often do you find it difficult to pay your bills?"	nFORM exit survey	A post-test immediately after the fourth workshop
	1=very often; 2=somewhat often; 3=once in a while; 4=never	Survey Monkey survey	A post-test 6-months after program exit
Employment Measure 1	The outcome is a 5-choice response taken directly from the question in the survey, "What is your current employment status?"	nFORM exit survey	A post-test immediately after the fourth workshop
	0=non-regular employment (unemployed or seasonal/temporary); 1=regular employment (variable hours; part-time; full-time)	Survey Monkey survey	
Employment Measure 2	The outcome is the total amount of monthly income reported by the participant	Program exit form	Program exit

1. What was the magnitude of change in parenting, relationship, and financial responsibility outcomes from program entrance to exit?

a. Key findings

Among the numerous significant changes in program outcomes from program entrance to exit, two were large changes: one economic outcome and one parenting outcome.

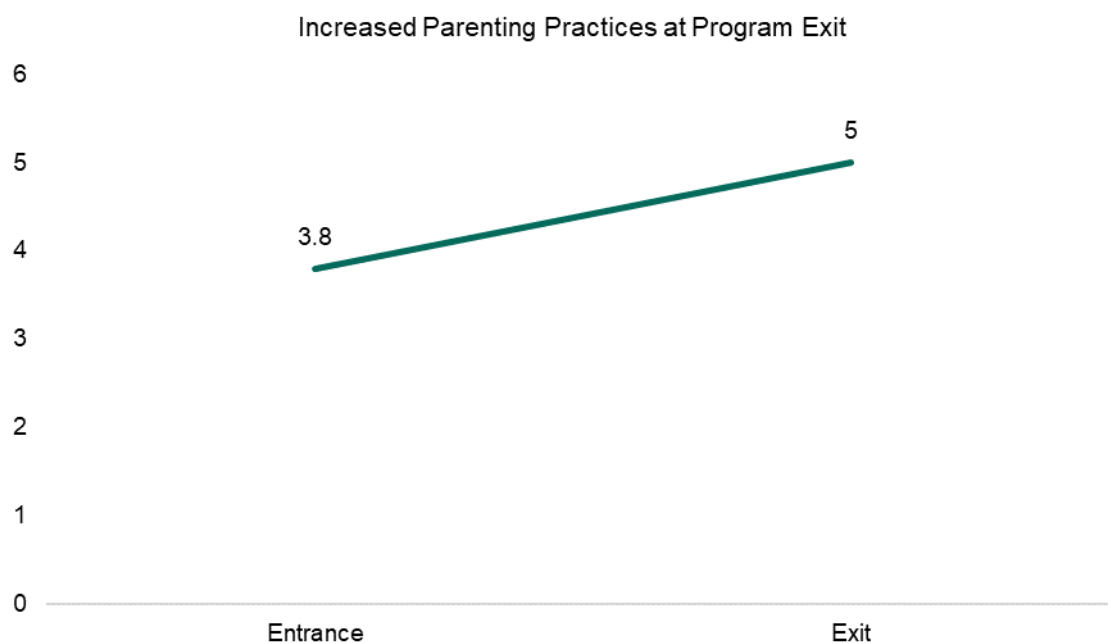
First monthly income doubled, from an average of \$731.84/month to \$1,453.24/month from program entrance to exit (see Figure III.1.). Provision of comprehensive case management providing support services toward economic mobility was a key component of the intervention. The significant increase in income is a promising finding that warrants further exploration using a rigorous study design.

Figure III.1. Increase in income

Note. N = 550; p = .000

Second, there was over a one point increase in frequency of positive parenting practices from program entrance to exit. Scores increased from an average of 3.8 to 5.0 on a 6-point scale in which 0 reflects low agreement and 6 reflects high agreement. As shown in Figure III.2., fathers reported more positive parenting practices at program exit compared to program entrance. Provision of parenting and healthy relationship education through the 24:7 Dad A.M. curriculum-based workshops was a core component of the intervention. The significant increase in positive parenting practices is a promising finding that warrants further exploration using a rigorous study design.

Figure III.2. Increased positive parenting practices



Note. N=231; $p = .000$

Magnitude of change from program entrance to exit was evaluated using paired samples t-tests. This test generates an average score at each time point (i.e., a mean score) and computes the score difference from program entrance to exit for each participant. This difference reflects how much change occurred from program entrance to exit. Positive scores reflect an increase in the target, while negative scores reflect a decrease in the target. The p-value of the mean differences indicates whether the change from program entrance to exit was statistically significant. P-values less than 0.05 are considered statistically significant and provide 95% confidence that the observed difference is not a chance result. In other words, there is a 5% risk of concluding that a difference exists when there is no actual difference. The Statistical Package for Social Sciences (SPSS) was used for analyses. The same analytic approach is used for research questions 2 and 3.

The study design does not allow the conclusion that the Dads' Club program caused these changes. However, it can be concluded that a significant increase in income and positive parenting practices was observed among those in the Dads' Club program analytic sample from when they entered the program to when they left the program.

Table III.5. shows the average outcome score at baseline, the average outcome score at follow-up, and the difference between these scores for all program outcomes evaluated. Most changes were in the range of a quarter to half a point on various scales. Graphs illustrating significant changes (other than income and parenting practices, which were already shown) are provided in Appendix E.

Table III.5. Changes in outcome measures from baseline to follow-up

Outcome	Sample size	Mean outcome at baseline	Mean outcome at follow-up	Difference in means	p-value of the difference
Father-Child Interactions					
Last Saw ^a	323	5.03	5.43	.40	.000***
Reach Out ^a	306	2.48	2.74	.26	.000***
Reach Out ^b	59	2.68	2.81	.14	.393
Talk to ^a	203	3.01	3.10	.08	.262
Talk to ^b	84	3.01	2.56	-.45	.006***
Parenting practices	231	3.85	5.01	1.17	.000***
Conflict resolution	187	2.36	2.45	.09	.052*
Economic Outcomes					
Buy Things ^{ac}	299	.37	.53	.18	.000***
Buy Things ^{bc}	64	.44	.61	.17	.021**
Pay Bills ^a	466	2.25	2.55	.30	.000***
Pay Bills ^b	76	2.14	3.38	1.23	.000***
Employment ^d (regular)	530	0.53	0.69	.16	.000***
Income	550	731.84	1453.24	721.41	.000***

*Significantly different from zero at the .10 level, two-tailed test.

**Significantly different from zero at the .05 level, two- test.

***Significantly different from zero at the .01 level, two-tailed test.

Notes: Program exit analysis with 80% program completers and matched sample; 6 month analysis with 20% program completers and matched sample; difference in means tested with paired samples t-tests

^aprogram exit

^b6-months

^c0 no; 1 yes

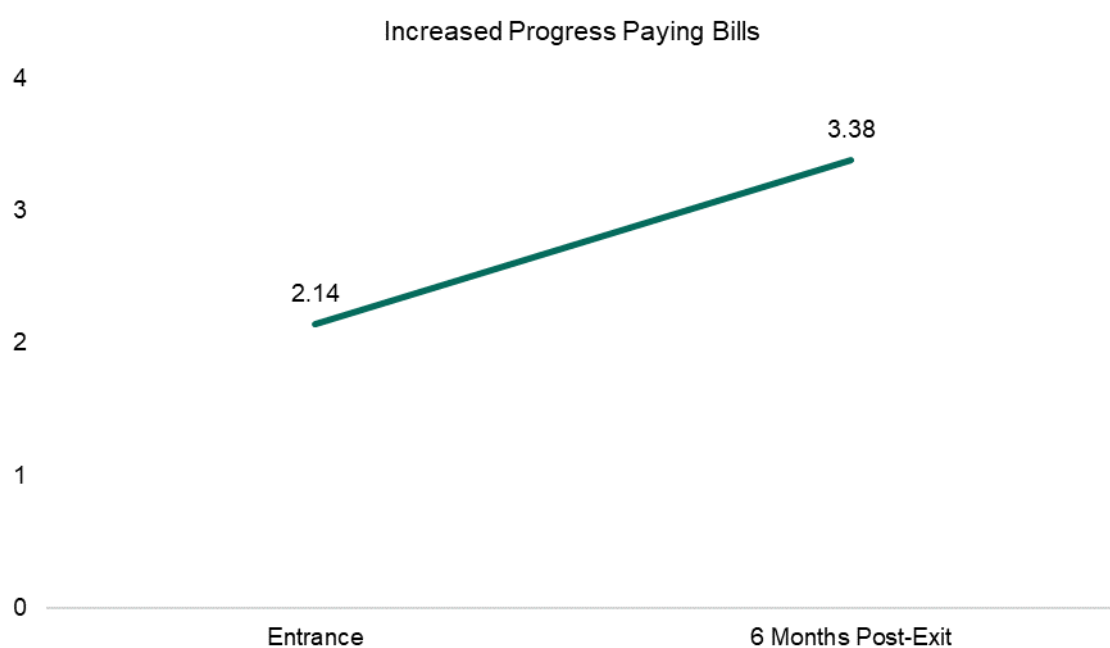
^d0 non-regular employment; 1 regular employment

2. What was the magnitude of change in parenting, relationship, and financial responsibility outcomes from program entrance to six months post-exit?

a. Key findings

The outcome with the largest change from program entrance to six months post-exit was financial. At program entrance, difficulty paying bills was rated, on average “somewhat often” and at six months post-exit was rated, on average, “once in a while” (see Figure III.3.). Provision of comprehensive case management providing support services toward economic mobility was a key component of the intervention. The significant increase in income is a promising finding that warrants further exploration using a rigorous study design.

Figure III.3. Increased progress paying bills



Note. How often do you find it difficult to pay your bills? 1=very often; 2=somewhat often; 3=once in a while; 4=never; N = 76; p = .000

Of the other three outcomes evaluated at six months post-exit, two demonstrated small to medium changes from program entrance to six months post-exit. Fathers talking to their child about what s/he did wrong decreased and buying things the child needed increased. These results are graphically displayed in Appendix E.

3. How was program dose related to change in parenting, relationships, and financial responsibility from program entrance to six months post-exit?

Research Question 3 focuses on the association between program dose and change in program outcomes from program entrance to 6 months post-exit.

a. Key findings

There was a significant increase in talking to the child about what he/she did wrong, buying things for the child, and performance in paying bills among the analytic sample in the high dosage group (see Table III.6.). There were no significant changes in these outcomes among the analytic sample in the medium or low dosage groups. However, these results must be interpreted cautiously given a very small number of the participants in low and medium dosage groups. There was one participant in the low dosage category and three in the medium dosage category, compared with 55 to 80 participants (depending on the outcome) in the high dosage category, making it difficult to draw reliable conclusions about an association between program dosage and change in outcomes. There were no changes in reaching out to the child in any dosage group.

Two methodological strategies can be considered to make this is a more viable research question in the future. One strategy is to increase the number of Month 6 surveys completed by those who did not finish the program (i.e., those in the low and/or medium dosage groups). This is inherently challenging due to natural loss to follow-up over time, which is further compounded among those who have already left the program early. An alternate strategy would be to use a different measure of program dosage which would include more scores at the low end of the dosage spectrum. Case management-related variables could be candidates for an alternate dosage measure.

Table III.6. Association between program dosage and change in outcomes from program entrance to six months post-program

Change Variable	Low Dosage (0-3)	Medium Dosage (4-7)	High Dosage (8-10)
Reaching Out	Change = 0.0 N = 1 p > .10	Change = 2.0 N = 3 p > .10	Change = .04 N = 55 p > .10
Talking To	Change = 0.0 N = 1 p > .10	Change = 0.0 N = 3 p > .10	Change = .48 N = 80 p = .005
Buying Things	Change = 1.0 N = 1 p > .10	Change = .25 N = 4 p > .10	Change = .19 N = 59 p = .015
Paying Bills	Change = 3.0 N = 1 p > .10	Change = 1.0 N = 3 p > .10	Change = 1.2 N = 72 p = .000

Inclusion: completed at least 2 workshops and matched pre and 6 month survey

4. How was program support utilization related to change in parenting, relationships, and financial responsibility outcomes from program entrance to exit?

Research Question 4 focuses on the association between program support utilization with change in program outcomes (parenting, relationships, and financial responsibility) from program entrance to exit.

a. Key findings

Program support utilization was associated with improvements in financial responsibility outcomes, and not parenting or relationship outcomes.

Greater utilization of the financial workshop, transportation support, and supportive services were associated with increased regular employment and monthly income from program entrance to exit. It cannot be determined that the supportive services provided *caused* an increase in regular employment and income. However, the findings are consistent with our theory of change (Appendix A) that case management activities will lead to increased economic stability. Given the consistent pattern of results, these findings appear promising and should be explored further with a rigorous evaluation design.

The association between greater financial workshop attendance and increased regular employment and income from program entrance to exit could mean that those who became regularly employed were more interested in learning how to better manage money or that attending the financial workshop provided skills that helped in gaining regular employment and increasing income. Future research is recommended to understand this finding; exit interviews or focus groups would be a useful technique.

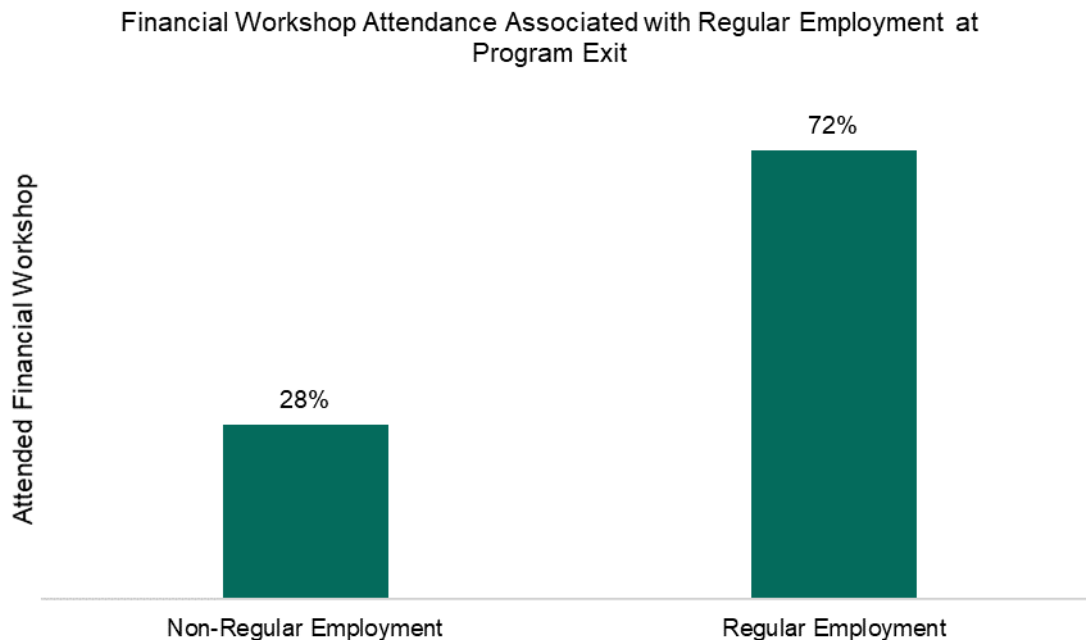
Transportation vouchers were used to support employment opportunities such as attending a job interview and this could have played a role in facilitating regular employment and greater income stemming from employment. Future research is recommended to examine this potential explanation.

Supportive services were used to pay for services such as obtaining a driver's license, which could have played a role in facilitating regular employment. Future research could explore mechanisms by which supportive services played a role in facilitating regular employment and earning greater income.

Correlation tables are provided in Appendix E and graphs are provided only for the purpose of data visualization and do not reflect the analytic approach; this is explained at the end of this section. All provided graphs reflect statistically significant differences; the specific correlation values are summarized in the text above and in in Appendix E.

