

SUPPORTING CURRENT AND FUTURE HEALTHY FAMILIES: FINAL REPORT ON THE 2015 COHORT OF HEALTHY MARRIAGE GRANTEEES SERVING YOUTH



This page has been left blank for double-sided copying.

SUPPORTING CURRENT AND FUTURE HEALTHY FAMILIES: FINAL REPORT ON THE 2015 COHORT OF HEALTHY MARRIAGE GRANTEEES SERVING YOUTH

OPRE Report 2021-171

September 2021

Sarah Avellar, Leah Shiferaw, Christine Ross, and Joanne Lee

Submitted to:

Katie Pahigiannis and Pooja Gupta Curtin, Project Officers
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number: HHSP2332009564WC/HHSP23337050T

Project Director: Sarah Avellar
Mathematica
1100 First Street, NE, 12th Floor
Washington, DC 20002-4221
Phone: (202) 484-9220

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: Avellar, Sarah, Leah Shiferaw, Christine Ross, and Joanne Lee (2021). *Supporting Current and Future Healthy Families: Final Report on the 2015 Cohort of Healthy Marriage Grantees Serving Youth*, OPRE Report 2021-171, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research and Evaluation are available at www.acf.hhs.gov/opre.



[Sign-up for the OPRE Newsletter](#)



Follow OPRE
on Twitter
[@OPRE_ACF](#)



Like OPRE's page
on Facebook
[OPRE.ACF](#)



Follow OPRE
on Instagram
[@opre_acf](#)



Connect on
LinkedIn
[company/opreacf](#)



OFFICE OF FAMILY ASSISTANCE
An Office of the Administration for Children & Families



Mathematica
Progress Together

This page has been left blank for double-sided copying.

Contents

Acknowledgements.....	viii
Overview.....	x
I. Introduction.....	1
A. The HMRE grant program.....	1
B. Road map to report.....	3
II. Information Sources and Data Collection.....	5
A. Information sources.....	5
B. Client responses to surveys and missing data.....	6
C. Missing items.....	7
D. Client survey timing.....	7
III. HMRE Recruiting Strategies and Characteristics of Youth Who Enrolled.....	9
A. Grantee strategies to recruit clients.....	9
B. Characteristics of HMRE youth clients.....	11
IV. HMRE Youth Services.....	15
A. Participation in services.....	15
B. Workshop characteristics.....	16
C. Client participation in workshops.....	16
D. Client participation in individual service contacts.....	17
E. Client referrals and incentives.....	18
V. HMRE Youth Grantee Staffing and Program Implementation Challenges.....	19
A. Staff training and supervision.....	19
B. Grantees' implementation challenges.....	21
VI. HMRE Youth Clients' Changes from Program Entry to Exit.....	24
A. Changes in youth's healthy relationships.....	24
B. Program perceptions.....	27
VII. Highlights from Local Evaluations.....	29
A. HMRE Youth local descriptive evaluation.....	30
1. Features of the HMRE Youth local descriptive evaluation and program.....	30
2. Local descriptive evaluation grantee compared to other HMRE Youth grantees ..	32
3. Selected findings and lessons learned from the HMRE Youth local descriptive evaluation.....	32

B. HMRE Youth local impact evaluations.....	33
1. Features of local HMRE Youth impact evaluations	33
2. Local impact evaluation grantees compared to other HMRE Youth grantees	35
3. Key findings from local impact evaluations.....	35
VIII. Reflections and Looking Ahead	39
References.....	41

Exhibits

Exhibit I.1. Cohorts of HMRE grantees	2
Exhibit I.2. Locations of HMRE Youth grantees	3
Exhibit II.1. Data sources and respondent type	5
Exhibit II.2. Client completion of surveys	6
Exhibit II.3. Length of time between HMRE youth client surveys.....	7
Exhibit III.1. Advertising activities and venues used by HMRE Youth grantees	10
Exhibit III.2. Recruitment methods used by HMRE Youth grantees	10
Exhibit III.3. Types of organizations with which HMRE Youth grantees partnered for recruitment	11
Exhibit III.4. Demographics of HMRE clients at enrollment	12
Exhibit III.5. Grade of HMRE youth at enrollment	13
Exhibit IV.1. HMRE youth’s participation in services	15
Exhibit IV.2. Length of HMRE Youth workshops.....	16
Exhibit IV.3. Median hours of HMRE youth workshop participation	17
Exhibit IV.4. Youth participation in HMRE individualized service contacts lasting at least 15 minutes.....	18
Exhibit V.1. Percentage of grantees reporting all staff received curriculum training in the past reporting period	19
Exhibit V.2. Percentage of grantees reporting all staff received on-the-job training in the past reporting period	20
Exhibit V.3. Percentage of grantees reporting staff met with their staff at least weekly or biweekly	20
Exhibit V.4. Implementation challenges	21
Exhibit V.5. Percentage of HMRE Youth grantees reporting common implementation challenges to be somewhat of a problem or a serious problem	22
Exhibit VI.1. Changes in youth attitudes about healthy communication	25
Exhibit VI.2. Changes in youth relationship expectations	25
Exhibit VI.3. HMRE youth who ended an unhealthy relationship since completing the program.....	26
Exhibit VI.4. HMRE youth’s perceptions of how much program has helped	27
Exhibit VII.1. Number of HMRE Youth local evaluation grantees	29
Exhibit VII.2. Overview of HMRE Youth local descriptive evaluation	31
Exhibit VII.3. Overview of HMRE Youth local impact evaluations.....	34
Exhibit VII.4. Workshop and client participation averages, by evaluation status	35
Exhibit VII.5. Impacts on relationship outcomes	36
Exhibit VII.6. Impacts on coparenting outcomes	37
Exhibit VII.7. Impacts on economic and social-emotional well-being outcomes	38

Acknowledgements

We thank the Office of Planning, Research, and Evaluation (OPRE) at the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, for their support of Fatherhood and Marriage Local Evaluation and Cross-Site (FaMLE Cross-Site) project. The Office of Family Assistance (OFA), also at ACF, is an integral partner to the project. We appreciate the guidance and feedback provided by our project officers Katie Pahigiannis and Pooja Gupta Curtin. We also benefitted from insightful comments on this report from ACF leadership and senior staff including Seth Chamberlain, Meghan Heffron, Samantha Illangasekare, Maria Woolverton, Emily Schmitt, and Naomi Goldstein.

Many people at Mathematica contributed to this work. Brian Goesling provided insightful feedback on content and organization of the report. Quinn Moore reviewed our approach to summarizing findings from local evaluations. We appreciate Molly and Jim Cameron for their careful editing; Sharon Clark for her efficient formatting; and Sarah Vienneau and Allison Pinckney for their graphic design expertise. Our excellent programming team included Juha Sohlberg, Jennah Gosciak, and Adele Rizzuto. Amy Defnet provided additional support and context for updating programs from earlier work. As the nFORM and data collection experts, Grace Roemer and Mathew Stange answered countless questions.

We also thank the local evaluators, who worked closely with grantees; ACF; and the evaluation technical assistance team who all worked collaboratively to produce rigorous, useful reports on implementation, outcomes, and impacts of the programs. The Mathematica evaluation technical assistance team and additional staff who helped review the reports included Elizabeth Brown, Miranda Kharsa, Armando Yanez, Katie Eddins, Jane Choi, Adam Dunn, Derekh Cornwell, Julieta Lugo-Gil, Angela D'Angelo, Margaret Sullivan, Marykate Zukiewicz, Virginia Knechtel, Allison McKie, Daniela Golinelli, and Alexandra Stanczyk. We also thank Seth Chamberlain, of OFA, and Megan Reid, of OPRE, who provided guidance and support for the evaluation technical assistance team.

Finally, we wish to thank the 2015 cohort of Healthy Marriage and Responsible Fatherhood grantees who have helped to advance the field by serving families, first and foremost; collecting data on their programs; and evaluating their services to improve understanding of how to support healthy families.

This page has been left blank for double-sided copying.

Overview

In 2015, the Office of Family Assistance (OFA) in the Administration for Children and Families (ACF) awarded the Congressionally authorized and appropriated third cohort of 45 healthy marriage and relationship education (HMRE) five-year grants. OFA works with the Office of Planning, Research, and Evaluation, also within ACF, to conduct research on how best to serve families through these grants. HMRE grantees can serve youth ages 13 to 30 by helping prepare them for adulthood, including romantic relationships and parenthood. HMRE programs offer services in high schools—for example, as part of a health curriculum—or other settings. Topics might include effective communication and conflict management skills, and teen dating violence.

This report describes the 29 HMRE grantees that served youth as at least one of their target populations, referred to as HMRE Youth grantees, and the clients they served. It describes recruitment activities, characteristics of enrolled youth, services and implementation, and changes that youth experienced from the beginning to the end of the program. It also highlights selected findings from grantee-led evaluations—called local evaluations—that four HMRE Youth grantees conducted of their programs. The report covers more than four years of grant operations—from July 2016 through September 2020 for most grantees. A small number of grantees received extensions; the report includes their data through December 2020. The findings are based on performance measures that ACF required the 2015 cohort of HMRE grantees to collect and report.

Recruitment. All HMRE Youth grantees used multiple activities to increase awareness about programs. The four most common ways of advertising the program were (1) presentations to staff from program partners or other community organizations, (2) word of mouth, (3) flyers, and (4) social media marketing. Nearly all grantees used all four methods. The cornerstone of HMRE Youth grantees' recruitment efforts were partnerships with schools and other community agencies. All HMRE Youth grantees reported doing on-site recruitment with schools and receiving referrals from them.

Characteristics of youth. Over the more than four-year period, grantees enrolled 66,526 youth. Enrolled clients were almost evenly split between females and males. About 33 percent were Hispanic or Latino, 29 percent were White, and 16 percent were Black or African American. Most of them were younger than 18 (84 percent). Ninety-six percent of HMRE youth clients were attending school when they enrolled in the HMRE program.

Services. Group-based workshops were typically the centerpiece of the program; grantees also provided individual service contacts (such as case management) and referrals for services offered by other organizations. Most youth clients (95 percent) participated in HMRE services at least once. The median time between youth clients' first and last service was about five weeks (36 days). HMRE youth attended 11 hours of workshops (the median) and participated in one service contact, on average, that lasted at least 15 minutes. HMRE Youth grantees identified a wide array of community service providers as potential referral partners but provided few referrals—0.8 on average—to each client.

Implementation challenges. HMRE Youth grantees reported some challenges with program implementation. The most common challenges—identified by about 40 percent of grantees—were recruiting clients, getting them to attend services regularly, and getting clients to complete surveys. However, these challenges decreased over time.

Youth's changes from the beginning to the end of the program. Youth reported attitudes and behaviors at the time they entered program services and again at their last workshop session. Outcomes included clients' self-reported perceptions, attitudes, and behaviors. Changes in client outcomes, as measured by the surveys, represented goals of the HMRE youth programs, but did not necessarily represent program effects, that is, changes caused by the programs. Key findings include the following:

- Youth's relationship attitudes and expectations, such as whether they expected to have a child before marriage, generally remained stable over time.
- Although about 17 to 25 percent of youth ended an unhealthy relationship, youth in relationships reported an increase in reported unhealthy relationship behaviors at program exit compared to program entry.
- Youth reported an increase in traditional attitudes about sex in relationships at program exit compared to program entry.
- HMRE youth clients reported positive feelings about the program at the last workshop session. Most believed that the HMRE program helped them a lot and reported greater confidence in their relationship skills at the last workshop session.

Highlights from local evaluations. Four HMRE Youth grantees conducted local evaluations of their program. One conducted a descriptive evaluation to answer questions about the grantee's program operations and implementation and changes in client outcomes over time. Three conducted impact evaluations to answer questions about whether and how the programs affected clients' relationships, parenting, and well-being. Because ACF approved local evaluations after grant award based on factors such as the quality of the design and plans, the grantees with local evaluations might not be representative of all HMRE Youth grantees.

The descriptive evaluation found that it was difficult to engage youth from low-income households and those experiencing homelessness, foster care, or other challenges. Of those who enrolled in the 16-week (32 hours) program, 78 percent attended at least one healthy relationships workshop, but only 41 percent completed 80 percent or more of the 16 workshops. Youth who completed many of the workshops were very satisfied with the program and were particularly positive about the employment support, such as job training, job search assistance, and soft skills training and certification.

The three impact evaluations found few to no impacts on several key outcomes. For example, they found no statistically significant impacts on relationship quality, sexual activity, healthy relationship attitudes, attitudes toward conflict, or confidence in relationship skills. One healthy relationship curriculum in combination with a coparenting curriculum had no significant impacts on levels of coparenting communication or attitudes but did reduce coparenting conflict. The programs did not affect well-being, including depressive or anxiety symptoms or financial stability.

Conclusion. The 2015 cohort of HMRE Youth grantees both served youth and contributed to the knowledge base, expanding understanding of what the programs do and the characteristics of their clients. These findings can provide a foundation on which future programs can build to continue operating and improving HMRE programs for youth.

I. Introduction

Since 2005, Congress has funded \$150 million each year in healthy marriage and responsible fatherhood grants. The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, has awarded and overseen four cohorts of these grants. ACF designed the grants to promote economically secure households and communities for the well-being and long-term success of children and families. OFA works with the Office of Planning, Research, and Evaluation, also within ACF, to conduct research on how to best to serve families through these grants.

Healthy marriage and relationship education (HMRE) grantees can serve youth by helping prepare them for adulthood, including romantic relationships and parenthood. HMRE programs offer services in high schools—for example, as part of a health curriculum—or in other settings. Topics might include effective communication and conflict management skills, and teen dating violence.

