Descriptive Evaluation of *Elevate* and *Together We Can* in Georgia

Final Descriptive Evaluation Report for

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The evaluation team and portions of the program team are both affiliated with the University of Georgia; however, the teams have separate leadership and oversight.

Structured Abstract: "A Descriptive Evaluation of Project F.R.E.E. in Athens, Georgia"

Objective. This report summarizes the results of a descriptive evaluation of two relationship education curricula, *Elevate*: *Taking Your Relationship to the Next Level and Together We Can (TWC).* Implemented by Project F.R.E.E. (**F**ostering **R**elationship and **E**conomic **E**nrichment), a campus-community partnership led by the University of Georgia that served caregivers in the child welfare system, the evaluation examined changes across various indicators of individual, couple, parenting, and financial well-being outcomes reported by participants pre- and post-programming. The evaluation also explored whether participants who completed a supplemental financial literacy program, **Discovering Money Solutions** (*DMS*), reported greater improvements in financial efficacy and reduced financial distress compared to those who only completed *Elevate* or *TWC*.

Program Overview. From August 2016 to November 2019, adult participants (age 19 and older) with at least one child under the age of 18 years and who received social services (e.g., TANF, WIC, home visitation) or had been involved with child protective services, as well as active foster caregivers, were recruited to participate in the program. Couples ($N = 666$) were enrolled in one of 49 *Elevate* workshop series, including four weekend retreat workshops specific to foster caregiver couples ($n = 264$). Single parents ($N = 408$) were enrolled in one of 38 *TWC* workshop series. All program participants were offered 8 hours of the *Elevate* or *TWC* curricula focused on promoting skills to effectively manage stress and conflict, promote healthy relationship skills, and facilitate cooperative co-parenting relationships. Afterwards, participants were offered the opportunity to enroll in the supplemental program, *DMS*, a 6-hour curriculum that provides information related to financial literacy and responsibility. A total of 462 parents enrolled in *DMS*, including 296 parents from the *Elevate* program and 166 parents from the *TWC* program.

Study design. To address the primary research questions focused on changes in individual well-being, couple and co-parenting functioning, and financial distress, participants were asked to complete a survey within four weeks of the first *Elevate* or *TWC* class (T1) and a post-survey approximately 6-8 weeks after the last class (T2). Of those who enrolled, 306 non-foster caregiver couples ($n = 612$ individuals) and 189 foster caregiver couples ($n = 378$ individuals) in the *Elevate* program and 336 single parents in the *TWC* program completed both surveys and were included in the analytic sample. To explore the potential association between participating in *DMS* with changes in financial distress following the relationship education program, participants were invited to complete a follow-up survey approximately 6-8 months after the last *Elevate* or *TWC* class (T3). Of the 462 parents enrolled in *DMS*, 156 attended and 558 completed the T3 survey.

Results. Multilevel modeling (MLM) examining change from T1 to T2 showed that *Elevate* and *TWC* participants reported significant improvement in almost all outcomes of interest, including relationship functioning behaviors, relationship quality/stability, co-parenting quality, parenting stress, financial management practices, financial distress, and individual and family health. Although positive changes were detected for all participants, some participants reported more significant improvements than others based on certain baseline participant characteristics (e.g., gender, race, marital status). While participants showed significant improvements in financial self-efficacy and financial distress, participation in *DMS* supplemental programming was not

associated with a substantive marginal benefit beyond participation in *Elevate, Elevate for Foster Caregivers*, or *TWC* alone.

Conclusion. Project F.R.E.E. successfully recruited couples and single parents with involvement in Georgia's child welfare system into its *Elevate, Elevate for Foster Caregivers*, and *Together We Can* programs. While the results of our descriptive evaluation provided a "proof of concept" in that changes for most outcomes were in the expected direction, additional research (e.g., randomized control trial designed study) is needed in order to more confidently establish impact. Still, our findings suggest the potential value of adding couple relationship education to the range of social services provided to vulnerable and at risk families in the child welfare system.

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I.   INTRODUCTION

A.   Introduction and study overview

Need for Services

Child welfare experts emphasize the importance of reinforcing healthy family functioning in order to minimize risks to children and maximize opportunities for them to remain safely with their families (Pecora et al., 2000). The research is clear: negativity in the couple and co-parenting relationship leads to negative and ineffective parenting, which adds stress to children and puts them at greater risk for abuse/neglect (Cummings & Merrilees, 2010). In contrast, a healthy couple relationship is associated with positive parenting behaviors and stable homes (Amato, 2000). Still, too many children grow up in unstable – or fragile (typically fatherless and poor) – homes, mainly due to divorce (nearly 65% of couples who divorce have children) and out-of-wedlock births (45% of all births are to unmarried mothers; Bernstein & Tilman, 2011). Over 80% of child victims are abused by a parent, and compared to children living with married biological parents, those whose single parent had a live-in partner had over 10 times the rate of abuse (Sedlak et al., 2010).

Preceding the launch of the evaluation study for the current grant-funded project, data on Georgia families and their children portrayed situations of disparity, family fragmentation, poverty, and economic instability which put them at *Elevate*d risk for abuse/neglect. In 2014, Georgia ranked 42 out of the 50 states across various child well-being indicators (Kids Count, 2014). Further, rates of single-parent families and children living in poverty were above the national average: nearly one-third of Georgia's children were growing up in single-parent families (2013: 40% GA vs. 35% US); 45% of births in Georgia were to unmarried females; 27% of Georgia's children lived in poverty compared to 22% across the US; and Georgia's unemployment rate of 6.3 ranked 42nd in the nation. These indicators of risk were especially evident across Georgia's rural counties which make up 68% (108 of 159 counties) of the counties in the state. Patterns of income inequality and social stratification constitute serious barriers for family stability and child well-being in rural communities (Burton et al., 2013). The social and economic disadvantages experienced by rural families are compounded by the lower availability and accessibility of social services compared to urban communities (Mallette et al., in press).

To address the challenges experienced by these disadvantaged families, the University of Georgia worked in collaboration with the Georgia Division of Family and Children Services (DFCS) and other community partners to launch Project F.R.E.E. (**F**ostering **R**elationship and **E**conomic **E**nrichment). The aim of this campus-community partnership is to promote the safety and well-being of youth and families in the child welfare system by improving family functioning and creating positive and stable homes through the integration of comprehensive

services designed to improve healthy marriage and relationship skills as well as promote economic stability and mobility. Between 2016-2020, Project F.R.E.E. provided healthy marriage and relationship education (HMRE) services to families residing in a 12-county region of Georgia that is predominately rural, exhibits persistent poverty, and demonstrated a clear need for HMRE services to support families (DFCS Region V; see Figure 1). Across these 12 counties, seven are classified as rural, and compared to Georgia trends, eight have a greater proportion of births to unmarried females, five have a greater proportion of children living in a single parent home and in poverty, and four have higher unemployment rates. In 2014, within the geographic scope of the study, there were almost 2,000 substantiated reports of abuse/neglect, with one-third from married households.

HMRE Services Provided

Child welfare services aim to protect children and assist families through a broad scope of prevention programs including health, education, family support, financial assistance, and treatment services. Working in partnership with the Georgia Division of Family and Children Services (DFCS), Project F.R.E.E served both expectant parents as well as parents and caregivers with children under the age of 18 who were involved in one or more prevention services provided by DFCS. For example, home visitation services meet the basic needs of many of these families either directly by providing age-appropriate parenting information and

Figure 1. Project F.R.E.E. Service Area
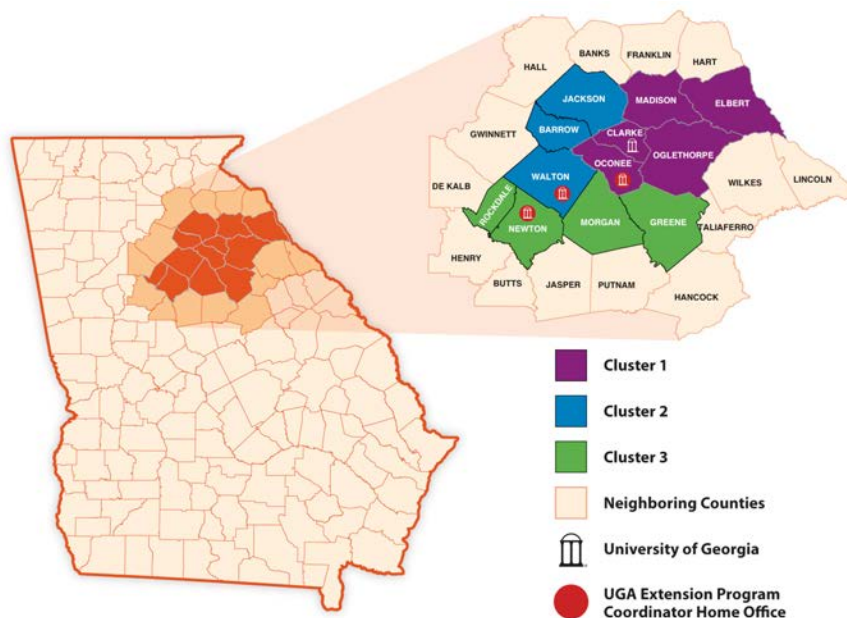
resources or by referral to other programs. In 2014, approximately 1,500 parents in our 12-county service area (DFCS Region V) received home visitation services. At the time, home visiting programs were not designed to address HMRE and develop or continue a positive relationship between parents (Sar et al., 2010). Further, when children are removed from their families because of neglect/abuse, they need quality temporary out-of-home care during this time of crisis from supportive caregivers with positive parenting skills. In 2014, 613 children in Region V were removed from their families, and approximately 53% were placed in non-relative

foster homes and 16% with relatives. Between 55-60% of these foster parents and kinship caregivers were married. Due to the unique stressors experienced by foster caregiver couples (e.g., traumatic experiences of foster youth, financial strain), they are at risk of problematic relationships (Orme & Combs-Orme, 2014). However, at the time, no training existed to prepare foster caregivers to manage the stress on their couple relationships.

Project F.R.E.E. employed a community-centered, campus-community partnership model grounded in a community capacity framework (Mancini & Bowen, 2013) to accomplish two primary objectives. Our first aim was to *improve healthy relationship and marriage skills of both single and coupled parents and caregivers engaged in the child welfare system, including foster caregivers, in order to enhance parenting and co-parenting quality, couple and family functioning, and adult and child well-being.* Our second aim was to *increase progress toward greater economic stability for low-income participants by enhancing financial capability.* **Appendix A** includes a Logic Model summarizing the primary outcome objectives and theory of change for the program. Below we provide a brief overview of the HMRE program services provided to meet those objectives.

To improve healthy relationship and marriage skills of parents and caregivers engaged in the child welfare system we offered two HMRE programs. For single parents, not in a committed couple relationship, we provided *Together We Can: Creating a Healthy Future for our Family* (Duncan, Futris, et al., 2020). For couples, including those in unmarried, committed relationships as well as married couples, we provided *Elevate: Taking Your Relationship to the Next Level* (Futris, Adler-Baeder, et al., 2014). Both programs, which included 8-hours of curriculum content delivery, are briefly described below and an overview of the curriculum content is provided in **Appendix B**.

Together We Can (TWC), originally developed by Shirer, Adler-Baeder, & Shoup-Olsen (2007), is designed for unmarried parents and populations with lower literacy, and focuses on strengthening couple and co-parenting relationships in an effort to promote child well-being. The content of *TWC* includes skills training in communication, intimacy-building, building support networks, financial literacy, and stress management. Past research indicates that *TWC* participants demonstrate desirable changes in couple quality, happiness, adjustment, positive interactions, trust, stability, conflict management skills, depression, and empowerment (Adler-Baeder, Bradford et al., 2010) as well as parenting and co-parenting behaviors and family harmony (Adler-Baeder, Ketring et al., 2010). Working with the developer, Dr. Karen Shirer, we adapted the 24-hr program to an 8-hour version of the *TWC* program that could be delivered across four weeks (two hours per class/week) in order to meet the needs of our unmarried, single parents. An overview of the goals and content included in the four-module, *TWC*-Adapted curriculum is provided in **Appendix B**.

Elevate (Futris, Adler-Baeder, et al., 2014) is grounded in the *National Extension Relationship and Marriage Education Model* (NERMEM; Futris & Adler-Baeder, 2013) which outlines the seven core principles and skills research has identified as being essential to maintaining healthy relationships (see **Appendix B** for additional information about the NERMEM). The curriculum blends practical skills with an understanding of the physiology of human interaction to enhance healthy relationship knowledge and skills. *Elevate* also teaches mindfulness practices to help couples regulate their heart-brain response to stressful triggers. Not only have mindfulness

practices been shown to reduce stress (Thompson et al., 2014), but recent research has shown the added benefits of mindfulness for couple relationship quality (McGill, Adler-Baeder, & Rodriguez, 2016; McGill & Adler-Baeder, 2019). Further, a recently published study of a diverse, community-based sample of couples who participated in *Elevate* reported positive changes across several indicators of couple functioning and relationship quality (McGill, Adler-Baeder, & Garneau, 2021). To accommodate potential barriers to participation (e.g., conflicting work schedules, accessibility, child care), the 8-hour version of the *Elevate* curriculum was delivered in one of three formats to our higher risk couples (e.g., parent receiving in-home services or family and children services/benefits; parents involved in child protective services): a 4-week workshop series (two hour per class/week); a two Saturday workshop series (four hours each Saturday); or as a weekend workshop series (two hours Friday night and six hours Saturday). For our lower risk, foster and kinship caregiver couples, due to their competing demands and limited access to respite care, we provided an annual, 8-hour weekend intensive (two hours Friday night and six hours Saturday) retreat-style learning experience.

To achieve our second objective of *increasing progress toward greater economic stability* for all single parents and couples enrolled in our HMRE programs, we offered the *Discovering Money Solutions* (*DMS*) program as a supplemental program. Economic instability is a source of stress for many families and especially for families in the child welfare system (Spencer et al., 2020). Also, relational and emotional stress can lead to poor financial decisions (Kim et al., 2011). Learning skills to build financial capability – the capacity to build and manage financial resources effectively – can help families make progress toward lasting economic stability (Zulfiqar & Bilal, 2016) which can reduce conflict and improve couple and co-parenting relationships (Broderick et al., 2019). As such, parents who completed the *Elevate* or *TWC* program were invited afterwards to also participate in *Discovering Money Solutions* (*DMS*; Goetz & Palmer, 2016). This 6-hour program was adapted from the FDIC Money Smarts for Adults curriculum (FDIC Money Smarts for Adults, 2010), which has been found to significantly improve individuals' financial attitudes and behaviors (Lyons & Scherpf, 2003) and to reinforce the relationship skills learned in *Elevate* and *TWC* in order to promote communication around money. Based in solutions-focused and cognitive-behavioral theoretical orientations (Beck, 2020), as well as elements of the trans-theoretical model of change (Prochaska et al., 2009), *DMS* is designed to change participants' thinking and attitudes around money as well as to increase motivational factors leading to positive financial behaviors and the development of social and human capital. Focused on promoting economic stability within a relational or family systems perspective, *DMS* shares information related to optimal use of financial institutions, spending, savings, investing plans, building or repairing credit, managing debt, and financial goal setting. *DMS* was offered as either a three-week workshop series (two hours per class/week) or as a one-day, six-hour Saturday workshop. A brief description of the curriculum content is provided in **Appendix B**.

Three UGA Extension Program Coordinators assigned to a cluster of counties within the 12-county region (see Figure 1) served as the foundation for community engagement, family recruitment, and program implementation within their service area. Each Program Coordinator supervised a team of Family Engagement Navigators (i.e., Graduate Assistants, MSW interns, and Undergraduate interns) and HMRE Program Coaches to recruit, engage, and retain families throughout programming. To reduce barriers to participation and to facilitate retention, Program Coordinators worked with community partners to identify local services to meet the current and

emerging needs of program participants. We utilized a team-based approach to case management informed by a brokerage case management model—"an impartial organizational or service focused approach to connect a [participant] to needed services and to coordinate between different service providers, with an emphasis on a network of providers thereby containing costs by preventing inappropriate access and use of services" (Lukersmith, Millington, & Salvador, 2016, p. 7). Consistent with this approach, case management entailed (1) engaging participants to facilitate program retention and completion; (2) assessing and reassessing participants' needs; (3) developing a plan when needs were identified; (4) identifying and connecting participants to appropriate community-based services and resources; and (5) monitoring and evaluating progress. Case management was initiated during the registration process and continued throughout program services (e.g., check-in calls between classes). Case management concluded following participants' completion of the *Elevate* or *TWC* program if they did not identify a need for or interest in participating in the supplemental *DMS* program, or at the conclusion of the *DMS* program.

The Current Descriptive Evaluation Study

The purpose of this descriptive evaluation was to investigate changes in *Elevate* and *Together We Can* (*TWC*) participants' attitudes and self-reported behaviors across the primary outcomes targeted by Project F.R.E.E. These outcomes, reflected in our logic model (**Appendix A**), include relationship functioning, relationship and co-parenting quality, parenting stress, financial management practices, financial efficacy, financial distress, and individual and family health. This descriptive evaluation adds to the body of research on HMRE programs in general (e.g., McGill et al., 2021, Stanley et al., 2020) as well as the limited research examining the *TWC* programs (Adler-Baeder, Bradford et al., 2010; Adler-Baeder, Ketring et al., 2010) and *Elevate* (McGill, Adler-Baeder, & Garneau, 2021). Furthermore, because of the unique population served by Project F.R.E.E., results from this study also contribute to advancing our understanding of the potential outcomes of HMRE for families in the child welfare system, including foster caregiver couples, and whether these outcomes may vary based on participants' attributes or characteristics (e.g., gender, age, marital status, and race). Finally, the current descriptive evaluation study also advances our understanding of the potential added benefits that supplemental programming may have for HMRE participants by exploring whether participation in *DMS* is associated with greater improvements in financial efficacy and reduced financial distress.

The remainder of this report is organized as follows. Section I.B presents the description of the intended intervention. Section II provides key components of the outcomes study, including the (A) research questions; (B) study design (i.e., descriptions of sample formation, data collection, analytic samples, and outcome measures); and (C) findings and analysis approaches for answering the research questions. Because of the unique characteristics of the families served by Project F.R.E.E., the description and analyses of findings are presented for each of the samples by program: *Elevate* (for non-foster caregiver couples), *Elevate for Foster Caregivers*, and *TWC* (for single parents). Next, Section III presents a discussion of the findings along with our final conclusions.

B.   Description of the intended intervention

As described above, Project F.R.E.E.'s programs targeted different populations residing in the 12-county service area (see Figure 1). Couples participated in *Elevate*, while single-parents enrolled in *TWC*. Couples who were active foster caregivers were recruited to participate in a weekend intensive version of *Elevate*. All workshops were 8-hours long and all participants were provided the same curriculum content regardless of the workshop schedule. *Elevate* programs were scheduled as either (1) a 4-week workshop series (two hour per class/week), (2) a two Saturday workshop series (four hours each Saturday), or (3) as a weekend workshop series (two hours Friday night and six hours Saturday). The Saturday and weekend workshop series options were offered to accommodate the challenges that couples reported during recruitment associated with work conflicts and both partners availability to attend weeknight and weekly classes. The *TWC* program was only delivered across four weeks (two hours per class/week). All participants who completed *Elevate* or *TWC* then had the option to participate in *DMS*. The 6-hour, *DMS* program was offered as either a three-week workshop series (two hours per class/week) or a one-day, six-hour Saturday workshop; all participants were provided the same curriculum content regardless of the *DMS* workshop schedule. **Table I.1** provides a brief summary of each intended intervention, and **Appendix B** provides additional information describing the content of all three intervention curricula.

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

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Relationship skills workshops	*Elevate: Taking Your Relationship to the Next Level* Couple relationship education teaching the seven core principles and skills research has identified as being essential to maintaining healthy relationships.1	8-hours 1. Weekly: 4-weeks, 2-hours per class/week 2. Weekly: 2 Saturday classes, 4 hours each 3. Weekend: 2-hours Friday night and 6-hours Saturday.	Group sessions provided at community facilities located across the 12-county service area and taught by two trained facilitators in each session.	Couples with at least one child ages 0-17, receiving social services (e.g., TANF, WIC, home visitation), or have been involved with DFCS. Foster caregiver couples (weekend schedule only).
Relationship skills workshops	*Together We Can: Creating a Healthy Future for our Family* Relationship education teaching principles and skills to enhance positive interactions, trust, conflict management, and positive parenting/ co-parenting behaviors.	8-hours Weekly: 4-weeks, 2-hours per class each week	Group sessions provided at community facilities located across the 12-county service area and taught by two trained facilitators in each session.	Single parents with at least one child ages 0-17, receiving social services (e.g., TANF, WIC, home visitation), or have been involved with DFCS.

Component	Curriculum and content	Dosage and schedule	Delivery	Target Population
Economic stability workshop	*Discovering Money Solutions:* Provides information related to optimal use of financial institutions, spending, savings, investing plans, building or repairing credit, managing debt, and financial goal setting.	6 hours 1. Weekly: 3-weeks, 2-hours per class/week 2. One-day: 6 hours on a Saturday.	Group sessions provided at community facilities located across the 12-county service area and taught by two trained facilitators in each session.	Couples and individuals who completed *Elevate* or *TWC* programs.

[1]   Futris & Adler-Baeder (2013).

As described in **Table I.2**, all facilitators for the *Elevate* and *TWC* programs received an initial 2-day training to help them understand the curriculum content, develop effective facilitation skills, process when and how to make adaptations (e.g., examples shared to reinforce curriculum content) appropriate for their audience, and practice facilitating. Annually, the facilitators participated in a one-day refresher training. The refresher trainings focused on reinforcing curriculum content, processing challenges experienced during the past year facilitating the curriculum, and further enhancing facilitation skills. All trainings were conducted by the curriculum author and Project Director, Dr. Ted Futris. Facilitators also received ongoing monitoring of fidelity to reinforce effective delivery of the curriculum for each session they taught. Fidelity monitoring was conducted by students, who were trained by the curriculum authors, using fidelity checklist inventories developed for each module by the curriculum authors. Facilitators also completed a self-development checklist for each session to reflect on how they did and identify challenges experienced. For each session, their supervising Program Coordinator as well as the Project Director reviewed the feedback from both the independent fidelity coder and the facilitator's self-development checklist to confirm adherence to the curriculum and potential concerns. As a result, facilitators were provided with additional training and support as needed and challenges were resolved in a timely manner.