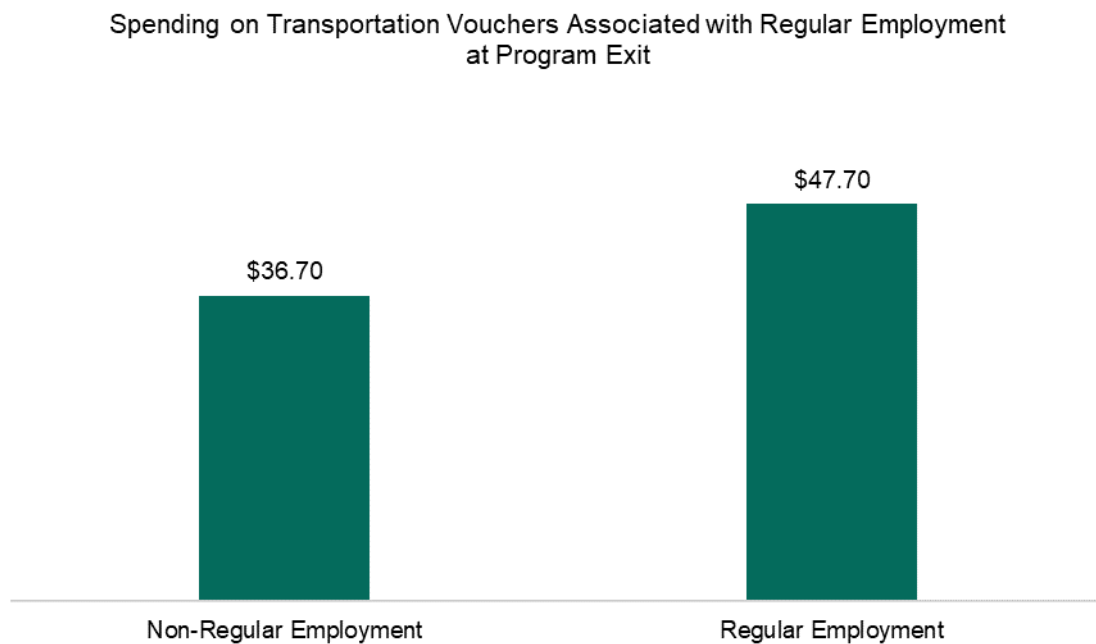
Those who attended the financial workshop were more likely to report regular employment at program exit (see Figure III.4.). At program exit, it was more common for those who attended the financial workshop to have regular employment (72%) than non-regular employment (28%).

Figure III.4. Financial workshop attendance associated with regular employment

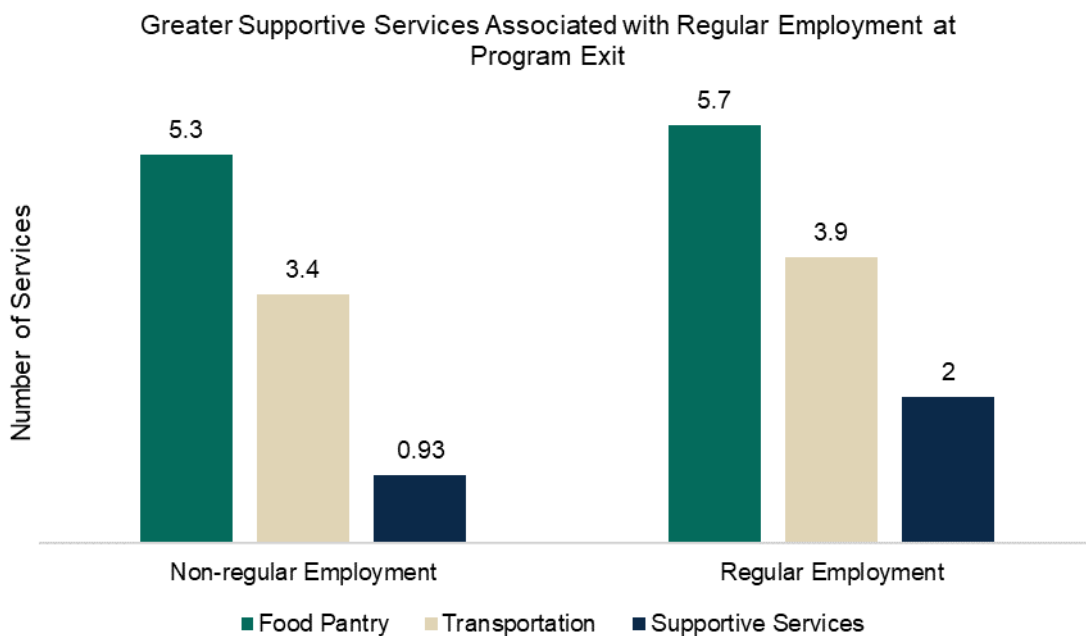


Food pantry use, transportation vouchers, and supportive services were higher among those with regular employment at program exit (see Figure III.5.). The food pantry was utilized an average of 5.7 times among those regularly employed compared to 5.3 times among those not regularly employed at program exit. Future research should investigate why those with lower income had lower food pantry utilization rates.

An average of 3.9 transportation vouchers were provided to those who were regularly employed compared to 3.4 vouchers provided to those not regularly employed at program exit. The amount of money provided to participants' in transportation vouchers was also associated with regular vs. non-regular employment at program exit (see Figure III.5.). An average of \$47.70 was spent on transportation vouchers for those who were regularly employed compared to \$36.70 spent on vouchers for those not regularly employed at program exit.

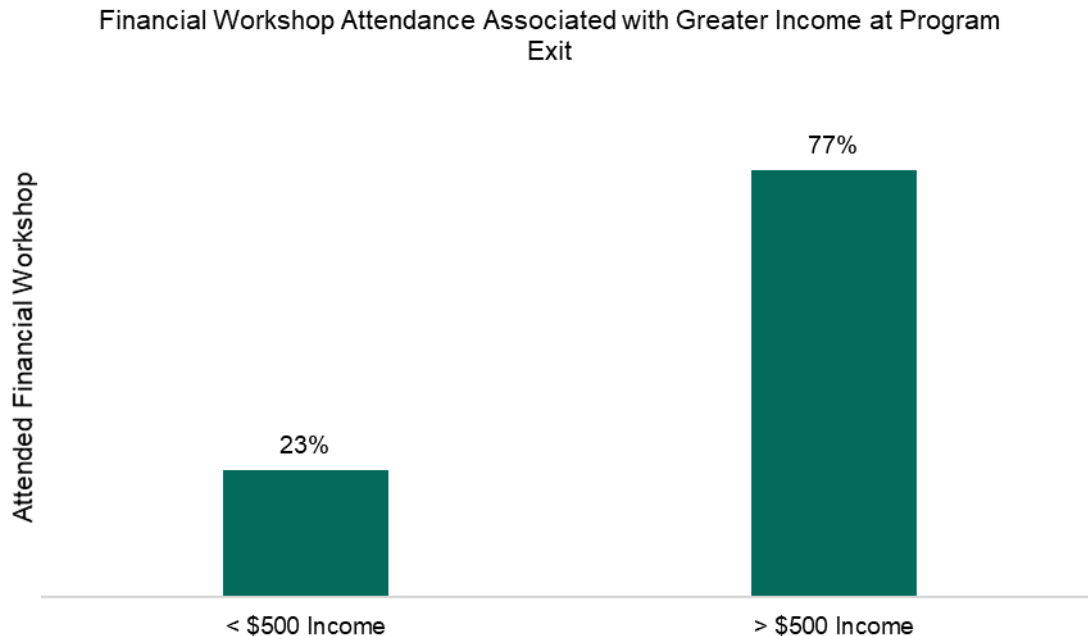
Figure III.5. Transportation voucher value associated with regular employment

An average of 2 supportive services were provided to those who were regularly employed compared to less than 1 (0.93) provided to those not regularly employed at program exit (see Figure III.6.).

Figure III.6. Greater supportive services associated with regular employment

Those who attended the financial workshop were more likely to report higher income at program exit (see Figure III.7.). At program exit, it was more common for those who attended the financial workshop to be earning \geq \$500/month (77%) than $<$ \$500/month (23%).

Figure III.7. Financial workshop attendance associated with higher income



Food pantry use, transportation vouchers, and supportive services were higher among those with higher income at program exit (see Figure III.8.). The food pantry was utilized an average of 5.7 times among those with higher income compared to 5.3 times among those with lower income at program exit. Future research should investigate why those with lower income had lower food pantry utilization rates.

An average of 4 transportation vouchers were provided to those with higher income compared to 3 vouchers provided to those with lower income at program exit. The amount of money provided to participants' in transportation vouchers was also associated with higher income at program exit (see Figure III.9.). An average of \$48.80 was spent on transportation vouchers for those who earned $>$ \$500/month compared to \$33.50 spent on vouchers for those who earned less than \$500/month at program exit.

An average of 1.1 supportive services were provided to those who with higher income compared to 1 provided to those with lower income at program exit. Supportive services were used to pay for services such as obtaining a driver's license. The amount of money spent on supportive services was also associated with income at program exit (Figure III.20.). An average of \$20.70 was spent on supportive services for those who earned \geq \$500/month compared to \$18.20 spent on vouchers for those who earned less than \$500/month at program exit.

Figure III.8. Greater utilization of food pantry, transportation vouchers, and supportive services among those earning higher income

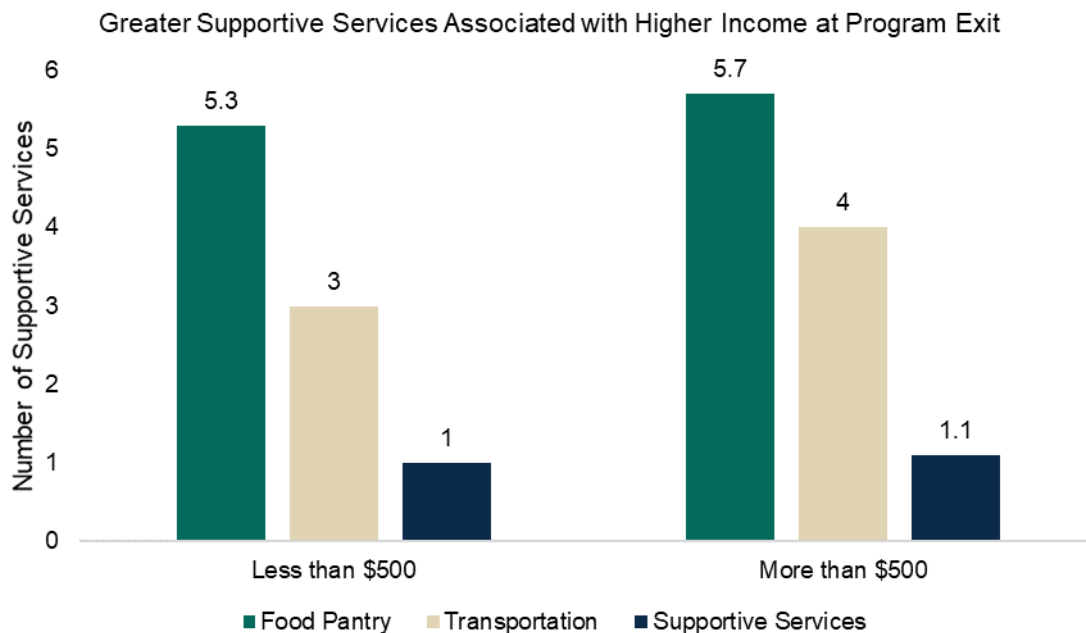
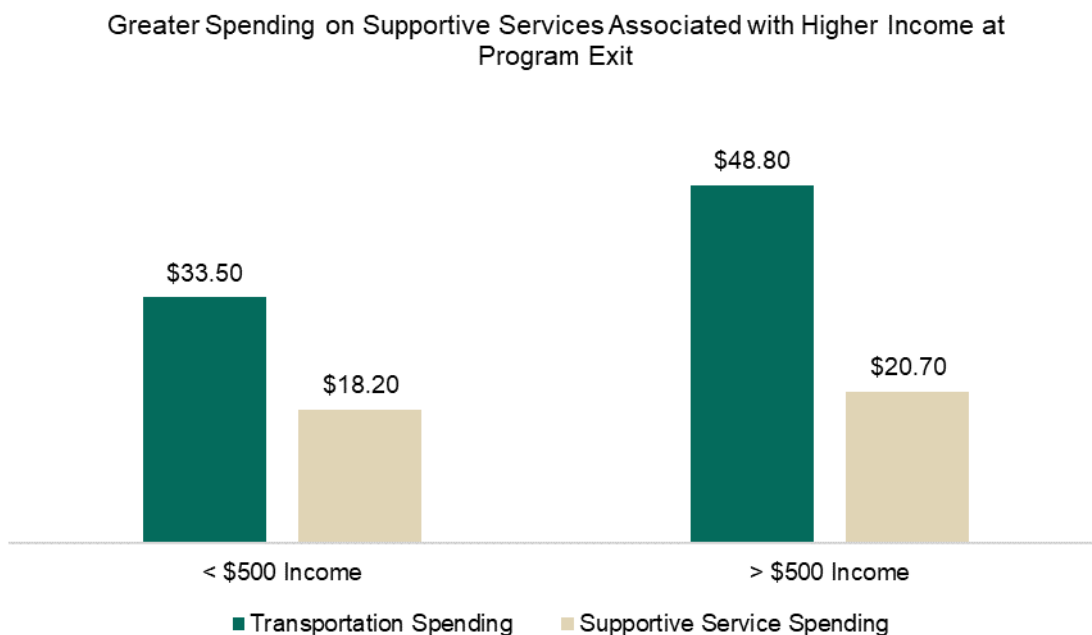


Figure III.9. Greater spending on transportation vouchers and supportive services among those earning higher income



There was no association between program support utilization in change in frequency of reaching out to child, talking to child about what did wrong, buying things for child, paying bills, resolving partner conflict, parenting practices, or recency of seeing child. These results are provided in Appendix E.

The analytic approach for this research question employed Spearman correlation, a non-parametric test designed to analyze bivariate associations between ordinal variables and/or small sample sizes (i.e., less than 100). For dichotomous variables with a rank order, such as yes/no, no was coded as 0 and yes was coded as 1, which makes it appropriate for Spearman non-parametric analysis with a continuous variable. The r statistic indicates the strength of the relationship between the two variables. When both variables were dichotomous or categorical, chi-square analysis was used.

A positive correlation means that the two variables are related in the same direction (i.e., as the score for one variable increases, the score for the second variable increases). A negative correlation means that the two variables are related in the opposite direction (i.e., as the score for one variable increases, the score for the second variable decreases). Correlations are considered significant when the p -value is less than 0.05. The closer a correlation is to 0, the more likely it is there is no relationship between the measured variables. A rule of thumb in interpreting the magnitude of correlations is that 0 to 0.29 is no to small effect size; 0.30 to 0.69 medium effect size; and .70 to 1.0 large effect size. These interpretations apply to correlations that are either positive or negative in direction. The larger the sample size (i.e., number of participants in an analysis), the more power there is to detect a small effect (i.e., find a small correlation significant). Causality cannot be determined from a correlation.

Change scores were calculated by subtracting program entrance from program exit scores. Most scales are set up scaling less to more frequent, subtracting program entrance score from program exit score and finding a positive value indicates an increase in the measured construct. For example, Father-Child Interaction 3, "How often did you talk to [Child 1] about what he/she did wrong?" contains response options never (1), a few times a month (2), a few times a week (3), and every day or almost every day (4). The possible range of change scores is the highest value on the scale (4) minus the lowest value on the scale (1), 1 to 4. A positive change score occurs when frequency increases from program entrance to exit, such as frequency is 1 at program entrance and 4 at program exit, for a change score of 3 ($4 - 1 = 3$). A negative change score occurs when frequency decreases from program entrance to exit, such as frequency is 4 at program entrance and 1 at program exit, for a change score of -3 ($1 - 4 = -3$). Several nFORM questions were reverse coded so that all outcomes could be interpreted as higher scores reflecting positive changes. The final coding is reflected in Table III.4. The Statistical Package for Social Sciences (SPSS) was used for analyses.

The graphs provided for data visualization do not reflect the statistical analysis. Specifically, the correlational analysis used change score as the unit of analysis. In contrast, the graphs use program exit score as the unit of analysis to aid interpretation.

5. Did father-child interaction outcomes (Father/child interaction Measures 1-3) vary based on visitation right status?

The answer to this research question was that father-child interaction outcomes did not vary based on visitation rights status. The change score for recency of fathers seeing their child from

program entrance to exit was almost half a scale point (.48) for those with no visitation rights and about a quarter scale point (.28) for those with visitation rights (see Table III.7.). This difference was not statistically significant. The change score for frequency of fathers reaching out to their child from program entrance to exit was about a quarter scale point (.23) for those with and without visitation rights (.26). This difference was not statistically significant.