This report describes the 2015 cohort of HMRE grantees that served youth and young adults ages 13 to 30, which we refer to as the HMRE Youth grantees.¹ The study team explored the characteristics of the HMRE Youth grantees, the youth clients they served, the services the youth received, the changes they experienced from the beginning to the end of the program, and selected findings from local evaluations that grantees conducted of their own programs focused on HMRE youth. This report builds on information from an earlier interim analysis (Avellar et al. 2020)² by including an additional year and a half of data to cover operations through the end of the grants. In the rest of this chapter, we provide a brief background of the HMRE grant program and an overview of the 2015 HMRE youth grantee cohort.

A. The HMRE grant program

Recognizing both the importance of healthy families and the difficulties many families face, Congress has funded and OFA has awarded and overseen four rounds or cohorts of HMRE grant funding to date (Exhibit I.1). HMRE grants and supports were funded at \$100 million annually during the first cohort and \$75 million annually during each successive cohort.³ Per the authorizing legislation, HMRE grantees may use grant funds for eight allowable activities, such as marriage and relationship education, public advertising campaigns, and education in high schools (Box I.1).

Interested in learning more?

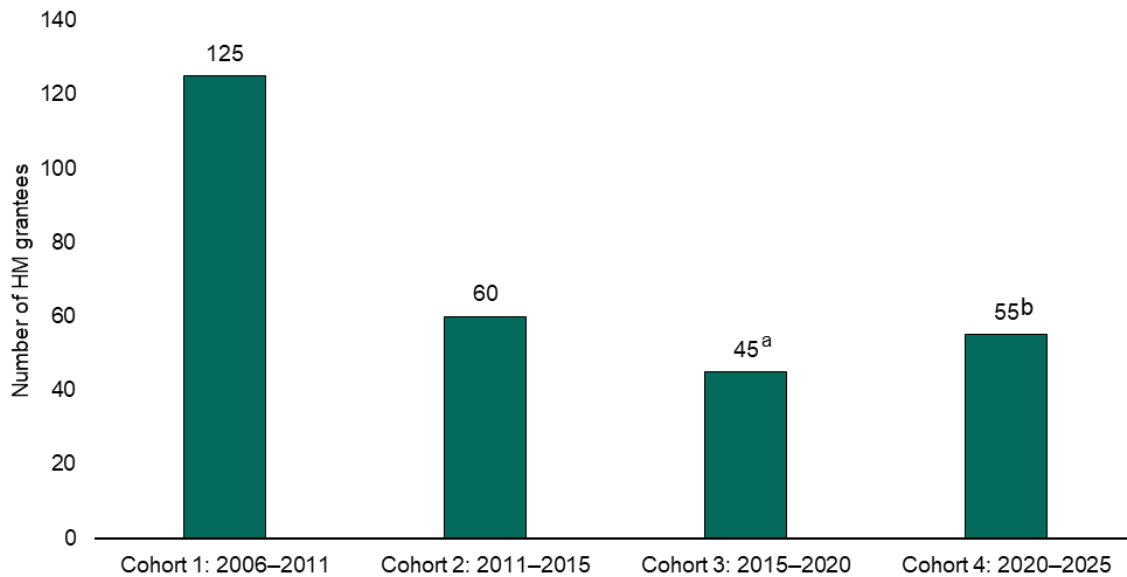
- An interactive overview highlights findings for HMRE and Responsible Fatherhood grantees, with options for filtering the data based on users' interests.¹
- Separate reports describe the progress of Responsible Fatherhood and HMRE grantees that served adults through the end of their grants (Avellar et al. 2021a; Avellar et al. 2021b).
- A technical appendix provides details on methodology and a fuller range of results for all final reports (Lee et al. 2021).▲

¹ Starting in fall 2021, the interactive overview will be available at: <https://www.hmrfgrantresources.info/interactive-overview>.

² Report is available at https://www.acf.hhs.gov/sites/default/files/documents/opre/interim_report_on_2015_hmrf_grantees_508.pdf.

³ The initial cohort included \$100 million for HMRE and \$50 million for responsible fatherhood grants, annually. In subsequent cohorts, funding was split evenly, \$75 million for HMRE and \$75 million for responsible fatherhood grants.

Exhibit I.1. Cohorts of HMRE grantees



^a Initially, OFA awarded 46 HMRE grants in the third cohort but discontinued one of them.

^b In the fourth cohort, OFA funded HMRE programs for youth and adults through separate grant programs. OFA awarded 30 grants for HMRE programs serving adults and 25 grants for those serving youth.

In the 2015 cohort, 29 of the 45 HMRE grantees served youth as at least one of their target populations.⁴ The primary type of service that HMRE Youth grantees provided was group-based workshops. Under the 2015 funding opportunity announcement, grantees were also required to offer case management services (unless they received an exemption from ACF) (ACF 2015), during which clients received individualized attention and might receive referrals to other services.

The 2015 cohort of HMRE Youth grantees were located in 17 states (Exhibit I.2). Seven states had multiple grantees. The three states with the most HMRE Youth grantees were California (four grantees), New York (three grantees), and Texas (three grantees).

Box I.1. What are HMRE program services?

HMRE grantees in the 2015 cohort could use grant funds for eight allowable activities

- Public advertising campaigns
- Education in high schools
- Marriage and relationship education and skills that may include job and career advancement
- Premarital education
- Marriage enhancement
- Divorce reduction
- Marriage mentoring
- Reduction of disincentives to marriage

For the 2015 cohort, HMRE grantees could offer any combination of activities. Under previous program funding, grantees could not combine activities to achieve program goals.

⁴ HMRE grantees can also serve adult individuals or couples. Adult individuals were those enrolled in an HMRE program without a partner, regardless of whether they were in a romantic relationship. Adult couples were those enrolled in an HMRE program with their romantic partner. The program served both partners.

Exhibit I.2. Locations of HMRE Youth grantees



B. Road map to report

This report describes the characteristics and activities of youth and young adults served by the 2015 cohort of HMRE grantees across more than four years—from July 2016⁵ through September 2020 for most grantees and through December 2020 for a small number of grantees with extensions. Our analyses focused on the 29 HMRE Youth grantees that received funding throughout that time frame and their youth clients. Before turning to the set of findings, we describe the data sources used for the analyses (Chapter II). Then, we describe program recruitment strategies and clients who enrolled in the program (Chapter III), services that grantees provided (Chapter IV), and implementation challenges (Chapter V), as well as changes clients experienced during their involvement in the program (Chapter VI). A separate technical appendix (Lee et al. 2021) includes information on the data collection methodology (for example, timing, mode, and response rate of data sources); analytic methodology; and the full set of data tables underlying the analyses.

⁵ Although ACF awarded grants in September 2015, grantees had a planning period during which they were not required to offer services. In addition, data collection could not begin until ACF secured approval from the Office of Management and Budget and an Authority to Operate from the Office of the Chief Information Officer for the grantees' management information system, nFORM (Information, Family Outcomes, Reporting, and Management).

This page has been left blank for double-sided copying.

II. Information Sources and Data Collection

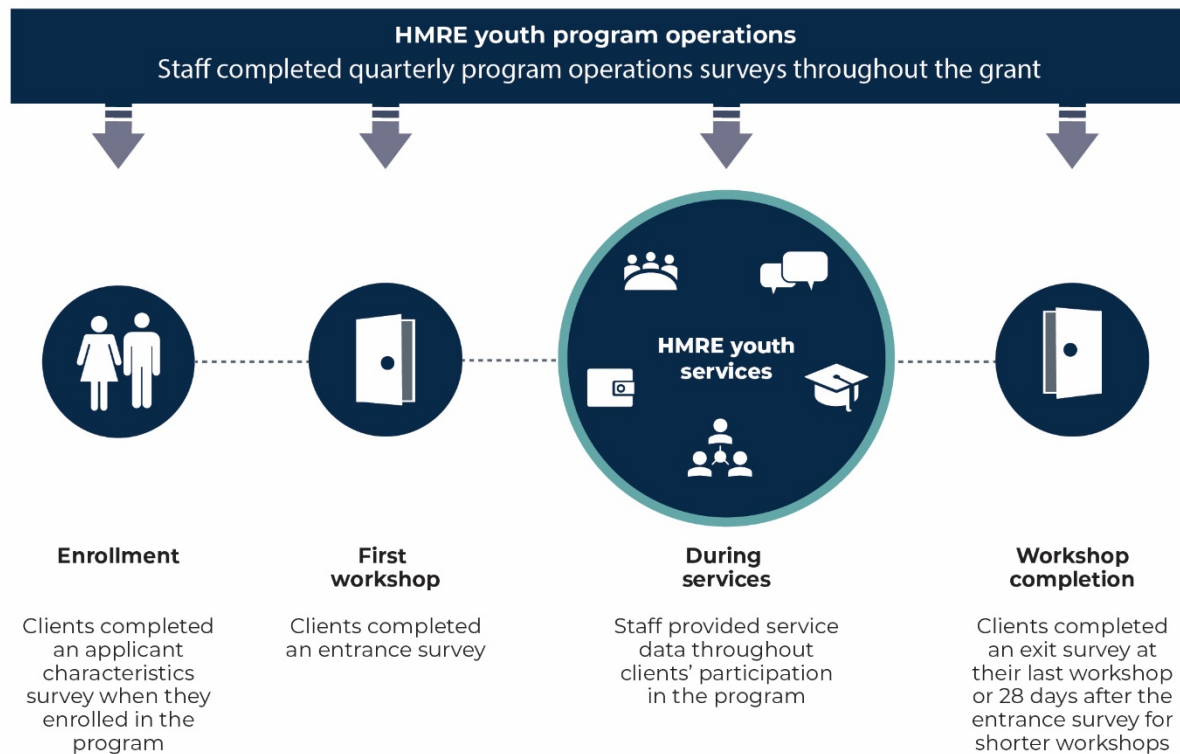
To monitor grantees' progress and learn more about their work and the people they serve, ACF required the 2015 cohort of HMRE grantees to collect and report on a consistent set of performance measures. These data were the basis of this report. In this chapter, we briefly describe the Information, Family Outcomes, Reporting, and Management (nFORM) information system used to collect and report the required performance measures, and the different sources of data grantees entered in nFORM (for more detail, see Lee et al. 2021). We also describe how the sample of clients who provided information differed across the information sources.

A. Information sources

To assist grantees in collecting and reporting performance measures, ACF funded the development of a web-based data system, named nFORM. nFORM was designed specifically for HMRE and responsible fatherhood grantees and stored all required performance measure data.

Grantees were responsible for collecting all performance measure data and entering those data into nFORM. Respondents included grantee staff members and clients (that is, the youth served by the programs). Grantee staff provided information on services and program operations; youth clients completed up to three surveys as they progressed through the program (Exhibit II.1).

Exhibit II.1. Data sources and respondent type






In this report, we used data that covered more than four years of program operations from July 2016 through September 2020 for most grantees. A small number of HMRE Youth grantees (six grantees) received a no-cost extension; we included their data through December 2020.

B. Client responses to surveys and missing data

Grantees asked each client to complete up to three surveys as they moved through the program. Survey data are missing if a client refused to complete a survey or did not attend any workshop. Clients who dropped out of services before completion might not have completed an exit survey, although grantees could follow up with them separately.

Over the four-year period covered in this report, HMRE grantees enrolled more than 66,000 youth into their programs. Exhibit II.2 shows the number of HMRE youth who contributed to each survey analyzed in this report. Youth clients completed the applicant characteristics survey as part of the enrollment process. Ninety-four percent of youth clients who enrolled and completed the applicant characteristics survey also completed the entrance survey, typically at the first workshop. There was a larger drop-off from the enrollment to exit surveys; 69 percent of those enrolled also completed the exit survey.

Exhibit II.2. Client completion of surveys

Survey completion	Number of clients (percentage of enrolled clients)
	HMRE youth
Completed applicant characteristics survey 	66,526 (100%)
Completed entrance survey 	62,794 (94%)
Completed exit survey 	46,058 (69%)

Source: nFORM.

Note: A total of 46,055 HMRE youth clients completed both the entrance and exit surveys. Three clients completed the exit survey but not the entrance survey.

If the characteristics of those who responded differed from those who did not, the results based on the survey data would not accurately represent the full group. For example, clients who completed the exit survey might be more motivated to change or be more satisfied with the workshop than those who

withdrew from services and did not complete the exit survey. Therefore, responses on the client exit survey might describe larger perceived changes or more positive feedback about services than we would expect from those who dropped out of services.

Because the results presented in this report are based on the youth clients who completed the surveys, the results might not reflect the experiences or perspectives of the full group of youth clients involved in HMRE programs. Specifically, clients who attended the first workshop and completed the entrance survey might not represent all clients who enrolled (Chapter III). Similarly, clients who completed both the entrance and exit surveys—that provide information for change over time (Chapter VI)—might not represent all clients who started services. When relevant, we analyzed the differences in characteristics of those who responded and those who did not to provide context for interpreting the findings (Lee et al. 2021).

C. Missing items

In addition to not completing surveys, clients could skip any question they did not want to answer. As with missing surveys, those who responded might have differed from those who did not. The higher the level of missing data, the greater the concern that the completed surveys did not accurately represent the full group (for more information, see Lee et al. 2021).