As summarized in **Table I.2**, all facilitators for the *DMS* program were graduate students enrolled in a financial counseling program at the University of Georgia and who worked closely with the curriculum authors, Dr. Joseph Goetz and Dr. Lance Palmer, to develop (and refine) the *DMS* curriculum. The facilitators participated in small team and/or one-on-one trainings with the curriculum authors to understand the curriculum content and develop effective facilitation skills. The curriculum authors provided the facilitators ongoing monitoring and feedback to ensure curriculum fidelity, reinforce effective delivery of the material, and process updates to curriculum content.

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

Component	Education and initial training of staff	Ongoing training of staff
Elevate	Facilitators included both males and females with a minimum of a Bachelors' degree education. All facilitators completed two days of initial training provided by the curriculum author.	Facilitators received one-day of annual refresher training and ongoing monitoring of fidelity to ensure effective delivery of the curriculum for each session.

Component	Education and initial training of staff	Ongoing training of staff
TWC	Facilitators included both males and females with a minimum of a Bachelors' degree education. All facilitators completed two days of initial training provided by the curriculum author.	Facilitators received one-day of annual refresher training and ongoing monitoring of fidelity to ensure effective delivery of the curriculum for each session.
DMS	Facilitators included male and female graduate students who had completed courses in financial counseling. All facilitators completed initial training provided by the curriculum authors.	Facilitators received ongoing monitoring by the curriculum authors for effective delivery of the curriculum. Facilitators and content were updated with any financial law changes.

II. OUTCOMES STUDY

This section describes the descriptive evaluation outcome study, including the research questions, sample formation, data sources and data collection process, analytic sample characteristics and attrition, and outcome measures.

A. Research questions

The following research questions were generated from our logic model (**Appendix A**).

1. Do participants who complete *Elevate* or *TWC* report improved relationship functioning behaviors, relationship quality/stability, co-parenting quality, parenting stress, financial management practices, financial efficacy, financial distress, and individual and family health at 6-8 weeks after completion of programming?

2. What *Elevate* or *TWC* participant attributes or characteristics are potentially associated with more or less positive outcomes?

3. Do participants who complete *DMS* supplemental programming in addition to *Elevate* or *TWC* report greater improvement in financial efficacy and reduced financial distress compared to those who only completed *Elevate* or *TWC*?

Each research question is examined separately across our three target groups: (1) couples participating in the *Elevate* program; (2) foster caregiver couples participating in the *Elevate for Foster Caregivers* weekend intensive; and (3) single parents participating in the *Together We Can* (*TWC*) program.

B. Study design

This section describes sample formation (i.e., eligibility and recruitment), the data collection process, strategies for reducing attrition, the characteristics of the three analytic samples (i.e., *Elevate* couples, *Elevate for Foster Caregivers couples*, and *TWC* single parent participants), and the outcome measures used to answer the research questions.

1. Sample formation

All participants in the evaluation sample had to agree to participate in the Project F.R.E.E. program. To be eligible to participate in the program, participants had to be either (1) an active foster caregiver who had fostered a child from the service area within the past 12 months or (2) an individual/couple who met the following criteria:

Resided in one of the 12 counties in Georgia DFCS Region V (Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale, and Walton counties),

Had at least one child aged 0-17,

Received social services (e.g., TANF, WIC, home visitation) or had been involved with DFCS child protective services.

The initial recruitment and enrollment process for participants in the descriptive evaluation was the same for all Project F.R.E.E. participants. For each referral (i.e., self-referral or referral from DFCS, foster care agencies, or community partners), project staff mailed a letter to the potential participant's home address describing the programs and services available through Project F.R.E.E. and providing contact information for the program. Project staff also mentioned the opportunity to participate in the descriptive evaluation in the initial letter. If the potential participant had not contacted the program within approximately one week after the initial letter was mailed, project staff called the potential participant to provide additional information about the program, address any questions, and gauge interest in registering for the program.

If during the call a couple expressed interest in learning more about *Elevate*, the project staff scheduled a Registration Visit (RV) for the couple within approximately 2-3 weeks of the call. A trained intern conducted the visit at the couple's home or a nearby location of their preference. If during the call a single parent expressed interest in learning more about *TWC*, the project staff scheduled a Registration Call (RC) for the individual with a trained intern. Prior to the RC, project staff mailed the prospective participant a packet of information and forms, including the evaluation consent form, for the individual to review. RVs instead of RCs were conducted with couples to optimize efficiency (both partners could be registered at one time) and to better assess couples' intimate partner violence risk.

During the RV and RC, the interns further described the relevant program, addressed additional questions, and confirmed the prospective participant's desire to enroll in the program. Once the participant agreed to enroll in the program, the interns fully explained the descriptive evaluation (guided by the consent form as well as a scripted protocol) and asked the prospective evaluation participant if he/she wanted to participate in the evaluation. If they agreed to participate during a RV, each participant signed the consent form at that time. If verbal agreement was provided during a RC, the participant signed the consent form when he/she came to complete the first survey. Couples and single parents could also elect to participate in the program and decline to participate in the descriptive evaluation.

There were no additional criteria for inclusion in the analytic sample for this descriptive evaluation other than meeting the criteria to participate in the program indicated above and signing a consent form agreeing to participate in the descriptive evaluation. The start date of sample enrollment was August 2016 and the end date was November 2019. The University of Georgia Institutional Review Board approved the descriptive evaluation study and data collection plans on July 18, 2016, and renewed approval annually thereafter.

From August 2016 to November 2019, couples ($N = 666$) were enrolled in one of 49 *Elevate* workshop series, including four weekend retreat workshops specific to foster caregiver couples ($n = 264$). Single parents ($N = 408$) were enrolled in one of 38 *TWC* workshop series. All program participants were offered 8 hours of the *Elevate* or *TWC* curricula focused on promoting skills to effectively manage stress and conflict, promote healthy relationship skills, and facilitate cooperative co-parenting relationships. Afterwards, participants were offered the opportunity to enroll in the supplemental program, *DMS*, a 6-hour curriculum that provides information related to financial literacy and responsibility. A total of 462 parents enrolled in *DMS*, including 296 parents from the *Elevate* program and 166 parents from the *TWC* program.

2. Data collection

Each participant in the evaluation was asked to complete three program-specific surveys in addition to the three Information, Family Outcomes, Reporting, and Management (nFORM) surveys that all Project F.R.E.E. participants were asked to complete. The additional program-specific surveys for the evaluation included items directly related to the *Elevate* and *TWC* curricula content and items from validated research scales, including questions about individual well-being, mindfulness, parenting stress and efficacy, and financial distress and efficacy.

Within four weeks prior to the start of his/her program, a participant completed the first program-specific survey (T1) at the same time he/she completed the nFORM Applicant Characteristic Survey (ACS). The participant completed the nFORM Entrance Survey at the first class before programming began. The participant completed both the nFORM Exit survey and second program-specific survey (T2) 6-8 weeks after the program and completed the final program-specific survey (T3) between 24-36 weeks after the program.

Each participant registered for the *Elevate* or *TWC* weekly series (non-foster caregivers) and completed his/her surveys online using tablets during group sessions or, if participants were unable to attend a group session, during a home visit or at an alternative location of their choice. Project F.R.E.E. Field Assessors facilitated data collection during the group sessions and conducted home visits when needed. To administer the nFORM surveys, the Field Assessors generated the survey passcode for each participant, logged the tablet into the nFORM system, entered the participant's passcode, and then handed the tablet to the participant to verify he/she was the person shown on the survey. The participant was left to complete the survey alone but told to ask the Field Assessor for technical assistance if needed (e.g., in situations where the connection to the survey was lost and/or the survey closed).

Field Assessors were CITI (Collaborative Institutional Training Initiative) certified and trained on collection procedures for this project and adhered to a common protocol. Field Assessors were trained (e.g., through role-playing exercises) regarding what level of assistance and clarification they could provide to participants. During ongoing team meetings, the Field Assessors and the rest of the evaluation team discussed what questions they had actually encountered from participants and what responses were appropriate. During group sessions in particular, Field Assessors monitored participants as they completed the survey to prevent discussion or sharing of information between participants, especially members of a couple (as each individual was supposed to take his or her own survey without collaborating with the other partner), during survey completion. The same procedures and processes were followed when participants completed the program-specific T1-T3 surveys, except the Field Assessors opened these surveys through the program website instead of in the nFORM system. If needed, a Field Assessor read a T1-T3 survey for participants with very low literacy. In these rare instances, the Field Assessor read each item to the participant and the participant selected his/her response on the tablet.

The data collection process was slightly different for foster caregiver participants who attended the *Elevate for Foster Caregivers* weekend intensive. One month prior to the program, each partner in the foster caregiver couple received an email inviting him/her to complete the T1 survey online; the email contained a link to the survey. Six weeks following the program, foster

caregivers who attended the weekend intensive received another email inviting them to complete the T2 survey. Each partner received a separate email and survey link to complete each survey independently. The foster caregivers completed their nFORM ACS and Entrance surveys when they arrived at the training before programming began and completed their nFORM Exit surveys either at a group session (if they lived in Region V) or by completing a paper version if they lived outside the region. Participants were mailed the paper survey along with a self-addressed/stamped envelope to return it to the evaluation team. A member of the evaluation team entered the data into the nFORM system. Foster caregivers received another email 24-36 weeks after the training with a link to take the T3 survey (the same process as for the T1 and T2 surveys). Participants were invited to take the T3 if either partner in the couple had completed T1 and/or T2 and had attended the equivalent of at least one class (two *Elevate* modules) offered during the weekend. The first cohort of foster caregiver participants did not complete the T3 survey because T3 data collection did not begin until fall 2017 once the research team received approval to add the third time point to the evaluation design.

Each participant received incentives in the form of Walmart gift cards to complete the surveys. Participants received $25 for completing the T1 survey and $25 for completing the nFORM ACS survey and Entrance survey. Participants received $25 for completing the nFORM Exit survey, $50 for completing the T2, and another $50 for completing the T3 survey. **Table II.1** summarizes the data collected and collection process. **Appendix C** provides additional information regarding the data cleaning process.

Table II.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
Evaluation participants in *Elevate* and *TWC* weekly format	Within 4 weeks of program start date	T1 online survey completed in person at group or in-home session	August 2016 - November 2019
Evaluation participants in *Elevate* and *TWC* weekly format	Within 4 weeks of program start date	nFORM Applicant Characteristics Survey completed online and in person at group or in-home session	August 2016 - November 2019
Evaluation participants in *Elevate* and *TWC* weekly format	At the first class of the program	nFORM Entrance Survey completed online and in person at first class	August 2016 - November 2019
Evaluation participants in *Elevate* and *TWC* weekly format	Approximately 6-8 weeks after program	T2 online survey completed in person at group or in-home session	September 2016 - February 2020
Evaluation participants in *Elevate* and *TWC* weekly format	Approximately 6-8 weeks after program	nFORM Exit Survey completed online and in person at group or in-home session	September 2016 - February 2020
Evaluation participants in *Elevate* and *TWC* weekly format	Approximately 24-32 weeks after program	T3 completed online in person at group session or independently through emailed link sent to participants	January 2018 - May 2020 1
Evaluation participants in *Elevate for Foster Caregivers*	Within 4 weeks of program start date	T1 completed online, independently through emailed link sent to participants	August 2016 - March 2020
Evaluation participants in *Elevate for Foster Caregivers*	Afternoon before program begins	nFORM Applicant Characteristics Survey and Entrance Survey completed online, in person at training location prior to first session of the training	August 2016 - March 2020
Evaluation participants in *Elevate for Foster Caregivers*	Approximately 6-8 weeks after program	T2 completed online in person at group session or independently through emailed link sent to participants	September 2016- May 2020
Evaluation participants in *Elevate for Foster Caregivers*	Approximately 6-8 weeks after program	nFORM Exit Survey completed online and in person at group session or mailed paper copy	September 2016-May 2020
Evaluation participants in *Elevate for Foster Caregivers*	Approximately 24-32 weeks after program	T3 completed online in person at group session or independently through emailed link sent to participants	January 2018 - November 2019 2

[1] T3 data collection commenced with participants enrolled in programming during Spring 2017 (Year 2, Quarter 2) and concluded with those who completed the program during Fall 2019 (Year 5, Quarter 1).

[2] T3 data collection commenced with foster caregivers enrolled in programming during Spring 2017 (Year 2, Quarter 2) and concluded with those who completed the program during Spring 2019 (Year 4, Quarter 2).

3.   Analytic sample

In this section, we describe the analytic samples used for the outcome analyses for the research questions, the characteristics of the participants included in the samples, and the differences identified between the analytic and attrited samples. For Research Questions 1 and 2, we present the analytic samples from *Elevate*, *Elevate for Foster Caregivers*, and *TWC* participants separately. For Research Question 3, the analytic sample is a combined sample across all three programs because of the small counts of individuals who participated in the *DMS* supplemental programming. Therefore, we describe the total analytic sample, the *DMS* program group, and the comparison (non-*DMS*) group. We detected few statistically significant differences in characteristics between the analytic samples and the attrited samples.

3A. *Elevate* analytic sample (RQ1 & RQ2): For inclusion in the *Elevate* analytic sample for Research Questions 1 and 2, participants had to consent to participate in the descriptive evaluation, completed both T1 and T2 surveys, and attended at least one class (for couples, at least one partner had to attend a class). The unit of analysis is individuals nested within couples. A total of 612 individuals (representing 333 couples) were included in the analytic sample for Research Questions 1 and 2. As **Table II.2** illustrates, from enrollment to completion of T1, the attrition rate was about 7%. The attrition rate between T1 and T2 was approximately 16%, and the overall attrition rate was 22%.

Table II.2. *Elevate* outcomes study analytic sample

Number of individuals	Number of individuals	Number of couples1
Enrolled in the program	785	402
Completed a baseline survey (T1)	728	391
Completed post-program survey (accounts for item non-response and any other analysis restrictions) (T2)	612	333
Attrition rate (%)	22%	17%

1Number of couples where one or both partners enrolled/completed the survey.

An attrition analysis was performed comparing the analytic sample (those who attended the program and completed T1 and T2) with the attrited sample (those who did not attend the program or did not complete either T1 or T2). For Research Questions 1 and 2, statistically significant differences between the analytic and attrited samples were found. Specifically, participants in the analytic sample were more commonly female (55.1% in the analytic sample compared to 43.9% in the attrited sample); were more likely to have completed education beyond high school (53.5% compared to 42.3%); were more likely to live with a partner (89.2% compared to 81.8%); and were more likely to have received DFCS financial services (64.9% compared to 55.3%). (See **Appendix D, Tables D.1** for the complete results of the attrition analyses for *Elevate* participants.)

3B. *Elevate for Foster Caregiver*s analytic sample (RQ1 & RQ2): The *Elevate for Foster Caregivers* sample consists of foster caregiver couples only. For inclusion in the analytic sample for Research Questions 1 and 2 participants had to have consented to participate in the descriptive evaluation, completed both T1 and T2 surveys, and attended at least one class (for couples, at least one partner had to attend a class). The unit of analysis is individuals, including both individual foster parents in a couple relationship whose partner did not reply to the survey

($n = 38$) and individual parents nested within couples ($n = 378$). A total of 416 individuals (representing 227 couples) were included in the foster caregiver analytic sample for Research Questions 1 and 2. As **Table II.3** illustrates, from enrollment to completion of T1, the attrition rate was about 5%, and the attrition rate between T1 and T2 was approximately 17%. The overall attrition rate was 21% for individuals and 14% for couples.

Table II.3. *Elevate for Foster Caregivers* **outcomes study analytic sample**

Number of individuals	Number of individuals	Number of couples1
Enrolled in the program	528	264
Completed a baseline survey (T1)	500	257
Completed post-program survey (accounts for item non-response and any other analysis restrictions) (T2)	416	227
Attrition rate (%)	21%	14%

[1]Number of couples where both partners enrolled/completed the survey.

An attrition analysis was performed comparing the analytic sample (those who attended the program and completed T1 and T2) with the attrited sample (those who did not attend the program or did not complete either T1 or T2). For Research Questions 1 and 2, statistically significant differences between the analytic and attrited samples were detected for one characteristic. Specifically, participants included in the analytic sample were more likely to have a bachelor's degree or higher (49.0% compared to 33.9%). (See **Appendix D, Table D.2** for complete results of the attrition analyses for *Elevate for Foster Caregivers* participants.)

3C. *TWC* **analytic sample (RQ1 & RQ2):** The *TWC* sample was made up of single parents. For inclusion in the *TWC* analytic sample for Research Questions 1 and 2 participants had to have consented to participate in the descriptive evaluation, completed both T1 and T2 surveys, and attended at least one class. A total of 336 individuals were included in the analytic sample for Research Questions 1 and 2. As **Table II.4** illustrates, from enrollment to completion of T1, only two participants attrited, which resulted in an attrition rate of less than 1%. The attrition rate between T1 and T2 was approximately 17% and the overall attrition rate was approximately 18%.

Table II.4. *TWC* **outcomes study analytic sample**

Number of individuals	Number of individuals
Enrolled in the program	408
Completed a baseline survey (T1)	406
Completed post-program survey (accounts for item non-response and any other analysis restrictions) (T2)	336
Attrition rate %	18%

An attrition analysis was performed comparing the analytic sample (those who attended the program and completed T1 and T2) with the attrited sample (those who did not attend the program or did not complete either T1 or T2). For Research Questions 1 and 2, statistically significant differences between the analytic and attrited samples were detected for a few characteristics. Specifically, participants included in the analytic sample were less likely to be in a committed relationship (10.6% compared to 9.4%); were more likely to have received DFCS services (98.5% compared to 90.6%); and reported higher levels of education (the attrited sample

was more likely to report either not having a degree or a High School GED). (See **Appendix D, Table D.3** for the complete results of the attrition analyses for *TWC* participants.)

3D. Descriptive Characteristics of analytic samples (RQ1 & RQ2):

Table II.5 provides a description of all three analytic samples for Research Questions 1 and 2. Regarding the *Elevate* analytic sample, the average age of participants in the sample was 33-34 years of age (range = 18 – 68 years). There were slightly more females than males in the sample, and there was balanced representation between White and Black participants. Ninety percent (90%) of participants in the sample were non-Hispanic. Just over half of the sample (53%) had attained education beyond high school. Less than half of the sample (45%) reported having full-time employment. On average, the couples reported be being in their relationship about 8 years, and the majority of couples (56%) in the sample reported being married. On average, *Elevate* sample participants reported having two children, with their youngest child being, on average, about 4 years of age.

The average age of participants in the *Elevate for Foster Caregivers* analytic sample was 43 years old. There were slightly more females than males in the sample, and almost three quarters of participants were White (74%). Ninety-six percent (96%) of participants in the sample were non-Hispanic. The majority of participants in the sample (84%) had attained education beyond high school. Just less than two thirds of participants (64%) reported having full-time employment. On average, the couples reported being in their relationship about 17 years, and almost all participants (97%) in the sample reported being married. On average, the sample participants reported having three children, with their youngest child being, on average, about 10 years of age.

Finally, the *TWC* analytic sample included only females who, on average, were 36 years of age. Slightly less than three quarters of the *TWC* participants were Black (70%). Ninety-four percent (94%) of participants in the sample were non-Hispanic. A slight majority (54%) of the sample had attained education beyond high school, and just over a third of participants (35%) reported having full-time employment. On average, the sample participants reported having two children, with their youngest child being, on average, about 6 years of age.

Table II.5. Characteristics of participants in the outcomes analytical study at baseline

Characteristic	Elevate	Elevate for Foster Caregivers	TWC
Sample size	612	416	336
Age	33.4	43.0	35.8
Female	55%	54%	100%
Race			
White	43%	74%	20%
Black	47%	21%	70%
Other	10%	5%	10%
Ethnicity			
Hispanic	10%	4%	6%
Non-Hispanic	90%	96%	94%
Education			
No degree or diploma earned	14%	2%	15%
High School diploma or GED	33%	14%	31%
Vocational/Tech Cert, some college, or Associate's degree	36%	35%	42%
Bachelor's degree or higher	17%	49%	13%
Employment			
Not currently employed	35%	20%	39%
Full-time	45%	64%	35%
Part-time	16%	12%	19%
Temporary/ occasional/ seasonal/ odd jobs	4%	3%	6%
Annual Household Income			
Less than $7,000	15%	0%	29%
$7,000 - $13,999	11%	0%	20%
$14,000 - $24,999	20%	2%	27%
$25,000 - $39,999	25%	8%	15%
$40,000 - $ 74,999	23%	34%	8%
$75,000 or above	6%	56%	1%
Marital Status			
Married	56%	97%	3%
Not married	44%	3%	97%
Same Sex Couple	2%	3%	--
Length of Relationship (years)	7.8	16.7	--
Number of Children	2.4	3.1	2.3
Age of Youngest Child (years)	3.7	10.1	5.7
Program Completion			
<75%	14%	<1%	12%
75%	16%	<1%	21%
100%	70%	98%	67%

3E. *DMS* analytic sample (RQ3):

Once participants completed *Elevate*, *Elevate for Foster Caregivers*, or *TWC*, and after they completed the T2 survey, they had the opportunity to participate in the *DMS* supplemental program. To be included in the analytic sample for Research Question 3, individuals had to complete *Elevate*/*TWC* and complete all three survey time points (T1, T2, and T3). After excluding participants with missing T1, T2, or T3 responses, 714 individuals were included in the analytic sample for Research Question 3. Of these 714 individuals, 156 either completed *DMS* supplemental programming or had a partner who completed *DMS* supplemental programming (program group) while 558 did not complete *DMS* supplemental programming (comparison group) (as seen in **Table II.6** below). Given the relatively small counts of individuals who participated in *DMS* supplemental programming, we combined responses from *Elevate*, *Elevate for Foster Caregivers*, and *TWC* participants for analyses. As illustrated in **Table II.7**, from enrollment to T3, the overall attrition rate in the RQ3 analytic sample was 59% for individuals and 69% for couples.