However, there may have been a systematic measurement issue limiting ability to evaluate this question. The outcome variables were from nFORM questions, which included skip patterns to ensure relevance of the questions to the population. For example, questions about seeing and reaching out to the child were administered only to fathers who did not live with their child. This may have been confounded with visitation rights and disguised differences. Similarly, the planned comparison in talking with the child about what he/she did wrong wasn't possible due to the administration pattern to only fathers with visitation rights.

Table III.7. Visitation rights and change in father-child interaction outcomes

	No Visitation Rights	Visitation Rights	Significance Test
Change Last Saw ^a	.48	.28	$F(1, 318) = 1.77, p = .19$
Change Reach Out ^b	.26	.23	$F(1, 303) = 0.03, p = .86$
Change Talk To ^c	N/A	N/A	N/A

^aThe outcome measure is a 7-choice response taken directly from the question in the survey, "When was the last time you saw [Child1]?" 1=never; 2=2+years; 3=1-2 years; 4=in the past year; 5=in the past 6 months; 6=in the past month; 7=in the past week. Change score range from -6 to 6

^bThe outcome measure is a 4-choice response taken directly from the question in the survey, "In the past month, how often have you reached out to [Child1] even if [Child1] did not respond? This includes calling on the phone; sending email, letters or cards; texting; or using Facebook or FaceTime." 1=never in the past month; 2=1-3x/month; 3=1-3x/week; 4=every day or almost every day. Change score range from -3 to 3

^cPlanned analysis wasn't possible because this item was not administered to fathers with no visitation rights

One-way analysis of variance (ANOVA) was used to analyze this research question. This analysis required a categorical variable (i.e., yes/no) and a continuous variable (i.e., numerical). Variation in father-child interaction outcomes was analyzed using change scores, calculated by subtracting program entrance from program exit scores; this produced a continuous variable. Recency in seeing the child was measured on a 7-point scale, with higher scores reflecting greater recency. The range of change scores is -6 to 6. Visitation rights status was collapsed into two categories. Those who indicated having some type of visitation agreement (choices included: yes, we have a legal document; yes, we have a written agreement that is not court ordered; and yes we have a verbal understanding) were collapsed into one "yes" category. The response, no, we have no parenting agreement was left as "no."

IV. DISCUSSION AND CONCLUSIONS

The Dads' Club is a five-year program (September 30, 2015 to September 29, 2020) funded by the Administration for Children and Families and the U.S. Department of Health and Human Services Agency. The program enrolled 880 low-income, multi-ethnic fathers and paternal caregivers living in North San Diego County with the goal of improving responsible parenting, healthy relationship skills, and economic stability. Participants displayed multiple risk characteristics including about two thirds earning less than \$500/month and having a history of substance abuse and almost three quarters having a criminal background. The Dads' Club served members of the two largest ethnicity minority groups in the US. Half (53.7) of the fathers served were Hispanic, and a total of 18% of the Non-Hispanic fathers were African American. African Americans make up 3.08% of the population in Vista and 4.91% in Oceanside. This finding will inform other programs who struggle to serve African Americans in the region.

Fathers experienced significant improvements from program entrance to exit in all outcomes: father-child interaction, financial responsibility, and employment. These positive changes including seeing their child more recently, reaching out to their child more frequently, improved parenting practices, increased buying things their child needed, improvement in paying bills, more regular employment, and increased income. These are essential factors for child and family wellness and suggest the program had the desired results. However, without a control group it is not possible to determine whether other factors influenced the positive results.

The largest changes for participants in the Dads' Club program were in economic stability. Economic stability provides an essential foundation for optimal child and family welfare. Income doubled from program entrance to exit, and difficulty paying bills decreased from program entrance to six month post-exit. We discovered that program support utilization, specifically financial workshop attendance, food pantry utilization, transportation vouchers, and supportive services, were associated with increased regular employment and income. While it cannot be concluded that the supportive services provided caused an increase in regular employment and income, the findings are consistent with our theory of change (Appendix A) that case management activities will lead to increased economic stability. The consistent pattern of findings, in line with our conceptual model are promising, and the effectiveness of the program should be explored further using a rigorous study design.

Particular elements of comprehensive case management which were not examined in the study may have driven strong economic mobility improvements. The first is a robust community partnership with North County Works, an alliance of over 50 agencies with the goal of connecting people with jobs. The Dads' Club identified employers within this network who would hire people with criminal backgrounds, a key consideration for the population served. A second element which may have boosted significant economic mobility improvements was partnership with the innovative Homeless Court program through the San Diego Public Defenders' Office beginning in September 2018. This program facilitates employment by removing legal barriers through assistance with clearing traffic fines, misdemeanors, and felonies and providing letters of support. A total of \$222,002 for 98 Dad's Club participants was cleared,

however this data point was not formally tracked. In the future, it is recommended that participation in these specific programs be monitored and the outcomes, such as amounts owed at program entrance and exit, be measured. It is also recommended that future programming continue building the infrastructure for strong economic mobility outcomes, such as by creating opportunities to gain skills in specified trades through on the job training, which may further improve income.

Another large change for participants in the Dads' Club program was in positive parenting practices. There was over a one point increase in frequency of positive parenting practices from program entrance to exit (increase from 3.8 to 5.0 on 6-point scale, where 0 reflected low agreement and 6 reflected high agreement). Provision of parenting and healthy relationship education through the 24:7 Dad A.M. curriculum-based workshops was a core component of the intervention. The significant increase in positive parenting practices is a promising finding that warrants additional research using a rigorous research design.

The natural next question is, if program support utilization is associated with better outcomes, who is using the program supports? We found that fathers with lower income were engaging in greater program support utilization: more financial workshop attendance, more food pantry use, and more supportive services. Those with lower incomes may have been particularly motivated to receive economic-related programming, such as a financial workshop. It also suggests that those most in need of support to improve economic mobility are receiving it. Clients with lower income may have also been particularly in need of food access assistance and supportive services. Our results that those who needed support with essential resources most received it. In future programming, budgeting should consider the income levels of participants and forecast greater spending on those who earn less than \$500/month. Our results suggest that such effort is a good investment, as increased income from program entrance to exit was one of the most dramatic program outcomes.

Those with lower education also utilized more supportive services. Supportive services provide essential resources to fathers and the provision of more services to those with less education suggests this group was particularly in need of assistance. The practice recommendation from this finding would be for less than a high school education to be used as an indicator for case managers to be prepared to provide extra supportive services in future programming.

Additionally, we found that lower education was associated with less financial workshop attendance. We also found that those with less education received more case manager delivered workshops, which reflects missed group workshops. Taken together, this may suggest that lower education is a barrier to workshop attendance. Additional research is needed to understand what is driving the association between lower education and less workshop attendance. This could be explored in future qualitative research through interviews and focus groups, and in surveys measuring constructs such as confidence in ability to engage in group or academic settings and literacy levels. Should the academic nature of workshops be an attendance barrier for those with less education, curriculums that are less book-based, interactive, and high in visual appeal could be explored.

The Dads' Club was able to serve fathers of various characteristics and demonstrate improvement in areas to include: positive parenting practices, recent father-child interaction, frequency in reaching out to your child, conflict resolution, buying things their child needed, paying bills, employment, income, and child support. These variables were measured at program entrance and program exit. Although participant characteristics and language can define the implementation and program outcomes, this model was successful in customizing the delivery without changing the content. Workshop attendance was largely independent of client characteristics. Program fidelity was strong, which suggests that the parenting and healthy relationships education component of the intervention (core 24:7 Dads A.M.) was consistently delivered as intended.

Program satisfaction was high for all program components. This assures the quality of the program. Furthermore strong satisfaction implies that the program methods and procedures were highly acceptable to participants and could be replicated in future programming. However, the possibility of response bias cannot be ruled out (i.e., those who did not complete the program may have been less satisfied, but there were not present to take the program satisfaction survey). Therefore, subsequent projects should evaluate the program goals and population in selecting the workshop curriculum and designing program methods and materials in the future.

Study findings must be interpreted in light of design limitations. The observational, pre-post design makes it impossible to conclude that the program *caused* the positive changes observed from program entrance to program exit. Being able to draw a conclusion about causality would require a randomized clinical trial. This design can be challenging to implement in the community given the desire to provide equitable services to all participants, particularly given the high needs of the at-risk population served. In the future, a randomized clinical trial design utilizing a wait-list control group could be considered, such that all participants receive services, albeit those randomized to the control group have a waiting period in which they take the same measures as the intervention group, and then receive the program. A practical limitation with this design with the target population would be with measurement fatigue, the possibility of response bias from repeated exposure to the measures, and the possibility of loss to follow-up. An alternate strategy would be for the control group to receive a different set of services that would benefit the population, but would not be expected to impact the parenting, relationship, or financial responsibility outcomes.

Another limitation is that outcomes were measured only by self-report. Self-report is a very common research method and the funder-required outcome measures were n-FORM based surveys that relied on self-report. Some outcomes are not possible to measure any other way than self-report. However, for others which may be possible to measure objectively, using independent sources to measure outcomes may be considered, such as for income. Another technique to reduce response bias or recall error when using surveys would be to ask participants to keep a journal to track target behaviors such as reaching out to their child, or to have case managers use a calendar-based method to assist participants recall behavior.

In the future, it is recommended that measures be selected in consideration to response bias (i.e., there may be reluctance to answer questions about negative discipline practices such as spanking in a population with a criminal history) and the population (i.e., whether fathers have visitation access to their child to be able to engage in father-child interactions). For example, half (52.5%) of enrolled participants had no parenting agreement, which limits the ability to implement the positive parenting practices gained in the program. Similarly, those who are receiving residential drug or alcohol recovery treatment may not have access to their children or be in a readiness stage for a preventive services program such as the Dads' Club. Substance abuse history was associated with medium workshop dosage and identified as a marker indicating risk for lower program engagement. A majority of Dad's Club participants had a history of substance abuse, indicating a strong need for services among this population. At the same time, consideration should be given to readiness for preventive services among those who are actively in drug or alcohol treatment, as well as the preparation of program staff for meeting needs of those in active treatment. Measurable fatherhood outcomes must be selected in light of the characteristics of the enrolled population. Additionally, process measures to better understand how increased income and employment affects family functioning are recommended to further our understanding of the program outcomes.

The Descriptive Evaluation Analysis sheds light on key areas to explore further. How do we expand supportive services for fathers who are more likely to participate in workshops, are ready for employment, and can implement positive parenting practices? A closer analysis in these key areas will be informative in looking for additional characteristics that will help to define the eligibility criteria for the Dads' Club. The eligibility criteria will assist in finding fathers who are ready to participate and gain the most of parenting and relationship education, economic mobility, and supportive services. Proper timing of services like those provided by the Dads' Club plays a part in the successful completion of the program and positive client outcomes.

Conclusion

Fathers experienced significant improvements from program entrance to exit in numerous factors essential for child and family wellness. The most dramatic changes were in markers of economic stability and positive parenting practices. Monthly income doubled from program entrance to exit, difficulty paying bills decreased by over a full scale level from program entrance to six month post-exit, and positive parenting practices increased by over a full scale level from program entrance to exit. Greater use of program supports, specifically financial workshop attendance, food pantry utilization, transportation vouchers, and supportive services was associated with increased regular employment and monthly income from program entrance to exit. Findings are consistent with our theory of change that program activities will lead to increased economic stability and fatherhood outcomes. Fathers with lower income engaged in greater program support utilization: more financial workshop attendance, more food pantry use, and more supportive services. Those with lower education also utilized more supportive services. These client characteristics may be indicators for program managers to forecast greater spending on support resources. Our findings also suggested that lower education may be a barrier to

workshop attendance. This finding needs further research to determine how to adapt to mitigate this barrier and greater allocation of case manager time may be needed.

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VI. APPENDICES 404-429-1259

Based on our guidance for the report sections, the report **may** include the following appendices (note: it may not be necessary to include all of these appendices):

A. Logic model (or theory of change) for program

Logic Model-VCC Pathways to Fatherhood

Project Goal: To promote Responsible Fatherhood, Healthy Marriage/Relationships, and Economic Stability among the fathers and other paternal care givers of low-income, multi-ethnic families in north San Diego County.

Assumptions		Inputs		Activities		Outputs		Outcomes
Access to Responsible Fatherhood, Healthy Marriage, and Economic Stability programming and resources increases the success of low-income families in relation to communication, parenting, and economic self-sufficiency	→	Funding from ACF and other sources to be solicited;	→	Apply to ACF by 7/28/2011 to obtain Pathways to Responsible Fatherhood funding; develop presentation on Dads' Club program results to promote expansion, replication, and sustainability; solicit funding from other governmental, commercial and private sources to build program sustainability.	→	ACF contract, Grant requests to other funders	→	Funding obtained to support, sustain, and expand provision of Responsible Fatherhood, Healthy Marriage, and Economic Stability programming throughout north San Diego County.
Evidence-based curricula are effective tools to provide positive parenting and marriage and relationship skills training	→	Evidence-based curricula & training/TA	→	Purchase Within Our Reach and Within My Reach (WOR/WMR) curricula in English and Spanish from PREP; obtain PREP training and TA for project staff.	→	copies of curricula on file	→	Effective, evidence-based tools to provide effective Responsible Fatherhood and Healthy Marriage Stability training to low-income fathers
Engagement of community partners with relevant experience and resources increases program effectiveness.	→	Community Partners	→	Finalize MOUs/ informal agreements with project partners	→	MOUs, letters of agreement on file;	→	Increased capacity to provide effective Responsible Fatherhood, Healthy Marriage, and Economic Stability programming.
Input and feedback from target community members, community leaders, and project partner agencies increases program effectiveness	→	Project Advisory Committee (AC)	→	Review & revise Project Plan, CM protocols, and curricula; pilot test WOR/WMR curricula; revise curricula based on feedback from pilot participants and AC	→	Committee roster, minutes, revised curricula on file;	→	Increased capacity to provide effective Responsible Fatherhood, Healthy Marriage, and Economic Stability programming.
Trained, experienced, bilingual/bicultural Case Manager/Educators provide effective services to the target population of low-income, multi-ethnic fathers and other caregivers.	→	Staff time, training and experience; VCC's presence and reputation in community;	→	Hire/retain and train project staff on 24/7 Dad and WOR/WMR curricula; provide 37 cycles of parenting classes and 19 cycles of HMR education annually; provide CM to participating families	→	Resumes and training records on file; Care Plans on file	→	Increased knowledge competency of positive parenting behaviors; Increased knowledge competency of positive relationship skills and behaviors; Increased economic stability; Increased access to and utilization of community resources;

B. Process / Implementation analysis

Workshop dosage was classified into three categories based on frequency of attendance: low (0-3), medium (4-7), and high (8-10) core 24:7 Dads A.M. workshops. Program support utilization was tabulated using frequencies. Categorical client characteristics with multiple responses was reduced to two categories. Chi-square analyses was used to examine relationships between categorical client characteristics and program dose. One-way analysis of variance (ANOVA) was used to examine the relationship between traumatic stress exposure (a continuous variable) and program dose. Results were considered significant when the *p*-value is less than 0.05. The Statistical Package for Social Sciences (SPSS) was used for analyses. Program satisfaction was constructed as the sum of each response per domain and a sum of all responses was created for a total program satisfaction score. The internal consistency of each domain and for the entire scale was evaluated using Cronbach's alpha. An alpha level of .70 or higher is considered satisfactory. The Cronbach's alpha was: 0.92. Three program fidelity scores were calculated: an average percent of workshop activities covered, an average percent of workshop learning objectives met, and an average observer workshop rating score.

As shown in Figure B.1., the most common race among non-Hispanic participants was white, followed by African American.

Figure B.1. Race of non-Hispanic participants

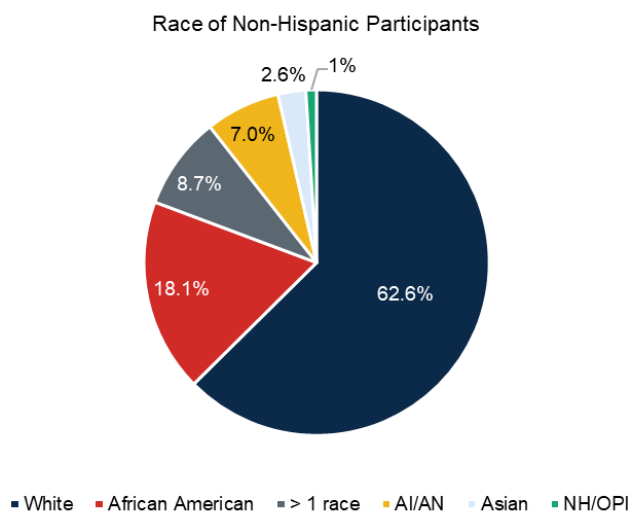


Table B.1. provides information on how often (on average) each program support was utilized among the analytic sample.