D. Client survey timing

The time between surveys varied within and across grantees. Exhibit II.3 shows the time between surveys for HMRE youth clients. Youth clients typically completed the entrance survey within a few days of completing the applicant characteristics survey. Many of them completed both surveys on the same day. The mean length of time from the entrance to exit surveys was about three months.

Exhibit II.3. Length of time between HMRE youth client surveys

Time from ACS to entrance survey (days)			Time from entrance to exit survey (days) ^a		
Range	Mean	Median	Range	Mean	Median
0–1,351	2.5	0	0–1,422	86.7	65

^aACF instructed grantees to administer the exit survey at the final workshop or 28 days after the entrance survey, whichever was later. Because grantees did not follow that rule consistently, about four months after launch we added a restriction to nFORM. After the restriction was added, nFORM would not accept the exit survey until 25 days after a client had completed the entrance survey; although 28 days was the official cutoff, ACF wanted to allow grantees some flexibility.

ACS = applicant characteristics survey.

This page has been left blank for double-sided copying.

III. HMRE Recruiting Strategies and Characteristics of Youth Who Enrolled

To fill their programs, HMRE staff must inform youth about and interest them in their services, which may be offered in their schools or other settings. In this chapter, we describe how HMRE programs recruited potential clients and the characteristics of the youth clients who enrolled in HMRE programs. Key findings are highlighted in Boxes III.1–III.2.

A. Grantee strategies to recruit clients

In this section, we summarize grantee-reported advertising activities used to inform potential partners and clients about their programs, as well as recruiting methods for engaging youth in services. Many HMRE Youth grantees also recruited and enrolled adult clients, so some of the strategies described might not apply to their youth clients.

All HMRE Youth grantees used a variety of activities to get the word out about their programs. Grantees advertised their program to organizations and people they worked with or might work with in the future to highlight the program’s presence, activities, and who it served. All grantees used flyers, presentations to staff at program partners or community organizations, and word of mouth (Exhibit III.1). Almost all (97 percent) used social media marketing. Less common advertising venues included radio, Internet ads, television spots, newspaper ads, theater ads, and billboards.

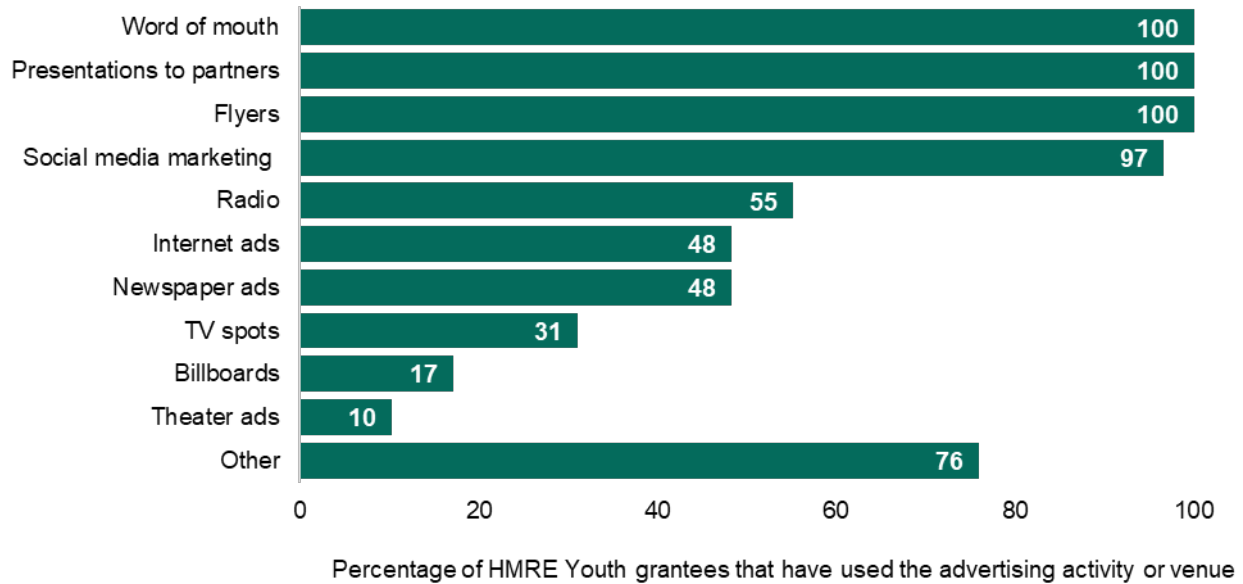
Grantees used multiple methods to find and recruit potential clients. Grantees recruited potential clients to determine if they were eligible for and interested in the program and, if so, enrolled them in services. Every grantee reported recruiting by phone or mail and on-site at community agencies (Exhibit III.2). In addition to these universally used methods, most grantees reported they also used referrals from community agencies and street outreach (that is, recruiting in different places throughout the community).

All HMRE Youth grantees recruited on-site at schools. In addition to on-site recruitment at schools, HMRE Youth grantees recruited on-site at many different types of community agencies, recruiting at seven types of organizations, on average (Exhibit III.3). At least 50 percent of HMRE Youth grantees also recruited on-site at places of worship, child welfare agencies, and probation and parole offices. As noted earlier, grantees that served multiple populations might have worked with these organizations to recruit adults rather than youth.

Box III.1. Key recruitment findings

- All HMRE Youth grantees used multiple activities to increase awareness about their programs. The four most common ways of advertising the program were (1) presentations to staff from program partners or other community organizations, (2) word of mouth, (3) flyers, and (4) social media marketing. Nearly all grantees used all four methods.
- Partnerships with schools and other community agencies were the cornerstone of HMRE Youth grantees’ recruitment efforts. All grantees reported doing on-site recruitment with schools and receiving referrals from them.

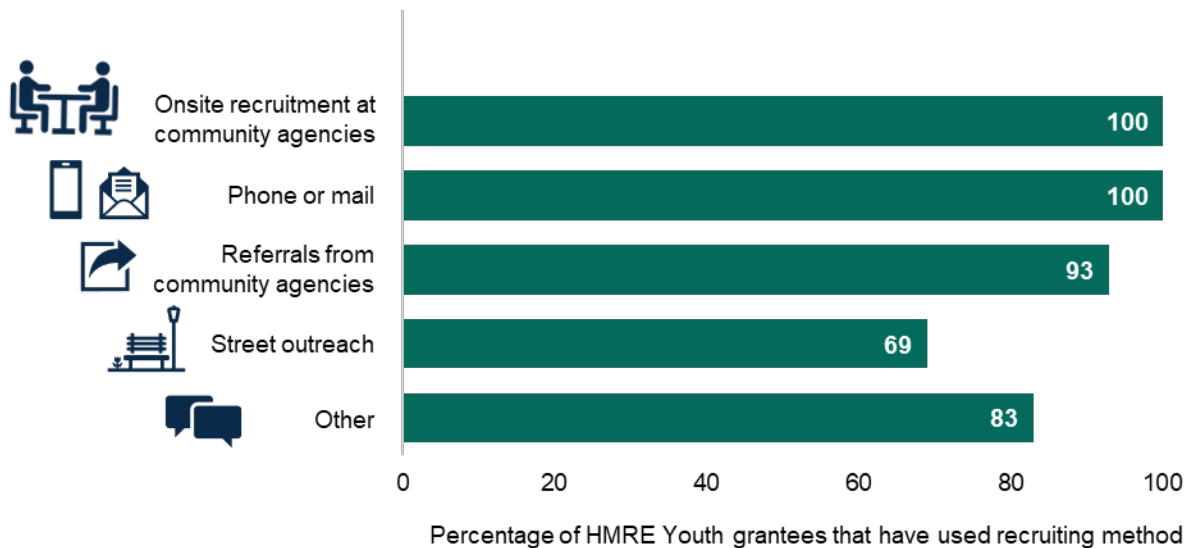
Exhibit III.1. Advertising activities and venues used by HMRE Youth grantees



Source: Program operations survey.

Note: Responses do not sum to 100 because grantees could select more than one activity. The category for “other” reported advertising activities or venues included, for example, email blasts, community events, and websites.

Exhibit III.2. Recruitment methods used by HMRE Youth grantees



Source: Program operations survey.

Note: Responses do not sum to 100 because grantees could select more than one activity. The category for “other” reported methods included, for example, email outreach, community events, and social media.

Exhibit III.3. Types of organizations with which HMRE Youth grantees partnered for recruitment

Types of organizations	Grantees conducting on-site recruitment at the organization (%)	Grantees receiving referrals from organization (%)
Schools	100	100
Places of worship or faith-based community centers	66	76
Employment assistance centers or one stops	NA	72
Child welfare agencies (for voluntary enrollments)	59	69
Probation and parole offices	55	62
Child support agencies (for voluntary enrollments)	48	62
Head Start programs	45	55
TANF offices	41	45
WIC agencies	41	45
Hospitals, maternity clinics, doctors' offices	35	41
Healthy Start programs	28	24
Child welfare agencies (for court-ordered enrollments)	21	28
Child support agencies (for court-ordered enrollments)	14	24
Other community agencies or organizations	97	97
Self-referrals	NA	52
Other ^a	59	97
Average number of organizations	7.1	9.5
Number of grantees	29	29

Source: Program operations survey.

^aOther organizations included family resource centers, prisons, housing complexes, and job fairs or other community events.

NA = not available; TANF = Temporary Assistance for Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

HMRE Youth grantees also received referrals from community agencies. In addition to recruiting directly at schools and community agencies, grantees could receive referrals from agencies for potential clients who might be eligible for and interested in HMRE services. HMRE Youth grantees reported receiving referrals from about 10 types of agencies, on average (Exhibit III.3). All HMRE Youth grantees had clients who were referred by schools. Similar to organizations where HMRE Youth grantees recruited on-site, common referral sources included places of worship, child support agencies, and probation and parole offices. Other common referral sources were child welfare agencies and employment assistance centers.

B. Characteristics of HMRE youth clients

We conclude this chapter with a description of the self-reported characteristics of HMRE youth clients at the time they enrolled in the programs.

Box III.2. Key client characteristics

- More than 66,000 youth enrolled in HMRE programs in about four years.
- HMRE youth clients were evenly split by gender and were racially and ethnically diverse.
- Most HMRE youth clients were under 18.
- Ninety-six percent of HMRE youth clients were enrolled in school, and most youth were not employed at program enrollment.

HMRE grantees enrolled more than 66,000 youth clients into their programs. In the more than four-year period covered in this report, HMRE grantees enrolled 66,526 youth clients.

HMRE youth clients were evenly split by gender, mainly younger than 18 years, and were racially and ethnically diverse. Enrolled clients were split almost evenly between females and males. Most of them were younger than 18 (84 percent); less than 10 percent were 18 or older (Exhibit III.4). About 33 percent were Hispanic or Latino, 29 percent were White, and 16 percent were Black or African American.

Exhibit III.4. Demographics of HMRE clients at enrollment

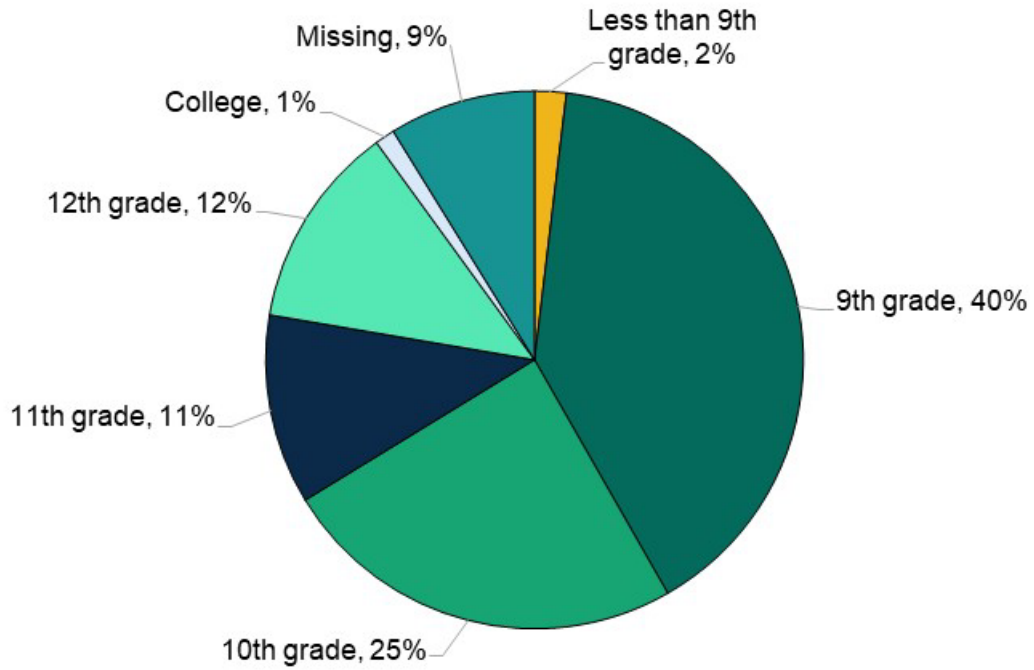
Characteristic	Percentage of youth
Gender	
Male	47
Female	45
Age	
Less than 18 years	84
18 to 24 years	8
25 years or older	<1
Missing	8
Race and ethnicity	
Hispanic/Latino	33
Black, non-Hispanic	16
White, non-Hispanic	29
Other, non-Hispanic	12
Missing	10

Source: Applicant characteristics survey.

Note: Numbers do not sum to 100 because of rounding.