Table II.6. Research Question 3 Analytic Sample by Program

Program	Comparison Group (no *DMS* participation)	Program Group (*DMS* participation)
Elevate	217	88
Elevate for Foster Caregivers	210	10
TWC	131	58
Total	558	156

Notes: Individuals who did not complete T1, T2, and T3 were excluded from analysis. If either member of a couple attended *DMS* supplemental programming, both members of the couple were included in the program group.

Table II.7. Research Question 3 Analytic Sample

Number of individuals	Number of individuals	Number of couples
Enrolled in the program*	1739	650
Completed a baseline survey (T1)*	1649	580
Completed follow-up survey (accounts for item non-response and any other analysis restrictions) (T3)	714	202
Attrition rate %**	59%	69%

* The numbers of participants who enrolled in the program and completed T1 include all participants even those who did not have couple-level data (e.g., *TWC* participants).

** The higher rate of attrition for T3 was primarily due to the fact that we did not begin collecting T3 data until Year 3 (with the Year 2 participants).

We conducted comparisons of baseline demographics of those retained in the Research Question 3 analytic sample ($n = 714$) and those excluded from analysis ($n = 1030$). Individuals in the analytic sample were, on average, significantly older (37.6 years old) than those excluded (36.4 years old). Compared to those excluded, individuals in the analytic sample were also more predominantly female (69% compared to 58%), White (50% compared to 42%), and had older, youngest children (average 6.5 years old compared to 5.7 years old). Members of the analytic sample were also more likely to have an Associate's degree or greater (37%) than those excluded

from analysis (29%). (See **Appendix D, Table D.4** for the complete results of the attrition analyses for Research Question 3 sample participants).

We also examined demographic differences between Research Question 3 analytic sample individuals who participated in *DMS* supplemental programming ($n = 156$) and those who did not ($n = 558$). A summary description of both groups is provided in **Table II.8**. Individuals who did not participate in *DMS* supplemental programming, compared to those who participated in *DMS*, were more likely to be married (59% compared to 40%), live with a partner (91% compared to 80%), own their home (46% compared to 31%), and have monthly household income over $3,000 (21% compared to 10%). On average, *DMS* supplemental participants reported shorter relationships (9.9 years compared to 12.3 years) fewer children (2.5 compared to 2.8), and younger children (5.6 years old compared to 6.8 years old) than those who did not participate in *DMS*. *DMS* supplemental participants had significantly lower average baseline scores for financial self-efficacy (3.6 compared to 4.0) and significantly higher baseline scores for financial distress (6.6 compared to 5.6) than those who did not participate in *DMS*. Whereas *DMS* participation was voluntary, it is plausible that baseline differences in monthly income, home ownership, financial self-efficacy, and financial distress could have been a key motivation in participating in *DMS* supplemental programming. (See **Appendix D, Table D.5** for the complete results of the comparison analyses between *DMS* participants and non-*DMS* participants.)

Table II.8. Characteristics of participants in the research question 3 analytical sample at baseline

Characteristic	RQ3 Analytic Sample at baseline		
	Total Analytic Sample	Comparison Group	*DMS* Program Group
Sample Size	714	558	156
Average Age	37.6	37.8	36.8
Female	69%	68%	72%
Race			
White	50%	52%	43%
Black	42%	41%	47%
Other	8%	7%	10%
Ethnicity			
Hispanic	6%	6%	6%
Non-Hispanic	94%	94%	94%
Education			
No degree or diploma earned	11%	10%	11%
High School GED or diploma	28%	25%	28%
Vocational/Tech Cert, some college, or Associate's degree	37%	36%	36%
Bachelor's degree or higher	24%	29%	25%
Employment			
Not currently employed	32%	30%	39%
Full-time	48%	49%	46%
Part-time	16%	16%	12%

Characteristic	RQ3 Analytic Sample at baseline		
	Total Analytic Sample	Comparison Group	*DMS* Program Group
Temporary/ occasional/ seasonal/ odd jobs	4%	5%	3%
Income in the last 30 days			
Less than $500	32%	31%	35%
$500 - $1,000	13%	12%	16%
$1,001 - $2,000	22%	22%	21%
$2,001 - $3,000	15%	14%	18%
$3,001 - $4,000	6%	6%	6%
More than $4,000	13%	15%	5%
Marital Status			
Married	55%	59%	40%
Not married	45%	41%	60%
Same Sex Couple	2%	2%	2%
Average Length of Relationship (years)	11.9	12.3	9.9
Average Number of Children	2.7	2.8	2.5
Average Age of Youngest Child (years)	6.5	6.8	5.6

4. Outcome Measures

The outcome measures of interest for answering the research questions are individual well-being, couple functioning, relationship quality and stability, parenting and co-parenting, family harmony, and financial management and distress. For one aspect of individual well-being (self-care) and six of the eight couple functioning and quality outcomes (for *Elevate* participants only), we used the Couple Relationship Skills Inventory (CRSI; Adler-Baeder, Futris, McGill, Richardson, & Yildirim, accepted). CRSI is a battery of subscales that measure outcomes that align with the *National Extension Relationship and Marriage Education Model* (NERMEM; Futris & Adler-Baeder, 2013) framework (see **Appendix B**) and with the skills taught in *Elevate*. Participants completed the scales as surveys on the Qualtrics online survey platform at each of the three time points. Mean scores were calculated only if the respondent provided a valid response to at least 80% of the items for the measure. Thus, respondents who answered less than 80% of the measure items were excluded from the associated analyses. Below is a description of the outcome measures followed by **Table II.9** which includes a brief summary of each measure and reliabilities (i.e., Cronbach alpha coefficients) at T1, T2, and T3.

Individual well-being. Three outcomes regarding individual well-being were included in this evaluation including self-care, depressive symptoms, and mindfulness. Self-care was measured using the Care for Self subscale of the CRSI. Participants were asked to report their level of agreement on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*) for eight items (e.g., "I ask for help from others when needed"). A mean score was calculated so that a higher score represented a higher level of self-care. Depressive symptoms were measured using three items from the Center for Epidemiological Studies – Depression (CES-D) scale (Radloff, 1977). Participants were asked to rate how often they experienced specific symptoms (e.g., "I felt depressed") in the past week on a scale of 0 (*none*) to 3 (*3+ times*). A mean score was calculated

so that a higher score represented more depressive symptoms. Mindfulness was measured using five items from the Mindful Attention Awareness Scale (Brown & Ryan, 2003). Participants were asked to rate how often they experienced difficulty staying present in the moment (e.g., "I find it difficult to stay focused on what's happening in the present") during the past month on a scale of 1 (*almost never*) to 6 (*almost always*). All items were reversed coded and a mean score was computed so that a higher score represented a higher level of mindfulness.

Couple relationship skills. Couple relationship skill outcomes including Choose, Share, Know, Care, Manage, and Connect were measured using the respective subscales of the CRSI for *Elevate* participants only (both non-foster caregivers and foster caregivers). **Choose** (i.e., attitudes and efforts related to intentionality and prioritizing the relationship) was measured using six items examining intentionality and commitment in the relationship (e.g., "I commit effort every day to making my relationship work") where participants were asked to report their level of agreement on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*) with each item. Appropriate items were reverse coded and a mean score was computed so that a higher score represented a higher level of intentionality and commitment in their relationship. **Share** (i.e., attitudes and behaviors that promote a sense of couple solidarity and "we-ness") was measured using five items examining the frequency of behaviors that enhance friendship and togetherness in the couple relationship (e.g., "talk with each other about our day"). Participants were asked to rate the frequency of these couple-level behaviors on a scale of 1 (*never*) to 7 (*more often than once a day*). A mean score was computed so that a higher score represented a higher level of friendship and togetherness. **Know** (i.e., attitudes and efforts that promote intimate knowledge between partners) was measured using eight items examining intimate knowledge in relationships (e.g., "I know my partners current life stresses"). Participants rated their level of agreement with items on intimate knowledge of their partner (four items) and their perceptions of their partner's intimate knowledge of them (four items) on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). A mean score of all eight items was computed so that a higher score represented a higher level of couple-level intimate knowledge. **Care** (i.e., attitudes and behaviors that promote other-oriented positivity) was measured using 10 items that examined the frequency of affectionate and respectful behaviors in the couple relationship (e.g., "Tell your partner things you appreciate about him/her and how much you care for him/her"). Participants were asked to rate how often they display these behaviors toward their partner (five items) and how often their partner displays these behaviors toward them (five items) on a scale of 1 (*never*) to 7 (*more often than once a day*). A mean score was computed so that a higher score represented a higher level of affectionate and respectful behaviors in the couple relationship overall. **Manage** (i.e., attitudes and skills for managing stress and conflict) was measured using 16 items that examined conflict management behaviors in the couple relationship (e.g., "when things 'get heated' I suggest we take a break to calm down"). Participants were asked to rate their level of agreement with the conflict management behaviors they display (eight items) and those that their partner displays (eight items) on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). Appropriate items were reverse coded and a mean score was computed so that a higher score represented a higher level of positive conflict management at the couple level. **Connect** (i.e., attitudes and efforts to embed the couple relationship in support networks) was measured using four items that examined partners' perceptions of their social support as a couple in the couple relationship (e.g., "we know people who care about us and our relationship"). Participants were asked to rate their level of agreement with their couple-level

social support on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). A mean score was computed so that a higher score represented a higher level of social support.

Couple relationship quality. Two additional outcome measures related to couple relationships were measured including overall couple relationship quality and relationship stability. Overall couple relationship quality was measured using the Quality Marriage Index (QMI; Norton, 1983). Participants rated their level of agreement with three items (e.g., "we have a good relationship") on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). A mean score was computed so that a higher score represented a higher level of couple relationship quality. Relationship stability was measured using the Commitment Inventory (Stanley & Markman, 1992). Participants rated their level of agreement with three items (e.g., "I feel very confident when I think about our future together") on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). A mean score was computed so that a higher score represented a higher level of relationship stability.

Parenting and family functioning. Three outcomes related to parenting and family functioning were measured including co-parenting relationship quality, parenting stress, and family harmony. Co-parenting relationship quality was measured using 12 items from the Casey Foster Applicant Inventory – Applicant Co-Parenting Scale (CFAI-CP; Cherry & Orme, 2011) and the Coparenting Questionnaire (Margolin, Gordis, & John, 2001). Participants rated their level of agreement with items (e.g., "my partner shares parenting responsibilities with me") measuring their perceptions of the co-parenting support they receive from their co-parent on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). Appropriate items were reverse-coded and a mean score was computed so that a higher score represented a higher level of co-parenting relationship quality. Parenting stress was measured using 10 items from the Parental Stress Scale (Berry & Jones, 1995). Participants rated their level of agreement with items (e.g., "I sometimes worry whether I am doing enough for my children") measuring their perceptions of their parental stressors on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). A mean score was computed so that a higher score represented a higher level of parenting stress. Family harmony was measured using three items from the Family Harmony Scale (Banker & Gaertner, 1998). Participants rated their level of agreement with items (e.g., "generally there is a feeling of contentment and happiness in my house") measuring their perceptions of the harmony in their home on a scale of 1 (*very strongly disagree*) to 7 (*very strongly agree*). A mean score was computed so that a higher score represented a higher level of family harmony.

Financial well-being. We examined two outcomes related to financial well-being including financial self-efficacy and financial distress. Financial self-efficacy was measured using six items from the Financial Self-Efficacy Scale (Lown, 2011). Participants rated their level of agreement with items (e.g., "I lack confidence in my ability to manage my finances") measuring their perceptions of their confidence in managing their finances on a scale of 1 (*never true*) to 7 (*always true*). A mean score was computed so that a higher score represented a higher level of family harmony. Financial distress was measured using eight items (e.g., "How often do you worry about being able to meet normal monthly living expenses?") from the InCharge Financial Distress Scale (Prawitz et al., 2006). Each item had a different Likert scale that matched with the topic of the question, and participants rated their perceptions of each item on a scale of 1 to 10. A mean score was computed so that a higher score represented a higher level of financial distress.

Table II.9 Outcome measures used to answer Research Questions 1-3

Outcome name	Description of the outcome measure	Source	Sample Item	Alpha Coefficient		
				Elevate	*Elevate for Foster Caregivers*	*TWC*
Individual Well-Being						
Self-care	A scale (value range of 1-7) calculated as an average of 8 items	Adler-Baeder et al. (in press)	I ask for help from others when needed.	αT1 = .756 αT2 = .841 αT3 = .850	αT1 = .790 αT2 = .823 αT3 = .807	αT1 = .801 αT2 = .833 αT3 = .842
Depressive symptoms	A frequency of occurrence scale (value range of 0=none – 3=3+ times) calculated as an average of 3 items.	Radloff (1977)	I felt depressed.	αT1 = .803 αT2 = .841 αT3 = .850	αT1 = .691 αT2 = .811 αT3 = .716	αT1 = .783 αT2 = .844 αT3 = .805
Mindfulness	A frequency of occurrence scale (value range of 1=almost never – 6= almost always calculated as an average of 5 items.	Brown & Ryan (2003)	I find it difficult to stay focused on what's happening in the present.	αT1 = .824 αT2 = .871 αT3 = .843	αT1 = .835 αT2 = .845 αT3 = .863	αT1 = .811 αT2 = .866 αT3 = .841
Couple Functioning and Quality						
Choose	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average score of 6 items measuring intentionality, commitment, and dedication	Adler-Baeder et al. (in press)	I commit effort every day to making my relationship work.	αT1 = .816 αT2 = .846 αT3 = .839	αT1 = .822 αT2 = .825 αT3 = .854	NA
Share	A frequency of occurrence scale (value range 1=never – 7=more often than once a day) calculated as an average score of 5 items measuring friendship and togetherness	Adler-Baeder et al. (in press)	Talk with each other about our day.	αT1 = .872 αT2 = .890 αT3 = .890	αT1 = .869 αT2 = .865 αT3 = .859	NA
Know	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average score of 8 items measuring intimate knowledge	Adler-Baeder et al. (in press)	I know my partners current life stresses.	αT1 = .907 αT2 = .940 αT3 = .932	αT1 = .930 αT2 = .934 αT3 = .930	NA

Outcome name	Description of the outcome measure	Source	Sample Item	Alpha Coefficient		
				Elevate	*Elevate for Foster Caregivers*	*TWC*
Care	A frequency of occurrence scale (value range 1=never– 7=more often than once a day) calculated as an average score of 10 items measuring affection, appreciation, and respect	Adler-Baeder et al. (in press)	Tell your partner things you appreciate about him/her and how much you care for him/her.	αT1 = .923 αT2 = .947 αT3 = .941	αT1 = .919 αT2 = .927 αT3 = .926	NA
Manage	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average score of 16 items measuring conflict management	Adler-Baeder et al. (in press)	When things "get heated" I suggest we take a break to calm down.	αT1 = .836 αT2 = .868 αT3 = .867	αT1 = .850 αT2 = .865 αT3 = .873	NA
Connect	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average score of 4 items measuring social support	Adler-Baeder et al. (in press)	We know people who care about us and our relationship.	αT1 = .713 αT2 = .807 αT3 = .835	αT1 = .809 αT2 = .808 αT3 = .855	NA
Relationship quality	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average of 3 survey items measuring overall couple quality	Norton (1983)	We have a good relationship.	αT1 = .952 αT2 = .971 αT3 = .958	αT1 = .957 αT2 = .956 αT3 = .954	NA
Relationship stability	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average of 3 survey items measuring confidence in the stability of the relationship.	Stanley & Markman (1992)	I feel very confident when I think about our future together.	αT1 = .889 αT2 = .945 αT3 = .944	αT1 = .911 αT2 = .944 αT3 = .953	NA
Parenting and Family Functioning						

Outcome name	Description of the outcome measure	Source	Sample Item	Alpha Coefficient		
				Elevate	*Elevate for Foster Caregivers*	*TWC*
Co-parenting relationship quality	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average of 12 survey items measuring agreement and support with their child's other parent.	Cherry & Orme (2011); Margolin et al. (2001)	My partner shares parenting responsibilities with me.	αT1 = .897 αT2 = .916 αT3 = .899	αT1 = .908 αT2 = .904 αT3 = .903	αT1 = .895 αT2 = .878 αT3 = .894
Parenting stress	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average of 10 survey items measuring stress related to the responsibilities and demands of parenting.	Berry & Jones (1995)	I sometimes worry whether I am doing enough for my children.	αT1 = .876 αT2 = .898 αT3 = .898	αT1 = .885 αT2 = .885 αT3 = .891	αT1 = .890 αT2 = .903 αT3 = .897
Family harmony	A scale (value range 1=very strongly disagree -- 7=very strongly agree) calculated as an average of 3 survey items measuring contentment, happiness, and agreement in the home.	Banker & Gaertner (1998)	Generally there is a feeling of contentment and happiness in my house.	αT1 = .790 αT2 = .796 αT3 = .783	αT1 = .836 αT2 = .762 αT3 = .727	αT1 = .707 αT2 = .696 αT3 = .674
Financial Well-being						
Financial self-efficacy	A scale (value range 1=never true – 7=always true) calculated as an average of 6 survey items.	Lown (2011)	I lack confidence in my ability to manage my finances	αT1 = .813 αT2 = .858 αT3 = .864	αT1 = .862 αT2 = .877 αT3 = .866	αT1 = .809 αT2 = .839 αT3 = .801

Outcome name	Description of the outcome measure	Source	Sample Item	Alpha Coefficient		
				Elevate	Elevate for Foster Caregivers	TWC
Financial distress	A scale (value range 1=no stress at all – 10=overwhelming stress) calculated as an average of 8 survey items measuring anxiety, satisfaction, and confidence with participant's current financial condition.		How often do you worry about being able to meet normal monthly living expenses?	αT1 = .752 αT2 = .714 αT3 = .695	αT1 = .923 αT2 = .927 αT3 = .921	αT1 = .912 αT2 = .909 αT3 = .914

Note: **T1** = survey administered within 4 weeks of program; **T2** = survey administered 6-8 weeks after program; and **T3** = survey administered 24-32 weeks after program. Reliability at the time of measure are Cronbach's alpha coefficients (α).

C. Findings and analysis approach

In this section, we describe the findings for the current evaluation study. For each research question, we list the research question itself, provide a brief summary of key findings for *Elevate*, *Elevate for Foster Caregivers* and *TWC*, and then describe the analysis approach and results for each subsample of interest for that research question. For Research Questions 1 and 2, we performed separate analyses for *Elevate* couples, *Elevate for Foster Caregiver* couples, and *TWC* single parents, and we only used T1 to T2 data (excluding T3) since we did not begin collecting T3 data until Year 3 with the Year 2 participants. Because of the small counts of individuals who participated in the *DMS* supplemental programming, for Research Question 3, we did not perform analyses separately for each program. We examined changes in participants' self-reported financial self-efficacy and levels of financial distress from T1 to T2 to T3, comparing those who participated in the supplemental financial literacy program (*DMS*) to those who did not participate.

Overall, for Research Question 1, results of the analyses performed for the *Elevate* sample and the *Elevate for Foster Caregivers* sample suggest that participants in the program, on average, reported statistically significant improvements on all but one outcome of interest (changes in T1 to T2 depression for foster caregivers was not statistically significant), when accounting for the non-independence of couples and controlling for baseline characteristics. While almost all outcomes of interest were found to show significant improvements, effect sizes (Cohen's d) were generally small (Cohen, 1988). Similarly, results of the analyses regarding Research Question 1 performed for the *TWC* sample suggest that individuals who participated in *TWC*, on average, reported significant improvements on all outcomes of interest after controlling for baseline characteristics. Findings for Research Question 2 indicated that improvements from T1 (baseline) to T2 (follow-up) on specific outcomes for *Elevate* were moderated based on participants' gender, race, and marital status. For the *Elevate for Foster Caregivers* sample, improvements were moderated by gender, race, and employment status. For the *TWC* sample, improvements on specific outcomes were only moderated based on participants' race. Findings

for Research Question 3 indicated overall improvements in financial self-efficacy and financial distress (T1→T2→T3); however, participation in *DMS* supplemental programming did not appear to provide substantive added benefit to participation in *Elevate* or *TWC*.

1. **Do participants who complete *Elevate* or *TWC* report improved relationship functioning behaviors, relationship quality/stability, co-parenting quality, parenting stress, financial management practices, financial efficacy, financial distress, and individual and family health?**

a. Key findings

Elevate, *Elevate for Foster Caregivers*, and *TWC* participants experienced significantly higher scores at T2 when controlling for baseline values of the outcomes measured at T1 on several outcomes, including relationship functioning behaviors, relationship quality/stability, co-parenting quality, parenting stress, financial self-efficacy, financial distress, and individual and family health. However, effect sizes indicate that Manage, family harmony, and financial distress saw the greatest improvements. Further, we found small effect sizes (Cohen's d < .20) for several outcomes including Manage, family harmony, and financial distress for *Elevate* participants; Self-Care, Share, Manage, Care, financial self-efficacy, and financial distress for *Elevate for Foster Caregivers*; and Self-Care, depressive symptoms, and financial distress for *TWC* participants.

b. Elevate

We used a multilevel modeling approach (MLM) to examine outcomes at T2 while controlling for T1 for *Elevate* participants. All MLM analyses were done using R version 4.0.2 using the lme4 package. Data for *Elevate* participants were collected from both partners (i.e., dyadic data). Since our analyses focused on each individual's responses at T2, it was necessary to employ a statistical analysis that accounted for the clustering (non-independence) of individual sample members within couples. Multilevel modeling is one such approach that allows us to measure pre-to-post change from T1 to T2 while accounting for the non-independence in our sample. A fixed effects model was used in order to make inferences about our specific sample of program participants. We chose a fixed effects model because we are not examining differences between couples within our sample, but instead are measuring within-person change from T1 to T2.