Table B.1. Program support utilization among analytic sample

Program Support	80% program completers + matched sample
Financial Workshop: % attended	67.4
Food Pantry: Number visits (M)	5.5
Transportation Vouchers: Number provided (M)	3.7
Transportation Vouchers: Dollar value (M)	43.3
Supportive Services: Number provided (M)	1.0
Support Services: Dollar value (M)	19.2
Case Manager-Delivered Workshop: Number (M)	2.2

Implementation/Process Study Results

Table B.2. provides results from Implementation/Process Question 1, examining the association between client characteristics and program dose. Figures illustrating the two significant findings were provided in the body of the report.

Table B.2. Client characteristics and program dose

Characteristic % (N) or M (SD)	Core 24/7 Workshop Dosage				Significance Test
	All N = 880	Low (0-3) N = 244	Medium (4-7) N = 79	High (8-10) N = 557	
Age <18-34	51.6 (454)	52.9 (129)	48.1 (38)	51.5 (287)	$\chi^2 (2, 880) = 0.55$, p = .76
Ethnicity Hispanic	53.7 (472)	49.0 (119)	54.4 (43)	55.7 (310)	$\chi^2 (2, 879) = 3.06$, p = 0.22
Highest Degree < high school	28.2 (242)	32.8 (78)	16.9 (13)	27.8 (151)	$\chi^2 (2, 858) = 7.37$, p = 0.03
Income < \$500/month	63.5 (551)	62.0 (147)	74.4 (58)	62.6 (346)	$\chi^2 (2, 868) = 4.40$, p = 0.11
Health Insurance, No	27.2 (239)	30.7 (75)	30.4 (24)	25.1 (140)	$\chi^2 (2, 880) = 3.15$, p = 0.21
Disability, Yes	14.9 (131)	17.2 (42)	12.7 (10)	14.2 (79)	$\chi^2 (2, 880) = 1.57$, p = 0.46
Mental Health History, Yes ^a	35.7 (314)	36.6 (89)	34.2 (27)	35.5 (198)	$\chi^2 (2, 879) = 0.18$, p = 0.92
Substance Abuse History, Yes	67.8 (595)	64.6 (157)	85.9 (67)	66.7 (371)	$\chi^2 (2, 877) = 13.14$, p = 0.001
Criminal History, Yes ^b	73.7 (646)	72.3 (175)	81.0 (64)	73.2 (407)	$\chi^2 (2, 877) = 2.49$, p = 0.29
Unstable Relationship History, Yes ^c	51.8 (455)	52.5 (127)	41.8 (33)	53.0 (295)	$\chi^2 (2, 878) = 3.53$, p = 0.17
Traumatic Stress Exposure ^d	2.72 (2.51)	2.82 (2.53)	2.71 (2.72)	2.68 (2.48)	F (2, 864) = 0.27, p = .77

^aSelf-reported diagnosis of schizophrenia, depression, anxiety, or PTSD

^bSelf-reported currently on probation or parole; pending or prior misdemeanors, or pending or prior felonies

^cSelf-reported current or prior involvement with CWS/CPS; restraining order with MOC; history of violence; or pending or recent domestic violence case

^dSummary of traumatic life events endorsed using Foa, E. B., Riggs, D. S., Dancu, C. V., & Rothbaum, B. O. (1993). Reliability and validity of a brief instrument for assessing posttraumatic stress disorder. *Journal of Traumatic Stress*, 6, 459-473, range 0-12

Table B.3. provides results from Implementation/Process Question 1, examining the association between client characteristics and program support utilization.

Table B.3. Association of client characteristics with program support utilization

Client Characteristic	Financial Workshop	Food Pantry	Transportation Voucher (#)	Transportation Voucher (\$)	Supportive Services (#)	Supportive Services (\$)	Case Manager Delivered Workshop
Age (%) 18-34	$\chi^2 (1, 880) = 0.02$, $p = .88$	$F (1,879) = 0.86$, $p = .36$	$F (1,879) = 0.14$, $p = .71$	$F (1,879) = 0.33$, $p = .57$	$F (1, 879) = 4.82$, $p = .03$	$F (1, 879) = 1.60$, $p = .21$	$F (1, 879) = .18$, $p = .67$
Race/ethnicity (%) Hispanic	$\chi^2 (1, 879) = 0.05$, $p = .83$	$F (1,878) = 1.50$, $p = .22$	$F (1,878) = 0.02$, $p = .88$	$F (1,878) = 0.26$, $p = .61$	$F (1,878) = 0.18$, $p = .67$	$F (1,878) = 0.13$, $p = .72$	$F (1,878) = 6.00$, $p = .02$
Education (%) < high school	$\chi^2 (1, 858) = 6.06$, $p = .01$	$F (1,857) = 1.32$, $p = .25$	$F (1,857) = 0.64$, $p = .43$	$F (1,857) = 2.18$, $p = .14$	$F (1,857) = 3.83$, $p = .05$	$F (1,857) = 2.38$, $p = .12$	$F (1,857) = 6.94$, $p = .01$
Income (%) < than \$500/mo	$\chi^2 (1, 868) = 11.14$, $p = .00$	$F (1,867) = 3.76$, $p = .05$	$F (1,867) = 0.95$, $p = .33$	$F (1,867) = 0.35$, $p = .55$	$F (1,867) = 1.41$, $p = .24$	$F (1,867) = 4.03$, $p = .05$	$F (1,867) = 10.96$, $p = .00$
Health Insurance (% no)	$\chi^2 (1, 880) = 2.66$, $p = .06$	$F (1,879) = 4.23$, $p = .04$	$F (1,879) = 7.80$, $p = .01$	$F (1,879) = 5.87$, $p = .02$	$F (1,879) = 0.02$, $p = .89$	$F (1,879) = 0.07$, $p = .80$	$F (1,879) = 3.13$, $p = .08$
Disabled (% yes)	$\chi^2 (1, 880) = 6.97$, $p = .01$	$F (1,879) = 0.44$, $p = .51$	$F (1,879) = 0.55$, $p = .48$	$F (1,879) = 0.49$, $p = .48$	$F (1,879) = 1.44$, $p = .23$	$F (1,879) = 0.72$, $p = .40$	$F (1,879) = 0.00$, $p = 1.00$
Mental health (%) Hist. of diagnosis	$\chi^2 (1, 879) = 7.48$, $p = .00$	$F (1,878) = 0.50$, $p = .48$	$F (1,878) = 0.52$, $p = .47$	$F (1,878) = 0.00$, $p = .99$	$F (1,878) = 1.74$, $p = .19$	$F (1,878) = 4.93$, $p = .03$	$F (1,878) = 1.14$, $p = .29$
Substance abuse (%) History of issue	$\chi^2 (1, 877) = 15.15$, $p = .00$	$F (1,876) = 1.51$, $p = .22$	$F (1,876) = 0.01$, $p = .92$	$F (1,876) = 0.61$, $p = .44$	$F (1,876) = 1.48$, $p = .22$	$F (1,876) = 0.07$, $p = .80$	$F (1,876) = 14.47$, $p = .00$
Criminal involvement (%) History of issue	$\chi^2 (1, 877) = 12.42$, $p = .00$	$F (1,876) = 4.32$, $p = .04$	$F (1,876) = 1.64$, $p = .20$	$F (1,876) = 1.07$, $p = .30$	$F (1,876) = 0.07$, $p = .79$	$F (1,876) = 0.28$, $p = .60$	$F (1,876) = 10.60$, $p = .00$
Unstable relationship (%) History of issue	$\chi^2 (1, 878) = 0.00$, $p = .99$	$F (1,877) = 0.13$, $p = .72$	$F (1,877) = 0.12$, $p = .73$	$F (1,877) = 0.27$, $p = .60$	$F (1,877) = 0.73$, $p = .39$	$F (1,877) = 0.14$, $p = .71$	$F (1,877) = 0.01$, $p = .92$
Traumatic event history # of events	$F (1,864) = 1.31$, $p = .25$	$r = .08$, $p = .01$	$r = -.01$, $p = .86$	$r = .04$, $p = .29$	$r = -.00$, $p = .91$	$r = .00$, $p = .91$	$r = -.05$, $p = .16$

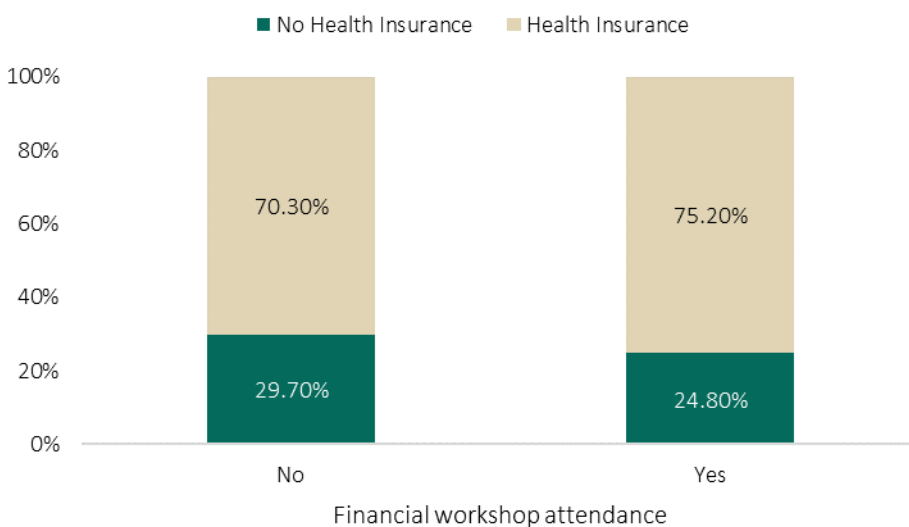
Education and income were the most common correlates of program support utilization and were discussed in the main body of the report. Additional results and illustrations are provided here.

Financial Workshop

The financial workshop assisted fathers gaining essential money management skills. Utilization of this program support was lower among those with no health insurance ($\chi^2 (1, 880) = 2.66, p = .06$), who had a disability ($\chi^2 (1, 880) = 6.97, p = .01$), and who had history of substance abuse ($\chi^2 (1, 877) = 15.15, p = .00$) and criminal involvement ($\chi^2 (1, 877) = 12.42, p = .00$), and higher among participants with history of a mental health diagnosis ($\chi^2 (1, 879) = 7.48, p = .00$).

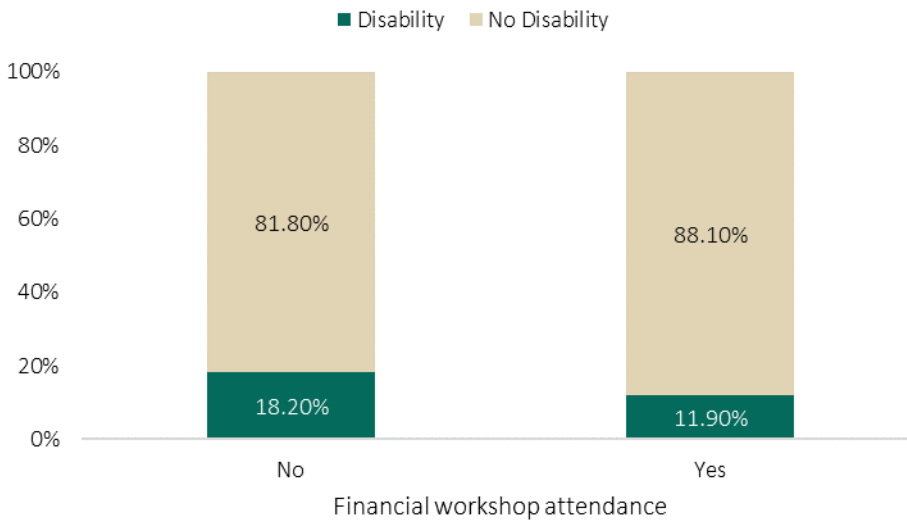
As shown in Figure B.2., those without health insurance had higher rates of not attending the financial workshop than those with health insurance. Given the possibility that unequal sample sizes in groups affected results, future research is needed to understand this finding.

Figure B.2. Association between not having health insurance and lower financial workshop attendance



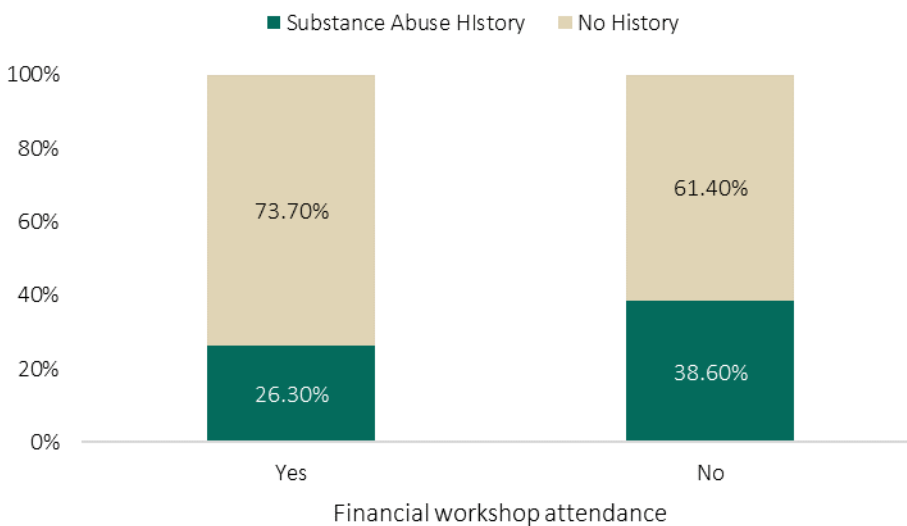
As shown in Figure B.3., those with a disability had higher rates of not attending the financial workshop than those without a disability. Given the possibility that unequal sample sizes in groups affected results, future research is needed to understand this finding.

Figure B.3. Association between disability and financial workshop attendance



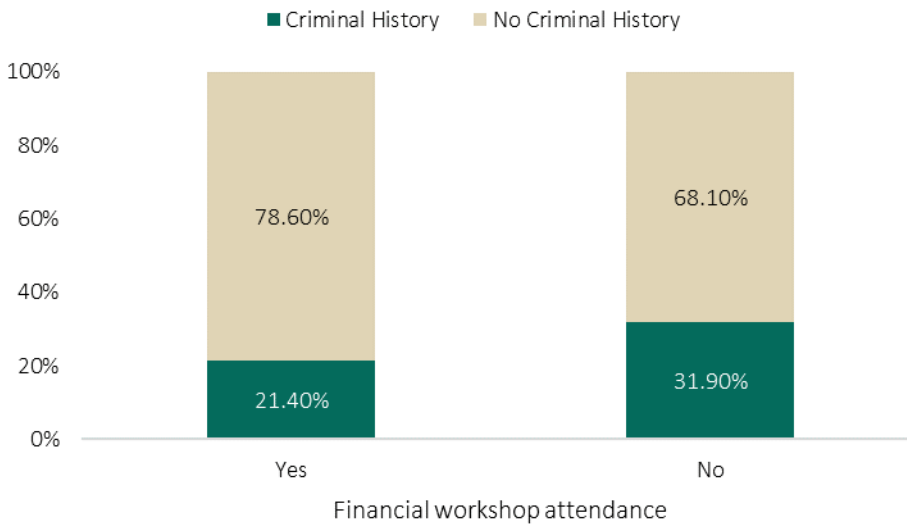
As shown in Figure B.4., those with a substance abuse history had higher rates of not attending the financial workshop than those with no substance abuse history. Given the possibility that unequal sample sizes in groups affected results, future research is needed to understand this finding.