Most HMRE youth were enrolled in high school and not employed. About 96 percent of the youth were in school when they enrolled in the HMRE program. About two-thirds of them were in 9th or 10th grade, about 10 percent each were in 11th grade and 12th grade, and only a small percentage (1 percent) were in college (Exhibit III.5). Sixty-nine percent of youth clients were not employed when they enrolled in the program.

Exhibit III.5. Grade of HMRE youth at enrollment



Source: Applicant characteristics survey.

Note: Results only include youth who were in school when they enrolled in the HMRE program.

This page has been left blank for double-sided copying.

IV. HMRE Youth Services

HMRE services for youth typically aim to provide clients with the information and skills they need to develop and maintain healthy romantic relationships and marriages, and help them avoid negative or unhealthy relationship experiences in adolescence and adulthood (Goesling and Alamillo 2018). Group-based workshops were typically the centerpiece of the programs, and could take place over one or more sessions. Grantees could offer a given workshop repeatedly to different groups of clients simultaneously or over time. Grantees also provided individual service contacts (such as case management) and referrals for services offered by other organizations. Some grantees, with ACF’s approval, also gave incentives to clients—for example, to encourage participation or recognize when clients reached program milestones. Box IV.1 highlights key findings for HMRE youth client services.

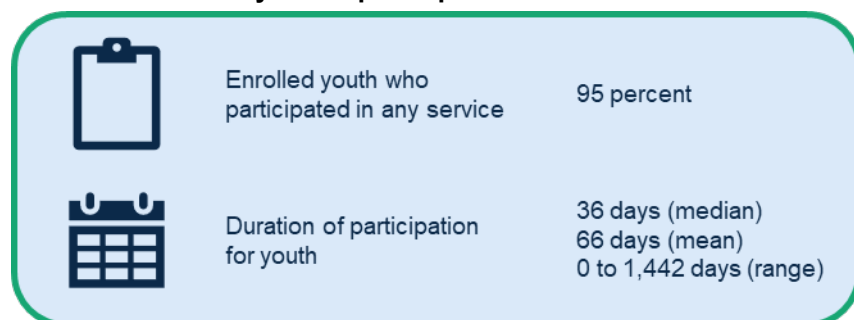
A. Participation in services

Clients’ participation in services typically spanned five weeks. Most HMRE youth clients participated in services at least once (Exhibit IV.1). The median time between youth clients’ first and last service was about five weeks (36 days). Services included workshops and service contacts, but we included only those service contacts that lasted for at least 15 minutes because briefer contacts were more likely reminders or other interactions that were not substantive. The range in duration was 0 days for those who never engaged in a service to about 1,440 days, nearly four years.

Box IV.1. Key services findings

- Almost all HMRE youth clients participated in workshops.
- Clients typically participated in HMRE programs for five weeks—from their first substantive service contact or workshop to their last.
- Most HMRE Youth grantees offered workshops that lasted 16 hours or less.
- HMRE youth attended 11 hours of workshops (median) and participated in one individual service contact that lasted for 15 minutes or more, such as case management, on average.
- HMRE Youth grantees identified a wide array of community service providers as potential referral partners but provided few referrals—0.8 on average—to each client.
- Most youth did not receive incentives.

Exhibit IV.1. HMRE youth’s participation in services

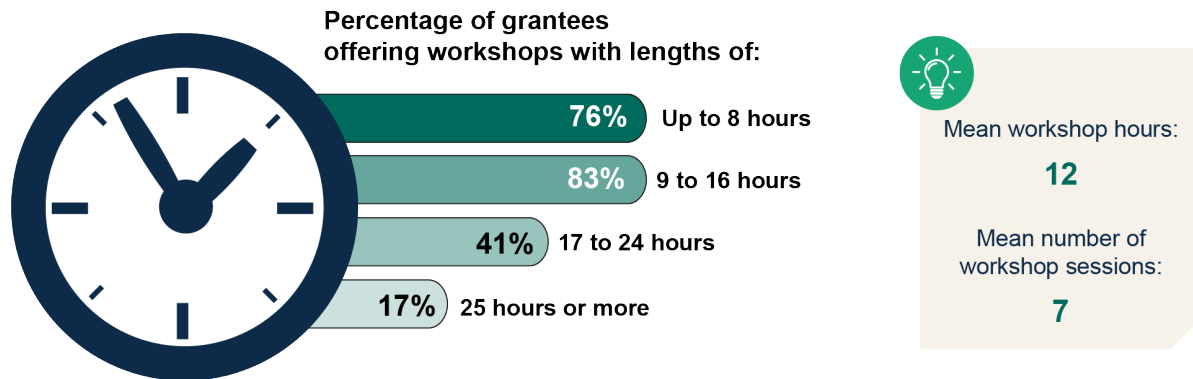


Source: nFORM data.

B. Workshop characteristics

Most HMRE Youth grantees offered workshops that were 16 hours or less. Grantees offered different kinds of workshops of varying lengths, but most offered workshops lasting 16 hours or less (Exhibit IV.2). Seventy-six percent of grantees offered at least one workshop that was 8 hours or less; 17 percent offered at least one workshop that was 25 hours or more. On average, workshops were 12 hours long and included 7 sessions.

Exhibit IV.2. Length of HMRE Youth workshops



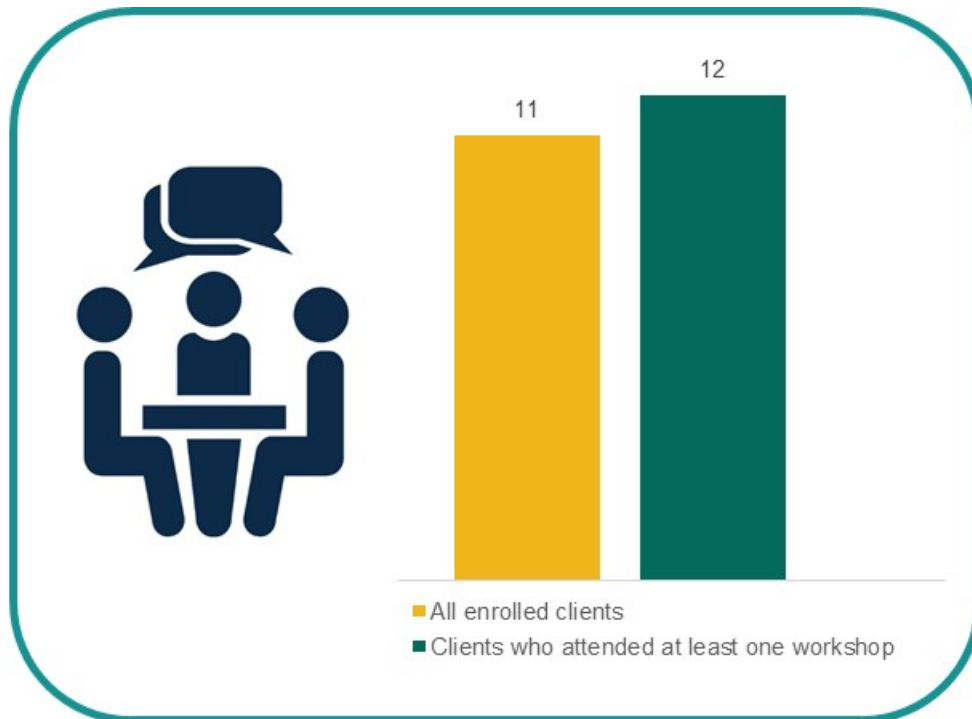
Source: nFORM data.

Note: Grantees could offer more than one workshop, so percentages do not sum to 100.

C. Client participation in workshops

Most youth attended at least one workshop session. Ninety-four percent of youth clients attended at least one workshop session. Across all HMRE youth clients (including those who never attended workshops), youth received 11 workshop hours (median) (Exhibit IV.3). Among those who attended at least one workshop session, youth received 12 workshop hours (median).

Exhibit IV.3. Median hours of HMRE youth workshop participation

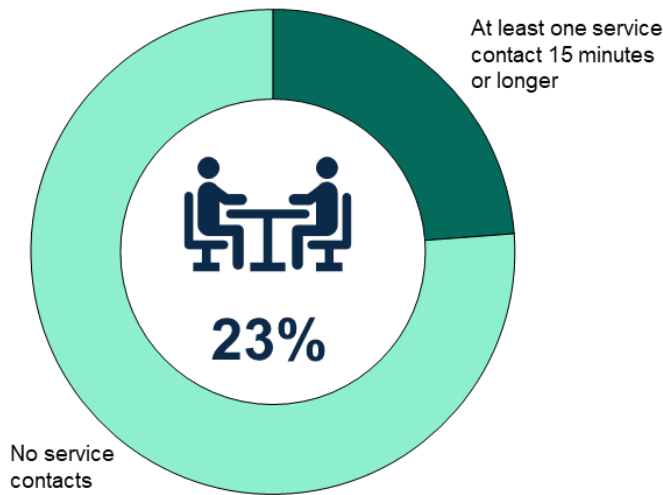


Source: nFORM data.

D. Client participation in individual service contacts

Few youth clients participated in individual service contacts. Most youth clients did not participate in any substantive individual service contacts (Exhibit IV.4). The average number of service contacts for youth was three, but it dropped to one when considering only substantive contacts (those that lasted at least 15 minutes). The most common topics discussed during substantive service contacts for youth were HMRE services, assessments, and job or career advancement.

Exhibit IV.4. Youth participation in HMRE individualized service contacts lasting at least 15 minutes



Source: nFORM data.

E. Client referrals and incentives

HMRE Youth grantees identified many other service providers in their communities. HMRE grantees chose from among a large number of agencies when providing services and referrals to their clients. On average, each HMRE Youth grantee documented 94 service providers in nFORM, which spanned a wide array of services. Most grantees identified an agency in the community that could provide services in every area listed, including job and career planning, health and mental health support, social services and emergency needs, and intimate partner violence.

However, HMRE youth clients received few referrals to other services, on average. To meet client needs, HMRE Youth grantees could provide clients with referrals to other agencies, and most (28 of the 29) did so. However, across all HMRE Youth grantees, clients received an average of 0.8 referrals. HMRE youth clients most commonly received and followed up on referrals for marriage and relationship education services or job and career advancement.

Most youth clients did not receive any incentives. Although HMRE grantees could provide monetary or nonmonetary incentives to clients with ACF's approval, 85 percent of youth clients did not receive incentives from grantees. The average value of incentives across all youth was \$6, but 16 grantees provided incentives to at least one youth client totaling \$100 or more.⁶ Youth most commonly received incentives to encourage program participation. Gift cards were the most common type of incentive, received by 13 percent of all youth.

⁶ This was the cumulative value of incentives that at least one client received.

V. HMRE Youth Grantee Staffing and Program Implementation Challenges

Grantee staff are central to successful program operations and need support and training to do their jobs well. Even with well-qualified and trained staff, however, programs can encounter challenges in implementing their programs as intended. In this chapter, we describe the frequency with which grantees trained and supervised staff in different program roles. We also describe implementation challenges grantees reported. Findings in this chapter relied on the program operations survey that grantees completed quarterly. Boxes V.1 and V.2 highlight key findings from the data in these areas.

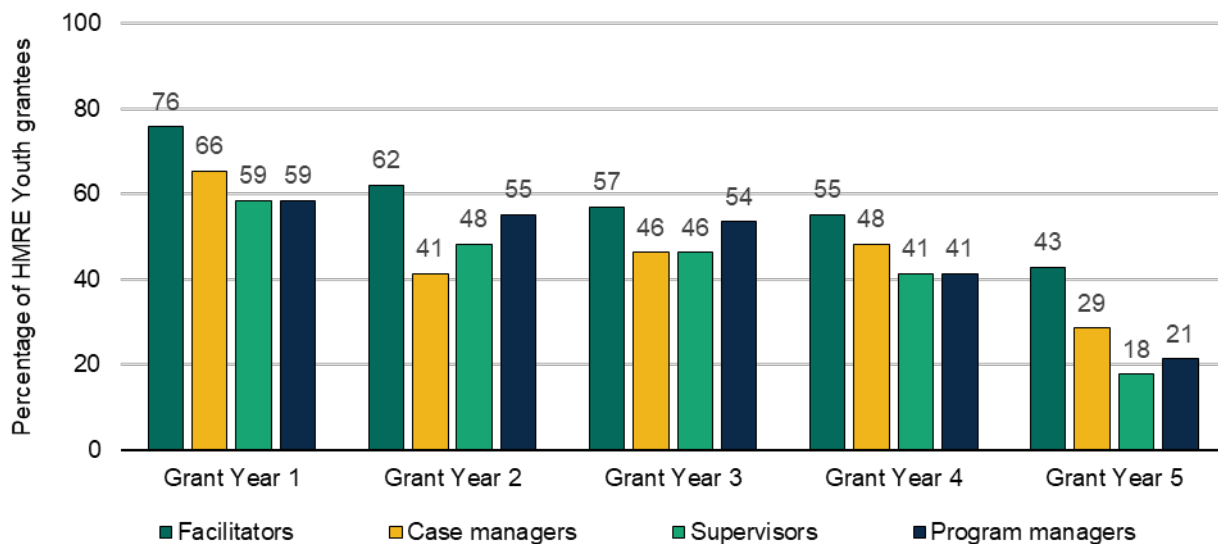
A. Staff training and supervision

Most grantees initially trained staff on the program curriculum. In the first grant year, most HMRE Youth grantees reported that all of their facilitators, case managers, supervisors, and program managers had received training on curricula during the year. By the last grant year, these percentages had declined to between about 20 and 40 percent of staff (Exhibit V.1). Grantees might have initially trained staff on the curriculum and then not continued training them over time. We do not know whether ongoing training was recommended for the curricula used by grantees.