In the multilevel models we estimated, data were entered at two levels: Level 1 = Individual and Level 2 = Couple. Time 1 was regressed on Time 2 for each outcome at Level 1. Couple-level variables were entered at Level 2, including couple-level control variables (e.g., marital status). Equations for these analyses are below:

Level 1: $Y_{ij} = \beta_{0j} + \beta_{1j}x_{ij+}e_{ij}$

Where Y_{ij} is the dependent variable (i.e., T2 outcome variable) for individual *i* in couple *j*, β_{0j} is the mean of the outcome of interest for couple *j*, β_{1j} is the regression coefficient on the outcome of interest, is x_{ij} a matrix of independent variables (i.e., the matrix of control variables at the individual level including the outcome measured at T1) for individual *i* in couple *j* at Level 1,

and is the e_{ij} term for the residuals of each individual within couple j under the assumption that it is normally distributed with mean equal to 0, and constant variance.

Level 2: $\beta_{oj} = \gamma_{00} + u_{0j}$

Where, γ_{00} is the mean outcome of interest for all couples, and $u0j$ is the unique effect of couple j on the mean outcome of interest.

These analyses provide an estimate of the change in outcome measured by an unstandardized beta coefficient (B). This coefficient represents the overall couple-level change in outcomes for all participants from T1 to T2. Statistically significant estimates (here defined as $p < .05$) allow us to determine if there is significant positive or negative change in score, overall, in the mean change score for all participants, taking into account the baseline score. For example, in a non-dyadic linear regression analysis, a B of .30 would indicate that, on average, participants experienced a .30 increase in their score from T1 to T2, which would reflect the change in the original unit of measurement for the outcome. However, due to the multiple outcomes examined in separate models, we used a Bonferroni multiple comparisons correction to reduce the likelihood of a Type I error (Haynes, 2013). Using the Bonferroni correction, we calculated that the p-value in which the association would be significant is $p < .003$.

For Research Question 1, we examined the correlations between potential covariates based on prior research (e.g., marital status, age, and race) and outcomes to determine what covariates should be included in the model. Based on covariates that were significantly correlated with outcomes of interest at $p < .05$, we included age, gender, race, education, employment, and income at Level 1, and number of children and marital status at Level 2 as covariates in the final model.

Results for participants in the *Elevate* weekly series are presented in **Table II.10** and results for foster caregiver participants in the *Elevate for Foster Caregivers* are presented in **Table II.11**. These findings reflect overall averages of the within-individual changes from T1 to T2, conditional on clustering by couple, on the outcome measures controlling for age, gender, race, education, employment, monthly individual income, and marital status which were collected at intake. On average, participants in both samples reported statistically significant improvements across all outcomes of interest from T1 to T2. The exception was that there was no significant change in depressive symptoms for *Elevate for Foster Caregivers* participants. We also calculated Cohen's d for each of the outcomes. For *Elevate* participants, there was a small effect size for Manage and financial distress. For the *Elevate for Foster Caregivers*, there was a small effect size for many outcomes including self-care, Share, Manage, Care, financial self-efficacy, and financial distress.

Table II.10. Results from MLM of *Elevate* Participants ($n = 612$)

Outcome	Mean outcome at baseline [2]	Mean outcome at follow-up	B [3]	Standard Error	p-value [5]	Cohen's d
Self-Care	4.43	4.62	.48	.05	<.001	.19
Depressive Symptoms [4]	0.98	0.83	.50	.04	<.001	.17

Mindfulness	3.96	4.14	.61	.04	<.001	.16
"Choose"	5.71	5.75	.44	.04	<.001	.03
"Share"	4.94	5.14	.51	.03	<.001	.14
"Know"	5.51	5.66	.53	.04	<.001	.14
"Connect"	5.26	5.35	.56	.04	<.001	.08
"Manage"	4.98	5.18	.64	.03	<.001	.26
"Care"	5.47	5.58	.63	.04	<.001	.10
Couple RQ [1]	5.54	5.73	.62	.04	<.001	.16
Family Harmony	5.08	5.34	.53	.04	<.001	.23
Dedication	5.62	5.74	.53	.04	<.001	.09
Co-parenting RQ [1]	5.44	5.50	.66	.03	<.001	.07
Parenting Stress [4]	3.01	2.93	.69	.03	<.001	.09
Financial Self-Efficacy	3.88	4.09	.66	.04	<.001	.18
Financial Distress [4]	6.10	5.76	.64	.03	<.001	.29

[1] RQ = Relationship Quality

[2] Means are unadjusted means.

[3] B represents the marginal change from T1 to T2 controlling for covariates include participant age, gender, race, education, employment status, income, number of children, and marital status.

[4] Depressive symptoms, parenting stress, and financial distress were coded in such a way that a higher score means more depressive symptoms, more parenting stress, and more financial distress. A reduction in the mean scores for each of these variables is an improvement.

[5] p-value $< .006$ is statistically significant in this analysis.

Table II.11. Results from MLM of _Elevate for Foster Caregivers_ Participants ($n = 416$)

Outcome	Mean outcome at baseline	Mean outcome at follow-up [2]	B [3]	Standard Error	p-value [5]	Cohen's d
Self-Care	4.64	4.84	.48	.05	<.001	.25
Depressive Symptoms [4]	0.66	0.54	-.05	.05	.29	.17
Mindfulness	4.27	4.37	.60	.04	<.001	.13
"Choose"	5.90	6.03	.50	.04	<.001	.15
"Share"	4.98	5.19	.54	.04	<.001	.21
"Know"	5.74	5.83	.54	.04	<.001	.14
"Connect"	5.86	5.92	.65	.04	<.001	.09
"Manage"	5.16	5.36	.70	.04	<.001	.35
"Care"	5.29	5.46	.73	.03	<.001	.22
Couple RQ [1]	5.95	6.09	.60	.04	<.001	.19
Family Harmony	5.64	5.78	.60	.04	<.001	.15
Dedication	6.19	6.26	.69	.03	<.001	.11

Outcome	Mean outcome at baseline	Mean outcome at follow-up [2]	B [3]	Standard Error	p-value [5]	Cohen's d
Co-parenting RQ	5.78	5.86	.70	.04	<.001	.14
Parenting Stress [4]	3.00	2.94	.71	.04	<.001	.06
Financial Self-Efficacy	4.40	4.66	.83	.04	<.001	.31
Financial Distress [4]	4.12	3.85	.81	.03	<.001	.25

[1] RQ = Relationship Quality

[2] Means are unadjusted means.

[3] B represents the marginal change from T1 to T2 controlling for covariates include participant age, gender, race, education, employment status, income, number of children, and marital status.

[4] Depressive symptoms, parenting stress, and financial distress were coded in such a way that a higher score means more depressive symptoms, more parenting stress, and more financial distress. A reduction in the mean scores for each of these variables is an improvement.

[5] p-value < .003 is statistically significant in this analysis.

c.   *Together We Can (TWC)*

The *TWC* analytic sample included only single parents, none of whom had a partner participating in the program. As such, regression analyses were used to examine change from T1 to T2 for the *TWC* participants without a need to account for nested data by couple. All regression analyses were conducted using SPSS Version 26. These analyses provided an estimate of the change over time for *TWC* participants quantified by the unstandardized beta coefficient (B). This coefficient represents the mean change in outcomes for all participants from T1 to T2. Further, due to the multiple outcomes examined in separate models, we used a multiple comparison approach to reduce the likelihood of a Type I error using a Bonferroni correction (Haynes, 2013). Based on the Bonferroni correction, we calculated that the p-value in which the association would be significant is $p < .006$.

For Research Question 1, we examined the correlational structure of the covariates to each other and to the outcome variable measured at baseline to determine which potential covariates (e.g., marital status, age, and race) should be included in the model analyses (see **Appendix E**). Based on prior research, we included age, race, education, employment, income, and number of children as covariates in the final models. As summarized in **Table II.12**, results suggest that, on average, participants in the *TWC* program reported significant improvements on all outcomes of interest from T1 to T2. We then calculated Cohen's d to determine effect size for each of the outcomes. For *TWC* participants, there was a small effect size for self-care, depressive symptoms, and financial distress.

Table II.12. Results from Pre-to-Post Regression Analysis of *TWC* Participants ($n = 336$)

Outcome	Mean outcome at baseline [2]	Mean outcome at follow-up	B [3]	Standard Error	p-value [5]	Cohen's d
Self-Care	4.37	4.56	.55	.06	<.001	.24
Depressive Symptoms [4]	1.25	1.01	.52	.05	<.001	.27

Outcome	Mean outcome at baseline [2]	Mean outcome at follow-up	B [3]	Standard Error	p-value [5]	Cohen's d
Mindfulness	4.02	4.09	.59	.05	<.001	.09
Family Harmony	5.32	5.42	.53	.04	<.001	.06
Co-parenting RQ [1]	3.96	4.08	.69	.04	<.001	.11
Conflict Management	4.50	4.56	.63	.05	<.001	.07
Parenting Stress [4]	3.30	3.15	.75	.04	<.001	.12
Financial Self-Efficacy	3.59	3.73	.66	.05	<.001	.11
Financial Distress [4]	7.23	6.80	.74	.04	<.001	.26

[1] RQ = Relationship Quality

[2] Means are unadjusted means.

[3] B represents the marginal change from T1 to T2 controlling for covariates include participant age, gender, race, education, employment status, income, number of children, and marital status.

[4] Depressive symptoms, parenting stress, and financial distress were coded in such a way that a higher score means more depressive symptoms, more parenting stress, and more financial distress. A reduction in the mean scores for each of these variables is an improvement.

[5] p-value < .006 is statistically significant in this analysis.

2. What *Elevate* or *TWC* participant attributes or characteristics are potentially associated with more or less positive outcomes? Baseline variables explored include participant gender, age, marital status, race, employment status, involvement in child protective services, as well as program dosage.

a. Key findings

For the most part, *Elevate*, *Elevate for Foster Caregivers*, and *TWC* participants experienced significant improvements in outcomes of interest regardless of baseline characteristics. More specifically, baseline characteristics did not often moderate the associations between T1 and T2 outcomes. There were, however, some baseline characteristics that did, in fact, moderate the changes in outcomes. Specifically, for the *Elevate* subsample, gender, race, and marital status presented as statistically significant moderators for various outcomes. For the *Elevate for Foster Caregivers* subsample, gender and employment status were the only statistically significant moderators. Finally, for the *TWC* subsample, race was the only statistically significant moderator.

b. Elevate

To answer Research Question 2, we ran moderation analyses using multilevel modeling in R version 4.0.2 using the lme4 package for MLM to examine whether certain baseline characteristics moderated the change in outcomes from T1 to T2. The current evaluation is a descriptive study with no control group. Consequently, we cannot make causal inferences and draw conclusions about the impact of the programs. We can, however, examine if there are greater improvements in outcomes of interest based on participants' baseline characteristics (e.g., demographics such as gender, age, or marital status). Therefore, we conducted a series of moderation analyses to determine if baseline characteristics (i.e., moderators) made a difference in the amount of improvement that participants experienced from T1 to T2. With the exception of age, which was entered as a continuous variable, all moderating variables were dichotomized as follows: race (0 = *White/Caucasian,* 1 = *Non-White*); gender (0 = *male,* 1 = *female*); employment (0 = *not employed,* 1 = *employed full-time, part-time, or temporarily/seasonally*); marital status (0 = *not married,* 1 = *married*); and child protective services (CPS) involvement (0 = *no involvement,* 1 = *previous involvement in CPS*). Program dosage (0 = *did not graduate,* 1 = *graduated by completing at least 75% of the program*) was also examined as a moderator but was not a baseline variable. For the *Elevate for Foster Caregivers* sample, almost all participants were married, graduated from the program, and none had previous CPS involvement. Therefore, only age, gender, race, and employment were examined as potential moderators.

We examined each baseline variable of interest as a potential moderator for each outcome of interest, separately. For example, when examining depressive symptoms at T2, controlling for T1, we ran separate models for each potential moderator to determine if each baseline characteristic moderated the change from depressive symptoms at T1 to depressive symptoms at T2. All moderators were entered at Level 1 in the MLM. We then plotted slopes using Johnson-Neyman plots to further examine the moderation results that were statistically significant. Further, due to the multiple outcomes examined in separate models, we used a multiple comparison approach to reduce the likelihood of a Type I error using a Bonferroni correction (Haynes, 2013). As such, the *p*-value threshold in which the association would be statistically significant was $p < .003$ or lower for both *Elevate* and *Elevate for Foster Caregivers*.

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For the most part, participants across both *Elevate* samples reported statistically significant improvements in outcomes from T1 to T2 regardless of baseline characteristics. However, there were some baseline characteristics that did, in fact, moderate the changes in outcomes from T1 to T2. For *Elevate* participants:

- Women were more likely to have higher scores for Choose at T2 compared to men when controlling for their T1 Choose score ($B = .28$, $p < .001$) when taking into account both partners' reports. More specifically, when taking into account T1 Choose scores, women's T2 Choose scores were .28 units higher than men's scores.

- White participants were more likely to have higher Connect scores at T2 compared to non-White participants when controlling for their T1 Connect score ($B = .22$, $p < .001$) when taking into account both partners' reports. More specifically, when taking into account T1 Connect scores, White participants' T2 Connect scores were .22 units higher than non-White participants' scores.

- Unmarried participants were more likely to have lower depressive symptom scores at T2 compared to married participants when taking into account their T1 depressive symptoms score ($B = .20$, $p < .001$). More specifically, when taking into account T1 depressive symptoms scores, unmarried participants' T2 depressive symptoms scores were .20 units lower than married participants.

For *Elevate for Foster Caregivers* participants:

- Non-White participants were more likely to have higher Choose ($B = .24$, $p < .001$), Connect ($B = .25$, $p < .001$), and Couple Relationship Quality ($B = .24$, $p < .001$) scores when taking into account their T1 scores compared to White participants. More specifically, when taking into account their T1 scores, non-White participants' T2 Choose scores were .24 units higher, T2 Connect scores were .25 units higher, and T2 couple relationship quality scores were .24 units higher than White participants.

- Employed participants were more likely to have lower depressive symptom scores at T2 compared to unemployed participants when taking into account their T1 depressive symptoms score ($B = -.37$, $p < .001$). More specifically, when taking into account their T1 depressive symptoms scores, employed participants' T2 depressive symptoms scores were .37 units lower than unemployed participants.

Additional details about the moderation results can be found in **Appendix E, Tables E.1-11**.

c.   Together We Can (TWC)

Similar to the *TWC* analyses for Research Question 1, we ran regression analyses for Research Question 2 using SPSS Version 26 to examine whether certain baseline characteristics moderated the change in outcomes from T1 to T2. As with the *Elevate* evaluation, the *TWC* evaluation is a descriptive study with no control group, so we cannot make causal inferences or draw definitive conclusions about the impact of the programs. However, we can examine if there are greater improvements in outcomes of interest based on participants' baseline characteristics (e.g., demographics such as gender, age, or race). Therefore, we conducted a moderation analysis to determine if baseline characteristics (i.e., moderators) made a difference in the amount of improvement that participants experienced from T1 to T2. Because the *TWC* participants were

all unmarried, single-parent mothers, we only examined the moderating influence of age (continuous variable); race (0 = *White/Caucasian,* 1 = *Non-White*); employment (0 = *not employed*, 1 = *employed full-time, part-time, or temporarily/ seasonally*); and child protective services (CPS) involvement (0 = *no involvement*, 1 = *previous involvement in CPS*). We also examined program dosage (0 = *did not graduate*, 1 = *graduated by completely at least 75% of the program*) even though it is not considered a baseline variable. We then examined the slopes of the moderated regression analyses to interpret significant moderation results. Again, due to the multiple outcomes examined in separate models, we used a multiple comparison approach to reduce the likelihood of a Type I error using a Bonferroni correction (Haynes, 2013). The p-value in which the association would be significant is $p < .005$ for *TWC*.

Among the variables we examined, only race was found to significantly moderate change in family harmony. Specifically, White mothers were more likely to experience statistically significant improvements in family harmony compared to non-White mothers. Additional details about the moderation results regarding Research Question 2 for *TWC* participants can be found in **Appendix E, Tables E12-16**.

Do participants who complete *DMS* supplemental programming in addition to *Elevate/TWC* report greater improvement in financial efficacy and reduced financial distress compared to those who only completed *Elevate* or *TWC*?

a. Key findings

While all participants appeared to have significant improvements in financial self-efficacy and financial distress, participation in *DMS* supplemental programming was not associated with substantive additional benefits to participation for the *Elevate* and *TWC* samples.

b. Results

Research Question 3 examined the outcome of *DMS* supplemental programming on participant's financial self-efficacy and financial distress. Whereas *DMS* supplemental programming occurred after participation in *Elevate*, *Elevate for Foster Caregivers*, or *TWC* programming, analyses examined changes in financial self-efficacy and financial distress from T2 to T3. Thus, only individuals who completed *Elevate*, *Elevate for Foster Caregivers*, or *TWC* and completed all three survey time points (T1, T2, and T3) were included in analysis. To account for the non-independence of couples present in the analyses, data were nested within the couple when both partners were included in the Research Question 3 analytic sample. If either member of a couple participated in *DMS* supplemental programming, data from both members of the couple were included in the *DMS* population.

We used a multilevel modeling model (MLM) to examine changes in participants' reported financial self-efficacy and levels of financial distress. Analyses compared outcomes for those who participated in *DMS* supplemental programming to those who did not participate. Additionally, data from T1 were included in MLM analyses to account for the trajectory from pre-participation in *DMS* supplemental programming. All MLM analyses were completed using R version 4.0.3 using the lme4 package. MLM allowed us to measure change from T2 to T3, while accounting for the non-independence in the sample from the nature of both repeated measures and dyadic couple data (when present). Whereas nesting within couple requires dyadic

data from both members of the couple, data from partnered couples (dyadic data, *n* =404) were analyzed separately from individuals where no partnered data was available for analysis (non-dyadic, *n* =310).

As seen in **Table II.13**, average financial self-efficacy scores increased from T1 to T3 for both dyadic non-*DMS* and *DMS* participants. Average self-efficacy scores for dyadic non-*DMS* participants increased from 4.2 at T1 to 4.5 at T3, while dyadic *DMS* participants saw average increases from 3.7 to 3.9. Conversely, average financial distress scores decreased for both dyadic non-*DMS* and dyadic *DMS* participants. Dyadic non-*DMS* participants' average financial distress reduced from 5.0 at T1 to 4.8 at T2, while dyadic *DMS* participants' scores reduced from 6.3 to 6.0 from T1 to T3.

Table II.13. Financial Mean Scores for Dyadic Analyses by Time

		Financial self-efficacy		Financial Distress	
Group	**Survey**	**Mean**	**SE**	**Mean**	**SE**
Non-*DMS* Participants (*n* =320)	T1	4.2	0.072	5.0	0.109
	T2	4.4	0.077	4.7	0.105
	T3	4.5	0.076	4.8	0.119
DMS Participants (*n* =84)	T1	3.7	0.136	6.3	0.149
	T2	3.7	0.141	6.1	0.147
	T3	3.9	0.135	6.0	0.166

Note.   Average scores on financial self-efficacy and financial distress measures. Higher scores indicate greater financial self-efficacy and increased financial distress.

T1 = Survey Time 1; T2 = Survey Time 2; T3 = Survey Time 3; SE = Standard error

MLM analyses, presented in **Table II.14** below, provided an estimate of the change in outcome demonstrated by an unstandardized beta coefficient (B) for the dyadic program (*n* =84) and comparison (*n* =320) samples. This coefficient represents the amount of change in the outcome measure explained by the associated model input variable. For example, survey time produced a *B* of 0.148 for financial self-efficacy, meaning as time progressed by one unit (i.e., T2 to T3) scores in financial self-efficacy increased by 0.148 points (on a scale from 1 to 7). Statistically significant estimates at $p<.05$ allows us to identify significant positive or negative change in outcome scores for all participants.

Overall, individuals with dyadic data (i.e., both partners were included in the Research Question 3 analytic sample) experienced statistically significant improvements in both financial self-efficacy and financial distress over time (T1→T2→T3). Further, scores on financial distress differed significantly for participants in *DMS* supplemental programming (*n* = 84) compared to those who did not participate in *DMS* (*n* = 320). However, the lack of significant interaction effects of both time and participation in *DMS* supplemental programming would indicate the two groups did not experience significantly different outcomes in financial self-efficacy and financial distress over time in comparison to each other. Thus, while participants with dyadic data showed significant improvements in financial self-efficacy and financial distress, participation in *DMS* supplemental programming was not associated with a substantive marginal benefit beyond participation in *Elevate* or *Elevate for Foster Caregivers* alone.

Table II.14. Results from MLM for Dyadic Analyses (*n* =404)

	B	SE	p-value
Financial Self-efficacy			
Time	0.148	0.032	<0.00***
DMS Participation	-0.431	0.221	0.05
Time × *DMS* Participation	-0.058	0.071	0.42
Financial Distress			
Time	-0.109	0.045	0.02*
DMS Participation	1.360	0.316	<0.00***
Time × *DMS* Participation	-0.063	0.098	0.52

Note.   Data were nested within subject and within couple.

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

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

***Significantly different from zero at the .001 level, two-tailed test.

Similar to average scores for dyadic participants, non-dyadic participants saw improvement in average financial self-efficacy scores and reduction in average financial distress from T1 to T3 (**Table II.15**). Average financial self-efficacy scores for non-dyadic *DMS* participants increased from 3.5 to 3.6, while non-*DMS* participants' scores increased from 3.7 to 4.0 from T1 to T3. Non-dyadic *DMS* participants' average financial distress scores reduced from 7.1 to 6.7; non-*DMS* participants experienced a similar reduction of 6.4 to 6.0 from T1 to T3.

Table II.15. Financial Mean Scores for non-Dyadic Analyses by Survey

		Financial self-efficacy		Financial Distress	
Group	**Survey**	**Mean**	**SE**	**Mean**	**SE**
Non-*DMS* Participants (*n* =238)	T1	3.7	0.086	6.4	0.144
	T2	3.9	0.092	6.0	0.138
	T3	4.0	0.087	6.0	0.151
DMS Participants (*n* =72)	T1	3.5	0.161	7.1	0.236
	T2	3.6	0.175	6.7	0.263
	T3	3.6	0.166	6.7	0.256

Note.   Average scores on financial self-efficacy and financial distress measures. Higher scores indicate greater financial self-efficacy and increased financial distress.