Figure B.4. Association between substance abuse history and lower financial attendance workshop



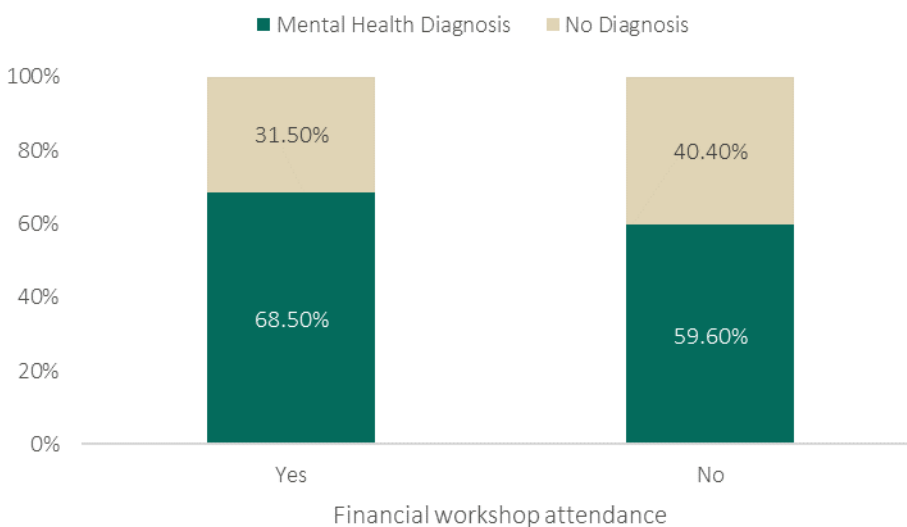
As shown in Figure B.5., those with a criminal history had higher rates of not attending the financial workshop than those with no criminal history. Given the possibility that unequal sample sizes in groups affected results, future research is needed to understand this finding.

Figure B.5. Association between criminal history and lower financial workshop attendance



As shown in Figure B.6., those with a history of a mental health diagnosis had higher rates of financial workshop attendance than those with no history of a mental health diagnosis. Given the possibility that unequal sample sizes in groups affected results, future research is needed to understand this finding.

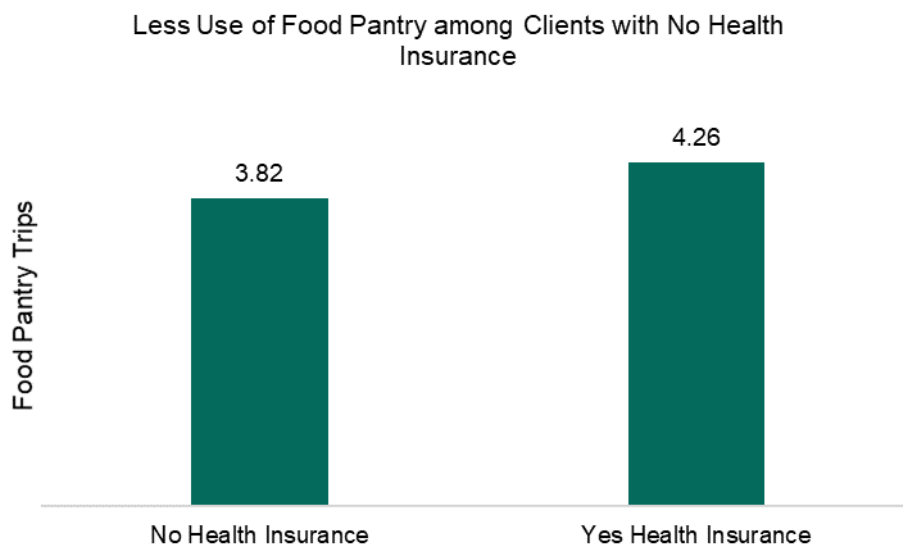
Figure B.6. Mental health diagnosis associated with financial workshop attendance



Food Pantry

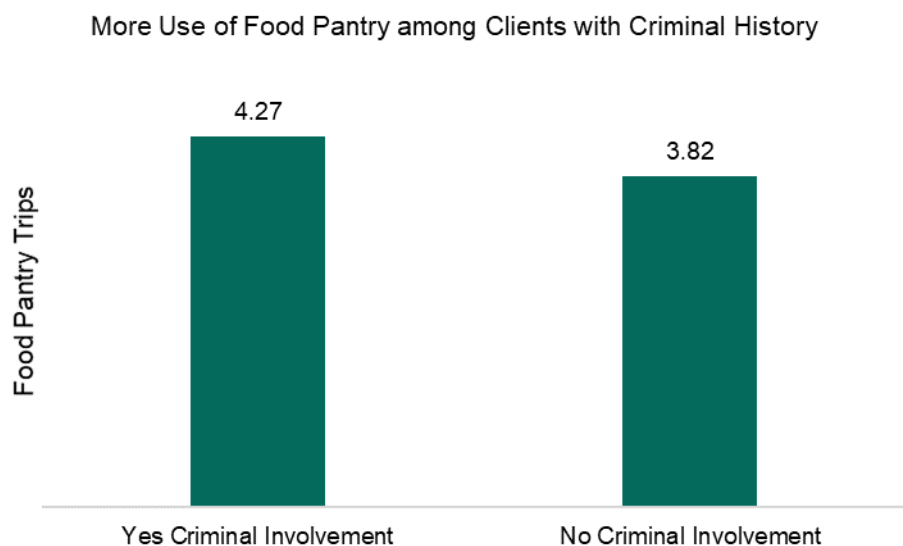
As shown in Figure B.7., there was more food pantry use among participants with health insurance.

Figure B.7. Association between food pantry use and having health insurance



As shown in Figure B.8., there was more food pantry use among clients with a criminal history.

Figure B.8. Association between food pantry use and criminal history

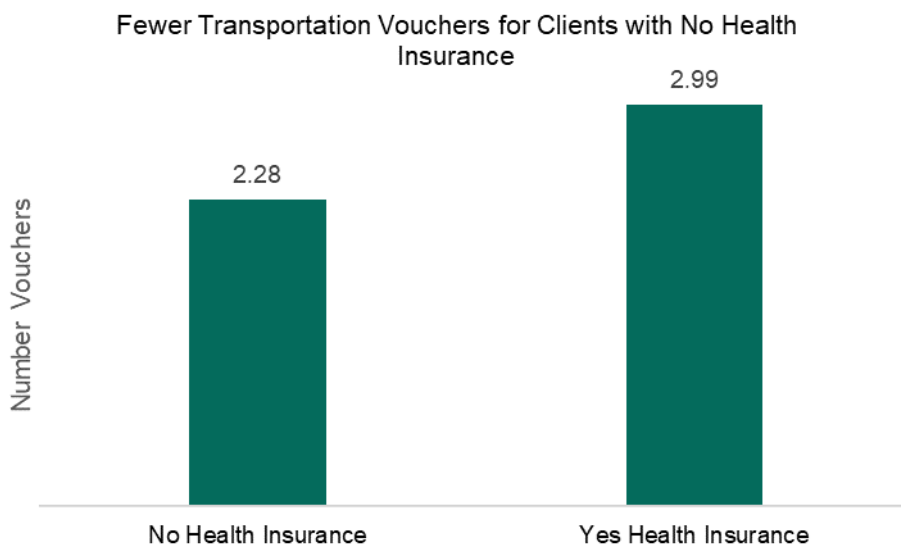


There was more food pantry use among clients with more traumatic experiences (not pictured due to lack of yes/no categories for the traumatic experiences scale).

Transportation Voucher

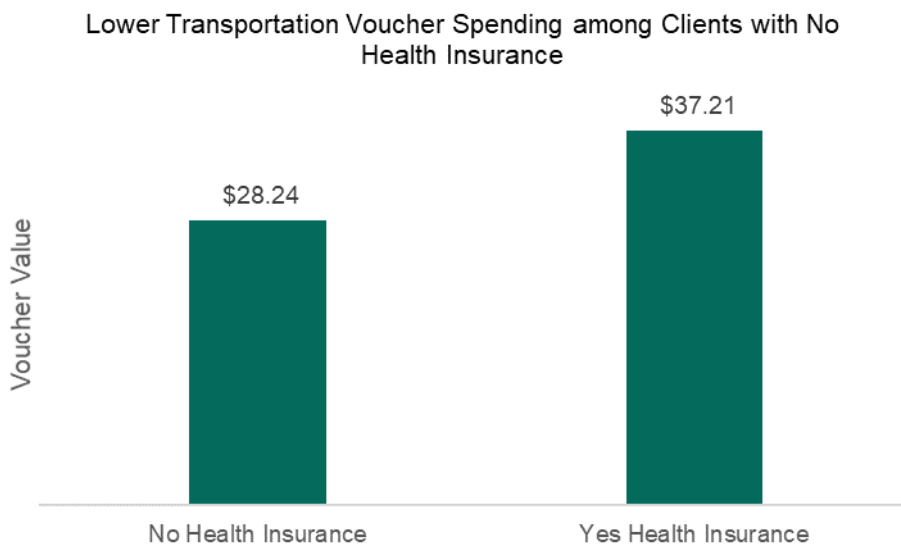
As shown in Figure B.9., there was higher transportation voucher use among participants with health insurance.

Figure B.9. Association between number of transportation vouchers and having health insurance



As shown in Figure B.10., spending on transportation voucher use was higher for participants with health insurance.

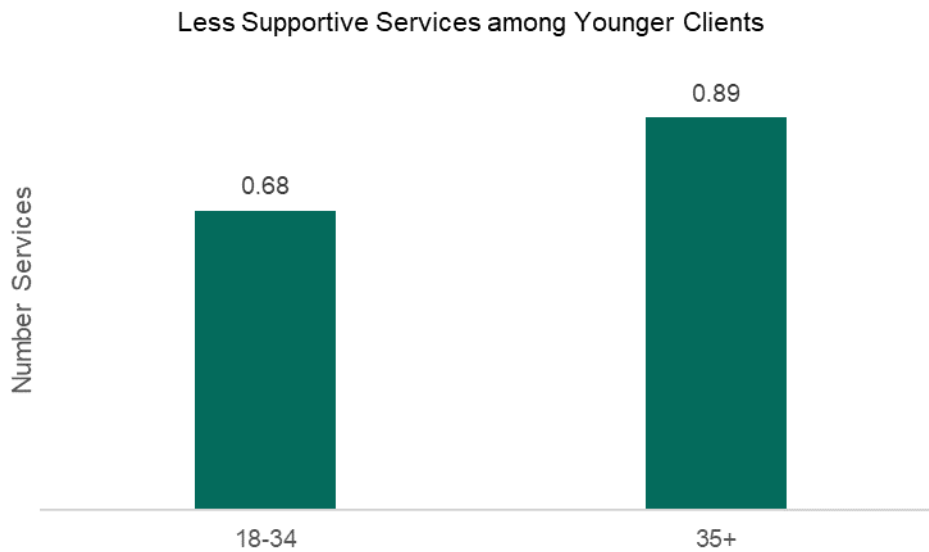
Figure B.10. Association between transportation voucher spending and having health insurance



Supportive Services

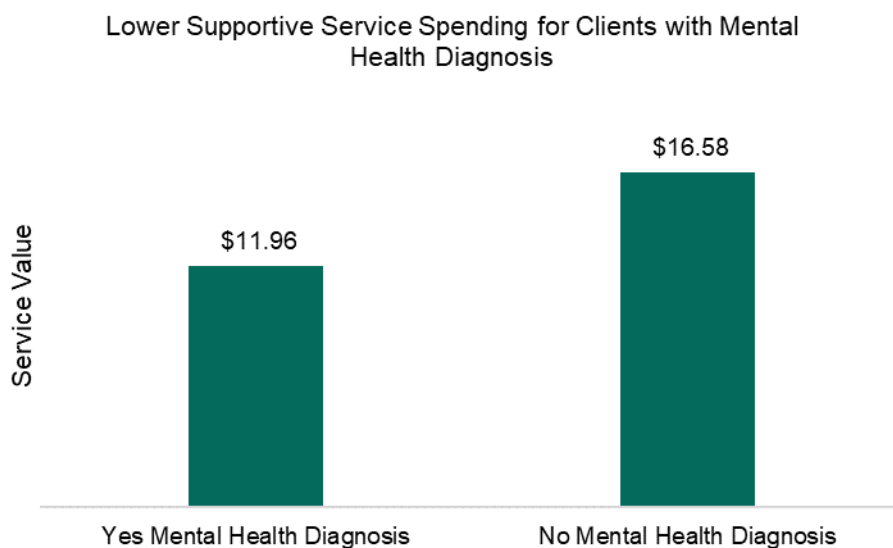
As shown in Figure B.11., there was less supportive service use among clients age 18 to 35.

Figure B.11. Less supportive services among clients age 18-35



As shown in Figure B.12., there was less supportive service spending for clients with a history of a mental health diagnosis.

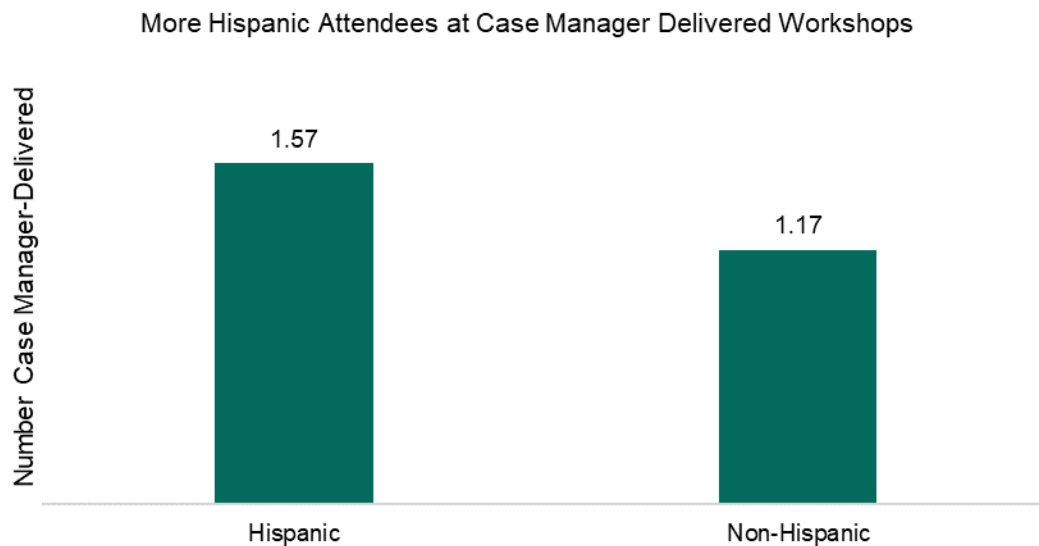
Figure B.12. Association between supportive service spending and mental health history



Case Manager Delivered Workshops

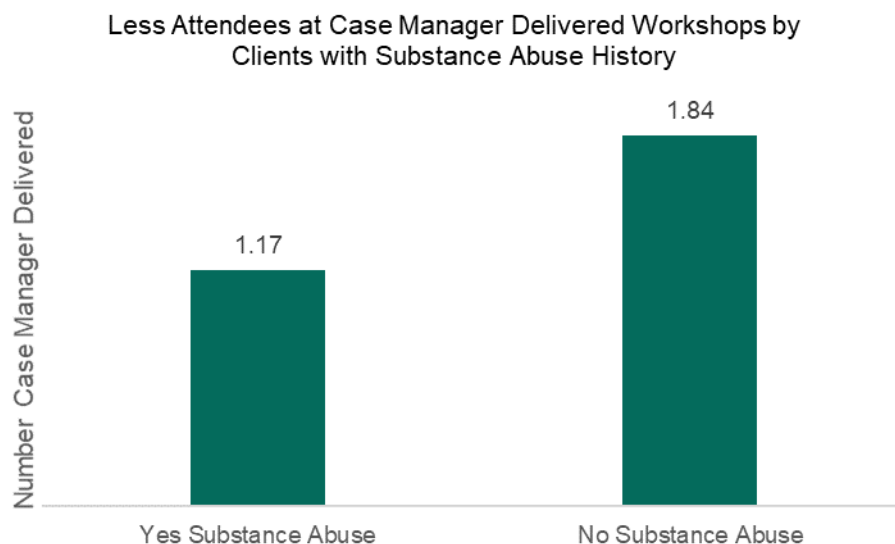
As shown in Figure B.13., there were more Hispanic attendees at case manager delivered workshops

Figure B.13. Ethnicity and case manager delivered workshops



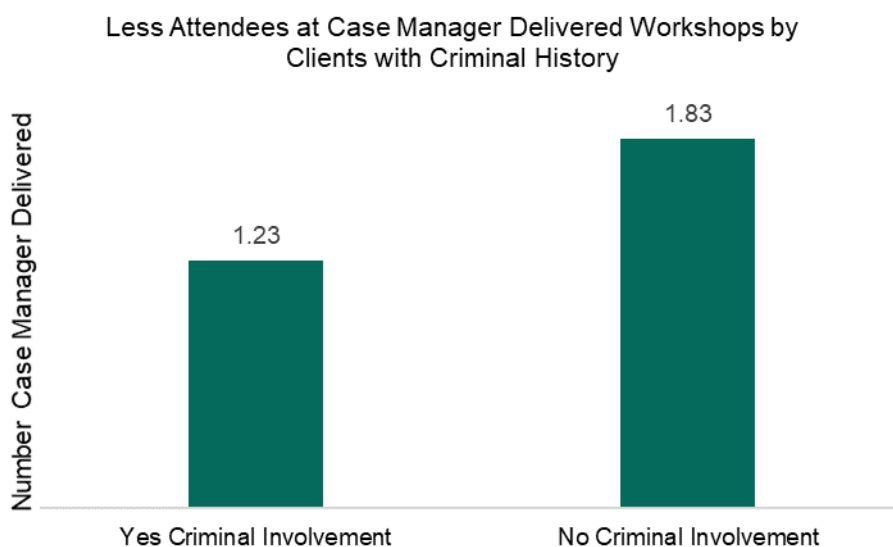
As shown in Figure B.14., there was fewer case manager delivered workshops for clients with a history of substance abuse.