Box V.1. HMRE Youth staff training and supervision key findings

- Staff curriculum training was common early in the grant period but declined over time.
- The frequency of staff meeting with supervisors remained consistently high.

Exhibit V.1. Percentage of grantees reporting all staff received curriculum training in the past reporting period

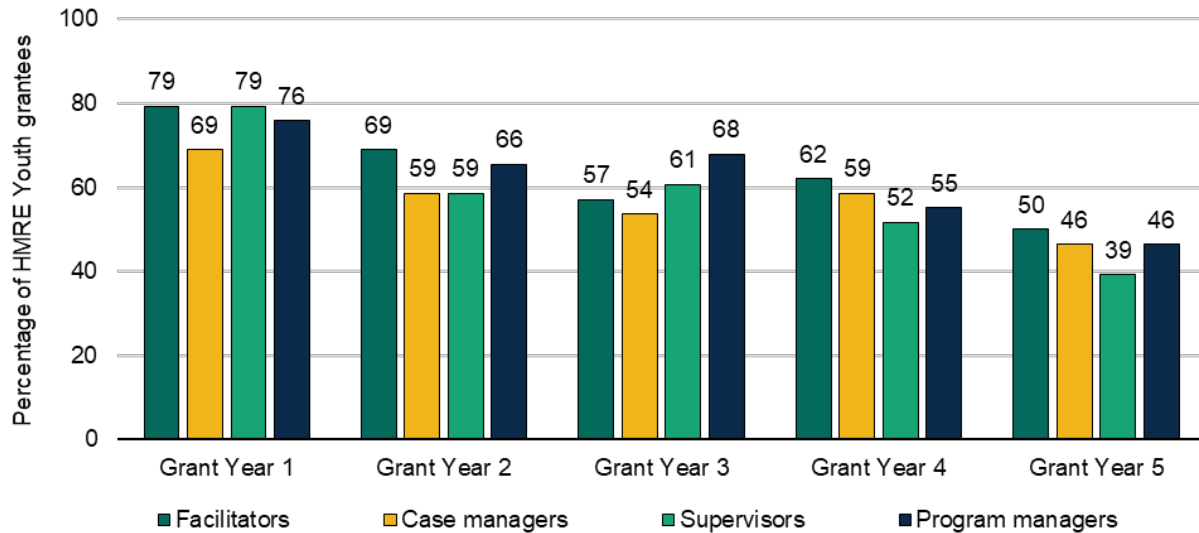


Source: Program operations survey.

On-the-job training was high but declined over time. Most grantees reported that all of their key staff received on-the-job training throughout the grant period. In the first grant year, 70 to 80 percent of HMRE Youth grantees reported that all of their facilitators, case managers, supervisors, and program managers

had received on-the-job training that year (Exhibit V.2). The percentages decreased slowly over time, with 40 to 50 percent of HMRE Youth grantees reporting on-the-job training for all staff in the last grant year.

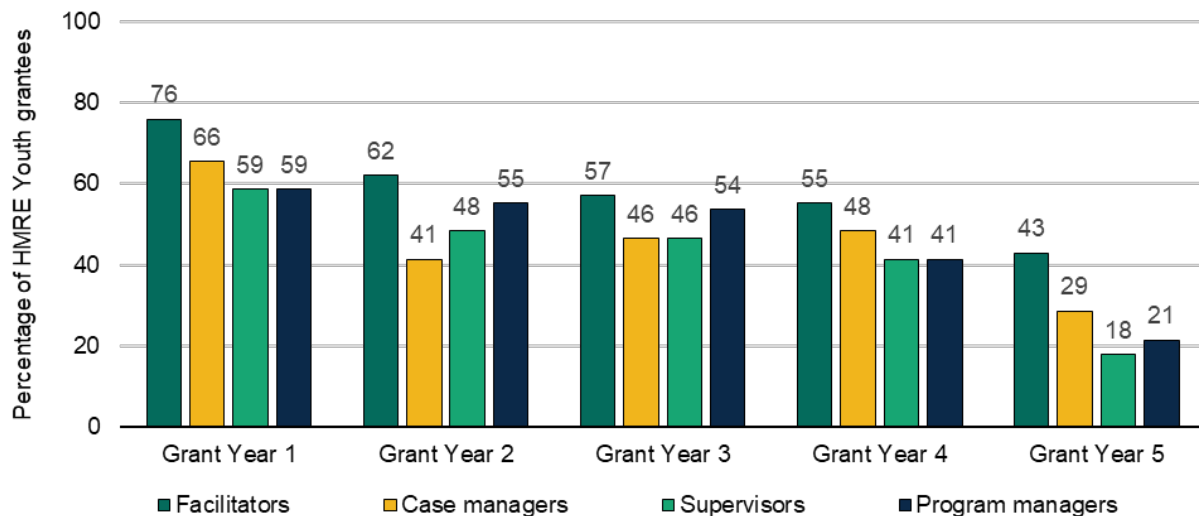
Exhibit V.2. Percentage of grantees reporting all staff received on-the-job training in the past reporting period



Source: Program operations survey.

Throughout the grant period, staff typically met with their supervisors at least biweekly. Numbers fluctuated somewhat from year to year, but in all years, at least half of grantees reported that staff met with supervisors weekly or biweekly (Exhibit V.3). Across all years, between 50 and 90 percent of HMRE Youth grantees reported that facilitators, case managers, and program managers met with their supervisors at least weekly or biweekly during the year.

Exhibit V.3. Percentage of grantees reporting staff met with their staff at least weekly or biweekly



Source: Program operations survey.

B. Grantees’ implementation challenges

Most HMRE Youth grantees reported that specific implementation challenges were not a problem for them. HMRE Youth grantees reported in the survey on the degree to which 17 specific issues presented implementation challenges in the past year—not a problem, somewhat of a problem, or a serious problem. Most HMRE grantees indicated that the issues were either not a problem or somewhat of a problem for them (Exhibit V.4). However, more than 40 percent of grantees experienced challenges in recruiting clients, getting them to attend services regularly, and getting clients to complete surveys.

Box V.2. HMRE Youth program implementation challenges: Key findings

- Few HMRE Youth grantees reported challenges with program implementation.
- The most common challenges—identified by about 40 percent of grantees—were recruiting clients, getting clients to attend services regularly, and getting clients to complete surveys. These challenges decreased over time, however.

Most implementation challenges decreased slightly over time. The share of grantees reporting any implementation challenge tended to decrease over time. For example, in grant Year 1, about 50 to 60 percent of grantees reported some problems with the three most common implementation challenges: client recruitment, getting clients to attend services regularly, and data collection. This share dropped to about 30 to 40 percent by grant Year 5 (Exhibit V.5). Two exceptions were the percentage of grantees reporting problems with “extreme weather or natural disasters” or “other issues,” both of which may have been related to the global health pandemic. For example, in the first grant year (October 2015–September 2016), 7 percent of HMRE Youth grantees reported that “extreme weather or natural disasters” were a problem, growing to 54 percent in the last grant year (October 2019–September 2020).

Exhibit V.4. Implementation challenges

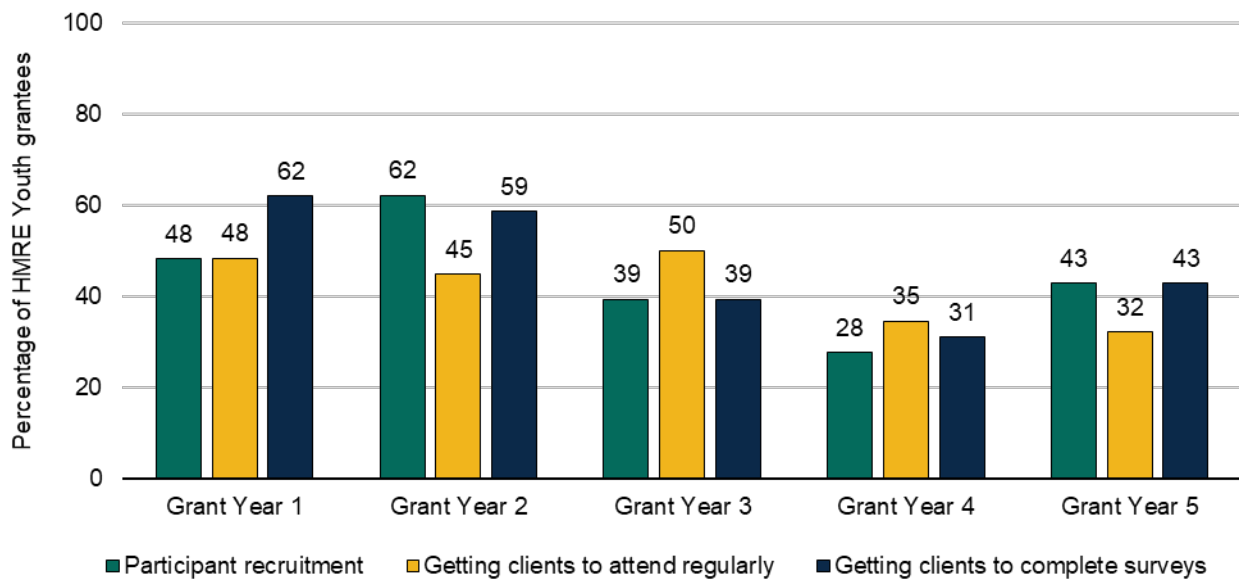
Implementation area	Implementation challenge	Percentage of grantees reporting the challenge ^a
Recruitment and enrollment	Client recruitment	44
	Obtaining referrals from community organizations	32
	Enrolling intended population	26
	Cooperation of recruitment and referral sources	20
Client participation in services	Getting enrollees to attend services regularly	42
	Getting clients to complete the program	38
	Getting enrollees to start participating in services	33
	Keeping clients engaged during sessions	10
Staffing	Recruiting qualified staff	21
	Staff performance	18
Workshop delivery	Covering all program content in time allotted	14
	Implementing curriculum with fidelity	5
	Ensuring facilitators understand content	3
Other	Getting clients to complete surveys	47

Implementation area	Implementation challenge	Percentage of grantees reporting the challenge ^a
	Extreme weather or natural disasters	30
	Program facilities	14
	Service delivery partners	13
	Other	15

Source: Program operations survey.

^aPercentage averaged across five grant years.

Exhibit V.5. Percentage of HMRE Youth grantees reporting common implementation challenges to be somewhat of a problem or a serious problem



Source: Program operations survey.

This page has been left blank for double-sided copying.

VI. HMRE Youth Clients' Changes from Program Entry to Exit

Youth's attitudes and behaviors change over time as they have new experiences, which might include what they learn from HMRE services. This chapter includes information on changes in key outcomes for HMRE youth clients from the time they entered program services until their last workshop session.

Outcomes include clients' self-reported perceptions, attitudes, and behaviors. However, readers should consider several important caveats about these findings:

- The outcomes represent goals of the HMRE youth programs, but these results do not necessarily represent program effects; that is, changes caused by the programs. Motivated clients, for example, might have changed even if they had not had access to program services (Bell et al. 1995). Impact studies are the only way to identify program effects.⁷ Chapter VII describes descriptive and impact results from those HMRE Youth programs that conducted evaluations.
- We limited the analysis to clients who responded to both program entrance and exit surveys. The analysis included about 69 percent of HMRE youth clients who enrolled in the programs and completed an applicant characteristics survey. This group differed in some ways from clients who only completed an applicant characteristics survey (for more information, see Lee et al. 2021).
- We report statistically significant changes at the 0.05 level or less. Because of the large number of clients included in the analysis, some statistically significant changes were small or modest. Readers should consider the magnitude of changes when assessing their importance.⁸

Box VI.1 highlights key findings.

A. Changes in youth's healthy relationships

Youth's expectations about communication in relationships generally remained stable. Most youth agreed with healthy communication concepts at program entry and exit. For example, at both time points, 89 to 90 percent of youth agreed or strongly agreed that even in a good relationship, couples will occasionally have trouble talking about their feelings (Exhibit VI.1). There was a small decline in the percentage of youth who agreed that in a healthy relationship it is essential for couples to talk about things that are important to them, with about 88 percent endorsing the statement at program entry and 87 percent at program exit.

Box VI.1. Key outcome findings

- Youth's relationship attitudes and expectations, such as whether they expected to have a child before marriage, generally remained stable over time.
- Youth in relationships reported an increase in unhealthy relationship behaviors at program exit compared to program entry.
- Youth reported an increase in traditional attitudes about sex in relationships.
- HMRE youth clients reported positive feelings about the program. Most believed that the HMRE program helped them a lot, and they reported greater confidence in their relationship skills.
- Findings were often modest in size and might not necessarily have been caused by the programs. Other factors, such as clients' motivation to change, could have led to the changes in outcomes, regardless of the program services.

⁷ An impact study would include a comparison group of youth who do not receive HMRE services but are initially similar to those who do.

⁸ In this chapter, we describe only changes in outcomes that were greater than 0.1. We do not describe changes at the one-hundredth level (such as an average score that changed from 3.81 to 3.82) that were statistically significant. However, all results are available in the technical appendix (Lee et al. 2021).