T1 = Survey Time 1; T2 = Survey Time 2; T3 = Survey Time 3; SE = Standard error

Analyses for non-dyadic data (i.e., partner data was not available for inclusion in Research Question 3) produced similar results to those from dyadic analyses. Non-dyadic analyses showed significant improvement in both financial self-efficacy and financial distress over time (T1→T2→T3) (**Table II.16**). Further, scores on financial distress differed significantly for participants in *DMS* supplemental programming (*n* = 72) compared to those who did not participate in *DMS* (*n* = 238). However, it is likely the voluntary nature of *DMS* supplemental programming resulted in those with increased financial distress scores at baseline self-selecting into *DMS* programming. While non-dyadic analyses demonstrated significant improvements in financial self-efficacy and financial distress over time, the lack of a statistically significant interaction indicates participation in *DMS* supplemental programming was not associated with

substantive benefit beyond participation in *Elevate*, *Elevate for Foster Caregivers*, or *TWC* alone.

Table II.16. Results from Multilevel Models for non-Dyadic Analyses (*n* = 310)

	B	SE	p-value
Financial self-efficacy			
Time	0.126	0.039	<0.01**
DMS Participation	-0.083	0.230	0.72
Time × *DMS* Participation	-0.083	0.081	0.31
Financial Distress			
Time	-0.190	0.057	<0.00***
DMS Participation	0.773	0.354	0.03*
Time × *DMS* Participation	-0.031	0.118	0.80

Note.   Data were nested within subject.

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

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

***Significantly different from zero at the .001 level, two-tailed test.

III. DISCUSSION AND CONCLUSIONS

Project F.R.E.E. successfully recruited couples and single parents with involvement in Georgia's child welfare system into its *Elevate*, *Elevate for Foster Caregivers*, and *Together We Can* (*TWC*) programs. Several recruitment and retention strategies promoted not only program completion but also low attrition for the evaluation study. One lesson learned for identifying and recruiting vulnerable and challenged families is that the commitment of Georgia's Division of Families and Children Services (DFCS) and the community organizations that serve these families is a critical component. Another important lesson learned is that maintaining contact throughout the recruitment, enrollment, programming, and data collection cycle is vital but also challenging and time intensive. In regards to data collection, even the most committed couples faced life challenges that made taking surveys difficult and not a priority, and we found that providing personal contact, as opposed to just automated or electronic communications, seemed to support high attendance and high survey response rates. Field Assessors engaged directly with participants to schedule individual appointments and called and texted participants multiple reminders prior to appointments. Field Assessors then facilitated completion of surveys by assisting with technology and providing a friendly and supportive environment for participants. In addition, participants were given the option to come to group data collection sessions (included meals and child care) at a central location or an individual data collection appointment at the participant's residence or location of his/her choice.

The efforts and approach seemed to contribute to low rates of attrition between 18-22% across the three evaluation study samples and few statistically significant differences in characteristics between the analytic samples and the attrited samples. The attrition rates are particularly impressive considering the population we served. Our participants faced destabilizing life stressors that challenged their continued participation and were naturally cautious about revealing information due to their previous involvement with child welfare services. A few statistically significant differences across samples were detected, primarily related to gender,

level of education, and receipt of DFCS financial services. Race was found to be statistically different between the analytic and attrited sample only for the foster caregiver sample—the analytic sample was statistically more likely to be White than the attrited sample.

Results of the descriptive evaluation indicated that individuals in committed couple relationships who participated in *Elevate* or *Elevate for Foster Caregivers* as well as single parents who participated in *TWC* experienced significant improvement on outcomes of interest, including (a) relationship functioning behaviors and quality/stability; (b) co-parenting quality and parenting stress; (c) financial self-efficacy and distress; and (d) individual and family health. For *Elevate* participants, the greatest improvements were in the areas of conflict management, family harmony, and financial distress. Given that our population consisted of those involved in child welfare services, including financial support services such as TANF and WIC, it is not surprising that conflict management and financial distress were important needs for couples in our programs. While *Elevate* does not directly address financial education, the curriculum does teach participants how to more effectively manage stress and conflict in their relationship. Previous research shows that many couples identify financial matters as a point of conflict in their relationships (Dew et al., 2012). Thus, providing couples with the skills to regulate their body's response to stress and to have positive, effective conversations, even about difficult topics, may have a positive influence on the level of financial distress experienced. We discuss further the potential association between HMRE and financial outcomes below in our discussion about the evaluation findings related to *DMS* (Research Question 3).

Individuals in the *Elevate for Foster Caregivers* program also reported statistically significant improvements for all outcomes of interest with the exception of depressive symptoms. Foster caregivers often experience challenges related to fostering, such as managing difficult behaviors from the children in their care, ambiguity in family structure, frequent transitions and changes in family structure, frequent appointments (e.g., therapy, visits with biological parents, court dates), and financial challenges (Buehler et al., 2003). Furthermore, parenting stress has been found to spill over into couple and co-parenting relationships (Richardson & Futris, 2019). Foster caregivers often put the needs of the children in their care above their own needs, including their needs as a couple. Foster caregivers could have reported greater benefit from learning conflict management skills because the high levels of stress they often experience could have created more frequent conflict within the home. Financial stress is a primary stressor for foster caregivers because they often use their own money to provide for the needs and wants of the children in their care (ARCH National Respite Network & Resource Center, 2014; Miller et al., 2019). Improved skills in communication and conflict management could support more positive conversations about financial issues and decision making, and thereby positively influence their financial self-efficacy and financial distress.

Single parents participating in *TWC* also reported statistically significant improvements in outcomes of interest following program participation, albeit the effect sizes were small, including in self-care ($|d| = .24$), depressive symptoms ($|d| = .27$), and financial distress ($|d| = .26$). The *TWC* analytic sample consisted solely of single mothers. Previous research suggests that single mothers experience depressive symptoms at higher rates compared to married mothers, possibly due to a lack of social support and increased stress (Cairney et al., 2003). The *TWC* program provided strategies specifically aimed at improving single mothers' self-care practices (e.g., healthy eating, getting enough sleep) which are linked to mental and relational health, as well as

enhancing their capacity to manage stress and build a social support network. As such, it is not surprising we found reported improvement in self-care and decreases in depressive symptoms. Similar to *Elevate*, *TWC* does not address financial management behaviors directly but improved skills learned as part of the curriculum could potentially promote more positive financial practices and less financial distress. While we do not have data on the exact family structure or the exact nature of their co-parenting relationship, small, significant improvements were reported by the mothers in both co-parenting quality and how they managed conflict with their co-parent. Further, their co-parent did not receive the same program, which may have made it difficult to see stronger improvements in co-parenting relationship quality.

As part of the evaluation, we also examined potential characteristics that might serve to buffer against or enhance individuals' reported improvements in the outcomes of interest (Research Question 2). For our *Elevate*, non-foster caregiver sample, we identified moderators for some outcomes, but there were no clear and consistent patterns in these findings. For example, we found that compared to men, women were more likely to have higher scores after participating in *Elevate* for intentionality and commitment in the relationship (Choose). There are mixed findings in the literature regarding gender differences in changes following couple relationship education (CRE). Some findings suggest that there are no differences in men and women's changes in outcomes following participation in CRE (Hawkins et al., 2008) while other studies suggest that women are more likely than men to experience significant improvements (Halford et al., 2010). Our findings suggest that gender differences in changes following CRE may depend on the outcome. We also found that White individuals in our *Elevate*, non-foster caregivers sample indicated, on average, greater perceived social support for their relationships (Connect) than non-White individuals 6-8 weeks after the program. Even though non-White individuals reported improved social connection and support after programming, they reported less improvement. This may partly be due to higher baseline scores before programming for White participants (M = 5.50) compared to non-White participants (*M* = 5.08). Nonetheless, improvements in perceived social support among this at-risk sample is promising given the benefits of social integration in buffering the negative effects of financial distress on relationship quality (Barton, Futris, & Nielsen, 2014). Also, although married and unmarried individuals reported, on average, experiencing a similar occurrence of depressive symptoms at baseline (.997 and .954, respectively), unmarried participants reported a more significant decrease in depressive symptoms following the program. This finding is promising given that research provides evidence of individual mental health as a predictor of relationship quality (e.g., Coyne et al., 2002; Dehle & Weiss, 1998), particularly among unmarried couples (e.g., Curran et al., 2021). Thus, decreasing depressed affect can lead to increased relationship quality, especially for unstable couples (Bradford et al., 2014). It is also possible that the improvements reported in couple functioning may have contributed to the decrease in depressive symptoms (e.g., Fagan, 2009).

An interesting pattern emerged in the findings for the *Elevate for Foster Caregiver* couples suggesting that race potentially moderated the positive changes reported after the program. More specifically, non-White participants were more likely to report greater intentionality and commitment in their relationship (Choose), perceived social support for their relationship (Connect), and overall couple relationship quality than White participants. Non-White participants had higher scores compared to White participants at baseline, and even though White participants indicated improvement after programming, they showed less improvement

than non-White participants. Little is known, empirically, about the couple relationship experiences of various races within a foster caregiving context. More research is needed to determine why White participants may report lower scores before and after programming compared to non-White participants. As well, because the current analyses only examined one prospective moderator of interest at a time with no covariates, future research that examines a more fully specified model that accounts for other covariates that might be correlated with race (e.g., income, education, employment status) is needed in order to ascertain the association between CRE program outcomes and race.

When we examine overall mean scores by employment status, it is clear that those who are employed at baseline do see decreases in depressive symptoms, on average, compared to those who are not employed. More specifically, unemployed foster caregiver participants were significantly more likely to have higher depressive symptom scores post-programming (T2) compared to employed participants when taking into account baseline scores (T1), indicating that employment status might moderate the change in depressive symptoms from T1 to T2. It is possible that those who are unemployed either already struggle with depressive symptoms and are, therefore, less likely to seek employment or that a lack of employment and the social interactions and status that are associated with employment (e.g., spending time with other adults, a sense of meaning and purpose) increase the risk of depressive symptoms. Depressive symptoms was the only outcome for the foster caregiver participants that did not significantly improve from T1 to T2. This was likely due to foster caregiver participants reports of low baseline scores ($M = .66$ reflecting the occurrence of 0-1 depressive symptoms during the past week) and hence little room for further improvement.

For the *TWC* single mothers, only race was found to moderate change and only change in family harmony. White mothers were more likely to experience statistically significant improvements in family harmony compared to non-White mothers. Because the *TWC* participants were all unmarried, single-parent mothers, we only examined the moderating influences of age, race, employment, and child protective services involvement. We also examined program dosage even though it is not considered a baseline variable.

As part of the descriptive evaluation, we explored whether or not individuals who completed *DMS* supplemental programming in addition to *Elevate* or *TWC* reported greater improvement in financial efficacy and reduced financial distress compared to those who only completed *Elevate* or *TWC* (Research Question 3). As we noted earlier, individuals across programs showed significant improvements in financial self-efficacy and financial distress. However, participation in *DMS* did not appear to provide substantive benefit beyond participation in *Elevate* or *TWC* on these outcomes. Results of the evaluation indicate that while *DMS* seemed to be associated with positive outcomes, there was no evidence of significant differences between those participating in *Elevate*/*TWC* or these programs plus *DMS*. Further research would be useful to assess whether the enhanced relationship functioning skills and relationship quality gained by couples participating in *Elevate* as well as the self-care and stress management skills developed by parents in both *Elevate* and *TWC* provides a foundation for more effectively discussing financial matters and managing financial stress. Additional longitudinal research could also explore whether couples and single parents who complete couple relationship education programs might also be better able to take advantage of and to implement the positive financial management practices they learn in financial education programs such as *DMS*.

Strengths, limitations, and future research: There are several notable strengths of this descriptive evaluation study. First, we expand the literature on the couple relationship outcomes of at-risk couples and families by examining the healthy marriage and relationship education outcomes of three populations who have been understudied: (1) couples involved in child welfare services, (2) foster caregiver couples, and (3) single parents involved in the child welfare system. Next, we utilized three diverse samples, which allowed us to explore possible variations across are outcome measures based on participants' characteristics. Further, we utilized longitudinal data (two time points for Research Questions 1 and 2 and three time points for Research Question 3), which enabled us to examine pre-to-post changes in outcomes for two research questions and longitudinal outcomes for the third research question. Finally, for Research Question 3, we had both a *DMS* program group and a non-*DMS* comparison group to better understand outcomes of the supplemental *DMS* program on financial self-efficacy and financial distress of participants.

While we acknowledge these strengths, there are several notable limitations. First, the main programs of interest (i.e., *Elevate* and *TWC*) did not include a non-program comparison group, and thus, although we found statistically significant improvements in our outcomes of interest we cannot infer that these improvements were a result of participation in the programs per se. Related, participants self-selected into the programs. Therefore, it is possible that selection bias may influence our results such that couples who were, on average, faring better in their relationship (as evidenced by relatively positive scores at baseline) were more likely to enroll in the program. As such, although our findings still showed participants improved across all outcomes following the program, the magnitude of those changes (effect sizes) were small, and it is possible that a control group without exposure to the programs could also show improvement over time. Further, while we did have pre-program and post-program data for Research Questions 1 and 2, our last data collection time point was 6-8 weeks after program participation, limiting our understanding of the long-term outcomes following program participation. Although not within the scope of the current study, future analyses will utilize the data collected 6-8 months post programing to examine the stability and trajectory of these changes across time.

Our results and the limitations presented have implications for future research. The results of the descriptive evaluation revealed positive outcomes for participants 6-8 weeks after program completion, and additional evaluation of participants (e.g., 12 and 24 months post-programming) would support increased understanding of the sustainability of change and what specific challenges vulnerable families experience that potentially undermine couples' stability and growth. In addition, the positive outcomes of the descriptive evaluation support the value of a future impact evaluation. Another area for future research, specifically related to families involved in child welfare services, could be to explore how couple relationship education can augment and leverage existing social services and community-based programs to more holistically and comprehensively support the most vulnerable families, as well as the foster caregivers who provide temporary care and stability to the children removed from these vulnerable homes. As mentioned previously, the descriptive evaluation indicated that skills taught as part of couple relationship education could potentially support improved financial distress and self-efficacy. Increased understanding of this finding could support improved couple relationship as well as financial education programs.

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V. APPENDICES

a. Project F.R.E.E. logic model

Goals of the Project: Integrate HMRE into family and children services in order to reduce the risk of child abuse and neglect.

Inputs	Activities/ Outputs	Target Population	Short-term Outcomes	Long-term Outcomes
UGA faculty/students State, Regional and County Partners: GA Div. of Family & Children Svs; Family Conn. Partnership; Great Start GA (Home Visitation); Strengthening Families GA; UGA Ext.; Project Safe (DV) Community staff: project coordinators, program coaches, field assessors Community partners and services: faith-based org; schools and colleges; local businesses; hospitals; private and non-profit family services OFA funding: general programming, performance measurement, local eval. Evidence-inform. curricula Expert Consultants	Promotion and recruitment Enrollment, intake, and assessment *Elevate* *Elevate* weekend intensive *Together We Can* (*TWC*) Discovering Money Solutions (*DMS*) Case mgmt. & connect fams to partner agency services (e.g., job skills)	Families engaged in child welfare and/or home visitation services. Married and unmarried couples Foster caregiver couples Single parents Parents who completed *Elevate* or *TWC* program All enrolled families	Improved healthy relationship and marriage skills Express greater dedication and commitment Show more care through respect, openness, affection, appreciation Share more nurturing positive interactions More effectively manage stress and conflict Improved parenting and co-parenting skills Cooperative co-parenting Supportiveness of child Hostility toward child Harsh discipline Progress toward greater economic stability Use financial planning and management practices Access and utilize local education/job support services	Improved couple & family functioning Rel. satisfaction Rel. stability Rel. fidelity Improved adult and child well-being Adults report lower psychological distress Adults less likely involved in DV Reduced potential for child abuse/neglect Increased economic stability/mobility Decreased financial distress Find and maintain employment

Assumptions: Children achieve optimal healthy development and well-being within supportive, safe, and adaptable stable family environments. Parents desire to and can learn skills to effectively manage stress and maintain healthy couple/co-parenting relationships. Parents are more likely to attend HMRE programs that are accessible, family-centered (e.g., offer services to children and youth), and address barriers to engagement (e.g., child care, transportation, time). Participant success in HMRE programs is enhanced when community-based trauma-informed support is appropriately incorporated into services. Program success is enhanced through strong partnerships that leverage resources, build community support, and increase access to eligible target populations.

B. Program curriculum

The National Extension Relationship and Marriage Education Model (NERMEM; Futris & Adler-Baeder, 2013) is a comprehensive research-informed framework for practice and assessment focused on couple functioning. The NERMEM framework specifies seven modifiable skills (i.e., patterns of thinking and behaviors) that research has found to be fundamental to establishing and maintaining healthy relationships over time (e.g., Fawcett et al., 2013; Gottman & Gottman, 2017; Ogolsky et al., 2017). The model consists of seven core factors or concepts:

- *Care for Self* – efforts to promote individual health and well-being;
- *Choose* – attitudes and efforts related to intentionality and prioritizing the relationship;
- *Know* – attitudes and efforts that promote intimate knowledge between partners;
- *Care* – attitudes and behaviors that promote other-oriented positivity;
- *Share* – attitudes and behaviors that promote a sense of couple solidarity and "we-ness;"
- *Manage* – attitudes and skills for managing stress and conflict; and
- *Connect* – attitudes and efforts to embed the couple relationship in support networks.

A more thorough description of these seven core factors, why they are important to promoting relationship quality, and examples of how they can be translated into practice can be accessed for free online (Futris & Adler-Baeder, 2013). **Table B.1** includes an overview of the *Elevate*: Taking Your Relationship to Next Level curriculum (Futris, Adler-Baeder, et al., 2014) and summarizes the connection between the modules and each of the seven factors from the NERMEM framework. Although the original *Together We Can* curriculum (Shirer, Adler-Baeder & Shoup-Olsen, 2007) was developed prior to the NERMEM, much of the curriculum reinforced very similar modifiable skills. When preparing the adapted version, *Together We Can*: Creating a Healthy Future for our Family (*TWC*; Duncan, Futris, et al., 2020), intentional efforts were made to closely align the updated curriculum with the seven core factors from the NERMEM. **Table B.2** provides both an overview of the *TWC* curriculum and how its content aligns with the NERMEM framework. **Table B.3** provides an overview of the Discovering Money Solutions sessions and goals.

Table B1. *Elevate* **Sessions and Goals**

Elevate Session and NERMEM Concept 1	Goals
Session 1	
Introduction Taking your relationship to the next level	Establish clear goals and expectations for what each partner hopes to come away with from this program. Understand how relationship emotions, thoughts, and behaviors influence, and are influenced by, the body's physiological response system. Identify the core principles and qualities of healthy couple relationships that an individual can apply to regulate his/her positive emotional, cognitive and behavioral practices.
Empower Yourself Empower your relationship through empowering yourself NERMEM: CFS	Understand the reciprocal nature of health and wellness: Our relational health affects our physical and mental health, but also cultivating individual wellness and health supports the health of the couple relationship. Identify strategies for creating a healthier physical living style, nurturing individual psychological well-being, and promoting sexual health. Aspire to engage in behaviors that strengthen relationships by promoting individual physical, social/emotional, spiritual, and sexual health.
Session 2	
Lay the Foundation Intentionally committing effort to lay the foundation for a lasting relationship NERMEM: CH	Understand that healthy relationships require sustained effort over time. Identify choices and strategies that lay a strong foundation for a safe, stable, and satisfying relationship. Aspire to engage in behaviors that reinforce dedication and commitment to maintaining a healthy relationship.
Enlighten Sharing intimate information with your partner to enlighten each other about your relationship NERMEM: KN	Understand the importance of shared intimate knowledge to create and maintain stable, healthy relationships. Identify what individuals and couples need to learn about themselves and each other and what they each bring to the relationship. Identify relationship-building activities and resources to help couples develop shared intimate knowledge.
Session 3	
Value Value and respect the positive aspects of your partner and your relationship NERMEM: CA	Understand how showing kindness, understanding, respect, and caring can help them create and maintain stable, healthy relationships. Understand the importance of focusing on positive characteristics of partners within a relationship. Identify relationship-building activities and resources to help individuals and couples demonstrate care in their relationships.
Attach Cultivating and maintaining friendship with your partner NERMEM: SH	Understand the value of developing and maintaining a close friendship as a part of a healthy relationship. Develop an ability to provide understanding and create opportunities to foster a shared sense of couple identity. Identify strategies to create meaningful couple time that fosters friendship.
Session 4	
Tame Cultivate strategies to manage your differences in healthy and safe ways NERMEM: MA	Understand that differences between partners and conflict are normative aspects of all healthy couple relationships. Identify strategies for regulating emotions and managing stress and conflict. Aspire to engage in behaviors that promote positive communication and conflict management practices.

Elevate Session and NERMEM Concept 1	Goals
Engage (& Wrap Up) Engaging social support, community ties, & sources of meaning NERMEM: CN	Understand the benefits of engaging social support and building community ties on sustaining healthy relationships and marriages. Identify sources of personal and community resources (e.g., family, friends, and faith groups) and shared meaning (e.g., rituals, spirituality, values) that support healthy couple relationships. Explore relationship-building activities and resources to become better connected with their support systems.

[1] National Extension Relationship and Marriage Education Model (NERMEM): CFS = Care for Self; CH = Choose; K*N* = Know; CA = Care; SH = Share; M*N* = Manage; C*N* = Connect.