Figure B.14. Association between case manager delivered workshops and substance abuse history



As shown in B.15, there was less attendance at case manager delivered workshops by clients with a criminal history.

Figure B.15. Association between case manager delivered workshops and criminal history



C. Outcomes study data cleaning and preparation

The data export in nFORM was downloaded to obtain a full report of survey responses from enrolled participants. The selected parenting, relationship, and financial responsibility outcome survey questions were copied from the data export and moved into a new workbook along with the participant's ID number. The entrance scores were included in the workbook twice so that the magnitude of change could be evaluated from program entrance to program exit and from program entrance to six months post-exit.

Survey responses required some data cleaning in order to create a matched sample. Only clients who answered the program entrance and exit surveys were included in the analysis. If a client had responded to a survey question at program entrance but then did not answer the question at exit (ex. Did not complete the exit survey or survey skip patterns) then their program entrance score was removed so that they would not be included in the average program entrance calculation. The same was done for program exit scores. If the client was missing their entrance response but had answered that same question during the exit survey then the exit survey response was removed. This process created a matched sample of responses.

Additional survey responses from the data export were also added to the new workbook such as demographics and the client's visitation status with their youngest child. Program support utilization was recorded in an external Excel spreadsheet. The program support utilization items were copied from the external Excel spreadsheet and moved to the evaluation workbook matched by participant ID.

The data export in Survey Monkey was downloaded to obtain a full report of survey responses from enrolled participants. This was sorted in ascending order by participant ID and duplicates

were removed. The dataset was cleaned to create a matched sample. Only clients who answered the program entrance and six month post-program surveys were included in the analysis. If a client had responded to a survey question at program entrance but then did not answer the question at six month post program (ex. Did not complete the exit survey or survey skip patterns) then their program entrance score was removed so that they would not be included in the average program entrance calculation. The same was done for program exit scores. If the client was missing their entrance response but had answered that same question during the six month post program survey then the post survey response was removed. This process created a matched sample of responses in order to analyze true magnitude of change.

Several nFORM questions were reverse coded so that all outcomes could be interpreted as higher scores reflecting positive changes. Change scores were calculated by subtracting program entrance from program exit scores, or program entrance from six months post program scores. Most scales are set up scaling less to more frequent, subtracting program entrance score from program exit score and finding a positive value indicates an increase in the measured construct. For example, Father-Child Interaction 3, "How often did you talk to [Child 1] about what he/she did wrong?" contains response options never (1), a few times a month (2), a few times a week (3), and every day or almost every day (4). The possible range of change scores is the highest value on the scale (4) minus the lowest value on the scale (1), 1 to 4. A positive change score occurs when frequency increases from program entrance to exit, such as frequency is 1 at program entrance and 4 at program exit, for a change score of 3 ($4 - 1 = 3$). A negative change score occurs when frequency decreases from program entrance to exit, such as frequency is 4 at program entrance and 1 at program exit, for a change score of -3 ($1 - 4 = -3$). All data were combined into a single SPSS database.

D. Attrition analyses and tables

Table D.1. evaluates baseline differences between the program exit analytic sample (N = 527) and those who were excluded from the program exit analytic sample due to not completing a post program survey and/or not completing 8 core 24/7 workshops (N = 353). There were few baseline differences between samples. Those excluded had lower levels of regular employment and were less likely to have child visitation rights.

Table D.1. Summary statistics of key baseline measures and baseline differences for the analytic sample compared with enrollees who did not complete follow-up data collection

Baseline Measure	Program Entrance mean (SD) or % (N) for those in program exit analytic sample	Program Entrance mean (SD) or % (N) for those not in program exit analytic sample	p-value
Age (< 18 to 34)	51.4 (271)	51.8 (183)	.90
Ethnicity (Hispanic)	55.6 (292)	50.9 (179)	.17
Highest Degree (less than high school)	27.8 (143)	28.9 (99)	.12
Income (less than \$500/month)	62.5 (327)	64.9 (224)	.26
Relationship status (currently in a relationship)	50.4 (265)	46.9 (165)	.31
Child visitation status (no visitation agreement)	51.8 (192)	53.6 (133)	.00

Baseline Measure	Program Entrance mean (SD) or % (N) for those in program exit analytic sample	Program Entrance mean (SD) or % (N) for those not in program exit analytic sample	p-value
Last saw child 1	5.03 (2.01)	4.75 (2.18)	.44
Reaching out to child 1	2.56 (1.19)	2.55 (1.21)	.91
Talking to child 1 about what did wrong	3.01 (1.06)	2.71 (0.86)	.18
Parenting practices	3.85 (1.34)	3.81 (1.40)	.83
Buying things for child 1 (yes)	41.4 (151)	36.3 (90)	.12
Conflict resolution	2.36 (.72)	2.42 (.58)	.73
Difficulty paying bills	2.24 (1.12)	2.27 (1.05)	.65
Regular Employment	54.1 (285)	45.4 (153)	.01
Monthly income	738.56 (1136.95)	660.76 (1072.97)	.31
Sample size	527	353	

Note. 1-way ANOVA used for ordinal variables (e.g., last saw child); chi-square used for categorical variables (e.g., ethnicity).

Table D.2. shows the attrition rates for each outcome variable. The rates of missing outcome variables generally matched the overall program attrition rate. The notes section includes information on the administration/skip pattern in nFORM for each variable.

Table D.2. Proportion missing each outcome variable

Outcome variable	Number with Program Entrance Score	Number with Missing Program Exit Score	Number of those Missing Exit Score due to not being asked ^e	Proportion Missing ^g
Last saw child 1 ^a	614	255	43	35%
Reaching out to child 1 ^a	596	254	42	36%
Talking to child 1 about what did wrong ^b	394	167	42	32%
Parenting practices	478	161	0	34%
Buying things for child 1 ^c	613	278	43	38%
Conflict resolution ^d	414	203	39	40%
Difficulty paying bills	859	325	0	38%
Employment ^e	879	37	35 ^f	0.2%
Monthly income ^e	868	48	35 ^f	1%

^aadministered to those who do not live with youngest child

^badministered to those who have an agreement with the mother of the child about spending time with the youngest child; if they have an agreement, the client must have seen the child within the last month

^cadministered to those who do not live with youngest child or left the "live with child" question blank

^dadministered to those who are in a relationship

^enot asked due to skip pattern; conditions leading to administration, such as living with youngest child, changed from program entrance to exit

^fclient is still active and exit form has not yet been completed

^gadjusted for missing due to not being asked question by removing from numerator (# missing program exit score-#missing exit score due to not being asked this question)/#with program entrance score

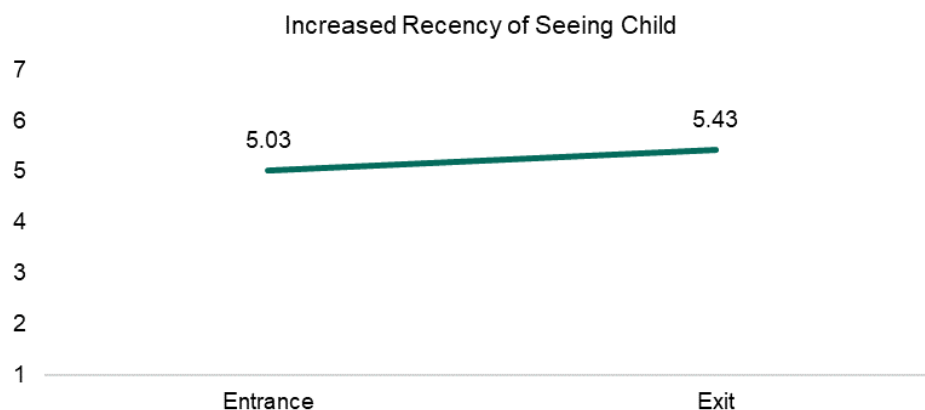
E. Outcomes analyses

Details of the outcomes analysis organized by research question. For questions that involve data coding or complex analysis, discuss the details in this appendix.

Research Question 1

There was a significant increase in how recently fathers saw their child from program entrance to exit. As shown in Figure E.1., fathers reported seeing their child more recently at program exit compared to program entrance.

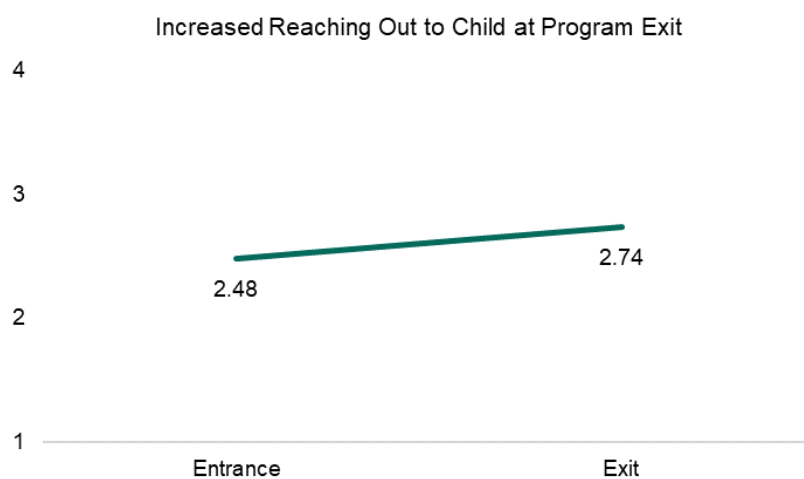
Figure E.1. Increased recency of seeing child



Note: "When was the last time you saw [Child1]?" 1=never; 2=2+years; 3=1-2 years; 4=in the past year; 5=in the past 6 months; 6=in the past month; 7=in the past week; N = 323; p = .000

There was a significant increase in frequency of fathers reaching out to their child from program entrance to exit. As shown in Figure E.2., fathers reported reaching out more frequently to their child at program exit compared to program entrance.

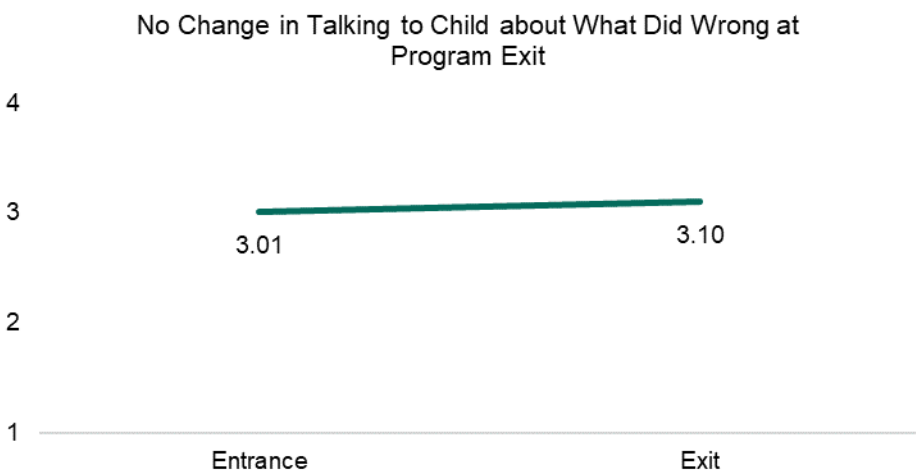
Figure E.2. Increased reaching out to child



Note: "In the past month, how often have you reached out to [Child1] even if [Child1] did not respond? This includes calling on the phone; sending email, letters or cards; texting; or using Facebook or FaceTime." 1=never in the past month; 2=1-3x/month; 3=1-3x/week; 4=every day or almost every day; N = 306; p = .000

The increase in fathers talking to their child about what he/she did wrong from program entrance to exit was not statistically significant (see Figure E.3.).

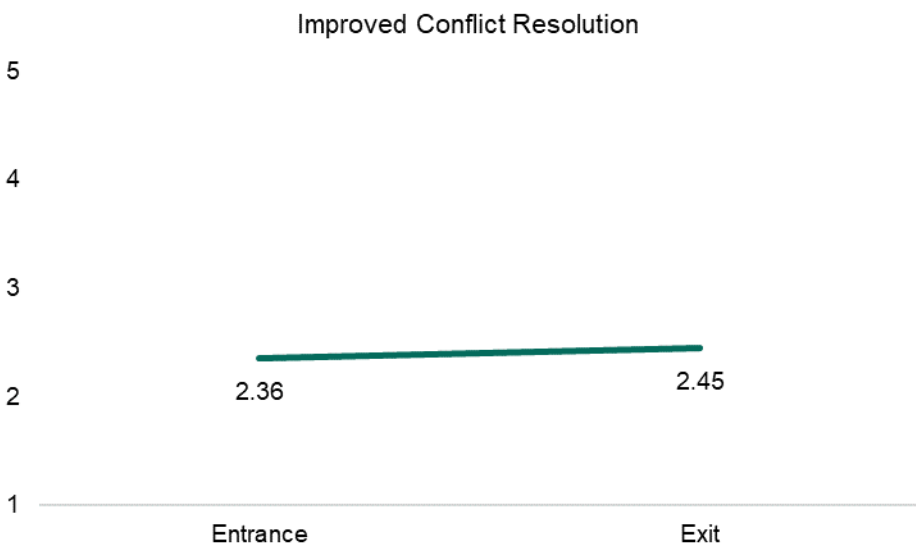
Figure E.3. No change in talking to child about what did wrong



Note. "How often did you talk to [Child 1] about what he/she did wrong?" 1=never; 2=a few times a month; 3=a few times a week; 4=every day or almost every day; N = 203; p = .262

There was an improvement in satisfaction with conflict resolution from program entrance to exit. As shown in Figure E.4., fathers reported higher satisfaction with the way they and their partner/spouse handle conflict at program exit compared to program entrance. This change narrowly missed the cut-off for statistical significance ($p < .05$)

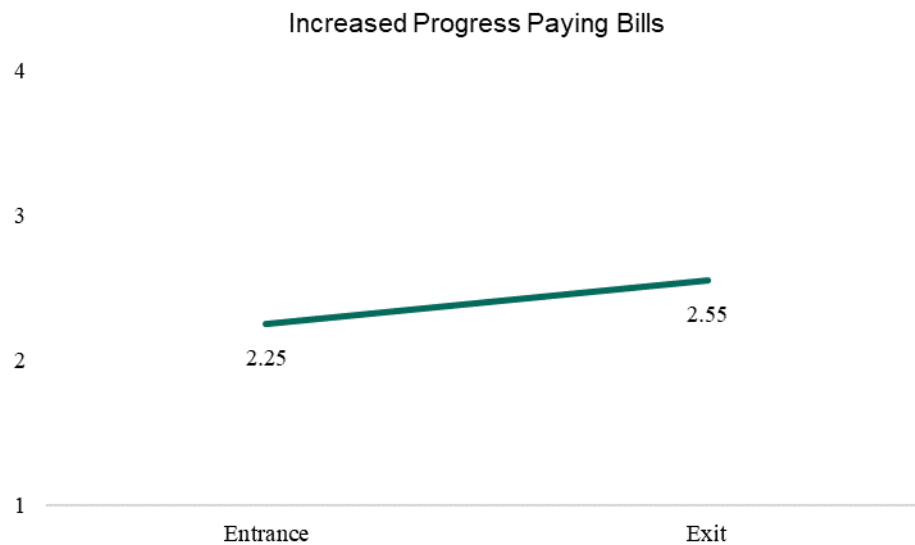
Figure E.4. Improved conflict resolution



Note. "How satisfied are you with the way you and your partner/spouse handle conflict?" 1=not at all satisfied; 2=somewhat satisfied; 3=very satisfied; N = 187; p = .052

As shown in Figure E.5., there was a significant improvement in paying bills from program entrance to exit.