Exhibit VI.1. Changes in youth attitudes about healthy communication

Outcome	Entry (percent)	Exit (percent)
In a healthy relationship it is essential for couples to talk about things that are important to them* (40,479 clients)		
Agree or strongly agree	88	87
Disagree or strongly disagree	12	13
Even in a good relationship, couples will occasionally have trouble talking about their feelings (40,198 clients)		
Agree or strongly agree	90	89
Disagree or strongly disagree	10	11
A relationship is stronger if a couple doesn't talk about their problems* (40,132 clients)		
Agree or strongly agree	10	10
Disagree or strongly disagree	90	91

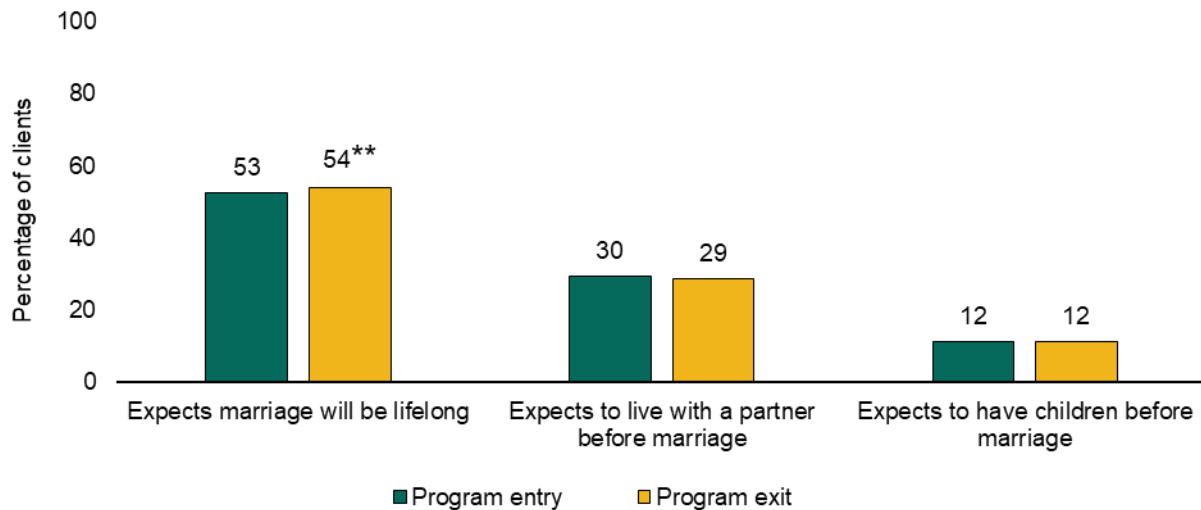
Source: HMRE youth entrance and exit surveys.

Note: We combined some response categories for presentation purposes but conducted statistical tests on the full range of response categories.

* Statistically significant change between entrance and exit at the .05 level.

Youth's expectations of their future relationships and parenting generally remained stable. About 30 percent of youth expected to live with a partner before marriage at both program entry and exit, and about 12 percent expected to have children before marriage. A higher proportion of youth reported at program exit that they expected marriage to be lifelong (54 percent) compared to entry (53 percent; Exhibit VI.2).

Exhibit VI.2. Changes in youth relationship expectations



Source: HMRE youth entrance and exit surveys.

Note: We combined some response categories for presentation purposes but conducted statistical tests on the full range of responses.

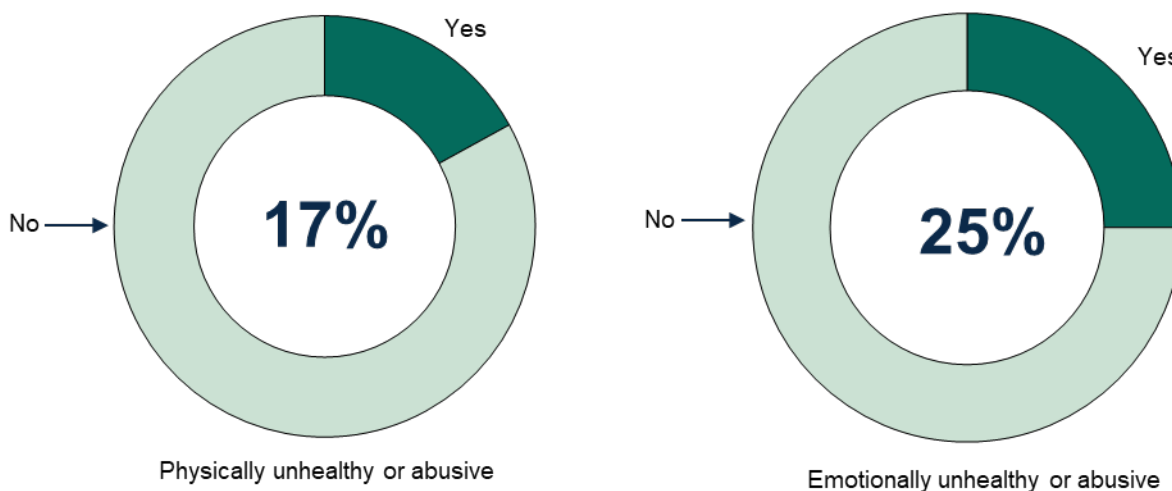
** Statistically significant change between entrance and exit at the .01 level.

Most youth did not endorse violence in relationships. Youth answered questions about their attitudes toward relationship violence, such as whether a person who makes their partner angry on purpose deserves to be hit, or whether physical violence was sometimes the only way to express feelings. Youth's scores on a combined scale of 1 to 4, with higher scores indicating greater endorsement of violence in relationships, declined from 1.6 at program entry to 1.5 at program exit.

About 17 to 25 percent of youth ended an unhealthy relationship, but youth in relationships reported more unhealthy relationship behaviors at program exit than they did at program entry. Youth in relationships were asked questions about their boyfriends' or girlfriends' frequency of healthy or unhealthy relationship behaviors, such as making the client feel good or wanting to control what the client does.⁹ A summary score, ranging from 1 to 5, increased from 1.30 at program entry to 1.35 at program exit; lower scores indicate the absence of unhealthy relationship behaviors. This change indicates that youth who were in a relationship at both the beginning and end of the program reported more unhealthy behaviors in their relationship at the end of the program than at the beginning. However, in response to a separate question asked of all youth (regardless of relationship status at the time of the survey), many reported that they had ended an unhealthy relationship since completing the program (Exhibit VI.3).

Youth might be better able to recognize unhealthy behaviors at program exit than program entry, leading to an increase in reported unhealthy behaviors. However, we do not know whether the reason for the change was an increase in unhealthy behaviors by the youth's boyfriend or girlfriend, in the perception of behaviors as unhealthy, or both.

Exhibit VI.3. HMRE youth who ended an unhealthy relationship since completing the program

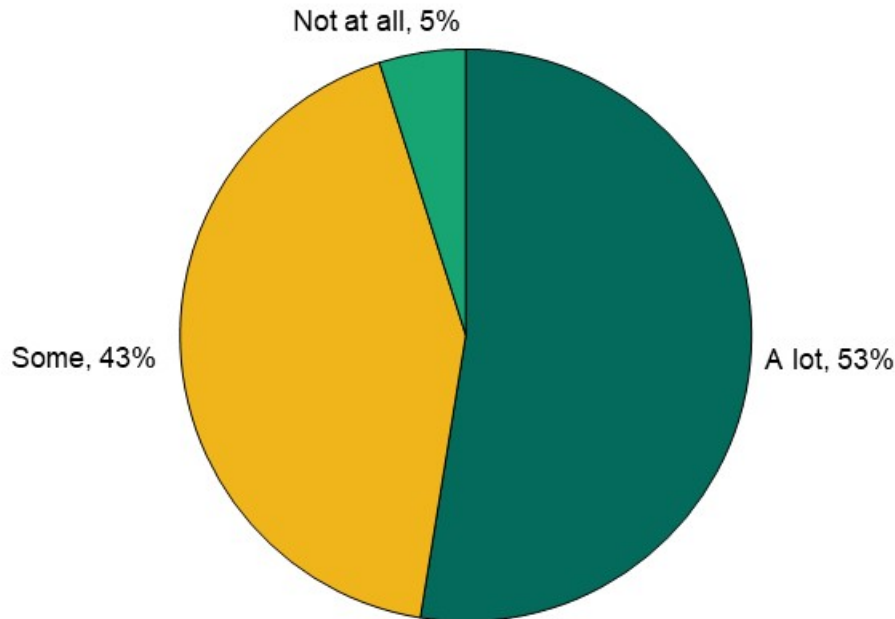


Source: HMRE youth exit surveys.

⁹ The unhealthy relationships summary score is based on seven items: (1) My boyfriend/girlfriend makes me feel good about myself; (2) My boyfriend/girlfriend pressures me to do risky things I don't want to do; (3) My boyfriend/girlfriend wants to control what I do; (4) My boyfriend/girlfriend tries to make me look bad; (5) My boyfriend/girlfriend puts down my physical appearance or how I look; (6) My boyfriend/girlfriend insults or criticizes my ideas; (7) My boyfriend/girlfriend blames me for his/her problems. One item (My boyfriend/girlfriend makes me feel good about myself) was reverse coded.

Youth reported an increase in traditional attitudes about sex in relationships. Youth were asked five questions about their attitudes toward sex in relationships, including whether a person should have sex only with someone they love and whether youth would feel comfortable having sex with someone to whom they were attracted but did not know very well.¹⁰ We used a summary score, ranging from 1 to 4, for attitudes toward sex; higher scores indicated more traditional attitudes about sex. The score increased from 2.77 at program entry to 2.81 at program exit.

Exhibit VI.4. HMRE youth's perceptions of how much program has helped



Source: HMRE youth exit survey.

B. Program perceptions

Most youth clients believed the program helped them. Almost all youth clients reported the program helped them some (43 percent) or a lot (53 percent; Exhibit VI.4). Youth reported that they learned new skills in the program to use in their relationships and were confident in their ability to use the knowledge and skills they learned.

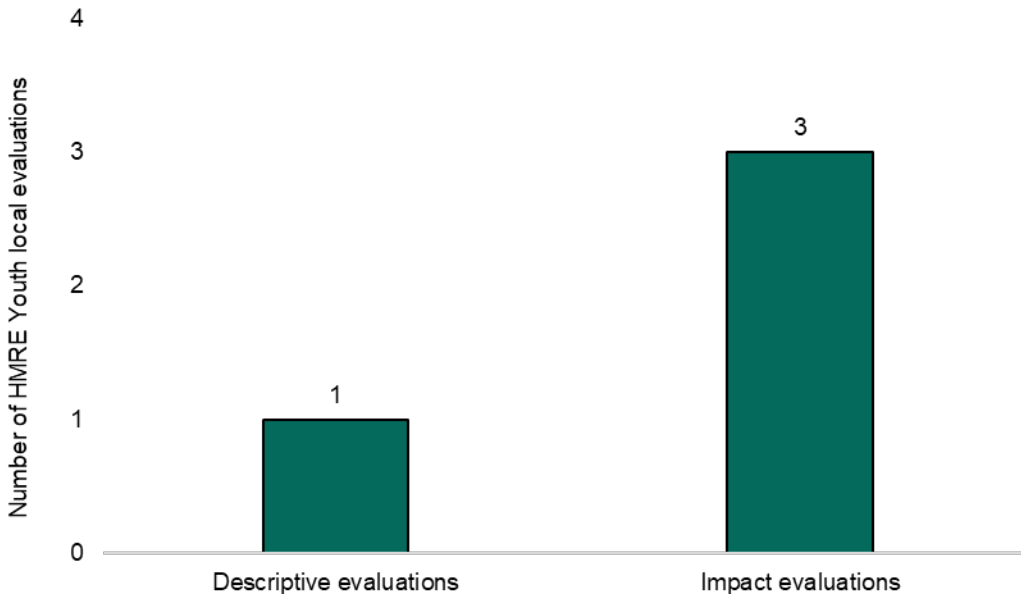
¹⁰ The summary score for attitudes about sex is the mean of the youth's responses to five items: (1) A person should only have sex with someone they love; (2) A person should only have sex if they are married or made a lifelong commitment; (3) I would feel comfortable having sex with someone I was attracted to but didn't know very well; (4) At my age right now, having sexual intercourse would create problems; and (5) At my age right now, it is okay to have sexual intercourse if I use protection. For each item: 1 = strongly agree; 2 = agree; 3 = disagree; and 4 = strongly disagree. Three items (1, 2, and 4) were reverse coded. Mean scores ranged from 1 to 4, with higher scores indicating more traditional attitudes about sex.

This page has been left blank for double-sided copying.

VII. Highlights from Local Evaluations

In addition to the grant-required performance measures that provided a picture of services and outcomes for all HMRE Youth grantees in the 2015 cohort, a subset of four of these grantees conducted local evaluations of their programs.¹¹ One local descriptive evaluation answered questions about the grantee’s program operations and implementation and changes in client outcomes over time. Three local impact evaluations answered questions about whether and how the programs affected clients’ relationships, parenting, and well-being (Exhibit VII.1). In this chapter, we describe selected findings and lessons learned from these local evaluations. Grantees’ full reports are available on OFA’s website.¹² To place the findings into the context of the broader set of HMRE Youth grantees, we compare the characteristics of the local evaluation grantees with those of other HMRE Youth grantees in the cohort;¹³ we then describe the evaluations, including the research methods, interventions studied, and outcomes examined. Key findings are highlighted in Boxes VII.1 and VII.2.

Exhibit VII.1. Number of HMRE Youth local evaluation grantees



¹¹ Applicants to the grants proposed conducting a descriptive or impact local evaluation. After grant award, ACF reviewed and approved a select group of local evaluations to move forward. For that reason, the grantees with local evaluations might not be representative of all HMRE grantees that served youth.