Table B2. *TWC*-Adapted Modules and Goals

TWC Modules and NERMEM Concept 1	Goals
Module 1	
Part A: Getting Started on Your Journey NERMEM: KN,CN	Learn about the topics and activities that will be a part of the program. Become aware of the importance of keeping a record of your personal and your children's growth, and your family life. Reflect on the past and set personal goals for a healthy family. Describe the people in your family and their support for you and your children.
Part B: Building an Intentional Family NERMEM: KN, CH, SH	Describe common characteristics of a strong family. Identify your family's strengths. List steps that will help your family become stronger. Identify ways to intentionally strengthen one's family. Apply intentional techniques to make one's family stronger.
Module 2	
Part A: Managing Stress NERMEM: CFS, MA	Identify physical and emotional signs and symptoms of stress in oneself. Assess personal stress management skills. Describe three new stress management strategies to try.
Part B: Parenting Together NERMEM: CH, KN, MA	Describe the importance of fathers and mothers. Discuss ways to better involve both parents in a child's life. Describe the relationship between child support and parenting time. Identify the barriers to parenting time. Discuss a plan for negotiating parenting time.
Module 3	
Part A: Building Friendships: Positive Strokes, Avoiding Discounting NERMEM: SH, CA, CFS	Describe the importance of positive strokes for one's self-esteem and for building relationships with others. Identify examples of positive and negative strokes. Experience the effects of giving and receiving positive strokes.
Part B: Listening to Face, Voice, and Body NERMEM: CA, MA	Understand and listen to non-verbal messages. Describe and practice the process of defensive listening.
Part C: Managing Conflict: Escalating and De-Escalating NERMEM: MA, KN	Apply communication and stress management skills to reduce and manage conflict. Describe the negative impact of poor conflict management skills on relationships. Identify one's role in patterns of conflict.

Module 4	
Part A: Taking Care of My Future for My Children NERMEM: CH, KN, SH	Practice mindfulness to support a healthy future.
	Examine the benefits and characteristics of healthy marriages.
	Identify one issue to move one closer to healthy relationships.
	Describes typical challenges of forming a step family when partners have children from previous relationships.
	Develop a positive vision for one's children and steps to take towards it.
	Celebrate the learning and successes from participating in the program.

[1] National Extension Relationship and Marriage Education Model (NERMEM): CFS = Care for Self; CH = Choose; K*N* = Know; CA = Care; SH = Share; M*N* = Manage; C*N* = Connect.

Table B3. Discovering Money Solutions Sessions and Goals

DMS Session	Goals
Session 1	
What is your relationship to money?	Learn what a money script is and where they may originate.
	Become aware of the importance of money scripts in our daily lives and how those money scripts affect our financial behavior.
	Identify positive financial exceptions to routine financial behavior and build on exceptions.
	Explore potential future scenarios wherein economic circumstances are improved.
What is your current financial position?	Begin the process of financial organization.
	Begin determining the financial position of the household.
	Initiate process of goal development
Session 2	
What are my top financial goals and concerns?	Develop a clear vision for the future and small, incremental steps that can be taken to reach those goals.
	Learn how daily decisions impact future outcomes.
What can I do to improve my financial situation?	Understand the benefits and pitfalls of mental accounting.
	Understand how to create and use a spending plan.
	Learn the importance of credit worthiness and how it is evaluated
	Identifying strategies that will be most effective in improving credit worthiness
	Understand how credit and debt management affect goal achievement.
	Identify personal savings opportunities that come from avoiding late fees, forgotten automated charges, comparison shopping, and negotiation.
	Identify strategies to increase income tax refunds through refundable and nonrefundable tax credits, reduced withholdings, and other tax strategies.
Session 3	
Increasing Human Capital to Improve Economic Stability	Learn about the FAFSA form and different types of federal student aid available for post-high school education and training.
	Identify ways to improve job skills.
	Develop an action plan for skill development
Building Social Capital to Improve Economic Stability	Improve marketability in the labor market.
	Understand the importance of social capital.
	Describe how to build social capital with different people.
	Understand different social networks and how they can help improve relationships.
	Identify community resources that support financial stability and capability

C. Data cleaning

Surveys were administered online using Qualtrics software and included predominantly closed-ended questions with pre-defined answer choice options. Some items incorporated display logic using forced response built into the design so that respondents only saw items appropriate to them. Data collection facilitated by Field Assessors helped to ensure that clients completed the correct surveys and entered correct ID numbers. Field Assessors provided in-person data assistance to facilitate data collection for *Elevate* and *TWC* participants until modifications were implemented in response to COVID-19. After COVID-19 protocols prohibited in-person data collection, Field Assessors conducted phone-assisted data collection sessions with participants. Foster caregivers did have the opportunity to complete online surveys without Field Assessor assistance prior to COVID-19 changes.

Once a survey was submitted, evaluation staff verified the entry by checking the Qualtrics data. The evaluation team maintained a list of expected survey completers that included ID numbers, client birthdates, and survey date that could be verified in the survey data. Survey data were downloaded into Excel spreadsheets approximately every week and compared to the list of expected survey respondents. The survey date recorded on the list was compared to the actual survey date recorded by Qualtrics, and the ID number and date of birth were verified. This ongoing data monitoring allowed the early identification of any irregularities, such as incorrect entry of ID numbers, failure of the client to submit the completed survey, or submission of duplicate surveys.

Data were processed and cleaned each quarter and added to a master data file. At the end of each quarter, the survey data that were downloaded from Qualtrics into Excel spreadsheets each week were reviewed for completeness. If a survey included any data beyond basic demographic information, the survey was retained. Missing demographic data, such as gender or date of birth of respondent or their partner, were completed using program and nFORM information for these participants. Any other missing responses were left incomplete. The data were imported into SPSS incorporating formatting as defined in the project codebook for each program which included variable names, labels, and value ranges. Incorporating consistent variable types and widths across surveys each quarter allowed data to be easily merged to a master data set. In this way data cleaning was completed for each quarter instead of at the end of the project. The nFORM ID number was used on program surveys so data from all sources, including nFORM surveys, could be easily merged.

Incorrect ID numbers were corrected based on recorded date of birth on the survey compared to the date recorded in nFORM and the survey completion date provided by the Field Assessor assisting the participant. Even with these safeguards, occasionally a client did complete the incorrect survey. In a few instances (0.9% of all surveys) clients completed an *Elevate* survey and should have completed a *TWC* survey or vice versa. The *Elevate* and *TWC* T1 and T2 surveys included the same items except that the *Elevate* surveys included items on shared parenting behaviors that the *TWC* surveys did not. All the surveys referenced the same time periods. Some foster parents (6%) who received survey invitations by email and did not work directly with a Field Assessor completed a survey more than one time. If a client submitted a duplicate survey then the earliest entry was retained.

D. Attrition analyses

Several approaches were used to minimize sample attrition and maximize ongoing participation in data collection. For example, the incentive structure was designed to increase payment for the later surveys to encourage retention in both the *Elevate* and *TWC* programs. In addition, the data collection team collaborated with the program coordinators and case managers to reach participants and resolve challenges that may have prevented them from completing surveys.

Participants were provided multiple opportunities and alternative procedures for completing the surveys. For example, participants were invited to attend group data collection sessions, during which they were provided with a meal, childcare, and when possible transportation to and from the site. Field Assessors facilitated participants' completion of surveys by accessing the surveys on the tablets for the participants to begin the surveys and providing technical assistance with tablets when needed. If participants were unable to attend a group data collection session, they were offered the option for a Field Assessor to come to their home—or another location if the participant preferred—to administer the surveys. Prior to the group session, program staff contacted participants by phone and text to remind them of the upcoming session. If a participant did not attend the group session, then the evaluation team contacted the participant to schedule an in-home data collection session with a Field Assessor.

Multiple attempts and communication methods were used to schedule in-home data collection sessions. In addition, participants were reminded the day before and the day of the appointment. Field Assessors were required to make four attempts to schedule an in-home appointment before the participant was considered unreachable. Each attempt included a phone call with a voicemail message and a text message if the participant did not answer. Attempts were made on different days and at different times to increase likelihood of reaching the participant. If contact with one of the partners in a couple was not successful, then Field Assessors contacted the other partner as well. Once the appointment was scheduled, the Field Assessor reminded the participant by text message or phone call the evening before the appointment and the day of the appointment (at least three hours in advance of the appointment time).

Data were also collected by online survey for *Elevate for Foster Caregivers* (T1, T2, and T3 surveys) participants and for those participants in all three programs who were invited to complete the T3 survey and could not attend a group session. Foster caregiver participants at T1 and T2 were informed that they would receive an emailed link during their intake call. They received an email with instructions and the online survey link approximately four weeks prior to the program. They received three reminder emails and up to two phone call reminders during the survey window. At T3, all participants (i.e., foster caregivers, *Elevate*/*TWC* participants) received a letter in the mail approximately four weeks before a scheduled group assessment inviting them to a group assessment in their area. One week later, they received an email and text. Two to three weeks prior to the group assessment, those who had not responded to the letter/email/text were called to invite them to the group assessment. One day before the group assessment, participants received a final reminder text. Participants who were unable to attend the group assessment were invited via email to complete the survey online with instructions and a survey link. Participants received a reminder email each week for three weeks to increase the response rate.

Despite all the efforts described above, sample attrition and potential non-response bias resulting from overall attrition and attrition related to specific participant characteristics can occur. To assess attrition issues, we conducted non-response analysis to determine if the non-response group (those who consent to participate in the evaluation but did not complete the surveys and/or the program) differed significantly from the response group on baseline characteristics from registration/intake, nFORM ACS, and T1 data (when available). More specifically, for those who did not complete the T1 survey, we compared the samples using demographic data collected at intake to determine if any significant differences existed between the samples. For those who completed the T1 survey but either did not complete subsequent surveys and/or the program, we compared them with those who did complete the survey(s) and/or program using demographic information and outcomes measured at T1. No missing data was imputed.

Table D.1 shows the results of attrition analyses for *Elevate* participants, **Table D.2** the *Elevate for Foster Caregivers* participants, and **Table D.3** the *TWC* participants used to answer Research Questions 1 and 2. **Table D.4** shows the results of attrition analyses for the *DMS* analytic sample compared to enrollees who did not complete follow-up data collection. **Table D.5** shows the results of attrition analyses for the *DMS* supplemental program participants compared to enrollees who did not participate in *DMS*.

Table D.1. Summary statistics of key baseline differences for the *Elevate* analytic sample compared with *Elevate* enrollees who did not complete follow-up data collection, for individuals [survey follow-up T2 [RQ1 and RQ2]

Baseline measure	Distribution for the analytic sample (*n* = 612)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* = 173)	χ2 (p-value of difference)
Age	612	172	F = 3.720
Mean (SD)	33.42 (9.07)	34.77 (10.19)	(.054)
Gender (n)	612	173	χ2=6.707
Male (%)	44.9%	56.1%	(0.010)*
Female (%)	55.1%	43.9%	
Sexual Orientation (n)	553	146	χ2=0.565
Heterosexual (%)	94.8%	93.2%	(0.452)
LGB/Other (%)	5.2%	6.8%	
Race (n)	606	159	χ2=4.318
White (%)	42.9%	34.6%	(0.115)
Black (%)	46.5%	50.9%	
Multiracial/Other (%)	10.6%	14.5%	
Ethnicity (n)	612	164	χ2=0.020
Not Hispanic or Latino (%)	89.9%	90.2%	(0.887)
Hispanic or Latino (%)	10.1%	9.8%	
Education (n)	602	163	χ2=9.637
No degree or diploma earned (%)	13.8%	14.7%	(0.022)*
High School GED or diploma (%)	32.7%	42.9%	

Baseline measure	Distribution for the analytic sample (*n* = 612)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* = 173)	χ2 (p-value of difference)
Voc/Tech Cert, some college, or Associate's degree (%)	36.2%	33.1%	
Bachelor's degree or higher (%)	17.3%	9.2%	
Employment Status (n)	612	164	χ2=1.336 (0.721)
Unemployed (%)	34.6%	35.4%	
Full-time (%)	45.4%	47.6%	
Part-time (%)	15.7%	14.6%	
Temporary, occasional, seasonal, or odd jobs (%)	4.2%	2.4%	
Annual Household Income (n)	537	143	χ2=4.025 (0.546)
Less than $7,000 (%)	14.9%	18.9%	
$7,000-$13,999 (%)	11.5%	9.1%	
$14,000-$24,999 (%)	19.6%	21.7%	
$25,000-$39,999 (%)	24.6%	25.9%	
$40,000-$74,999 (%)	22.9%	21.0%	
$75,000 or above (%)	6.5%	3.5%	
Living Situation (n)	612	163	χ2=2.246 (0.523)
Own home (%)	26.0%	23.9%	
Rent (%)	63.1%	61.3%	
Live rent-free (%)	8.5%	12.3%	
Shelter, homeless, or other (%)	2.5%	2.5%	
Committed Couple (n)	605	161	χ2=1.070 (0.301)
No (%)	0.7%	0.0%	
Yes (%)	99.3%	100.0%	
Length of Relationship (months)	531	141	F = 2.220 (.137)
Mean (SD)	93.55 (80.69)	93.20 (93.76)	
Live with Partner (n)	566	148	χ2=6.052 (0.014)*
No (%)	10.8%	18.2%	
Yes (%)	89.2%	81.8%	
Receive DFCS Services (n)	556	152	χ2=1.100 (0.294)
No (%)	4.0%	5.9%	
Yes (%)	96.0%	94.1%	
Receive Child Protective Services (n)	556	152	χ2=1.060 (0.303)
No (%)	71.4%	67.1%	
Yes (%)	28.6%	32.9%	
Receive Home Visitation Services (n)	556	152	χ2=0.630 (0.427)
No (%)	65.6%	69.1%	
Yes (%)	34.4%	30.9%	
Receive DFCS Financial Services (n)	556	152	

Baseline measure	Distribution for the analytic sample (*n* = 612)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* = 173)	χ2 (p-value of difference)
No (%)	35.1%	44.7%	χ2=4.776 (0.029)*
Yes (%)	64.9%	55.3%	
Receive Other DFCS Services (n)	556	152	χ2=3.357 (0.067)
No (%)	89.9%	94.7%	
Yes (%)	10.1%	5.3%	
Number of Children	604	146	F = 0.019 (.891)
Mean (SD)	2.42 (1.54)	2.52 (1.54)	
Age of Youngest Child (months)	589	147	F = 0.742 (.389)
Mean (SD)	44.87 (47.27)	49.69 (46.46)	

Table D.2. Summary statistics of key baseline differences for the *Elevate for Foster Caregivers* analytic sample compared with *Elevate for Foster Caregiver* enrollees who did not complete follow-up data collection, for individuals [survey follow-up T2 [RQ1 and RQ2]

Baseline measure	Distribution for the analytic sample (*n* = 416)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* = 112)	χ2 or F-value (p-value of difference)
Age	416	112	F = 0.961
Mean (SD)	43.02 (9.87)	42.51 (10.40)	(.328)
Gender (n)	416	112	χ2=5.983
Male (%)	45.9%	58.9%	(0.014)*
Female (%)	54.1%	41.1%	
Sexual Orientation (n)	416	112	χ2=1.638
Heterosexual (%)	97.1%	94.6%	(0.201)
LGB/Other (%)	2.9%	5.4%	
Race (n)	404	110	χ2=8.737
White (%)	73.8%	60.9%	(0.120)
Black (%)	21.5%	32.7%	
Multiracial/Other (%)	4.7%	6.3%	
Ethnicity (n)	416	112	χ2=0.088
Not Hispanic or Latino (%)	96.2%	95.5%	(0.766)
Hispanic or Latino (%)	3.8%	4.5%	
Education (n)	416	112	χ2=8.402
No degree or diploma earned (%)	1.9%	2.7%	(0.038)*
High School GED or diploma (%)	13.7%	19.6%	
Voc/Tech Cert, some college, or Associate's degree (%)	35.3%	43.8%	
Bachelor's degree or higher (%)	49.0%	33.9%	
Employment Status (n)	415	112	χ2=0.967
Unemployed (%)	20.2%	21.4%	(0.809)
Full-time (%)	64.3%	66.1%	
Part-time (%)	12.0%	10.7%	
Temporary, occasional, seasonal, or odd jobs (%)	3.4%	1.8%	
Annual Household Income (n)	403	109	χ2=9.443
Less than $7,000 (%)	0.0%	0.0%	(0.093)
$7,000-$13,999 (%)	0.5%	0.0%	
$14,000-$24,999 (%)	2.2%	1.8%	
$25,000-$39,999 (%)	7.7%	11.0%	
$40,000-$74,999 (%)	34.0%	46.8%	
$75,000 or above (%)	55.6%	40.4%	
Living Situation (n)	416	112	χ2=2.619
Own home (%)	85.6%	80.4%	(0.454)

Baseline measure	Distribution for the analytic sample (*n* = 416)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* = 112)	χ2 or F-value (p-value of difference)
Rent (%)	12.3%	17.9%	
Live rent-free (%)	1.9%	1.8%	
Shelter, homeless, or other (%)	0.2%	0.0%	
Committed Couple (n)	416	112	χ2=0.000
No (%)	0.0%	0.0%	
Yes (%)	100.0%	100.0%	
Length of Relationship (months)	398	107	F = 1.206
Mean (SD)	199.97 (105.27)	183.48 (112.26)	(.273)
Live with Partner (n)	416	112	χ2=0.000
No (%)	0.0%	0.0%	
Yes (%)	100.0%	100.0%	
Number of Children	403	107	F = .793
Mean (SD)	3.09 (2.21)	3.02 (2.00)	(.374)
Age of Youngest Child (months)	357	96	F = .218
Mean (SD)	120.85 (99.99)	123.97 (102.79)	(.641)

Table D.3. Summary statistics of key baseline differences for the *TWC* analytic sample compared with *TWC* enrollees who did not complete follow-up data collection, for individuals [survey follow-up T2 [RQ1 and RQ2]

Baseline measure	Distribution for the analytic sample ($n = 336$)	Distribution for individuals enrolled in the study but not in the analytic sample ($n = 72$)	χ2 or F-value (p-value of difference)
Age	336	72	F = 0.651
Mean (SD)	35.78 (10.21)	33.32 (11.37)	(.420)
Gender (n)	336	72	χ2=0.000
Male (%)	0.0%	0.0%	
Female (%)	100.0%	100.0%	
Sexual Orientation (n)	329	63	χ2=1.800
Heterosexual (%)	95.7%	95.2%	(0.615)
LGB/Other (%)	4.3%	4.8%	
Race (n)	336	72	χ2=6.195
White (%)	19.6%	23.6%	(0.517)
Black (%)	70.2%	61.1%	
Multiracial/Other (%)	10.2%	15.3%	
Ethnicity (n)	336	72	χ2=0.740
Not Hispanic or Latino (%)	94.3%	91.7%	(0.390)
Hispanic or Latino (%)	5.7%	8.3%	
Education (n)	344	86	χ2=10.850
No degree or diploma earned (%)	15.4%	24.4%	(0.013)*
High School GED or diploma (%)	30.5%	38.4%	
Voc/Tech Cert, some college, or Associate's degree (%)	41.6%	33.7%	
Bachelor's degree or higher (%)	12.5%	3.5%	
Employment Status (n)	335	72	χ2=2.882
Unemployed (%)	39.4%	48.6%	(0.410)
Full-time (%)	35.5%	29.2%	
Part-time (%)	19.4%	19.4%	
Temporary, occasional, seasonal, or odd jobs (%)	5.7%	2.8%	
Annual Household Income (n)	310	58	χ2=4.267
Less than $7,000 (%)	29.0%	41.4%	(0.641)
$7,000-$13,999 (%)	20.3%	17.2%	
$14,000-$24,999 (%)	26.8%	20.7%	
$25,000-$39,999 (%)	15.2%	12.1%	
$40,000-$74,999 (%)	7.7%	8.6%	
$75,000 or above (%)	0.9%	0.0%	
Living Situation (n)	336	72	χ2=0.491
Own home (%)	10.1%	8.3%	(0.974)

Baseline measure	Distribution for the analytic sample (*n* = 336)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* = 72)	χ2 or F-value (p-value of difference)
Rent (%)	63.1%	62.5%	
Live rent-free (%)	18.8%	19.4%	
Shelter, homeless, or other (%)	8.0%	9.7%	
Committed Couple (n)	329	64	χ2=3.834 (0.280)
No (%)	89.4%	90.6%	
Yes (%)	10.6%	9.4%	
Receive DFCS Services (n)	331	64	χ2=5.410 (0.020)*
No (%)	1.5%	9.1%	
Yes (%)	98.5%	90.9%	
Receive Child Protective Services (n)	331	64	χ2=0.989 (0.320)
No (%)	65.9%	59.1%	
Yes (%)	34.1%	40.9%	
Receive Home Visitation Services (n)	331	64	χ2=0.543 (0.461)
No (%)	65.6%	72.7%	
Yes (%)	34.4%	27.3%	
Receive DFCS Financial Services (n)	331	64	χ2=0.371 (0.574)
No (%)	32.3%	38.6%	
Yes (%)	67.7%	61.4%	
Receive Other DFCS Services (n)			χ2=0.039 (0.843)
No (%)	96.4%	97.7%	
Yes (%)	3.6%	2.3%	
Number of Children	322	68	F = 1.017 (.314)
Mean (SD)	2.34 (1.38)	2.35 (1.29)	
Age of Youngest Child (months)	330	64	F = 0.031 (.861)
Mean (SD)	68.38 (62.67)	60.55 (73.89)	

Table D.4. Summary statistics of key baseline differences for the *DMS* analytic sample compared with enrollees who did not complete follow-up data collection, for individuals [survey follow-up T3 [RQ3]

Baseline measure	Distribution for the analytic sample (*n* =714)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* =1030)	χ2 or F-value (p-value of difference)
Age	714	1031	F=4.955 (0.026)*
Mean (SD)	37.56 (10.44)	36.42 (10.65)	
Gender (n)	714	1030	χ2=19.979 (0.000)*
Male (%)	31.2%	41.8%	
Female (%)	68.8%	58.2%	
Sexual Orientation (n)	683	960	χ2=3.510