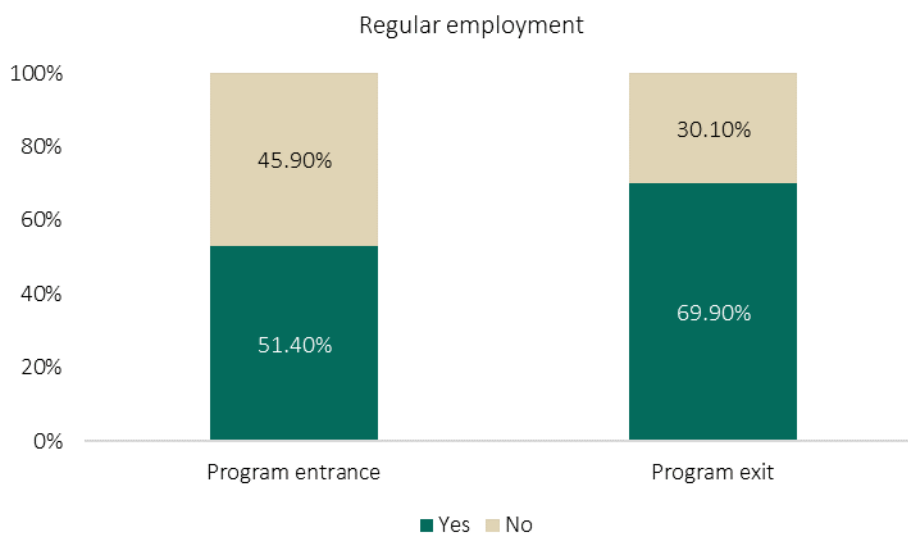
Figure E.5. Increased progress paying bills



Note. How often do you find it difficult to pay your bills? 1=very often; 2=somewhat often; 3=once in a while; 4=never; N = 466; p = .000

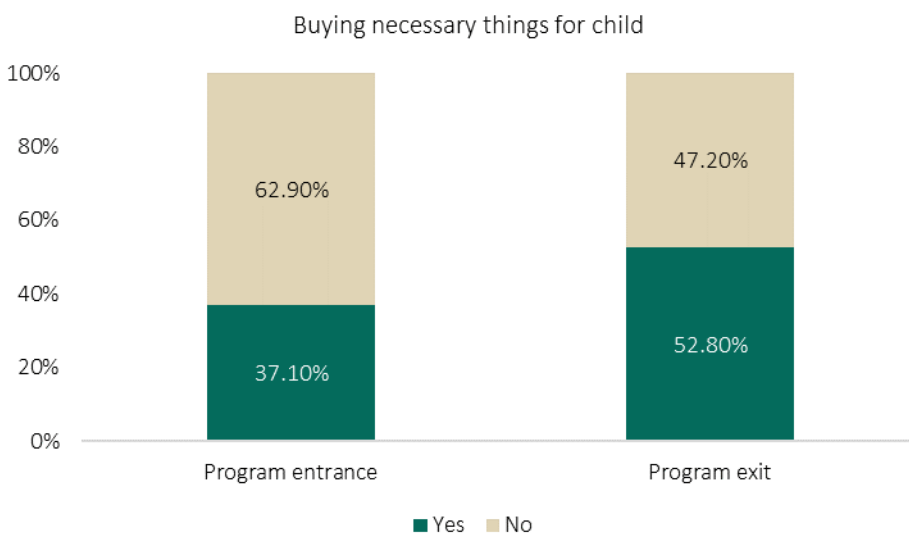
As shown in Figure E.6., there was a significant increase in regular employment from program entrance to exit.

Figure E.6. Increase in regular employment



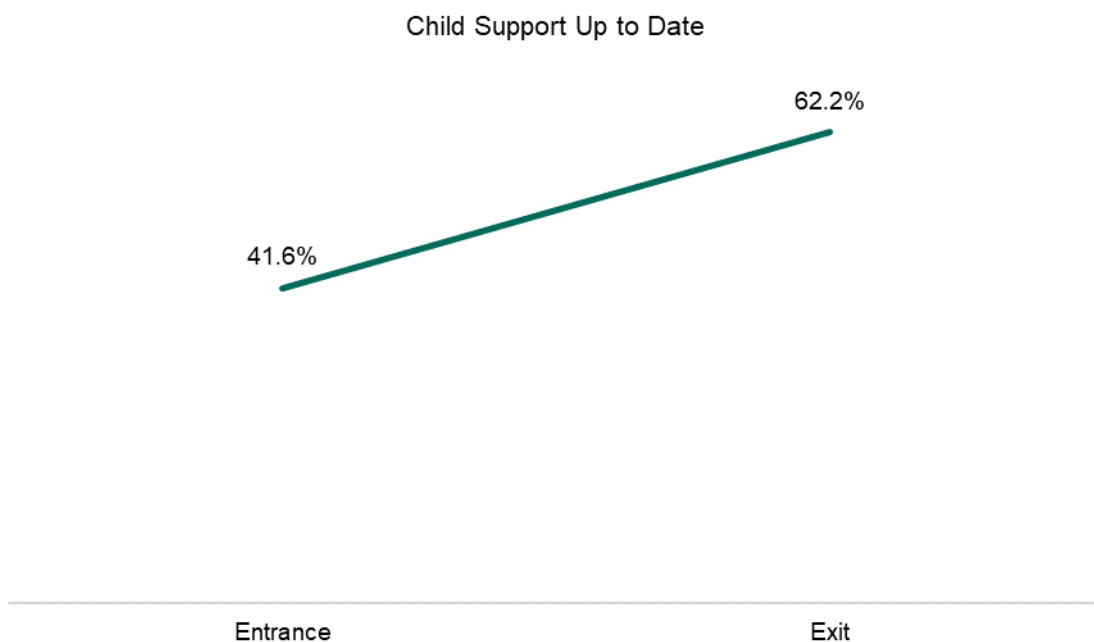
Note. N = 530; p = .000

There was a significant increase in fathers buying necessary things for their child from program entrance to exit. As shown in Figure E.7., fathers reported buying things their child needed more often at program exit compared to program entrance.

Figure E.7. Increase in buying necessary things for child

Note: "In the past month, did you buy things for [Child1] that he or she needed like diapers, clothes, school supplies, medicine, or other things he or she needed?" Yes/No N = 299; $p = .000$; this graph does not reflect the statistical analysis

Although not included in the formal evaluation plan, an exploratory analysis was conducted to examine change in child support being up to date from program entrance to exit. As shown in Figure E.8., there was an increase in child support being up to date from program entrance to exit.

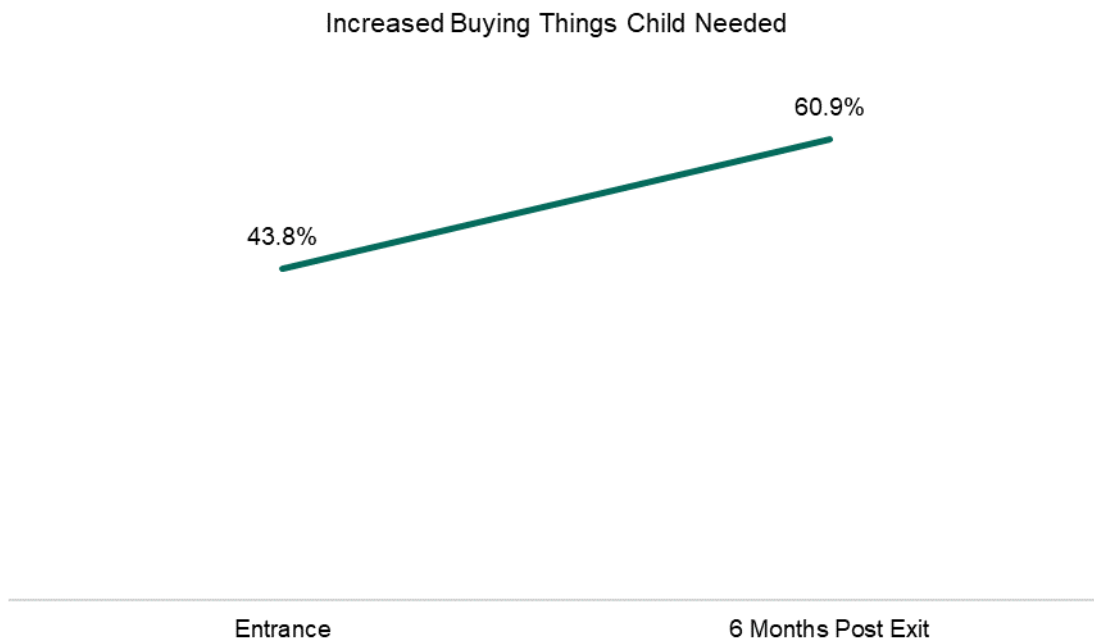
Figure E.8. Increase in current child support

Note: 80% program completion; Matched program entrance and exit; N = 185

Research Question 2

There was a significant increase in buying things the child needed from program entrance to six months post program exit (see Figure E.9.).

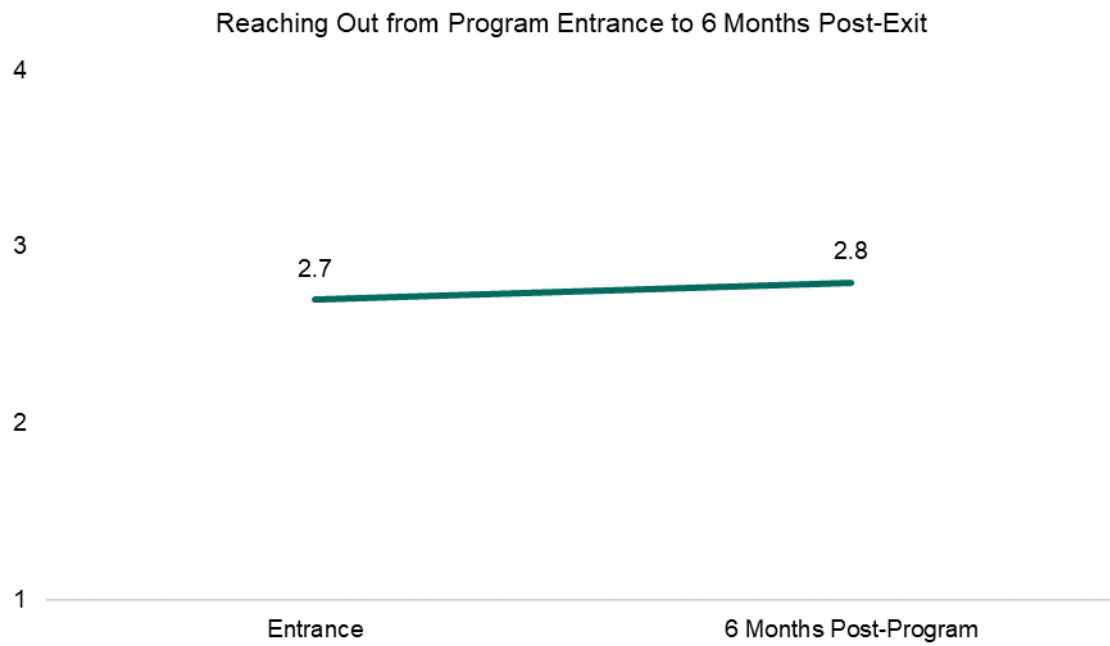
Figure E.9. Increased buying things child needed



Note: "In the past month, did you buy things for [Child1] that he or she needed like diapers, clothes, school supplies, medicine, or other things he or she needed?" Yes/No N = 64; $p = .021$; this graph does not reflect the statistical analysis

There was no change in reaching out from program entrance to six months post-exit (see Figure E.10.).

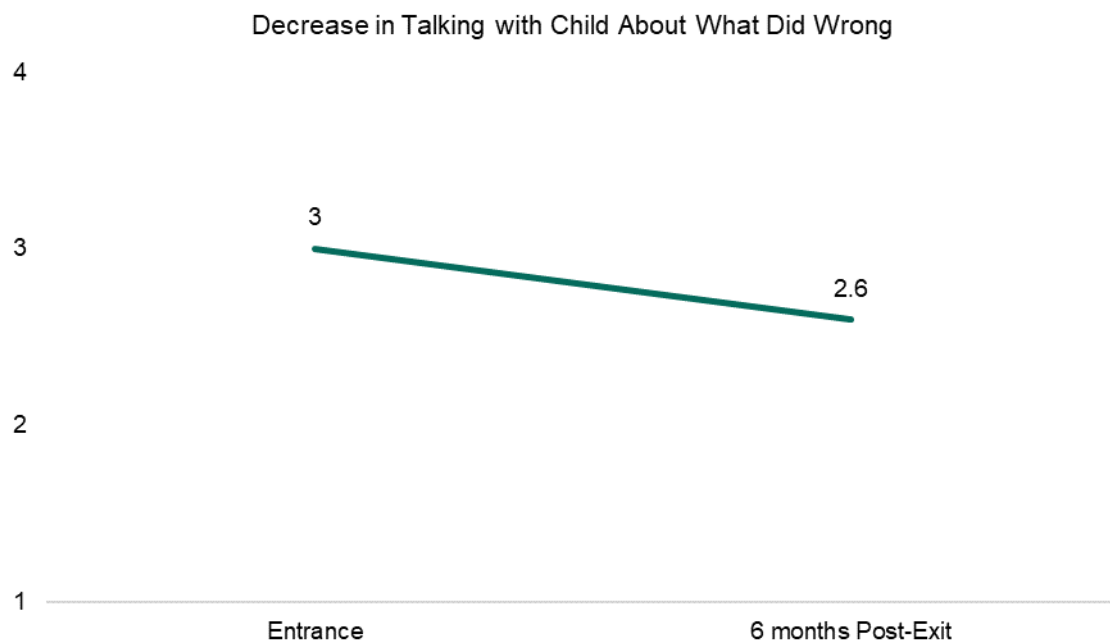
Figure E.10. No change in reaching out to child



Note: 1=never in the past month; 2=1-3x/month; 3=1-3x/week; 4=every day or almost every day

There was a decrease in talking with child about what did wrong from program entrance to six month post-exit (see Figure E.11.). This was an unexpected finding. It is possible that this item was interpreted as a negative behavior by some participants. It is also possible that the family environment improved and there was less negative child behavior for fathers to discuss with their children from program entrance to six months post program exit.

Figure E.11. Decrease in talking with child about what did wrong



Note. 1=never; 2=a few times a month; 3=a few times a week; 4=every day or almost every day; N = 84; p = .006

Research Question 4

Table E.1. Association between program support utilization and change in employment

Supportive Service	Association with Change in Employment
Financial workshop attendance (no, 0; yes; 1)	.133***
Food Pantry Trips (#)	.115**
Transportation vouchers (#)	.124***
Transportation vouchers (\$)	.051
Support services (#)	.119***
Support services (\$)	.147***
Case manager-delivered workshops (#)	-.110**
Sample size	499

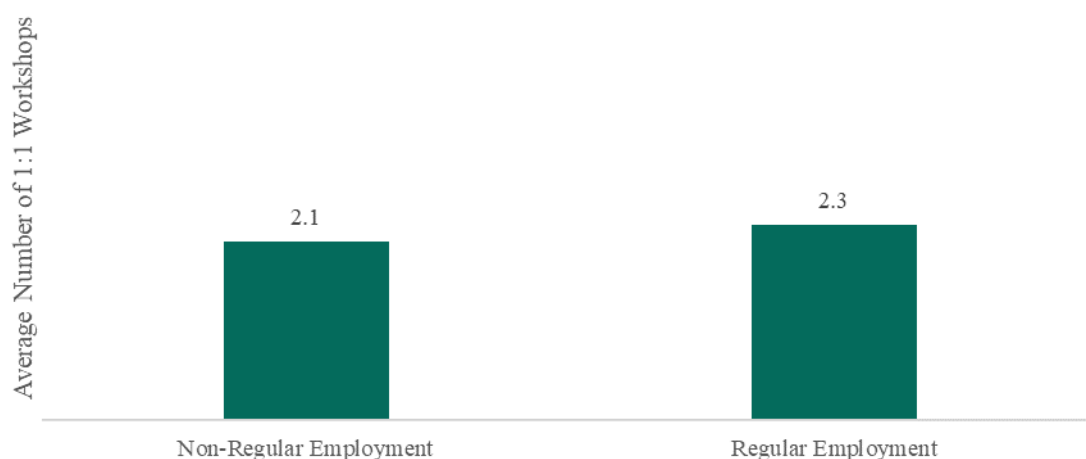
*Significantly different from zero at the .10 level, two-tailed test.