¹²Local evaluation reports are available at <https://www.acf.hhs.gov/ofa/programs/healthy-marriage-responsible-fatherhood/data-reports>.

¹³ Because of the small number of grantees that conducted local evaluations, we did not test the statistical significance of these differences.

Box VII.1. Key findings from the HMRE Youth local descriptive evaluation

- Engaging youth from low-income households and those experiencing homelessness, foster care, or other challenges was difficult. Of those who enrolled in the program, 78 percent attended at least 1 healthy relationships workshop, but only 41 percent completed 80 percent or more of the 16 workshops.
- Youth who completed many of the workshops were very satisfied with the program and were particularly positive about the employment support, such as job training, job search assistance, and soft-skills training and certification.
- The evaluation found that youth participating in the program reported no changes, on average, in attitudes toward marriage or relationships, but did report greater ability to resolve conflicts and lower levels of risky behaviors in school.

A. HMRE Youth local descriptive evaluation

The HMRE Youth descriptive evaluation offered a deep dive into questions of interest to the program, including an implementation study on youth participation in services and satisfaction with the program. The evaluation also conducted an outcomes study examining the extent to which youth attitudes toward relationships and self-reported behavior changed from just before the program began to just afterward.

The evaluation could not attribute changes in outcomes over time to the program but pointed to promising trends that could be examined with more rigorous evaluation designs.

1. Features of the HMRE Youth local descriptive evaluation and program

The program offered relationship education and employment services to at-risk youth in their teens or early 20s. Bethany Christian

Services' Center for Community Transformation offered healthy relationships workshops, General Educational Development (GED) and vocational training, paid work experience, employment skills testing and support, case management, mentorship, and community service (Exhibit VII.2). The program served youth experiencing homelessness, youth currently or previously in foster care, refugees, youth from low-income households, and youth who were culturally underrepresented or members of minority ethnic groups. Services were designed to improve the chances of economic mobility and a successful transition to adulthood by helping youth develop healthier relationships, supporting their basic economic needs, and increasing their employability. The Center for Community Transformation is located in a federally designated opportunity zone and houses five co-located businesses and nonprofit organizations serving youth. Program enrollment is voluntary. The program relied on local schools, churches, and a wide variety of community agencies to refer youth.

Exhibit VII.2. Overview of HMRE Youth local descriptive evaluation

Grantee name (State)	Population served	Program services being evaluated	Intended amount of services	Outcomes study	Implementation study
Bethany Christian Services (MI)	At-risk youth ages 14–24 living in Grand Rapids, MI At-risk includes youth experiencing homelessness, currently/previ-ously in foster care, refugees, youth from low-income households, and culturally underrepresented and minority youth.	Program name: Center for Community Transformation <ul style="list-style-type: none"> • Healthy relationships workshops • Case management • Mentorship • Employment skills testing and support • Paid work experience • Community service • GED and vocational training 	32 hours: 2 hours/week for 16 weeks	✓	✓

Source: Local descriptive evaluation final report.
 GED = General Educational Development.

2. Local descriptive evaluation grantee compared to other HMRE Youth grantees

The participants in the local descriptive evaluation program differed from participants in other HMRE youth programs on grade levels, race/ethnicity, and participation in services. Participants in the local descriptive evaluation program were more evenly spread across high school grade levels than those in all HMRE youth programs, which skewed toward 9th and 10th grades. For example, 21 percent of the participants in the local descriptive evaluation were in 9th grade compared to 39 percent of all other HMRE Youth grantees. The local descriptive evaluation participants included a larger proportion of Black youth than the broader sample of HMRE youth programs (50 percent compared with 19 percent for other HMRE Youth grantees) (Lee et al. 2021). Participants in the HMRE youth program with a local descriptive evaluation attended an average of 29 total workshop hours and had 18 service contacts. In comparison, participants in other HMRE Youth grantee programs participated in 15 total workshops and had 3 service contacts (Lee et al. 2021).¹⁴

3. Selected findings and lessons learned from the HMRE Youth local descriptive evaluation

As noted earlier, the HMRE local descriptive evaluation examined research questions that were of interest to the grantee, so the report presented a variety of findings. In this section, we discuss selected findings from the report that provide helpful lessons for program design and operations. We also summarize the key outcome findings from the evaluation. The evaluators presented additional findings in the report that are not summarized here.

Engaging youth from low-income households and those experiencing homelessness, foster care, or other challenges was difficult. Of those who enrolled in the program, 78 percent attended at least one healthy relationships workshop, but only 41 percent completed 80 percent or more of the 16 workshops. Youth participated in an average of 10 hours of case management; nearly half completed community service learning opportunities. One-third participated in paid work experiences.

Youth reported they were very satisfied with the program. Youth who remained in the program reported the services helped them to develop healthier relationships. Youth reported that job training, PACT certification (a soft-skills training and assessment program),¹⁵ and job searches were most helpful in improving their readiness for employment.

Youth had few changes in relationship outcomes at the end of program services compared with the start. Youth participating in the program reported no improvements, on average, in attitudes toward marriage or healthy relationships, understanding healthy relationships, attitudes toward sex, agency in existing relationships, or likelihood of future marriage. Youth reported greater ability to resolve conflicts and lower levels of risky behaviors in school at the end of the program than at the start. Improvements in outcomes following the program could not be attributed to it because other changes, such as more knowledge gained in school, could help explain the outcomes. Attributing outcomes to the program would require an impact study, which we discuss in the next section.

¹⁴ For information about differences in characteristics of local evaluation grantees compared to all other HMRE grantees, see the technical appendix (Lee et al. 2021).

¹⁵ PACT stands for personal management, adaptability, communication, and teamwork and collaboration—the soft skills taught and certified in this employment-training program for youth.

B. HMRE Youth local impact evaluations

In this section, we describe the impact evaluations (Box VII.2) conducted by three grantees. We start with details of the evaluations and then summarize key findings.

Box VII.2. Key HMRE Youth local impact evaluation findings

- Local HMRE Youth evaluations found few to no impacts on healthy relationships, coparenting attitudes and behaviors, economic well-being, or social-emotional well-being.

1. Features of local HMRE Youth impact evaluations

All local impact evaluations used rigorous, high quality methods. For an impact study to estimate the effects of the program, program and comparison groups must be initially equivalent (Box VII.3). Two of the three evaluations used random assignment to form program and comparison groups—one of the strongest methods for creating equivalent groups. However, equivalence can be lost if too many sample members drop out of the study and do not provide data (known as attrition). Both random assignment evaluations had low attrition or established that the samples used for analysis were equivalent at baseline. One local impact evaluation used quasi-experimental methods to match the program and comparison groups. This study established equivalence of the program and comparison groups at baseline. As a result, findings from these three local impact evaluations can credibly measure the effects of program group services on the outcomes of interest.

Box VII.3. What is an impact evaluation?

Change is constant in people's lives. For example, a new experience may alter someone's priorities or attitudes. Only an impact evaluation can determine whether a program caused changes among participants, apart from changes that would have occurred anyway. To do so, an impact study requires a program group, who could receive the services of interest, and a comparison group, who could not receive those services. The outcomes of the comparison group represent what would have happened to the program group without the selected services. The program and comparison groups initially must be similar so any later differences can be linked to the program effects.

All programs being evaluated included a healthy relationship curriculum. The Center for Relationship Education (CRE) studied the effect of healthy relationship education alone, whereas Texas State University's evaluation also offered coparenting curricula to students in the program group. The Children's Harbor evaluation offered healthy relationship curricula as well as economic stability workshops and services such as case management and mentoring (Exhibit VII.3; see Lee et al. 2021 for further detail on the program services and curricula used by each grantee).

Two of the three HMRE Youth local impact evaluations worked with a special population of youth. Children's Harbor focused on youth ages 18 to 23 involved in the foster care system; the Texas State University evaluation focused on youth in high school who were pregnant, parenting, or had a partner who was pregnant. In contrast, the CRE program worked with a general population of students in high schools.

Exhibit VII.3. Overview of HMRE Youth local impact evaluations

Grantee name (State)	Study design	Services being tested	Population served (and unit of analysis)	Outcome domains examined	Timing of follow-up measures used for primary impacts
Center for Relationship Education (CO)	RCT	Healthy relationship education versus business as usual	High school students	Relationship attitudes and quality, sexual activity, and social-emotional well-being	6 months after baseline
Children's Harbor (FL)	RCT	HMRE program services (healthy relationships and economic stability workshops, mentoring, and program supports) versus some program supports but no workshops or mentoring	Young adults ages 18 to 23 in foster care or involved in the foster care system	Relationship attitudes, economic well-being, and social-emotional well-being	Immediately post-program and 7–9 months post-program
Texas State University (TX)	QED	Healthy relationship and coparenting curricula versus one of either a relationship or coparenting curriculum, plus a life skills curriculum	Youth ages 14 to 20 who were enrolled in school and pregnant, parenting, or had a partner who was pregnant	Coparenting attitudes, coparenting quality, and relationship attitudes	1 week post-program

Source: HMRE Youth local impact evaluation final reports.

QED = quasi-experimental design; RCT= randomized control trial.

2. Local impact evaluation grantees compared to other HMRE Youth grantees

Local impact evaluation grantees offered workshops that were 5 hours shorter, on average, than grantees that did not conduct a local evaluation. Local impact evaluation grantees offered an average of 7 workshop hours and five sessions per workshop series, compared to an average of 12 workshop hours across six sessions per workshop series for HMRE Youth grantees that did not conduct a local evaluation. Clients of local impact evaluation grantees attended workshops at similar rates to clients of other HMRE Youth grantees, but received fewer hours of workshop programming on average (Exhibit VII.4).¹⁶

Exhibit VII.4. Workshop and client participation averages, by evaluation status

Evaluation status	Mean workshop hours offered	Mean workshop sessions offered	Clients who attended workshops (%)	Mean hours of client participation in workshops
HMRE Youth grantees with local impact evaluations	7	5	89	8
Other HMRE Youth grantees	12	6	91	15

Source: nFORM data.

Clients of local impact evaluation grantees were similar in age and grade level to clients of other HMRE Youth grantees but differed in gender, race, and ethnicity. Among clients of both local impact evaluation grantees and other HMRE Youth grantees, most were under 18 years old, and 39 to 41 percent were in 9th grade. Among clients of grantees conducting local impact evaluations, 3 percent were Black, 43 percent were Hispanic, and 47 percent were women. For HMRE Youth grantees that did not conduct a local evaluation, 19 percent of clients were Black, 28 percent were Hispanic, and 49 percent were women.

3. Key findings from local impact evaluations

In this section, we present the primary impact findings from the local impact evaluations. Evaluators and grantees selected a small number of primary outcomes that they determined were the most important and were likely impacts of their programs, measured at one time point. The impact evaluations also examined additional research questions (for example, impacts on other outcomes or other time points) that are not summarized here.

To present the primary impacts, we grouped outcomes by domain and standardized them on a common scale to facilitate comparison across outcome measures and evaluations (see green squares in Exhibits VII.5–VII.7). For example, one measure of relationship skills might range from 0 to 3 and another from 1 to 5. Alternatively, one evaluation may have estimated impacts on employment for a sample of youth who were all employed, and another for youth with a variety of employment statuses. Standardizing allowed

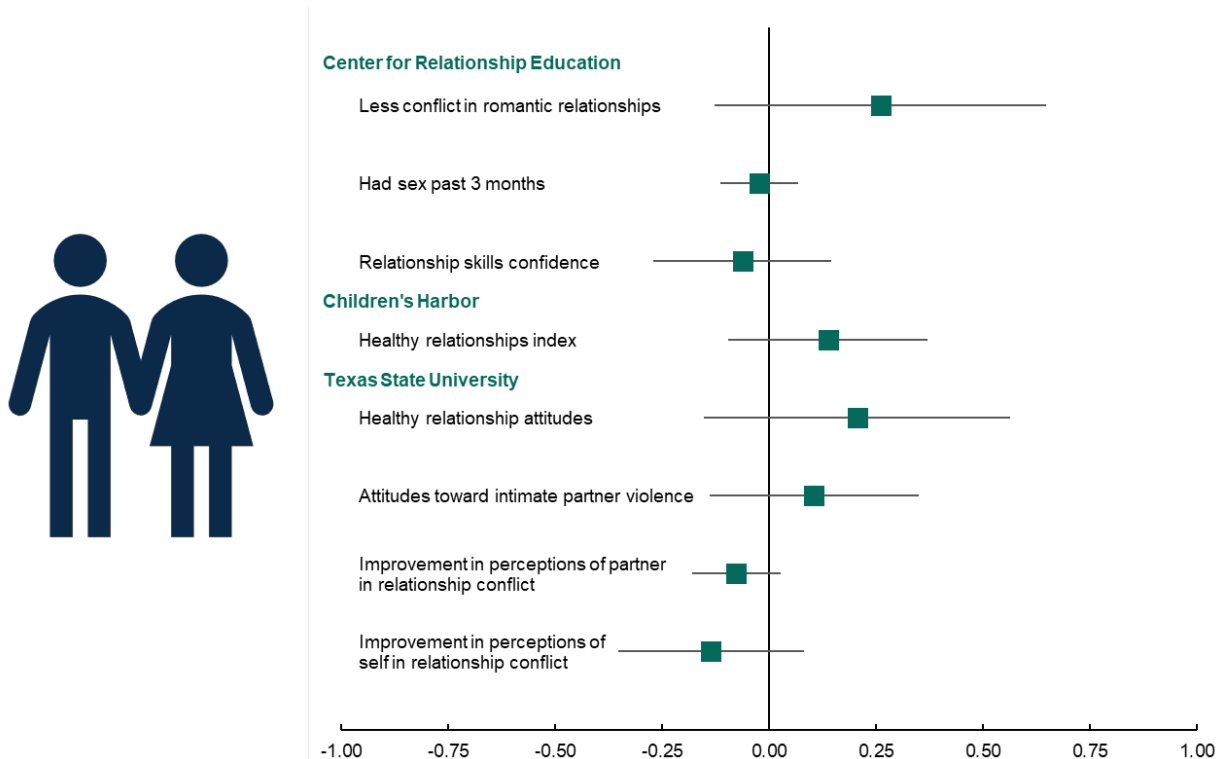
¹⁶ For further information about differences in characteristics of local evaluation grantees compared to all other HMRE Youth grantees, see the forthcoming technical appendix (Lee et al. 2021).

us to put all outcome measures on a common scale and account for the fact that study samples may have different levels of variation in the outcomes. Findings greater than zero were favorable and those less than zero were unfavorable.