Baseline measure	Distribution for the analytic sample (*n* =714)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* =1030)	χ2 or F-value (p-value of difference)
Heterosexual (%)	96.6%	94.7%	(0.061)
LGB/Other (%)	3.4%	5.3%	
Race (n)	709	1001	χ2=11.751 (0.008)*
White (%)	50.1%	42.0%	
Black (%)	42.2%	47.9%	
Other (%)	5.1%	6.4%	
Multiracial (%)	2.7%	3.8%	
Ethnicity (n)	714	1023	χ2=2.733 (0.098)
Not Hispanic or Latino (%)	94.0%	91.9%	
Hispanic or Latino (%)	6.0%	8.1%	
Education (n)	709	1014	χ2=12.061 (0.007)*
No degree or diploma earned (%)	10.4%	11.6%	
High School GED or diploma (%)	25.8%	29.7%	
Voc/Tech Cert, some college, or Associate's degree (%)	36.0%	38.0%	
Bachelor's degree or higher (%)	27.8%	20.7%	
Employment Status (n)	714	1020	χ2=1.155 (0.764)
Unemployed (%)	31.8%	31.8%	
Full-time (%)	48.3%	50.0%	
Part-time (%)	15.5%	14.7%	
Temporary, occasional, seasonal, or odd jobs (%)	4.3%	3.5%	
Annual Household Income (n)	666	916	χ2=9.549 (0.145)
Less than $7,000 (%)	12.8%	15.4%	
$7,000-$13,999 (%)	11.0%	8.4%	
$14,000-$24,999 (%)	15.3%	15.7%	
$25,000-$39,999 (%)	17.0%	17.5%	
$40,000-$74,999 (%)	22.1%	24.7%	
$75,000-$99,999 (%)	9.2%	8.8%	
$100,000 or above (%)	12.8%	9.5%	
Living Situation (n)	714	1022	χ2=5.626 (0.131)
Own home (%)	42.7%	37.3%	
Rent (%)	45.2%	49.2%	
Live rent-free (%)	9.1%	9.7%	
Shelter, homeless, or other (%)	2.9%	3.8%	
Married (n)	714	1030	χ2=0.068 (0.794)
No (%)	45.1%	44.5%	
Yes (%)	54.9%	55.5%	
Committed Couple (n)	706	1002	χ2=5.273 (0.022)*
No (%)	23.7%	19.1%	

Baseline measure	Distribution for the analytic sample (*n* =714)	Distribution for individuals enrolled in the study but not in the analytic sample (*n* =1030)	χ2 or F-value (p-value of difference)
Yes (%)	76.3%	80.9%	
Live with Partner (n)	542	809	χ2=0.001
No (%)	11.1%	11.1%	(0.975)
Yes (%)	88.9%	88.9%	
Receive DFCS Services (n)	467	660	χ2=2.668
No (%)	2.8%	4.7%	(0.102)
Yes (%)	97.2%	95.3%	
Receive Child Protective Services (n)	467	660	χ2=0.225
No (%)	67.5%	68.8%	(0.635)
Yes (%)	32.5%	31.2%	
Receive Home Visitation Services (n)	467	660	χ2=2.446
No (%)	64.0%	68.5%	(0.118)
Yes (%)	36.0%	31.5%	
Receive DFCS Financial Services (n)	467	660	χ2=2.858
No (%)	33.0%	37.9%	(0.091)
Yes (%)	67.0%	62.1%	
Receive Other DFCS Services (n)	467	660	χ2=0.026
No (%)	92.9%	93.2%	(0.872)
Yes (%)	7.1%	6.8%	
Length of Relationship (months)	488	737	F=3.822
Mean (SD)	142.40 (110.93)	130.24 (103.55)	(0.051)
Age of Youngest Child (months)	670	938	F=6.445
Mean (SD)	78.57 (81.18)	68.68 (73.95)	(0.011)*
Number of Children	711	990	F=0.861
Mean (SD)	2.75 (1.65)	2.67 (1.64)	(0.354)

Table D.5. Summary statistics of key baseline differences for the *DMS* supplemental program participants compared with enrollees who did not participate in *DMS*, for individuals [survey follow-up T3 [RQ3]

Baseline measure	Distribution for *DMS* Participants (*n* =156)	Distribution for non-*DMS* individuals in the analytic sample (*n* =558)	χ2 or F-value (p-value of difference)
Age	156	558	F=1.208
Mean (SD)	36.75 (9.77)	37.79 (10.61)	(0.272)
Gender (n)	156	558	χ2=1.151
Male (%)	27.6%	32.3%	(0.263)
Female (%)	72.4%	67.7%	
Sexual Orientation (n)	147	536	χ2=0.294
Heterosexual (%)	95.9%	96.8%	(0.588)

Baseline measure	Distribution for *DMS* Participants (*n* =156)	Distribution for non-*DMS* individuals in the analytic sample (*n* =558)	χ2 or F-value (p-value of difference)
LGB/Other (%)	4.1%	3.2%	
Race (n)	152	557	χ2=4.14 (0.110)
White (%)	42.8%	52.1%	
Black (%)	47.4%	40.8%	
Multiracial/Other (%)	9.9%	7.2%	
Ethnicity (n)	156	558	χ2=0.023 (0.880)
Not Hispanic or Latino (%)	94.2%	93.9%	
Hispanic or Latino (%)	5.8%	6.1%	
Education (n)	156	553	χ2=1.044 (0.791)
No degree or diploma earned (%)	10.9%	10.3%	
High School GED or diploma (%)	28.2%	25.1%	
Voc/Tech Cert, some college, or Associate's degree (%)	35.9%	36.0%	
Bachelor's degree or higher (%)	25.0%	28.6%	
Employment Status (n)	156	558	χ2=5.730 (0.126)
Unemployed (%)	39.1%	29.7%	
Full-time (%)	45.5%	49.1%	
Part-time (%)	12.2%	16.5%	
Temporary, occasional, seasonal, or odd jobs (%)	3.2%	4.7%	
Annual Household Income (n)	145	521	χ2=27.388 (0.000)*
Less than $7,000 (%)	13.1%	12.7%	
$7,000-$13,999 (%)	15.9%	9.6%	
$14,000-$24,999 (%)	22.1%	13.4%	
$25,000-$39,999 (%)	20.7%	15.9%	
$40,000-$74,999 (%)	20.0%	22.6%	
$75,000-$99,999 (%)	2.8%	10.9%	
$100,000 or above (%)	5.5%	14.8%	
Living Situation (n)	156	558	χ2=11.688 (0.003)*
Own home (%)	30.8%	46.1%	
Rent (%)	55.1%	42.5%	
Other (%)	14.1%	11.5%	
Married (n)	156	558	χ2=16.991 (0.000)*
No (%)	59.6%	41.0%	
Yes (%)	40.4%	59.0%	
Committed Couple (n)	155	551	χ2=13.757 (0.000)*
No (%)	34.8%	20.5%	
Yes (%)	65.2%	79.5%	
Live with Partner (n)	106	436	χ2=10.227 (0.001)*
No (%)	19.8%	8.9%	
Yes (%)	80.2%	91.1%	

Baseline measure	Distribution for *DMS* Participants (*n* =156)	Distribution for non-*DMS* individuals in the analytic sample (*n* =558)	χ2 or F-value (p-value of difference)
Receive DFCS Services (n)	138	329	χ2=1.771 (0.183)
No (%)	4.3%	2.1%	
Yes (%)	95.7%	97.9%	
Receive Child Protective Services (n)	138	329	χ2=1.132 (0.287)
No (%)	71.0%	66.0%	
Yes (%)	29.0%	34.0%	
Receive Home Visitation Services (n)	138	329	χ2=0.312 (0.576)
No (%)	65.9%	63.2%	
Yes (%)	34.1%	36.8%	
Receive DFCS Financial Services (n)	138	329	χ2=0.012 (0.913)
No (%)	32.6%	33.1%	
Yes (%)	67.4%	66.9%	
Receive Other DFCS Services (n)	138	329	χ2=3.536 (0.060)
No (%)	96.4%	91.5%	
Yes (%)	3.6%	8.5%	
Length of Relationship (months)	92	396	F=5.351 (0.021)*
Mean (SD)	118.40 (93.59)	147.97 (113.97)	
Age of Youngest Child (months)	150	520	F=3.936 (0.048)*
Mean (SD)	67.01 (63.93)	81.91 (85.27)	
Number of Children	156	555	F=5.106 (0.024)*
Mean (SD)	2.49 (1.44)	2.82 (1.69)	

E.   Supplement tables for research question 2

a.   Elevate

Table E.1. Results from Moderation Multilevel Models for *Elevate* Participants (RQ2): Age (*n* = 612)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Younger		Older	
Self-Care	.00	.01	.61	4.46 (0.94)	4.64 (1.11)	4.40 (0.83)	4.60 (0.95)
Depression	-.00	.00	.77	1.01 (0.89)	.842 (0.90)	.937 (0.91)	.809 (0.90)
Mindfulness	.00	.00	.30	3.88 (1.15)	4.09 (1.22)	4.08 (1.15)	4.21 (1.20)
Choose	.01	.00	.01	5.77 (1.03)	5.77 (1.07)	5.62 (1.06)	5.72 (1.02)
Share	.00	.00	.24	5.03 (1.39)	5.21 (1.37)	4.81 (1.48)	5.05 (1.36)
Know	-.00	.00	.38	5.55 (1.12)	5.69 (1.16)	5.44 (1.07)	5.62 (1.08)
Connect	-.01	.00	.05	5.24 (1.15)	5.33 (1.22)	5.29 (1.07)	5.38 (1.09)
Manage	-.00	.00	.55	5.02 (0.90)	5.20 (0.93)	4.93 (0.85)	5.15 (0.87)
Care	.01	.00	.02	5.69 (1.21)	5.71 (1.35)	5.17 (1.35)	5.41 (1.36)
CRQ	.01	.00	.04	5.66 (1.29)	5.81 (1.39)	5.37 (1.46)	5.62 (1.41)
Family Harmony	.01	.00	.02	5.17 (1.16)	5.38 (1.22)	4.97 (1.39)	5.29 (1.29)
Dedication	.01	.00	.22	5.69 (1.31)	5.77 (1.40)	5.51 (1.33)	5.71 (1.31)
Co-parenting	-.00	.00	.91	5.55 (.995)	5.57 (1.07)	5.29 (1.10)	5.41 (1.09)
Parenting Stress	.01	.00	.13	2.91 (1.17)	2.87 (1.24)	3.14 (1.22)	3.02 (1.22)
FMB	.01	.00	.05	3.08 (0.95)	3.23 (0.94)	3.05 (0.86)	3.19 (0.89)
Financial Self-Efficacy	.00	.00	.60	4.00 (1.35)	4.21 (1.48)	3.72 (1.27)	3.92 (1.34)
Financial Distress	.01	.00	.11	6.05 (1.57)	5.70 (1.52)	6.18 (1.61)	5.84 (1.54)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors; To examine mean differences based on age, younger versus older groups were created based on mean split so that those who were younger than the mean age of 33 years old were coded as younger (0) and those who were 33 or older were coded as older (1). Moderation analyses were run using age as a continuous variable.

*A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.2. Results from Moderation Multilevel Models for *Elevate* Participants (RQ2): Gender (*n* = 612)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Males		Females	
Self-Care	.17	.09	.07	4.51 (0.88)	4.67 (1.00)	4.37 (0.90)	4.59 (1.10)
Depression	.13	.08	.08	.787 (0.82)	.679 (0.79)	1.15 (0.93)	.967 (0.96)
Mindfulness	.09	.07	.23	4.22 (1.09)	4.33 (1.17)	3.71 (1.16)	3.96 (1.22)
Choose	.28	.07	<.001	5.74 (1.10)	5.78 (1.07)	5.67 (0.99)	5.72 (1.03)
Share	.14	.06	.03	4.93 (1.31)	5.12 (1.30)	4.95 (1.54)	5.16 (1.43)
Know	.02	.07	.78	5.50 (1.10)	5.65 (1.09)	5.52 (1.10)	5.67 (1.16)
Connect	.07	.07	.32	5.24 (1.12)	5.29 (1.18)	5.28 (1.13)	5.41 (1.15)
Manage	-.09	.06	.16	5.03 (0.81)	5.16 (0.91)	4.94 (0.94)	5.20 (0.91)
Care	.16	.06	.01	5.51 (1.25)	5.62 (1.30)	5.44 (1.33)	5.55 (1.42)
CRQ	.07	.06	.23	5.67 (1.29)	5.76 (1.36)	5.42 (1.44)	5.71 (1.44)
Family Harmony	-.02	.06	.80	5.15 (1.18)	5.34 (1.20)	5.02 (1.34)	5.34 (1.30)
Dedication	.10	.06	.13	5.74 (1.25)	5.80 (1.31)	5.50 (1.37)	5.69 (1.40)
Co-parenting	.04	.06	.47	5.48 (1.04)	5.49 (1.08)	5.41 (1.06)	5.51 (1.08)
Parenting Stress	.07	.07	.28	2.87 (1.16)	2.91 (1.24)	3.14 (1.22)	2.96 (1.23)
FMB	.09	.06	.16	3.20 (0.88)	3.29 (0.89)	2.94 (0.93)	3.14 (0.95)
Financial Self-Efficacy	.06	.07	.81	4.02 (1.24)	4.18 (1.39)	3.75 (1.40)	4.00 (1.47)
Financial Distress	.06	.06	.28	5.78 (1.43)	5.48 (1.40)	6.41 (1.66)	6.02 (1.60)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.
        *A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.3. Results from Moderation Multilevel Models for *Elevate* Participants (RQ2): Race (*n* = 612)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Non-White		White	
Self-Care	.04	.09	.64	4.43 (0.92)	4.58 (1.11)	4.44 (0.86)	4.68 (0.96)
Depression	.11	.07	.13	.867 (0.83)	.685 (0.80)	1.12 (0.96)	1.02 (0.98)
Mindfulness	.16	.07	.03	4.14 (1.15)	4.30 (1.20)	3.73 (1.13)	3.92 (1.20)
Choose	.15	.08	.06	5.66 (1.12)	5.64 (1.11)	5.77 (0.92)	5.90 (0.95)
Share	.09	.07	.20	4.90 (1.47)	5.08 (1.38)	4.98 (1.38)	5.22 (1.34)
Know	.08	.08	.32	5.42 (1.17)	5.59 (1.14)	5.62 (0.97)	5.76 (1.10)
Connect	.22	.08	<.001	5.08 (1.14)	5.21 (1.16)	5.50 (1.03)	5.53 (1.15)
Manage	.08	.07	.26	4.96 (0.88)	5.11 (0.89)	5.00 (0.88)	5.28 (0.92)
Care	-.02	.08	.81	5.37 (1.40)	5.48 (1.43)	5.61 (1.12)	5.73 (1.26)
CRQ	.07	.07	.34	5.48 (1.40)	5.63 (1.39)	5.62 (1.32)	5.87 (1.41)
Family Harmony	.07	.07	.30	5.04 (1.25)	5.28 (1.22)	5.14 (1.28)	5.42 (1.28)
Dedication	-.07	.07	.37	5.58 (1.35)	5.64 (1.38)	5.67 (1.27)	5.88 (1.32)
Co-parenting	.02	.07	.82	5.40 (1.07)	5.41 (1.08)	5.49 (1.01)	5.62 (1.07)
Parenting Stress	.12	.07	.08	2.91 (1.14)	2.84 (1.25)	3.13 (1.26)	3.06 (1.21)
FMB	-.01	.07	.84	3.04 (0.91)	3.22 (0.93)	3.10 (0.92)	3.21 (0.90)
Financial Self-Efficacy	.08	.07	.28	4.03 (1.34)	4.20 (1.47)	3.68 (1.29)	3.94 (1.37)
Financial Distress	.01	.06	.87	5.93 (1.58)	5.56 (1.55)	6.33 (1.56)	6.03 (1.46)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.
         *A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.4. Results from Moderation Multilevel Models for *Elevate* Participants (RQ2): Employment Status (*n* =612)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Not Employed		Employed	
Self-Care	.04	.10	.71	4.44 (0.89)	4.60 (1.02)	4.42 (0.92)	4.66 (1.10)
Depression	-.07	.08	.39	.900 (0.86)	.785 (0.86)	1.13 (0.95)	.914 (0.96)
Mindfulness	-.17	.07	.02	3.99 (1.13)	4.14 (1.20)	3.91 (1.20)	4.14 (1.23)
Choose	.02	.080	.83	5.73 (1.04)	5.73 (1.05)	5.67 (1.04)	5.05 (1.43)
Share	-.04	.070	.60	4.88 (1.43)	5.06 (1.38)	5.05 (1.43)	5.30 (1.33)
Know	-.04	.07	.62	5.47 (1.05)	5.62 (1.11)	5.57 (1.19)	5.74 (1.15)
Connect	-.11	.07	.11	5.25 (1.07)	5.32 (1.15)	5.29 (1.20)	5.41 (1.19)
Manage	-.15	.06	.02	4.93 (0.83)	5.10 (0.90)	5.08 (0.97)	5.34 (0.89)
Care	-.02	.07	.76	5.40 (1.34)	5.47 (1.41)	5.63 (1.18)	5.63 (1.18)
CRQ	-.16	.07	.02	5.46 (1.40)	5.62 (1.48)	5.70 (1.31)	5.96 (1.21)
Family Harmony	-.20	.07	.01	4.99 (1.28)	5.22 (1.30)	5.26 (1.22)	5.57 (1.10)
Dedication	-.15	.07	.04	5.55 (1.33)	5.65 (1.43)	5.74 (1.28)	5.94 (1.18)
Co-parenting	-.01	.07	.87	5.42 (1.07)	5.42 (1.11)	5.48 (1.00)	5.67 (0.99)
Parenting Stress	-.06	.07	.36	3.04 (1.18)	2.97 (1.22)	2.94 (1.24)	2.85 (1.26)
FMB	-.03	.07	.64	3.12 (0.89)	3.27 (0.89)	2.96 (0.95)	3.10 (0.98)
Financial Self-Efficacy	-.12	.09	.18	3.87 (1.27)	4.08 (1.38)	3.92 (1.44)	4.10 (1.53)
Financial Distress	.04	.06	.49	6.05 (1.51)	5.69 (1.46)	6.21 (1.72)	5.90 (1.65)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.
          * A multiple comparisons approach was used and $p < .003$ is considered significant.

Table E.5. Results from Moderation Multilevel Models for *Elevate* Participants (RQ2): Marital Status (*n* = 612)

				T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
Outcome	**B**	**SE**	**p-value***	**Not Married**		**Married**	
Self-Care	-.06	.09	.55	4.46 (0.93)	4.60 (1.12)	4.41 (0.87)	4.64 (0.98)
Depression	.20	.07	<.001	.954 (0.93)	.792 (0.89)	.997 (0.87)	.858 (0.90)
Mindfulness	.19	.07	.01	3.96 (1.17)	4.19 (1.20)	3.96 (1.14)	4.10 (1.22)
Choose	.09	.08	.22	5.55 (1.16)	5.60 (1.12)	5.84 (0.91)	5.87 (0.97)
Share	.04	.07	.57	4.97 (1.44)	5.11 (1.43)	4.91 (1.42)	5.17 (1.31)
Know	-.11	.07	.14	5.51 (1.18)	5.66 (1.20)	5.50 (1.02)	5.67 (1.06)
Connect	-.20	.07	.01	5.06 (1.15)	5.18 (1.28)	5.42 (1.06)	5.49 (1.04)
Manage	-.08	.07	.22	4.99 (0.90)	5.15 (0.95)	4.98 (0.87)	5.20 (0.88)
Care	-.04	.07	.58	5.46 (1.35)	5.57 (1.44)	5.48 (1.24)	5.59 (1.30)
CRQ	-.07	.07	.33	5.53 (1.35)	5.64 (1.45)	5.56 (1.39)	5.81 (1.36)
Family Harmony	-.01	.07	.86	5.07 (1.17)	5.26 (1.21)	5.09 (1.34)	5.41 (1.28)
Dedication	-.09	.07	.23	5.49 (1.37)	5.59 (1.45)	5.72 (1.27)	5.87 (1.27)
Co-parenting	-.09	.07	.19	5.43 (1.05)	5.50 (1.06)	5.45 (1.04)	5.50 (1.10)
Parenting Stress	.11	.07	.10	2.89 (1.20)	2.82 (1.29)	3.10 (1.19)	3.02 (1.18)
FMB	.08	.07	.28	2.92 (0.91)	3.12 (0.95)	3.18 (0.90)	3.29 (0.89)
Financial Self-Efficacy	.00	.07	.98	4.02 (1.25)	4.32 (1.44)	3.77 (1.37)	3.90 (1.40)
Financial Distress	.04	.06	.48	6.09 (1.52)	5.73 (1.49)	6.11 (1.63)	5.78 (1.57)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.
*A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.6. Results from Moderation Multilevel Models for *Elevate* Participants (RQ2): CPS Involvement (*n* = 612)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Not Involved		**Involved**	
Self-Care	-.01	.11	.90	4.45 (0.89)	4.68 (1.06)	4.43 (0.91)	4.53 (1.04)
Depression	.11	.08	.19	.902 (0.88)	.738 (0.83)	1.15 (0.91)	1.02 (0.98)
Mindfulness	.02	.08	.82	4.01 (1.12)	4.19 (1.18)	3.84 (1.21)	4.06 (1.23)
Choose	.08	.09	.39	5.78 (1.02)	5.82 (1.03)	5.60 (1.04)	5.70 (1.01)
Share	-.01	.08	.92	4.98 (1.39)	4.98 (1.39)	4.95 (1.47)	5.13 (1.37)
Know	-.02	.08	.76	5.59 (1.06)	5.72 (1.13)	5.32 (1.22)	5.62 (1.09)
Connect	.01	.02	.93	5.33 (1.07)	5.43 (1.11)	5.11 (1.20)	5.22 (1.23)
Manage	-.03	.08	.69	4.97 (0.84)	5.21 (0.90)	5.07 (0.99)	5.20 (0.94)
Care	-.00	.03	.99	5.47 (1.27)	5.59 (1.37)	5.62 (1.25)	5.68 (1.29)
CRQ	-.06	.08	.45	5.61 (1.33)	5.82 (1.39)	5.48 (1.41)	5.63 (1.37)
Family Harmony	.04	.08	.66	5.14 (1.24)	5.40 (1.21)	4.98 (1.34)	5.23 (1.31)
Dedication	.05	.09	.54	5.70 (1.28)	5.84 (1.33)	5.48 (1.36)	5.64 (1.32)
Co-parenting	-.11	.08	.15	5.57 (.959)	5.63 (1.06)	5.25 (1.17)	5.31 (1.08)
Parenting Stress	.04	.08	.61	2.98 (1.19)	2.85 (1.23)	3.07 (1.23)	3.05 (1.25)
FMB	.02	.08	.84	3.09 (0.89)	3.25 (0.93)	3.01 (0.94)	3.16 (0.90)
Financial Self-Efficacy	-.03	.08	.71	3.77 (1.37)	3.90 (1.40)	3.78 (1.34)	4.02 (1.40)
Financial Distress	-.19	.07	.01	6.07 (1.63)	5.73 (1.62)	6.18 (1.54)	5.89 (1.30)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.
*A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.7. Results from Moderation Multilevel Models for *Elevate* Participants (RQ2): Dosage (*n* = 612)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Did Not Graduate		Graduated	
Self-Care	.08	.13	.54	4.58 (0.91)	4.56 (1.40)	4.41 (0.89)	4.63 (0.98)
Depression	-.04	.11	.74	.785 (0.88)	.557 (0.84)	1.01 (0.90)	.870 (0.90)
Mindfulness	-.00	.10	.98	4.35 (1.23)	4.60 (1.31)	3.90 (1.13)	4.07 (1.21)
Choose	.04	.11	.76	5.89 (1.01)	5.79 (1.06)	5.68 (1.04)	5.74 (1.05)
Share	-.06	.09	.53	4.98 (1.62)	5.09 (1.68)	4.93 (1.40)	5.15 (1.31)
Know	.06	.09	.51	5.43 (1.34)	5.62 (1.25)	5.52 (1.05)	5.67 (1.11)
Connect	.09	.09	.30	5.27 (1.29)	5.40 (1.21)	5.26 (1.09)	5.34 (1.16)
Manage	-.15	.09	.10	5.12 (0.96)	5.19 (0.97)	4.96 (0.87)	5.18 (0.90)
Care	-.07	.09	.43	5.72 (1.40)	5.52 (1.58)	5.44 (1.27)	5.60 (1.33)
CRQ	-.09	.09	.31	5.85 (1.39)	5.75 (1.46)	5.49 (1.36)	5.73 (1.39)
Family Harmony	.01	.09	.89	5.26 (1.36)	5.44 (1.27)	5.05 (1.25)	5.32 (1.24)
Dedication	.11	.09	.25	5.76 (1.45)	5.80 (1.40)	5.59 (1.29)	5.74 (1.35)
Co-parenting	.08	.09	.39	5.49 (1.11)	5.57 (1.08)	5.43 (1.04)	5.49 (1.08)
Parenting Stress	-.00	.10	.99	2.67 (1.12)	2.53 (1.22)	3.06 (1.20)	2.99 (1.22)
FMB	.24	.09	.01	3.19 (1.00)	3.33 (0.99)	3.04 (0.90)	3.20 (0.91)
Financial Self-Efficacy	.07	.04	.07	4.04 (1.44)	4.18 (1.46)	3.85 (1.31)	4.06 (1.43)
Financial Distress	.05	.08	.52	5.75 (1.59)	5.62 (1.53)	6.16 (1.58)	5.78 (1.53)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.
        *A multiple comparisons approach was used and *p* < .003 is considered significant.