**Significantly different from zero at the .05 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

Correlational analysis demonstrated a small association between fewer case manager-delivered workshops and an increase in regular employment. The data visualization technique did not provide the same interpretation (see Figure E.12). Those with regular employment at program exit received an average of 2.3 case manager delivered workshops, compared to 2.1 for those with non-regular employment at program exit. Correlational results may have been influenced by an outlier, which occurs when there is a response from one participant that is much different than the rest.

Figure E.12. Number of case manager delivered workshops comparable between employment outcomes



Three out of the five program supports were associated with increases in income: greater financial workshop attendance, more transportation vouchers (both number of vouchers and spending on vouchers), and more supportive services (both number of services and spending on services).

Table E.2. Association between program support utilization and change in income

Supportive Service	Association with Change in Income
Financial workshop attendance (no, 0; yes; 1)	.112**
Food Pantry Trips (#)	.062
Transportation vouchers (#)	.161***
Transportation vouchers (\$)	.125***
Support services (#)	.115***
Support services (\$)	.127***
Case manager-delivered workshops (#)	-.034
Sample size	514

*Significantly different from zero at the .10 level, two-tailed test.

**Significantly different from zero at the .05 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

Non-significant results

Supportive Service	Association with Change in Frequency of Reaching Out Child
Financial workshop attendance (no, 0; yes; 1)	.046
Food Pantry Trips (#)	.080
Transportation vouchers (#)	.094
Transportation vouchers (\$)	.054
Support services (#)	-.047
Support services (\$)	-.010
Case manager-delivered workshops (#)	.054
Sample size	306

Supportive Service	Association with Change in Frequency of Talking about What Child Did Wrong
Financial workshop attendance (no, 0; yes; 1)	.052
Food Pantry Trips (#)	-.043
Transportation vouchers (#)	-.019
Transportation vouchers (\$)	.027
Support services (#)	.067
Support services (\$)	.076
Case manager-delivered workshops (#)	-.066
Sample size	203

Supportive Service	Association with Change in Parenting Practices Score
Financial workshop attendance (no, 0; yes; 1)	.033
Food Pantry Trips (#)	-.009
Transportation vouchers (#)	-.003
Transportation vouchers (\$)	.002
Support services (#)	.009
Support services (\$)	-.011
Case manager-delivered workshops (#)	.049
Sample size	301

Supportive Service	Association with Change in Resolving Conflict
Financial workshop attendance (no, 0; yes; 1)	-.033
Food Pantry Trips (#)	.002
Transportation vouchers (#)	.079
Transportation vouchers (\$)	.034
Support services (#)	-.020
Support services (\$)	-.020
Case manager-delivered workshops (#)	-.031
Sample size	187

Supportive Service	Association with Change in Frequency of Buying Things for Child
Financial workshop attendance (no, 0; yes; 1)	-.066
Food Pantry Trips (#)	.075
Transportation vouchers (#)	-.024
Transportation vouchers (\$)	.024
Support services (#)	.064
Support services (\$)	.078
Case manager-delivered workshops (#)	.048
Sample size	299

Supportive Service	Association with Change in Frequency of Progress Paying Bills
Financial workshop attendance (no, 0; yes; 1)	.064
Food Pantry Trips (#)	.052
Transportation vouchers (#)	.060
Transportation vouchers (\$)	.067
Support services (#)	.082
Support services (\$)	.068
Case manager-delivered workshops (#)	.051
Sample size	466

Supportive Service	Association with Change in Recency of Seeing Child
Financial workshop attendance (no, 0; yes; 1)	.005
Food Pantry Trips (#)	.024
Transportation vouchers (#)	.083
Transportation vouchers (\$)	.033
Support services (#)	.108
Support services (\$)	.083
Case manager-delivered workshops (#)	.041
Sample size	323

*Significantly different from zero at the .10 level, two-tailed test.

**Significantly different from zero at the .05 level, two-tailed test.

***Significantly different from zero at the .01 level, two-tailed test.

F. Data collection instruments

nFORM Outcomes

When was the last time you saw [CHILD1?

MARK ONE ONLY

- 1. ☐ In the past week
 - 2. ☐ In the past month
 - 3. ☐ In the past six months
 - 4. ☐ In the past year
 - 5. ☐ 1-2 years ago
 - 6. ☐ More than 2 years ago
 - 7. ☐ Never
- GO TO A2b
- GO TO A2d

In the past month, how often have you reached out to [CHILD1] even if [CHILD1] did not respond? This includes calling on the phone; ending email, letters, or cards; texting; or using Facebook or FaceTime.

MARK ONE ONLY

- 1. ☐ Every day or almost every day
- 2. ☐ One to three times a week
- 3. ☐ One to three times in the past month
- 4. ☐ Never in the past month

In the past month, did you buy things for [CHILD1] that he or she needed like diapers, clothes, school supplies, medicine, or other things he or she needed?

1. ☐ Yes
2. ☐ No

Over the past month, how often did you...

MARK ONE BOX IN EACH ROW

	NEVER	1 – 3 TIMES A MONTH	1 – 3 TIMES A WEEK	EVERY DAY OR ALMOST EVERY DAY
...talk to [CHILD 1] about what he/she did wrong?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

How often do you find it difficult to pay your bills?

MARK ONE ONLY

- 1 ☐ Never
- 2 ☐ Once in a while
- 3 ☐ Somewhat often
- 4 ☐ Very often

How satisfied are you with the way you and your partner/spouse handle conflict?

MARK ONE ONLY

- 1 ☐ Very satisfied
- 2 ☐ Somewhat satisfied
- 3 ☐ Not at all satisfied

Survey of Parenting Practices

For the questions on this page, think about how much you have learned about parenting.

How would you rate yourself in these areas **NOW**.

	Low.....							High
1.0 My knowledge of how my child is growing and developing.	①	①	②	③	④	⑤	⑥	
2.0 My knowledge of what behavior is typical at this age.	①	①	②	③	④	⑤	⑥	
3.0 My knowledge of how my child's brain is growing and developing.	①	①	②	③	④	⑤	⑥	
4.0 My confidence in myself as a parent.	①	①	②	③	④	⑤	⑥	
5.0 My confidence in setting limits for my child.	①	①	②	③	④	⑤	⑥	
6.0 My confidence that I can help my child learn at this age.	①	①	②	③	④	⑤	⑥	
7.0 My ability to identify what my child needs.	①	①	②	③	④	⑤	⑥	
8.0 My ability to respond effectively when my child is upset.	①	①	②	③	④	⑤	⑥	
9.0 My ability to keep my child safe and healthy.	①	①	②	③	④	⑤	⑥	
10.0 The amount of activities my child and I do together.	①	①	②	③	④	⑤	⑥	
11.0 The amount I read to my child.	①	①	②	③	④	⑤	⑥	
12.0 My connection with other families with children.	①	①	②	③	④	⑤	⑥	

Employment and Income

Employment/Financial Independence	
Employment Status: (Check one) <input type="checkbox"/> Full-time (usually 35+ hours/week) <input type="checkbox"/> Part-time (usually less than 35 hours/week)	
<input type="checkbox"/> Employed, but number of hours change from week to week <input type="checkbox"/> Farm/Migrant Worker <input type="checkbox"/> Unemployed	
If unemployed: 1. How long have you been unemployed? <input type="checkbox"/> Less than 4 months <input type="checkbox"/> 5-8 months <input type="checkbox"/> 9-12 months <input type="checkbox"/> 1 year+ 2. When can you start looking for work? <input type="checkbox"/> Now <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Unable to work 3. How ready are you to work? <input type="checkbox"/> Ready for work, and looking for a job <input type="checkbox"/> Not ready for work, but looking around at jobs <input type="checkbox"/> Ready for work, but not looking for a job <input type="checkbox"/> Not ready for work, and not looking at jobs	
Source of Income: (Check all that apply) <input type="checkbox"/> Employment \$ _____/month <input type="checkbox"/> TANF/CalWORK \$ _____/month <input type="checkbox"/> VA Benefits \$ _____/month <input type="checkbox"/> Other _____ \$ _____/month	
<input type="checkbox"/> Unemployment Insurance Benefits \$ _____/month <input type="checkbox"/> Child Support \$ _____/month <input type="checkbox"/> Supplemental Security Income \$ _____/month <input type="checkbox"/> Social Security Disability Insurance \$ _____/month <input type="checkbox"/> No Income	

Program Support Utilization**Dads' Club Incentive & Support Log**

	Gift Card Distribution Schedule	Date of Request	Date Given to Client
1	Completion of 10 sessions of one workshop series		
2	Completion of the Post-Fatherhood Survey (nFORM Exit Survey)		
3	Other: Participant engagement/retention		

ADDITIONAL CLIENT SUPPORT REQUESTS

Type of Request	Request Amount	Date of Request	Date Given to Client
<input type="checkbox"/> Bus/Sprinter pass <input type="checkbox"/> Driver's License <input type="checkbox"/> Birth certificate <input type="checkbox"/> Gift Card (Employment) <input type="checkbox"/> Gift Card (Food) <input type="checkbox"/> Gift Card (Gas) <input type="checkbox"/> Other:			
Notes:			
Type of Request	Request Amount	Date of Request	Date Given to Client
<input type="checkbox"/> Bus/Sprinter pass <input type="checkbox"/> Driver's License <input type="checkbox"/> Birth certificate <input type="checkbox"/> Gift Card (Employment) <input type="checkbox"/> Gift Card (Food) <input type="checkbox"/> Gift Card (Gas) <input type="checkbox"/> Other:			
Notes:			

Program Satisfaction Survey

Program Satisfaction Survey

How much do you agree or disagree with the following statements?

(1 = strongly disagree, 4 = strongly agree, N/A = unsure/doesn't apply)

My Case Manager:

1. was knowledgeable of resources/services in my community.
2. was knowledgeable of program materials.
3. gave me a lot of information that helped me with personal development, parenting, and family life in general.
4. was trustworthy.
5. was professional and courteous.
6. was approachable and easy to talk to.
7. was supportive of me.
8. assisted me with goal setting and/or planning.
9. had my family's and my best interest in mind.
10. helped me take better care of myself and my family.
11. was responsive to my needs.
12. was available during convenient hours.
13. Overall, I was happy with my case manager.

The workshop facilitator:

1. was knowledgeable of resources/services in my community.
2. was knowledgeable of program materials.
3. gave me a lot of information that helped me with personal development, parenting, and family life in general.
4. was trustworthy.
5. was professional and courteous.
6. was approachable and easy to talk to.
7. was supportive of me.
8. assisted me with goal setting and/or planning.
9. had my family's and my best interest in mind.
10. helped me take better care of myself and my family.
11. Overall, I was happy with the workshop facilitator.

Workshops:

1. The 24/7 Dad (parenting) topics were useful.
2. The Within My Reach (relationship) topics were useful.
3. Workshop times were convenient.
4. Workshop facilities were clean and comfortable.
5. The location of workshops was convenient.
6. I prefer workshop sessions in a group setting.
7. I prefer workshop sessions one-on-one with my case manager.
8. Overall, I was happy with the 24/7 Dad workshops.
9. Overall, I was happy with the Within My Reach workshops.

Program methods:

1. I was comfortable using the iPad to complete surveys.
2. I was comfortable with one-on-one visits with my case manager.
3. I was comfortable speaking on the phone with my case manager.
4. I enjoyed participating in Dad's Club activities.
5. I would recommend this program to other fathers.

Program Satisfaction Survey

Program materials:

1. The surveys I completed throughout the program were clear and easy to understand.
2. The 24/7 Dad workbook and materials were clear and easy to understand.
3. The materials provided to me in the Within My Reach workshops were clear and easy to understand.

Workshop Attendance

Parenting
Unit

Workshop



Date
Time

Location
Facilitator

Facilitator Fills Out

	Name	Initials	Part 1	Part 2	Food
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

IMPORTANT: No walk-ins! You must be registered and enrolled in the Dads' Club to participate in the workshops.

E Mail		Tracker		n Form		Monthly	
		Last session attended					

Client Workshop Rating Scale**Client Workshop Rating Sheet**

Site: _____ Date: _____

Facilitator: _____ Module: _____

Workshop: 24/4 or Within My Reach (circle one)

Use the scale below to rate your Facilitator - **After the Workshop Please -**

1 2 3 4 5
 Strongly disagree Neutral Strongly agree

The facilitator displayed a thorough knowledge of the subject.	1	2	3	4	5
The facilitator encouraged and created a safe environment.	1	2	3	4	5
The facilitator managed the workshop times effectively.	1	2	3	4	5
I would recommend this facilitator to others.	1	2	3	4	5

ADDITIONAL COMMENTS:

Workshop Observing Rating Scale**Dads' Club Workshop Observer Rating Form**

Site: _____ Date: _____
 Facilitator: _____
 Workshop: 24/7 or Within My Reach (circle one) Module: _____
 Workshop Format: Group or One-on-One (circle one) # clients at workshop: _____

1. Please rate your level of agreement with the following statements

<i>Regarding the observed module...</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure/ Doesn't Apply	Notes
a. All of the module content was covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. The content was presented in the correct format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. The appropriate module materials were used/distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. The facilitator presented information in a clear manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The participants appeared to understand the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The participants appeared engaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. The facilitator answered questions appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. The facilitator used the appropriate materials needed to conduct the module (e.g., sign in sheets, handouts).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. The facility was conducive for curriculum implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. The module was presented to the appropriate/target audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Please rate the level of client participation in the workshop (circle one)

0 Nobody shared 1 A few people shared 2 More than a few people shared 3 A lot of people shared

3. Other notes or comments:

Workshop Fidelity Checklist (one of ten module checklists)**Dad's Club 24/7 Dad Module 1 Checklist**

Site: _____ Date: _____

Facilitator: _____ Rater: _____

Workshop Format: Group or One-on One (circle one) # of clients at workshop _____

1. Please check which of the following activities were covered . . .

<i>Module Content (Family History)</i>	Yes	No	Notes
a. <i>What It Means to be a Man and My Role</i> activity asking dads to define what it meant to be a man in their family while growing up, what it means today, and what their role as a father is.	<input type="checkbox"/>	<input type="checkbox"/>	
b. <i>Roles of Mom and Dad</i> activity identifying the roles of moms and dads and the tasks associated with those roles.	<input type="checkbox"/>	<input type="checkbox"/>	
c. <i>The 24/7 Dad</i> discussion covering the 5 characteristics of the 24/7 Dad, including self-awareness, caring for self, fathering skills, parenting skills, and relationship skills.	<input type="checkbox"/>	<input type="checkbox"/>	

2. Please check which learning objectives were met...

<i>Learning Objectives (Results)</i>	Yes	No	Unsure/ Doesn't Apply	Notes
a. Increase awareness and knowledge of what the role of a man was in their family, and how this has changed over time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Increase awareness and knowledge of the roles moms and dads fulfill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Increase awareness and knowledge of the five characteristics associated with the 24/7 Dad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please rate the level of client participation in the workshop (circle one)

0 Nobody shared 1 A few people shared 2 More than a few people shared 3 A lot of people shared

4. Other notes or comments:

Traumatic Experiences

Below is a list of traumatic events or situations. Please mark YES if you have experienced or witnessed the following events or mark NO if you have not had that experience.

- | | |
|--|--|
| 1. Serious accident, fire or explosion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Natural disaster (tornado, flood, hurricane, major earthquake) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Non-sexual assault by someone you know (physically attacked/injured) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Non-sexual assault by a stranger | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Sexual assault by a family member or someone you know | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Sexual assault by a stranger | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Military combat or a war zone | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Sexual contact before you were age 18 with someone who was 5 or more years older than you | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Imprisonment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Torture | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Life-threatening illness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Other traumatic event | <input type="checkbox"/> Yes <input type="checkbox"/> No |