Any estimate could have occurred by random chance instead of reflecting true program effects. The probability of that occurrence can be measured by using the concept of statistical significance. So, in addition to the standardized effect size, we also present their 95 percent confidence intervals (gray lines to the right and left of the green squares), indicating the level of uncertainty associated with the estimated impact. Longer confidence intervals show greater uncertainty of the estimate, and confidence intervals that include zero (indicated by the vertical line in each exhibit) mean that the impact estimate is not statistically different from zero. In other words, if the confidence interval included zero, the result was likely to have occurred by random chance.¹⁷

HMRE Youth evaluations found no statistically significant impacts on relationship attitudes or quality. Evaluations found no impacts on relationship quality, sexual activity, healthy relationship attitudes, attitudes toward conflict, or confidence in relationship skills (Exhibit VII.5).

Exhibit VII.5. Impacts on relationship outcomes

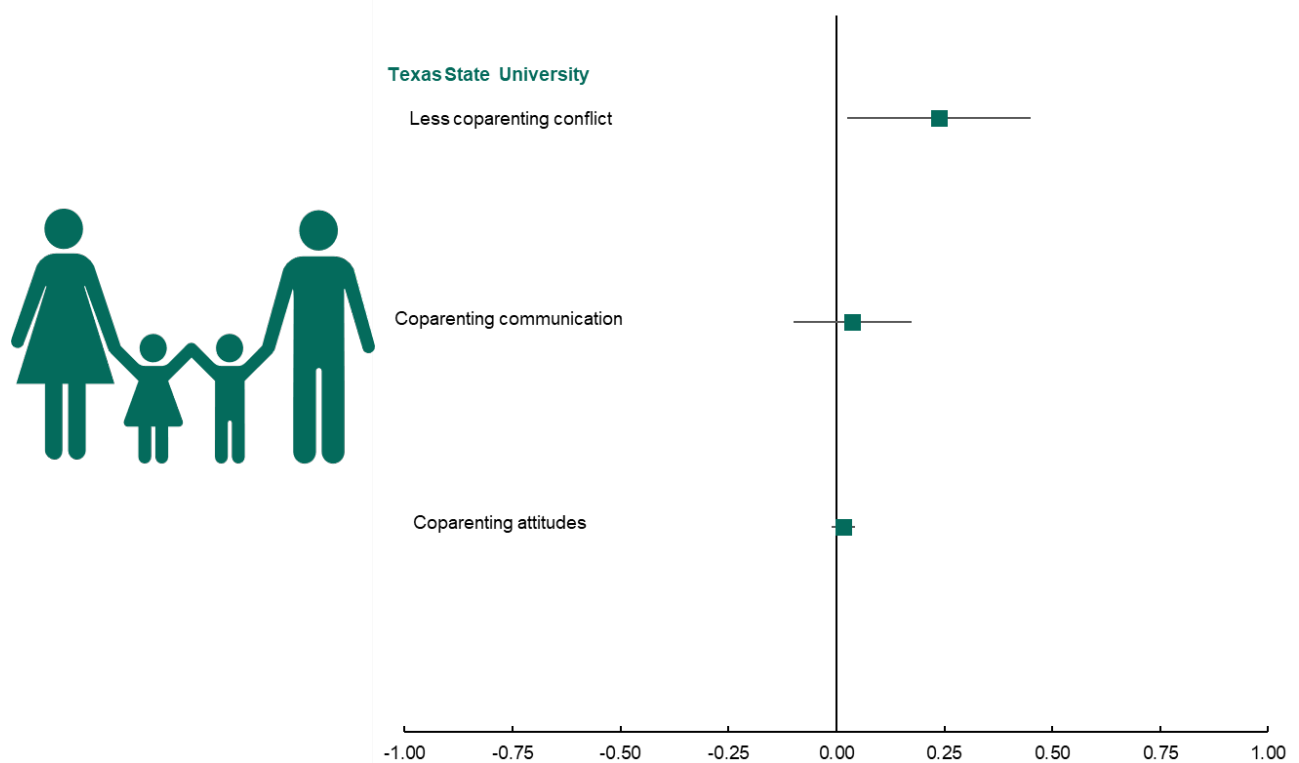


Source: Calculations based on the HMRE Youth local impact evaluation final reports.

¹⁷ Details of the standardized effect size calculations are available in the technical appendix (Lee et al. 2021). Confidence intervals reported here are based on *p*-values reported in local impact evaluation final reports.

Healthy relationship curriculum in combination with a coparenting curriculum reduced coparenting conflict slightly. The Texas State University evaluation examined the impact of receiving healthy relationship and coparenting curricula compared to just one type of curriculum offered to the comparison group (Exhibit VII.6). There were no significant impacts of the program on levels of coparenting communication or attitudes, but students in the program group reported less coparenting conflict than those in the comparison group.

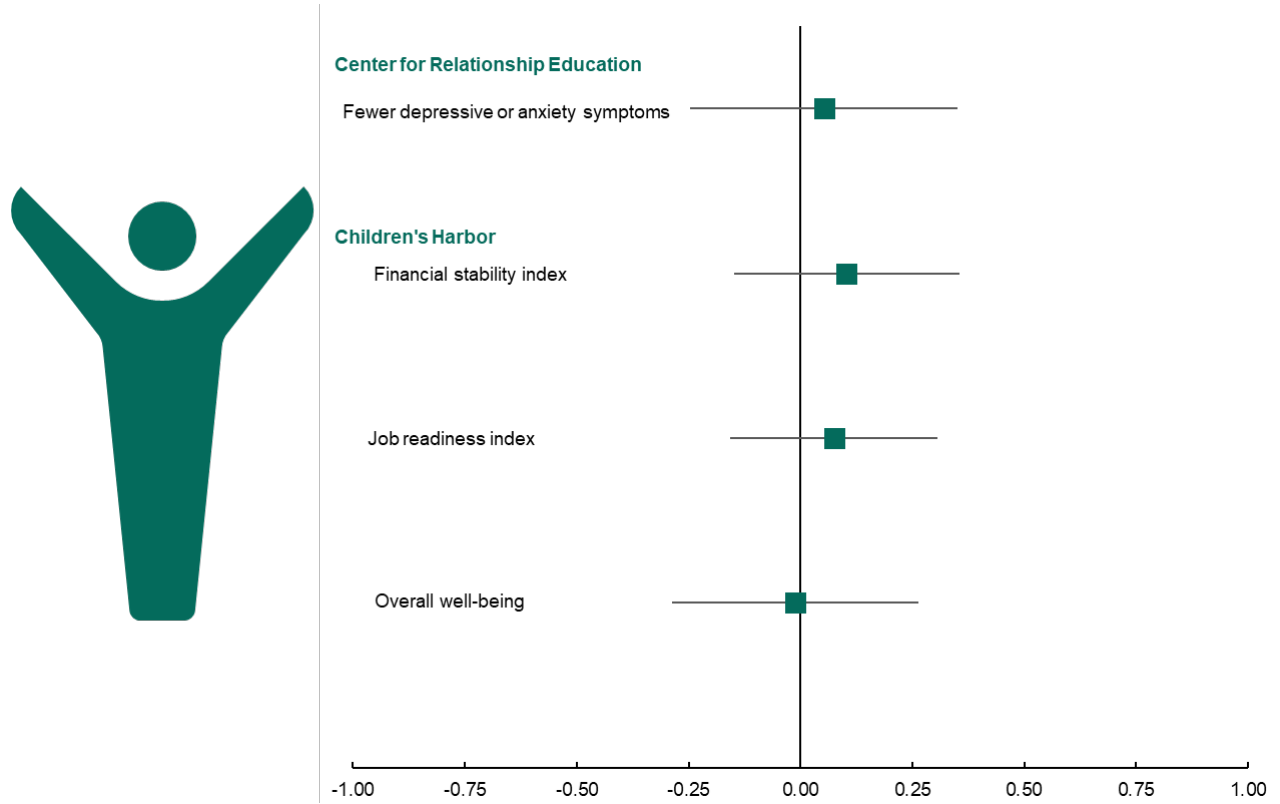
Exhibit VII.6. Impacts on coparenting outcomes



Source: Calculations based on the HMRE Youth local impact evaluation final reports.

HMRE Youth local evaluations found no statistically significant impacts on economic and social-emotional well-being. There were no impacts on several measures of well-being, including depressive or anxiety symptoms, or financial stability (Exhibit VII.7).

Exhibit VII.7. Impacts on economic and social-emotional well-being outcomes



Source: Calculations based on the HMRE Youth local impact evaluation final reports.

VIII. Reflections and Looking Ahead

The 2015 cohort of HMRE Youth grantees both served youth and contributed to the knowledge base, expanding understanding of what the programs did and who their clients were. The detailed performance measures, required by ACF and collected by grantees, offer unprecedented detail on program operations and clients, including how youth changed during the program services. The information contributes to ACF's learning agenda, which, like other such agendas, aims to continually improve program performance by capitalizing on existing evidence and generating new knowledge (Burwell et al. 2013).

The programs engaged a diverse group of more than 66,000 youth, primarily students, for an average of more than five weeks. Almost all programs worked with schools to recruit students and reported few implementation challenges throughout their operations. Youth's relationship attitudes and expectations were generally stable, and the subset of programs that conducted an evaluation showed few impacts, but youth reported positive experiences with the programs.

These findings can provide a foundation on which future programs can build to continue operating and improving HMRE programs for youth. In September 2020, OFA funded a fourth cohort of 55 HMRE grantees. Twenty-five of these programs were funded under a grant program specifically for serving youth—Relationships, Education, Advancement, and Development for Youth for Life (READY4Life). The program can serve youth in high school (grades 9–12), those who are of high school age (ages 14–17), and/or youth in late adolescence to early adulthood (ages 18–24) (<https://www.acf.hhs.gov/ofa/programs/healthy-marriage/youth>). As did the 2015 cohort, the 2020 cohort will collect performance measures on their programs and clients and a subset of grantees will conduct local evaluations. This information will allow ACF and the field as a whole to continue learning how to support healthy families now and in the future.

This page has been left blank for double-sided copying.

References

- Administration for Children and Families. "Healthy Marriage and Relationship Education." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2015.
- Avellar, Sarah, Shiferaw, Leah, Ross, Christine, and Lee, Joanne. "Supporting Fatherhood: Final Report on the 2015 Cohort of Responsible Fatherhood Grantees." OPRE Report 2021-156. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021a.
- Avellar, Sarah, Shiferaw, Leah, Ross, Christine, and Lee, Joanne. "Supporting Healthy Relationships: Final Report on the 2015 Cohort of Healthy Marriage Grantees Serving Adults." OPRE Report 2021-156. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021b.
- Avellar, Sarah, Alexandra Stanczyk, Nikki Aikens, Mathew Stange, and Grace Roemer. "The 2015 Cohort of Healthy Marriage and Responsible Fatherhood Grantees: Interim Report on Grantee Programs and Clients." OPRE Report #2020-67. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2020. Available at https://www.acf.hhs.gov/sites/default/files/documents/opre/interim_report_on_2015_hmrf_grantees_508.pdf. Accessed May 11, 2021.
- Bell, S.H., L.L. Orr, J.D. Blomquist, and G.G. Cain. "Methods Used to Evaluate Employment and Training Programs in the Past." In *Program Applicants as a Comparison Group in Evaluating Training Programs: Theory and a Test*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, 1995, pp. 1–19.
- Burwell, Sylvia M., Cecilia Muñoz, John Holdren, and Alan Krueger. "Next Steps in the Evidence and Innovation Agenda." Memorandum to the heads of departments and agencies, Office of Management and Budget, July 26, 2013.
- Goesling, Brian, and Julia Alamillo. "Five Tips for Teaching Healthy Marriage and Relationship Education in Schools." Research to Practice Brief. OPRE Report #2018-101. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2018.
- Lee, Joanne, Shiferaw, Leah, Avellar, Sarah, Ross, Christine, and Stanczyk, Alexandra. Methodology and Supplemental Findings for Final Reports on the 2015 Cohort of Healthy Marriage and Responsible Fatherhood Grantees. OPRE Report 2021-177. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021.

This page has been left blank for double-sided copying.



Mathematica

Princeton, NJ • Ann Arbor, MI • Cambridge, MA
Chicago, IL • Oakland, CA • Seattle, WA
Tucson, AZ • Woodlawn, MD • Washington, DC

EDI Global, a Mathematica Company

Bukoba, Tanzania • High Wycombe, United Kingdom



mathematica.org