b.   *Elevate Weekend Intensive – Foster Caregivers*

**Table E.8. Results from Moderation Multilevel Models for *Elevate for Foster Caregivers*
Participants (RQ2): Age (*n* = 416)**

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Younger		Older	
Self-Care	0.00	0.01	.61	4.60 (0.84)	4.82 (0.86)	4.68 (0.85)	4.88 (0.89)
Depression	0.01	0.00	.24	0.66 (0.69)	0.53 (0.55)	0.61 (0.65)	0.53 (0.65)
Mindfulness	0.00	0.00	.45	4.14 (0.95)	4.19 (0.92)	4.45 (0.97)	4.63 (0.94)
Choose	-0.01	0.00	.01	5.97 (0.78)	6.06 (0.72)	5.80 (1.02)	5.99 (0.86)
Share	-0.01	0.00	.12	5.03 (1.18)	5.31 (1.06)	4.92 (1.17)	5.04 (1.10)
Know	0.00	0.00	.75	5.80 (1.03)	5.87 (0.84)	5.65 (0.92)	5.76 (0.88)
Connect	0.00	0.00	.41	5.92 (0.89)	5.96 (0.82)	5.77 (0.99)	5.88 (0.91)
Manage	0.00	0.00	.69	5.18 (0.79)	5.33 (0.75)	5.15 (0.76)	5.39 (0.76)
Care	-0.00	0.00	.35	5.43 (1.11)	5.62 (1.03)	5.10 (1.17)	5.23 (1.15)
CRQ	0.00	0.00	.54	6.01 (1.00)	6.15 (0.93)	5.88 (1.25)	6.01 (1.08)
Family Harmony	0.00	0.00	.30	5.67 (1.05)	5.79 (0.69)	5.61 (1.13)	5.72 (1.07)
Dedication	0.00	0.00	.37	6.24 (0.92)	6.29 (0.90)	6.11 (1.15)	6.22 (1.04)
Co-parenting	-0.01	0.00	.14	5.82 (0.84)	5.88 (0.83)	5.71 (0.88)	5.82 (0.82)
Parenting Stress	-0.00	0.00	.86	2.96 (1.03)	2.93 (1.04)	3.05 (1.03)	2.95 (0.95)
FMB	-0.01	0.00	.08	3.92 (0.75)	4.00 (0.73)	3.80 (0.73)	3.92 (0.71)
Financial Self-Efficacy	0.00	0.00	.60	4.26 (1.31)	4.58 (1.38)	4.44 (1.26)	4.71 (1.33)
Financial Distress	-0.00	0.00	.63	4.10 (1.86)	3.85 (1.87)	4.14 (1.92)	3.86 (1.91)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors; To examine significant moderation effects based on age, younger versus older groups were created based on mean split so that those who were younger than the mean age of 43 years old were coded as younger (0) and those who were 43 or older were coded as older (1). Moderation analyses were run using age as a continuous variable.

*A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.9. Results from Moderation Multilevel Models for *Elevate for Foster Caregivers* Participants (RQ2): Gender (*n* = 416)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Males		Females	
Self-Care	0.16	0.09	.07	4.66 (0.85)	4.85 (0.84)	4.62 (0.84)	4.83 (0.90)
Depression	-0.10	0.08	.18	0.52 (0.62)	0.50 (0.57)	0.75 (0.70)	0.56 (0.62)
Mindfulness	-0.08	0.08	.30	4.48 (0.88)	4.47 (0.91)	4.09 (1.00)	4.29 (0.98)
Choose	-0.00	.08	.95	5.94 (0.88)	6.01 (0.81)	5.86 (0.90)	6.05 (0.76)
Share	0.03	0.07	.69	4.97 (1.14)	5.14 (1.08)	4.99 (1.20)	5.24 (1.09)
Know	0.10	0.07	.12	5.66 (0.97)	5.75 (0.85)	5.81 (1.00)	5.89 (0.86)
Connect	0.04	0.07	.53	5.74 (0.93)	5.84 (0.87)	5.96 (0.93)	5.99 (0.85)
Manage	-0.05	0.06	.44	5.17 (0.74)	5.31 (0.74)	5.16 (0.80)	5.40 (0.76)
Care	-0.03	0.06	.63	5.29 (1.09)	5.44 (1.10)	5.30 (1.19)	5.47 (1.10)
CRQ	0.01	0.07	.85	5.96 (1.02)	6.10 (0.98)	5.94 (1.19)	6.09 (1.02)
Family Harmony	0.05	0.07	.48	5.65 (1.03)	5.71 (0.98)	5.64 (1.13)	5.81 (1.03)
Dedication	0.02	0.07	.76	6.18 (0.93)	6.23 (0.92)	6.20 (1.09)	6.29 (1.00)
Co-parenting	0.04	0.07	.54	5.77 (0.80)	5.84 (0.80)	5.78 (0.90)	6.29 (1.00)
Parenting Stress	0.12	0.07	.07	3.00 (1.01)	2.99 (0.96)	3.00 (1.05)	2.90 (1.04)
FMB	-0.09	0.07	.17	3.89 (0.71)	3.97 (0.72)	3.85 (0.78)	3.96 (0.73)
Financial Self-Efficacy	0.01	0.07	.84	4.35 (1.26)	4.53 (1.28)	4.44 (1.26)	4.79 (1.35)
Financial Distress	0.05	0.05	.39	4.16 (1.83)	3.89 (1.83)	4.08 (1.94)	3.82 (1.93)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.

*A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.10. Results from Moderation Multilevel Models for *Elevate for Foster Caregivers* Participants (RQ2): Race (*n* = 416)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Non-White		White	
Self-Care	0.04	0.09	.64	4.82 (0.90)	5.11 (0.92)	4.56 (0.81)	4.74 (0.83)
Depression	0.16	0.08	.06	0.54 (0.71)	0.40 (0.51)	0.68 (0.66)	0.58 (0.62)
Mindfulness	0.14	0.08	.10	4.50 (0.99)	4.73 (0.94)	4.18 (0.94)	4.23 (0.92)
Choose	0.24	0.08	<.001	5.80 (1.12)	6.14 (0.81)	5.93 (0.78)	5.99 (0.77)
Share	0.23	0.08	.01	5.01 (1.33)	5.29 (1.15)	4.97 (1.11)	5.15 (1.06)
Know	0.11	0.07	.11	5.64 (1.19)	5.84 (1.01)	5.78 (0.89)	5.82 (0.79)
Connect	0.25	0.08	<.001	5.70 (1.13)	5.83 (0.90)	5.92 (0.84)	5.96 (0.85)
Manage	-0.12	0.08	.10	5.27 (0.83)	5.55 (0.85)	5.12 (0.75)	5.28 (0.70)
Care	0.20	0.07	.01	5.18 (1.27)	5.41 (1.20)	5.33 (1.09)	5.47 (1.06)
CRQ	0.24	0.07	<.001	5.96 (1.30)	6.13 (0.98)	5.95 (1.05)	6.08 (1.01)
Family Harmony	0.13	0.08	.12	5.78 (1.16)	5.90 (1.00)	5.59 (1.05)	5.71 (1.00)
Dedication	0.07	0.07	.32	6.08 (1.17)	6.15 (1.09)	6.23 (0.95)	6.30 (0.90)
Co-parenting	0.13	0.07	.08	5.76 (0.92)	5.92 (0.84)	5.78 (0.83)	5.84 (0.82)
Parenting Stress	-0.04	0.08	.64	2.64 (0.99)	2.63 (1.00)	3.14 (1.01)	3.06 (0.98)
FMB	0.01	0.08	.92	3.88 (0.78)	3.94 (0.76)	3.87 (0.73)	3.98 (0.71)
Financial Self-Efficacy	0.05	0.08	.52	4.73 (1.24)	5.00 (1.31)	4.27 (1.25)	4.53 (1.30)
Financial Distress	-0.01	0.07	.87	3.82 (1.83)	3.51 (1.95)	4.23 (1.90)	3.98 (1.85)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.

*A multiple comparisons approach was used and *p* < .003 is considered significant.

Table E.11. Results from Moderation Multilevel Models for *Elevate for Foster Caregivers* Participants (RQ2): Employment Status (*n* = 416)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Not Employed		Employed	
Self-Care	-0.15	0.13	.23	4.54 (0.76)	4.80 (0.81)	4.66 (0.86)	4.85 (0.89)
Depression	-0.37	0.10	<.001	0.68 (0.64)	0.64 (0.73)	0.63 (0.68)	0.50 (0.56)
Mindfulness	-0.11	0.09	.23	4.19 (1.03)	4.37 (1.11)	4.29 (0.95)	4.37 (0.91)
Choose	0.12	0.09	.18	5.74 (1.00)	6.02 (0.74)	5.94 (0.86)	6.03 (0.80)
Share	0.15	0.08	.08	4.84 (1.30)	5.03 (1.04)	5.02 (1.14)	5.23 (1.09)
Know	0.01	0.09	.95	5.74 (0.93)	5.81 (0.86)	5.74 (1.00)	5.83 (0.86)
Connect	-0.09	0.10	.40	5.91 (0.81)	5.92 (0.92)	5.85 (0.97)	5.92 (0.85)
Manage	0.01	0.09	.90	5.11 (0.76)	5.37 (0.75)	5.18 (0.78)	5.35 (0.75)
Care	0.10	0.07	.18	5.11 (1.30)	5.22 (1.18)	5.34 (1.10)	5.52 (1.07)
CRQ	-0.02	0.08	.81	5.78 (1.23)	5.93 (1.00)	5.99 (1.08)	6.13 (1.00)
Family Harmony	-0.17	0.08	.04	5.47 (1.24)	5.62 (1.14)	5.69 (1.03)	5.80 (0.97)
Dedication	0.11	0.08	.14	6.06 (1.12)	6.23 (0.95)	6.22 (0.99)	6.23 (0.97)
Co-parenting	0.09	0.08	.29	5.75 (0.93)	5.88 (0.86)	5.78 (0.84)	5.85 (0.81)
Parenting Stress	-0.14	0.08	.10	3.07 (1.06)	2.94 (1.05)	2.98 (1.02)	2.94 (0.99)
FMB	0.19	0.08	.02	3.63 (0.82)	3.89 (0.69)	3.93 (0.71)	3.99 (0.73)
Financial Self-Efficacy	-0.12	0.09	.18	4.14 (1.18)	4.61 (1.34)	4.46 (1.27)	4.67 (1.31)
Financial Distress	-0.06	0.07	.36	1.34 (2.01)	4.04 (2.09)	4.06 (1.85)	3.81 (1.83)

Note: CRQ = Couple Relationship Quality; FMB = Financial Management Behaviors.

*A multiple comparisons approach was used and *p* < .003 is considered significant.

c. *TWC*

Table E.12. Results from Moderation Regression Analyses for *TWC* Participants (RQ2): Age (*n* = 336)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Younger		Older	
Self-Care	-.00	.00	.58	4.38 (0.96)	4.62 (1.14)	4.39 (0.97)	4.52 (1.07)
Depression	.00	.00	.96				
Mindfulness	.00	.00	.25	3.99 (1.06)	4.02 (1.19)	4.09 (1.14)	4.29 (1.23)
Family Harmony	.00	.00	.74	5.44 (1.21)	5.46 (1.16)	5.24 (1.21)	5.40 (1.10)
Co-parenting	.00	.00	.25	3.94 (1.41)	4.10 (1.41)	4.01 (1.42)	4.09 (4.01)
Co-parenting CM	.00	.00	.07	4.45 (1.06)	4.52 (1.08)	4.58 (.95)	4.64 (.93)
Parenting Stress	-.00	.00	.19	3.25 (1.28)	3.12 (1.30)	3.25 (1.20)	3.14 (1.21)
FMB	.00	.00	.90	2.75 (.86)	2.98 (1.02)	2.92 (.89)	3.05 (.95)
Financial Self-Efficacy	.00	.00	.25	3.61 (1.30)	3.69 (1.41)	3.55 (1.29)	3.78 (1.37)
Financial Distress	.00	.00	.52	7.35 (1.87)	6.84 (2.01)	6.98 (2.11)	6.64 (2.24)

Note: CM = Conflict Management; FMB = Financial Management Behaviors. To examine significant mean differences based on age, younger versus older groups were created based on mean split so that those who were younger than the mean age of 35 years old were coded as younger (0) and those who were 35 or older were coded as older (1). Moderation analyses were run using age as a continuous variable.

*A multiple comparisons approach was used and *p* < .005 is considered significant.

Table E.13. Results from Moderation Regression Analyses for *TWC* Participants (RQ2): Race (*n* = 336)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Non-White		White	
Self-Care	-.01	.03	.64	4.05 (0.97)	4.42 (1.06)	4.47 (0.94)	4.61 (1.07)
Depression	-.17	.07	.01	1.48 (0.88)	1.40 (1.05)	1.17 (.89)	0.89 (.89)
Mindfulness	.03	.04	.48	3.64 (1.16)	3.80 (1.13)	4.14 (1.05)	4.22 (1.22)
Family Harmony	-.07	.02	<.001	5.10 (1.22)	5.56 (1.17)	5.42 (1.20)	5.40 (1.12)
Co-parenting	.03	.04	.45	3.62 (1.54)	3.69 (1.53)	4.05 (1.38)	4.19 (1.36)
Co-parenting CM	-.00	.03	.99	4.12 (1.01)	4.30 (1.01)	4.59 (1.00)	4.63 (1.02)
Parenting Stress	-.02	.03	.58	3.34 (1.18)	3.23 (1.29)	3.22 (1.27)	3.10 (1.25)
FMB	-.03	.04	.50	2.61 (0.91)	2.89 (0.96)	2.87 (0.86)	3.04 (0.99)
Financial Self-Efficacy	.00	.04	.93	3.65 (1.27)	3.81 (1.33)	3.33 (1.36)	3.40 (1.60)
Financial Distress	-.01	.03	.81	7.77 (1.83)	7.12 (2.17)	7.05 (1.99)	6.67 (2.09)

Note: CM = Conflict Management; FMB = Financial Management Behaviors.

*A multiple comparisons approach was used and $p < .005$ is considered significant.

Table E14. Results from Moderation Regression Analyses for *TWC* Participants (RQ2): Employment Status (*n* = 336)

				T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
a							
Outcome	B	SE	p-value*	Not Employed		Employed	
Self-Care	.03	.02	.25	4.39 (1.00)	4.51 (1.13)	4.38 (0.94)	4.61 (1.03)
Depression	-.11	.06	.05	1.29 (0.91)	1.10 (1.04)	1.19 (0.88)	0.92 (0.87)
Mindfulness	-.00	.03	.90	4.09 (1.10)	4.21 (1.21)	4.00 (1.09)	4.09 (1.22)
Family Harmony	.04	.02	.04	5.29 (1.33)	5.29 (1.18)	5.39 (1.13)	5.53 (1.09)
Co-parenting	.01	.03	.87	4.01 (1.42)	4.18 (1.42)	3.94 (1.42)	4.04 (1.40)
Co-parenting CM	.00	.02	.99	4.52 (1.00)	4.59 (1.03)	4.49 (1.03)	4.56 (1.02)
Parenting Stress	.03	.03	.37	3.10 (1.21)	2.97 (1.23)	3.34 (1.27)	3.23 (1.26)
FMB	.07	.03	.04	2.74 (0.87)	2.86 (1.01)	2.87 (0.87)	3.10 (0.97)
Financial Self-Efficacy	-.01	.03	.80	3.61 (1.19)	3.80 (1.38)	3.57 (1.35)	3.69 (1.41)
Financial Distress	-.03	.02	.24	7.29 (1.82)	6.99 (2.08)	7.13 (2.08)	6.61 (2.12)

Note: CM = Conflict Management; FMB = Financial Management Behaviors.

*A multiple comparisons approach was used and $p < .005$ is considered significant.

Table E.15. Results from Moderation Regression Analyses for *TWC* Participants (RQ2): CPS Involvement (*n* = 336)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Not Involved		Involved	
Self-Care	.03	.02	.18	4.39 (1.03)	4.54 (1.11)	4.34 (0.84)	4.64 (0.97)
Depression	.03	.06	.62	1.17 (0.92)	0.94 (0.92)	1.35 (0.85)	1.07 (0.99)
Mindfulness	-.02	.03	.49	4.10 (1.09)	4.21 (1.24)	3.91 (1.11)	4.00 (1.16)
Family Harmony	-.01	.02	.69	5.45 (1.19)	5.50 (1.14)	5.19 (1.23)	5.31 (1.11)
Co-parenting	-.01	.03	.67	4.08 (1.36)	4.21 (1.38)	3.76 (1.51)	3.89 (1.45)
Co-parenting CM	-.01	.02	.52	4.53 (.99)	4.63 (1.03)	4.47 (1.07)	4.50 (1.01)
Parenting Stress	.04	.03	.20	3.25 (1.28)	3.10 (1.30)	3.26 (1.17)	3.22 (1.17)
FMB	.04	.03	.28	2.86 (0.89)	3.02 (0.97)	2.75 (0.86)	2.99 (1.03)
Financial Self-Efficacy	.03	.03	.31	3.65 (1.28)	3.75 (1.35)	3.47 (1.27)	3.72 (1.48)
Financial Distress	.02	.02	.43	7.06 (1.94)	6.65 (2.06)	7.45 (2.07)	6.97 (2.21)

Note: CM = Conflict Management; FMB = Financial Management Behaviors.

*A multiple comparisons approach was used and $p < .005$ is considered significant.

Table E.16. Results from Moderation Regression Analyses for *TWC* Participants (RQ2): Dosage (*n* = 336)

Outcome	B	SE	p-value*	T1 M (SD)	T2 M (SD)	T1 M (SD)	T2 M (SD)
				Did Not Gradate		**Graduated**	
Self-Care	-.05	.03	.14	4.54 (0.99)	4.89 (1.09)	4.36 (0.96)	4.53 (1.06)
Depression	.13	.08	.11	1.27 (0.90)	0.87 (0.93)	1.22 (0.89)	1.01 (0.95)
Mindfulness	-.02	.04	.55	4.23 (1.18)	4.43 (1.03)	4.01 (1.08)	4.09 (1.23)
Family Harmony	-.02	.03	.59	5.54 (1.12)	5.60 (1.15)	5.33 (1.22)	5.41 (1.13)
Co-parenting	.02	.04	.67	4.38 (1.62)	4.30 (1.56)	3.91 (1.38)	4.06 (1.38)
Co-parenting CM	.00	.03	.94	4.82 (1.23)	4.77 (1.14)	4.45 (0.98)	4.54 (1.00)
Parenting Stress	.05	.05	.27	2.92 (1.29)	2.76 (1.21)	3.29 (1.24)	3.18 (1.26)
FMB	.01	.04	.85	3.03 (0.90)	3.07 (0.99)	2.79 (0.87)	3.00 (0.99)
Financial Self-Efficacy	-.10	.05	.03	3.84 (1.37)	4.27 (1.51)	3.55 (1.28)	3.65 (1.36)
Financial Distress	.02	.04	.50	6.87 (2.28)	6.36 (2.25)	7.24 (1.94)	6.81 (2.09)

Note: CM = Conflict Management; FMB = Financial Management Behaviors.

*A multiple comparisons approach was used and $p < .005$ is considered significant.